Name of C.D.Block : CHHAGAPATNA
Code No. : 0010

L.C. No.	Name of the Village	Total Area of the Village (in hectares)	Total Population & No. of House-holds	Amenities available (if not available within the village, a dash (-) is be shown in the column and next to it in brackets, the distance in broad ranges viz., -5Kms,5-10Kms & 10+Kms of the nearest place where the facility is available is given)					
				Educational	Medical	Drinking water	Post & Telegraph	Day or Days of the market/hat if any	Communications (Bus stop, Railway Station,Waterway)
1	2	3	4	5	6	7	8	9	10
Total (Sum)		53523.26	183994 (35113)	P(195), M(65), H(17), PLC(6)	PHC(12), FPD(7), RP(4)				

Approach to village	Nearest Town, Class of Town & distance (in Kms)	Power supply	Land use (area under different types of land use in hectares rounded to two decimal places)					L.C No.
			Forest	Irrigated (by source of Irrigation)	Un-irrigated	Culturable Waste (including gauchar & groves)	Area not available for Cultivation	
11	12	13	14	15	16	17	18	1
			6039.86	Total 9259.51	21191.81	7038.53	9064.30	
				Tk 4127.61				
				W 43.94				
				Twc 1297.46				
				We 3024.29				
				SC 766.21				

Name of C.D.Block : DEVANAHALLI
Code No. : 0020

L.C. No.	Name of the Village	Total Area of the Village (in hectares)	Total Population & No. of House-holds	Amenities available (if not available within the village, a dash (-) is shown in the column and next to it in brackets, the distance in broad ranges viz., -5Kms,5-10Kms & 10+Kms of the nearest place where the facility is available is given)					
				Educational	Medical	Drinking water	Post & Telegraph	Day or Days of the market/hat if any	Communications (Bus stop, Railway Station,Waterway)
1	2	3	4	5	6	7	8	9	10
Total (Sum)		43181.30	118271 (17913)	P(138), M(32), H(10)	PHD(7), FPD(4), RP				

Approach to village	Nearest Town, Class of Town & distance (in Kms)	Power supply	Land use (area under different types of land use in hectares rounded to two decimal places)					L.C No.
			Forest	Irrigated (by source of Irrigation)	Un-irrigated	Culturable Waste (including gauchar & groves)	Area not available for Cultivation	
11	12	13	14	15	16	17	18	1
			964.87	Total 7095.33	21208.66	7309.49	2946.78	
				TK 1472.48				
				W 193.15				
				Tw 40.29				
				Twp 4397.36				
				Wp 956.82				
				O 35.05				

Name of C.D.Block : DCB BALLAPUR
Code No. : 0030

L.C. No.	Name of the Village	Total Area of the Village (in hect-ares)	Total Popula-tion & No. of House-holds	Amenities available (if not available within the village, a dash (-) is shown in the column and next to it in brackets, the distance in broad ranges viz., -5Kms,5-10Kms & 10+Kms of the nearest place where the facility is available is given)					
				Educa-tional	Medical	Drinking water	Post & Telegraph	Day or Days of the market/hat if any	Communi-cations (Bus stop, Railway Sta-tion,Waterway)
1	2	3	4	5	6	7	8	9	10
Total (Sum)		77872.15	170038 (32167)	PS(12), M(7), H(1), PUC(4)	PHC(12), FPC(6), RP(4)				

Approach to village	Nearest Town, Class of Town & distance (in Kms)	Power supply	Land use (area under different types of land use in hectares rounded to two decimal places)					L.C No.
			Forest	Irrigated (by source of Irrigation)	Un-irri-gated	Culturable Waste (including gauchar & groves)	Area not available for Cultiva-tion	
11	12	13	14	15	16	17	18	1
			4056.37	Total 4597.82	40483.68	13943.63	11969.38	
				Tk 3336.73				
				W 467.80				
				Tw 528.18				
				Twe 94.71				
				We 145.03				
				O 5.37				

Name of C.D.Block : HOSKOTE ; Code No. : 0040

L.C. No.	Name of the Village	Total Area of the Village (in hectares)	Total Population & No. of Households	Amenities available (if not available within the village, a dash (-) is shown in the column and next to it in brackets, the distance in broad ranges viz., -5Kms,5-10Kms & 10+Kms of the nearest place where the facility is available is given)					
				Educational	Medical	Drinking water	Post & Telegraph	Day or Days of the market/hat if any	Communications (Bus stop, Railway Station,Waterway)
1	2	3	4	5	6	7	8	9	10
Total (Sum)		54461.27	152966 (27481)	P(261), M(65), H(15), PUC	PHC(9), FPC(6), RP(7)				

App-roach to village	Nearest Town, Class of Town & distance (in Kms)	Power supply	Land use (area under different types of land use in hectares rounded to two decimal places)					L.C No.
			Forest	Irrigated (by source of Irrigation)	Un-irrigated	Culturable Waste (including gauchar & groves)	Area not available for Cultivation	
11	12	13	14	15	16	17	18	1
			1052.89	Total 9436.99	25325.64	5307.19	8811.23	
				Tk 2302.63				
				W 22.66				

Name of C.D.Block : KANAKAPURA
Code No. : 0050

L.C. No.	Name of the Village	Total Area of the Village (in hectares)	Total Population & No. of Households	Amenities available (if not available within the village, a dash (-) is shown in the column and next to it in brackets, the distance in broad ranges viz., -5Kms,5-10Kms & 10+Kms of the nearest place where the facility is available is given)					
				Educational	Medical	Drinking water	Post & Telegraph	Day or Days of the market/hat if any	Communications (Bus stop, Railway Station,Waterway)
1	2	3	4	5	6	7	8	9	10
Total (Sub)		150269.61	278585 (33858)	P(333), M(85), H(20), PuC, TR	PHC(11), D, FPC(10), AP(9)				

Approach to village	Nearest Town, Class of Town & distance (in Kms)	Power supply	Land use (area under different types of land use in hectares rounded to two decimal places)					L.C No.
			Forest	Irrigated (by source of Irrigation)	Un-irrigated	Culturable Wastr (including gauchar & groves)	Area not available for Cultivation	
11	12	13	14	15	16	17	18	1
			25377.03	Total 12391.21	58112.86	10781.82	26523.29	
				Tk 1936.90				
				W 1052.37				
				Twc 3738.39				
				Wc 3283.95				
				R 354.08				
				O 700.89				

Name of C.D.Block : MAGADI
Code No. : 0050

L.C. No.	Name of the Village	Total Area of the Village (in hect-ares)	Total Popula-tion & No. of House-holds	Amenities available (if not available within the village, a dash (-) is shown in the column and next to it in brackets, the distance in broad ranges viz., -5Kms,5-10Kms & 10+Kms of the nearest place where the facility is available is given)					
				Educa-tional	Medical	Drinking water	Post & Telegraph	Day or Days of the market/hat if any	Communi-cations (Bus stop, Railway Sta-tion,Waterway)
1	2	3	4	5	6	7	8	9	10
Total (Sum)		79722.03	176406 (33853)	P(333), M(83), H(29), PUC(3)	PHC(9), D, FPC(6), RP(3)				

Approach to village	Nearest Town, Class of Town & distance (in Kms)	Power supply	Land use (area under different types of land use in hectares rounded to two decimal places)					L.C No.
			Forest	Irrigated (by source of Irrigation)	Un-irri-gated	Culturable Waste (including gauchar & groves)	Area not available for Cultiva-tion	
11	12	13	14	15	16	17	18	1
			4305.33	Total 6705.10	44333.33	15582.98	5470.76	
				Tk 3249.19				
				W 334.11				
				Twe 1341.05				
				We 1779.33				
				GC 1.22				

Name of C.D.Block : NELAMANGALA
Code No. : 0070

L.C. No.	Name of the Village	Total Area of the Village (in hectares)	Total Population & No. of Households	Amenities available (if not available within the village, a dash (-) is shown in the column and next to it in brackets, the distance in broad ranges viz., -5Kms,5-10Kms & 10+Kms of the nearest place where the facility is available is given)					
				Educational	Medical	Drinking water	Post & Telegraph	Day or Days of the market/hat if any	Communications (Bus stop, Railway Station,Waterway)
1	2	3	4	5	6	7	8	9	10
Total (Sum)		50355.94	126129 (23729)	P(254), M(64), H(18), PUC	MCW, FW2(7), D, FPC(3), RP(4)				

Approach to village	Nearest Town, Class of Town & distance (in Kms)	Power supply	Land use (area under different types of land use in hectares rounded to two decimal places)					L.C No.
			Forest	Irrigated (by source of Irrigation)	Un-irrigated	Culturable Waste (including gauchar & groves)	Area not available for Cultivation	
11	12	13	14	15	16	17	18	1
			928.26	Total 3438.81	30824.27	9549.88	3384.31	
				Tk 2041.83				
				Twc 1393.24				
				D 3.74				

Name of C.D.Block : RAMANAGARAM
Code No. : 0080

L.D. No.	Name of the Village	Total Area of the Village (in hectares)	Total Population & No. of Households	Amenities available (If not available within the village, a dash (-) is shown in the column and next to it in brackets, the distance in broad ranges viz., -5Kms,5-10Kms & 10+Kms of the nearest place where the facility is available is given)					
				Educational	Medical	Drinking water	Post & Telegraph	Day or Days of the market/hat if any	Communications (Bus stop, Railway Station,Waterway)
1	2	3	4	5	6	7	8	9	10
Total (Sum)		62868.02	155519 (29792)	P(206), M(64), H(16), PUB, C	MDW, PHC(10), D, FPD(3), RP				

Approach to village	Nearest Town, Class of Town & distance (in Kms)	Power supply	Land use (area under different types of land use in hectares rounded to two decimal places)					L.D No.
			Forest	Irrigated (by source of Irrigation)	Un-irrigated	Culturable Waste (including gauchar & groves)	Area not available for Cultivation	
			112	120	129	136		
11	12	13	14	15	16	17	18	1
			910.02 Total	5808.07	30470.31	7059.52	11321.77	
			43'935.05 Tk	1790.91	27'970,54	↓	81'511.8	
			Twe	807.24		76'723,04		
			We	2483.39				
			R	736.46				
				↓				
				58'732,86				

Name of C.D.Block : CHAMRAJNAGAR
Cnsr No. : 0010

L.C. No.	Name of the Village	Total Area of the Village (in hectares)	Total Population & No. of Households	Amenities available (if not available within the village, a dash (-) is shown in the column and next to it in brackets, the distance in broad ranges viz., -5Kms,5-10Kms & 10+Kms of the nearest place where the facility is available is given)					
				Educational	Medical	Drinking water	Post & Telegraph	Day or Days of the market/hat if any	Communications (Bus stop, Railway Station,Waterway)
1	2	3	4	5	6	7	8	9	10
Total (Sum)		121889.42	266845 (51961)	P(239), M(55), H(15), PUC(3), AC(37)	FWC(15), D(3), FPC(15), RP(3)				

Approach to village	Nearest Town, Class of Town & distance (in Kms)	Power supply	Land use (area under different types of land use in hectares rounded to two decimal places)					L.C No.
			Forest	Irrigated (by source of Irrigation)	Un-irrigated	Culturable Waste (including gauchar & groves)	Area not available for Cultivation	
11	12	13	14	15	16	17	18	1
			27156.78	Total 9378.84 Tk 4893.96 We 4961.11 OS 23.77	34815.06	2662.90	24705.30	

Name of C.D.Block : BUNDLUPET
Code No. : 0020

L.C. No.	Name of the Village	Total Area of the Village (in hectares)	Total Population & No. of Households	Amenities available (if not available within the village, a dash (-) is shown in the column and next to it in brackets, the distance in broad ranges viz., -5Kms,5-10Kms & 10+Kms of the nearest place where the facility is available is given)					
				Educational	Medical	Drinking water	Post & Telegraph	Day or Days of the market/hat if any	Communications (Bus stop, Railway Station,Waterway)
1	2	3	4	5	6	7	8	9	10
Total (Sum)		140227.66	171772 (333304)	P(174), H(41), H(10), PUS(2)	PHC(15), D(4), FPS(13), RP(3)				

Approach to village	Nearest Town, Class of Town & distance (in Kms)	Power supply	Land use (area under different types of land use in hectares rounded to two decimal places)					L.C No.
			Forest	Irrigated (by source of Irrigation)	Un-irrigated	Culturable Waste (including gauchar & groves)	Area not available for Cultivation	
11	12	13	14	15	16	17	18	1
			35989.00	Total 4134.25	52863.05	894.41	31610.04	
				Tk 36.96				
				Twc 694.16				
				Wr 3350.52				
				GC 52.61				

Name of C.D.Block : HEBBAGADEVANKOTE
Door No. : 0030

L.C. No.	Name of the Village	Total Area of the Village (in hectares)	Total Population & No. of Household	Amenities available (if not available within the village, a dash (-) is shown in the column and next to it in brackets, the distance in broad ranges viz., -5Kms,5-10Kms & 10+Kms of the nearest place where the facility is available is given)					
				Educational	Medical	Drinking water	Post & Telegraph	Day or Days of the market/hat if any	Communications (Bus stop, Railway Station,Waterway)
1	2	3	4	5	6	7	8	9	10
Total (Sum)		161352.56	196288 (340657)	P(231), H(73), M(13),	PHC(14), FPC(7)				

Approach to village	Nearest Town, Class of Town & distance (in Kms)	Power supply	Land use (area under different types of land use in hectares rounded to two decimal places)					L.C No.
			Forest	Irrigated (by source of Irrigation)	Un-irrigated	Culturable Waste (including gauchar & groves)	Area not available for Cultivation	
11	12	13	14	15	16	17	18	1
			60247.56	Total 6000.03 Tk 338.32 W 36.56	52585.65	16657.98	13121.57	

Name of C.D.Block : HUNSUR
Code No. : 0040

L.C. No.	Name of the Village	Total Area of the Village (in hectares)	Total Population & No. of Households	Amenities available (if not available within the village, a dash (-) is shown in the column and next to it in brackets, the distance in broad ranges viz., -5Kms,5-10Kms & 10+Kms of the nearest place where the facility is available is given)					
				Educational	Medical	Drinking water	Post & Telegraph	Day or Days of the market/hat if any	Communications (Bus stop, Railway Station,Waterway)
1	2	3	4	5	6	7	8	9	10
Total (Sum)		88876.53	157420 (34136)	P(249), M(56), H(13)	MH, PHC(18), D(2), FPD(10), RP(4)				

Approach to village	Nearest Town, Class of Town & distance (in Kms)	Power supply	Land use (area under different types of land use in hectares roundrd to two decimal places)					L.C No.
			Forest	Irrigated (by source of Irrigation)	Un-irrigated	Culturable Waste (including gauchar & groves)	Area not available for Cultivation	
11	12	13	14	15	16	17	18	1
			5107.16	Total 5984.06	40331.80	23792.41	6454.05	
				Tk 1736.77				
				W 21.99				
				Tw 123.07				
				Wr 552.74				
				O 15.18				
				BC 3482.13				

Name of C.D.Block : KOLLEGAL
Code No. : 0050

L.C. No.	Name of the Village	Total Area of the Village (in hectares)	Total Population & No. of House-holds	Amenities available (if not available within the village, a dash (-) is shown in the column and next to it in brackets, the distance in broad ranges viz., -5Kms,5-10Kms & 10+Kms of the nearest place where the facility is available is given)					
				Educational	Medical	Drinking water	Post & Telegraph	Day or Days of the market/hat if any	Communications (Bus stop, Railway Station,Waterway)
1	2	3	4	5	6	7	8	9	10
Total (Sum)		250477.38	157035 (50001)	P(220), M(83), H(14), PUC(2), AE	PHC(16), D(2), FPC(15), RP(5)				

Approach to village	Nearest Town, Class of Town & distance (in Kms)	Power supply	Land use (area under different types of land use in hectares rounded to two decimal places)					L.C No.
			Forest	Irrigated (by source of Irrigation)	Un-irrigated	Culturable Waste (including gauchar & groves)	Area not available for Cultivation	
11	12	13	14	15	16	17	18	1
			80597.78	Total 10519.99	54311.06	6077.42	11043.60	
				Tk 693.23				
				W 140.03				
				Wp 6425.56				
				BC 3261.17				

Name of C.D.Block : KRISHNARAJANAGARA
Code No. : 0050

L.C. No.	Name of the Village	Total Area of the Village (in hectares)	Total Population & No. of Households	Amenities available (if not available within the village, a dash (-) is shown in the column and next to it in brackets, the distance in broad ranges viz., -5Kms,5-10Kms & 10+Kms of the nearest place where the facility is available is given)					
				Educational	Medical	Drinking water	Post & Telegraph	Day or Days of the market/hat if any	Communications (Bus stop, Railway Station,Waterway)
1	2	3	4	5	6	7	8	9	10
Total (Sum)		59607.20	171286 (359774)	P(215), M(55), H(23), PUD(3), AD(3), TR	PHC(13), D(4), FPC(8), RP(2)				

Approach to village	Nearest Town, Class of Town & distance (in Kms)	Power supply	Land use (area under different types of land use in hectares rounded to two decimal places)					L.C No.
			Forest	Irrigated (by source of Irrigation)	Un-irrigated	Culturable Waste (including gauchar & groves)	Area not available for Cultivation	
11	12	13	14	15	16	17	18	1
			407.12	Total 12764.96 Tk 753.36 We 840.25 O 1.76 SC 11169.37	27912.22	3332.54	10195.03	

Name of C.D.Block : MYSORE
Door No. : 0070

L.C. No.	Name of the Village	Total Area of the Village (in hectares)	Total Population & No. of Households	Amenities available (if not available within the village, a dash (-) is shown in the column and next to it in brackets, the distance in broad ranges viz., -5Kms,5-10Kms & 10+Kms of the nearest place where the facility is available is given)					
				Educational	Medical	Drinking water	Post & Telegraph	Day or Days of the market/hat if any	Communications (Bus stop, Railway Station,Waterway)
1	2	3	4	5	6	7	8	9	10
Total (Sum)		68725.99	201154 (36505)	P(200), M(52), H(13), PUC	FHC(10), D(5), FPC(8), RP(12)				

Approach to village	Nearest Town, Class of Town & distance (in Kms)	Power supply	Land use (area under different types of land use in hectares rounded to two decimal places)					L.C No.
			Forest	Irrigated (by source of Irrigation)	Un-irrigated	Culturable Waste (including gauchar & groves)	Area not available for Cultivation	
11	12	13	14	15	16	17	18	1
			2024.80	Total 3489.96	44679.02	7499.30	7466.33	
				Tk 429.52				
				W 54.08				
				Tk 15.24				
				Twr 150.07				
				Wr 759.81				
				O 2.07				
				SC 2079.17				

Name of C.D.Block : MANJANBUD
Code No. : 0080

L.C. No.	Name of the Village	Total Area of the Village (in hectares)	Total Population & No. of House-holds	Amenities available (if not available within the village, a dash (-) is shown in the column and next to it in brackets, the distance in broad ranges viz., -5Kms,5-10Kms & 10+Kms of the nearest place where the facility is available is given)					
				Educational	Medical	Drinking water	Post & Telegraph	Day or Days of the market/hat if any	Communications (Bus stop, Railway Station,Waterway)
1	2	3	4	5	6	7	8	9	10
Total (Sub)		97187.94	28:600 (32496)	P(248), M(76), H(15), FDC(2), TA	FWC(12), D(7), FPC(11), RP(4)				

Approach to village	Nearest Town, Class of Town & distance (in Kms)	Power supply	Land use (area under different types of land use in hectares rounded to two decimal places)					L.C No.
			Forest	Irrigated (by source of Irrigation)	Un-irrigated	Culturable Waste (including gauchar & groves)	Area not available for Cultivation	
11	12	13	14	15	16	17	18	1
			2297.31	Total 15024.95	51360.02	12781.17	9549.00	
				Tk 278.65				
				W 931.81				
				Twe 180.35				
				We 857.91				
				GC 13776.23				

Name of C.D.Block : PIRIYAPATNA
Code No. : 0090

L.C. No.	Name of the Village	Total Area of the Village (in hectares)	Total Population & No. of Households	Amenities available (if not available within the village, a dash (-) is shown in the column and next to it in brackets, the distance in broad ranges viz., -5Kms,5-10Kms & 10+Kms of the nearest place where the facility is available is given)					
				Educational	Medical	Drinking water	Post & Telegraph	Day or Days of the market/hat if any	Communications (Bus stop, Railway Station,Waterway)
1	2	3	4	5	6	7	8	9	10
Total (Sum)		60867.33	176894 (31159)	P(220), M(61), H(11), PHC(3)	PHC(16), D(3), FPC(10), RP(2)				

Approach to village	Nearest Town, Class of Town & distance (in Kms)	Power supply	Land use (area under different types of land use in hectares rounded to two decimal places)					L.C No.
			Forest	Irrigated (by source of Irrigation)	Un-irrigated	Culturable Waste (including gaucher & groves)	Area not available for Cultivation	
11	12	13	14	15	16	17	18	1
			9136.18	Total 6822.99	42388.81	10426.13	9962.32	
				Tk 4436.73				
				We 532.92				
				O 37.72				
				GC 1815.60				

Name of C.D.Block : TIRUMAKUDAL-NARSIPUR
Code No. : 0100

L.C. No.	Name of the Village	Total Area of the Village (in hect-ares)	Total Popula-tion & No. of House-holds	Amenities available (if not available within the village, a dash (-) is shown in the column and next to it in brackets, the distance in broad ranges viz., -5Kms,5-10Kms & 10+Kms of the nearest place where the facility is available is given)					
				Educa-tional	Medical	Drinking water	Post & Telegraph	Day or Days of the market/hat if any	Communi-cations (Bus stop, Railway Sta-tion,Waterway)
1	2	3	4	5	6	7	8	9	10
Total (Sum)		59652.66	230392 (43140)	P(207), M(69), H(16), PUC(2), O	PHC(10), D(5), FPC(8), RF				

Appr-oach to vill-age	Nearest Town, Class of Town & distance (in Kms)	Power supply	Land use (area under different types of land use in hectares rounded to two decimal places)					L.C No.
			Forest	Irrigated (by source of Irrigation)	Un-irri-gated	Culturable Waste (including gauchar & groves)	Area not available for Cultiva-tion	
11	12	13	14	15	16	17	18	1
			216.75	Total 23555.70	23020.57	5500.50	6481.47	
				Tk 149.00				
				We 189.90				
				GC 23219.80				

Name of C.D.Block : VELANDUR
Code No. : 0110

L.C. No.	Name of the Village	Total Area of the Village (in hectares)	Total Population & No. of Households	Amenities available (if not available within the village, a dash (-) is shown in the column and next to it in brackets, the distance in broad ranges viz., -5Kms,5-10Kms & 10+Kms of the nearest place where the facility is available is given)					
				Educational	Medical	Drinking water	Post & Telegraph	Day or Days of the market/hat if any	Communications (Bus stop, Railway Station,Waterway)
1	2	3	4	5	6	7	8	9	10
Total (Sum)		26437.91	64037 (11885)	P(48), M(17), S(6)	PHC(3), D, FPC(2), SP				

Approach to village	Nearest Town, Class of Town & distance (in Kms)	Power supply	Land use (area under different types of land use in hectares rounded to two decimal places)					L.C No.
			Forest	Irrigated (by source of Irrigation)	Un-irrigated	Culturable Waste (including gauchar & groves)	Area not available for Cultivation	
11	12	13	14	15	16	17	18	1
			10674.94	Total 4779.99 Tk 3009.46 Wr 963.87 GC 806.66	5991.87	1663.11	3462.43	

261'012.17
105'758.74
4449'959.33
91'258.87
134'053.34

Name of C.D.Block : BELLARY
Code No. : 0010

L.C. No.	Name of the Village	Total Area of the village (in hectares)	Total Population & No. of Households	Amenities available (if not available within the village, a dash (-) is shown in the column and next to it in brackets, the distance in broad ranges viz., -5Kms,5-10Kms & 10+Kms of the nearest place where the facility is available is given)					
				Educational	Medical	Drinking water	Post & Telegraph	Day or Days of the market/hat if any	Communications (Bus stop, Railway Station,Waterway)
1	2	3	4	5	6	7	8	9	10
Total (Sum)		182322.84	250046 (43279)	P(134), M(55), H(9), PUC	PHC(8), D(12), FPD(4), RP(21)				

Approach to village	Nearest Town, Class of Town & distance (in Kms)	Power supply	Land use (area under different types of land use in hectares rounded to two decimal places)					L.C No.
			Forest	Irrigated (by source of Irrigation)	Un-irrigated	Culturable Waste (including gauchar & groves)	Area not available for Cultivation	
11	12	13	14	15	16	17	18	1
			2700.38	Total 59201.71 We 1792.57 GC 57409.14	36721.50	30861.57	16934.42	

Name of C.D.Block : HAGARIBALLI
Code No. : 0020

L.C. No.	Name of the Village	Total Area of the Village (in hectares)	Total Population & No. of Households	Amenities available (if not available within the village, a dash (-) is shown in the column and next to it in brackets, the distance in broad ranges viz., -5Kms,5-10Kms & 10+Kms of the nearest place where the facility is available is given)					
				Educational	Medical	Drinking water	Post & Telegraph	Day or Days of the market/hat if any	Communications (Bus stop, Railway Station,Waterway)
1	2	3	4	5	6	7	8	9	10
Total (Dom)		98795.71	122596 (22209)	P(124), M(47), H(10), PuC(2), AC(147), O	PHC(9), D(6), FPC(3), AP(11)				

Approach to village	Nearest Town, Class of Town & distance (in Kms)	Power supply	Land use (area under different types of land use in hectares rounded to two decimal places)					L.C No.
			Forest	Irrigated (by source of Irrigation)	Un-irrigated	Culturable Waste (including gaucher & groves)	Area not available for Cultivation	
11	12	13	14	15	16	17	18	1
			6316.73	Total 6721.34 Tk 276.20 Twe 2337.87 We 1056.25 R 3071.02	64371.53	854.21	14020.00	

Name of C.D.Block : HAGARIBOMMANAHALLI
Dcec No. : 0030

L.C. No.	Name of the Village	Total Area of the Village (in hectares)	Total Population & No. of Households	Amenities available (if not available within the village, a dash (-) is shown in the column and next to it in brackets, the distance in broad ranges viz., -5Kms,5-10Kms & 10+Kms of the nearest place where the facility is available is given)					
				Educational	Medical	Drinking water	Post & Telegraph	Day or Days of the market/hat if any	Communications (Bus stop, Railway Station,Waterway)
1	2	3	4	5	6	7	8	9	10
Total (Sum)		97459.24	135026 <22440>	P(118), M(32), H(12), PUC(2), C, TR	H, PHC(5), D(6), FPC(3), RP(12)				

Approach to village	Nearest Town, Class of Town & distance (in Kms)	Power supply	Land use (area under different types of land use in hectares rounded to two decimal places)					L.C No.
			Forest	Irrigated (by source of Irrigation)	Un-irrigated	Culturable Waste (including gauchar & groves)	Area not available for Cultivation	
11	12	13	14	15	16	17	18	1
			4070.94	Total 11923.40	54313.63	3117.66	20368.27	
				Tk 465.77				
				Tws 1862.10				
				We 5430.67				
				GC 4148.86				

Name of C.D.Block : HARPANAHALLI
Code No. : 0040

L.C. No.	Name of the Village	Total Area of the Village (in hectares)	Total Population & No. of House-holds	Amenities available (if not available within the village, a dash (-) is shown in the column and next to it in brackets, the distance in broad ranges viz., -5Kms,5-10Kms & 10+Kms of the nearest place where the facility is available is given)					
				Educational	Medical	Drinking water	Post & Telegraph	Day or Days of the market/hat if any	Communications (Bus stop, Railway Station,Waterway)
1	2	3	4	5	6	7	8	9	10
Total (Sum)		139380.00	199946 (32833)	P(218), M(53), H(23), PUD(7)	PHC(8), D(8), FPD(5), RP				

Approach to village	Nearest Town, Class of Town & distance (in Kms)	Power supply	Land use (area under different types of land use in hectares rounded to two decimal places)					L.C No.
			Forest	Irrigated (by source of Irrigation)	Un-irrigated	Cultivable Waste (including gauchar & groves)	Area not available for Cultivation	
11	12	13	14	15	16	17	18	1
			23646.89	Total 11144.63	83272.90	295.16	20639.44	
				Tk 1988.65				
				Twe 3881.83				
				We 916.47				
				R 1747.13				
				BC 2610.55				

Name of C.D.Block : HOSPET
Code No. : 0050

L.C. No.	Name of the Village	Total Area of the Village (in hectares)	Total Population & No. of Households	Amenities available (if not available within the village, a dash (-) is shown in the column and next to it in brackets, the distance in broad ranges viz., -5Kms,5-10Kms & 10+Kms of the nearest place where the facility is available is given)					
				Educational	Medical	Drinking water	Post & Telegraph	Day or Days of the market/hat if any	Communications (Bus stop, Railway Station,Waterway)
1	2	3	4	5	6	7	8	9	10
Total (Sum)		77114.78	125859 (22215)	P(69), M(33), H(8), PUC	PHC(2), D(13), FPC(2), RP				

Approach to village	Nearest Town, Class of Town & distance (in Kms)	Power supply	Land use (area under different types of land use in hectares rounded to two decimal places)					L.C No.
			Forest	Irrigated (by source of Irrigation)	Un-irrigated	Culturable Waste (including gauchar & groves)	Area not available for Cultivation	
11	12	13	14	15	16	17	18	1
			21332.46	Total 15433.88	22065.31	1071.66	13706.20	
				Tk 1349.27				
				W 163.87				
				Gr 92.48				
				GC 13828.26				

Name of C.D.Block : KUDLIGI
Code No. : 0060

L.C. No.	Name of the Village	Total Area of the village (in hectares)	Total Population & No. of House-holds	Amenities available (if not available within the village, a dash (-) is shown in the column and next to it in brackets, the distance in broad ranges viz., -5Kms,5-10Kms & 10+Kms of the nearest place where the facility is available is given)					
				Educational	Medical	Drinking water	Post & Telegraph	Day or Days of the market/hat if any	Communications (Bus stop, Railway Station,Waterway)
1	2	3	4	5	6	7	8	9	10
Total (Sum)		136280.77	200306 (33368)	P(238), M(63), H(21), PUB(5), D, AD(5), TR, O	H(2), PHD(6), D(2), FPC(5), RP(2)				

Approach to village	Nearest Town, Class of Town & distance (in Kms)	Power supply	Land use (area under different types of land use in hectares rounded to two decimal places)					L.C No.
			Forest	Irrigated (by source of Irrigation)	Un-irrigated	Culturable Wastr (including gauchar & groves)	Area not available for Cultivation	
11	12	13	14	15	16	17	18	1
			35394.95	Total 7534.08	84882.01	3125.67	24124.22	
				Tk 2492.97				
				Tw 1.23				
				Twp 96.63				
				We 4943.25				

Name of C.D.Block : SAGOR
Dcor No. : 0070

L.D. No.	Name of the Village	Total Area of the Village (in hectares)	Total Population & No. of House-holds	Amenities available (if not available within the village, a dash (-) is shown in the colamn and next to it in brackets, the distance in broad ranges viz., -5Kms,5-10Kms & 10+Kms of the nearest place where the facility is available is given)					
				Educational	Medical	Drinking water	Post & Telegraph	Day or Days of the market/hat if any	Communications (Bus stop, Railway Station, Waterway)
1	2	3	4	5	6	7	8	9	10
Total (5.m)		122478.96	146527 (18073)	P(126), M(37), H(12), FWC(3), C, AC	H, PHC(7), D(4), FPC(3), RP(21)				

Approach to village	Nearest Town, Class of Town & distance (in Kms)	Power supply	Land use (area under different types of land use in hectares rounded to two decimal places)					L.C No.
			Forest	Irrigated (by source of Irrigation)	Un-irrigated	Culturable Waste (including gauchar & groves)	Area not available for Cultivation	
11	12	13	14	15	16	17	18	1
			28355.77	Total 2351.06	34922.38	14354.62	16356.94	
				Tk 1790.69				
				W 93.31				
				Wc 464.38				

Name of C.D.Block : SIRUGUPPA
Code No. : 0080

L.C. No.	Name of the Village	Total Area of the Village (in hectares)	Total Population & No. of Households	Amenities available (if not available within the village, a dash (-) is shown in the column and next to it in brackets, the distance in broad ranges viz., -5Kms,5-10Kms & 10+Kms of the nearest place where the facility is available is given)					
				Educational	Medical	Drinking water	Post & Telegraph	Day or Days of the market/hat if any	Communications (Bus stop, Railway Station,Waterway)
1	2	3	4	5	6	7	8	9	10
Total (Sum)		97898.91	189286 (24332)	P(99), M(36), H(6)	FWC(5), D(3), FPC(3), RP(7)				

Approach to village	Nearest Town, Class of Town & distance (in Kms)	Power supply	Land use (area under different types of land use in hectares rounded to two decimal places)					L.C No.
			Forest	Irrigated (by source of Irrigation)	Un-irrigated	Cultivable Waste (including gauchar & groves)	Area not available for Cultivation	
11	12	13	14	15	16	17	18	1
			2180.29	Total 29027.09 Tk 33.95 R 5508.26 SC 23482.83	45587.80	10834.62	9269.14	

124'398,41

143'339.21

446'139.06

64'515,17

135'438,63

Karnataka

CBR: 26.8

CAR: 9.0

Infant Mortality Rate: 77.0

STATE:-KARNATAKA

STATEMENT-10.1
Distribution of Inhabited Villages
Having Different Types of Educational
Facilities in the Districts of Karnataka

D_NAME	F2	P	M	H	PUC	SR	I	AE	Tr	O	AFA	NFA
BANGALORE	681	554	184	36	6	0	0	0	0	0	554	127
BANGALORE RURAL	1713	1462	510	135	16	1	0	0	1	0	1462	251
BELGAUM	1138	1114	704	190	30	3	0	142	3	0	1115	23
BELLARY	591	569	302	97	20	3	0	79	2	2	569	22
BIDAR	587	575	266	91	19	4	0	349	0	0	575	12
BIJAPUR	1247	1215	792	180	36	1	1	248	8	1	1215	32
CHIKMAGALUR	1021	831	427	103	13	2	0	82	1	0	831	190
CHITRADURGA	1289	1193	655	202	40	1	0	1	2	0	1193	96
DAKSHIN KANNAD	615	615	589	204	48	5	1	0	0	2	615	0
DHARWAD	1344	1283	762	223	46	5	1	28	3	0	1283	61
GULBARGA	1295	1279	448	136	28	2	0	88	2	0	1279	16
HASSAN	2369	1804	661	176	26	0	0	0	0	1	1804	565
KODAGU	291	261	167	57	10	0	0	6	0	0	261	30
KOLAR	2889	2237	639	121	8	0	1	5	4	1	2236	651
MANDYA	1365	1194	429	100	20	4	0	2	4	1	1194	171
MYSORE	1649	1407	569	141	18	1	0	43	3	0	1407	242
RAICHUR	1396	1305	408	85	12	0	0	24	3	0	1305	91
SHIMOGA	1785	1436	674	170	17	6	0	104	2	5	1441	344
TUMKUR	2537	2089	924	197	45	0	0	9	2	1	2089	448
UTTAR KANNAD	1264	960	442	119	18	3	1	10	1	0	960	304

