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Task Force on Health and Family Welfare

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Ref. No. TFHFW/5/2000. *Date* 7th Jan 2000

PRESS RELEASE

The State of Karnataka has endeavoured to develop itself into a welfare state. The bold initiatives taken during under the princely state of Mysore has been a precursor for many national level endeavours: The Urban Family Welfare Centres, the five-year plans, the primary health units, water and sanitation, Electrification, Local self governments. The state has experimented with and has implemented the Panchayathi Raj system for promoting decentralised governance.

The Government of Karnataka has constituted the Taskforce on Health and Family Welfare (vide Government order Health and Family Welfare 545 CGM 99, Bangalore dated 14-12-99). The terms of reference are broad. These include the following:

a) **Suggestions for delineating policy measure for improving the Public Health Care system in the state.** There is a need to strengthen the Primary Health Care Dellivery system, making it more accessible to the poor and the poorest of the poor. We need to think, develop and implement services and systems that respond to the needs and aspirations of the larger sections of the society.
b) **Suggestions for improvement in the management and administration of the Department of Health and Family Welfare.**
c) **Recommend changes in the Health and Medical Education system** so that it fulfils the requirements of the people at the grass rot level and simultaneously keeping up with the ever expanding vista of science and Technology, so that it could sincerely contribute to the Human Resources Development

In achieving its endeavour the task force intends to document the current health status of the people of Karnataka, review the situation with experts and different stakeholders and derive

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suitable, appropriate, pragmatic and meaningful recommendations so as to improve the quality of life of the people of Karnataka not just in the short term, but also in the long run. The terms of reference give the Task Force the mandate to monitor the implementation of its recommendations. The Task Force also plans to produce a draft health policy for the state in consonance with the National Health Policy and the new revised draft National Health Policy.

The members of the Taskforce have initiated the process of consultations. In this context we would like to request concerned individuals / organisations / institutions / Citizen groups / Professional bodies and all the people of the state to contribute towards the recommendations of the Task Force. The opinions / suggestions / comments / notes / thoughts or any related matter may be kindly be sent to the following address:

Dr. H Sudarshan,
Chairman, Task Force on Health and Family Welfare,
Ground Floor, PHI Building Annexe,
Sheshadri Road, Bangalore – 560 001
Ph: Extension 225 of (+80) 2271021 / 2277390 / 2274883 / 2245041 / 2245042
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healthtaskforce@indiatimes.com

We would appreciate if the responses are sent by 30th January 2000.

- Sd-

(Dr. Sudarshan)
Chairman - Taskforce on Health

(Dr. S. Subramanya)
Member - Convenor

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Ref. No. : TF HFW/S/2000 *Date*..6-1-JAN.2000

ಪತ್ರಿಕಾ ಪ್ರಕಟಣೆ

ಕರ್ನಾಟಕ ರಾಜ್ಯ ಪ್ರಗತಿ ಪಥದಲ್ಲಿ ಕಲ್ಯಾಣ ರಾಜ್ಯವಾಗಿ ರೂಪುಗೊಳ್ಳಿತ್ತಿದೆ ಎಂಬುದು ತಿಳಿದ ವಿಷಯವೇ ಸರಿ. ಆಗಿನ ಮೈಸೂರು ಸಂಸ್ಥಾನಿಕ ರಾಜರ ಆಡಳಿತ ಕಾಲದಲ್ಲಿ ಕೈಗೊಂಡ ದಿಟ್ಟ ಕಾರ್ಯಕ್ರಮಗಳು ಇಂದು ರಾಷ್ಟ್ರಮಟ್ಟದ ಅನೇಕ ದೋರಣೆಗಳಾಗಿವೆ ನಗರ ಕುಟುಂಬ ಕಲ್ಯಾಣ ಕೇಂದ್ರ, ಪಂಚವಾರ್ಷಿಕ ಯೋಜನೆ, ಪ್ರಾಥಮಿಕ ಆರೋಗ್ಯ ಕೇಂದ್ರ, ನೀರು ಸರಬರಾಜು ಮತ್ತು ಸ್ವಚ್ಚತಾ ವ್ಯವಸ್ಥೆ, ವಿದ್ಯುತೀಕರಣ, ಸ್ಥಳೀಯ ಸ್ವಯಂಆಡಳಿತ ಸಂಸ್ಥೆಗಳು ಇತ್ಯಾದಿ. ಆಡಳಿತ ವಿಕೇಂದ್ರೀಕರಣವನ್ನು ಬಲಪಡಿಸಲು ಪಂಚಾಯಿತಿ ರಾಜ್ಯ ವ್ಯವಸ್ಥೆವನ್ನು ರಾಜ್ಯವು ಪ್ರಯೋಗಿಸಿ ಅನುಷ್ಠಾನಗೊಳಿಸಿದೆ.

ಕರ್ನಾಟಕ ರಾಜ್ಯ ಸರ್ಕಾರವು ಸರ್ಕಾರಿ ಆದೇಶ ಸಂಖ್ಯೆಃ ಆಕುಕ 545 ಸಿಜಿಎಂ 99 ದಿನಾಂಕಃ 14.12.99 ರಲ್ಲಿ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆಯ ಕಾರ್ಯವೈಖರಿಯನ್ನು ಪರಿಶೀಲಿಸಿ ಸೂಚನೆಗಳನ್ನು ನೀಡಲು " ಕಾರ್ಯತಂತ್ರ ದಳ " ವನ್ನು ರಚಿಸಿದೆ. ಉಲ್ಲೇಖಿತ ನಿಬಂದನೆಗಳು ವಿಶಾಲವಾಗಿದ್ದು ಈ ಕೆಳಗಿನವುಗಳನ್ನು ಒಳಗೊಂಡಿವೆ.

ಅ) ರಾಜ್ಯದಲ್ಲಿ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ವ್ಯವಸ್ಥೆಯನ್ನು ಬಲಪಡಿಸಲು ದೋರಣೆಯನ್ನು ನಿರೂಪಿಸಿ ಸೂಚನೆಗಳನ್ನು ನೀಡುವುದು - ಪ್ರಾಥಮಿಕ ಆರೋಗ್ಯ ಸೇವೆಯು ಬಡವರಿಗೆ ಹಾಗೂ ಕಡುಬಡವರಿಗೆ ಅನುಕೂಲವಾಗುವಂತೆ ಬಲಪಡಿಸುವ ಅವಶ್ಯಕತೆ ಇದೆ. ಸಮಾಜದ ಎಲ್ಲಾ ಜನಾಂಗಗಳ ಅವಶ್ಯಕತೆ ಹಾಗೂ ಆಕಾಂಕ್ಷೆಗಳಿಗೆ ಸ್ಪಂದಿಸುವಂತಹ ಸೇವೆಗಳನ್ನು ಚಿಂತಿಸಿ, ಅಭಿವೃದ್ಧಿಪಡಿಸಿ, ಅನುಷ್ಠಾನಗೊಳಿಸ ಬೇಕಾಗಿದೆ.

ಬ) ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆಯ ಮೇಲ್ವಿಚಾರಣೆ ಹಾಗೂ ಆಡಳಿತವನ್ನು ಬಲಪಡಿಸಲು ಸೂಚನೆಗಳನ್ನು ನೀಡುವುದು.

ಕ) ತೃಣಮೂಲ ಮಟ್ಟದಲ್ಲಿ ಸಾರ್ವಜನಿಕರ ಅವಶ್ಯಕತೆಗಳನ್ನು ಪೂರೈಸುವಂತೆ ಹಾಗೂ ವಿಜ್ಞಾನ ಮತ್ತು ತಂತ್ರಜ್ಞಾನದಲ್ಲಿ ಆಗುತ್ತಿರುವ ಸಂಶೋದನೆ ಹಾಗೂ ಬದಲಾವಣೆಗಳನ್ನು ಅಳವಡಿಸಿ ಮಾನವ ಸಂಪನ್ಮೂಲಗಳನ್ನು ಅಭಿವೃದ್ದಿಪಡಿಸಲು ಆರೋಗ್ಯ ಮತ್ತು ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ವ್ಯವಸ್ಥೆಯಲ್ಲಿ ಬದಲಾವಣೆಗಳನ್ನು ತರಲು ಸೂಚನೆಗಳನ್ನು ನೀಡುವುದು.

ತನ್ನ ಈ ಗುರಿಗಳನ್ನು ಸಾಧಿಸಲು "ಕಾರ್ಯತಂತ್ರ ದಳವು " ಕರ್ನಾಟಕ ರಾಜ್ಯದ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯದ ವಾಸ್ತವ ವಿವರಗಳನ್ನು ಬಿಚ್ಚಿಲಿಸಲು ಉದ್ದೇಶಿಸಿದೆ. ಪ್ರಪ್ರಥಮವಾಗಿ ಕರ್ನಾಟಕ ರಾಜ್ಯದ ಜನ ಸಾಮಾನ್ಯರ ಜೀವನಮಟ್ಟವು ದೀರ್ಘಕಾಲಿಕವಾಗಿ ಉತ್ತಮ ಹಾಗೂ ಉನ್ನತ ಸ್ಥಿತಿಯಲ್ಲಿರಲು ಇತ್ತೀಚಿನ ಸ್ಥಿತಿಗತಿಯನ್ನು ವಿಶೇಷಜ್ಞರೊಡನೆ ಚರ್ಚಿಸಿ, ವಿಮರ್ಶಿಸಿ, ಯೋಗ್ಯ ಹಾಗೂ ಸೂಕ್ತವಾದ ಶಿಫಾರಸುಗಳನ್ನು ರೂಪಿಸಲು ಉದ್ದೇಶಿಸಿದೆ. ಸಲಹೆ-ಸೂಚನೆಗಳ ಅನುಷ್ಠಾನದ ಪ್ರಕ್ರಿಯೆಯನ್ನೂ ಸಹ "ಕಾರ್ಯತಂತ್ರ ದಳ" ವಿಮರ್ಶಿಸಲ್ಲಿದೆ. ರಾಷ್ಟ್ರೀಯ ಆರೋಗ್ಯ ಧೋರಣೆಗೆ ಅನುಗುಣವಾಗಿ ರಾಜ್ಯದ ಕರಡು ಆರೋಗ್ಯ ಧೋರಣೆಯನ್ನು ರೂಪಿಸಲು ಉದ್ದೇಶಿಸಿದೆ.

ಕಾರ್ಯತಂತ್ರ ದಳದ ಸದಸ್ಯರು ಈಗಾಗಲೇ ಸಮಾಲೋಚನೆಗಳನ್ನು ಪ್ರಾರಂಭಿಸಿದ್ದಾರೆ. ಈ ಹಿನ್ನೆಲೆಯಲ್ಲಿ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಬಗ್ಗೆ ಕಾಳಜಿಯುಳ್ಳ ವ್ಯಕ್ತಿಗಳು , ಸಂಸ್ಥೆಗಳು , ಸಾರ್ವಜನಿಕ ಸಂಘಟನೆಗಳು , ವೃತ್ತಿಪರ ಸಂಘಟನೆಗಳು ಕಾರ್ಯತಂತ್ರ ದಳದ ಶಿಫಾರಸ್ಸುಗಳನ್ನು ರೂಪಿಸಲು ಸಹಕರಿಸಬೇಕೆಂದು ಕೋರಲಾಗಿದೆ. ತಮ್ಮ ಅಮೂಲ್ಯವಾದ ಅಭಿಪ್ರಾಯವನ್ನು , ಸೂಚನೆಗಳನ್ನು , ಟೀಕೆ-ಟಿಪ್ಪಣಿಗಳನ್ನು , ಚಿಂತನೆಗಳನ್ನು ಹಾಗೂ ಯಾವುದೇ ಸಂಬಂಧಪಟ್ಟ ಮಾಹಿತಿಗಳನ್ನು ಈ ಕಳೆಕಂಡ ವಿಳಾಸಕ್ಕೆ ಕಳುಹಿಸಬೇಕೆಂದು ಕೋರಲಾಗಿದೆ.

ಡಾಃ ಹೆಚ್ ಸುದರ್ಶನ್ ,
ಆಧ್ಯಕ್ಷರು , ಕಾರ್ಯತಂತ್ರ ದಳ , ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ,
ನೆಲ ಮಹಡಿ , ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆ ಉಪಸಂಕೀರ್ಣ , ಶೇಷಾದ್ರಿ ರಸ್ತೆ ,
ಬೆಂಗಳೂರು - 560 001.

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ಸಲಹೆ - ಸೂಚನೆಗಳನ್ನು 30 ಜನವರಿ 2000ರ ಒಳಗಾಗಿ ಕಳುಹಿಸಿ ಕೊಡಬೇಕೆಂದು ಕೋರಲಾಗಿದೆ .

ಡಾಃ ಎಸ್ ಸುಬ್ರಹ್ಮಣ್ಯ ,
ಸದಸ್ಯ ಕಾರ್ಯದರ್ಶಿ ,
ಕಾರ್ಯತಂತ್ರ ದಳ.

ಸಹಿ/-
ಡಾಃ ಹೆಚ್ ಸುದರ್ಶನ್
ಆಧ್ಯಕ್ಷರು ,
ಕಾರ್ಯತಂತ್ರ ದಳ.
ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ,

Recommendations of Task Force Committee

Department of Medical Education
Govt. of Karnataka

By

Dr. S. Chandrashekar Shetty
Chairman

INTRODUCTION:-

Medical Education department of Government of Karnataka is running four Medical Colleges and one Dental College, one Nursing College and one Pharmacy College for imparting undergraduate and postgraduate teaching and training, research programmes and service delivery. Over the years many colleges were started in the private sector leading to migration of teaching faculty and dilution of standards of medical education. Medical Council of India, Dental Council of India, Indian Nursing Council and pharmacy council of India are trying their best to uphold the standards of medical education and safe guard the interest of students. The Government of Karnataka and Governments of India are constantly trying to maintain and enhance the quality of medical education as also Rajiv Gandhi University of Health Sciences and all other universities of the state. Inspite of this, sometimes the High court of Karnataka and Supreme Court of India have to intervene regarding admissions and fee structures. The inspection teams of various councils and local inspection committees of the Universities have pointed out certain deficiencies regarding infrastructure, manpower, equipments and other facilities, leading to drastic cuts in intake of students to undergraduate and postgraduate courses. On certain occasions there were threats of derecognition of UG course and not recognising PG degrees. In view of this the Medical Education department of Government of Karnataka thought it fit to constitute a committee of experts in the month of June 1998 to perform the Situation Analysis and Needs Assessment of following institutions and attached hospitals, to make necessary recommendations.

IDENTIFIED INSTITUTIONS

1. Bangalore Medical College, Bangalore and attached hospitals
2. Mysore Medical College, Mysore and attached hospitals
3. Karnataka Institute of Medical Sciences Hubli, and attached hospitals
4. Vijayanagara Institute of Medical Sciences Bellary and attached hospitals
5. Government Dental College, Bangalore
6. Government Nursing College, Bangalore
7. Government Pharmacy College, Bangalore

METHODOLOGY ADOPTED

The committee has made a great effort in visiting almost all the departments of the medical teaching institutions, Attached hospitals, and students' hostels, continuously over a period of 2 weeks from 23rd June 98.

Situation analysis and needs assessment of all the departments in particular and institutions in general. The Committee held intensive interaction with all the administrators, Heads of Departments, Students and other officials.

Strengths and Weaknesses of the institutions were assessed in relation to regulations of the controlling bodies such as M.C.I., D.C.I etc., and in relation to service delivery.

The Committee has looked into administrative structure, and pay & allowances of the Teaching faculty. Recommendations are made regarding Infrastructure, Manpower and Management Development program, administrative structure, pay scales and monitoring evaluation systems, to enhance the quality of teaching, training and service delivery to keep pace with the rapid progress made in the field of Medical Science the world over.

EXECUTIVE SUMMARY

STRENGTHS AND WEAKNESSES OF TEACHING INSTITUTIONS AND ATTACHED HOSPITALS:-

I. STRENGTHS:

1. All Institutions are 25 to 75 years of standing and supported by Government budget for long term sustainability.

2. Institutions have been running undergraduate and postgraduate courses for a considerable length of time with good track record.

3. Consists of very senior and experienced teachers and clinicians.

4. Availability of clinical material in abundance and better opportunities for hands on training.

5. The cream of student community with higher common entrance test rankings join government institutions.

6. Availability of reasonably good buildings and other infrastructures.

7. Decentralisation of administrative powers and adequate financial power in case of autonomous institutions. [KIMS, HUBLI; VIMS, BELLARY].

8. Work turned out by the staff is really in excess of the infrastructure facilities provided with.

9. Availability of full time teachers imparting regular [illegible]ching and training programmes.

II. WEAKNESSES

1. Inherent problems of working in a Government system in relation to the availability of man power, equipments, supplies and budgetary allocations

2. Quality of teaching and training and research programs are not satisfactory due to lack of equipments and inadequate manpower.

3. Lack of motivation and commitment on the part of teachers and clinicians due to various reasons like inadequate working conditions and poor pay scales.

4. Quality of service delivery is not satisfactory due to factors like inadequate budgetary allocations and difficulty in utilising budgeted money due to procedural delay and inadequate financial powers.

5. The brightest of the students are learning in a poor infrastructure manpower equipments, library, hospitals and hostel facilities.

6. Old buildings of hospitals and hostels are in a very bad shape. The rooms, bathrooms, lavatories, sewerage system, water supply and electricity are the biggest problems for the patients and students.

7. Substantial and sufficient budgetary allocation is not available for the maintenance and renovation of existing buildings.

8. Public works department section is not under the control of Medical education department and hence not directly accountable.

9. Inadequate and improper administrative structure to plan, develop implement, monitor and evaluate the functioning at all levels.

10. Non-teaching staff are under the control of Director of Health and Family Welfare Services, leading to lack of direct accountability to the Director of Medical Education.

11. Large number of specialists are working as O.C.D. lecturers for a long period, leading to frustration and lack of motivation.

12. Improper placement and development of trained manpower due to various reasons.

13. Concentration of Administrative and financial powers with the office of the Director, making the posts of Principals and Superintendents less important and redundant, in autonomous institutions(KIMS & VIMS).

14. Chief Administrative Officer and Financial Advisor seem to be above the rank of Principal and Medical Superintendent, leading to administrative difficulties (KIMS & VIMS).

15. There is no Vice Principal's post in Bangalore Medical College and Mysore Medical College leading to heavy administrative load on the Principal.

16. The financial powers of the Principals and Medical Superintendents are a meagre Rs. 20,000/- which is absolutely inadequate to purchase, maintain and repair the equipments and the purchase of drugs.