(RBI-SRE)
02-DEC-96

F2 : Number of inhabitd villages
P : Primary
M : Middle
H : Highschool
PUC : Pre-University/Junior College
C : College
I : Industrial School
Tr : Training School
AE : Adult Literacy Class/Centre
O : Others
AFA : Any Facility Available
NFA : No Facility Available

STATE:-KARNATAKA

STATEMENT-10.II
Distribution of Inhabited Villages
Having Different Types of Medical
facilities in the Districts of Karnataka

D_NAME	F2	H	MCW	MH	CWC	PHC	HC	PHS	D	FPC	TB	NH	CHW	RP	SMP	OTH	AFA	NFA
BANGALORE	681	0	0	0	0	22	0	0	4	17	0	0	0	55	0	0	73	608
BANGALORE RURAL	1713	0	2	0	0	77	0	0	4	47	0	0	0	32	0	0	101	1612
BELGAUM	1138	1	0	0	0	93	0	0	6	83	1	0	0	354	35	0	391	747
BELLARY	591	3	0	0	0	30	0	0	61	25	0	0	0	47	0	0	131	460
BIDAR	357	1	0	1	1	44	0	0	6	25	0	0	0	32	0	0	60	327
BIJAPUR	1247	0	0	0	0	68	0	0	13	66	0	0	0	339	16	0	371	876
CHIKMAGALUR	1021	2	0	10	0	71	0	0	26	39	0	0	0	10	1	0	193	918
CHITRADURGA	1289	0	0	0	0	110	0	0	36	61	0	0	0	54	0	0	169	1120
DAKSHIN KANNAD	618	0	1	0	0	95	0	0	8	85	1	0	1	291	2	0	337	288
DHARWAD	1344	1	0	0	0	104	0	0	7	73	1	0	0	257	27	0	329	1015
GULBARGA	1295	2	0	0	0	54	0	0	24	65	0	0	0	39	0	0	131	1164
HASSAN	2369	0	0	0	0	100	0	0	42	50	0	0	0	31	0	0	160	2209
KODAGU	291	9	1	1	2	21	0	0	3	16	0	0	0	10	0	0	32	259
KOLAR	2889	1	0	2	0	88	0	0	5	48	0	0	0	19	0	0	100	2789
MANDYA	1365	2	0	12	0	55	0	0	7	54	1	1	0	27	0	0	110	1255
MYSORE	1649	0	0	1	0	144	0	0	36	107	0	0	0	30	0	0	188	1461
RAICHUR	1396	0	0	0	0	66	0	0	19	59	0	0	0	40	1	0	103	1293
SHIMOGA	1785	4	0	1	0	98	0	0	28	17	0	0	0	69	0	0	170	1615
TUMKUR	2537	2	0	0	0	107	0	0	23	67	0	0	0	42	2	0	152	2379
UTTAR KANNAD	1264	1	0	1	0	67	0	1	8	47	0	1	0	75	16	0	136	1114

(RBI-GAS)

02-DEC-96

F2 Number of Inhabited Villages
H Hospital
MCW Maternity and Child Welfare Centre
MH Maternity Home
CWC Child Welfare Centre
PHC Primary Health Centre/Unit
HC Health Centre
PHS Primary Health Sub Centre
D Dispensary
FPC Family Planning Centre
TB T.B.Clinic
NH Nursing Home
CHW Community Health Worker
RP Registered Private Medical Practitioner
SMP Subsidised Medical Practitioner
OTH Others
AFA Any Facility Available
NFA No Facility Available

STATEMENT-10.iii

Distribution of Inhabited Villages
Having Different Types of Drinking Water
Facilities in the Districts of Karnakaka

D_NAME	FZ	T	W	TK	TW	HP	R	F	C	L	S	N	O	AFA	NFA
BANGALORE	681	91	394	1	81	601	0	0	0	0	0	0	0	681	0
BANGALORE RURAL	1713	175	916	2	336	1623	3	0	0	0	0	0	1	1713	0
BELGAUM	1138	306	897	10	170	1003	95	0	0	0	0	0	12	1138	0
BELLARY	591	151	457	4	95	559	50	0	0	0	0	0	97	591	0
BIDAR	587	147	554	0	6	573	21	0	0	0	0	0	0	587	0
BIJAPUR	1247	282	943	6	460	1112	181	0	0	0	0	0	21	1247	0
CHIKMAGALUR	1021	344	855	30	44	814	25	0	0	0	0	0	111	1021	0
CHITRADURGA	1289	452	815	0	26	1230	0	0	0	0	0	0	3	1289	0
DAKSHIN KANNAD	615	143	544	29	67	602	15	0	0	0	0	0	1	615	0
DHARWAD	1344	390	965	108	199	1115	47	0	0	0	0	0	14	1344	0
GULBARGA	1295	383	925	0	215	1115	96	0	0	0	0	0	6	1295	0
HASSAN	2369	399	2042	70	110	2236	26	0	0	0	0	0	9	2369	0
KODAGU	291	28	277	5	160	115	40	0	0	0	0	0	15	291	0
KOLAR	2869	299	1599	22	301	2797	0	0	0	0	0	0	1	2869	0
MANDYA	1363	214	1232	51	85	1304	2	0	0	0	0	0	8	1363	0
MYSORE	1649	313	1150	22	339	1556	45	0	0	0	0	0	9	1649	0
RAICHUR	1396	204	1206	61	64	1308	64	0	0	0	0	0	173	1396	0
SHIMOGA	1785	331	1567	83	76	1702	38	0	0	0	0	0	30	1785	0
TUMKUR	2837	177	2413	25	133	2229	1	0	0	0	0	0	27	2837	0
UTTAR KANNAD	1264	96	1224	9	229	760	28	0	0	0	0	0	36	1264	0

FZ Number of Inhabited Villages
T Tap
W Well
TK Tank
TW Tubewell
HP Handpump
R River
F Fountain
C Canal
L Lake
S Spring
N Nallah/Stream
O Others
AFA Any Facility Available
NFA No Facility Available

STATEMENT-10.IV

Distribution of Inhabited Villages
Having Different Types of Post and Tele.
facilities in the Districts of Karnataka

NAME	PI	PO	TE	PTO	PHONE	AFA	NFA
BANGALORE	681	90	15	0	43	98	583
BANGALORE RURAL	1713	287	37	0	182	333	1380
BELGAUM	1135	569	264	0	363	582	556
BELLARY	591	371	74	0	111	373	218
BIDAR	587	299	89	0	113	300	287
BIJAPUR	1247	676	256	0	355	667	580
CHIKKABALUR	1021	267	60	0	193	323	698
CHITRADURGA	1289	409	107	0	324	419	870
DAKSHIN KANNAD	615	543	245	0	501	554	61
DHARWAD	1344	529	232	0	304	533	811
GULBARGA	1295	564	162	0	209	568	727
HASSAN	2359	371	41	0	91	377	1982
KODAGU	291	193	48	0	170	222	69
KOLAR	2829	361	119	0	198	351	2498
MANDYA	1365	566	59	0	175	391	974
MYSORE	1649	518	223	0	317	548	1101
RAICHUR	1376	455	116	0	127	455	941
SHIMOGA	1735	415	54	0	190	450	1335
TUMKUR	2537	530	127	0	203	559	1978
UTTAR KANNAD	1264	529	126	0	199	353	967

<RGI-BRS> 02-Dec-96

PI Number of Inhabited Villages
PO Post Office
TE Telegraph Office
PTO Post & Telegraph Office
PHONE
AFA Any Facility Available
NFA No Facility Available

STATE:-KARNATAKA

STATEMENT-10.V

Distribution of Inhabited Villages
Having Different Types of MARKET/HAT
facilities in the Districts of Karnataka

D_NAME	P2	MON	TUE	WED	THU	FRI	SAT	SUN	DAILY	FORT	MONT	AFA	NFA
BANGALORE	881	1	2	3	2	1	1	4	0	0	0	14	867
BANGALORE RURAL	1713	5	2	3	2	4	4	5	0	0	0	25	1688
BELGAUM	1138	25	20	25	21	24	23	24	0	0	0	162	976
BELLARY	591	12	5	9	5	5	2	11	0	0	0	52	539
BIDAR	587	5	7	4	6	6	4	10	0	0	0	47	540
BIJAPUR	1247	17	11	16	16	13	17	11	0	0	0	103	1144
CHIKMAGALUR	1021	6	3	2	6	7	5	11	0	0	0	40	981
CHITRADURGA	1289	14	10	5	7	9	7	7	0	0	0	59	1230
DAKSHIN KANNAD	615	13	12	10	14	8	12	8	0	0	0	77	538
DHARWAD	1344	31	13	15	14	15	10	12	0	0	0	110	1234
GULBARGA	1295	13	10	12	17	14	9	20	0	0	0	100	1195
HASSAN	2365	12	5	6	10	9	4	13	0	0	0	55	2310
KODAGU	291	6	3	1	3	1	2	1	0	0	0	17	274
KOLAR	2689	11	14	14	12	12	12	7	0	0	0	82	2607
MANDYA	1365	6	4	3	2	3	6	9	0	0	0	35	1330
MYSORE	1649	5	2	1	1	1	3	6	0	0	0	19	1630
RAICHUR	1396	13	7	10	9	16	10	9	0	0	0	74	1322
SHIMOGA	1765	8	5	6	9	9	9	9	0	0	0	55	1730
TUMKUR	2537	8	11	13	9	20	13	17	0	0	0	91	2446
UTTAR KANNAD	1264	3	1	4	2	1	0	9	0	0	0	20	1244

STATE:-KARNATAKA

STATEMENT-10.VI

Distribution of Inhabited Villages
Having Different Types of Communication
facilities in the Districts of Karnataka

D_NAME	P2	BUS	RE	RA	APA	NPA
BANGALORE	681	464	6	0	464	217
BANGALORE RURAL	1713	1039	13	0	1039	674
BELGAUM	1138	948	17	0	949	189
BELLARY	591	517	14	0	517	74
BIDAR	587	468	7	0	468	119
BIJAPUR	1247	1058	31	1	1060	187
CHIKMAGALUR	1021	718	2	0	718	303
CHITRADURGA	1289	883	12	0	883	406
DAKSHIN KANNAD	615	577	5	1	578	37
DHARWAD	1344	1163	25	0	1163	181
GULBARGA	1295	848	11	0	848	447
HASSAN	2369	1315	18	0	1315	1054
KODAGU	291	256	0	0	256	35
KOLAR	2889	1732	13	0	1732	1157
MANDYA	1365	797	11	0	797	568
MYSORE	1649	1125	9	0	1125	524
RAICHUR	1396	1097	9	0	1095	298
SHIMOGA	1785	1155	12	0	1155	630
TUMKUR	2537	1296	9	0	1297	1240
UTTAR KANNAD	1264	727	3	23	739	525

RGI-SRS

02-DEC-96

STATE:-KARNATAKA

STATEMENT-10.VII
Distribution of Inhabited Villages
Having Different Types of Approach
Facilities in the Districts of Karnataka

D_NAME	F2	FR	KS	FT	WR	NC	NW
BANGALORE	681	539	142	0	0	0	0
BANGALORE RURAL	1713	1191	522	0	0	0	0
BELGAUM	1138	845	287	3	1	0	0
BELLARY	591	466	125	0	0	0	0
BIDAR	587	378	209	0	0	0	0
BIJAPUR	1247	883	364	1	0	0	0
CHIKMAGALUR	1021	638	383	0	0	0	0
CHITRADURGA	1289	947	340	2	0	0	0
DAKSHIN KANNAD	615	536	79	0	0	0	0
DHARWAD	1344	1127	216	1	0	0	0
GULBARGA	1295	846	449	0	0	0	0
HASSAN	2369	1642	726	0	0	0	0
KODAGU	291	261	30	0	0	0	0
KOLAR	2889	1461	1427	1	0	0	0
MANDYA	1385	954	430	1	0	0	0
MYSORE	1849	1310	539	0	0	0	0
RAICHUR	1396	905	491	0	0	0	0
SHIMOGA	1768	1119	649	1	0	0	0
TUMKUR	2537	1310	1227	0	0	0	0
UTTAR KANNAD	1264	677	585	0	6	0	0

STATE:-KARNATAKA

STATEMENT-10.VIII

Distribution of Inhabited Villages
Having Different Types of Power Supply
Facilities in the Districts of Karnakaka

D_NAME	PD	SD	SAS	ED	SA	AFA
BANGALORE	661	0	0	0	679	679
BANGALORE RURAL	1713	1	1	0	1709	1711
BELGAUM	1118	3	1	0	1119	1123
BELLARY	591	1	0	0	583	584
BIDAR	587	1	1	1	594	595
BIJAPUR	1247	0	0	0	1247	1247
CHIKMAGALUR	1021	5	0	0	994	999
CHITRADURGA	1287	0	47	0	1162	1209
DAKSHIN KANNAD	615	0	0	0	614	614
DHARWAD	1344	2	0	0	1341	1343
GULBARGA	1295	9	0	0	1279	1288
HASSAN	2369	85	0	0	2266	2351
KODAGU	291	0	0	0	283	283
KOLAR	2699	2	13	0	2865	2880
MANDYA	1315	4	2	0	1307	1313
MYSORE	1649	0	15	0	1538	1554
RAICHUR	1396	0	0	0	1393	1393
SHIMOGA	1765	1	0	0	1730	1731
TUMKUR	2537	0	10	0	2509	2519
UTTAR KANNAD	1264	1	0	0	861	862

(RBI-BRS)

02-DEC-96

DISTRICT WISE NO.OF COUPLES AND PERCENTAGE OF COUPLES PROTECTED AS ON 31.3.1998 IN KARNATAKA STATE

Sl. No.	Name of the District	Eligible couples as on 31.3.98 (Estimated)	Sterilisation Currently & Effectively		I.U.D Currently		I.U.D Effectively		C.C USERS Currently		C.C USERS Effectively	
			No	%	No	%	No	%	No	%	No	%
1	2	3	4	5	6	7	8	9	10	11	12	13
1.	Bangalore(U)	968209	431466	44.56	87980	9.08	83514	8.63	20465	2.11	10233	1.06
2.	Bangalore(R)	292186	155563	53.24	29648	10.15	28166	9.64	12479	4.27	6239	2.13
3.	Belgaum	639416	325011	50.83	69502	10.87	66027	10.33	46240	7.23	23120	3.62
4.	Bellary	355704	134442	37.80	26871	7.55	25527	7.18	9161	2.58	4580	1.29
5.	Bidar	234527	108614	46.31	23404	9.98	22234	9.48	9839	4.20	4920	2.10
6.	Bijapur	532411	219761	41.28	53398	10.03	50728	9.53	25677	4.82	12838	2.41
7.	Chikmagalur	174407	99008	56.77	17976	10.31	17077	9.79	8087	4.64	4044	2.32
8.	Chitradurga	401425	184327	45.92	30161	7.51	28653	7.14	11624	2.90	5812	1.45
9.	D.Kannada	469846	182776	38.90	37307	7.94	35442	7.54	19198	4.09	9599	2.04
10.	Dharwad	626788	298047	47.55	55104	8.79	52349	8.35	23041	3.68	11521	1.84
11.	Gulbarga	475701	158501	33.34	37549	7.89	35672	7.50	19409	4.08	9704	2.04
12.	Hassan	276878	157924	57.04	23843	8.61	22651	8.18	9457	3.42	4728	1.70
13.	Kodagu	80564	41948	52.07	9358	11.62	8890	11.03	3508	4.35	1754	2.18
14.	Kolar	390620	189471	48.51	38668	9.90	36735	9.40	18655	4.78	9328	2.39
15.	Mandya	289151	170480	58.96	29181	10.09	27722	9.59	13393	4.63	6696	2.32
16.	Mysore	577055	311225	53.93	54406	9.43	51686	8.96	18911	3.28	9456	1.94
17.	Raichur	440073	136296	30.97	31489	7.15	29915	6.80	18238	4.14	9119	2.07
18.	Shimoga	334343	173877	52.01	32444	9.70	30822	9.22	10182	3.05	5091	1.52
19.	Tumkur	409129	186841	45.67	37353	9.13	35485	8.67	14231	3.48	7115	1.74
20.	U.Kannada	211710	76405	36.09	17818	8.45	16927	8.00	11217	5.30	5605	2.65
	STATE	8180143	3741983	45.74	743460	9.09	706222	8.63	323012	3.96	161506	1.98

contd.....

DISTRICT WISE NUMBER OF COUPLES AND PERCENTAGE OF COUPLES PROTECTED AS ON 31.3.98

SL No	Name of the the	O P users		All methods				% age of Couples effectively Protected All methods as on 31.3.98	Increase (+)or decrease(-) in CPR over 31.3.97
		No	%	Currently No	%	Effectively No	%		
1	2	14	15	16	17	18	19	20	21
1.	Bangalore(U)	10516	1.09	550427	56.84	535729	55.33	55.09	+ 0.29
2.	Bangalore(R)	5262	1.80	202952	69.46	195230	66.82	65.80	+ 1.02
3.	Belgaum	20678	3.23	461431	72.16	434836	68.00	65.14	+ 2.86
4.	Bellary	6396	1.80	176870	49.72	170945	48.06	48.49	- 0.43
5.	Bidar	4666	1.99	146523	62.48	140434	59.88	57.61	+ 2.27
6.	Bijapur	14390	2.70	313226	58.83	297717	55.92	54.41	+ 1.51
7.	Chikmagalur	2559	1.47	127630	73.18	122688	70.35	69.06	+ 1.29
8.	Chitradurga	6521	1.62	232633	57.95	225313	56.13	56.89	- 0.76
9.	Dakshina Kannada	8061	1.72	247342	52.64	235678	50.20	49.73	+ 0.47
10.	Dharwad	13386	2.14	389578	62.15	375303	59.88	59.11	+ 0.77
11.	Gulbarga	9166	1.93	224625	47.22	213043	44.79	44.46	+ 0.23
12.	Hassan	4362	1.58	195586	70.64	189665	68.50	69.31	- 0.81
13.	Kodagu	1336	1.66	56150	69.67	53928	66.94	66.20	+ 0.74
14.	Kolar	9058	2.31	255852	65.50	244592	62.61	62.41	+ 0.20
15.	Mandya	5064	1.75	218116	75.43	209962	72.61	72.60	+ 0.01
16.	Mysore	9911	1.71	394453	68.36	382278	66.25	66.20	+ 0.05
17.	Raichur	7501	1.70	193524	43.98	182831	41.55	41.15	+ 0.40
18.	Shimoga	7267	2.17	223770	66.93	217057	64.91	63.92	+ 0.99
19.	Tumkur	5756	1.41	244181	59.68	235197	57.49	57.78	- 0.29
20.	U.Kannada	4629	2.19	110069	52.00	103560	48.92	47.74	+ 1.18
	State	156485	1.91	4964940	60.70	4766196	58.26	57.70	+ 0.56

PROJECT DIRECTOR(RCH)

GOVERNMENT OF KARNATAKA

DIRECTORATE OF HEALTH AND FAMILY WELFARE SERVICES - BANGALORE. *** KARNATAKA DEVELOPMENT PROGRAMME
REVIEW OF PROGRESS UNDER FAMILY WELFARE AND IMMUNIZATION PROGRAMME DURING AND UPTO END OF FEB99

UNIT : Number

SL NO	ITEM NAME	STATE ACT PLN FOR FEB99	ACHMNT FOR FEB99	% COL 4 TO COL 3	ANNUAL PLAN 1998-99	STATE PLN APR-98 TO FEB99	ACHMNT APR-98 TO FEB99	PERCENTAGE TO PROPORTNTE PLAN	PERCENTAGE TO ANNUAL PLAN
1	2	3	4	5	6	7	8	9	10
I. FAMILY WELFARE PROGRAMME									
1	VASECTOMY		31				277		
2	TUBECTOMY		34576				339124		
	TOTAL (1 + 2)	36264	34607	95.43	435190	398904	339401	85.08	77.99
3	I.U.D.	34131	28167	82.53	409576	375441	306361	81.60	74.80
4	C.C. USERS	470416	282355	60.02	355314	470416	277642	59.02	78.14
5	O.P. USERS	169087	163111	96.47	172134	169087	147656	87.33	85.78
III IMMUNIZATION PROGRAMME									
NO. OF INFANTS IMMUNISED									
6	D.P.T.	94675	94269	99.57	1136100	1041425	972659	93.40	85.61
7	POLIO	94675	94354	99.66	1136100	1041425	973847	93.51	85.72
8	B.C.G.	94675	98175	103.70	1136100	1041425	984730	94.56	86.68
9	MEASLES	94675	97214	102.70	1136100	1041425	903654	86.77	79.54
10	T.T.(PW)IMMUNISATION	103418	107548	104.00	1241000	1137598	1048583	92.18	84.50

For Project Director (RCH)

GOVERNMENT OF KARNATAKA

DIRECTORATE OF HEALTH AND FAMILY WELFARE SERVICES BANGALORE. *** KARNATAKA DEVELOPMENT PROGRAMME

STATEMENT SHOWING THE FAMILY WELFARE SERVICES PROVIDED TO MINORITIES DURING THE MONTH OF FEB99

UNIT : Number

SL NO	ITEM NAME	PHYSICAL ACHIEVEMENT DURING FEB99			CUMULATIVE PHYSICAL ACHMNT UP TO THE END OF FEB99			FINANCIAL ACHIEVEMENT	
		OTHERS	MINORITIES	TOTAL	OTHERS	MINORITIES	TOTAL	OTHERS	MINORITIES
1	2	3	4	5	6	7	8	9	10
1	VASECTOMY	31	0	31	274	3	277		
2	TUBECTOMY	31455	3121	34576	307970	31154	339124		
	TOTAL (1 + 2)	31486	3121	34607	308244	31157	339401		

For Project Director (RCH)

GOVERNMENT OF KARNATAKA.
DIRECTORATE OF HEALTH & FAMILY WELFARE SERVICES,
STATE FAMILY WELFARE BUREAU. ANANDA RAO CIRCLE. BANGALORE-9

No.FWR/REW/29/98-99 DATE: 17-3-99

TO,
THE DISTRICT HEALTH &F.W.OFFICER

---------- DISTRICT

SUBJECT:- Review of progress under Family Welfare and M.C.H. SERVICES for the month of FEBRUARY - 1999.

Please find herein enclosed districtwise and methodwise review report in respect of F.W.& M,C.H. Services for the month of FEBRUARY - 1999, for your information and needful action. This review is based on the stipulation by the Health Secretary on 3-2-99 that the current year's achievement should be equal to last year's + 10% add on.

for PROJECT DIRECTOR (R.C.H.)

Copy forwarded for favour of information to,

1. The Chief Director (Evaluation),E&I Division, Ministry of Health and F.W, Department of Health and Family Welfare. Nirman Bhavan. New Delhi-11
2. Dr.Suresh K. Project Officer (U.C.I.).India country office,UNICEF House,NO 73 Lodi Estate NEW DELHI- 110003.
3. Dr,S.k.Chaturvedi Project Offecer (Health) UNICEF,6-2-981 Khairatabad.HYDRABAD-500004.
4. The Divisional Commissioner..... Division.....
5. THe Chief Secretary, Zilla Panchayath,..... District
6. Private Secretary to the Hon'ble Minister for Health and Family Welfare, IInd Floor,Vidhanasoudha, Bangalore-1.
7. The Secretary Health and Family Welfare Department M.S.Building Dr Ambedkar Veedi BANGALORE- 560001.
8. The Divisional Joint Director,Health and Family Welfare Services,.....
9. The Regional Director(Health and Family Planning) IInd Floor ' F'wing Kendriyasadan, Koramangala , Bagangalore 560034.
10. The Project Co-ordinator, I.P.P- IX. Bangalore 560009.
11. The Director of Health and Family Welfare Servises, Bangalore, 560009.
12. THe Director Directorate of Economics and Statistics, Bangalore-1
13. The Director,Population Centre,K.C.General Hospital Compound, Malleswaram, Bangalore-560003
14. The Director, Institute for Socio Economic Change, Nagarabhavi, Bangalore.
15. The Director, Population Research Centre,Vidyagiri, Dharwad.
16. Directorate's Programme Officers: JOINT DIRECTORS OPTH/MALARIA/T.B./ LEPROSY/ HEALTH EDUCATON/HEALTH & HEALTH PLANNING / I. E. C./F.W. DEPUTY DIRECTORS, INFORMATION/F.W./EPI/NUTRITION/EDITOR (Kutumba). ACCOUNTS OFFICER (F.W).
17. Health Officer, City Family Welfare Bureau, Dasappa Maternity Home Bangalore City Corporation, Bangalore-560001.
18. The President, Family planning Association of India, No.375, Ist cross 9th Main, Judges Colony, R.T.Nagar, Bangalore-560 032

GOVERNMENT OF KARNATAKA

DIRECTORATE OF HEALTH AND FAMILY WELFARE SERVICES BANGALORE.

STATEMENT 2 : FAMILY WELFARE PROGRAMME : PROGRESS UNDER STERILISATION DURING AND UPTO THE END OF FEB-99

SL NO	DISTRICT/ DIVISION	FEB-99 DST ACT PLAN	FEB-99 ACHIEVEMENT	FEB-99 %	ACHIEVEMENT IN FEB 1998	% VARITN IN ACHMT OVER SAME MONTH OF PREVIOUS YEAR	1998-99 ANNUAL PLAN	1998-99 PROPORTIONATE PLAN	1998-99 ACHIEVMENT FROM APR98 TO FEB99	% ACHIEVMENT TO ANNUAL PLAN	% ACHIEVMENT TO PROPORTE PLAN	RANK	ACHIEVEMENT FROM APR-97 TO FEB-98	% VARITION IN ACHVMNT OVER PREVIOUS YEAR
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	B.C.C	3435	3555	103.49	3117	14.05	41226	37785	36393	88.28	96.32		34575	5.26
	B'LORE(U)PHC	1124	1147	102.05	1168	1.80	13493	12364	10677	79.13	86.36		11425	-6.55
1.	B'LORE U TOT	4559	4702	103.14	4285	9.73	54719	50149	47070	86.02	93.86	3	46000	2.33
2	BANGALORE(R)	1478	1479	100.07	1298	13.94	17739	16258	13729	77.39	84.44	10	14881	-7.74
3	CHITRADURGA	1686	1909	113.23	1446	32.02	20235	18546	19137	94.57	103.19	1	17090	11.98
4	KOLAR	1812	1764	97.35	1594	10.66	21740	19932	18335	84.34	91.99	4	17826	2.86
5	SHIMOGA	1564	1216	77.75	1382	12.01	18764	17204	12550	66.88	72.95	18	15707	-20.10
6	TUMKUR	1527	1426	93.39	1256	13.54	18323	16797	14704	80.25	87.54	7	15460	-4.89
1.	B'LORE DIVSN	12626	12496	98.97	11261	10.97	151520	138886	125525	82.84	90.38		126964	-1.13
7	BELGAUM	4073	4036	99.09	3860	4.56	48871	44803	36033	73.73	80.43	14	38763	-7.04
8	BIJAPUR	2336	2057	88.06	1821	12.96	28035	25696	21380	76.26	83.20	11	23815	-10.22
9	DHARWAD	2934	2337	79.65	2419	-3.39	35210	32274	27770	78.87	86.04	9	29186	-4.85
10	U. KANNADA	764	576	75.39	621	-7.25	9171	8404	6659	72.61	79.24	15	7594	-12.31
2.	BELGAUM DIVN	10107	9006	89.11	8721	3.27	121287	111177	91842	75.72	82.61		99358	-7.56
11	BELLARY	1243	845	67.98	965	-12.44	14913	13673	9618	64.49	70.34	19	12483	-22.95
12	BIDAR	1177	1449	123.11	998	45.19	14130	12947	10196	72.16	78.75	16	11061	-7.82
13	GULBARGA	1672	1616	96.65	1199	34.78	20068	18392	14349	71.50	78.02	17	16949	-15.34
14	RAICHUR	1385	1222	88.23	901	35.63	16618	15235	12349	74.31	81.06	13	13903	-11.18
3.	GULBARGA DIVN	5477	5132	93.70	4063	26.31	65729	60247	46512	70.76	77.20		54396	-14.49
15	CHIKKAMAGLUR	762	881	115.62	700	25.86	9149	8382	8180	89.41	97.59	2	7712	6.07
16	D. KANNADA	1558	986	63.29	1131	-12.82	18699	17138	11744	62.81	68.53	20	15773	-25.54
17	HASSAN	1279	1652	129.16	1067	54.83	15346	14069	12815	83.51	91.09	5	12836	-0.16
18	KODAGU	351	253	72.08	535	-52.71	4216	3861	3137	74.41	81.25	12	3460	-9.34
19	MANDYA	1438	1354	94.16	1159	16.82	17254	15818	13801	79.99	87.25	8	14600	-5.47
20	MYSORE	2666	2847	106.79	2148	32.54	31990	29326	25845	80.79	88.13	6	26671	-3.10
4.	MYSORE DIVN	8054	7973	98.99	6740	18.29	96654	88594	75522	78.14	85.25		81052	-6.82
	STATE TOTAL	36264	34607	95.43	30785	12.42	435190	398904	339401	77.99	85.08		361770	6.18

NOTE :- 1) Figures in Column 3 and Column 13 are provisional.
2) Column 8 : Annual Plan not yet finalised

GOVERNMENT OF KARNATAKA

DIRECTORATE OF HEALTH AND FAMILY WELFARE SERVICES - BANGALORE.

STATEMENT- 3 - FAMILY WELFARE PROGRAMME : PROGRESS UNDER I.U.D. DURING AND UPTO THE END OF FEB-99

SL NO	DISTRICT/ DIVISION	FEB-99 DST ACT PLAN	FEB-99 ACHIEV EMENT	FEB-99 %	ACHIEV EMENT IN FEB 1998	% VARITN IN ACHMT OVER SAME MONTH OF PREVIOUS YEAR	1998 - 99 ANNUAL PLAN	1998 - 99 PROPORT IONATE PLAN	1998 - 99 ACHIEVMENT FROM APR98 TO FEB99	1998 - 99 % ACHIEVMENT TO ANNUAL PLAN	1998 - 99 % ACHIEVMENT TO PROPORTE PLAN	1998 - 99 RANK	ACHIEV- MENT FROM APR-97 TO FEB-98	% VARI TION IN ACHVMNT OVER PREVIUS YEAR
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	B.C.C	3218	2924	90.86	2569	13.82	38614	35398	32360	83.80	91.42		28210	14.71
	B'LORE(U)PHC	955	631	66.07	591	6.77	11460	10505	8498	74.15	80.89		9263	8.26
1.	B'LORE U TOT	4173	3555	85.19	3160	12.50	50074	45903	40858	81.60	89.01	5	37473	9.03
2	BANGALORE(R)	1263	1036	82.03	806	28.54	15159	13893	11493	75.82	82.73	11	11874	-3.21
3	CHITRADURGA	1231	1677	136.23	976	71.82	14770	13541	17738	120.09	130.99	1	11543	53.67
4	KOLAR	1746	1388	79.50	1378	0.73	20950	19206	17760	84.77	92.47	2	15997	11.02
5	SHIMOGA	1366	804	58.86	1071	-24.93	16389	15026	11357	69.30	75.58	13	13205	-13.99
6	TUMKUR	1585	1144	72.18	1446	-20.89	19018	17435	14562	76.57	83.52	10	15176	-4.05
1.	B'LORE DIVSN	11364	9604	84.51	8837	8.68	136360	125004	113768	83.43	91.01		105268	8.07
7	BELGAUM	4695	3765	80.19	3504	7.45	56344	51645	36251	64.34	70.19	18	42758	-15.22
8	BIJAPUR	2560	2313	90.35	1279	80.84	30724	28160	20252	65.92	71.92	16	23830	-15.01
9	DHARWAD	2495	1959	78.52	1718	14.03	29940	27445	24664	82.38	89.87	3	22677	9.76
10	U. KANNADA	751	552	73.50	424	30.19	9011	8261	6921	76.81	83.78	9	7020	-1.41
2.	BELGAUM DIVN	10501	8589	81.79	6925	24.03	126019	115511	88088	69.90	76.26		96285	-8.51
11	BELLARY	1105	823	74.48	776	6.06	13255	12155	8654	65.29	71.20	17	10009	-13.54
12	BIDAR	1047	930	88.83	1157	-19.62	12563	11517	8794	70.00	76.36	12	9103	-3.39
13	GULBARGA	1591	998	62.73	851	17.27	19094	17501	11532	60.40	65.89	20	13448	-14.25
14	RAICHUR	1299	843	64.90	616	36.85	15694	14289	10588	67.90	74.10	14	11327	-6.52
3.	GULBARGA DIVN	5042	3594	71.28	3400	5.71	60506	55462	39568	65.40	71.34		43887	-9.84
15	CHIKKAMAGLUR	721	490	67.96	392	25.00	8650	7931	6993	80.84	88.17	7	6793	2.94
16	D. KANNADA	1581	956	60.47	941	1.59	18972	17391	12031	63.41	69.18	19	15272	-21.22
17	HASSAN	1034	886	85.69	690	28.41	12411	11374	10073	81.16	88.56	6	9859	2.17
18	KODAGU	450	265	58.89	259	2.32	5394	4950	4165	77.22	84.14	8	4124	0.99
19	MANDYA	1204	958	79.57	827	15.84	14451	13244	9654	66.81	72.89	15	10519	-8.22
20	MYSORE	2234	2825	126.45	1530	84.64	26813	24574	22021	82.13	89.61	4	21455	2.64
4.	MYSORE DIVN	7224	6380	88.32	4639	37.53	86691	79464	64937	74.91	81.72		68022	-4.54
	STATE TOTAL	34131	28167	82.53	23801	18.34	409576	375441	306361	74.80	81.60		313462	-2.27

NOTE :- 1) Figures in Column-3 and Column-13 are provisional.
2) Column-8 : Annual Plan not yet finalised

GOVERNMENT OF KARNATAKA

DIRECTORATE OF HEALTH AND FAMILY WELFARE SERVICES - BANGALORE.