17. Absolute absence of manpower & management training (Training of Trainers) and opportunity for attending scientific conferences in India and abroad.

18. The Director of Medical Education being the technical and administrative head of the department, has inadequate administrative and financial powers leading to procedural delay.

RECOMMENDATIONS:-

The Medical Education department of Government of Karnataka has constituted a committee of Experts in June 1998 to perform the Situation Analysis and needs assessment of four Government Medical Colleges, one Dental College, one Nursing College and one Pharmacy College and to formulate a Developmental Programme to satisfy M.C.I., D.C.I., I.N.C., and P.C.I. guidelines with regard to infrastructure, manpower, equipments, teaching training and research programmes- Services delivery and speciality services. The Committee also analysed the administrative structure, Pay and emoluments of the teaching staff, management information system and monitoring and evaluation component.

01. As an essential first step the Committee has done the situation analysis and needs assessment of all the identified institutions in great detail. A great emphasis was given to the availability of infrastructure, manpower and equipments to satisfy various Council's guidelines and service delivery.

02. Quality of teaching and training of undergraduate and postgraduate students to be upgraded.

03. Quality of patient care and service delivery to be improved.

04. Under utilised capacities of infrastructure, manpower and equipments are identified and suggested remedial measures.

05. To strengthen the capacity in the existing departments and to create new departments especially in superspecialities.

06. The necessity of Academic, scientific and research programmes, to keep pace with the advances made in the field of the medical science World over is highlighted.

07. Manpower and management training programmes are essential to enhance the quality of teaching, training and service delivery. Training programmes to be initiated and impiemented.

08. Appropriate and adequate pay and emoluments[U.G.C.pay scales] are needed to the teaching faculty to motivate them to give their best.

09. Re-organisation of administrative structures at all levels is necessary with a reasonable financial burden on the Government to make the establishment optimally functional, to achieve its short term and long term goals and objectives.

10. A strong monitoring and evaluation system has to be developed with a strong backup of management information system. It keeps track of all relevant components of ongoing activities, personnel matters, supplies, equipments money spent in relation to budget allocated, operational research user changes, quality of teaching, training and service delivery. Student's and patient's (consumer) satisfaction, financial viability, and long term sustainability.

DEPARTMENT OF MEDICAL EDUCATION

DIRECTORATE OF MEDICAL EDUCATION

PRESENT ADMINISTRATIVE STRUCTURE

DIRECTOR

JDME	JDME	PRINCIPAL	PRINCIPAL	PRINCIPAL	DIRECTOR	SENIOR
		B.M.C	M.M.C	G.D.C	R.I.O	PROFESSOR
DDME	DDME (O.O.D)		PROFESSORS MEDICAL COLLEGES		PROFESSORS DENTAL COLLEGE	
			ASST. PROFESSORS LECTURERS		ASST. PROFESSORS LECTURERS	

PROPOSED ADMINISTRATIVE STRUCTURE

DIRECTORATE OF MEDICAL EDUCATION

DIRECTOR OF MEDICAL EDUCATION

DIRECTOR / PRINCIPAL B.M.C (1)	DIRECTOR / PRINCIPAL M.M.C (1)	ADDL. DME (1)	DIRECTOR RIO (1)	DIRECTOR / PRINCIPAL G.D.C (1)
JDME (1)	JDME (1)	VICE-PRINCIPAL BMC(1) MMC(1)	MED. SUPTD., HOSPITALS (3)	JDDE (1)
DDME (1)	DDME (1) PROF. & HOD'S		DDDE (1) PROF. & HOD'S	
	B.M.C, M.M.C		G.D.C	
	PROFESSORS		PROFESSORS	
	ASSISTANT PROFESSORS		ASSISTANT PROFESSORS	
	LECTURERS		LECTURERS	
	REGISTRARS / TUTORS		REGISTRARS / TUTORS	

NOTE

- One post of JDME to be upgraded as Additional DME
- One post of JDME to be re-designated as JDDE
- There are 12 sanctioned posts of Senior Professors
- Two posts of Senior Professors to be re-designated as JDME
- Two posts of Senior Professors to be re-designated as Vice-Principal
  (B.M.C – 1, M.M.C - 1)
- Eight posts of Senior Professors to be re-designated as Med Superintendents.
  (B.M.C – 5, M.M.C - 3)
- B.M.C :- Victoria Hospital - 1, B & L.C Hospital - 1, Vanivilas Hospital - Minto Ophthalmic Hospital - 1, SDS and TB & CD Hospital – 1
- M.M.C :- KR Hospital - 1, Cheluvamba Hospital - 1, PK Sanitorium - 1

The above mentioned posts are equivalent to Joint Director of Medical Education

PLEASE NOTE

- Present Administrative Structure of Directorate of Medical Education was created to administer four Govt. Medical Colleges and attached hospitals and one Govt. Dental College

- At present in Karnataka State there are about 21 Medical Colleges and attached Hospitals., about 41 Dental Colleges, 7 Autonomous Institutions, one Nursing College, one Pharmacy College and a number of Private Nursing and Pharmacy Colleges

- There is an increase in work-load in terms of UG and PG Admissions

- There is an increase in work-load in terms of activities of Para Medical Board and constitution of Inspection Committees and conducting regular inspections for starting new medical and para medical institutions and upholding minimum standards of Medical and Para Medical Education as prescribed by MCI, DCI, INC, PCI etc.,

The above mentioned facts amply justify restructuring of administrative set up at various levels, especially Directorate of Medical Education.

The Committee appreciates the creation of a separate post of Secretary to Govt. for Medical Education. The Committee sincerely feels that the Secretary, Medical Education should be supported by a medically qualified Additional Secretary (Technical) and a Deputy Secretary (Technical) to assist on technical matters. The Committee observes that the post of medically qualified Additional Secretary was existent on earlier occassions.

The details of the posts to be upgraded, created, financial implications and administrative responsibilities have to be worked out separately.

The present System of Appointing any one of the Professors as Medical Superintendent, has the following flaws

- The Appointee is not necessarily the senior most professor in the respective hospital leading to dissentment among the seniors leading to litigations. Also
- The Superintendent being one of the professors (not a promotional post) cannot offer effective administration, as being one amongst equals
- There are possibilities of frequent change of Medical Superintendents due to various reasons
- Medical Superintendent's post is devoid of promotional benefits

The cadre of Professor and HOD to be created in Medical and Dental Colleges will be equivalent to Deputy Director.

The above mentioned cadre is necessary for effective administration of the departments at college and hospital levels and to remove stagnation at the level of professors.

Such a cadre was existent prior to 1976 and was functioning effectively.

Present practice of designating MBBS / BDS qualified doctors as Lecturers is not according to MCI/DCI Regulations. Hence, doctors with PG qualifications to be appointed as Lecturers in future.

Doctors with MBBS / BDS Degree to be appointed as Registrar / Tutor in future.

Doctors with MBBS / BDS qualification working as Lecturers to be re-designated as Registrar / Tutor. Their pay has to be protected.

The Committee Recommends Creation of a Separate Directorate of Dental Education for the Following Reasons

- There are 41 Dental Colleges as against one Govt. Dental College earlier
- To become a Qualified Medical Teacher, one has to study Eight and a Half years
- To become a Qualified Dental teacher, one has to study for Seven years
- There are no Super-speciality Degrees like DM / MCH in Dental Department
- A Medical Teacher has to put in Five years of teaching as Asst. Professor to become a Professor
- A Dental Teacher has to put in Three years of teaching as Asst. Professor to become a Professor
- The Karnataka Civil Services and Recruitment Rules are different for Medical and Dental Departments
- Director of Medical Education (Medical Person) cannot become a Member of Dental Council of India, and Dental person cannot become Member of Medical Council of India
- Enhanced work-load over the years for the Directorate of Medical Education needs bifurcation into Directorate of Medical Education and Dental Education, which is in vouge in states like Kerala and Tamilnadu

The committee recommends separation and creation of both teaching, non-teaching (technical) and all other categories of supporting staff for the separated Directorate.

DEPARTMENT OF MEDICAL EDUCATION

PROPOSED DIRECTORATE OF DENTAL EDUCATION

DIRECTOR

DIRECTOR / PRINCIPAL (GDC)

JDDE VICE-PRINCIPAL (GDC)

DDDE & PROFESSOR & HOD'S (GDC)

PROFESSORS
ASSISTANT PROFESSORS
LECTURERS
REGISTRARS / TUTORS

- As there is only one Govt. Dental College, creation of one post of Additional Director (Dental Education) is not suggested by the Committee
- One post of JDDE can be created by re-designating one post of present JDME
- One post of Vice-Principal has to be created for GDC
- One post of DDDE to be created

The Committee is of the opinion that one post of Director of Dental Education and one post of Deputy Director (Dental Education) has to be sanctioned with corresponding Pay and Allowances of Department of Medical Education.

The details of the posts to be created and the financial burden on the Govt. has to be worked out separately.

GOVT. NOMINATION TO MCI AND DCI

The established practice over the years has been to nominate a person working in Directorate of Medical Education / Colleges to represent the State Govt. at MCI and DCI. This practice was discontinued during the year 1987 as the then Director of Medical Education was a Dental person being not eligible to be nominated as member of MCI. At present, the Govt. nominees for MCCC and DCI are persons working in private Medical and Dental Colleges. Hence the committee strongly recommends that Govt. nominations for MCI and DCI should be from the following categories to safeguard the interest of State.