STATEMENT - 4 - FAMILY WELFARE PROGRAMME : PROGRESS UNDER C.C. USERS DURING AND UPTO THE END OF FEB-99

SL NO	DISTRICT/ DIVISION	FEB-99 DST ACT PLAN	FEB-99 ACHIEVEMENT	FEB-99 %	ACHIEVEMENT IN FEB 1998	% VARITN IN ACHMT OVER SAME MONTH OF PREVIOUS YEAR	1998-99 ANNUAL PLAN	1998-99 PROPORTIONATE PLAN	1998-99 ACHIEVMENT FROM APR98 TO FEB99	% ACHIEVMENT TO ANNUAL PLAN	% ACHIEVMENT TO PROPORTE PLAN	RANK	ACHIEVMENT FROM APR-97 TO FEB-98	% VARITION IN ACHVMNT OVER PREVIUS YEAR
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	B.C.C	14031	18709	133.34	14389	30.03	14284	14031	14376	100.65	102.46		12868	11.72
	B'LORE(U)PHC	8081	4891	60.52	7434	-34.22	8227	8081	4890	59.44	60.52		7515	-34.92
1.	B'LORE U TOT	22112	23600	106.73	21823	8.14	22511	22112	19267	85.59	87.13	4	20383	-5.48
2	BANGALORE(R)	134874	12011	3.91	12923	-7.06	13727	134874	10448	76.11	7.75	20	12309	-15.12
3	CHITRADURGA	12560	16087	128.08	12166	32.23	12786	12560	12937	101.18	103.00	2	11407	13.41
4	KOLAR	20158	7741	38.40	18456	-58.06	20521	20158	14172	69.06	70.31	16	17902	-20.83
5	SHIMOGA	11002	6828	62.06	13172	-48.16	11200	11002	6648	59.35	60.42	18	10153	-34.53
6	TUMKUR	15377	8515	55.38	9236	-7.80	15654	15377	9033	57.70	58.74	19	13361	-32.40
1.	B'LORE DIVSN	216083	74782	34.61	87775	-14.80	96399	216083	72504	75.21	33.55		85516	-15.22
7	BELGAUM	49964	33400	66.85	53317	-37.36	50864	49964	40478	79.58	81.01	10	45562	-11.16
8	BIJAPUR	27745	24661	88.88	25289	-2.49	28245	27745	20717	73.35	74.67	13	24556	-15.63
9	DHARWAD	24896	23241	93.35	24338	-4.51	25345	24896	21566	85.09	86.62	5	22801	-5.42
10	U. KANNADA	12121	11487	94.77	12656	-9.24	12339	12121	11003	89.17	90.78	3	11088	-0.76
2.	BELGAUM DIVN	114726	92788	80.88	115601	-19.73	116793	114726	93764	80.28	81.73		104007	-9.85
11	BELLARY	9899	7503	75.80	8842	-15.14	10077	9899	7307	72.51	73.81	14	12984	-43.72
12	BIDAR	10631	8742	82.23	13914	-37.17	10823	10631	8633	79.77	81.21	9	9756	-11.51
13	GULBARGA	20972	17873	85.22	20015	-10.70	21350	20972	15797	73.99	75.33	12	19496	-18.97
14	RAICHUR	19707	12969	65.81	15666	-17.21	20062	19707	13411	66.85	68.05	17	17147	-21.79
3.	GULBARGA DIVN	61209	47088	76.93	58437	-19.42	62312	61209	45148	72.45	73.76		59383	-23.97
15	CHIKKAMAGLUR	8739	7179	82.15	6299	13.98	8896	8739	7541	84.77	86.29	6	7901	-4.56
16	D. KANNADA	20744	15156	73.06	18618	-18.60	21118	20744	15295	72.43	73.73	15	19196	-20.32
17	HASSAN	10219	8437	82.57	9537	-11.53	10403	10219	8246	79.26	80.69	11	9455	-12.79
18	KODAGU	3791	3114	82.15	3478	-10.44	3859	3791	3134	81.20	82.66	7	3510	-10.71
19	MANDYA	14471	15875	109.70	15176	4.61	14732	14471	15301	103.86	105.73	1	13264	15.35
20	MYSORE	20434	17936	87.77	19878	-9.77	20802	20434	16710	80.33	81.78	8	18646	-10.38
4.	MYSORE DIVN	78398	67697	86.35	72985	-7.25	79810	78398	66226	82.98	84.47		71972	-7.98
	STATE TOTAL	470416	282355	60.02	334798	-15.66	355314	470416	277642	78.14	59.02		320878	-13.47

NOTE : 1) Figures in Column-3 and Column-13 are provisional.
2) Column-8 : Annual Plan not yet finalised

GOVERNMENT OF KARNATAKA

DIRECTORATE OF HEALTH AND FAMILY WELFARE SERVICES - BANGALORE.

STATEMENT - 5 - FAMILY WELFARE PROGRAMME : PROGRESS UNDER O.P. USERS DURING AND UPTO THE END OF FEB-99

SL NO	DISTRICT/ DIVISION	FEB 99 DST ACT PLAN	FEB 99 ACHIEV-EMENT	FEB 99 %	ACHIEV-EMENT IN FEB 1998	% VARITN IN ACHMT OVER SAME MONTH OF PREVIOUS YEAR	1998 - 99 ANNUAL PLAN	1998 - 99 PROPORT IONATE PLAN	1998 - 99 ACHIEVMENT FROM APR98 TO FEB99	1998 - 99 % ACHIEVMENT TO ANNUAL PLAN	1998 - 99 % ACHIEVMENT TO PROPORTE PLAN	RANK	ACHIEV-MENT FROM APR-97 TO FEB-98	% VARI TION IN ACHVMNT OVER PREVIUS YEAR
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	B.C.C	7328	8389	114.48	7268	15.43	7460	7328	7129	95.56	97.28		6753	5.56
	B'LORE(U)PHC	4033	3216	79.74	3819	-15.81	4106	4033	2925	71.23	72.52		3718	-21.33
1.	B'LORE U TOT	11361	11605	102.14	11087	4.67	11566	11361	10053	86.92	88.49	8	10470	-3.99
2	BANGALORE(R)	5686	5373	94.50	5800	-7.36	5788	5686	4452	76.92	78.30	16	5158	-13.68
3	CHITRADURGA	7046	15096	214.25	7084	113.10	7173	7046	8827	123.06	125.28	1	5393	63.67
4	KOLAR	9788	9332	95.35	9440	-1.14	9964	9788	7699	77.27	78.66	15	8824	-12.75
5	SHIMOGA	7853	5567	70.89	7401	-24.78	7994	7853	5896	73.76	75.08	20	7224	-18.33
6	TUMKUR	6220	5218	83.88	7607	-31.41	6332	6220	5649	89.21	90.82	6	6518	-13.33
1.	B'LORE DIVSN	47954	52191	108.84	46419	7.79	48817	47954	42577	87.22	88.79		43588	-2.32
7	BELGAUM	22343	18303	81.92	24691	-25.87	22746	22343	19236	84.57	86.09	11	20269	-5.09
8	BIJAPUR	15549	15326	98.57	15526	-1.29	15829	15549	12934	81.71	83.18	13	13621	-5.05
9	DHARWAD	14464	14253	98.54	15185	-6.14	14725	14464	13226	89.82	91.44	5	13206	0.15
10	U. KANNADA	5002	5037	100.70	4882	3.17	5092	5002	4753	93.34	95.02	3	4602	3.27
2.	BELGAUM DIVN	57358	52919	92.26	60284	-12.22	58392	57358	50148	85.88	87.43		51698	-3.00
11	BELLARY	6911	4988	72.17	6162	-19.05	7036	6911	5244	74.54	75.89	18	5862	-10.53
12	BIDAR	5042	4641	92.04	4651	-0.22	5133	5042	4349	84.74	86.27	10	4641	-6.28
13	GULBARGA	9905	9747	98.41	9945	-1.99	10083	9905	8848	87.76	89.33	7	9116	-2.94
14	RAICHUR	8105	4177	51.53	6238	-33.04	8251	8105	6144	74.46	75.80	19	6916	-11.17
3.	GULBARGA DIVN	29963	23553	78.61	26996	-12.76	30503	29963	24586	80.60	82.05		26535	-7.34
15	CHIKKAMAGLUR	2765	2527	91.39	2612	-3.26	2815	2765	2439	86.64	88.20	9	2555	-4.55
16	D. KANNADA	8710	6848	78.62	8500	-19.43	8867	8710	6661	75.12	76.48	17	8021	-16.95
17	HASSAN	4713	5891	124.99	5974	-1.39	4798	4713	4455	92.86	94.53	4	4347	2.49
18	KODAGU	1444	1277	88.42	1250	2.15	1470	1444	1190	80.96	82.41	14	1342	-11.35
19	MANDYA	5471	4984	91.10	5035	-1.01	5570	5471	4651	83.51	85.02	12	5023	-7.39
20	MYSORE	10709	12922	120.67	11350	13.85	10902	10709	10949	100.43	102.24	2	9771	12.06
4.	MYSORE DIVN	33812	34449	101.88	34721	-0.78	34422	33812	30346	88.16	89.75		31059	-2.30
	STATE TOTAL	169087	163111	96.47	170421	-4.29	172134	169087	147656	85.78	87.33		152879	-3.42

NOTE : 1) Figures in Column-3 and Column-13 are provisional.
2) Column-8 : Annual Plan not yet finalised

GOVERNMENT OF KARNATAKA

DIRECTORATE OF HEALTH AND FAMILY WELFARE SERVICES - BANGALORE.

STATEMENT- 6 - FAMILY WELFARE PROGRAMME : PROGRESS UNDER D.P.T. DURING AND UPTO THE END OF FEB-99

SL NO	DISTRICT/ DIVISION	FEB-99 TARGET	FEB-99 ACHIEVEMENT	FEB-99 %	ACHIEVEMENT IN FEB 1998	% VARITN IN ACHMT OVER SAME MONTH OF PREVIOUS YEAR	1998 - 99 ANNUAL TARGET	1998 - 99 PROPORTIONATE TARGET	1998 - 99 ACHIEVMENT FROM APR98 TO FEB99	% ACHIEVMENT TO ANNUAL TARGET	% ACHIEVMENT TO PROPORTE TARGET	RANK	ACHIEVMENT FROM APR-97 TO FEB-98	% VARITION IN ACHVMNT OVER PREVIUS YEAR
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	B.C.C	9150	7929	86.66	8146	-2.66	109800	100650	90615	82.53	90.03		99510	-8.94
	B'LORE(U)PHC	2108	2165	102.70	2660	-19.22	25300	23188	26994	106.70	116.41		28592	-5.59
1.	B'LORE-U TOT	11258	10094	89.66	10826	-6.76	135100	123838	117609	87.05	94.97	10	128102	-8.19
2	BANGALORE(R)	3542	3619	102.17	3248	11.42	42500	38962	34866	82.04	89.49	13	36203	-3.69
3	CHITRADURGA	4783	6132	128.20	4288	43.00	57400	52613	61888	107.82	117.63	2	48173	28.47
4	KOLAR	4717	4729	100.25	5128	-7.78	56600	51887	51659	91.27	99.56	8	52172	-0.98
5	SHIMOGA	4042	2999	74.20	3598	-16.65	48500	44462	34769	71.69	78.20	18	42374	-17.95
6	TUMKUR	4908	4317	87.96	4473	-3.49	58900	53988	48784	82.83	90.36	12	49248	-0.94
1.	B'LORE DIVSN	33250	31890	95.91	31561	1.04	399000	365750	349575	87.61	95.58		356272	-1.88
7	BELGAUM	7775	8489	109.18	9352	-9.23	93300	85525	89498	95.92	104.65	5	94480	-5.27
8	BIJAPUR	6667	7603	114.04	6916	9.93	80000	73337	69542	86.93	94.83	11	74484	-6.63
9	DHARWAD	7550	8935	118.34	7927	12.72	90600	83050	81944	90.45	98.67	9	81818	0.15
10	U. KANNADA	2025	1739	85.88	1761	-1.25	24300	22275	19627	80.77	88.11	14	20176	-2.72
2.	BELGAUM DIVN	24017	26766	111.45	25956	3.12	288200	264187	260611	90.43	98.65		270958	-3.82
11	BELLARY	4567	3536	77.43	3889	-9.08	54800	50237	34837	63.57	69.35	20	41745	-16.55
12	BIDAR	2792	3271	117.16	3036	7.74	33500	30712	31618	94.38	102.95	6	32345	-2.25
13	GULBARGA	6167	6478	105.04	6396	1.28	74000	67837	58677	79.29	86.50	15	62355	-5.90
14	RAICHUR	5583	5711	102.29	4850	17.75	67000	61413	51624	77.05	84.06	17	54895	-5.96
3.	GULBARGA DIVN	19109	18996	99.41	18171	4.54	229300	210199	176756	77.09	84.09		191340	-7.62
15	CHIKKAMAGLUR	1575	1610	102.22	1618	-0.49	18900	17325	18963	100.33	109.45	4	18745	1.16
16	D. KANNADA	4233	3064	72.38	4051	-24.36	50800	46563	35523	69.93	76.29	19	48647	-26.98
17	HASSAN	2633	2601	98.78	2733	-4.83	31600	28963	32066	101.47	110.71	3	31292	2.47
18	KODAGU	775	833	107.48	764	9.03	9300	8525	10142	109.05	118.97	1	10474	-3.17
19	MANDYA	2750	3165	115.09	2842	11.37	33000	30250	30362	92.01	100.37	7	31489	-3.58
20	MYSORE	6333	5344	84.38	4808	11.15	76000	69663	58661	77.19	84.21	16	61129	-4.04
4.	MYSORE DIVN	18299	16617	90.81	16816	-1.18	219600	201289	185717	84.57	92.26		201776	-7.96
	STATE TOTAL	94675	94269	99.57	92504	1.91	1136100	1041425	972659	85.61	93.40		1020346	-4.67

GOVERNMENT OF KARNATAKA

DIRECTORATE OF HEALTH AND FAMILY WELFARE SERVICES : BANGALORE.

STATEMENT 7 : FAMILY WELFARE PROGRAMME : PROGRESS UNDER POLIO DURING AND UPTO THE END OF FEB'99

SL NO	DISTRICT/ DIVISION	FEB-99 TARGET	FEB-99 ACHIEVEMENT	FEB-99 %	ACHIEVEMENT IN FEB 1998	% VARITN IN ACHMT OVER SAME MONTH OF PREVIOUS YEAR	1998 - 99 ANNUAL TARGET	1998 - 99 PROPORTIONATE TARGET	1998 - 99 ACHIEVMENT FROM APR98 TO FEB99	% ACHIEVMENT TO ANNUAL TARGET	% ACHIEVMENT TO PROPORTE TARGET	RANK	ACHIEVMENT FROM APR-97 TO FEB-98	% VARITION IN ACHVMNT OVER PREVIUS YEAR
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	B.C.C	9150	7929	86.66	8146	-2.66	109800	100650	90615	82.53	90.03		95510	-5.13
	B'LORE(U)PHC	2108	2165	102.70	2680	-19.22	25300	23188	26994	106.70	116.41		28592	-5.59
1.	B'LORE U TOT	11258	10094	89.66	10826	-6.76	135100	123838	117609	87.05	94.97	11	124102	-5.23
2	BANGALORE(R)	3542	3619	102.17	3248	11.42	42500	38962	34866	82.04	89.49	13	36204	-3.70
3	CHITRADURGA	4783	6132	128.20	4288	43.00	57400	52613	61886	107.82	117.63	2	48173	28.47
4	KOLAR	4717	4729	100.25	5128	-7.78	56600	51887	51659	91.27	99.56	8	52172	-0.98
5	SHIMOGA	4042	2999	74.20	3598	-16.65	48500	44462	34769	71.69	78.20	18	42374	-17.95
6	TUMKUR	4908	4317	87.96	4473	-3.49	58900	53988	48784	82.83	90.36	12	49248	-0.94
1.	B'LORE DIVSN	33250	31890	95.91	31561	1.04	399000	365750	349575	87.61	95.58		352273	-0.77
7	BELGAUM	7775	8489	109.18	9352	-9.23	93300	85525	89498	95.92	104.65	5	94480	-5.27
8	BIJAPUR	6667	7688	115.31	6980	10.14	80000	73337	70051	87.56	95.52	10	74874	-6.44
9	DHARWAD	7550	8935	118.34	8006	11.60	90600	83050	82420	90.97	99.24	9	82241	0.22
10	U. KANNADA	2025	1739	85.88	1761	-1.25	24300	22275	19627	80.77	88.11	14	20176	-2.72
2.	BELGAUM DIVN	24017	26851	111.80	26099	2.88	288200	264187	261596	90.77	99.02		271771	-3.74
11	BELLARY	4567	3536	77.43	3889	-9.08	54800	50237	35037	63.94	69.74	20	41745	-16.07
12	BIDAR	2792	3271	117.16	3036	7.74	33500	30712	31618	94.38	102.95	6	32345	-2.25
13	GULBARGA	6167	6478	105.04	6396	1.28	74000	67837	58680	79.30	86.50	15	62355	-5.89
14	RAICHUR	5583	5711	102.29	4850	17.75	67000	61413	51624	77.05	84.06	17	54895	-5.96
3.	GULBARGA DIVN	19109	18996	99.41	18171	4.54	229300	210199	176959	77.17	84.19		191340	-7.52
15	CHIKKAMAGLUR	1575	1610	102.22	1618	-0.49	18900	17325	18963	100.33	109.45	4	18745	1.16
16	D. KANNADA	4233	3064	72.38	4051	-24.36	50800	46563	34315	67.55	73.70	19	48647	-29.46
17	HASSAN	2633	2601	98.78	2733	-4.83	31600	28963	33274	105.30	114.86	3	31292	6.33
18	KODAGU	775	833	107.48	764	9.03	9300	8525	10142	109.05	118.97	1	10474	-3.17
19	MANDYA	2750	3165	115.09	2842	11.37	33000	30250	30362	92.01	100.37	7	31489	-3.58
20	MYSORE	6333	5344	84.38	4808	11.15	76000	69663	58661	77.19	84.21	16	61129	-4.04
4.	MYSORE DIVN	18299	16617	90.81	16816	-1.18	219600	201289	185717	84.57	92.26		201776	-7.96
	STATE TOTAL	94675	94354	99.66	92647	1.84	1136100	1041425	973847	85.72	93.51		1017160	-4.26

GOVERNMENT OF KARNATAKA

DIRECTORATE OF HEALTH AND FAMILY WELFARE SERVICES - BANGALORE.

STATEMENT- 8 : FAMILY WELFARE PROGRAMME : PROGRESS UNDER B.C.G. DURING AND UPTO THE END OF FEB-99

SL NO	DISTRICT/ DIVISION	FEB-99 TARGET	FEB-99 ACHIEVEMENT	%	ACHIEVEMENT IN FEB 1998	% VARITN IN ACHMT OVER SAME MONTH OF PREVIOUS YEAR	1998 - 99 ANNUAL TARGET	PROPORTIONATE TARGET	ACHIEVMENT FROM APR98 TO FEB99	% ACHIEVMENT TO ANNUAL TARGET	% ACHIEVMENT TO PROPORTE TARGET	RANK	ACHIEVMENT FROM APR-97 TO FEB-98	% VARITION IN ACHVMNT OVER PREVIUS YEAR
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	B.C.C	9150	7995	87.38	8111	-1.43	109800	100650	94828	86.36	94.22		105114	-9.79
	B'LORE(U)PHC	2108	2128	100.95	2513	15.32	25300	23188	25975	102.67	112.02		27045	-3.96
1.	B'LORE-U TOT	11258	10123	89.92	10624	-4.72	135100	123838	120803	89.42	97.55	8	132159	-8.59
2	BANGALORE(R)	3542	3539	99.92	3361	5.30	42500	38962	35552	83.65	91.25	13	37607	-5.46
3	CHITRADURGA	4783	5893	123.21	4532	30.03	57400	52613	66006	114.99	125.46	1	55473	18.99
4	KOLAR	4717	4786	101.46	5433	-11.91	56600	51887	53791	95.04	103.67	6	56400	-4.63
5	SHIMOGA	4042	2720	67.29	3574	-23.89	48500	44462	33745	69.58	75.90	19	42848	-21.24
6	TUMKUR	4908	4784	97.47	4652	2.84	58900	53988	52170	88.57	96.63	10	54053	-3.48
1.	B'LORE DIVSN	33250	31845	95.77	32176	1.03	399000	365750	362067	90.74	98.99		378540	-4.35
7	BELGAUM	7775	8907	114.56	9129	-2.43	93300	85525	91237	97.79	106.68	5	101281	-9.92
8	BIJAPUR	6667	8459	126.88	6308	34.10	80000	73337	64973	81.22	88.60	14	82226	-20.98
9	DHARWAD	7550	8476	112.26	7267	16.64	90600	83050	84257	93.00	101.45	7	88815	-5.13
10	U. KANNADA	2025	1879	92.79	1770	6.16	24300	22275	18623	76.64	83.60	16	20534	-9.31
2.	BELGAUM DIVN	24017	27721	115.42	24474	13.27	288200	264187	259090	89.90	98.07		292856	-11.53
11	BELLARY	4567	4053	88.75	4638	-12.61	54800	50237	39223	71.57	78.08	17	49410	-20.62
12	BIDAR	2792	3832	137.25	2811	36.32	33500	30712	28320	84.54	92.21	11	35475	-20.17
13	GULBARGA	6167	7342	119.05	5795	26.70	74000	67837	58844	79.52	86.74	15	68522	-14.12
14	RAICHUR	5583	6200	111.05	4894	26.69	67000	61413	47850	71.42	77.92	18	57861	-17.30
3.	GULBARGA DIVN	19109	21427	112.13	18138	18.13	229300	210199	174237	75.99	82.89		211268	-17.53
15	CHIKKAMAGLUR	1575	1788	113.52	1673	6.87	18900	17325	19331	102.28	111.58	3	19853	-2.63
16	D. KANNADA	4233	2817	66.55	3955	-28.77	50800	46563	34629	68.17	74.37	20	50879	-31.94
17	HASSAN	2633	2838	107.79	2927	-3.04	31600	28963	31479	99.62	108.69	4	31804	-1.02
18	KODAGU	775	940	121.29	968	-2.89	9300	8525	10683	114.87	125.31	2	10611	0.68
19	MANDYA	2750	3165	115.09	2911	8.73	33000	30250	29276	88.72	96.78	9	32528	-10.00
20	MYSORE	6333	5634	88.96	4788	17.67	76000	69663	63938	84.13	91.78	12	67248	-4.92
4.	MYSORE DIVN	18299	17182	93.90	17222	-0.23	219600	201289	189336	86.22	94.06		212923	-11.08
	STATE TOTAL	94675	98175	103.70	92010	6.70	1136100	1041425	984730	86.68	94.56		1095587	-10.12

GOVERNMENT OF KARNATAKA

DIRECTORATE OF HEALTH AND FAMILY WELFARE SERVICES - BANGALORE.

STATEMENT- 9 - FAMILY WELFARE PROGRAMME : PROGRESS UNDER MEASLES DURING AND UPTO THE END OF FEB-99

SL NO	DISTRICT/ DIVISION	FEB-99 TARGET	FEB-99 ACHIEVEMENT	FEB-99 %	ACHIEVEMENT IN FEB 1998	% VARITN IN ACHMT OVER SAME MONTH OF PREVIOUS YEAR	1998 - 99 ANNUAL TARGET	PROPORTIONATE TARGET	ACHIEVMENT FROM APR98 TO FEB99	% ACHIEVMENT TO ANNUAL TARGET	% ACHIEVMENT TO PROPORTE TARGET	RANK	ACHIEVMENT FROM APR-97 TO FEB-98	% VARITION IN ACHVMNT OVER PREVIUS YEAR
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	B.C.C	9150	6841	74.77	7623	-10.26	109800	100650	81774	74.48	81.25		88693	-7.80
	B'LORE(U)PHC	2108	2186	103.70	2489	-12.17	25300	23188	25163	99.46	108.52		26449	-4.86
1.	B'LORE U TOT	11258	9027	80.18	10112	-10.73	135100	123838	106937	79.15	86.35	10	115142	-7.13
2	BANGALORE(R)	3542	3465	97.83	3060	13.24	42500	38962	32122	75.58	82.44	14	32967	-2.56
3	CHITRADURGA	4783	6316	132.05	4031	56.69	57400	52613	57814	100.72	109.89	2	43172	33.92
4	KOLAR	4717	4812	102.01	4801	0.23	56600	51887	47320	83.60	91.20	9	46744	1.23
5	SHIMOGA	4042	3473	85.92	3635	-4.46	48500	44462	32978	68.00	74.17	18	39191	-15.85
6	TUMKUR	4908	4617	94.07	4337	6.46	58900	53988	45233	76.88	83.88	13	45679	-0.87
1.	B'LORE DIVSN	33250	31710	95.37	29976	5.78	399000	365750	322454	80.82	88.16		322895	-0.14
7	BELGAUM	7775	7721	99.31	8482	-8.97	93300	85525	83378	89.37	97.49	5	87950	-5.20
8	BIJAPUR	6667	6789	101.83	5648	20.20	80000	73337	62075	77.59	84.64	12	67063	-7.44
9	DHARWAD	7550	10383	137.52	7612	36.40	90600	83050	79346	87.58	95.54	7	76497	3.72
10	U. KANNADA	2025	1879	92.79	1836	2.34	24300	22275	19117	78.67	85.82	11	18754	1.94
2.	BELGAUM DIVN	24017	26772	111.47	23578	13.55	288200	264187	243916	84.63	92.33		250264	-2.54
11	BELLARY	4567	4031	88.26	3543	13.77	54800	50237	33546	61.22	66.78	20	38962	-13.90
12	BIDAR	2792	3606	129.15	2865	25.86	33500	30712	29727	88.74	96.79	6	31994	-7.09
13	GULBARGA	6167	7701	124.87	5580	38.01	74000	67837	55141	74.51	81.28	15	56670	-2.70
14	RAICHUR	5583	5729	102.62	4751	20.59	67000	61413	47459	70.83	77.28	17	49680	-4.47
3.	GULBARGA DIVN	19109	21067	110.25	16739	25.86	229300	210199	165873	72.34	78.91		177306	-6.45
15	CHIKKAMAGLUR	1575	1829	116.13	1781	2.70	18900	17325	17648	93.38	101.86	3	17022	3.68
16	D. KANNADA	4233	3138	74.13	3808	-17.59	50800	46563	32753	64.47	70.34	19	42910	-23.67
17	HASSAN	2633	2740	104.06	2727	0.48	31600	28963	28591	90.48	98.72	4	28971	-1.31
18	KODAGU	775	931	120.13	716	30.03	9300	8525	9682	104.11	113.57	1	9260	4.56
19	MANDYA	2750	3393	123.38	2804	21.01	33000	30250	27819	84.30	91.96	8	29701	-6.34
20	MYSORE	6333	5634	88.96	4830	16.65	76000	69663	54918	72.26	78.83	16	56037	-2.00
4.	MYSORE DIVN	18299	17665	96.54	16666	5.99	219600	201289	171411	78.06	85.16		183901	-6.79
	STATE TOTAL	94675	97214	102.68	86959	11.79	1136100	1041425	903654	79.54	86.77		934366	-3.29

GOVERNMENT OF KARNATAKA

DIRECTORATE OF HEALTH AND FAMILY WELFARE SERVICES - BANGALORE.

STATEMENT-10 : FAMILY WELFARE PROGRAMME : PROGRESS UNDER T.T.(PW)IMMUNISATION DURING AND UPTO THE END OF FEB-99

SL NO	DISTRICT/ DIVISION	FEB-99 TARGET	FEB-99 ACHIEVEMENT	FEB-99 %	ACHIEVEMENT IN FEB 1998	% VARITN IN ACHMT OVER SAME MONTH OF PREVIOUS YEAR	1998 - 99 ANNUAL TARGET	1998 - 99 PROPORTIONATE TARGET	1998 - 99 ACHIEVMENT FROM APR98 TO FEB99	1998 - 99 % ACHIEVMENT TO ANNUAL TARGET	1998 - 99 % ACHIEVMENT TO PROPORTE TARGET	RANK	ACHIEVEMENT FROM APR-97 TO FEB-98	% VARITION IN ACHVMNT OVER PREVIUS YEAR
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	B.C.C	10000	11490	114.90	10840	6.00	120000	110000	106563	88.80	96.88		116160	-8.26
	B'LORE(U)PHC	2333	2442	104.67	2863	-14.70	28000	25663	29425	105.09	114.66		30463	-3.41
1.	B'LORE U TOT	12333	13932	112.97	13703	1.67	148000	135663	135988	91.88	100.24	6	146623	-7.25
2	BANGALORE(R)	3867	3820	98.78	3289	16.14	46400	42537	37632	81.10	88.47	13	40338	-6.71
3	CHITRADURGA	5225	6721	128.63	5047	33.17	62700	57475	67650	107.89	117.70	1	54205	24.80
4	KOLAR	5150	5432	105.48	5269	3.09	61800	56650	54929	88.88	96.96	9	55591	-1.19
5	SHIMOGA	4408	3607	81.83	4075	-11.48	52900	48488	36397	68.80	75.06	18	44210	-17.67
6	TUMKUR	5300	5475	103.30	5515	-0.73	63600	58300	52909	83.19	90.75	11	52896	0.02
1.	B'LORE DIVSN	36283	38987	107.45	36898	5.66	435400	399113	385505	88.54	96.59		393863	-2.12
7	BELGAUM	8483	8765	103.32	9659	-9.26	101800	93313	93761	92.10	100.48	5	106283	-11.78
8	BIJAPUR	7275	6955	95.60	6445	7.91	87300	80025	71178	81.53	88.94	12	76264	-6.67
9	DHARWAD	8242	10450	126.79	8882	17.65	98900	90662	92265	93.29	101.77	4	93268	-1.08
10	U. KANNADA	2217	2158	97.34	1935	11.52	26600	24387	20010	75.23	82.05	17	21240	-5.79
2.	BELGAUM DIVN	26217	28328	108.05	26921	5.23	314600	288387	277214	88.12	96.13		297055	-6.68
11	BELLARY	4917	4372	88.92	4161	5.07	59000	54087	38922	65.97	71.96	19	48625	-19.95
12	BIDAR	3050	3358	110.10	2744	22.38	36600	33550	32104	87.72	95.69	10	33869	-5.21
13	GULBARGA	6742	6624	98.25	6322	4.78	80900	74162	62772	77.59	84.64	16	68864	-8.85
14	RAICHUR	6167	7270	117.89	5300	37.17	74000	67837	59273	80.10	87.38	14	62197	-4.70
3.	GULBARGA DIVN	20876	21624	103.58	18527	16.72	250500	229636	193071	77.07	84.08		213555	-9.59
15	CHIKKAMAGLUR	1725	1930	111.88	1926	0.21	20700	18975	18911	91.36	99.66	7	19843	-4.70
16	D. KANNADA	4625	3212	69.45	3956	-18.81	55500	50875	33734	60.78	66.31	20	46703	-27.77
17	HASSAN	2883	3237	112.28	3170	2.11	34600	31713	32987	95.34	104.02	3	33563	-1.72
18	KODAGU	867	912	105.19	871	4.71	10400	9537	10050	96.63	105.38	2	10020	0.30
19	MANDYA	3017	3429	113.66	3122	9.83	36200	33187	32389	89.47	97.60	8	36082	-10.24
20	MYSORE	6925	5889	85.04	5564	5.84	83100	76175	64722	77.88	84.96	15	69074	-6.30
4.	MYSORE DIVN	20042	18609	92.85	18609	0.00	240500	220462	192793	80.16	87.45		215285	-10.45
	STATE TOTAL	103418	107543	103.99	100955	6.53	1241000	1137598	1048583	84.50	92.18		1119758	-6.36

REPRODUCTIVE AND CHILD HEALTH PROGRAMME - DISTRICT SURVEYS - KEY INDICATORS, DISTRICTWISE

SL. NO.	KEY INDICATORS	B.lore(U)	Belgaum	Bellary	Bidar	C.Magalur	D.K.	Gulbarga	Kodagu	Mandya	Raichur	Tumkur
	1998 Population data											
1.	Total Population (in thousands)	4839.2	3583.6	1890.1	1255.8	1017.3	2694.3	2582.2	480.5	1644.4	2309.9	2305.8
2.	Percent urban	86.2	23.5	29.9	19.6	16.9	28.3	23.6	16.0	16.2	20.8	16.6
3.	Percent Scheduled caste	14.71	11.36	19.32	20.71	19.25	6.52	23.68	12.08	13.78	17.23	17.72
4.	Percent scheduled tribe	1.11	2.32	8.82	8.30	2.61	3.94	4.14	8.25	0.73	7.20	7.27
5.	Decennial Population Growth rate(1981 91)	38.00	20.30	26.92	26.12	11.57	13.36	24.10	5.75	15.96	29.49	16.58
	Rapid Household Survey, Reproductive and Child Health											
	MARRIAGE AGE											
1.	Mean age at first cohabitation for women interviewed	18.6	15.9	15.7	14.3	18.6	19.9	15.2	19.6	15.9	15.1	16.6
2.	Percent of Boys Married at age less than 21(since 1 Jany 1995)	14.2	21.5	20.9	30.2	9.1	3.4	30.9	8.5	6.0	30.7	5.9
3.	Percent of Girls Married at age less than 18(since 1 1 1995)	12.0	55.3	54.1	67.6	13.6	4.5	47.7	22.0	37.0	57.1	27.1
	Birth Rate (During 1 Jany 1995 to 30 June 1998)											
1.	Crude Birth Rate (Average)	20.7	24.0	31.9	31.6	25.5	19.7	30.1	34.2	20.3	29.1	24.1
2.	Percent of third or higher order births reported	23.3	36.7	45.9	52.9	18.4	32.0	53.7	18.9	26.2	52.9	27.4
	FERTILITY											
1.	Mean No. of Childern ever born to Women age 40-44	3.5	4.0	5.1	5.4	3.7	3.7	4.9	3.2	4.0	4.7	4.1
	INFANT MORTALITY											
1.	Infant Deaths among Childern born during 1 1 95 to 30 6 97	4	8	11	22	9	3	17	8	9	15	9
	MORBIDITY											
1.	No. of Cases Reported											
	Malaria (3 months prior to survey)	21	102	46	45	42	67	129	17	94	109	52
	Tuberculosis	10	6	42	7	6	17	24	7	26	23	26
	Leprosy	2	3	12	4	2	1	4	0	8	4	2

REPRODUCTIVE AND CHILD HEALTH PROGRAMME — DISTRICT SURVEYS — KEY INDICATORS, DISTRICTWISE

SL. NO.	KEY INDICATORS	B.lore(U)	Belgaum	Bellary	Bidar	C.Magalur	D.K.	Gulbarga	Kodagu	Mandya	Raichur	Tumkur
	Knowledge and use of Family planning											
1.	Percent of Currently Married Women:											
	a. knowing any method	99.1	99.0	99.6	99.5	100.0	99.4	99.8	98.7	100.0	99.6	100.0
	b. knowing any modern method	99.1	99.0	99.6	99.3	100.0	99.3	99.8	98.7	100.0	99.6	100.0
	c. knowing any modern spacing method	79.9	70.9	56.0	63.8	91.7	92.8	64.2	95.4	83.6	76.0	76.2
	d. knowing all modern methods	55.6	40.4	26.4	23.2	52.2	70.7	27.2	88.8	50.2	29.3	40.8
	e. ever used any method	65.9	62.9	50.0	52.7	75.7	67.4	40.0	73.9	73.3	47.9	63.1
	f. currenntly using any method	60.1	61.8	48.7	50.6	71.4	63.7	39.2	70.6	71.7	45.4	61.3
2.	Percent of currently married women currently using											
	a. female sterilization	47.6	58.5	46.5	46.0	59.1	41.1	37.8	44.7	68.8	42.7	55.2
	b. male sterilization	0.3	0.6	0.2	0.8	0.8	0.6	0.4	0.2	1.0	0.9	0.1
	c. I.U.D	5.3	1.3	1.1	0.7	5.3	5.6	0.3	9.5	0.9	0.8	5.2
	d. pills	1.7	0.3	0.4	0.7	1.2	1.6	0.2	2.5	0.2	0.1	0.2
	e. condom	4.2	0.7	0.0	0.9	2.0	4.1	0.3	3.0	0.8	0.1	0.5
	f. any traditional method	0.7	0.2	0.2	1.2	2.8	10.3	0.0	10.6	0.0	0.8	0.0
3.	Percent of currently married women having unmet need for											
	a. limiting	15.2	5.2	8.8	12.6	5.9	9.5	16.4	6.3	4.8	16.4	9.2
	b. spaacing	18.5	24.9	34.2	24.6	14.4	21.4	31.7	14.4	16.8	25.8	21.8
	c. total	33.7	30.1	43.0	37.2	20.3	31.0	48.1	21.3	21.7	42.2	31.0
	MATERNAL HEALTH CARE											
	Percent of women who had still/ live birth since 1 January 1995											
	a. received antenatal care (3 check ups, 2 TT injections and IFA tablets)	71.9	40.1	29.0	27.2	63.1	75.5	20.4	78.1	59.7	27.6	68.4
	b. delivered at health facility	82.5	50.6	17.0	32.9	62.4	76.6	27.9	67.7	48.8	22.7	48.4
	c. delivered at home and attended by Doctor/nurse/TAB	8.1	18.0	23.4	19.7	15.6	15.0	19.8	11.8	13.1	25.5	15.1
	d. total safe delivery (b+c)	90.6	68.7	40.4	52.7	78.1	91.7	47.8	79.5	62.0	40.3	63.5
	CHILD CARE											
1.	percent of 0-4 months children on exclusive breasst feeding	52.9	87.5	31.3	86.2	81.2	37.5	63.1	66.6	17.3	85.1	35.4
2.	percent of women who gave colostrum to their children	65.7	40.0	38.2	36.0	52.5	62.2	19.3	56.7	50.0	30.2	38.9

REPRODUCTIVE AND CHILD HEALTH PROGRAMME - DISTRICT SURVEYS - KEY INDICATORS, DISTRICTWISE

SL. NO.	KEY INDICATORS	B.lore(U)	Belgaum	Bellary	Bidar	C.Magalur	D.K.	Gulbarga	Kodagu	Mandya	Raichur	Tumkur
3.	percent of children age 12-36 months who received											
	a. BCG	96.7	90.6	80.8	75.1	93.9	98.0	52.4	98.8	99.0	61.4	98.7
	b. three injections of DPT	89.6	77.8	74.4	73.1	94.8	95.5	42.1	98.2	95.0	50.8	95.8
	c. three doses of polio	90.2	85.5	76.2	80.3	95.2	94.5	55.8	97.1	96.0	58.0	95.4
	d. measles	84.7	72.4	69.3	57.2	92.2	88.5	32.5	97.1	91.5	44.0	90.0
	e. complete (BCG, 3 DPT, 3 Polio & measles)	77.7	64.8	64.2	50.3	83.5	86.0	25.3	94.8	88.0	37.2	89.6
	REPRODUCTIVE MORBIDITY											
	percent of women reported											
	a. abortion complications	43.7	33.3	18.7	50.0	41.6	41.6	22.2	40.7	0.0	64.2	33.3
	b. pregnancy complications	54.8	44.0	24.4	66.7	56.9	60.5	29.3	54.7	56.3	40.6	25.5
	c. delivery complications	42.2	17.7	16.2	25.5	38.6	28.9	10.2	17.8	16.9	24.6	16.3
	d. post delivery complications	27.2	30.2	21.8	49.2	41.9	32.7	23.3	22.7	24.8	23.3	36.3
	e. contraceptive side effects											
	i. female sterilization	20.1	16.9	17.7	32.5	14.5	13.7	35.6	15.5	9.6	17.3	28.8
	ii. IUD	9.5	16.6	15.3	33.3	16.2	28.5	33.3	13.5	44.4	0.0	11.7
	iii. pills	7.1	33.3	20.0	0.0	30.0	8.3	0.0	15.3	0.0	0.0	0.0
	f. reproductive tract infection	5.4	0.0	17.0	48.2	5.5	2.8	11.0	4.2	1.2	13.4	2.3
	AWARENESS OF WOMEN ON RCH											
	Percent of women aware of											
	a. pregnancy complications	81.7	69.0	80.0	52.4	39.4	82.3	35.7	97.1	97.7	48.9	83.3
	b. treatment/practices to be followed in diarrhoea episodes	71.0	89.1	73.7	24.8	47.6	53.8	31.4	85.1	69.4	84.7	59.5
	c. pneumonia symptoms	23.1	17.3	24.9	12.8	38.0	25.1	5.8	63.3	16.2	18.4	39.8
	d. reproductive tract infection	13.4	2.0	1.7	0.7	10.2	15.9	0.3	51.7	28.0	2.2	25.4
	e. sexually transmitted infection	18.0	3.0	1.4	0.2	12.3	18.4	0.4	45.9	9.5	1.3	4.4
	f. HIV (AIDS)	77.2	65.0	26.4	24.8	66.5	78.4	30.0	74.9	72.4	48.3	49.3
	VISIT BY HEALTH WORKER											
1.	Percent of rural households visited by ANM/Health worker	29.2	36.4	21.5	18.0	43.2	48.9	13.8	87.0	60.0	18.3	44.1

REPRODUCTIVE AND CHILD HEALTH PROGRAMME - DISTRICT SURVEYS - KEY INDICATORS, DISTRICTWISE

SL. NO.	KEY INDICATORS	B.lore(U)	Belgaum	Bellary	Bidar	C.Magalur	D.K.	Gulbarga	Kodagu	Mandya	Raichur	Tumkur
	UTILIZATION OF GOVERNMENT HEALTH FACILITY											
1.	Percent of currently marriec women availing Government Health facility for											
	a. induced abortion	0.0	0.0	66.6	0.0	50.0	25.0	0.0	42.8	100.0	33.3	0.0
	b. treaatment of complications following											
	i. induced abortion	*	*	*	*	*	*	*	*	*	*	*
	ii. spontaneous abortion	*	*	*	*	*	*	*	*	*	*	*
	c. Antenatal care	43.2	38.3	42.7	39.9	54.8	41.6	32.1	75.5	61.8	31.2	57.0
	d. treaatment of complications during pregnancy											
	i. Doctor	32.7	29.5	42.9	25.8	46.4	30.9	36.7	72.1	56.0	17.0	42.6
	ii. nurse/ANM	0.0	4.7	9.0	5.3	6.2	5.5	1.2	0.4	6.4	1.2	1.6
	iii. dispensary	0.0	1.9	0.0	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Treatment of post delivery complications											
	i. Doctor	42.3	25.7	50.4	23.7	43.7	25.0	33.8	67.5	56.8	12.2	47.1
	ii. nurse/ANM	0.0	5.7	5.3	5.9	13.7	4.6	0.0	2.6	1.9	0.0	7.1
	e. child birth (percentage of institutional deliveries taken place in Govt. institutiona)	44.8	33.7	66.1	57.3	62.5	33.8	39.4	73.6	69.2	39.1	73.9
	f. immunization of chilldren	59.2	88.6	93.7	92.4	86.5	79.0	52.2	88.2	96.4	57.2	90.8
	g. treatment of children having											
	i. Diarrhoea	11.3	17.1	30.2	30.7	26.4	17.6	19.6	38.1	43.8	16.9	19.2
	ii. Pneumonia	13.4	15.7	50.0	14.2	28.1	18.9	25.5	41.6	43.4	14.2	25.0
	h. contraceptive services	64.7	82.4	93.3	82.9	88.5	69.6	83.9	86.8	94.3	76.2	91.8
	i. treatment of side effects/ health problems of											
	i. female sterilization	35.3	48.1	51.5	45.5	52.8	42.4	34.1	66.6	74.4	39.1	55.8
	ii. IUD	0.0	100.0	50.0	0.0	50.0	40.0	*	80.0	50.0	*	66.6
	iii. pills	*	*	100.0	*	0.0	0.0	*	100.0	*	*	*
	j. treatment of RTI Doctor	11.9	10.8	25.2	5.8	17.9	8.8	14.5	26.7	19.8	7.8	12.3
	Nurse/ANM/LHV	0.0	3.1	2.6	0.0	2.9	8.8	0.0	0.9	2.4	1.6	2.3

KARNATAKA AND INDIA AT A GLANCE
(AS ON 31-03-1997)

1.General Information	Karnataka	India
Area in Sq.Kms	1,91,791	32,87,263
No.of Revenue Divisions	4	NA
No.of Districts	27	466
No.of Sub-Divisions	49	NA
No.of Taluks	175	NA
No.of Towns & Urban Agglomerations (1991 Census)	254	4,689
No.of innabited villages(1991 census)	27,066	5,57,137 (1981 census)
2.Demographic Features(1991 Census)		
Population(in 000s)	44,977	8,46,302
Male Population(in 000s)	22,952	4,39,230
Female Population (in 000s)	22,025	4,07,072
Decinnial Growth Rate(1981-91)	21.12	23.85
Percentage of Urban Population to Total Population(1991)	30.92	25.73
Density of Population per Sq.kms (1991 Census)	235	274
Sex Ratio(No.of Females per 1000 Males)	960	927
(a) Percentage of Literacy(1991 Census)	56.04	52.21
Male	67.26	64.13
Female	44.34	39.29
(b) Expectation of life at birth(in years) (1996-2001)(Projected)		
Male	65.55	62.8
Female	66.55	64.2

(c) No.of Eligible Couple Protected as on 31-03-1997		
(as worked out by Ministry of H & FW)	57.7	45.8(1995)
(d) Percentage of Married Females to total		
Females in the age group of 15-44 (1981 census)	76.08	80.51
(e) Mean Age at marriage of Female/Male (1991 Census)		
Male	26.21	23.29(1981 Census)
Female	20.14	19.40
(f) Per Capita Income 1995-96(in Rupees)		
At current prices	9004.00	9321.00 (1991-92)

3) Vital Statistics

(A) Fertility

(a) Birth Rate(1997) Provisional		
Rural	23.9	28.9
Urban	20.1	21.5
Combined	22.7	27.2
(b) Total Fertility Rate(1994)		
Rural	3.1	3.8
Urban	2.4	2.7
Combined	2.8	3.5
(c) Gross Reproduction Rate(1994)		
Rural	1.5	1.8
Urban	1.1	1.2
Total	1.4	1.7

(B) Mortality

(a) Death Rate (1997)Provisional

Rural	8.5	9.6
Urban	5.4	6.5
Combined	7.6	8.9

(b) Infant Mortality Rate(1997)Provisional

Rural	63	77
Urban	24	45
Combined	53	71

(c) Neo-natal and Post natal Mortality Rates(1994)

Neo-natal	44.7	47.7
Post-natal	22.1	42.5

4.Percentage of Population below Poverty line(1987-88) (Provisional)

Rural	32.8	39.1
Urban	49.1	40.1
Combined	38.1	39.3

5.Per-Capita(Public Sector) Expenditure on Health (Medical and Public Health) and Family Welfare 1989-90(in Rs.)

Health	54.15	69.85
Family Welfare	11.42	13.18

6.(a) Health and Medical Institutions

General Hospitals, Major Hospitals and District Hospitals	293	13692 @
Primary Health Centres	1601	21009 @@
Primary Health Units/Dispensaries	589	27403 @

No.of Beds	53382	621376	@
No.of Sub Centres	8143	131470	@@
Rural Family Welfare Centres	269	5345	#
Urban Family Welfare Centres	87	1941	$
Post Partum Centres	103	1501	+
Medical Termination of Pregnancy(MTP) Centres	472	NA	
Health & F.W. Training Centres	5	NA	
(b) Institution Population Ratio (For projected Population of 1995)	1:21609	NA	
(c) Bed Population Ratio	1:1328	1:1412	@
(d) Doctor Population Ratio(Govt.)			
Excluding Teaching Staff	1:10260	NA	
Including Teaching Staff	1:8604	NA	
(e) Auxiliary Nurse Midwife/Midwife Population Ratio(Govt)			
For Total Population	1:5351	1:2036*	
For Rural Population	1:3611		
(f) Nurse Bed Ratio	1.9	NA	

@ as on 1.1.1993 * 1985 # 1986 ++ 1.1.1988
+ 31.3.1987 $ 31.3.89 @@ as on 31.3.1993 @@@ as on 1992.

MONTHLY STATEMENT SHOWING INSTITUTIONAL CASES & DEATHS

DUE TO COMMUNICABLE DISEASES

1 Name of the State/UT :

2 Month/Year :

3 Total No. of existing Institutions in the State/UT :

4 Total No. of reporting Institution for the month in the State/UT. :

5 Total No. of defaulting Institutions for the month in the State/UT. :

6 Reported cases and deaths due to Communicable Diseases:

Sl No	Name of Diseases	Patients Treated						Deaths		
		OPD		IPD		TOTAL		(IPD only)		
		M	F	M	F	M	F	M	F	T
1	Acute Diarrhoeal Diseases (including Gaestro Enteritis) & Cholera)									
2	Diphtheria									
3	Acute Poliomyelitis									
4	Tetanus other than Neonatal									
5	Neonatal Tetanus									
6	Whooping Cough.									
7	Measles.									
8	Acute Respiratory infection (including Influenza & excluding pneumonia)									
9	Pneumonia									
10	Enteric Fever									
11	Viral Hepatitis									
12	Japanese Encephalitis									
13	Gonococcal Infection									
14	Rabies*									
15	Syphilis									
16	Gonococcal Infection									
17	Pulmonary Tuberculosis									
18	All other Diseases treated in Institution excluding above mentioned diseases.**									
	TOTAL									

* Please take care not to include simple dog-bite cases

** Including Communicable and Non Communicable Diseases.

M - MALE F-FEMALE T-TOTAL

PTO

NOTE:

i) IPD - Inpatient.

ii) OPD - Out-Patient

iii) All the medical institutions i.e., Hospitals, Dispensaries, Clinics, PHCs, CHCs, Sanatorium etc., in the Organisation should be covered.

iv) The cases and deaths due to various diseases other than those treated in Medical Institutions wherever notified should be given in a separate report.

v) Only confirmed cases of Rabiess i.e., Hydrophobia should be included and not the dog-bite/animal bite cases.

vi) A list of total number of institutions existing, reporting and defaulting districtwise should be furnished.

vii) Acute diarrhoeal disease should include all Gastro Enteritis cases i.e., Cases with three or more loose watery motions in a day, irrespective of actiology/causation.

viii) Data on Japanese Encephalitis should tally with reports furnished to National Malaria Eradication Programme.

ix) Data on vaccine preventable disease should tally with UIP data being furnished by State EIP Officer to Ministry of Health.

x) Only new cases of Acute Poliomyelitis, which have been listed should be given.

REPORT

OF

THE EXPERT COMMITTEE
ON
PUBLIC HEALTH SYSTEM

GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
NIRMAN BHAVAN, NEW DELHI-110 011.

JUNE, 1996

Annex - 1A

LIST OF THE MEMBERS OF THE EXPERT COMMITTEE

1.	Prof. J S Bajaj, Member, Planning Commission.	Chairman
2.	Dr Jai Prakash Muliyil, Deptt. of Community Medicine, Christian Medical College, Vellore.	Member
3.	Dr Harcharan Singh, Ex-Adviser (Health), Planning Commission.	Member
4.	Dr N S Deodhar, Ex-Officer on Special Duty, MOH&FW, 134/1/20, Baner Road, Aundh, Pune.	Member
5.	Dr K J Nath, Director, All India Institute of Hygiene & Public Health, Calcutta.	Member
6.	Dr K K Datta, Director, NICD, Delhi.	Member-Secretary

List of the officials who assisted the committee

1. Dr. Prema Ramachandran,
   Advisor (Health),
   Planning Commission

2. Dr. Dinesh Paul,
   Deputy Advisor (Health),
   Planning Commission

3. Dr. A C Dhariwal,
   Joint Director,
   N.I.C.D., Delhi.

4. Dr. S P Rao,
   Chief Medical Officer,
   N.I.C.D.,Delhi.

CONTENTS

EXECUTIVE SUMMARY

E-1.0 INTRODUCTION

India is a large country with around 900 million population in 25 states and 7 Union Territories. Historically India had a rich public heath system as evidenced from the relics of Indus Valley civilisation demonstrating a holistic approach towards care of human and disease. The public health system declined through the successive invasions through the centuries, intrusion of modern culture and growing contamination of soil, air and water from population growth. With the establishment of British rule and the initiation of practice of Western medicines in India strong traditional holistic public health practice in India went into disuse bringing disease-doctor-drug orientation. The so-called modern public health practice of the advanced European and industrialised countries was primarily set up around cantonments, district and State Headquarters in British India.

E-1.1 By the time India achieved independence socio-political and economic degradation reached to an extent where hunger and mal-nutrition were almost universal; 50% of the children died before the age of five, primary health care was very rudimentary or non existent and the state of public health was utterly poor as evidenced through life expectancy at birth around 26, infant mortality rate 162, crude death rate around 22, maternal mortality rate around 20. Only 4.5% of the total population had access to safe water and only 2% of the people had sewerage facility. Number of medical institutions were few and trained para professionals like nurses, midwives, sanitary inspectors were barely skeletal in numbers. The picture on the nutrition front was very grave. Food production, its distribution and availability of food per capita were all unsatisfactory. MCH services, school health services, health care facilities for the industrial workers, environmental health were all far from satisfactory.

E-1.2 Under the Constitution, health is a state subject and each state has its health care delivery system. The federal government's responsibility consists of policy making, planning, guiding, assisting, evaluating and co-ordinating the work of various provincial health authorities and also supporting various on-going schemes through several funding mechanisms. By and large health care delivery system in India in different states has developed following independence on the lines of suggestions of the Bhore Committee which recommended delivery of comprehensive health care at the door step of the population through the infrastructure of primary health centres and sub centres. During the last eight 5 year plans following independence a large network of primary health care infrastructure covering the entire country has been established. In addition, several national health and disease control programmes were initiated to cover a wide range of communicable diseases namely, malaria, filaria, tuberculosis, several vaccine preventable diseases like diphtheria, pertussis, tetanus, polio, measles etc. and to also cover some important non-communicable diseases like iodine deficiency disorders,

control of blindness, cancer, diabetes etc. The progress was periodically reviewed through constitution of several committees like Mudaliar Committee, School Health Committee, Chadha Committee, Mukherjee Committee etc. To provide more thrust on the improvement of environmental health and sanitation the responsibilities pertaining to water supply, sanitation and environmental related issues were transferred to the concerned ministries of Urban Development, Rural Development and Environment and Forests. Major initiatives were taken up in our efforts to reach Health for All by 2000 A.D. on the lines of policy directives enunciated in National Health Policy. Eighth plan starting in 1992-93 clearly emphasised that the health facilities must reach the entire population by the end of 8th plan and that the health for all paradigm must not only take into account the high risk vulnerable group i.e. mothers and children but also focus on the under privileged segments both within and outside the vulnerable group. All the efforts put through the last four and a half decades following independence made significant dent in the improvement of health indices viz. IMR 74 (1994), water supply urban area 84.9%, rural area 79.2% (1993), sanitation urban area 47.9% (1993), rural 14% (1994), crude death rate 9.2% (1994), expectation of life at birth Male 60.4% (1992-93) and female 61.2% (1992-93). Significant number of doctors and para medical staff are available and the food productions have been raised from 50 million tonnes in 1950 to 182 million tonnes in 1993-94 increasing the per capita availability even in spite of large population growth from 394.9 gm in 1951 to 474.2 gm in 1994.

E-1.3 In spite of this significant development and impressive growth in health care, enormous health problems still remain to be tackled and addressed to. Though mortality has declined appreciably yet survival standards are comparable to the poorest of the nations of the world. Even within the country wide differences exist in the health status in the states like Bihar, Orissa, Madhya Pradesh, Rajasthan to that of Karnataka, Maharashtra and Punjab which have done exceedingly well in terms of quality of human life. Major problems facing the health sectors are, lack of resources, lack of multi-sectoral approach, inadequate IEC support, poor involvement of NGOs, unsatisfactory laboratory support services, poor quality of disease surveillance and health management information system, inadequate institutional support and poor flexibility in disease control strategy etc.

E-1.4 In the background of the above and also in the light of the observations in recent times following review of the rural health services, national programmes like malaria, tuberculosis, UIP etc. concern has been expressed that whether our efforts will succeed in achieving the goal for reaching Health for All by 2000 A.D. In fact experts are of the opinion that Health for All by 2000 A.D. is not a distinct possibility. It may have to be revised backwards by a decade or two. The concern has been further compounded following the recent outbreaks of malaria and plague indicating poor response capability of the existing public health system in meeting the emergent challenges of the modern days particularly the threat posed by new,

emerging and re-emerging human pathogens. In this context, the Government of India constituted an expert committee to comprehensively review the public health system in the country under the chairmanship of Prof. J.S. Bajaj, Member, Planning Commission to undertake a comprehensive review of (a) public health system in general and the quality of epidemic surveillance and control strategy in particular, (b) the effectiveness of the existing health scheme, institutional arrangements, role of states and local authorities in improving public health system, (c) the status of primary health infrastructure, sub centres and primary health centres in rural areas specially their role in providing intelligence and alerting system to respond to the science of outbreaks of disease and effectiveness of district level administration for timely remedial action and (d) the existing health management information system and its capability to provide up-to-date intelligence for effective surveillance, prevention and remedial action. The committee had four meetings in addition to interaction between the members of the expert committee. The summary of the observations and recommendations suggested by the committee are summarised here.

E-2.0 PUBLIC HEALTH SYSTEM IN INDIA

E-2.1 Federal Set up

The federal set up of public health system consists of Ministry of Health & Family Welfare, the Directorate General of Health Services with a network of subordinate offices & attached institutions and the Central Council of Health & Family Welfare. The Union Ministry of Health & Family Welfare is headed by a cabinet minister who is assisted by a Minister of State. It has three departments namely, Department of Health, Department of Family Welfare and Department of Indian Systems of Medicines. The Department of Health deals with the medical and public health matters including drug control and prevention of food adulteration through the Directorate General of Health Services and its supporting offices. Director General of Health Services renders technical advice on all medical and public health matters and monitors various health schemes. Director General of Health Services also renders technical advice on family welfare programmes. The functions of the Union Ministry of Health and Family Welfare are to carry out activities to fulfil the obligations set out in the 7th Schedule of the Article 246 of the Constitution of India under Union and Concurrent list.

The federal government has set up several regulatory bodies for monitoring the standards of medical education, promoting training and research activities namely, Medical Council of India, Indian Nursing Council, Pharmaceutical Council etc. In addition to the Union Ministry of Health & Family Welfare, Planning Commission has a Member (Health) of the rank of a Minister of State who assists the Ministry of Health in formulation of plan through advice and guidance and the expert guidance is also available for monitoring and evaluation of the plan projects and schemes.

E-2.2 State level

The State governments have full authority and responsibility for all the health services in their territory. The State Ministry of Health & Family Welfare is headed by a Minister of Health & Family Welfare either of a cabinet rank or a Minister of State. Often he/they is/are assisted by a Deputy Minister depending upon the political situation. The Health Secretariat is the official organ of the State Ministry of Health & Family Welfare and is headed by a Secretary/Principal Secretary/Commissioner as the case may be. State Health Secretariat is assisted by a technical wing called the State Health Directorate. Earlier all the functions pertaining to health and family welfare and medical education were integrated. However, now in many states directorates of public health services, posts of Director of Public Health, Director of Family Welfare and Director of Medical Education have been separated and they report directly to the Secretary.

E-2.3 District Level

The principal unit of administration in India is the district which is under a Collector/ District Magistrate/Deputy Commissioner. The size of the districts vary widely from less than 0.1 million to more than 3 million and the district public health system is headed by the Chief Medical and Health Officer/District Health Officer.

E-2.4 Community Health Centre/Primary Health Centre/Sub Centre

Apart from the headquarters of the district having district hospitals and the office of the Chief Medical and Health Officer, the district has a network of hospitals, dispensaries, community health centres, primary health centres and sub centres to cover the entire population of the district with regard to health care delivery services. It has also the network of hospitals and dispensaries under the Indian Systems of Medicine and Homoeopathy.

E-2.5 Health is a multi-ministerial responsibility. Many of the activities undertaken by the other ministries have tremendous impact on the health of the people. Several policy initiatives related to agriculture, urban development, industrial packages have far reaching health linkages involving higher morbidity and mortality. The same need to be analysed through appropriate health impact assessment studies for guidance of policy makers.

E-2.6 Many of the areas under the National Health Policy have not yet been implemented. During the last decade massive changes have occurred through destruction of ecological system, rapid urbanisation, large population growth, industrial revolutions etc. leading to changes in health and demographic scenario. Appearance of new, emerging and re-emerging health

problems has been causing concern. This calls for review of the National Health Policy.

E-2.7 India is a large country with diverse socio economic situations. Therefore, uniform health care delivery system is not likely to yield the desired results. Therefore, continued efforts to develop alternate strategies should be there so that the same could be appropriately dovetailed within the overall framework of the health care delivery system to obtain better results.

E-2.8 73rd and 74 Constitutional amendments have provided immense administrative and managerial authorities to the Panchayats and municipalities. The same should be fully exploited with appropriate delegation of financial authorities to improve the public health system.

E-2.9 Several ministries are involved in public health related activities. Hardly any appropriate inter-sectoral co-ordination and co-operation mechanism exists.

E-2.10 In the present organisational set up of the Ministry of Health & Family Welfare there are several areas of duplications and there is excessive bureaucracy. Not enough number of senior public health positions exist. Many of the important positions requiring public health responsibility are being managed through non-Public health professionals. For several key areas like environmental health & sanitation, manpower planning hardly any component exists in the DGHS.

E-2.11 Indian Systems of Medicine & Homoeopathy has large number of professionals. They are not being appropriately exploited to supplement the modern health care delivery services particularly in the area of awareness, community participation etc.

E-2.12 Rapid urbanisation has led to phenomenal growth in urban population. 25-30% live now in urban area. Though tertiary care services are available but primary care is grossly neglected here leading to higher morbidity & higher mortality amongst urban poor and slum dwellers and to also over straining of tertiary care health services.

E-2.13 Earlier practice of integrated delivery of health care services is being eroded through creation of separate directorates in several states leading to disintegrated pattern of medical and health administration. Growth of bureaucracy as evidenced through placement of bureaucrats as Directors of Health Services or as heads of primarily medical and health organisations is also responsible for erosion of public health machinery.

E-2.14 Epidemiological support services and public health laboratory facilities at the district level is grossly inadequate.

E-2.15 Referral services in the community health centre is poor. Public health specialised services in the community health centre is totally lacking.

E-3.0 EPIDEMIOLOGICAL SURVEILLANCE SYSTEM

E-3.1 Epidemiological services were grossly inadequate prior to independence but have since developed to a great extent, concurrently with the national control/eradication programmes for various diseases like malaria, tuberculosis, leprosy, cholera, vaccine preventable diseases, filaria etc. However, there is a conspicuous lack of uniformity in the lists of diseases which are notifiable in different states and also from the view point of primary agency responsible for reporting. Cholera, yellow fever and plague which are under International Health Regulations are notifiable throughout the country. The other important diseases which are notifiable in one state or the other are viral hepatitis, enteric fever tuberculosis, influenza, meningitis, Japanese Encephalitis, rabies, diphtheria, leprosy, measles, poliomyelitis etc. Notification system in operation in various states is usually supported through certain legal provisions. The position with regard to legal provisions also varies from state to state and some state governments do not have any specific act excepting invoking the Epidemic Diseases Act 1897. In urban areas the responsibility lies with the municipal health authorities. Common defects in notification are delay and inaccuracy in reporting the cases and under reporting.

E-3.2 Epidemiological investigations have a key role to play in effective control of diseases. For co-ordinating and carrying out such investigations, epidemiological units/cells have been established in a number of states but there are states where such units have not been established yet. Public health laboratories play a premier role in verification of diagnosis, in assisting epidemiological tracing of the spread of the outbreak and in understanding the natural cycle of the disease. In most of the states, public health laboratories are not functioning very efficiently and there is hardly any facilities for virus isolation work in these public health laboratories.

E-3.3 Wide variation in the notification system being implemented by various states/UTs make the data lack in epidemiological quality and thus hardly offers inputs for an effective response. The data generated through the massive rural health infrastructure and hospitals and dispensaries are received late and are non-uniform with scanty laboratory support. It includes also no reporting and truncated reporting from several areas due to complete blackout of surveillance in time & space due to variety of reasons viz. non-availability of health personnel, apathy of health personnel, poor management, errors in reporting etc.

E-3.4 Surveillance data generated through the system and through various programmes are considered at best indicative of trend rather than the actual situation in the community and mortality and morbidity numbers reported are grossly under estimated.

E-3.5 Though major national health and family welfare programmes have institutional support services but such support mechanism is grossly inadequate to meet the challenging needs of the modern programme management. With large amount of information being generated covering various areas of development and various scientific disciplines, there is an urgent need for their appropriate analysis, understanding and dovetailing to make the on-going programmes more modern and updated. Unfortunately, in several of the programmes such formal mechanism does not exist. Though a large number of medical colleges, national and referral institutions are there not much has been done in the context of harnessing the expertise through a formal linkage mechanism.

E-4.0 STATUS OF CONTROL STRATEGIES FOR EPIDEMIC DISEASES

E-4.1 Appropriate guidelines for detection of outbreak and early warning signal mechanism for epidemic prone diseases are not nationally available. It is usually provided by NICD on *ad hoc* basis.

E-4.2 Though several diseases with epidemic potentiality are covered through national disease control/eradication programmes like National Malaria Eradication Programme, Universal Immunisation Programme, there is no centrally sponsored or central scheme to tackle epidemic prone diseases in general. National Malaria Eradication Programme provides guidelines with respect to detection and containment of epidemic of malaria and kala-azar and so also several of EPI targeted diseases have appropriate guidelines for epidemiological investigations. Guidelines have provisions of initiating control measures but none of the guidelines have a component of generating early warning signal and thus helping in identification of outbreaks early. For many of the diseases like poliomyelitis, cholera, viral hepatitis, adequate diagnostic support services are not available as a result many of them are not detected and reported. Even in most of the medical colleges facilities for identifying new sero types of cholera are not available.

E-5.0 EXISTING HEALTH SCHEME

E-5.1 There are large number of schemes functioning in the country like Development of health infrastructure, Training of professionals and para professionals, Village health guide, Mini health centre, Rehbar-i-Sehat scheme, Child survival and safe motherhood scheme including UIP, Programme of Acute Respiratory Infection, ORT, etc. in addition to several major diseases control/eradication programmes covering diseases of public

health importance like malaria, leprosy, tuberculosis etc. under communicable diseases and blindness control, iodine deficiency disorders, cancer and diabetes etc. under chronic diseases. In addition to the above programmes under the Ministry of Health and Family Welfare there are several schemes under other ministries like Ministry of Rural Development, Ministry of Urban Development, Ministry of Environment & Forests and Ministry of Welfare to cover wide areas of environmental health, water supply, sanitation and child health.

E-5.2 All the schemes have been aimed to improve the public health system. Large number of agencies are involved. Co-operation and co-ordination between these agencies are grossly inadequate and thus many of the programmes do not give satisfying performance.

E-5.3 Multiplicity of funding mechanism, poor administrative & financial authority at the peripheral points, multiplicity in administrative authority lead to poor performance.

E-6.0 NATIONAL FAMILY WELFARE PROGRAMME

E-6.1 -India was the first country to have an official family welfare programme which was initiated in 1952. Since then, during the subsequent eight five year plans, family planning as a measure of population control has been receiving high priority attention in each of the five year plans. During the 3rd five year plan (1961-66), family planning received a major boost and it was declared the very centre of plan development and in the year 1966 a separate Department of Family Planning was established in the Ministry of Health and the extension approach was further modified into an integrated approach and thus family planning became an integral part of MCH and nutrition services. The National Health Policy has indicated a long-term demographic goal of achieving replacement level fertility (net reproduction rate of 1.0) by the year 2000 A.D. which would necessitate achieving a birth rate of 21 per thousand, death rate of 9 per thousand and annual population growth rate of 1.2 per cent. The 7th plan document visualised the goal of reaching the same by 2006-11. However, keeping in view the level of achievement the 8th plan document has envisaged to achieve the same by 2011-16.

E-6.2 The family planning programme has not been able to achieve fully the demographic goals which are vitally linked with improvement of public health system in the country. States which have done exceedingly well on the demographic front have also done well on the health front.

E-6.3 Creation of a separate department leading to disintegration of earlier integrated way of functioning has not improved performance.

E-6.4 Poor referral services to a great extent are responsible for high maternal and infant mortality Only few first referral units are functional.

E-6.5 India is a vast country. Efforts of the government alone can not meet the needs. Though a large number of NGOs are functioning well in the country, not much efforts have been made in that direction to involve them more effectively in the delivery of health & family welfare services.

E-7.0 ENVIRONMENTAL HEALTH AND SANITATION

Though environmental health and sanitation received priority attention in all the successive plans but level of environmental health and sanitation both in rural areas and in urban areas continues to be poor in spite of significant achievements in terms of coverage and quality of service. This has been largely due to large population growth, urbanisation, industrialisation, population movements and ecological changes. Following the Bhore Committee recommendations an Environmental Hygiene Committee was constituted in 1948-49 and in 1953 a national level technical body (Central Public Health Engineering Organisation) was established in the Ministry of Health to undertake national water supply and sanitation programme. In 1973 the subject of water supply and sanitation was transferred from Ministry of Health to Ministry of Works and Housing and local self government (presently redesignated as the Ministry of Urban Affairs and Employment). The Water (Prevention and Control of Pollution) Act of 1974 was another milestone in the prevention and control of water pollution in the country. For implementation of the Act, a Central Pollution Control Board at the national level and State Pollution Control Boards at the state level were established in 1974. The Act was amended in 1988. The Air (Prevention and Control of Pollution) Act, 1981 amended further in 1987 has provided an instrumentation to improve the environment. In 1981 International Drinking Water Supply and Sanitation Decade was launched. In addition to that centrally sponsored rural sanitation programme and several other programmes were also initiated by different ministries. In spite of all these efforts, recurring outbreaks of gastrointestinal disorders and haemorrhagic dengue fever etc. and large scale outbreaks of malaria and plague in recent years point towards insufficiency in our efforts in improving environmental health and sanitation. The low level of urban, peri-urban and rural sanitation is a matter of deep concern. Multiple operating agencies with poor co-ordination between them have added to poor programme efficiency.

E-8.0 ROLE OF HEALTH AUTHORITIES IN EPIDEMIC REMEDIAL MEASURES

E-8.1 Health is a state subject and the entire health care delivery services including epidemic remedial measures are primarily through the State

governments who have the constitutional authority and obligations to implement the health care delivery services. The municipalities and the local authorities and the State governments though have the constitutional authority and obligations to effectively implement the public health programmes but they are unable to function satisfactorily in that direction because of paucity of resources, non-availability of the expertise in terms of personnel and institutional support etc. and also due to appropriate perception of public health problems. Many of these local bodies do not have requisite financial authorities.

E-8.2 Municipal Bye-laws and the local bye-laws are widely in variation from one and another and many of them are outdated. Many of the provisions of municipal bye-laws and local bye-laws though technically sound but do not yield desired results because of poor implementation.

E-9.0 CURRENT STATUS OF HMIS & ITS ROLE

9.1 Initially HMIS was started in the states of Haryana, Gujarat, Rajasthan and Maharashtra on pilot basis in one district each of the states. The system was manual and the data which was generated as a result of implementation of the pilot project proved very useful. On the basis of the achievement of HMIS which was known as HMIS Version 1.0, the programme officers of various State Governments and experts from the related fields were consulted and the inputs for each level of institution responsible for health care delivery were designed and developed.

E-9.2 During the year 1988-89 National Informatics Centre set up Satellite based computer communication network called NICNET and the HMIS was again modified and modified computerised formats designed and developed in the shape of Version 2.0 were implemented. It has become fully operational in Haryana, Sikkim and in several other states it is in different stages of implementation.

11. RECOMMENDATIONS

11.1 Short-term

11.1.1 Policy Initiatives

11.1.1.1 Review of National Health Policy

The National Health Policy was formulated and adopted in 1983. During the years since then major changes have occurred through continuing population growth, rapid urbanisation, industrial revolution, changing health and demographic scenario, appearance of new, emerging and re-emerging health problems etc. Two important constitutional amendments namely 73rd and 74th have been passed giving more responsibility and authority to municipalities and panchayats and thus providing appropriate tools to the community to deal with health, water supply and sanitation etc. more effectively. In view of the same, the National Health Policy needs a careful and critical reappraisal. The committee, therefore, recommends constitution of a Group of Experts to prepare the draft of the new National Health Policy by the end of 1996.