NOMINATION TO MCI should be from the following

- Director of Medical Education (MEDICAL)
- Additional Director
- Director / Principals (Bangalore Medical College, Mysore Medical College)
- Director (RIO, MOH)

NOMINATION TO DCI should be from the following

- Director of Medical Education (DENTAL)
- Director / Principal (GDC)

The term of Office shall be for a period of two years

The person ceases to hold the office on attaining Superannuation or Resignation

RECOMMENDED FINANCIAL POWERS
(Buildings, Equipment, Drugs etc.,)

Secretary to Government	Rs. 25 lakhs
Additional Secretary	Rs. 20 lakhs
DME	Rs. 5 lakhs
Addl. DME/Director/Principal	Rs. 1 lakh
JDME / JDDE / Vice-Principal/Medical Superintendent	Rs. 50,000/-

Government of Karnataka

TASK FORCE ON HEALTH AND FAMILY WELFARE

SUB COMMITTEES

January 3, 2000

	TOPICS	MEMBERS
A.	Health Systems and Services in Rural Areas Health Systems and Services in Urban Areas Emergency Health Care Panchayat Raj and Health Care	Sri. P. Padmanabha. Dr. M. Maiya. Dr. C. M. Francis. Swami Japananda.
B.	Communicable Diseases	Dr. Latha Jagannathan. Dr. Jacob John. Dr. S. Nagalotimath. Swami Japananda.
C.	Population Stabilisation (RCH)	Sri. P. Padmanabha. Dr. Latha Jagannathan. Dr. Suresh. B. Kulkarni.
D.	Human Resource Development Medical Education Health Education	Dr. Chandrashekar Shetty Dr. C. M. Francis. Dr. Jacob John. Dr. S. Nagalotimath.
E.	Health Financing	Sri. P. Padmanabha. Dr. S. Subramanya.
F.	Indigenous / Alternate Systems of Medicine	Dr. Jayaprakash Narayan. Dr. Chandrashekar Shetty.
G.	Non Communicable cable Dieseases, Dental Health, Mental Health and Epilepsy	Dr. S. Nagalotimath. Dr. C. M. Francis.
H.	Nutrition	Dr. C. M. Francis. Dr. P. Padmanabha.
I.	Health of Special Groups	Dr. Jacob John. Dr. Latha Jagannathan.
J.	Voluntary Sector in Health Care	Swamy Japananda. Dr. Chandrashekar Shetty. Dr. M. Maiya.
K.	Private / Corporate Sector in Health Care	Dr. Suresh. B. Kulkarni. Dr. M. Maiya. Dr. Latha Jagannathan.
L.	Law and Ethics	Dr. C. M. Francis. Dr. Latha Jagannathan.
M.	Health Policy Inter Sectoral Co-ordination External aided Projects	Dr. C. M. Francis.
N.	Health Management Information Systems.	Sri. P. Padmanabha. Dr. Latha Jagannathan.

(Dr. H. Sudarshan)
Chairman

2-2.30 pm - 11/1/2000
public health perspectives for Budget.

TASK FORCE OF HEALTH AND FAMILY WELFARE SERVICES REGARDING GOVERNMENT MEDICAL STORES

The Government Medical Stores purchases and distributes drugs and chemicals to all the Government Allopathic Health Institutions in the State including those coming under the administrative control of Zilla Panchayaths and Institutions attached to Medical Colleges.

The Government Medical Stores distributes drugs to the tune of Rs.25 Crores per annum. This covers only 40% of the total budget allotted to them. The remaining 60% of the budget will be directly utilized by them for purchase of drugs and chemicals.

The drugs and chemicals will be purchased by Government Medical Stores by way of rate contrct every year after vide publicity about the tender in all leading news papers of the Country.

Teaching hospitals and the Health Institutions under Zilla Panchayth will follow the Government Medical Stores Rate Contract for procuring the drugs out of their 60% budget. The rate contract for supply of drugs and chemicals are done on the recommendations of the Theraupetic Committee consisting of experts in each specialisation of medicines and the High Power Committee at Government level.

The Government Medical Stores will supply 100% of their budget ~~for the~~ for Health Institutions including Primary Health Units, Subcentres, Dental Units etc. Health Institutions will come with their indent (requirement) to Government Medical Stores with their own transport arrangements.

1992 - 700 drugs in Rate Contract List - after high powered committee
~~now~~ Only 190 drugs - all from ED list, no duplic[ation].
WHO certific[ate] reqd to compete in tender. 2 conditions of companies, (Conditions for tenders) a) WHO Good Manuf. Practices certificate - formed by WHO convention - clear rules of quality by drug control. b) should have produced product for 3 yrs successfully. c) a primary manufacturer or authorised agent. d) ST e) no conviction under D + C Act. f) good quality - performance certific[ate] / Bolor

During 1996-97 the Government Medical Stores could not make any purchase of drugs as there was no rate contract existing during the above period.

The Government Medical Stores for the first time in Karnataka made compulsory good manufacturing practice certificate according to W.H.O. specifications, and for the first time, the Government Medical Stores insisted on strips/ blister packing instead of bulk/loose packing of 500 tablets/ Caps., with logogram printed in Kannada on each strip/blister, stoppers of bottles, and Amps., and vials etc. It was even brought into force printing of two letters "ಆ. ಇ" meaning Health Department on Tabs./Caps., which has prvented to a large extent prilferage. This type of packing has impressed greatly the patients that even Government supply of medicines will be of good quality. The drugs are given to patients in hospitals on free of costs.

DIFFICULTIES ENCOUNTERED IN IMPLEMENTING DRUGS SUPPLY SYSTEM IN KARNATAKA

(1) The whole Government Medical Stores should be computerised completely. There are mainly four different stores in Government Medical Stores. There is only one Computer Operator. For speedy and efficient management of drug supply four computers with well trained operators are required.

(2) Arrangements are being made to procure a FAX machine to Government Medical Stores.

(3) The doctors from peripheral hospitals feel great difficulty in lifting the drugs from the Government Medical Stores to far off places. Hence 3 to 4 truks with drivers are required

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(2) Arrangements are being made to procure a FAX machine to Government Medical Stores.

(3) The doctors from peripheral hospitals feel great difficulty in lifting the drugs from the Government Medical Stores to far off places. Hence 3 to 4 truks with drivers are required

for safe and speedy distribution of the drugs.

(4) At present that there is no English and Kannada Stenographer in the Government Medical Stores, hence English and Kannada Stenographers are required to be posted to Government Medical Stores.

(5) At present in Government Medical Stores, the availability of space for storing the drugs is not sufficient. Therefore 2 to 3 stores rooms are required to be built.

(6) The present budget allotment to Health Institutions for each P.H.C., is Rs.50,000/-., Rs. 30,000/- for each Primary Health Unit, was made about 10 - 15 years ago. With increase in population, the budget allocation is not increased proportionatel Therefore an increase in budget of 25% is necessary to meet the increased demand of the drugs by the peripheral institutions.

(7) There is no cold storage facility at present. Therefore two - three walk-in-coolers are necessary to store certain essential drugs such as Insulin.

(8) No residential quarters at present. Residential quarters for Joint Director, Government Medical Stores and other staff are required.

(9) The Joint Director and Officers of Govt. Medical Stores required two vehicle with driver.

(10) There is necessity of establishment of substores at District level for storing of drugs for easy and quick distribution .

(11) The latest terms as per the rate contract are to supply to the F.O.R. destinations, instead of Govt. Medical Stores. All the suppliers are required to supply to the Dist. Surgeons/Dist. Health & F.W. Officers of all districts directly.

There is necessity of modernising the Government Medical Stores in view of the above requirements.

JOINT DIRECTOR,
GOVERNMENT MEDICAL STORES,
BANGALORE - 560 079.

3/1/2000

copy

Karnataka Health Systems Development Project (KHSDP)
Status as on October 31, 1999

Basic Data:

Title	Second State Health Systems Development Project (K) under IDA (WB)
Credit No.	Cr. 2833-IN
Date of effectiveness	06-27-1996
Date of closing (original)	03-31-2002
Loan Amount	Rs. 54,58.01 Million for Karnataka Component
Project Objectives	1. Improve efficiency in the allocation and care of health resources through policy and institutional development 2. Improve programme of the health care system through improvements in the quality, effectiveness and course of health services at the first referral card and selective course at the poverty level to better serve the neediest section of the society.

The Second health systems Development Project is being implemented in three states namely Karnataka, Punjab and West Bengal. This project is assisted by International Development Association (The World Bank). The total project cost is to the tune of Rs. 16,691.4 million, of which the share of Karnataka is Rs. 5,458.0 Million spread over a period of 6 years from 1996 to 2002.

The **Project components** aim at improving service and clinical effectiveness at district, sub-division and community level hospitals under the project. 74 Community hospitals, 104 sub-divisional hospitals and 21 district hospitals are renovated and extended. With the result 3832 new beds will be added to the existing bed strength of 5822 at first referral level. The project aims at providing better access to health care to the Schedule Caste and Schedule Tribe population of the state and also for women.

General overview: The KHSDP became effective on June 27, 1996. The project could not make considerable financial progress during the year 1996-97 as there was not much of preparation. However, during the year 1997-98, as all the preparatory activities were completed and the project has been making a steady progress. The project activities have been reviewed by the World Bank Supervision Missions during March 1997, November 1997, May 1998, November 1998 and June 1999.