11.1.1.2 Establishment of health impact assessment cell

While the link between economic growth and better health is a strong one, growth in income and a developing economy do not necessarily ensure improved health status. Many developing countries are concerned with the possible health impact of economic restructuring and development policies. The Committee, therefore, recommends that there is a need to enhance the capacity and capability of the Ministry of Health & F.W. to undertake health impact assessment for major development projects, industrial units etc. so that the project/industrial authorities could be appropriately advised & guided to incorporate proper intervention measures/changes as the case may be. All large projects of different ministries should invariably have health component in the proposal itself and this should be examined and approved by the Ministry of Health & Family Welfare. Regular analysis of various public policies and practices of other ministries viz. agriculture, industry, urban development, rural development and environment, which have direct link with the health of the people, must be considered as an essential prerequisite for a meaningful inter-ministerial co-ordination.

11.1.1.3 Surveillance of critically polluted areas

In view of the population explosion and unplanned urbanisation and industrialisation, diseases due to ecological and

environmental imbalances are increasing. Health impact and environmental epidemiology related to air, water, and soil pollution need to be monitored and evaluated particularly in the critically polluted areas in the country. Ministry of Health and Family Welfare should initiate actions in this regard urgently, in co-ordination with the Ministries of Environment, Industry and Urban Development. Measures such as a properly maintained data-base, mapping of the vulnerable areas, immediate intervention where possible and continuing surveillance need to be initiated as a well structured programme of action.

This is particularly important in view of the large inputs provided by the Ministry of the Environment and Forests for 100 critically polluted towns and cities. Such surveillance will enable to understand impact of the interventions made and take appropriate corrective measures.

11.1.1.4 Search for alternative Strategy/ strengthening of health services/system research

India is a vast country. Uniform health care strategy for the entire country is not likely to succeed because of a variety of reasons: geographic, socio cultural, ethnic, economic etc. Therefore, a continuous search for alternative health care strategies needs to be undertaken by the health implementing agencies through appropriate health services research. At present, health system/services research receives very inadequate support and poor response from the health directorates. Therefore, the Committee recommends allocation of adequate funds to the Centre, UTs and State Directorate of Health Services enabling them to undertake or commission Health Services/System Research and Intervention Studies and to ensure that such research results are utilised to improve the health care delivery services.

11.1.1.5 Uniform adoption of Public Health Act by the local health authorities

Model Public Health Act revised and circulated in 1987 should be examined by all State health authorities, municipalities and local health authorities carefully and adopted/enacted to suit local and national needs. This will give a uniform, updated and modern tool to tackle many of the old and new, emerging and re-emerging health problems more efficiently. This is all the more important in view of the recent 73rd and 74th Constitutional Amendments providing enormous political, administrative and managerial authorities to local and municipal bodies so as to enable them to take care of human health and development.

11.1.1.6 Establishing National Notification System/National Health Regulations

The notification system as it exists today varies widely from state to state and within the state from area to area. The Committee recommends the constitution of a Task Force drawing experts from states, NGOs, and public health institutions to examine the existing notification system and prepare draft National Health Regulations for adoption by all states. This should be time bound and completed by 1996.

11.1.1.7 Joint Council of Health, Family Welfare and ISM & Homoeopathy

Indian Systems of Medicine and Homoeopathy should be appropriately involved in strengthening further the public health system of the country. Therefore, the committee recommends that the existing Joint Council of Health & Family Welfare should be further broad based to make a Joint Council of Health, Family Welfare and Indian Systems of Medicine & Homoeopathy.

11.1.1.8 Establishing an Apex Technical Advisory Body

In order to ensure a mechanism of continuing review and appraisal, the committee recommends to establish an broad based Apex Technical Advisory Body and advise the government accordingly.

11.1.1.9 Constitution of Indian Medical & Health Services

The Committee reinforces in the strongest terms the need to constitute Indian Medical & Health Services without any further delay. This has been a long felt need and was recommended as early as 1961 by Mudaliar Committee. Many of the central health programme managers have no formal education in public health and management and have never worked in the states, as a result they do not have appropriate perception of the problems of the states leading to poor professional communication and understanding between central and state government health programme managers. Creation of Indian Medical & Health Services will facilitate bridging this gap and improve technical leadership and management both at centre and state levels.

11.1.2 Administrative restructuring

11.1.2.1 Organisational set up of the ministry

11.1.2.1.1 There are presently three departments in the Union Ministry of Health & F.W. each headed by a Secretary, and the DGHS is headed by a technocrat. Co-ordination between departments is not satisfactory and several times it has been seen that they work in water-tight compartments and the interaction between different programme managers has often been found unsatisfactory. Even between the working of the DGHS and Department of Health there are several areas of duplication. Most of the functions of the Union Ministry of Health and Family Welfare are highly technical in nature and, therefore, require technical leadership of a high quality. The committee therefore, strongly recommends that the union Ministry of Health & Family Welfare may consider merger of the two departments of Health & Family Welfare and that the single department so created benefits from technical leadership as indicated above. The department of ISM and Homeopathy may also be similarly restructured.

11.1.2.1.2 The Department of Health & Family Welfare and DGHS should be restructured and reorganised; while doing so emphasis should be given to strengthen Planning, Food and Drug Division of DGHS. New Divisions of Environmental Health & Sanitation, Health impact assessment Cell and Health Manpower Division should be established.

11.1.2.1.3 All the major technical divisions under the Union Ministry of Health & Family Welfare and major institutions/organisations should have an advisory body to periodically review the functioning of these divisions, institutions and suggest an appropriate corrective step for improving their various activities.

11.1.3 Health Manpower Planning

11.1.3.1 The DGHS should have a strong Health Manpower Planning Division; appropriate institutional support mechanism by creation of a National Institute of Health Manpower Development may also be considered.

11.1.3.2 The committee reiterate that recommendations contained in Bajaj committee report of 1987 on health manpower planning, production and management should be implemented in right earnestness which will greatly strengthen public health system in the country. Primary health care provision being a team function, the training and continuing education of the professional and para professionals should have components of training/education of the

entire team together in addition to training of the individuals. This multiprofessional education approach will provide cohesive functioning of the team and improve quality and coverage of health services.

11.1.3.3 The Union Ministry of Health & F.W. is primarily responsible for public health services but it does not have requisite number of senior level public health professionals. Many programme managers at the national level are without any public health orientation or public health qualifications. The committee, therefore, recommends that positions requiring public health tasks should be filled by appropriate qualified public health professionals and until these professionals are available, these could be operated by general category health professionals through appropriate training in health services administration, management and epidemiology.

11.1.4 Opening of Regional Schools of Public Health:

There is a need to open new schools of public health so that more public health professionals and para-professionals could be trained. The existing public health schools also be appropriately strengthened. The committee recommends that at least four more regional schools of public health are set up in Central, Northern, Western and Southern regions. Duly modernised schools could be in the pattern of All India Institute of Hygiene and Public Health, Calcutta and School of Tropical Medicine, Calcutta.

11.1.5 Strengthening and upgradation of the Departments of Preventive and Social Medicine in identified medical colleges

Establishing new schools of public health will require several years in terms of obtaining resources, construction of buildings etc. For a vast country like India even establishing few more schools of public health will not be able to meet the entire needs. Therefore, it is recommended that some of the existing medical colleges who have very significant expertise in teaching of preventive and social medicine/community medicine should be further strengthened in the form of establishing an advanced centre for teaching of public health or upgrading the existing departments so that it can take up additional responsibilities of continuing education in public health subjects for health professionals and also to undertake responsibilites for producing more public health professionals to meet the demands of the country. In this context, it is strongly suggested that a centrally sponsored programme of upgradation of few identified departments of preventive and social medicine in the medical colleges could be taken up during the last financial year of this Plan and during the 9th Plan period at least 25% of existing departments may be similarly upgraded.

These centres could be linked through a network so that the facilities could be maximally utilised.

11.1.6 Reorganised functioning of the Department of PSM in Medical Colleges:

The system of providing an exposure to the community health care to the physicians through the Department of Preventive and Social Medicine at the medical college under the ROME scheme has not met with anticipated success as it provides very limited exposure to community health programmes. It is suggested that the State/District National health programme management focal points are posted for sometime in the Deptt. of PSM in medical colleges so that the programme managers get the benefit of updated academic and technical skills and the students are benefited from the practical experience of the programme managers at the field level. Similarly teachers of Preventive and Social Medicine should be posted in the district for some time to act as a focal point for national health programmes.

11.1.7 Establishing a Centre for Disease Control

To make the public health system more responsive to the needs of new, emerging and re-emerging health problems and also to meet the challenges of escalating epidemic of non communicable diseases the need for establishing a Centre for Disease Control at the national level is strongly felt. The committee, therefore, is of the view that National Institute of Communicable Diseases, Delhi should be substantially strengthened through capacity building into a National Centre of excellence for Disease Control on the pattern of similar advanced centres such as CDC, Atlanta.

11.1.8 Primary Health Care infrastructure in urban areas:

The basic health care infrastructure in the urban area which caters to the needs of 25% - 30% of the population is grossly deficient. In view of the recent initiatives to give more financial and managerial authorities to the municipal bodies, immediate attention need to be given to develop the health care infrastructure in urban area. The same will reduce stress and strain on the secondary and tertiary health care facilities available in the urban areas. The committee recommends that an Expert Group be constituted to suggest restructuring or even redesigning of health care infrastructure including referral and linkage upto and including tertiary care in urban areas.

11.1.9 State Level:

Creation of several positions of Directors at the State level has led to disintegration of earlier integrated pattern of medical and health administration. Earlier practice needs to be restored. It is also recommended that functioning of the Department of Health being mostly that of technical nature a technical man should be the head of the Department of Health instead of a bureaucrat.

The committee recommends that on the general principles suggested for reorganisation and restructuring of the Central Ministry of Health & Family Welfare and the Directorate General of Health Services, the State/UT health ministries and directorates should also be reorganised and restructured.

11.1.10 District level:

Every district should have a strong epidemiological services input through establishment of an epidemiological unit headed by an officer of the level of district epidemiologist and supporting staff. Establishment of this type of unit will also help initiating disease surveillance programme including early warning signal mechanism with appropriate laboratory support. The committee, therefore, recommends to establish such units if not already existing under the National Disease Surveillance Programme.

11.1.11 Establishment of a supervisory mechanism at the Sub-district level:

In many states district levels officers like district malaria officer, district family welfare officer and district health officer have been given responsibility to supervise all health & family welfare programme in part of the districts in addition to supervising the entire individual programme for the entire district. This has not given much dividend, because the officer does not give adequate attention to activities other than the specific health & family welfare programme through which his salary is drawn. In addition disease control strategies/interventions are becoming complex due to variety of reasons viz. addition of more and more sophisticated technologies, problems related to resistance to drugs, resistance to insecticide, ecological changes, management issues covering logistics, cost effectiveness etc. Therefore, supervision of the various health programmes has been suffering and there is an urgent need to institute appropriate supervisory mechanism at the sub district level.

11.1.12 Community Health Centres:

Community Health Centre is regarded as the first referral unit. The National Education Policy in Health Sciences as approved by the Central Council of Health & Family Welfare in 1993 has recommended placement of one public health specialist at the community health centre (CHC) level and if this is implemented the same will contribute immensely in strengthening the public health system and will offer suitable correction to present hospital based disease cure emphasis in health care delivery to make it disease prevention and health promotion oriented as enshrined in the National Health Policy statement. The availability of additional manpower in form of one public health specialist in all the CHCs may not appear immediately feasible at this stage of available public health specialist manpower. However, once a beginning is made and National Education Policy in Health Sciences is implemented in a time bound manner through an appropriate action programme, this will be possible in foreseeable future and thus disease control activities channelled through CHC will have more updated professionally competent support for better management of disease control programme and transfer of newer technologies for various disease control activities at the grass root level.

At the CHC there are four specialists and one PHC Medical Officer. Until such time as a Public health expert is available at CHC level, it is suggested that each of the specialists take up the responsibility of monitoring the public health programme pertaining to their speciality in the population covered by CHC e.g. obstetrician will supervise collection and reporting of data pertaining to Reproductive Health and Family Planning, Paediatrician for immunization and child survival, physician for communicable and non-communicable disease control programme, surgeon for disability limitation rehabilitation and blindness control programmes. The entire data pertaining to all programmes in the CHC population may be put together and reported by the PHC M.O who must be adequately trained in epidemiology and public health management. Thus with the existing staff improvement in MIS, disease surveillance and response and accurate reporting of data pertaining to PHC can be attempted in the CHC. This would also bring about increased awareness of the clinicians to the ongoing public health programmes and result in better integration of clinical curative and preventive medicine components of the important programmes.

11.1.13 PHC/Sub-Centre level:

The organisational structure of the health services at village level should be entrusted to the Panchayati Raj institutions which should decide the nature structure, and priorities of the organisation of

the health care delivery services at the village level depending upon the local situation, resource availability etc. This would ensure participatary management by the community with empowerment for decentralised area specific microplanning. Within such a framework, further co-ordination must develop at all levels of local self-governance.

11.1.14 Village level

With the 73rd and 74th Constitutional Amendments providing enormous political, administrative and managerial powers to take care of the health and development of the people, it is very important that the Village Health Guide scheme continues to be supported with appropriate strengthening through enhancement of honorarium and drugs so that they become more effective in handling the local health problems. The committee is of the considered opinion that the Village Health Guide in the new envisaged role as Panchayat Swastha Rakshak will provide useful support to the Panchayat system at the village level in enhancing community awareness and participation.

11.1.15 Prevention of Epidemics:

11.1.15.1 It may not be possible to completely prevent outbreak of diseases. However, epidemics can be prevented if an appropriate surveillance mechanism is established. In fact price of freedom from disease is appropriate surveillance. The Committee agrees with the recommendations of the Fourth Conference of the Central Council of Health & Family Welfare (1995) proposing initiation of a National Disease Surveillance Programme for strengthening of health surveillance and support services and recommends that this programme should be initiated as a centrally sponsored scheme within the existing health infrastructure with appropriate laboratory support involving already existing expertise in various national institutes, medical colleges, and district public health laboratories. Additional support needs to be provided to modernise laboratory support system through strengthening of conventional techniques and procedures, induction of rapid diagnostic tests, molecular epidemiology capability so that the public health system is updated and modernised to respond to any eventual public health emergency. Initiation of a national disease surveillance programme will improve notification system, institution of early warning signal mechanism and would enhance prompt response capability.

11.1.15.2 With the establishment of National Disease Surveillance Programme, several national institutes at the national, regional and state level alongwith several medical colleges and important public health laboratories will be appropriately linked so that the response

capability becomes faster and expertise available in these institutes promptly could be harnessed by the executive health authorities at the district level to respond to an epidemic situation. These institutions should be appropriately linked and strengthened to maintain an updated expertise for meeting any future challenges.

11.1.15.3 India has established a large number of health institutions at the national, regional and state level. Many of these institutions are suffering due to non-availability of resources and, therefore, even if the human expertise is available the same is unable to provide requisite response capability because of non-availability of support services and resources. Alternatively, in several institutions even if the modern equipments are available they are not being appropriately utilised because of the non-availability of human expertise because of poor allocation of resources, poor quality of continuing medical education, etc. The Committee, therefore, is of the opinion that during the 9th Plan a centrally sponsored scheme may be initiated to upgrade these institutions and laboratories through appropriate allocation of funds so that these institutions can modernise themselves through capacity building. This could be appropriately linked with recommendation under 11.1.7.

11.1.15.4 National Institute of Communicable Diseases prepares guidelines and procedures for outbreak investigations and epidemic disease surveillance but the same is either not available through out the country or not put to practical use under a regularly monitored programme. At present, such guidelines and procedures are usually provided on request to various health agencies. To be optimally useful, these guidelines need to be regularly updated. The entire mechanism as it exists today is on *ad hoc* basis. The committee, therefore, recommends that National Institute of Communicable Diseases should prepare these guidelines regularly under the supervison of a National Task Force, update the guidelines at predetermined interval and send to all health implementing agencies. The guidelines should include details of the mechanism of detection of outbreak and detection of early warning signal.

11.1.15.5 The system of civil registration of deaths, Model Registration Scheme, Sample Registration Scheme subsequently renamed as Survey of Causes of Death (Rural), certification of causes of death should be continuously improved by enlarging its scope and coverage so that it gives more relevant data in the context of the entire country.

11.1.15.6 The processing of weekly epidemiological statistics being provided by CBHI lacks an appropriate feed back channel to the various peripheral agencies. The same need to be developed in the pattern of MMWR (Morbidity Mortality Weekly Report) published by

CDC and National Institute of Communicable Diseases may take up the responsibility for the same and initiate action in this regard to prepare an MMWR type of Bulletin for rapid feed back to all participating agencies, experts etc. CBHI may continue to act as a nodal agency for diseases which are being reported on a monthly basis. The diseases under International Health Regulations and the diseases under National Health Regulations having epidemic potentiality should be the responsibility of NICD which has the due expertise in appreciating the problem and initiating action accordingly.

11.1.15.7 National Institute of Communicable Diseases, Delhi and Christian Medical College, Vellore have worked on Models of obtaining information involving peripheral health workers and physicians in the private sector respectively and if both the models with necessary modifications if any, can be appropriately dovetailed within the existing HMIS, the same will provide early warning signals for detecting an impending epidemic.

The HMIS was also reviewed recently in the 4th Conference of the Central Council of Health & Family Welfare held in New Delhi from 11-13 October, 1995 and the Council recommended undertaking an urgent expansion of HMIS to other states. It is desirable to develop health information system at the district level in order to improve all activities related to Community Health including those in the Environmental, Community Water Supply and Sanitation sectors which will directly lead to an improvement in the health and environmental status of the district's population. Population based information in respect of socio economic, environmental, cultural, demographic and epidemiological issues is vital for choosing priority areas of action and planning public health interventions and evaluating progress.

With the expansion of HMIS to other states and its establishment on a firm basis the epidemic intelligence component could be appropriately dovetailed within the HMIS and a few districts in some states be taken up where HMIS has been satisfactorily established incorporating the epidemic intelligence component in the light of the experiences of NICD epidemic prone disease surveillance project and NADHI Projects of CMC, Vellore on a pilot basis. If found successful, it will further strengthen the HMIS in its response capability. This could form part of operational research support to the proposed National Disease Surveillance Programme.

11.1.15.8 Epidemic Diseases Act 1897 covers the entire country. This Act is about 100 years old. However, not many times regulatory mechanisms are clamped under this Act because of improper professional perception of the nature and spread of the epidemic. If

appropriate provisions under the Act are clamped in time major epidemics could be averted. Therefore, the committee recommends that the Epidemic Diseases Act provisions should be made available to all the health authorities and the provisions under the Act could be continuously reviewed by a designated group to make it more comprehensive in the light of the latest scientific information available.

11.1.16 Upgradation of Infectious Diseases Hospitals

Every State has got one or more ID Hospitals. Most of these hospitals are inadequately staffed with poor maintenance. Many of them lack the basic diagnostic support services. There is an urgent need that facilities in these hospitals are appropriately reviewed and modernised to meet the requirements of infectious diseases management. These hospitals should also have some provisions particularly in the major metropolitan cities for management of cases suffering from dangerous human pathogens.

11.1.17 Water quality monitoring

Inspite of significant progress in the coverage of Urban and Rural Population with public water supply, reduction in the morbidity of water borne diseases, has not been commensurate with the investment made in the water supply sector. One of the key factors behind this failure is the total lack of water quality monitoring and surveillance in most of the rural areas and majority of cities and towns. A recent study by the UNICEF and the All India Institute of Hygiene & Public Health, Calcutta, has demonstrated the feasibility of a community based and affordable model of water quality monitoring and surveillance. Ministry of Health & Family Welfare should take up the matter with the Ministry of Rural Affairs and Employment and Urban Affairs and Employment to initiate a few pilot studies in different locations in the country to examine the feasibility of the same and develop National Action Plan, in this regard.

For full benefits of supply of safe and adequate water, domestic and personal hygiene should be of high order. Therefore, the committee recommends to launch massive IEC programme on personal, domestic and food hygiene practices including excreta disposal.

11.1.18 Urban Solid Waste

The committee endorses the recommendations of the 1995 Bajaj Committee Report of the High Power Committee on Urban Solid Waste Management in India, constituted by the Planning Commission with regard to collection, transportation and safe disposal of municipal

can be assessed on a continuing basis and appropriate midcourse correction can be taken.

India is in a state of demographic, economic and social transformation. In this context it is essential that a mechanism of nutritional surveillance at local, district, state and national levels is built up so that early recognition and rapid remedial interventions of existing and emerging nutritional problems becomes possible.

11.1.21 Decentralised and uniform funding pattern:

Salaries for the ANMs in the periphery come from the family welfare budget and, therefore, they are subservient to the command of the Family Welfare Department and do not respond adequately for related work in the Department of Health for which instructions come from Department of Health. Similar is the situation in respect of male health workers who receive their salaries from the health budget and, therefore, they do not adequately respond to the instructions issued from Family Welfare Department until and unless specific incentives are provided and in that case he works for Family Welfare only for incentives at the cost of health related work. Therefore, this fragmentation of tasks and commands grossly affects the functioning of the health workers which in turn affects the efficient functioning of the public health system. Therefore there is an urgent need that both the departments are under unified command and the budgetary provisions are made through unified budgeting system. This will also enable adjustment of funds at the peripheral points depending upon the situation which will improve better utilisation of funds etc. There is also a quantitative distortion in the number of filled posts. As the salary for ANM comes from FW programme which is a 100% centrally sponsored one, the posts of ANMS have been created according to the norms. In contrast the salary for MMPW is from the State budget and often more than 50% of the posts are vacant and not filled up. This anomaly needs to be corrected immediately to ensure appropriate involvement of peripheral level functionaries in disease control programme as well as in FP programmes.

11.1.22 Non-Governmental Organisations (NGOs):

Non-governmental organisations (NGOs) contribute immensely in the development of public health system and the practices. However, the service coverage is limited due to financial and other constraints. If the NGOs and the private practitioners are effectively involved this will strengthen the public health system and significantly enhance the response capability of the health care delivery system. Therefore, the committee recommends that the NGOs should be

wastes including industrial and hospital wastes etc. The committee also endorses the suggestion of the Bajaj Committee, that it is essential to evolve a National Policy as well as an action plan for management of solid waste.

11.1.19 Inter-sectoral Co-operation:

Large number of health schemes are implemented through the Ministry of Health & Family Welfare. In addition, there are large number of schemes having tremendous impact on human health and quality of life. These schemes are being implemented through several other ministries. Some of the important ones which have a direct bearing on the Public Health System are Rajiv Gandhi National Drinking Water Mission (RGNDWM), Rural Sanitation, Accelerated Urban Water Supply Programme, Urban Sanitation, Urban Basic Services for the Poor, Urban Solid Waste Management, Sewerage and Sewage Treatment, Prevention of Water and Air Pollution, Nutritional Programmes like Integrated Child Development Services, Special Nutritional Programme, Balwadi Nutritional Programme, Midday Meal Programme etc. All these schemes have been conceptualised to improve the Public Health System. But as different agencies are involved and co-ordination between these agencies is not so easily achieved, the Committee is of the opinion that until and unless a formal mechanism of co-ordination and co-operation is established involving all concerned and guidelines indicating detailed responsibilities in respect of all participating units precisely defined, even inspite of individual schemes appearing to be technically sound, the same will not be able to deliver what is expected in terms of effective improvement in the Public Health System. The Committee fully believe that such mechanism is very vital in the implementation of the health schemes and will strengthen Public Health response capability significantly. The committee, therefore, recommends establishment of such mechanism on a formal basis with Ministry of Health & Family Welfare acting as nodal agency.

11.1.20 Nutrition

Interactive interdependence of nutrition, infection and health have been well recognised. The National Nutrition Policy formulated in 1993 has defined the Nutrition goals and the key areas of action. National Action Plan for Nutrition provides the sectoral and intersectoral interventions to achieve these goals. Appropriate indicators and institutional mechanism for monitoring the implementation and impact of the ongoing intervention programmes at local, district, state and national level need be developed, and internalised so that the efficacy and efficiency of the various strategies

increasingly involved through an appropriately developed action plan with suitable funding.

11.1.23 Involvement of ISM & Homoeopathy:

India has over 5 lakh practitioners in indigenous systems of medicine and homeopathy. Despite the fact that India has a large number of practitioners in ISM&H, of whom a significant proportion are institutionally qualified and certified, this potential manpower resource is yet to be effectively drawn and optimally utilised for delivery of health care in the country. The committee, therefore, recommends their involvement in the health care delivery system to strengthen the public health services and endorses fully the Bajaj Committee Report on Health Manpower, Planning, Production and Management in 1987 in this regard. The practitioners of Indian System of Medicine can be gainfully employed in the area of National Health Programmes like the National Malaria Eradication Programme, National Leprosy Eradication Programme, Blindness Control Programme, Family Welfare and universal immunisation and nutrition. Within the health care system, these practitioners can strengthen the components of (i) health education, (ii) drug distribution for national control programmes, (iii) motivation for family welfare, and (vi) motivation for immunisation, control of environment etc.

11.2 Long-term

11.2.1 Broad set up of Ministry:

The recommendations of the Bhore Committee that the Ministry of Health should be under the charge of a separate Minister is being followed and is currently in practice. However, the members of the committee are of the opinion that the several activities linked with the human health are presently undertaken by Ministry of Welfare, Ministry of Human Resource Development, Ministry of Urban Development, Ministry of Environment, Ministry of Rural Development etc. The work of sanitation and environmental health was earlier with the Ministry of Health but now it is being undertaken by several ministries viz. Ministry of Environment and Forests, Ministry of Rural Areas and Employment, Ministry of Urban Affairs and Employment and Ministry of Chemicals. It has been further seen that the inter-sectoral co-ordination which is very vital in successful implementation of various programmes is not readily available through a formalised mechanism resulting in poor achievements under various programmes. Therefore, involving all the activities pertaining to human health, creation of a new ministry such as Human Welfare may require serious consideration. Alternatively a National Council of

Human Welfare be constituted under the chairmanship of Prime Minister of India, and other members being Deputy Chairman, Planning Commission, Ministers of concerned Ministries, eminent medical and health professionals and representatives of professional organisations and NGOs etc.

11.3 Funding

Appropriate budgetary provisions may have to be made in a phased manner in order to implement the recommendations of the committee during the 9th Plan and beyond.

ACTION PLAN FOR STRENGTHENING OF PUBLIC HEALTH SYSTEM

Taking into account the existing resources and manpower constraints, certain areas have been identified to strengthen the public health system in the country. The same have been given in the Short-term recommendations of the committee. The committee also proposes some action plans to implement the recommendations.

1. A Task Force should be constituted to review the National Health Policy and draft the revised National Health Policy for the consideration of the government. This could be initiated during the last year of the 8th Five Year Plan.

(MOH&FW)

2. Establishment of capacity and capability at the Directorate General of Health Services to undertake health impact assessment of major developmental projects to guide the respective ministries accordingly. This could be taken up during the IXth Plan.

(MOH&FW)

3. Surveillance activities with regard to human health in and around critically polluted areas should be initiated. This could be a part of overall health surveillance and support services and could be initiated during the IXth Plan.

(MOH&FW/DGHS)

4. India is a vast country. Uniform health care strategy will not be yield satisfactory results for all areas. Search for the alternative strategies needs to be continued on a long term basis to develop situation specific strategies for such identified areas. States/UTs should strengthen health system research through appropriate deployment of resources specially earmarked for the same during the IXth Plan.

(State/UTs)

5. All the states, municipalities and local health authorities should be addressed to modify their existing public health laws in the pattern of the Model Public Health Act revised in 1987 and circulated including any modification the local situation may demand. The same should be followed up meticulously so that during the next few years all over the country uniform public health practice codes are available.

(NICD/DGHS)

6. National Health Regulations need to be formulated and distributed to all states, municipalities and panchayats. A Task Force may be immediately established to draft the National Health Regulations in the pattern of International Health Regulations.

(NICD/MOH&FW)

7. To involve the Indian Systems of Medicine more appropriately within the health care delivery system the existing Central Council of Health & Family Welfare should be further broad and a Central Council of Health, Family Welfare and Indian Systems of Medicine and Homoeopathy may be formed.

(MOH&FW)

8. An Apex Technical Advisory Body should be constituted to advise the Ministry of Health & Family Welfare and the Directorate General of Health Services in all major technical issues periodically and also to review the major health programmes.

(MOH&FW/DGHS)

9. Indian Medical and Health Services should be immediately constituted. This has been a long pending demand of the medical professionals and it has been recommended time and again and there is an urgent need that this is considered immediately by the government for its implementation.

(MOH&FW)

10. Immediate action needs to be taken to set the process of administrative reorganisation of the Department of Health & Family Welfare and Directorate General of Health Services in the light of the recommendations made.

(MOH&FW/DGHS)

11(a) A Health Manpower Division should be established in the DGHS; a National Institute of Health Manpower Development may be established to provide appropriate institutional support mechanism to this important activity. This could be initiated during the IXth Plan.

(MOH&FW/DGHS)

11(b) The Bajaj Committee Report on Health Manpower Planning, Production and Management should be implemented without any further delay.

(MOH&FW)

11(c) Positions requiring public health task should be filled by appropriately trained/qualified public health professionals. In this connection Central Health Service needs to be appropriately restructured.

(MOH&FW)

12. Four Regional Schools of Public Health should be set up in the pattern of All India Institute of Hygiene and Public Health, Calcutta and School of Tropical Medicine, Calcutta to train more public health

professionals to meet the growing demands of the health care delivery services. This could be taken up during the IXth Plan.

(MOH&FW)

13. The existing departments of Preventive & Social Medicine in identified medical colleges should be strengthened and upgraded to take up the additional responsibility of continuing education for health and also to produce more public health professionals. This could also be taken up during the IXth Plan.

(MOH&FW/DGHS)

14. The committee suggest that the state/district national health programme management focal points are posted for some time in the Department of PSM in Medical Colleges so that the programme managers get the benefit of updated academic & technical skills and the students are benefitted from the practical experience of the programme managers at the field level. Similarly the teachers of preventive & social medicine be posted for some time as national health programme management focal point at district/state level.

(MOH&FW/DGHS)

15. A Centre for Disease Control be immediately established in the pattern of CDC, Atlanta and National Institute of Communicable Diseases should be substantially strengthened in this direction.

(NICD/MOH&FW)

16. The urban areas have very good tertiary facilities but primary health care infrastructure is very poor. The same needs to be established particularly to reach the under privileged, slums etc. The existing health outposts/dispensaries should be linked to secondary care centres and these in turn linked to tertiary care centres situated in the defined geographic area.

(MOH&FW/DGHS)

17. Reorganisation of the Directorate of Health Services should be undertaken in the light of the recommendations made. Process could be initiated immediately.

(MOH&FW)

18. A strong epidemiological unit needs to be established at the district level. The States which have not done so far should establish so under the National Disease Surveillance Programme. This also could be taken up during the IXth Plan.

(MOH&FW/DGHS/NICD)

19. Every States/UTs should establish a supervisory mechanism at the sub district level. This could be taken up during the IXth Plan.

(MOH&FW/State/UTs)

20. One public health specialist should be posted at Community Health Centre to make the health care delivery team more effective in delivering the national health programmes and other related services.

(State/UTs)

21. Through the 73rd and 74th Constitutional Amendments, panchayats have given more administrative and managerial authorities. To fulfil their obligations towards public health services, the health care delivery system should be channellised through them. This will necessitate establishment of health care delivery component at the panchayat level. This may require provision of some funds as one time grant to the panchayats.

(Planning Commission/MOH&FW)

22. Village Health Guide Scheme should be strengthened and revamped to make it more functional to meet the demands of the health care delivery services. This will necessitate enhancing their honorarium and also the budgetary allocation for procurement of common drugs.

(MOH&FW/Planning Commission)

23(a). National Disease Surveillance Programme be initiated immediately with establishment of District Epidemiology Cell, establishment of linkage mechanism involving the medical colleges, referral institutions, district public health laboratories etc. Microbiology investigative facilities be also established at the district level.

(NICD/MOH&FW)

23(b). The coverage and scope of the Model Registration Scheme and Sample Registration Scheme should be enlarged to generate more scientifically valid data in the context of the entire country.

(RGI)

24. State ID Hospitals need to be upgraded and modernised to meet the reuirements of the infectious disease management. This could be taken up during the IXth Plan.

(Planning Commission/States/UTs)

25. In consultation with the ministries of Urban Affairs and Employment and Rural Affairs and Employment, the Ministry of Health should initiate water quality monitoring on the pilot basis immediately.

(MOH&FW/DGHS)

26. Ministry of Urban Affairs and Employment should implement the recommendations of the Bajaj Committee on Urban Solid Waste Management.

(MOUA&E)

27. Health being a multi ministerial responsibility a formal mechanism of inter-sectoral co-operation and co-ordination needs to be established involving all the concerned ministries.

(MOH&FW)

28. Nutrition surveillance shall be in-built part of National Health Surveillance and Support Services.

(MOH&FW/DGHS)

29. The female multi-purpose workers are funded through the National Family Welfare Programme and due to paucity of resources, the state health authorities have not been able to fill up the positions of male multi purpose health workers. This should receive high priority through higher allocation of funds.

(MOH&FW/State/UTs)

30. Involvement of NGOs is very important. They have been providing very useful services to the people at large. More of their involvement within the health care delivery system will improve the functioning of the various programmes. Therefore, every effort should be taken to involve the NGOs and to meet that higher allocation of funds are necessary.

(State/UTs)

31. The country has large number of practitioners of Indian System of Medicine and Homoeopathy. They should be appropriately involved within the health care delivery system to make it more effective.

(State/UTs)

PARTICULARS OF DOCTORS WORKING IN RURAL AND URBAN AREAS
AS ON 31.12.98

Sl. No.	District	Rural	Urban	Total	Sub-Centres
1.	Bangalore ®	47	46	153	286
2.	Bangalore (U)	-	292	292	140
3.	Tumkur	132	68	200	416
4.	Kolar	122	84	206	373
5.	Shimoga	94	56	150	377
6.	Chitradurga	95	48	143	454
7.	Davanagere	95	76	171	-
8.	Mysore	130	116	246	685
9.	Chamarajanagar	54	22	76	-
10.	Hassan	136	65	201	461
11.	Mandya	133	63	196	375
12.	Chikkamagalur	126	20	146	333
13.	Kodagu	47	31	78	163
14.	Dakshina Kannada	61	46	106	706
15.	Udupi	69	21	90	-
16.	Belgaum	130	99	229	598
17.	Dharwad	37	32	69	591
18.	Haveri	77	23	100	-
19.	Gadag	41	21	62	-
20.	Karwar	73	46	113	314
21.	Bijapur	72	38	110	451
22.	Bagalkot	49	31	80	-
23.	Bellary	74	70	144	260
24.	Raichur	64	50	114	374
25.	Bidar	70	52	122	229
26.	Koppal	28	16	44	-
27.	Gulbarga	126	111	237	507
	Total	2242	1643	3885	8093

Source: Status Report, 1998-99 (draft - to be published)
Dept of Health & family welfare
Govt of Karnataka

Comments on "Case Study of World Bank activities in the Health Sector in India"

Presented at the Consultative Meeting on "World Bank Activities in the Health Sector in India" at World Bank Office, New Delhi, on 9th August 1999

The Sector and Thematic Evaluations Group and the Operations Evaluation Department of the World Bank (India) prepared a case study on the World Bank's Health - Nutrition - Population program in India based on review of literature, sector and project documents and the proceedings of the workshop on "The World Bank's Role in the Health System in India" which included 9 papers commissioned by OED.