1. *Civil works:* As per the original programme, renovation and expansion of 201 KHSDP Hospitals should have been taken up in four phases during the years 1997-2000. In order to avoid cost escalation on civil works, a decision was taken by Project Governing Board with the approval of the World Bank to initiate civil works in all the

hospitals simultaneously. On account of this decision, it is expected that the civil works for all the 200 KHSDP hospitals (excluding the hospital at Tibetian Colony in Mundgod) could be assigned by December 1999 after observing all the formalities relating to Bidding process and World Bank procedures.

In order to prepare plans for all the 200 hospital building works, 46 Architects have been empanelled. Preliminary Drawings have been cleared by World Bank Architect for 192 hospital works. 169 hospital works have been awarded after evaluation of bids under NCB. 6 works are taken up under Force Account. Totally, estimates and detailed drawings have been prepared and approved for 186 hospital works. In order to facilitate speedy completion of Work, an Engineering Wing with Chief Engineer, two Superintending Engineers and 6 divisions is already functioning.

2. *Equipment (Medical & Others):* The Procurement Plan for the year 99-2000 has been approved by the World Bank. The Procurement Plan covers various medical and other equipment to be procured for the hospitals included in third and fourth phases. The procurement of some medical equipment like X-rays and Dental Equipment has been postponed to the next year as the installation of these equipment need additional space. As approved by the World Bank, the IFB under ICB is issued on 16-3-1999 for procurement of Ultrasound Scanners with two probes, Portable Ultrasound Scanners, Dental X-ray and Blood Gas Analysers. The bids were opened on 3-5-1999 and the evaluation reports are placed before the Project Governing Board for approval. In respect of 27 packages, the specifications were revised and sent to the World Bank for their No Objection and the No Objection is received.

3. *Vehicles:* As contemplated in the project, during the year 1997-98, under International Competitive Bidding process, 180 TATA Sumo Vehicles were procured and given to Taluk Medical Officers, District Surgeons and District Surveillance Units. Similarly, 21 Equipment Maintenance Vehicles were procured and given to all the District Equipment Maintenance Centres. 116 Ambulances are procured and supplied to the hospitals. For the procurement of 62 additional Jeeps to be given to the Taluk Medical Officers and the District Surgeons of the newly formed Districts, IFB under ICB was issued on 16-3-1999 and the bids were opened on 4-5-1999. With the approval of the Project Governing Board and the World Bank, the Supply Order is given to the bidder for giving 62 Jeeps.

4. *Medicines:* The Procurement Plan for Medicines during the year 1999-2000 was approved by the Review Mission during the Mid-term Review. The drugs are being procured under National Competitive Bidding process. The IFB will be issued towards the end of December 1999 for procurement of drugs during the year 1999-2000 depending on the actual requirement taking into consideration the procurement made by Government Medical Stores. During the year 1998-99, 54 drugs have been procured and supplied to all the project hospitals.

5. *Local Training:* So far 1237 Doctors have been trained in different specialities as part of this programme. Further to develop resource persons, trainers training programme was organised with the support of JIPMER from Pondicherry and so far 40 Master Trainers (Doctors) have been trained. At District Level, 464 Doctors have been given training. The number of Nurses trained under General Nursing so far is 2161. Under

the specialists Nurses Training in the field of Paediatrics, ICCU, Opthalmic Nursing. Neuro Nursing and Psychiatric nursing, so far 482 nurses have been trained at NIMHANS, Indira Gandhi Institute of Child Health and Jayadeva Institute of Cardiology, Bangalore. Similarly 15 Laboratory Technicians have been trained. As part of the Equipment Maintenance, 38 technicians have been trained in two batches at ATI-EPI, Hyderabad. In addition to that a four week training programme was organised for these technicians to give training on equipment which have been procured under the project. The training was imparted by the technical officers of the suppliers who have supplied equipment. Further the specialists in the field of Paediatrics, Orthopaedics, ICCU, Laproscopy and Feotal Monitor, Neurology, Neurosurgery, Psychiatry and Mental Health and Dental have been trained at Indira Gandhi Institute of Child Health, Sanjay Gandhi Hospital, Bangalore and Jayadeva Institute of Cardiology. So far 549 Doctors have been trained in these specialities. The Doctors working in Community Health Centres and Taluk Level Hospitals are being given training in Administrative Procedures. So far 170 Doctors are trained in Administrative Procedures. Similarly an induction training programme is being conducted for newly recruited Doctors to give them basic exposure in various aspects of administration and also to sensitise them to Karnataka Health Systems Development Project activities. So far 272 Doctors have been trained in Induction Training. 28 Chief Pharmacists / Graduate Pharmacists have been trained in Pharmacy Key Trainer's Training. 38 Technicians are trained in Equipment Maintenance and Repairs at Hyderabad and Bangalore.

6. M/s. STEM Consultants were assisting the project for the Project Management upto 30th June, 1999 and M/s. V.R. Murali & Co. are assisting the project for Financial Management and accounting system. The contract of M/s. STEM Consultants has come to an end on June 30, 1999. For the appointment of project consultants for two more years, Terms of Reference have been cleared by the World Bank and Notification for Expression of Interest was published on 21-5-1999. The applications are evaluated and the short listed firms was sent to World Bank for their clearance. The World Bank have approved the short list of consultancy firms and the Bid Document. The Bid Document is forwarded to the short listed consultancy firms. The last date for receiving the proposals from the short listed consultants is November 25, 1999. Similarly for the appointment of financial consultants, the Terms of Reference has been approved by the World Bank. A Notification is being published on 8th November, 1999 for Expression of Interest by the consultancy firms for short listing.

7. *Reimbursement of Claims :* Karnataka Government has claimed 111.8 million as retroactive finance admissible as per project and credit agreement, for the period covering 1-5-1995 to 27-6-1996. Expenditure incurred during 1997-98 was Rs. 622 Million against the budget provision of Rs. 700 Million. During the year 1998-99, an amount of Rs. 965.57 Million was spent as against the revised budget provision of Rs.1345.50 Million. The details of component wise provision made as in the S.A.R., the Budgetary allocation as per the State Government and the expenditure incurred during 1999-2000 upto September 1999 is indicated in Annexure II-A. The estimate for the year 1999-2000 is Rs. 1320.00 Million and the quarterwise breakup of this amount is indicated in Annexure II-B. As against this, upto the end of September 30, 1999 (2 quarters), an amount of Rs. 575.54 Million is spent. Upto the end of September 1999, the reimbursement claims have been submitted and CAAA has

admitted the claims upto the end of August, 1999. The details of reimbursement claims are presented in Annexure II-C.

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Status as on October 31, 1999

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1. Integration ĉ existing health plans/progs.
2. Supervision systems
3. Implementation - communic^{n} systems
   - public accountability mechanisms
4. External WB Review Reports - ? copy
   ? any - internal monitoring mechanisms
5. Total external funds since 1994 to Kar.
   Proportion of health budget.

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Dr. S. Ramakrishna
Dr. D. G. Hallikeri

Central Working Committee (Reg.)
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Dr. K. C. Raju Reddy
Dr. Nanjundaiah
Dr. J. V. Narayan
Dr. S. M. Sureshwaraiah
Dr. D. Prabhamandal

Central Working Committee (Alt.)
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Dr. A. S. Mantganikar
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Imm. Past President

Dr. H. R. Maheswarappa,
mm. past Hon. Secretary.

Ref : IMA - KSB / / 99 *Date :*

January 8, 2000

The Indian Medical Association views submitted to Task Force of Karnataka State on 10th January 2000 on the subject of development and implementation of health care system in Karnataka.

NGOs(IMA) and Health Care

The complexities of the merging Health Care delivery system, in terms of investment, maintenance and patient expectations has resulted in a situation where in the Government alone can not take up the total Health Care responsibility of its citizens.

Hence the necessity to recognize the presence of Non-Governmental organizations and effectively co-ordinate with them in appropriate areas keeping in mind to health needs of the people and the specialized expertise available with the NGOs for this purpose.

The Government should preferably concentrate itself in matters pertaining to the larger interest of the community such as prevention of communicable diseases, implementation of the various National Health Programme and simultaneously utilize the services of available NGOs for successful implementation and effective coverage.

Providing basic amenities such as safe water supply, public sanitation etc should be the prime concern of the governmental sector.

Accordingly specialized Training requirements to be assessed based on ground realities. While investing on specialized Manpower training the government should be aware of the requirements and ensure effective usage of such trained personnel.

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Flow Chart of health care facilities at different levels

Sub Centre level **5,000 Population**	Health Worker
P.H.C	MBBS Graduate
Taluk **District**	Speciality Centre with Post graduate Doctors
Regional Centre	Speciality Centre
State head Quarter	Centre of excellence with super specialty set up

Health Insurance Scheme

The role of private organizations in evolving a workable health insurance scheme should be explored for the benefit of all sections of the community.

Care of the elderly

With the rise in life expectancy a significant sections of the population belongs to the elderly group, requiring specialized care and efforts must be made to gear up to meet their health requirements not only to term of medical care but also in terms of social and community support to make them feel that then not being neglected.

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"Family Welfare Programme"

The Non Governmental organizations have always played a pivotal role in popularizing the small family norm and efforts to enhance the fruitful co-operation with other community based NGOs should be explored.

Alternate systems of Medicine

While efforts should be made to popularise the alternate systems of medicine, which are cost effective, caution should be laid to prevent practitioners of such system of medicine organising into the others system, which would amount to quackery.

Accountability and quality care

Accountability at all levels of health care delivery should be an incorporated factor, which would thereby ensure availability of quality health care services.

Provisions should also be made to periodically review, reassess and effect necessary corrective changes at all levels to ensure delivery of quality health care services, be it government or non-government.

Role of Medical colleges"

The curriculum of at the Medical College should be re –oriented to suit the requirements of the community and the concept of holistic medicine, where is the individual is treated as one complete unit rather than treating the disease per se should be incorporated to give medical educational humanistic approach.

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Health education

'For effectively combating the health problem of the individual and the community, an effective information, education and communication system involving the non governmental organisations would go a long way in the community accepting the Health programmes and in bringing about the desired life style changes which would form the basis of a health community.

Community participation

In order to inculcate the concept of feeling involved and thereby active participation on in all the health programme the community should be involved at all levels starting from an assessing the health requirement. Planning, executing and manning the system.

The participating NGOs in all health endeavours should be encouraged by the government by way of:-

1. Providing infrastructure such as land, building, men and material where possible
2. Financial assistance in terms of meeting the basic expenses of those involved in actually carrying at the health activity
3. Providing inter departmental co-ordination and assistance for all Health activities.

5.2 Consultants:- Appointed by Govt. of India are also evaluating the programme and guide in implementation of the programme. Prompt feed back is given to the Director and District Leprosy Officers.

6. Patches:- Among newlydetected cases, single patch cases are more. This shows early detection. Nearly, 50% cases are single patch cases.

7. Plan of Action for 1999-2000

1. Consolidation of MDT services.
2. Intensification of Health Education Activities.
3. Training for all the Health Personnel and Public in the NLEP.
4. Replacement of wornout vehicles under NLEP.
5. Establishment of Regional Leprosy Training & Research Institute (RLTRI) from Govt. of India.

-.-.-.-.-.-

1002-9

NATIONAL TUBERCULOSIS CONTROL PROGRAMME

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

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

1) Epidemiology and Survellance
2) Bacteriology
3) Research Wing
4) Administrative Wing
5) Monitoring of National TB Programme in the State
6) Training to Medical and Para Medical Personnel &
7) Clinical section to cater the needs of TB patients who are referred to State Centre.

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

Revised National Tuberculosis Control Programme under Phase III with World Bank assistance has been implemented in Bangalore Urban District since November'98. The remaining four Districts will be implemented from next year for which prepaxatory activities are going on.

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

FINANCIAL PROGRESS

For the control of Diarrhoeal diseases the State Government have allocated (under State Sector PLAN Scheme) a sum of Rs. 25 lakhs for the purchase of medicine, disinfectant and to supply the same to the affected district through the Government Medical Stores, Bangalore.

(Rs.in lakhs)

YEAR	BUDGET ALLOCATED	EXPENDITURE
1998-99	25.00	25.00 (upto end of Dec 98)

KYASNUR FOREST DISEASE

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

The disease is prevalent in the Taluk of Thirthahally, Hosanagar and Saraba in Shimoga District, Honnavara, Bhatkal, Kumta, Supa and Yellapura Taluks in Uttara Kannada District, Koppa taluk in Chikmagalur District and Belthangadi Taluk in Dakshinna Kannada District.

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

PHYSICAL PROGRESS

The incidence of Kyasanur Forest Disease during 1998 are as follows:

NUMBER OF SUSPICTED CASES		NUMBER CONFIRMED	
ATTACKS	DEATHS	ATTACKS	DEATHS
298	1	47	1

FINANCIAL PROGRESS

(Rs. in Lakhs)

YEAR	BUDGET	EXPENDITURE
1998-99	5.00	1.5 (upto end of Dec. 1998)

1002-12

HANDIGODU SYNDROME

This is a peculiar disease of genetic origin found in few villages of Shimoga and Chikmagalur Districts and found mostly in Harijan Families. This disease will causes crippling disability mainly because of its affliction of joints and bones.

The rehabilitation and symptamatic treatment are given these patients.

PHYSICAL PROGRESS

The incidence of Handigodu Syndrome are as follows:

DISTRICT	NO. OF VILLAGES	NO. OF CASES
Shimoga	49	438
Chikmagalur	30	338
TOTAL	79	776

IV. NUTRITION EDUCATION ACTIVITIES INCLUDING TRAINING:

Five Nutrition Education & demonstration units are functioning in 5 districts of Bangalore Division viz., Bangalore(Rural), Kolar, Chitradurga, Shimoga and Tumkur. Cooking demonstrations, Film shows, exhibitions and Group meetings on Nutrition are organised in rural areas.

A joint training programme on MCHN activities was organised for LHVs and Mukhya Sevikas of Bellary District from 24-6-98 to 26.6.98 at Bellary. 41 members attended the training programme. Similar training programmes were organised for LHVs and Mukhya Sevikas of Bijapur district from 17-11-98 to 19-11-98 and for Bagalkot District from 18-11-98 to 20-11-98 at Bijapur. 48 members from Bijapur and 35 from Bagalkot attended the training programme.

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

NNMB unit, a branch of ICMR attached to Bureau of Nutrition is conducting Diet and Nutrition surveys on the protocol of National Institute of Nutrition, Hyderabad. During this year the unit has conducted tribal surveys in Chickmagalur and Dakshina Kannada district.

HOSPITAL PHARMACY PROGRAMME

INTRODUCTION

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

OBJECTIVES:

1) To organise a technically sound dispensing section, Quality Control System, Central Sterile Supply Division and Store Practice in the Hospitals.

2) To develop a reliable 'Drug Information Service' for the benefit of staff and the patients/their attendants.

3) To manufacture life saving intravenous fluids for use in the hospitals.

III. FINANCIAL DETAILS

Budget allotment and expenditure for the year 1998-99

Head of Account: Plan: "2211 Family Welfare - 108 Selected Area Programme - 071 IPP-IX (Karnataka) 102 - Special grants.

Non-Plan: "2211 Family Welfare - 108 Selected area Programme - Including IPP-01-India Population Project - Population Centre".

Item	Budget proposed for 1998-99	Expenditure incurred upto Dec. 98
	Rs.	Rs.
Plan		
Usefulness of the training arted to the tribal girls	25,000/-	25,000/-
Non-Plan		
1. Pay of Officers	7,39,000/-	2,59,826/-
2. Pay of Staff	11,47,000/-	7,26,519/-
3. Dearness Allowance	28,16,000/-	15,19,442/-
4. Other Allowance (including medical expenses)	4,49,000/-	2,64,407/-
5. Office Expenditure	4,00,000/-	50,044/-
6. Motor vehicles	2,00,000/-	8,665/-
7. Travel Expenses	1,00,000/-	8,947/-
Total	58,51,000/-	27,92,810/-

ACTIVITIES OF POPULATION CENTRE DURING 1998-99

I STUDIES COMPLETED

1. Perception of People about Quality of Medical Services in Secondary Level Hospitals in Kolar District.
2. Status of Primary Health Care in Hassan District.
3. A District Profile of Karnataka on Socio-Economic, Demographic and Family Welfare Indicators.
4. Concurrent Evaluation of Family Welfare Slogans Printed on KSTRC Tickets.

II STUDIES IN PROGRESS

1. Evaluation of ANM Training for Tribal Girls under the Innovation scheme of IPP-IX.
2. Multi-Indicator Cluster Survey.
3. A study on benefit accrued from IPP-I and IPP-III in Karnataka.
4. Role of Mahila Swasthya Sangha - A Study.

ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸೇವೆಗಳ ನಿರ್ದೇಶನಾಲಯ, ಬೆಂಗಳೂರು

(ಆರೋಗ್ಯ ಶಿಕ್ಷಣ ಮತ್ತು ತರಬೇತಿ ವಿಭಾಗ)

ಈ ನಿರ್ದೇಶನಾಲಯದಲ್ಲಿರುವ ಆರೋಗ್ಯ ಶಿಕ್ಷಣ ಮತ್ತು ತರಬೇತಿ ವಿಭಾಗವು ಮುಖ್ಯವಾಗಿ ಆರೋಗ್ಯ ಶಿಕ್ಷಣ ಚಟುವಟಿಕೆಗಳ ಯೋಜನೆ ವ್ಯವಸ್ಥೆ ಮಾಡುವುದು ಮತ್ತು ಅನುಷ್ಠಾನಗೊಳಿಸುವ ಜನಾಭಿಪ್ರಾಯವನ್ನು ರೂಪಿಸುತ್ತದೆ ಮತ್ತು ಆರೋಗ್ಯ ಶಿಕ್ಷಣ ಸಾಮಗ್ರಿಗಳನ್ನು ಸರಬರಾಜು ಮಾಡುವುದು ಹಾಗೂ ದೃಶ್ಯ ಸಾಮಗ್ರಿಗಳನ್ನು ಸರಬರಾಜು ಮಾಡುವುದು ಇವುಗಳ ಜೊತೆಗೆ ಈ ಕೆಳಕಂಡ ಕೋರ್ಸುಗಳಿಗೆ ಮೂಲ ತರಬೇತಿ ನೀಡಲು ಯೋಜನೆ ವ್ಯವಸ್ಥೆಗೊಳಿಸುವುದು.