This note by some of us from the Society for Community Health Awareness, Research and Action, Bangalore, a multi-disciplinary professional resource group working for the last 15 years supporting community level health action and community oriented health policies by the voluntary sector and government, brings to bear comments on this case study from a Public Health, socio-epidemiological; management; ethical; and public policy perspective - which are the disciplines represented among the four member group of the society, who studied the document.

We had a little over a week to study this document and in spite of a request were able to get copy of only one of the nine commissioned papers! So our comments are based on a rather rushed analysis of the document handicapped by the absence of access to the background papers from which much of the perspectives and conclusions included in the case study, are drawn. Notwithstanding this constraint we hope the concerns we raise will be taken seriously by the Ministry of Health and Family Welfare and the World Bank India operations team. We believe these are concerns that we along with so many other public health / community health / health policy resource groups have been raising for over two decades now, but we are emboldened once again to do so -because for once the findings of this case study so strongly endorse and support them. These comments are also based on insights that we have with involvement with World Bank projects at Karnataka State levels in various ways.

We believe it is time that the Ministry of Health and Family Welfare at the Centre and State and the International funding partners, particularly the World Bank ('who is now the largest lender in health, nutrition and population with the largest programme in India') - who jointly conceive, conceptualize, operationalise and monitor such large collaborative projects on behalf of the people of this country - (emphasizing "poor and undeserved and concentrating on children and mothers") took these concerns seriously.

This significant, rather short, but important Consultative Meeting could be a serious step in that direction. However, a more detailed dialogue is required if these concerns must get translated into constructive policy change.

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Comments

The Case Study of World Bank Activities in the Health Sector in India brings together findings from a variety of sources (mostly World Bank commissioned) and attempts a comprehensive, critical, historical view of 23 projects undertaken by the Bank in partnership with the Ministry of Health and Family Welfare at Central and State levels and to which the Bank "contributed over $2.6 billion plus studies and policy dialogue"

The case study is frank, introspective and 'as objective as possible under the circumstances'. Though inadequately referenced even from the commissioned studies, and perhaps representing sets of opinions rather than 'evidence based analysis' it is still a sobering indictment of what the Bank claims to be the "largest Health Nutrition and Population programme" funded by it.

Appendix 1 of this note lists out in the report's words key findings and conclusions producing a rather disturbing, disconcerting scenario and **a rather frank admission of failure, and distortion. If a SWOT analysis were to be done on the case study -then weaknesses would far outweigh the strengths; and threats / distortions far outweigh the opportunities!**

In the absence of access to all the commissioned studies and reports / documents quoted in the report, it would be unfair to attempt a comprehensive review of the document, but we raise the following comments, reflections and questions from a Public Health; Epidemiological; Management; Political Economy; Public Policy and Ethical perspective, keeping an overview of the overall partnership between MOHFW and the World Bank in mind and not addressing just the nitty gritty. Some of these are endorsed in the case study. Others are derived from the findings presented.

1. Public Health devalued

The whole partnership suffers from a disturbingly lack of 'public health' competence and perspective and this chronic lacunae does not seem to have been overcome even when the claim "the Bank is now on the right track" is made.

Throughout problem analysis, project planning and formulation, there is a confusion between

- public health system and public health care system
- between socio-epidemiological context of a problem and its economic or techno-managerial context, the latter taking precedence over the former every time
- the wider determinants of health status that need to be addressed by good public health is totally ignored (devaluation of nutrition is admitted but other aspects like water supply and sanitation, transport and communication, environment pollution have not been addressed and even health education in this report is put outside the confines of the health sector.
- The focus on the poor, the indigent and the marginalised which should be the central focus of an equitous public health system is ignored or if present in programme focus is ignored in programme implementation
- In fact both 'epidemiology' which is the sheet anchor of public health and 'political economy' which should be a important part of problem analysis is totally ignored.
- The regional diversities and differentials -now known for a long term are ignored.

Between the generalist administrators who now manage India's Health System and the 'economists and programme managers' that advise them from among the Bank's staff and Consultants Public Health has been totally devalued and distorted both due to a lack of public health orientation and public health competence among the policy makers concerned.

2. Primary Health Care sidelined

The World Bank projects evolved and developed when the country began to take the Srivastava (1974) and Kartar Singh report (1973) seriously; commissioned the ICSSR/ICMR Health for All : An alternative strategy document (1981) after becoming an enthusiastic signatory of the Alma Ata declaration; enunciated the National Health Policy guidelines of 1982; the National Education Policy of 1986 and the National Education Policy for Health Sciences in 1989. In addition, the ICMR initiated its review of Alternative Approaches in Health Care (1976) and the Evaluation of Alternative Primary Health Care (1980). Preceding these documents but supplementing / complementing them, there was a spate of micro-level and collective initiatives in Alternative Health Care in the 1970s and 1980s which are now well documented and a host of very incisive, evidence based, thought provoking analysis of India's health care systems from social, economic, cultural, political, epidemiological and public policy perspectives from the mid 1980s to date. The World Bank project partnerships seem to be totally 'uninformed' about all this and has not only ignored the Primary Health Care mandate but has actively distorted the Primary Health Care agenda by focussing on

- *'selective, cost effective treatment schedules' rather than enabling / empowering health care processes*
- *relying only on the now well debated and well established inadequacies of the GBD study based on DALYS (WDR - 93 and the documents that followed)*
- *focussing now on secondary hospitals rather than primary health care*
- *on first referral units rather than the Primary Health Centres*
- *totally neglecting the people and community, whose involvement at all levels was envisaged by the Alma Ata commitment and 'whose needs / capacities / aspirations were to be emphasised' and not made subservient to needs of technology or the exigencies of top down management systems.*
- *Finally, it ignores Panchayatraj, which has to be the focus of Public Health and Primary Health Care in the 1990s (even cautions against it) and then creates Registered Societies as a decentralization initiative without clarifying how they will be made accountable, transparent, responsive to public need or the country's democratic political system.*

3. Unconstitutional partnership

The World Bank seeks to influence / health policy in India by (a) virtue of being the largest lender to the sector, even though there is enough evidence that this forms a small part of the entire country's budget; (b) by various conditionalities that overrule local expertise and project formulations, (c) by thrusting on the country ideas from rather different countries with different social, economic, cultural, political, ecological and epidemiological context. (An example from Malaria Control will be given to substantiate this)

What is the 'Constitutional validity' of this leverage which is greatly enhanced by use of 'funding muscle'? and which was established during a period of economic vulnerability of the country (The big break' mentioned in page 18).

Considering that many of these are loans and not grants, is the World Bank willing to bear the costs of failure and distortions due to poor programme planning that ultimately affect the poor the most?

What is the long-term sustainability of such a leveraged process - often arrogant, top down and externally inspired. What is the effect on local health system capacity development?

Is it not leading to coercion? Distortion? Competition? Who will bear the responsibility? What is the accountability and transparency especially to civic society?

The MOHFW must seriously dialogue on these issues before the PAC, the legal system, the political system and civic society begin to question and initiate informed citizens' action against it. In Karnataka this process is already starting up.

4. Ethical issues

The case study raises some major ethical issues

(a) What are the **ethics** of promoting so enthusiastically the 'private sector' when there is no evidence even from Bank sources that the private sector either has the capacity to provide 'low cost effective quality care' or has any commitment to 'public health' or to the goal of equity (giving only the example of Apollo, Chennai, which is not even among the best examples of corporate social responsibility is a case in point).

(b) What is the '**ethics**' of undertaking a partnership taking the credit when there is success and then pointing a finger at the MOHFW when problems are identified and not solved (the report calls the World Bank position 'cautious' but 'incompetence' is what the report establishes). Does this make World Bank an unreliable partner?

(c) What is the **ethics** of continuing to fund even after 1990 - a programme, when the Bank is well aware of the flaws and distortions?

(d) What is the '**ethics**' of expanding 'quantity' at the cost of 'quality' or 'infrastructure' at the cost of 'services focussing on the poor'.

Is it at all surprising that ever since the World Bank has become a lender of large amounts of money -that the medical scams in the country have also gone up? There may be no cause-effect relations but why does the report ignore corruption which is endemic in the country; is now well documented by civic society; and is well accepted in problem analysis, by serious policy researchers.

Has the World Bank ignored it by oversight? Is it aware that it may be inadvertently supporting it or even facilitating it - international tenders and guidelines not withstanding?

5. Management issues

In terms of 'Management' perspectives, it is rather surprising that a partnership that claims to be able to marshall international expertise has continued to:

i. *develop infrastructure quantity rather than quality;*

ii. *expected 'training' inputs to get over needs of management reforms;*

iii. *given so little thought to accountability and transparency;*

iv. *relied on internal monitoring / evaluation by in-house staff and consultants rather than independent credible external evaluation;*

v. *ignored health human power management issues;*

vi. *focussed only on 'userfee' rather than diverse fund enhancing options including health budget increase;*

vii. *given so little thought to ownership*

Directorate of Health Service staff at all levels often feel coerced by the conditionalities /guidelines and lack of flexibility, and do not identify with it. There is also nil ownership at the community / civic society level.

(This is probably the greatest failure of the World Bank projects and both MOHFW and World Bank partnership cannot overlook this any longer).

All this may be changing now - the case study claims - but is this real change understood at core policy level?

6. Political Economy

The case study does not look adequately at the larger 'political economy' issues against which the analysis and the successes and failures should be contextualised. These include *the financial situation in the country and globally; the reduction / stagnation of public sector budgets; the impact of rise in prices on drugs / diagnostics; the contraction of public sector; the expansion of private sector under LPG (Liberalization, Privatization and Globalization) and its impact on public health and access by poor to medical care, the potential impact of WTO and changes in Patent laws; the increasing corruption and scams, etc.*, and thereby the policy researchers involved in the partnership constantly under-estimate the political, social, institutional and other dimensions of the problem analysis and hence offer recommendations that are general and not focussed on 'how and why things run' or 'do not run'. The report admits this and hope the next phase will address it. While this may be changing, of late is it still on the sidelines of the partnerships planning and problem solving efforts and depends very much on the quality and experience of consultancies and in-house expertise that is facilitated both inside the MOHFW and the WB-India office.

Unless there is a strong 'public health policy resource group within the MOHFW' in the next phase and this free-lancing, free floating, adhoc consultancies and commissioned studies are institutionalised a real change in competence may not take place. The report establishes rather well the inadequacies of the last two decades but its chapter on implication for the future or how to develop an effective programme fails to grasp the complexity of the situation. One does not know whether this naievity is intentional or inadvertent?

7. Building on strengths and new insights

While the above 6 comments may seem to focus mainly on weaknesses and distortions that have plagued the framework of the World Bank Project partnerships, we do also recognise some strengths and especially some of the new insights in the report which we hope will find increasingly higher place on the agenda of problem analysis, project formulation and project management in the future.

Some Strengths

i. By focussing on 'private sector' even though on the 'profit' rather than 'non-profit' and 'corporate' rather than 'general practice', the Bank has brought into policy focus the engagement with the private sector which has long been a 'blind spot' in Indian health planning. It is time the GOI / MOHFW studied this sector recognized, monitored, involved, regulated, evaluated and 'quality assured' in this sector.

ii. It has more recently supported the target free approach and the shift from Family Planning, especially sterilization, to Mother and Child Health (RCH) but still has a long way to go towards women's health and development.

Some New insights

iii. It has also identified the following new thrusts in its section on policy implications which are welcome

- *"need to focus on staff policies and practices regarding compensation, assignment, transfer, promotion and demotion work rules and supervision"*
- *"need to take more account of field conditions and to find solutions to implementation problems"*
- *"need to ensure that basic, simple services for the poor are not neglected in the wake of attention paid to secondary hospitals"*

All these are definitely steps in the right direction. In addition, we believe that if the points 1-7 are considered not as negative judgements but as stimulus to change track and be rooted in local social reality than these will add to important policy change as well.

8. Some of blind spots continue even after two decades of work in India. (a) One is especially striking and that is the total disregard of Indian and alternative systems of medicine and folk health traditions, in spite of the country having such a large network of institutions, health centres and human resources in these systems. (b) Is the total lack of understanding of people from a social / community point of view. Reducing everyone to a potential patient, client or stakeholder and taking about social marketing through IEC rather than community involvement in planning, organising, monitoring and evaluation continues and is another major lacunae.

9. Our comments do not attempt a response to all the nitty gritty. In Appendix 2, we list out an alternative framework of reference -a paradigm shift that is seriously required if the World Bank and MOHFW want really to be on the right track. The Bhore Committee recognised it in 1946; the WHO through Alma Ata in 1978, GOI in 1982 through the NHP; and the ICSSR / ICMR earlier in their Health for All report in 1981;

How long can the poor and marginalised in our country wait for this shift to take place in World Bank thinking. In the 1999, there is a some possibility - as seen in this report. Will 'peoples health' needs finally prevail over the 'market economy of health'? Will ethical concern for health of the poor prevail over neo-liberal economics? Will the World Bank partnership with MOHFW be willing to make this paradigm shift?

SOME FINDINGS OF THE CASE STUDY

1. Bank Project 1972 - 1988
   a. "the projects did not make significant differential improvement in project districts compared to non-project districts" (page v)
   b. **"Outputs other than infrastructure were largely neglected"** (page v)
   c. "No attempt was made to apply different delivery models in project districts"
   d. "project districts continued to operate under the same personnel and recurrent budget constraints.

2. TINP
   a. "less successful in reducing moderate malnutrition"
   b. "Programme experience seems to have been lost on India and with it the clear emphasis on malnutrition as a leading risk for ill health".

3. ICDS
   a. "Only modest positive effects" (page vi)
   b. "targetting essentially by self selection" rather than as originally envisaged "targetting of the poor"
   c. "no Bank support for revision or structural change". (page 11)

4. Primary services
   a. **"efforts to improve quality have not accomplished much and it has devoted inadequate attention to content, monitoring and evaluation, and feedback of results".**

5. Before 1988
   a. "Bank ill prepared to make practical, constructive suggestion for systems improvements an alternative approach"

6. Sector Studies 1988-98
   a. "Tendency to make policy recommendation that are too general" (page 8)
   b. **"Tendency to draw judgements about facts without adequate comparisons to experiences elsewhere"** (page 5)
   c. **"Inadequate analysis of underlying political, institutional and sociological factors that explain why things work the way they do"** (page 8)
   d. "Earlier studies tended to be designed and executed by Bank staff with limited consultation" (Page 8)

7. IPP - VI & IPP -VII
   a. "More success in expanding the delivery and training systems than in improving their functioning"
   b. "quality and performance of the training programme remained weak" (page 9)
   c. "Efforts to strengthen MCH & IEC not very productive" (page 9)
   d. "Little progress in shifting contraceptive mix" (page 9)
   e. "failure to involve stakeholders in significant ways in design of project"

8. IPP -VIII (1992-97)
   a. "The goals and design are appropriate and relevant but they are too new and disbursing too slowly to judge their effectiveness or impact".

9. CSSM (1992-97)
   a. "Since many of the problems could have been anticipated the **fundamental problem was a weakly designed project**, a factor that may have resulted from efforts to push this project through quickly and make it quick-disbursing"

10. Specific Disease Control programs
   a. **"Benefit-cost analysis and notions about which projects are appropriate for public funding (eg., because of externalities, poverty or failure of private providers) played hardly any role in selection".**
   b. "Considerations about the proper division of labours between public and private sectors never seriously entered the discussion"(page 12).
   c. "Risk of inadvertently introducing distortions in spending between diseases and across regions" not considered adequately.

11. State Health Systems Development Project
   a. **"The projects did little or nothing to provide the other pre-requisites for an effective referral system"** (page 15)
   b. "specific activities appear to have been selected opportunistically" (page 17)
   c. "The type of monitoring and evaluation included in these projects even if implemented well is not up to the mark for this purpose" (page 17).

12. Training
   a. "Both government and Bank documents indicate an awareness of these problems, yet the problems remain unsolved".
      ("Inadequate selection and training of trainers, course content not based on trainees needs, insufficient time devoted to field work and practicing new skills, weak management of training program, inadequate inservice training programs, lack of programmatic guidance and leadership").
   b. **"Tendency to 'throw some training' to 'correct a problem' without thinking in advance whether training alone will do the job".**

13. IEC
   a. **"Bank's resources have done little more than help the government expand weak and ineffective programs with the result that considerable resources have been wasted".**

14. Decentralization
   a. *Before April 1992*
      "No bank-financed projects included any decentralization initiatives".
   b. "Local governments do not seem to be playing any significant role in the projects investigated partly because their responsibilities are ill defined".
   c. "A more widely used mechanism for decentralization 'Registered Society' has not been evaluated".

15. Quality of Family Welfare Service
   a. **"Has been aware of the flaws in the system but has continued to find system expansion and training programs despite their flaws and has not become engaged with the personal problems".** (page 24)

16. Finally
   a. "Bank waited too long to push project and studies devoted to 'health' rather than 'population'" (page 17)
   b. "Nutrition has been undervalued".
   c. "Since 1972, the bank has provided US$2.6 billion for 23 projects in population health and nutrition - **but ..... the problems persist**, and partly for analytical reasons and partly because the more promising projects are ongoing, **there are few signs that most of these projects are having a significant impact".**

SAMPLE REGISTRATION SYSTEM BULLETIN(1997)

India/ Sates	BIRTH RATE			DEATH RATE			NATurl GROWTH RATE			IMR		
/Union Territories	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Tot	Rur	Urb
1	2	3	4	5	6	7	8	9	10	11	12	13
India *	24.2	26.9	21.5	8.9	9.6	6.5	16.3	19.2	15	71	77	45
Bigger States												
1. Andhra pradesh	22.5	23.1	20.5	8.3	9.1	5.9	14.1	14	14.6	63	70	37
2. Assam	28.2	29	20.7	9.9	10.3	5.9	18.3	18.7	14.8	76	79	37
3. Bihar	31.7	32.7	23.6	10	10.4	6.8	21.7	22.3	16.8	71	73	53
4. Gujarat	25.6	27	22.6	7.6	8.3	6.2	18	18.7	16.4	62	69	46
5. Haryana	28.3	29.6	23.8	8	8.3	6.9	20.3	21.3	16.9	68	70	59
6. Karnataka	22.7	23.9	20.1	7.6	8.5	5.4	15.1	15.3	14.7	53	63	24
7. Kerala	17.9	17.9	17.9	6.2	6.3	6.1	11.7	11.6	11.8	12	11	15
8. Madhya pradesh	31.9	33.6	23.1	11	11.7	7.7	20.9	21.9	15.4	94	99	57
9. Maharashtra	23.1	24.4	21	7.3	8.6	5.4	15.8	15.9	15.6	47	56	31
10. Orissa	26.5	27.2	21.3	11	11.3	7.5	15.6	15.9	13.8	96	100	65
11. Punjab	23.4	24.9	19	7.4	7.8	6.1	16	17.1	12.9	51	54	38
12. Rajasthan	32.1	33.7	25.1	8.9	9.3	7	23.3	24.4	18.1	85	89	61
13. Tamil Nadu	19.0	19.3	18.3	8	8.7	6.7	11	10.6	11.6	53	58	40
14. Uttar pradesh	33.5	34.6	27.9	10	10.7	8.2	23.2	23.9	19.7	85	89	66
15. West Bengal	22.4	24.8	15.9	7.7	7.9	7.2	14.7	16.9	8.8	55	58	43
Smaller States												
1. Arunachal pradesh	21.4	22.3	12.2	5.8	6.1	2	15.6	16.1	10.2	47	49	17
2. Goa	14.2	14.4	13.8	7.7	8	7.2	6.5	6.4	6.6	19	23	14
3. Himachal Pradesh	22.6	23.1	16.8	8.1	8.3	5.9	14.5	14.8	11	63	64	38
4. Jammu & Kashmir	not available due to part-receipt of returns											
5. Manipur	19.7	20.5	17.6	5.9	5.8	6.2	13.8	14.7	11.5	30	21	28
6. Mughalaya	30.2	32.9	16.6	8.8	9.7	4.4	21.4	23.2	12.3	54	56	52
7. Mizoram	15	16.4	13.3	4.8	5.7	3.7	10.2	10.7	9.6	19	22	15
8. Nagaland	N.A	N.A	7.9	N.A	N.A	2.7	N.A	N.A	5.2	N.A	N.A	16
9. Sikkim	19.8	20	12.8	6.5	6.6	3.5	13.3	13.4	9.3	51	51	41
10 Tripura.	18.3	18.9	15.5	6.8	6.9	5.8	11.6	119	9.7	51	53	39
Union Territories												
1.Andman &Nicobar	18.6	18.8	17.8	5.1	5.6	3.6	13.5	13.2	14.2	33	39	16
2.Chand grh	18.8	20.9	16.5	4.2	3.7	4.3	14.5	17.3	14.2	40	46	40
3. Dadra & Nagar Ha	28.2	28.7	22.8	8.2	8.6	3.6	20	20.1	19.1	63	67	7
4.Damar & Diu	24.9	25.5	24.4	5.9	7.7	4.4	19	17.7	20.0	38	41	35
5.Delhi	21.1	22.7	20.9	5.4	5.4	5.4	15.7	17.4	15.5	35	34	35
6. laksh adweep	22.9	23.5	22.3	6.2	6.1	6.3	16.7	17.4	16.0	36	22	49
7.Pondicherry	18.4	20.1	17.1	8	9.1	7.2	10.4	11.1	9.9	22	30	16

FINANCIAL IMPLICATIONS OF WORLD BANK AID

1. World Bank gives aid through GOI to States and not directly. This is given in U.S. Dollar terms.

1.	Payment of commitment charge on the principal amount of the credit not withdrawn from time to time.	½ %
2.	Payment of service charges on the principal account of the credit withdrawn from time to time.	¾ %
3.	10 years moratorium on repayment.	
4.	From 11 year to 23 years repayment in 2 semi-annual installments of principal amount	1 ¼%
5.	From 23 year to 35 years repayment in 2 semi-annual installments of principal amount	2 ½%

2. GOI gives the same loan to State government as 70% loan amount and 30% as grant and in Indian rupees terms.

i. Interest is at 12% (works out to 9% if the entire amount is considered (i.e. grant also).

ii. Reason for the increase in interest is to cover the future change in exchange rate of Dollar Vs. Rupee.

3. The state government has already negotiated for a World Bank Aid of Rs. 12,000 crores. Hence bidding for the Rs. 500-700 cr. for HNP project is justified as we are ensuring that a significant proportion is being used to improve the overall health status of people of Karnataka. Otherwise, this amount may be taken up by some other Department of the Government.

Received from Mr Sanjay Kaul.
CMF/TN/RN/SG.

PD's Copy.

CREDIT NUMBER 2630 IN

Development Credit Agreement

(Family Welfare (Assam, Rajasthan and Karnataka) Project)

between

INDIA

and

INTERNATIONAL DEVELOPMENT ASSOCIATION

Dated JUNE 24, 1994

INTERNATIONAL DEVELOPMENT ASSOCIATION

CERTIFICATE

I hereby certify that the foregoing is a true copy of the original in the archives of the International Bank for Reconstruction and Development and the International Development Association.

S N Chi

FOR SECRETARY

CREDIT NUMBER 2630 IN

DEVELOPMENT CREDIT AGREEMENT

AGREEMENT, dated JUNE 24, 1994, between INDIA, acting by its President, (the Borrower) and INTERNATIONAL DEVELOPMENT ASSOCIATION (the Association).

WHEREAS (A) the Borrower, having satisfied itself as to the feasibility and priority of the Project described in Schedule 2 to this Agreement, has requested the Association to assist in the financing of the Project;

(B) the Project will be carried out by the States of Assam, Rajasthan and Karnataka (hereinafter collectively referred to as Project States), with the assistance of the Borrower, and as part of such assistance, the Borrower will make available to the Project States the proceeds of the Credit as provided in this Agreement; and

WHEREAS the Association has agreed, on the basis, inter alia, of the foregoing, to extend the Credit to the Borrower upon the terms and conditions set forth in this Agreement and in the Project Agreement of even date between the Association and the Project States;

NOW THEREFORE the parties hereto hereby agree as follows:

ARTICLE I

General Conditions; Definitions

Section 1.01. The "General Conditions Applicable to Development Credit Agreements" of the Association, dated January 1, 1985, with the last sentence of Section 3.02 deleted (the General Conditions) constitute an integral part of this Agreement.

Section 1.02. Unless the context otherwise requires, the several terms defined in the General Conditions and in the Preamble to this Agreement have the respective meanings therein set forth and the following additional terms have the following meanings:

(a) "ANM" means Auxiliary Nurse-Midwife;

(b) "Assam" means the Borrower's state of Assam, or any successor thereto;

(c) "CHC" means community health center, an adequately staffed and equipped family welfare facility intended to cater to a population of about 100,000 people;

(d) "district" means a district of a Project State;

(e) "FY" or "financial year" means the financial year of the Borrower, which begins on April 1 each year and ends on March 31 of the following year;

(f) "FRU" means first referral unit, a health facility able to provide adequate care for pregnancies and deliveries with medical complications;

(g) "IEC" means information, education, communication;

(h) "Karnataka" means the Borrower's state of Karnataka, or any successor thereto;

(i) "MIS" means management information system;

(j) "NGO" means non-governmental organization;

(k) "National Action Plan" means the 'Action Plan for Revamping the Family Welfare Programme', adopted by the Borrower's Ministry of Health and Family Welfare in 1992;

(l) "PHC" means Primary Health Center, an adequately staffed and equipped family welfare facility intended to cater to a population of about 30,000 people;

(m) "Project Agreement" means the agreement between the Association and the Project States as the same may be amended from time to time, and such term includes all schedules and agreements supplemental to the Project Agreement;

(n) "Project State" means Assam, Rajasthan or Karnataka as the context shall require; and "Project States" means, collectively, the States of Assam, Rajasthan or Karnataka;

(o) "Rajasthan" means the Borrower's state of Rajasthan, or any successor thereto;

(p) "Rupees" or the sign "Rs." means the currency of the Borrower;

(q) "Special Account" means the account referred to in Section 2.02 (b) of this Agreement;

(r) "State Action Plan" means respectively the Action Plan for Revamping the Family Welfare Programme of Assam, Karnataka and Rajasthan, and "State Action Plans" means the three State Action plans, collectively;

(s) "sub-center" means an adequately staffed and equipped family welfare facility serving a population of about 3,000-5,000 people; and

(t) "tribal area" means any area notified as such by a Project State.

ARTICLE II

The Credit

Section 2.01. The Association agrees to lend to the Borrower, on the terms and conditions set forth or referred to in this Agreement, an amount in various currencies equivalent to sixty-two million seven hundred thousand Special Drawing Rights (SDR 62,700,000).

Section 2.02. (a) The amount of the Credit may be withdrawn from the Credit Account in accordance with the provisions of Schedule 1 to this Agreement for expenditures made (or, if the Association shall so agree, to be made) in respect of the reasonable cost of goods and services required for the Project and to be financed out of the proceeds of the Credit.

(b) The Borrower shall, for the purposes of the Project, open and maintain in dollars a special deposit account in the Reserve Bank of India on terms and conditions satisfactory to the Association. Deposits into, and payments out of, the Special Account shall be made in accordance with the provisions of Schedule 4 to this Agreement.

Section 2.03. The Closing Date shall be December 31, 2001 or such later date as the Association shall establish. The Association shall promptly notify the Borrower of such later date.

Section 2.04. (a) The Borrower shall pay to the Association a commitment charge on the principal amount of the Credit not

withdrawn from time to time at a rate to be set by the Association as of June 30 of each year, but not to exceed the rate of one-half of one percent (1/2 of 1%) per annum.

(b) The commitment charge shall accrue: (i) from the date sixty days after the date of this Agreement (the accrual date) to the respective dates on which amounts shall be withdrawn by the Borrower from the Credit Account or cancelled; and (ii) at the rate set as of the June 30 immediately preceding the accrual date and at such other rates as may be set from time to time thereafter pursuant to paragraph (a) above. The rate set as of June 30 in each year shall be applied from the next date in that year specified in Section 2.06 of this Agreement.

(c) The commitment charge shall be paid: (i) at such places as the Association shall reasonably request; (ii) without restrictions of any kind imposed by, or in the territory of, the Borrower; and (iii) in the currency specified in this Agreement for the purposes of Section 4.02 of the General Conditions or in such other eligible currency or currencies as may from time to time be designated or selected pursuant to the provisions of that Section.

Section 2.05. The Borrower shall pay to the Association a service charge at the rate of three-fourths of one percent (3/4 of 1%) per annum on the principal amount of the Credit withdrawn and outstanding from time to time.

Section 2.06. Commitment charges and service charges shall be payable semiannually on June 1 and December 1 in each year.

Section 2.07. (a) Subject to paragraphs (b) and (c) below, the Borrower shall repay the principal amount of the Credit in semi-annual installments payable on each June 1 and December 1 commencing December 1, 2004 and ending June 1, 2029. Each installment to and including the installment payable on June 1, 2014 shall be one and one-fourth percent (1-1/4%) of such principal amount, and each installment thereafter shall be two and one-half percent (2-1/2%) of such principal amount.

Project-7/1994. (ie 10yr moratorium)

(b) Whenever (i) the Borrower's gross national product per capita, as determined by the Association, shall have exceeded $790 in constant 1985 dollars for five consecutive years, and (ii) the Bank shall consider the Borrower creditworthy for Bank lending, the Association may, subsequent to the review and approval thereof by the Executive Directors of the Association and after due con-

sideration by them of the development of the Borrower's economy, modify the terms of repayment of installments under paragraph (a) above by requiring the Borrower to repay twice the amount of each such installment not yet due until the principal amount of the Credit shall have been repaid. If so requested by the Borrower, the Association may revise such modification to include, in lieu of some or all of the increase in the amounts of such installments, the payment of interest at an annual rate agreed with the Association on the principal amount of the Credit withdrawn and outstanding from time to time, provided that, in the judgment of the Association, such revision shall not change the grant element obtained under the above-mentioned repayment modification.

(c) If, at any time after a modification of terms pursuant to paragraph (b) above, the Association determines that the Borrower's economic condition has deteriorated significantly, the Association may, if so requested by the Borrower, further modify the terms of repayment to conform to the schedule of installments as provided in paragraph (a) above.

Section 2.08. The currency of the United States of America is hereby specified for the purposes of Section 4.02 of the General Conditions.

ARTICLE III

Execution of the Project

Section 3.01. (a) The Borrower declares its commitment to the objectives of the Project as set forth in Schedule 2 to this Agreement, and, to this end, shall carry out Part E of the Project with due diligence and efficiency and in conformity with appropriate administrative, financial, engineering, family welfare and medical practices, and shall provide, or cause to be provided, promptly as needed, the funds, facilities, services and other resources required for the Project.

(b) Without any limitation or restriction upon any of its other obligations under this Agreement, the Borrower shall cause the Project States to perform in accordance with the provisions of the Project Agreement, all the obligations therein set forth, shall take and cause to be taken all action, including the provision of funds, facilities, services and other resources necessary or appropriate to enable the Project States to perform such obligations, and shall not

take or permit to be taken any action which would prevent or interfere with such performance.

(c) The Borrower shall make the proceeds of the Credit available to each Project State for such part of the Project as is carried out respectively by that Project State, in accordance with the Borrower's standard arrangements for developmental assistance to the States of India.

Section 3.02. Except as the Association shall otherwise agree, procurement of the goods, works and services required for the Project and to be financed out of the proceeds of the Credit shall be governed by the provisions of Schedule 1 to the Project Agreement.

Section 3.03. The Borrower and the Association hereby agree that the obligations set forth in Section 9.03, 9.04, 9.05, 9.06, 9.07 and 9.08 of the General Conditions (relating to insurance, use of goods and services, plans and schedules, records and reports, maintenance and land acquisition, respectively) in respect of the Project shall be carried out respectively by the Project States pursuant to Section 2.03 of the Project Agreement.

ARTICLE IV

Financial and Other Covenants

Section 4.01. (a) The Borrower shall maintain records and accounts adequate to reflect in accordance with sound accounting practices the accounts and records of its departments and agencies responsible for the carrying out of the Project or any part thereof.

(b) The Borrower shall:

(i) have such records and accounts for each fiscal year audited, in accordance with appropriate auditing principles consistently applied, by independent auditors acceptable to the Association;

(ii) furnish to the Association as soon as available, but in any case not later than nine months after the end of each such year, the report of such audit by said auditors of such scope and in such

detail as the Association shall have reasonably requested; and

(iii) furnish to the Association such other information concerning said records, accounts and financial statements as well as the audit thereof, as the Association shall from time to time reasonably request.

Section 4.02. (a) For all expenditures with respect to which withdrawals from the Credit Account were made on the basis of statements of expenditures, the Borrower shall:

(i) maintain or cause to be maintained in accordance with sound accounting practices, records and accounts reflecting such expenditures;

(ii) ensure that all records (contracts, orders, invoices, bills, receipts and other documents) evidencing such expenditures are retained until at least one year after the Association has received the audit report for the fiscal year in which the last withdrawal from the Credit Account was made; and

(iii) enable the Association's representatives to examine such records.

(b) The Borrower shall:

(i) have the records and accounts referred to in paragraph (a) (i) of this Section and those for the Special Account for each fiscal year audited, in accordance with appropriate auditing principles consistently applied, by independent auditors acceptable to the Association;

(ii) furnish to the Association as soon as available, but in any case not later than nine months after the end of each such year the report of such audit by said auditors, of such scope and in such detail as the Association shall have reasonably requested, including a separate opinion by said auditors as to whether the statements of expenditure submitted during such fiscal year, together

with the procedures and internal controls involved in their preparation, can be relied upon to support the related withdrawals; and

(iii) furnish to the Association such other information concerning said records and accounts and the audit thereof as the Association shall from time to time reasonably request.

ARTICLE V

Remedies of the Association

Section 5.01. Pursuant to Section 6.02 (h) of the General Conditions, the following additional events are specified:

(a) Any Project State shall have failed to perform any of its respective obligations under the Project Agreement.

(b) As a result of events which have occurred after the date of this Agreement, an extraordinary situation shall have arisen which shall make it improbable that any Project State will perform its respective obligations under the Project Agreement.

(c) The Borrower shall have failed to carry out the National Action Plan, or shall have amended the National Action Plan in a manner that adversely affects the ability of the Borrower, in a material and substantial manner, to implement, or achieve the objectives of, the Project.

(d) Any Project State shall have failed to carry out its respective State Action Plan or shall have amended such State Action Plan in a manner that adversely affects the ability of the Borrower, in a material and substantial manner, to implement, or achieve the objectives of, the Project.

(e) Karnataka shall have failed to carry out a program for rehabilitation of family welfare facilities, agreed with the Association.

Section 5.02. Pursuant to Section 7.01 (d) of the General Conditions, the following additional event is specified, namely, that the event specified in paragraph (a) of Section 5.01 of this Agreement shall occur and shall continue for a period of sixty days

after notice thereof shall have been given by the Association to the Borrower and the Project State.