1) <u>ಸೇವಾ ಪೂರ್ವ ಮೂಲ ತರಬೇತಿ:</u>

ಅ) <u>ವಿವಿಧೋದ್ದೇಶ ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತರು(ಪು) ತರಬೇತಿ</u> :

ವಿವಿಧೋದ್ದೇಶ ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತರ ತರಬೇತಿಯನ್ನು ಭಾರತ ಸರ್ಕಾರದ ಅನುದಾನದೊಂದಿಗೆ ನಾಲ್ಕು ತರಬೇತಿ ಕೇಂದ್ರಗಳಲ್ಲಿ ನಡೆಸಲಾಗುತ್ತಿದೆ (ಅಂದರೆ ಬೆಂಗಳೂರು, ರಾಮನಗರ ಮಂಡ್ಯ ಮತ್ತು ಹುಬ್ಬಳ್ಳಿ) ಆದರೆ 1990–91 ನೇ ಸಾಲಿನಲ್ಲಿ ತರಬೇತಿಯಾದ ನಂತರ ಇದುವರೆಗೆ ತರಬೇತಿಯನ್ನು ನಡೆಸಿರುವುದಿಲ್ಲ. ತರಬೇತಿ ಪಡೆದ ಅಭ್ಯರ್ಥಿಗಳಿಗೆ ನೇಮಕಾತಿ ಆಗುವವರೆಗೆ ತರಬೇತಿಯನ್ನು ಕೊಡಲಾಗುವುದಿಲ್ಲವೆಂದು ಈ ನಿರ್ದೇಶನಾಲಯದ ಕಾಗದಪತ್ರದಿಂದ ತಿಳಿದುಬಂದಿದೆ.

ಈ ತರಬೇತಿಗೆ ಸಂಬಂಧಪಟ್ಟ ಅನುದಾನವನ್ನು ನೇರವಾಗಿ ಭಾರತ ಸರ್ಕಾರ ಅಪರ ನಿರ್ದೇಶಕರು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಮತ್ತು ತಾಯಿ ಮಕ್ಕಳ ಆರೋಗ್ಯ ರವರಿಗೆ ಬಿಡುಗಡೆಯಾಗುತ್ತಿದೆ. ಅಪರ ನಿರ್ದೇಶಕರು(ಕು.ಕ. ಮತ್ತು ತಾ.ಮ.ಆ) ರವರು ನೇರವಾಗಿ ಸಂಬಂಧಿಸಿದ ತರಬೇತಿ ಕೇಂದ್ರಗಳಿಗೆ ಬಿಡುಗಡೆ ಮಾಡುತ್ತಾರೆಂದು ತಿಳಿದುಬಂದಿದೆ.

ಈಗಾಗಲೇ 618 ಜನರು ತರಬೇತಿಯನ್ನು ಪಡೆದು ಉತ್ತೀರ್ಣರಾಗಿದ್ದಾರೆ.

ವರ್ಷ	ಗುರಿ	ಸಾಧನೆ	ಉತ್ತೀರ್ಣ
1988–89	168	168	168
1989–90	300	257	247
1990–91	240	217	203
			618

ಅದರಲ್ಲಿ 468ಜನರಿಗೆ ಉದ್ಯೋಗ ದೊರೆತಿದ್ದು ಇನ್ನೂ 150 ಜನರಿಗೆ ಉದ್ಯೋಗ ನೀಡಬೇಕಾಗಿದೆ. ನೀಡಿದ ನಂತರ ತರಬೇತಿ ನೀಡಲಾಗುವುದು.

ತರಬೇತಿಗಾಗಿ 1996–97ನೇ ಸಾಲಿನಲ್ಲಿ ಅರ್ಜಿಯನ್ನು ಕರೆಯಲಾಗಿತ್ತು, ಎಲ್ಲಾ ಹಂತವು ಮುಗಿದಿದ್ದು ಎಲ್ಲರಿಗೂ ಉದ್ಯೋಗ ನೀಡಿದ ನಂತರ ತರಬೇತಿಯನ್ನು ಮುಂದುವರೆಸಲಾಗುವುದು. ಎಂದು ಕಡತದಲ್ಲಿ ನಿರ್ದೇಶಕರು ಆದೇಶಿಸಿದ್ದಾರೆ ಎಂದು ತಿಳಿದು ಬಂದಿದೆ.

ಉ) ಕ್ಷ-ಕಿರಣ ತಂತ್ರಜ್ಞಾನ ತರಬೇತಿ:

ಇದು ಒಂದು ವರ್ಷ ತರಬೇತಿಯಾಗಿದ್ದು ಪ್ರತಿ ಕೇಂದ್ರಗಳಿಗೆ 8 ಜನರಂತೆ 6 ಕೇಂದ್ರಗಳಲ್ಲಿ (ಅಂದರೆ (ಹಾಸನ, ಶಿವಮೊಗ್ಗ, ಧಾರವಾಡ, ಬಿಜಾಪುರ ಮತ್ತು ಬೀದರ)ಮತ್ತು ಗುಲ್ಬರ್ಗ) ಗಳಲ್ಲಿ ತರಬೇತಿ ನೀಡುತ್ತಿದ್ದು ಇದು ರಾಜ್ಯ ಸರ್ಕಾರದ ಯೋಜನೆಯಡಿಯಲ್ಲಿ ಬರುತ್ತಿದ್ದು ಪ್ರತಿ ವರ್ಷ 60,000ರೂಗಳನ್ನು ಅನುದಾನ ನೀಡಲಾಗುತ್ತಿದೆ.

ಸದರಿ ತರಬೇತಿಯನ್ನು ನಿರ್ದೇಶಕರು, ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ಇಲಾಖೆ, ಹಾಗೂ ಪ್ಯಾರಾ ಮೆಡಿಕಲ್ ಬೋರ್ಡ್ ಮುಖಾಂತರ ನಡೆಸಲಾಗುತ್ತಿರುವುದರಿಂದ ಈ ಕಾರ್ಯ ಯೋಜನೆಯನ್ನು ರದ್ದು ಪಡಿಸಬಹುದು.

2) ಸೇವಾ ನಿರತ ಮೂಲ ತರಬೇತಿ:

ಅ) ಅರೆ_ವೈದ್ಯಕೀಯ_ಕಾರ್ಯಕರ್ತರ ತರಬೇತಿ:_

ಆರೋಗ್ಯ ಶಿಕ್ಷಣ ಮತ್ತು ತರಬೇತಿ ವಿಭಾಗದ ಅಧೀನ ತರಬೇತಿ ಕೇಂದ್ರಗಳಾದ ಬೆಂಗಳೂರು, ಗುಲ್ಬರ್ಗ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ತರಬೇತಿ ಕೇಂದ್ರಗಳಲ್ಲಿ ನಾಲ್ಕು ತಿಂಗಳ ತರಬೇತಿ ನೀಡಲಾಗುತ್ತಿದೆ. ಸುಮಾರು 240 ಅರೆ ವೈದ್ಯಕೀಯ ಕಾರ್ಯಕರ್ತರನ್ನು ಈ ನಿರ್ದೇಶನಾಲಯದಿಂದ ನೇಮಕಾತಿ ಮಾಡಿಕೊಳ್ಳಲಾಗಿದೆ. ಪ್ರತಿ ಕೇಂದ್ರಗಳಲ್ಲಿ ಪ್ರತಿ ಬ್ಯಾಚಿಗೆ 50 ಅಭ್ಯರ್ಥಿಗಳಂತೆ ವರ್ಷದಲ್ಲಿ ಎರಡು ಬಾರಿ ತರಬೇತಿಯನ್ನು ನೀಡುತ್ತಿದ್ದು ಈಗಾಗಲೇ 200 ಜನರಿಗೆ ತರಬೇತಿ ನೀಡಲಾಗಿದೆ. ಸುಮಾರು 40 ಜನರು ಬಾಕಿ ಇದ್ದು ಇವರ ತರಬೇತಿಯನ್ನು 1999-2000 ಸಾಲಿನಲ್ಲಿ ತರಬೇತಿಯ ಮೊದಲನೇ ಬ್ಯಾಚಿನಲ್ಲಿ ನೀಡಲಾಗುತ್ತದೆ. ಇದಕ್ಕೆ ತಗಲುವ ವೆಚ್ಚ ಅವರವರ ವೇತನ ಪಡೆಯುತ್ತಿರುವ ಕಡೆಗಳಲ್ಲಿ ಭರಿಸಲಾಗುತ್ತಿದೆ.(ಪ್ರಯಾಣ ಭತ್ಯೆ ಮತ್ತು ದಿನ ಭತ್ಯೆ)

ಆ) ಆರೋಗ್ಯ ನಿರೀಕ್ಷಕರ_ತರಬೇತಿ:

ಆರೋಗ್ಯ ನಿರೀಕ್ಷಕರ ತರಬೇತಿಯನ್ನು ಇಲಾಖೆಯಲ್ಲಿ ಸೇವೆ ಸಲ್ಲಿಸುತ್ತಿರುವ ಕಿರಿಯ ಆರೋಗ್ಯ ಸಹಾಯಕರನ್ನುಜೇಷ್ಠತಾ ಪಟ್ಟಿಯ ಆಧಾರದ ಮೇರೆಗೆ ತರಬೇತಿಗೆ ನಿಯೋಜಿಸಲಾಗುವುದು. ತರಬೇತಿಯ ಅವಧಿಯಲ್ಲಿ ಅರ್ಧದಿನ ಭತ್ಯೆ ಹಾಗೂ ವೇತನವನ್ನು ನೀಡಲಾಗುವುದು. ಇದನ್ನು ಈಗ ಜಿಲ್ಲಾ ಪಂಚಾಯತ ವ್ಯಾಪ್ತಿಗೆ ನೀಡಲಾಗಿದೆ. ಈಗಾಗಲೇ ಎಲ್ಲರಿಗೂ 2000 ಕ್ಕಿಂತ ಹೆಚ್ಚಿಗೆ ತರಬೇತಿಯನ್ನು ನೀಡಲಾಗಿದೆ. —ಈಗ ತರಬೇತಿ ನಡೆಸುತ್ತಿಲ್ಲ.