ARTICLE VI

Effective Date; Termination

Section 6.01. The following is specified as an additional matter, within the meaning of Section 12.02 (b) of the General Conditions, to be included in the opinion or opinions to be furnished to the Association, namely, that the Project Agreement has been duly authorized or ratified by each Project State and is legally binding upon it in accordance with its terms.

Section 6.02. The date ninety (90) days after the date of this Agreement is hereby specified for the purposes of Section 12.04 of the General Conditions.

Section 6.03. The provisions of Section 5.02 of this Agreement shall cease and determine on the date on which this Agreement shall terminate or on the date twenty years after the date of this Agreement, whichever shall be the earlier.

ARTICLE VII

Representatives of the Borrower; Addresses

Section 7.01. The Secretary, Additional Secretary, Director, Deputy Secretary or Under Secretary of the Department of Economic Affairs in the Ministry of Finance of the Borrower is designated as representative of the Borrower for the purposes of Section 11.03 of the General Conditions.

Section 7.02. The following addresses are specified for the purposes of Section 11.01 of the General Conditions:

For the Borrower:

The Secretary to the Government of India
Ministry of Finance
Department of Economic Affairs
New Delhi, India

Cable address:	Telex:
ECOFAIRS New Delhi	953-3166175

For the Association:

International Development Association
1818 H Street, N.W.
Washington, D.C. 20433
United States of America

Cable address:	Telex:
INDEVAS Washington, D.C.	197688 (TRT) 248423 (RCA) 64145 (WUI) or 82987 (FTCC)

IN WITNESS WHEREOF, the parties hereto, acting through their duly authorized representatives, have caused this Agreement to be signed in their respective names in the District of Columbia, United States of America, as of the day and year first above written.

INDIA

By /S/ N. VALLURI
Authorized Representative

INTERNATIONAL DEVELOPMENT ASSOCIATION

By /S/ D. JOSEPH WOOD
Regional Vice President
South Asia

SCHEDULE 1

Withdrawal of the Proceeds of the Credit

1. The table below sets forth the Categories of items to be financed out of the proceeds of the Credit, the allocation of the amounts of the Credit to each Category and the percentage of expenditures for items so to be financed in each Category:

	Category	Amount of the Credit Allocated (Expressed in SDR Equivalent)	% of Expenditures to be Financed
(1)	Civil works	25,300,000	90%
(2)	Equipment, furniture, health kits, vehicles (except Part A(2)(c))	8,500,000	100% of foreign expenditures, 80% of local expenditures, (ex-factory cost) and 80% of local expenditures for other items procured locally
(3)	Vehicles for field staff under Part A(2)(c)	2,800,000	100% of foreign expenditures, 100% of local expenditures, (ex-factory cost) and 80% of local expenditures for other items procured locally
(4)	Books and training materials	1,300,000	95%
(5)	Services and materials for IEC and training	7,300,000	80%

	Category	Amount of the Credit Allocated (Expressed in SDR Equivalent)	% of Expenditures to be Financed
(6)	Consultants services, grants and fellowships	4,700,000	95%
(7)	Incremental staff salaries, honoraria to volunteer workers and incremental operations and maintenance costs (including medicines and materials)	7,200,000	90% of expenditures during the first three fiscal years commencing the fiscal year in which the Credit becomes effective; 80% of such expenditures during the following two fiscal years and 60% of such expenditures thereafter
(8)	Unallocated	5,600,000	
	TOTAL	62,700,000	

2. For the purposes of this Schedule:

(a) the term "foreign expenditures" means expenditures in the currency of any country other than that of the Borrower for goods or services supplied from the territory of any country other than that of the Borrower;

(b) the term "local expenditures" means expenditures in the currency of the Borrower or for goods or services supplied from the territory of the Borrower;

(c) the term "incremental salaries" means expenditures in respect of salaries paid to staff appointed to posts established under the Project on or after April 1, 1994;

(d) the term "incremental operations and maintenance costs" means operating and maintenance costs, including in respect of vehicles, incurred under the Project on or after April 1, 1994; and

(e) the term "honoraria to volunteer workers" means payments made to volunteers under Part B of the Project on or after July 1, 1994 to reimburse such volunteers for expenditures incurred by them.

3. Notwithstanding the provisions of paragraph 1 above, no withdrawals shall be made in respect of payments made for expenditures prior to the date of this Agreement except that withdrawals, in an aggregate amount not exceeding the equivalent of SDR 350,000 may be made on account of payments made for expenditures on or after July 1, 1993.

4. The Association may require withdrawals from the Credit Account to be made on the basis of statements of expenditure for expenditures for goods under contracts not exceeding $200,000, services and incremental operating costs under contracts not exceeding $100,000 and works under contracts not exceeding $200,000 equivalent under such terms and conditions as the Association shall specify by notice to the Borrower.

SCHEDULE 2

Description of the Project

The main objectives of the Project are to lower current levels of fertility and maternal and childhood mortality in Assam, Rajasthan and Karnataka by strengthening the family welfare programs of these States including by promoting a broader mix of contraceptive methods.

The Project consists of the following parts, subject to such modifications as may be agreed upon between the Borrower and the Association from time to time:

Part A: Strengthening Facilities for Delivery of Family Welfare Services:

(1) Extension and Upgrading of Infrastructure for Delivery of Family Welfare Services in Under-served Areas:

Establishment of an adequate network of facilities for the delivery of family welfare services in areas currently under-served in the Project States, with sub-centers selected in accordance with criteria agreed with the Association, consisting of:

(a) in Assam, construction and equipping of about 800 sub-centers, renovation of about 50 sub-centers; upgrading about 90 PHCs; upgrading about 100 state dispensaries into PHCs; upgrading about 40 CHCs or hospitals into FRUs and renovation of about 40 facilities to be upgraded to FRUs;

(b) in under-served districts of Karnataka, construction and equipping of about 1000 sub-centers and 100 PHCs; construction of about 270 doctors' quarters at existing PHCs; renovation of about 2200 existing sub-centers and about 330 PHCs and about 50 CHCs; and upgrading about 70 CHCs into FRUs; and

(c) in under-served districts of Rajasthan, upgrading about 860 sub-centers in partnership with NGOs; construction and equipment of about 25 new PHCs; and upgrading about 210 CHCs into FRUs.

(2) Strengthening of Outreach and Community Linkages:

Improving access, outreach and program linkages of the family welfare program of each Project State with communities by:

(a) reaching under-served communities in each Project State by establishing mobile clinics (using boats or vans) where stationary facilities are unavailable, and providing transportation facilities for staff, including: (i) in Assam, establishing boat clinics and mobile clinics for riverine islands and remote tribal communities; and (ii) in Karnataka, establishing mobile health teams to cover remote tribal communities and in Rajasthan, establishing mobile clinics or rural health camps in remote areas;

(b) in each Project State, establishing a network of community-based volunteers to assist ANMs in IEC and motivation, liaise informally with communities and hold stock of relevant medical supplies including: (i) in Assam, establishing a system of volunteers (women health promoters) providing one such volunteer for every 60 households; (ii) Karnataka, forming health advisory committees at each sub-center, with both program and community representatives, and such committees engaging a community volunteer link worker each per village; and (iii) in Rajasthan, expansion of existing community-based systems for contraceptive supplies and the establishment of link worker schemes; and

(c) in each Project State, providing motorcycles, mopeds and bicycles to family welfare field staff by establishing a staff mobility fund to provide credit to such staff for purchase of such vehicles.

Part B: Improvement of Quality of Family Welfare Services:

Improving the quality of services in the areas of training, medical supplies, logistics and the involvement of private voluntary organizations (PVOs) so as to improve the acceptability, uptake and impact of Family Welfare Services in the Project States including by the establishment in each Project State of a State Institute for Health and Family Welfare (SIHFW) to manage and coordinate training programs and planning for the family welfare program, provide

training for family welfare training staff as well as carry out operational research and evaluation, by:

(1) Training: Strengthening of family welfare training institutions and programs by:

(a) in Assam, establishing a State Institute for Health and Family Welfare (SIHFW) by upgrading the Health and Family Welfare Training Center in Guwahati, expanding the capacity of existing Rural District Training Centers, upgrading about 16 ANM training schools of the State Government, establishing and training District and Block training teams, as well as carrying out extensive in-service training courses for family welfare;

(b) in Karnataka, establishing an SIHFW by constructing an office building for SIHFW and providing to SIFHW the existing training facility constructed by Karnataka under the Third Population Project (Credit 1426-IN), upgrading two existing Health and Family Welfare Training Centers, establishing about 19 new District Training Centers, upgrading about 7 ANM training schools and one existing Lady Health Visitor Promotional Training School of the State Government, establishing and training District and Block training teams, as well as carrying out extensive in-service training courses for family welfare staff; and

(c) in Rajasthan, establishing an SIHFW, establishing one, and strengthening selected existing, Regional Health and Family Welfare Training Centers, upgrading about 15 ANM training schools into District Training Centers, forming and training Block Training Task Forces, as well as carrying out extensive in-service training courses for family welfare staff.

(2) Improving Program Logistics: Improvement of family welfare program logistics in Assam and Rajasthan regarding procurement, transport and distribution of medical supplies by:

(a) in Assam, construction of storage facilities at headquarters and district levels, provision of storage and material-handling equipment for new stores, provision of data processing equipment for computerized

Part E: Innovative Schemes and Preparation of Future Investments:

(1) Innovative Schemes:

Carrying out of selected innovative schemes for improving service quality of the family welfare program as well as evaluating their success and effectiveness.

(2) Preparation of Future Investments:

Preparation of future investments in the family welfare sector in Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland and Tripura.

* * *

The Project is expected to be completed by June 30, 2001.

SCHEDULE 3

Implementation Program

1. The Borrower shall carry out the National Action Plan.

2. Without prejudice to any other provision of this Agreement, the Borrower shall review with the Association by December 31 of each year expenditures incurred under the Project during that fiscal year and by March 31 of each year, resources required for Project implementation during the forthcoming fiscal year.

SCHEDULE 4

Special Account

1. For the purposes of this Schedule:

(a) the term "eligible Categories" means Categories (1), (2), (3), (4), (5), (6) and (7) set forth in the table in paragraph 1 of Schedule 1 to this Agreement;

(b) the term "eligible expenditures" means expenditures in respect of the reasonable cost of goods and services required for the Project and to be financed out of the proceeds of the Credit allocated from time to time to the eligible Categories in accordance with the provisions of Schedule 1 to this Agreement; and

(c) the term "Authorized Allocation" means an amount equivalent to $3,000,000 to be withdrawn from the Credit Account and deposited into the Special Account pursuant to paragraph 3 (a) of this Schedule.

2. Payments out of the Special Account shall be made exclusively for eligible expenditures in accordance with the provisions of this Schedule.

3. After the Association has received evidence satisfactory to it that the Special Account has been duly opened, withdrawals of the Authorized Allocation and subsequent withdrawals to replenish the Special Account shall be made as follows:

(a) For withdrawals of the Authorized Allocation, the Borrower shall furnish to the Association a request or requests for a deposit or deposits which do not exceed the aggregate amount of the Authorized Allocation. On the basis of such request or requests, the Association shall, on behalf of the Borrower, withdraw from the Credit Account and deposit in the Special Account such amount or amounts as the Borrower shall have requested.

(b) (i) For replenishment of the Special Account, the Borrower shall furnish to the Association requests for deposits into the Special Account at such intervals as the Association shall specify.

(ii) Prior to or at the time of each such request, the Borrower shall furnish to the Association the

documents and other evidence required pursuant to paragraph 4 of this Schedule for the payment or payments in respect of which replenishment is requested. On the basis of each such request, the Association shall, on behalf of the Borrower, withdraw from the Credit Account and deposit into the Special Account such amount as the Borrower shall have requested and as shall have been shown by said documents and other evidence to have been paid out of the Special Account for eligible expenditures.

All such deposits shall be withdrawn by the Association from the Credit Account under the respective eligible Categories, and in the respective equivalent amounts, as shall have been justified by said documents and other evidence.

4. For each payment made by the Borrower out of the Special Account, the Borrower shall, at such time as the Association shall reasonably request, furnish to the Association such documents and other evidence showing that such payment was made exclusively for eligible expenditures.

5. (a) Notwithstanding the provisions of paragraph 3 of this Schedule, the Association shall not be required to make further deposits into the Special Account:

(i) if, at any time, the Association shall have determined that all further withdrawals should be made by the Borrower directly from the Credit Account in accordance with the provisions of Article V of the General Conditions and paragraph (a) of Section 2.02 of this Agreement; or

(ii) once the total unwithdrawn amount of the Credit allocated to the eligible Categories less the amount of any outstanding special commitment entered into by the Association pursuant to Section 5.02 of the respective General Conditions with respect to the Project, shall equal the equivalent of twice the amount of the Authorized Allocation.

(b) Thereafter, withdrawal from the Credit Account of the remaining unwithdrawn amount of the Credit allocated to the eligible

Categories shall follow such procedures as the Association shall specify by notice to the Borrower. Such further withdrawals shall be made only after and to the extent that the Association shall have been satisfied that all such amounts remaining on deposit in the Special Account as of the date of such notice will be utilized in making payments for eligible expenditures.

6. (a) If the Association shall have determined at any time that any payment out of the Special Account: (i) was made for an expenditure or in an amount not eligible pursuant to paragraph 2 of this Schedule; (ii) was not justified by the evidence furnished to the Association, the Borrower shall, promptly upon notice from the Association: (A) provide such additional evidence as the Association may request; or (B) deposit into the Special Account (or, if the Association shall so request, refund to the Association) an amount equal to the amount of such payment or the portion thereof not so eligible or justified. Unless the Association shall otherwise agree, no further deposit by the Association into the Special Account shall be made until the Borrower has provided such evidence or made such deposit or refund, as the case may be.

(b) If the Association shall have determined at any time that any amount outstanding in the Special Account will not be required to cover further payments for eligible expenditures, the Borrower shall, promptly upon notice from the Association, refund to the Association such outstanding amount.

(c) The Borrower may, upon notice to the Association, refund to the Association all or any portion of the funds on deposit in the Special Account.

(d) Refunds to the Association made pursuant to paragraphs 6 (a), (b) and (c) of this Schedule shall be credited to the Credit Account, for subsequent withdrawal or for cancellation in accordance with the relevant provisions of this Agreement, including the General Conditions.

Comm 155.

(To be submitted by 25th of following month to State Welfare Department of Family Welfare, MOHFW, GOI, New Delhi through NICNET)

FORM 9

CONSOLIDATED MONTHLY REPORT FROM DISTIRCT TO STATE / CENTRE

General Information

1. State KARNATAKA
2. District RAICHUR
3. Population of District 1435170
4. Month & Year 25,July, 2001
5. Eligible Couples 226372 (as on 1st April of the year)

I	ANC Registered	-Cumulative till this month last year	13888
II	Ante Natal Check-up Pregnancies	-Cumulative till this month this year	
		Who have received 3 check-ups	3056
		How many received	
		- TT2	2835
		- Booster	973
		- IFA	3807
		High risk Pregnancies	
		- PHC	167
		- CHC	0
		- FRU	9
		- District Hospital	18
		- Urban Dispensary	0
		- PPC	0
		- Others	0
		Complication	0
		Referral	0
III	Deliveries	- Total No. delivered by	
		Trained attendant	1359
		ANM/LHV	772
		- Institutional Deliveries at	
		Sub-centre	9
		PHC	201
		FRU	120
		District	140
		Urban Dispensary	140
		PPC	0
		Others	0
		- Complications	18
		- Referred	31
IV	Maternal Deaths	During Pregnancy	1
		During Delivery	0
		Within six weeks of Delivery	4
V	Pregnancy Outcome	No. of live births	2700
		No. of Still births	41
		Order of live births	
		- 1st	1096
		- 2nd	835
		- 3rd and 3+	810
		Weight of new born	
		- < 2.5 Kg	67
		- > 2.5 Kg	1685
VI	Neo-Natal Care	Sick new born cases	
		- Treated	67
		- Referred	0
VII	Post Natal	Who have received 3 check-ups	1948

VIII	RTI/STI	No. of clinics in District			38
		No. of male cases treated			4206
		No. of female cases treated			3650
		Referred to			
		- PHC			652
		- FRU			428
		- District			347
IX	MTP	- No. of Govt. Hospitals and others with MTP facilities			9
		- No. of MTP cases done			23
X	Immunization		Male	Female	Total
		- Infants 0 to 1 year			
		BCG	1819	1718	3537
		DPT 1	1831	1712	3543
		DPT 2	1683	1616	3299
		DPT 3	1685	1666	3351
		OPV 0	0	0	0
		OPV 1	1831	1712	3543
		OPV 2	1683	1616	3299
		OPV 3	1685	1666	3351
		Measles	1724	1575	3299
		Full Immunization	1724	1575	3299
		- Children more than 18 months			
		DPT Booster	1057	993	2050
		OPV Booster	1057	993	2050
		- Children more than 5 years			
		DT	2775	2221	4996
		- Children more than 10 years			
		TT	3015	2199	5214
		- Children more than 16 years			
		TT	1325	931	2256
		- Adverse reactions reported after immunization	0	0	0
XI	Vitamin A	Dose 1	1638	1620	3258
		Dose 2	0	0	0
		Dose 3 - 5	0	0	0
XII	Childhood Diseases	Vaccine preventable diseases			
		Neonatal Tetanus			
		Cases			0
		Deaths			0
		Diptheria			
		Cases			0
		Deaths			0
		Poliomyelities (Acute Flaccid Paralysis)			
		Cases			2
		Deaths			0
		Tetanus (Others)			
		Cases			0
		Deaths			0
		Whooping Cough			
		Cases			0
		Deaths			0
		Measles			
		Cases			5
		Deaths			0

I	Childhood Diseases	Pneumonia under 5 year of age	
		Cases	438
		Cases treated with cotrimoxozole	423
		Cases referred	18
		Deaths	5
		Acute Diarrhoeal diseases	
		Cases	1631
		Cases treated ORS	1631
		Cases referred	33
		Deaths	0
XIII	Child Deaths	Within 1 week of birth	13
		Within 1 week to 1 month of birth	7
		Within 1 month to 1 year of birth	14
		Within 1 year to 5 years of birth	12
XIV	Contraception	Male Sterilisation	0
		Female Sterilisation	962
		IUDs insertions	818
		Oral Pills	4681
		Condom Users	434
		No.of hospitals which did atleast 1	
		1 Conventional Vasectomy	0
		2 Non scalpel Vasectomy	0
		3 Abdominal Tubectomy	16
		4 Laprosoopic Tubectomy	22
XV	Abortions		17
XVI	Stock Postition		
	Vaccine		
	- DPT		
	In Stock		54000
	Out Stock		0
	- OPV		
	In Stock		11320
	Out Stock		0
	- TT		
	In Stock		39960
	Out Stock		0
	DT		
	In Stock		0
	Out Stock		0
	- BCG		
	In Stock		500
	Out Stock		0
	- Measles		
	In Stock		21250
	Out Stock		0
	Contraceptive		
	- Condoms		
	In Stock		124000
	Out Stock		0
	- Oral Pills		
	In Stock		25100
	Out Stock		0
	- IUDs		
	In Stock		1050
	Out Stock		0

	Stock Postition		
	- Tubal Rings		
	In Stock		1850
	Out Stock		0
	Iron IFA large		
	In Stock		255000
	Out Stock		0
	Vitamin A Sol.		
	In Stock		948
	Out Stock		0
	ORS Packets		
	In Stock		28050
	Out Stock		0
XVII	Cold Chain Equipment	ILR-300	
		Total Supplied	5
		Total not working	0
		DFz-300	
		Total Supplied	6
		Total not working	0
		ILR-140	
		Total Supplied	76
		Total not working	4
		DFz-140	
		Total Supplied	72
		Total not working	17
XVIII	Staff Position	Specialist in CHC/FRU	
		Sacntioned	15
		Vacant	4
		Who have received RCH Training	0
		Doctors in PHC	
		Sanctioned	61
		Vacant	5
		ANMs in Sub-Centre	
		Sanctioned	213
		Vacant	111
		Male Health Worker	
		Sanctioned	208
		Vacant	86
		Lady Health Worker	
		Sanctioned	26
		Vacant	7

Signature of
Dist Health & Family Welfare Officer

3/7/2000

(To be submitted by 25th of following month to State Welfare Department of Family Welfare, MOHFW, GOI, New Delhi through NICNET)

FORM 9

CONSOLIDATED MONTHLY REPORT FROM DISTIRCT TO STATE / CENTRE

31.7.2001

General Information

1. State KARNATAKA
2. District RAICHUR
3. Population of District 1450146
4. Month & Year 30-June, 2001
5. Eligible Couples 216283 (as on 1st April of the year)

I	ANC Registered	Cumulative till this month last year	10622
II	Ante Natal Check-up Pregnancies	Cumulative till this month this year	
		Who have received 3 check-ups	2744
		How many received	
		- TT2	2568
		- Booster	962
		- IFA	3914
		High risk Pregnancies	
		- PHC	165
		- CHC	0
		- FRU	6
		- District Hospital	0
		- Urban Dispensary	0
		- PPC	0
		- Others	0
		Complication	0
		Referral	0
III	Deliveries	Total No. delivered by	
		Trained attendant	1278
		ANM/LHV	684
		Institutional Deliveries at	
		Sub-centre	14
		PHC	210
		FRU	119
		District	168
		Urban Dispensary	140
		PPC	0
		Others	43
		Complications	20
		Referred	0
IV	Maternal Deaths	During Pregnancy	0
		During Delivery	0
		Within six weeks of Delivery	1
V	Pregnancy Outcome	No. of live births	2603
		No. of Still births	53
		Order of live births	
		- 1st	1062
		- 2nd	797
		- 3rd and 3+	797
		Weight of new born	
		- < 2.5 Kg	87
		- > 2.5 Kg	1663
VI	Neo-Natal Care	Sick new born cases	
		Treated	87
		- Referred	0
VII	Post Natal	Who have received 3 check-ups	2091

II	RTI/STI	No. of clinics in District			38
		No. of male cases treated			3824
		No. of female cases treated			3315
		Referred to			
		- PHC			630
		- FRU			227
		- District			315
IX	MTP	- No. of Govt. Hospitals and others with MTP facilities			9
		- No. of MTP cases done			30
X	Immunization	- Infants 0 to 1 year	Male	Female	Total
		BCG	1814	1713	352
		DPT 1	1749	1618	336
		DPT 2	1652	1600	325
		DPT 3	1685	1535	320
		OPV 0	0	0	
		OPV 1	1749	1618	336
		OPV 2	1652	1600	325
		OPV 3	1685	1535	320
		Measles	1820	1753	357
		Full Immunization	1820	1753	357
		Children more than 18 months			
		DPT Booster	1045	986	2
		OPV Booster	1045	986	2
		Children more than 5 years			
		DT	411	341	752
		Children more than 10 years			
		TT	312	259	571
		- Children more than 16 years			
		TT	254	191	445
		Adverse reactions reported after immunization	0	0	0
XI	Vitamin A	Dose 1	1395	1394	278
		Dose 2	33725	32751	6647
		Dose 3 - 5	36408	35039	7144
XII	Childhood Diseases	Vaccine preventable diseases			
		Neonatal Tetanus			
		Cases			0
		Deaths			0
		Diptheria			
		Cases			0
		Deaths			0
		Poliomyelities (Acute Flaccid Paralysis)			
		Cases			0
		Deaths			0
		Tetanus (Others)			
		Cases			0
		Deaths			0
		Whooping Cough			
		Cases			0
		Deaths			0
		Measles			
		Cases			4
		Deaths			0

XVI	Stock Postition		
	- Tubal Rings		
	In Stock		1370
	Out Stock		0
	Iron IFA large		
	In Stock		90000
	Out Stock		0
	Vitamin A Sol.		
	In Stock		848
	Out Stock		0
	ORS Packets		
	In Stock		21500
	Out Stock		0
XVII	Cold Chain Equipment	ILR-300	
		Total Supplied	5
		Total not working	0
		DFZ-300	
		Total Supplied	6
		Total not working	0
		ILR-140	
		Total Supplied	76
		Total not working	4
		DFZ-140	
		Total Supplied	72
		Total not working	17
XVIII	Staff Position	Specialist in CHC/FRU	
		Sacntioned	15
		Vacant	4
		Who have received RCH Training	0
		Doctors in PHC	
		Sanctioned	61
		Vacant	5
		ANMs in Sub Centre	
		Sanctioned	213
		Vacant	111
		Male Health Worker	
		Sanctioned	209
		Vacant	86
		Lady Health Worker	
		Sanctioned	26
		Vacant	7

Signature of
Distt. Family Welfare Officer

XII	Childhood Diseases	Pneumonia under 5 year of age	
		Cases	455
		Cases treated with cotrimoxozole	452
		Cases referred	26
		Deaths	6
		Acute Diarrhoeal diseases	
		Cases	1748
		Cases treated ORS	1748
		Cases referred	65
		Deaths	1
XIII	Child Deaths	Within 1 week of birth	32
		Within 1 week to 1 month of birth	5
		Within 1 month to 1 year of birth	7
		Within 1 year to 5 years of birth	8
XIV	Contraception	Male Sterilisation	1
		Female Sterilisation	909
		IUDs insertions	867
		Oral Pills	5467
		Condom Users	9298
		No.of hospitals which did atleast 1	
		1 Conventional Vasectomy	0
		2 Non scalpel Vasectomy	1
		3 Abdominal Tubectomy	16
		4 Laproscopic Tubectomy	23
XV	Abortions		19
XVI	Stock Postition		
	Vaccine		
	- DPT		
	In Stock		47210
	Out Stock		1.0360
	- OPV		
	In Stock		26880
	Out Stock		0
	- TT		
	In Stock		23780
	Out Stock		0
	- DT		
	In Stock		0
	Out Stock		0
	- BCG		
	In Stock		600
	Out Stock		0
	- Measles		
	In Stock		21250
	Out Stock		0
	Contraceptive		
	- Condoms		
	In Stock		159000
	Out Stock		0
	- Oral Pills		
	In Stock		32100
	Out Stock		0
	- IUDs		
	In Stock		6000
	Out Stock		0

Com H 55

To, The Chief Director Statistics, Department of Family Welfare, Ministry of Health & Family Welfare, Govt of India. Nirman Bhavan, NEW DELHI - 110011

(To be submitted by 25th of following month to state Family Welfare Department of Family Welfar

MOHFW, GOI, New Delhi through NICNET)

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ಕಲ್ಯಾಣ ಅಧಿಕಾರಿಗಳ ಕಾರ್ಯಾಲಯ, ಕೊಪ್ಪಳ.
17-8-2001

No/CMR/89 / 2001-2002 FORM 9

CONSOLIDATED MONTHLY REPORT FROM DISTRICT TO STATE / CENTRE

General

1. State KARNATAKA
2. District KOPPAL
3. Population of District 1093,584
4. Reporting for the month of JULY 2001
5. Eligible Couples (as on 1st April of the year) 152863

Sl. No.	Service		During Month	Cumulative Total
I	ANC Registered	- [illegible] this month last year	3157	11813
		- [illegible] this month this year	3039	11587
II	Ante Natal Check-up Pregnancies	Who have received 3 check-ups	2047	10368
		How many received		
		- TT2	2268	8289
		- Booster	552	1997
		- IFA	-	614
		High risk Pregnancies	211	799
		- PHC	167	488
		- CHC	25	114
		- FRU	7	16
		- District Hospital	6	15
		- Urban Dispensary	-	-
		- PPC	6	135
		Complication	211	799
		Referral	211	799
III	Deliveries	Total no. of Deliveries	1889	7775
		No. Deliveried		
		- By untrained Attendant	111	407
		- Trained attendant	796	3578
		- ANM / LHV	764	3025
		- Institutional Deliveries at	218	765
		Sub - centre	-	-
		PHC	119	500
		FRU	25	73
		District	12	52
		Urban Dispensary	-	-
		PPC	32	140
		Complications	8	110
		- Referred	8	110
IV	Maternal Deaths	During Pregnancy	-	01
		During Delivery	-	02
		Within six weeks of Delivery	-	02
V	Pregnancy Outcome	- No. of live births	1850	7584
		No. of still births	39	171
		Order of birth		
		1st	554	2471
		2nd / 3+	1296	5113
		Weight of new born	1196	4975
		< 2.5 Kg. below	134	506
		> 2.5 Kg. above	1062	4469
		Weight not taken.	654	2609

VI Neo natal Care	Sick/low born cases Treated Referred	134 55	349 212
VII Post Natal	Who have received 3 check-ups	1491	6635
VIII RTI / STI	No. of clinics in District No. of male cases treated No. of female cases treated Referred to - PHC - FRU - District	18 353 772 – – –	74 1553 1938 1090 101 101
IX MTP facilities	No. of Govt. Hospitals and others No. of MTP cases done	5 3	5 8
X Immunization	Infants 0 to 1 year - BCG - DPT 1 - DPT 2 - DPT 3 - OPV 0 - OPV 1 - OPV 2 - OPV 3 - Measles - Full Immunisation Children more than 18 months - DPT Booster - OPV Booster - Full immunized Children more than 5 years - DT Children more than 10 years - TT - Children more than 16 yea - TT Adverse reactions reported after	M. F. 1253 1213 1252 1241 1313 1281 1309 1222 – 1252 1241 1313 1281 1309 1222 1146 1063 1146 1063 758 752 758 752 758 752 1320 1180 1878 1562 800 677 –	9765 10282 9526 9241 – 10282 9526 9241 8580 8580 5562 5562 5562 2500 5256 2792
XI Vitamin A	Dose 1 Dose 2 Dose 3 - 5	1142 1062 1157 1220 875 1190	8210 3103 6985
XII Childhood Diseases	Vaccine preventable diseases Neonatal Tetanus Cases Deaths Diphteria Cases Deaths Poliomyelitis Cases Deaths Tetanus (Others) Cases Deaths	 – – – – – – – –	 – – – – – – – –

	Contraceptive	
	Condoms	–
	In Stock	86000
	Consumed including wastage	–
	Oral Pills	
	In Stock	3575
	Consumed including wastage	–
	IUDs	
	In Stock	6266
	Consumed including wastage	465
	Tubal Rings	
	In Stock	3507
	Consumed including wastage	489
	Iron	
	IFA large	\
	In Stock	–
	Consumed including wastage	–
	Vitamin A Solution	
	In Stock	505
	Consumed including wastage	71
	ORS Packets	
	In Stock	136036
	Consumed including wastage	1736
XVII Cold Chain Equipment	ILR - 300	
	Total Supplied	4
	Total not working	–
	DFz - 300	
	Total supplied	7
	Total not working	–
	ILR- 140	
	Total supplied	58
	Total not working	5
	DFz - 140	
	Total supplied	60
	Total not working	10
XVIII Staff Position	Specialist in CHC / FRU	
	No. of Sanctioned	16
	No. Vacant	11
	No. of who have received RCH Training	–
	Doctors in PHC	
	Sanctioned	96
	Vacant	33
	ANMs in Sub - Centre	
	Sanctioned	185
	Vacant	54
	Male Health Worker	
	Sanctioned	152
	Vacant	73
	Lady Health Visitor	
	Sanctioned	23
	Vacant	11
	BHE	
	Sanctioned	11
	Vacant	2
	SHA(M)	
	Sanctioned	32
	Vacant	13

Copy Submitted TO

1) The Demographer (RCH)
Directorate of Health & F.W.

16/8

	Whooping Cough		
	Cases	-	-
	Deaths	-	-
	Measles		
	Cases	02	16
	Deaths	-	-
	Pneumonia under 5 years of age		
	Cases	596	2377
	Cases treated with cotrimoxzole	596	2377
	Caes referred	57	191
	Deaths	01	07
	Acute Diarrhceal diseases		
	Cases	1454	6023
	Casesa treated with ORS	1454	6023
	Cases reffered	100	510
	Deaths	01	03
VII Child Deaths	Within one week of birth	10	47
	One week to within one month of birth	07	30
	One month to within one year of birth	09	49
	One year to within five years of birth	16	71
VIII Contraception	Male Sterilisation	-	-
	Female Sterilisation	554	2224
	IUDs insertions	465	1802
	Oral Pill	-	8932
	Condom Pieces distributed	-	186190
	No. of hospitals which did at least 1		
	1) Conventional Vasectomy	-	-
	2) Non scalpel Vasctomy	-	-
	3) Abdominal Tubectomy	8	8
	4) Laproscopic Tubectomy	14	14
IX Abortions	Including M.T.P.	19	62
X Stock position	Vaccine		
	DPT		
	In Stock	33000	
	Consumed including wastage	11410	
	OPV		
	In Stock	149880	
	Consumed including wastage	129610	
	TT		
	In Stock	58400	
	Consumed including wastage	12500	
	DT		
	In Stock	5000	
	Consumed including wastage	2600	
	BCG		
	In Stock	8160	
	Consumed including wastage	5000	
	Measles		
	In Stock	17340	
	Consumed including wastage	4400	

In stock means, the aggregate of all the items available for consumption at SC / PHC / CHC / FRU / UFWC etc., of the district during the reporting month .

Consumed during the month and also it should include wastage during the month

Comm 55

To be submitted by 25th of following month to State Welfare Department o
Family Welfare, MOHFW, GOI, New Delhi through NICNET:

FORM 9

CONSOLIDATED MONTHLY REPORT FROM DISTIRCT TO STATE / CENTRE

General Information

1. State KARNATAKA
2. District BIDAR
3. Population of District 0
4. Month & Year July, 2001
5. Eligible Couples 0 (as on 1st April of the year)

I	ANC Registered	-Cumulative till this month last year	13121
II	Ante Natal Check-up Pregnancies	-Cumulative till this month this year	
		Who have received 3 check-ups	19675
		How many received	
		- TT2	3365
		- Booster	83
		- IFA	3874
		High risk Pregnancies	
		- PHC	332
		- CHC	173
		- FRU	82
		- District Hospital	50
		- Urban Dispensary	13
		- PPC	10
		- Others	0
		Complication	35
		Referral	35
III	Deliveries	- Total No. delivered by	
		Trained attendant	766
		ANM/LHV	776
		- Institutional Deliveries at	
		Sub-centre	478
		PHC	100
		FRU	261
		District	0
		Urban Dispensary	0
		PPC	196
		Others	0
		- Complications	28
		- Referred	28
IV	Maternal Deaths	During Pregnancy	0
		During Delivery	9
		Within six weeks of Delivery	1
V	Pregnancy Outcome	No. of live births	2540
		No. of Still births	37
		Order of live births	
		- 1st	936
		- 2nd	753
		- 3rd and 3+	890
		Weight of new born	
		- < 2.5 Kg	2504
		- > 2.5 Kg	36
VI	Neo-Natal Care	Sick new born cases	
		- Treated	183
		- Referred	38
VII	Post Natal	Who have received 3 check-ups	2470

VIII	RTI/STI	No. of clinics in District			5
		No. of male cases treated			997
		No. of female cases treated			1321
		Referred to			
		- PHC			271
		- FRU			158
		- District			79
IX	MTP	- No. of Govt. Hospitals and others with MTP facilities			39
		- No. of MTP cases done			23
X	Immunization	- Infants 0 to 1 year	Male	Female	Total
		BCG	1591	1483	3074
		DPT 1	1675	1648	3323
		DPT 2	1568	1899	3467
		DPT 3	1550	1530	3080
		OPV 0	878	934	1812
		OPV 1	1675	1648	3323
		OPV 2	1568	1899	3467
		OPV 3	1550	1530	3080
		Measles	1732	1698	3430
		Full Immunization	1732	1698	3430
		- Children more than 18 months			
		OPT Booster	1837	1684	3521
		OPV Booster	1837	1684	3521
		- Children more than 5 years			
		DT	9269	8906	18175
		- Children more than 10 years			
		TT	6608	6562	13170
		- Children more than 16 years			
		TT	3665	3523	7188
		- Adverse reactions reported after immunization	0	0	0
XI	Vitamin A	Dose 1	1474	1433	2907
		Dose 2	437	420	857
		Dose 3 - 5	136	137	273
XII	Childhood Diseases	Vaccine preventable diseases			
		Neonatal Tetanus			
		Cases			0
		Deaths			0
		Diptheria			
		Cases			0
		Deaths			0
		Poliomyelities (Acute Flaccid Paralysis)			
		Cases			0
		Deaths			0
		Tetanus (Others)			
		Cases			0
		Deaths			0
		Whooping Cough			
		Cases			4
		Deaths			0
		Measles			
		Cases			29
		Deaths			0

XII	Childhood Diseases	Pneumonia under 5 year of age	
		Cases	545
		Cases treated with cotrimoxozole	545
		Cases referred	33
		Deaths	2
		Acute Diarrhoeal diseases	
		Cases	2037
		Cases treated ORS	2063
		Cases referred	248
		Deaths	0
XIII	Child Deaths	Within 1 week of birth	13
		Within 1 week to 1 month of birth	4
		Within 1 month to 1 year of birth	5
		Within 1 year to 5 years of birth	9
XIV	Contraception	Male Sterilisation	3
		Female Sterilisation	1066
		IUDs insertions	1000
		Oral Pills	5604
		Condom Users	8667
		No.of hospitals which did atleast 1	
		1 Conventional Vasectomy	2
		2 Non scalpel Vasectomy	0
		3 Abdominal Tubectomy	35
		4 Laproscopic Tubectomy	2
XV	Abortions		34
XVI	Stock Postition		
	Vaccine		
	- DPT		
	In Stock		55320
	Out Stock		22050
	- OPV		
	In Stock		39120
	Out Stock		18800
	- TT		
	In Stock		59940
	Out Stock		39000
	- DT		
	In Stock		15200
	Out Stock		1150
	- BCG		
	In Stock		3100
	Out Stock		700
	- Measles		
	In Stock		5300
	Out Stock		14955
	Contraceptive		
	- Condoms		
	In Stock		0
	Out Stock		51190
	- Oral Pills		
	In Stock		0
	Out Stock		24226
	- IUDs		
	In Stock		0
	Out Stock		1000

XVI	Stock Postition		
	- Tubal Rings		
		In Stock	375
		Out Stock	0
	Iron IFA large		
		In Stock	0
		Out Stock	0
	Vitamin A Sol.		
		In Stock	0
		Out Stock	0
	ORS Packets		
		In Stock	0
		Out Stock	0
XVII	Cold Chain Equipment	ILR-300	
		Total Supplied	5
		Total not working	0
		DFz-300	
		Total Supplied	7
		Total not working	1
		ILR-140	
		Total Supplied	68
		Total not working	9
		DFz-140	
		Total Supplied	78
		Total not working	11
XVIII	Staff Position	Specilalist in CHC/FRU	
		Sacntioned	0
		Vacant	0
		Who have received RCH Training	0
		Doctors in PHC	
		Sanctioned	61
		Vacant	1
		ANMs in Sub-Centre	
		Sanctioned	292
		Vacant	18
		Male Health Worker	
		Sanctioned	179
		Vacant	39
		Lady Health Worker	
		Sanctioned	39
		Vacant	2

Signature of
Distt. Family Welfare Officer

Comm 155.

(To be submitted by 25th of following month to state Family Welfare Department of Family Welfare, MOHFW, GOI, New Delhi through NICNET)

FORM 9

CONSOLIDATED MONTHLY REPORT FROM DISTRICT TO STATE / CENTRE

General

1. State Kannaar.
2. District Baaraot.
3. Population of District 16,52,232.
4. Reporting for the month of July - 2001.
5. Eligible Couples (as on 1st April of the year) 2,64,357

Sl. No.	Service		During the Month.	Cummulative
I	ANC Registered	- Cumulative till this month last year		
		- Cumulative till this month this year	4271	16287
II	Ante Natal Check-up Pregnancies	Who have received 3 check-ups	3734	12853
		How many received		
		- TT2	3819	13351
		- Booster	150	947
		- IFA	1034	4605
		High risk Pregnancies		
		- PHC	351	1438
		- CHC	23	147
		- FRU	8	58
		- District Hospital	—	—
		- Urban Dispensary	18	70
		- PPC	—	41
		Complication	4	15
		Referral	1	5
III	Deliveries	Total no. of Deliveries	2587	10027
		No. Delivered		
		- By		
		- Trained attendant }	800	3081
		- ANM / LHV }	99	2828
		- Institutional Deliveries at		
		Sub - centre	83	83
		PHC	931	931
		FRU	393	1053
		District	79	369
		Urban Dispensary	80	250
		PPC	122	687
		- Complications	01	898
		- Referred	01	997
IV	Meternal Deaths	During Pregnancy	03	08
		During Delivery	02	03
		Within six weeks of Delivery	—	03
V	Pregnancy Outcome	- No. of livebirths	2530	9839
		No. of tillbirths	52	183
		Order of birth		
		1st	580	3045
		2nd / 3 +	2007	6948
		Weight of new born		
		< 2.5 Kg.	1282	5276
		> 2.5 Kg.	136	2700
		Weight not taken.	230	1421

			During the Month.	Cummulative
M	F	T		
		Whooping Cough		
		Cases	–	–
		Deaths	–	–
		Measles		
40	36	76 Cases	01	76
		Deaths		
		Pneumonia under 5 years of age		
		Cases	32	[81
		Cases treated with cotrimoxzole		
		Caes referred	–	–
		Deaths	–	11
		Acute Diarrhoeal diseases		
		Cases	843	1459
		Casesa treated with ORS		
		Cases reffered	267	609
		Deaths	–	–
XIII Child Deaths		Within one week of birth	18	72
		One week to within one month of birth	28	81
		One month to within one year of birth	12	49
		One year to within five years of birth	–	–
XIV Contraception		Male Sterilisation	2	10
		Female Sterilisation	1200	1841
		IUDs insertions	840	3413
		Oral Pill	6317	25125
		Condom Pieces distributed	46818	198265
		No. of hospitals which did at least 1		
		1) Conventional Vasectomy	08	08
		2) Non scalpel Vasctomy	03	03
		3) Abdominal Tubectomy	31	31
		4) Laproscopic Tubectomy	08	08
XV Abortions			–	65
XVI Stock position		Vaccine		
		DPT		
		In Stock	19000	71000
		Consumed including wastage	12900	48900
		OPV		
		In Stock	33100	113900
		Consumed including wastage	16900	54700
		TT		
		In Stock	21300	78600
		Consumed including wastage	19900	67500
		DT		
		In Stock	10,000	21400
		Consumed including wastage	7400	11200
		BCG		
		In Stock	8100	34100
		Consumed including wastage	8100	31800
		Measles		
		In Stock	4800	18750
		Consumed including wastage	4800	16950

In stock means, the aggregate of all the items available for consumption at SC / PHC / CHC / FRU / UFWC etc., of the district during the reporting month .

Consumed during the month and also it should include wastage during the month

Section	M	F	Total	Indicator	The Month / M	F	Cum[illegible] / Total
VI Neo-natal Care				Sick new born cases	—		222
				- Treated	–		170
				- Referred	—		20
VII Post Natal				Who have received 3 check-ups	3014		10612
VIII RTI / STI				No. of clinics in District	26		26
				No. of male cases treated	–		212
				No. of female cases treated	–		215
				Referred to			
				- PHC	06		10
				- FRU	02		05
				- District	02		08
IX MTP				No. of Govt. Hospitals and others	03		31
				No. of MTP cases done	48		142
X Immunization	M	f	Total.	Infants 0 to 1 year	M	F	Total
	7195	6824	14019	- BCG	1870	1788	3658
	6791	6345	13136	- DPT 1	1786	1688	3474
	5724	6172	12516	- DPT 2	1802	1719	3521
	6289	5978	12367	- DPT 3	1800	1702	3502
			802	- OPV 0			698
	6820	6396	13216	- OPV 1	1798	1721	3519
	6483	6084	12567	- OPV 2	1803	1722	3526
	6304	5968	12272	- OPV 3	1810	1663	3473
	6082	5817	11899	- Measles	1622	1572	3194
	6082	5817	11899	- Full Immunisation	1622	1572	3194
				Children more than 18 months			
	3578	3349	6927	- DPT Booster	953	891	1844
	3661	3370	7031	- OPV Booster	953	891	1844
				- Full immunized			
				Children more than 5 years			
	2310	2094	4447	- DT	1892	1655	3547
				Children more than 10 years			
	2483	2612	5095	- TT	1939	2072	4011
				- Children more than 16 years			
	1402	983	2395	- TT	900	512	1412
				Adverse reactions reported after immunization			
XI Vitamin A	3782	3385	7200	Dose 1	1000	569	1569
	1319	1321	2640	Dose 2	334	334	668
	2494	2325	4819	Dose 3 - 5	850	649	1499
XII Childhood Diseases				Vaccine preventable diseases	–		–
				Neonatal Tetanus			
				Cases	–		–
	08	04	12	Deaths	–		12
				Diptheria			
				Cases	–		–
				Deaths	–		–
				Poliomyelitis			
	2	2	4	Cases	–		4
				Deaths	–		–
				Tetanus (Others)			
				Cases	–		–
				Deaths	–		–

		During the Month.	Cummulative
	Contraceptive		
	Condoms		
	In Stock	300000	9300
	Consumed including wastage	46218	198535
	Oral Pills		
	In Stock	–	21300
	Consumed including wastage	6317	25125
	IUDs		
	In Stock	–	2604
	Consumed including wastage	840	14052
	Tubal Rings		
	In Stock	–	–
	Consumed including wastage	600	2525
	Iron		
	IFA large		
	In Stock	–	–
	Consumed including wastage	–	351800
	Vitamin A Solution		
	In Stock	–	–
	Consumed including wastage	–	58. bottl
	ORS Packets		
	In Stock	–	–
	Consumed including wastage	–	7641
XVII Cold Chain Equipment	ILR - 300		
	Total Supplied	02	02
	Total not working	–	–
	DFz - 300		
	Total supplied	03	03
	Total not working	–	–
	ILR- 140		
	Total supplied	24	24
	Total not working	01	01
	DFz - 140		
	Total supplied	24	24
	Total not working	01	01
XVIII Staff Position	**Specialist in CHC / FRU**		
	No. of Sanctioned	33	33
	No. Vacant	07	07
	No. of who have received RCH Training	02	02
	Doctors in PHC		
	Sanctioned	56	56
	Vacant	02	02
	ANMs in Sub - Centre		
	Sanctioned	240	240
	Vacant	16	16
	Male Health Worker		
	Sanctioned	216	216
	Vacant	78	78
	Lady Health Visitor		
	Sanctioned	40	40
	Vacant	03	03
	BHE		
	Sanctioned	17	17
	Vacant	02	02
	SHA(M)		
	Sanctioned	35	35
	Vacant	16	16

Signature of
District Health & Fe W. Officer
Distt. Family Welfare Officer.
Bagalkot

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GOVERNMENT OF KARNATAKA

NO. RCH/ 7/ 2001-02

Office of the
District Health & F.W.Office,
Gulbarga, Dated: 20-8-2001.

To,

The Chief Director(Statistics),
Department of Family Welfare,
Ministry of Health & F.W.
Govt.of India, Nirman Bhavan,
NEW-DELHI. 110 011.

Sir,

Sub:- Submission Form No.9 as per new format of C.N.A.A -Reg.

***

In reference to the above cited subject the monthly performance report of Gulbarga District in form No.9 under C.N.A.A. for the month of July 2001 is enclosed herewith for your kind information.

Yours faithfully,

DISTRICT HEALTH & F.W.OFFICER
GULBARGA.

Copy submitted:

1) The Demographer Directorate of Health & F.W.Services, AnandRao Circle Bangalore alongwith the monthly report for the month of July 2001 in form No.9 for favour of kind information.

2) The Project Director(RCH) Directorate of Health & F.Ws, Bangalore for kind informa tion.

3) The Divisional Joint Director Health & F.W.Services, Gulbarga Division for kind information.

(To be submitted by 25th of following month to state Family Welfare Department of Family Welfare, MOHFW, GOI, New Delhi through NICNET)

FORM 9

CONSOLIDATED MONTHLY REPORT FROM DISTRICT TO STATE / CENTRE.
GENERAL.

1. State: Karnataka 2. District: Gulbarga

3. Population of District 3124858 4. Reporting for the month of July 20

5. Eligible Couples(as on 1st April of the year) _____

Sl. No.	Service		
1.	ANC Registered.		
	Cumulative till this month last year	6251	25525
	Cumulative till this month this year	6677	25951
2.	Ante Natal Check-up Pregnancies.	During the Month.	Cumulative
	Who have received 3 check-ups.	5620	20916
	How many received		
	- TT2	6970	22368
	- Booster	785	3301
	- IFA	8595	30604
	High risk Pregnancies	458	1869
	- PHC	387	1359
	- CHC	2	49
	- FRU	31	246
	- District Hospital	38	90
	- Urban Dispensary	-	3
	- PPC	-	122
	Complication	38	261
	Referral	38	261
3.	Deliveries. Total no.of Deliveries	5015	18671
	No. Delivered By		
	- Trained attendant	2239	8201
	- ANM/LHV	1576	6045
	-Others Deliveries at	158	658
	- Sub-Centre	354	1043
	PHC	469	2051
	FRU	64	183
	District	153	483
	Urban Dispensary	-	-
	PPC	2	2
	Complications	38	194
	Referred.	38	194
4.	Maternal Deaths.		
	- During Pregnancy	2	7
	- During Delivery	1	3
	- Within Six Weeks of Delivery	1	12
		-	-

...2...

	During the Month	Cumulative
5. Pregnancy Outcome.		
- No. of live births	4968	18504
- No. of stillbirths	57	180
Order of birth		
Ist	1355	4986
2nd /3rd	1601	5509
3+	2012	7702
Weight of new born	-	307
2.5 KG	158	535
2.5 KG	3974	15659
Weight not taken.	836	2310
6. Neonatal Care		
- Sick new born cases	76	193
- Treated	76	193
- Referred		
7. Post Natal who have received 3 check-ups	4237	17697
8. RTI/STI.		
- No. of clinics in District	-	-
- No. of male cases treated	342	2604
- No. of Female cases treated	388	4670
Referred to PHC	16	334
FRU	14	1075
DIStrict.	-	-
9. MTP No. of Govt. Hospital and others.	65	65
- No. of MTP cases done.	72	181

10, Immunization.	M	F	T	M	F	
Infants 0 to 1 year						
- BCG	4350	4116	8466	13172	12445	2561
- DPT-1	3883	3572	7455	12721	11488	2420
- DPT-2	3659	3291	6950	11538	10550	2208
- DPT-3	3479	3126	6605	11584	10725	2230
- OPV-0	1520	1381	2901	5617	4943	1056
- OPV-1	3883	3572	7455	12721	11488	2420
- OPV-2	3659	3291	6950	11538	10550	2208
- OPV-3	3479	3126	6605	11584	10725	2230
- Measles	3827	3488	7315	12110	11253	2336
-Full Immunisation	3827	3488	7315	12110	11253	2336
Children more than 18 months						
- DPT Booster	1326	1307	2633	4741	4600	934
- OPV Booster	1326	1307	2633	4741	4600	934
- Full immunized						
Children more than 5 years (D.T.)						

	D.M.			Cumulative		
11. Vitamin A	M	F	T	M	F	T
- Dose 1	3136	2860	5996	93300	89977	183277
- Dose 2	279	281	560	59913	55927	115840
- Dose 3-5	229	239	468	77799	58090	135889
12. Childhood Diseases						
- Vaccine preventable diseases	-	-	-	-	-	-
- Neonatal Tetanus Cases	2	-	2	2	-	2
Deaths	1	-	1	1	-	1
- Diptheria Cases	-	-	-	-	-	-
Deaths	-	-	-	-	-	-
- Poliomyelitis Cases	0	-	0			
Deaths	0	-	0	0	-	0
- Tetanus(Others) Cases	-	-	-	-	-	-
Deaths	-	-	-	-	-	-
- Whopping Cough Cases	-	-	-	-	-	-
Deaths	-	-	-	-	-	-
- Measles Cases	-	-	-	10	17	27
Deaths	-	-	-	-	-	-
- Pneumonia under 5 years of age Cases	821	763	1584	3090	2790	5880
Cases treated with contrimoxzole	817	761	1578	3086	2788	5874
Cases referred	23	18	41	68	65	133
Deaths	1	-	1	2	-	2
- Acute Diarrhoeal diseases Cases	1495	1319	2814	6101	5684	11785
Cases treated with ORS	1495	1319	2814	6101	5684	11785
Cases reffered	18	18	36	112	105	217
Deaths.	-	3	3	5	5	10
13. Child Deaths						
- Within one week of birth	16	11	27	70	59	129
- One week to within one month of birth	10	12	22	25	25	50
One month to within one year of birth	15	12	27	48	50	98
- One year to within five years of birth	7	14	21	34	40	74
14. Contraception.						
Male Sterilisation		-			-	
Female Sterilisation		1750			6014	
IUDs insertions		1230			4180	
Oral Pill		9656			34588	
Condom Pieces distributed		105301			374307	
No. of hospitals which did at least 1						
1) Conventional Vasectomy		-			-	
2) Non Scalpel Vasectomy		-			-	
3) Abdominal Tubectomy		55				
4) Laparoscopic Tubectomy						

15. Abortions

16. Stock Position. Vaccine.

DPT	In Stock	7340
	Consumed including wastage.	18050
OPV	In Stock	6860
	Consumed including wastage.	20460
T.T.	In Stock	10120
	Consumed including wastage	26900
D.T.	In Stock	8460
	Consumed including wastage	13100
B.C.G.	In Stock	3900
	Consumed including wastage	9080
Measles	In Stock	4990
	Consumed including wastage.	11005

In stock means the aggregate of all the items available for consump at SC/PHC/CHC/FWU/UFWC etc. of the district during the reporting month.

Consumed during the month and also it should include wastage during the month.

Contraceptive

Condoms	In Stock	88970
	Consumed including wastage	143175
Oral Pills	In Stock	13468
	Consumed including wastage	10056
IUDs	In Stock	3030
	Consumed including wastage	1300
Tubal Rings	In Stock	600
	Consumed including wastage	400
IRON IFA large.		
	In Stock	627865
	Consumed including wastage.	276835
Vitamin A Solution Bottles.		
	In Stock	937
	Consumed including wastage	130
ORS Packets.		
	In Stock	9239
	Consumed including wastage.	6585

17. Cold Chain Equipment.

ILR-300

Total Supplied. 4

Total Not working. —

DFz-300

Total supplied 8

Total Not working. 2

ILR-140

DFz- 140	
Total Supplied.	127
Total not working.	-
18. Staff Position:	
Specialist in CHC/FRU	
-No.of Sanctioned	162
- No.Vacant	67
- No.of who have received RCH.Training	54
Doctors in PHC.	
- No.Sanctioned	96
- No.Vacant.	-
ANMs in Sub-Centre	
- Sanctioned	543
- Vacant.	193
Male Health Worker	
- Sanctioned	449
- Vacant.	133
Lady Health Visitor	
- Sanctioned.	84
- Vacant.	41
B.H.E.	
- Sanctioned.	39
- Vacant.	4
Sr.HA.(M)	
- Sanctioned	91
- Vacant.	45

Dist. R.C.H. Officer
Dist. Health & F.W. Office
DISTRICT R.C.H.OFFICER
GULBARGA
DISTRICT HEALTH & F.W.OFFICE
GULBARGA.

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GOVERNMENT OF KARNATAKA

No./DHO/RCH/ 118 /2001-2002

Office of the
District Health & F.W. Officer,
B I J A P U R.

Date : 20 August, 2001

To,

G. Prakasham
Demographer (J.D.)

Health & F.W. Bureau,
Directorate of Health & F.W. Services,
Anandrao Circle,
BANGALORE – 560 009

Sir,

Subject: Submission of Community Needs Assessment Approach Monthly Progress Report in Form No.-9 for the month of Aug-01.

-0-

With reference to the above subject, I am submitting herewith the Progress report of Community Needs Assessment Approach in Form No.- 9 for the month of Aug-01.

Thanking you,

Yours faithfully,

District Health & F.W. Officer,
B I J A P U R

FORM- 9

CONSOLIDATED MONTHLY REPORT OF BIJAPUR DISTRICT

General

1. State :Karnataka
2. District : Bijapur
3. Population of the District : 1,808,863
4. Reporting for the month of july 2001
5. Eligible Couples (as on 1st April of the year) 254.575

S.No.	Service		During the Month	Progressive
I	ANC Registered	Cumulative till this month last year	4201	17245
II	Ante Natal Check-up	Cumulative till this month this year who have received 3 checkups	3270	12705
		How many received TT2	4069	13935
		Booster	478	1555
		IFA	4397	16872
		High risk Pregnancies	303	1144
		PHC	257	927
		CHC	9	22
		FRU	35	175
		District Hospital	0	0
		Urban Dispensary	0	0
		PPC	2	20
		Complication	303	903
		Referral	303	903
III	Deliveries	Total No. Delivered	2859	9859
		By Trained Attendant	943	3173
		By UnTrained Attendant	44	94
		ANM /LHV	910	3145
		Institutional Deliveries at	962	3447
		SubCentre	230	859
		PHC	252	987
		FRU	342	1098
		District	0	0
		Urban Dispensary PPC	138	505
		Others	0	0
		Complications	55	99
		Referred	55	99
IV	Maternal Deaths	During Pregnancy	0	3
		During Delivery	1	4
		Within Six Weeks of Delivery	2	4
V	Pregnancy Outcome	No. of live births (2 Twins)	2821	9758
		No. of still births	40	111
		Order of births 1st	992	3501
		2nd	843	2928
		3rd & 3+	983	3326
		Weight of new born < 2.5 Kg	126	401
		> 2.5 Kg	2608	8973
		Weight not taken	87	384

		Cases referred	102	606
		Deaths	0	1
		Acute Diarrhoeal diseases		
		Cases	3023	11183
		Cases treated with ORS	2721	10733
		Cases Referred	137	491
		Deaths	0	0
XIII	Infant Death	Within one week of birth	36	84
		One week to one month of birth	13	30
		One month to one year of birth	15	49
		One year to five years of birth	5	38
XIV	Contraception	Male Sterilization	0	0
		Female Sterilization	986	3837
		IUDs insertions	985	3718
		Oral Pills Users	7132	26620
		Condom users	12699	46199
		No. of Hospitals which did at least 1		
		1) Conventional Vasectomy	0	0
		2) Non Scalpel Vasectomy	0	0
		3) Abdominal Tubectomy	55	219
		4) Laproscopic Tubectomy	57	224
XV	Abortion		26	138
XVI	Stock position	Vaccine		
		DPT Doses		
		In Stock	1810	
		Out Stock	7611	
		OPV Doses		
		In Stock	0	
		Out Stock	16037	
		TT Doses		
		In Stock	0	
		Out Stock	17979	
		DT Doses		
		In Stock	0	
		Out Stock	10609	
		BCG Doses		
		In Stock	4020	
		Out Stock	4526	
		Measles Doses		
		In Stock	0	
		Out Stock	4982	
		Contraceptive Condoms (Pieces)		
		In Stock	0	
		Out Stock	181081	
		Oral Pills (Cycles)		
		In Stock	16000	
		Out Stock	40767	
		IUDs (Nos.)		
		In Stock	970	
		Out Stock	8287	

			2869			9685			
VIII	RTI/STI	No. of clinics in District	1			1			
		No. of male cases treated	653			3821			
		No. of female cases treated	1287			5771			
		Referred to							
		PHC	305			1501			
		FRU	397			2299			
		District	0			0			
IX	Immunization	No. of Govt. Hospitals and others with MTP facilities	4			4			
		No. of MTP cases done	25			118			
		Infants 0 to 1 year	Male	Female	Total	Male	Female	Total	
		BCG	1993	1865	3858	7024	6548	13572	
		DPT 1	1983	1798	3781	7353	6604	13957	
		DPT 2	1844	1768	3612	6815	6316	13131	
		DPT 3	1780	1651	3431	6870	6254	13124	
		OPV 0			0			0	
		OPV 1	2009	1807	3816	7583	6820	14403	
		OPV 2	1855	1752	3607	6773	6261	13034	
		OPV 3	1818	1628	3446	6918	6257	13175	
		Measles Full Immunization	1879	1638	3517	6968	6237	13205	
		Children more than 18 months DPT Booster	1360	1175	2535	4995	4479	9474	
		OPV Booster	1353	1169	2522	4963	4464	9427	
		Children more than 5 months DPT Booster -DT	1124	854	1978	1457	1126	2583	
		Children more than 10 years -TT	1334	1172	2506	2117	1819	3936	
		Children more than 16 years -TT	629	471	1100	1633	1173	2806	
		Adverse reaction reported after immunization	0	0	0	0	0	0	
XI	Vitamin A	Dose 1	1395	1221	2616	9267	10264	19531	
		Dose 2	368	330	698	7582	5659	13241	
		Dose 3 – 5	270	259	529	12964	14149	27113	
XII	Childhood Disease	Vaccine preventable diseases Neonatal Tetanus							
		Cases	-			-			
		Deaths	-			-			
		Diphtheria							
		Cases	-			-			
		Deaths	-			-			
		Tetanus (Others)							
		Cases	-			-			
		Deaths	-			-			
		Whooping Cough							
		Cases	0			23			
		Deaths	-			-			
		Measles							
		Cases	20			225			
		Deaths	-			-			
		Pneumonia under 5 year of age							
		Cases	1938			7019			
		Cases treated with contrimoxozole	1897			6771			

		Tubal Rings (Fairs)	
		In Stock	2250
		Out Stock	0
		Iron (Nos.)	
		IFA large	
		In Stock	
		Out Stock	1342853
		Vitamin A Solution (Doses)	
		In Stock	44000
		Out Stock	98051
		ORS Packets	
		In Stock	9000
		Out Stock	40767
XVII	Cold Chain Equipment	ILR – 300	
		Total supplied	5
		Total not working	3
		DFZ – 300	
		Total supplied	6
		Total not working	2
		ILR – 140	
		Total Supplied	86
		Total not working	10
		DFZ – 140	
		Total Supplied	88
		Total not working	10
XVIII	Staff Position	Specialist in CHC / FRU	
		No. Sanctioned	32
		No. Vacant	17
		No. who have RCH Training	
		Doctors in PHC	
		Sanctioned	88
		Vacant	13
		ANMs in SubCentre	
		Sanctioned	307
		Vacant	54
		Male Health Worker	
		Sanctioned	268
		Vacant	82
		Lady Health Visitor	
		Sanctioned	38
		Vacant	6

District Health & F.W. Officer,
BIJAPUR

Com H 55.

GOVERNMENT OF KARNATAKA

No.ASO/ CNAA-5/ 2000-01. Office of the District Health & F.W.Officer, Bellary, Dt. 18-8-01.

25

To

The Chief Director (Statistics),
Department of Family Welfare,
Government of India.
Nirman Bhavan,
New Delhi-110011.

Sir,

Sub:- CNAA - Submission of monthly progress report in Form No.9 - Reg.

**

With reference to the above cited subject, I am herewith submitting the monthly and cumulative progress report in Form No.9 of CNAA for the month of July 2001 for your kind information.

Yours faithfully,

District Health & F.W.Officer,
Bellary.

Copy submitted to the Demographer, Directorate of Health & F.W.Services, Bangalore for kind information and needful.

Copy submitted to the Divisional Joint Director of Health & F.W.Services, Gulbarga Division, Gulbarga for kind information.

(To be submitted by 25th of following month to state Family Welfare Department of Family Welfare, MOHFW, GOI, New Delhi through NICNET)

FORM 9

CONSOLIDATED MONTHLY REPORT FROM DISTRICT TO STATE / CENTRE

General

1. State KARNATAKA.
2. District BELLARY.
3. Population of District 20.95 Lakhs,
4. Reporting for the month of July 2001
5. Eligible Couples (as on 1st April of the year) 292948.

Sl. No.	Service		DM	Cum.
I	ANC Registered	- Cumulative till this month last year		20444
		- Cumulative till this month this year		20791
II	Ante Natal Check-up Pregnancies	Who have received 3 check-ups		18695.
		How many received		
		- TT2	3934	14043
		- Booster	1116	4079
		- IFA	1621	7903
		High risk Pregnancies		
		- PHC	364	1040
		- CHC	—	—
		- FRU	85	355
		- District Hospital	—	—
		- Urban Dispensary	—	—
		- PPC	—	—
		Complication	6	31
		Referral	6	31.
III	Deliveries	Total no. of Deliveries	3660	14238
		No. Deliveried		
		- By		
		- Trained attendant	1448	5637
		- ANM / LHV	1049	4186
		- Institutional Deliveries at		(BV)
		Sub - centre	45	177
		PHC	289	1057
		FRU	28	305
		District	438	1450
		Urban Dispensary	—	—
		PPC	250	927
		- Complications	10	14
		- Referred	10	14
IV	Meternal Deaths	During Pregnancy	1	7
		During Delivery	—	4
		Within six weeks of Delivery	2	19.
V	Pregnancy Outcome	- No. of livebirths 4 TWINS	3581	13899
		No. of tillbirths	83	354
		Order of birth		
		1st	1255	4799
		2nd / 3 + 1077/12	49 —	+162/493
		Weight of new born		
		< 2.5 Kg.	194	681
		> 2.5 Kg.	3197	12191
		Weight not taken.	190.	1027

VI Neo-natal Care	Sick new born cases		
	- Treated	40	158
	- Referred	40	158.
VII Post Natal	Who have received 3 check-ups	3833	15347
VIII RTI / STI	No. of clinics in District	1	
	No. of male cases treated	734	2955
	No. of female cases treated	1690	5528
	Referred to		
	- PHC	—	—
	- FRU	825	3250
	- District	—	—
IX MTP	No. of Govt. Hospitals and others	12	
	No. of MTP cases done	32	284

X Immunization Cumulative				During Month			
				M	F	Total
9240	9082	18322	Infants 0 to 1 year			
8533	8032	16565	- BCG	2422	2712	5134
8377	8034	16411	- DPT 1	2193	2082	4275
8371	7429	15800	- DPT 2	2500	2518	5018
4196	3809	8005	- DPT 3	2586	2028	4614
8533	8032	16565	- OPV 0	983	899	1882
8377	8034	16411	- OPV 1	2193	2082	4275
8371	7429	15860	- OPV 2	2500	2518	5018
7827	7207	15034	- OPV 3	2586	2028	4614
7602	7027	14629	- Measles	2068	1931	3999
			- Full Immunisation	2024	1880	3904
			Children more than 18 months			
4897	4617	9514	- DPT Booster	1319	1201	2520
4897	4617	9514	- OPV Booster	1319	1201	2520
			-			
			Children more than 5 years			
6623	6234	12857	- DT	5256	5147	10403
			Children more than 10 years			
9329	8175	17504	- TT	8032	6884	14916
			- Children more than 16 years			
2225	2336	4561	- TT	1573	1546	3119
—	—	—	Adverse reactions reported after immunization	—	—	—
5234						
XI Vitamin A						
5067	5234	10301	Dose 1	1414	1365	2779
4228	3671	7899	Dose 2	1213	1041	2254
7414	7269	14683	Dose 3 - 5	2083	1992	4075
XII Childhood Diseases			Vaccine preventable diseases			
			Neonatal Tetanus			
			Cases	NIL	NIL	
			Deaths	NIL	NIL	
			Diptheria			
			Cases	NIL	NIL	
			Deaths	NIL	NIL	
			Poliomyelitis			
			Cases	NIL	NIL	
			Deaths	NIL	NIL	
			Tetanus (Others)			
			Cases	NIL	NIL	
			Deaths	NIL	NIL	

	Whooping Cough		
	Cases	NiL	NiL
	Deaths	NiL	NiL
	Measles		
	Cases	7	107
	Deaths	NiL	NiL
	Pneumonia under 5 years of age		
	Cases	1283	5067
	Cases treated with cotrimoxzole	1180	4844
	Caes referred	122	622
	Deaths	NiL	2
	Acute Diarrhoeal diseases		
	Cases	3034	11986
	Casesa treated with ORS	3024	11903
	Cases reffered	181	1987
	Deaths	NiL	3.
XIII Child Deaths	Within one week of birth	45	143
	One week to within one month of birth	16	68
	One month to within one year of birth	31	105
	One year to within five years of birth	35.	146
XIV Contraception	Male Sterilisation	NiL.	1
	Female Sterilisation	1144	4536
	IUDs insertions	719	2740
	Oral Pill	6218	25537
	Condom Pieces distributed	39660	154526
	No. of hospitals which did at least 1		
	1) Conventional Vasectomy	NiL	—
	2) Non scalpel Vasctomy	NiL	—
	3) Abdominal Tubectomy	16	—
	4) Laproscopic Tubectomy	05.	—
XV Abortions		66	251
XVI Stock position	Vaccine		
	DPT		
	In Stock	300 Dose.	
	Consumed including wastage	14100 "	
	OPV		
	In Stock	48600 "	
	Consumed including wastage	19500 "	
	TT		
	In Stock	13400 "	
	Consumed including wastage	18200 "	
	DT		
	In Stock	50 "	
	Consumed including wastage	8250 "	
	BCG		
	In Stock	60 "	
	Consumed including wastage	100 "	
	Measles		
	In Stock	21800 "	
	Consumed including wastage	14450 "	

In stock means, the aggregate of all the items available for consumption at SC / PHC / CHC / FRU / UFWC etc., of the district during the reporting month .

Consumed during the month and also it should include wastage during the month

	Contraceptive	
	Condoms	
	In Stock	61 Boxes x 6000
	Consumed including wastage	9 Boxes x 6000
	Oral Pills	
	In Stock	20 boxes x 1000
	Consumed including wastage	8 boxes x 1000
	IUDs	
	In Stock	10040 Nos.
	Consumed including wastage	700 Nos.
	Tubal Rings	
	In Stock	375 pairs
	Consumed including wastage	250 pairs
	Iron	
	IFA large	714679 Nos.
	In Stock	311226 "
	Consumed including wastage	
	Vitamin A Solution	
	In Stock	973 Bottels
	Consumed including wastage	234 "
	ORS Packets	
	In Stock	25064
	Consumed including wastage	4173.
XVII Cold Chain Equipment	ILR - 300	
	Total Supplied	5
	Total not working	1
	DFz - 300	
	Total supplied	8
	Total not working	2
	ILR- 140	
	Total supplied	86
	Total not working	30
	DFz - 140	
	Total supplied	83
	Total not working	28
XVIII Staff Position	Specialist in CHC / FRU	
	No. of Sanctioned	30
	No. Vacant	19
	No. of who have received RCH Training	NIL
	Doctors in PHC	
	Sanctioned	75
	Vacant	4
	ANMs in Sub - Centre	
	Sanctioned	287
	Vacant	52
	Male Health Worker	
	Sanctioned	241
	Vacant	86
	Lady Health Visitor	
	Sanctioned	45
	Vacant	8
	BHE	
	Sanctioned	28
	Vacant	22
	SHA(M)	
	Sanctioned	39
	Vacant	26

H.K. Garg
Signature of
Distt. Family Welfare Officer.

KH