3) ಮುಂದುವರೆದ ಶಿಕ್ಷಣ (ಸೇವಾ ನಿರತ)

ಆರೋಗ್ಯ ಶಿಕ್ಷಣ ಮತ್ತು ತರಬೇತಿ ವಿಭಾಗದ ಅಧೀನ ತರಬೇತಿ ಕೇಂದ್ರಗಳಾದ ರಾಮನಗರ, ಮಂಡ್ಯ, ಹುಬ್ಬಳ್ಳಿ, ಗುಲ್ಬರ್ಗ ಮತ್ತು ಬೆಂಗಳೂರಿನಲ್ಲಿ ಕ್ಯಾಲೆಂಡರ ಅವಧಿಯ ಪ್ರಕಾರ ವೈದ್ಯಾಧಿಕಾರಿಗಳು, ಕಿರಿಯ ಆರೋಗ್ಯ ಸಹಾಯಕರು (ಪುರುಷ ಮತ್ತು ಮಹಿಳೆ) ಮತ್ತು ಹಿರಿಯ ಆರೋಗ್ಯ ಸಹಾಯಕರು(ಪುರುಷ ಮತ್ತು ಮಹಿಳೆ) ಹಾಗೂ ಕ್ಷೇತ್ರ ಆರೋಗ್ಯ ಶಿಕ್ಷಕರವರಿಗೆ ತರಬೇತಿ ನೀಡುತ್ತಿದ್ದು 1996-97 ಸಾಲಿನಿಂದ ಐ.ಪಿ.ಪಿ-9 ಕರ್ನಾಟಕ ರಾಜ್ಯ ಆರೋಗ್ಯ ಅಭಿವೃದ್ಧಿ ಸಂಸ್ಥೆ, ರಾಜ್ಯ ಆರೋಗ್ಯ ಸಂಸ್ಥೆ ವತಿಯಿಂದ ನಡೆಸಲಾಗುತ್ತಿದೆ. ತರಬೇತಿಗೆ ಅನುದಾನವನ್ನು ಸಂಬಂಧಿಸಿದ ಲೆಕ್ಕ ಶೀರ್ಷಿಕೆಗೆ ಐಪಿಪಿ-9 ಮತ್ತು ಕರ್ನಾಟಕ ರಾಜ್ಯ ಅಭಿವೃದ್ಧಿ ಸಂಸ್ಥೆ ಹಾಗೂ ರಾಜ್ಯ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಯಿಂದ ತರಬೇತಿ ಕೇಂದ್ರಗಳಿಗೆ ನೇರವಾಗಿ ಅನುದಾನ ಬಿಡುಗಡೆ ಮಾಡಲಾಗುತ್ತಿದೆ. ಅದರಿಂದ ಲೆಕ್ಕ ಪತ್ರ ವಿವರಗಳನ್ನು ಅವರೇ ಪಡೆಯುತ್ತಿದ್ದಾರೆ.

ತರಬೇತಿ ನೀಡಿದಂತೆ ಯಾವುದೇ ಮಾಹಿತಿಯನ್ನು ಈ ನಿರ್ದೇಶನಾಲಯಕ್ಕೆ ಪ್ರಾಂಶುಪಾಲರಿಂದಾಗಲೀ ಅಥವಾ ಸಂಬಂಧಿಸಿದ ಯೋಜನಾ ಅಧಿಕಾರಿಗಳಿಂದಾಗಲಿ ಬರುತ್ತಿಲ್ಲ. ಆದರೂ ಈ ವಿಭಾಗದಿಂದ ಮಾಹಿತಿಯನ್ನು ಪಡೆದು ಕ್ರೋಢೀಕರಿಸಲಾಗುತ್ತದೆ.

ಸದರಿ ಸಾಂಸ್ಥಿಕ ತರಬೇತಿ ವೇಳಾಪಟ್ಟಿಯನ್ನು ತಯಾರಿಸಲು 1996-97ನೇ ಸಾಲಿನಿಂದ ಐಪಿಪಿ-9 ಮತ್ತು ಕರ್ನಾಟಕ ರಾಜ್ಯ ಆರೋಗ್ಯ ಅಭಿವೃದ್ಧಿ ಸಂಸ್ಥೆ ಹಾಗೂ ನಿರ್ದೇಶಕರು, ಕೇಂದ್ರೀಯ ರಾಜ್ಯ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸಂಸ್ಥೆ ಇವರು ಜವಾಬ್ದಾರಿ ವಹಿಸಿಕೊಂಡಿರುತ್ತಾರೆ.

ಕೊನೆಯದಾಗಿ ಅನುದಾನದಲ್ಲಿ ತೋರಿಸಿದ ವಿವಿಧ ತರಬೇತಿಗಳನ್ನು ವೈದ್ಯಕೀಯ ನಿರ್ದೇಶಕರ ಅಧೀನದಲ್ಲಿ ಬರುವುದು. ಅವರೇ ಕಾರ್ಯಕ್ರಮಗಳನ್ನು ನಡೆಸುತ್ತಿದ್ದಾರೆ. ಆದರೆ ಕಿರಿಯ ಮಹಿಳಾ ಆರೋಗ್ಯ ಸಹಾಯಕಿಯರ ತರಬೇತಿಯನ್ನು ಅಪರ ನಿರ್ದೇಶಕರು(ಕು.ಕ ಮತ್ತು ತಾ.ಮಗು)ರವರು ನಡೆಸುತ್ತಿದ್ದಾರೆ.

<u>ಆರೋಗ್ಯ ಶಿಕ್ಷಣ ತರಬೇತಿ ವಿಭಾಗ:</u>

ನಿರ್ದೇಶನಾಲಯದಲ್ಲಿರುವ ಎಲ್ಲಾ ಆರೋಗ್ಯ ಕಾರ್ಯಕ್ರಮಗಳಿಗೆ ಸಂಬಂಧಿಸಿದ ಆರೋಗ್ಯ ಶಿಕ್ಷಣ ವಸ್ತುಗಳನ್ನು (ಭಿತ್ತಿಪತ್ರಗಳು, ಮಡಿಕೆ ಪತ್ರಗಳು ಮುಂತಾದವುಗಳು) ಮತ್ತು ವಿಡಿಯೋ ಕ್ಯಾಸೆಟ್‌ಗಳನ್ನು ಈ ವಿಭಾಗದಿಂದಲೇ ಮಾಡಲ್ಪಡುತ್ತಿದ್ದು ಇವರಿಗೆ ಬೇಕಾಗುವ ಅನುದಾನವನ್ನು ಈ ವಿಭಾಗಕ್ಕೆ ಲೆಕ್ಕ ಶೀರ್ಷಿಕೆ 2210-06-112-0-01ರ ಅಡಿಯಲ್ಲಿ ಯೋಜನೇತರದಲ್ಲಿ ಬಿಡುಗಡೆ ಮಾಡಲಾಗುತ್ತಿತ್ತು. ಆದರೆ 1998-99ನೇ ಸಾಲಿನಿಂದ ಯಾವ ಅನುದಾನವೂ ಈ ವಿಭಾಗಕ್ಕೆ ಬಿಡುಗಡೆಯಾಗದೇ ಸದರಿ ಹಣವನ್ನು ಸಂಬಂಧಿಸಿದ ಯೋಜನಾ ಸಹನಿರ್ದೇಶಕರಿಗೆ ಬಿಡುಗಡೆ ಮಾಡಲ್ಪಡುತ್ತಿದೆ.

ತಮ್ಮ ಕಾರ್ಯಕ್ರಮಕ್ಕೆ ಬೇಕಾಗುವ ಆರೋಗ್ಯ ಶಿಕ್ಷಣ ಸಾಮಗ್ರಿ ವಸ್ತುಗಳನ್ನು ಸಂಬಂಧಿಸಿದ ಯೋಜನಾ ಸಹನಿರ್ದೇಶಕರು, ನಿರ್ದೇಶಕರ ಅನುಮೋದನೆಯೊಂದಿಗೆ ಬಿಡುಗಡೆ ಮಾಡುವರು ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸೇವೆಗಳು, ರಾಜ್ಯ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸಂಸ್ಥೆ ಏಡ್ಸ್, ಐಪಿಪಿ ಮತ್ತು ಕರ್ನಾಟಕ ಆರೋಗ್ಯ ಅಭಿವೃದ್ಧಿ ಸಂಸ್ಥೆಯ ಅಪರ ನಿರ್ದೇಶಕರು ತಮ್ಮ ಕಾರ್ಯಕ್ರಮಕ್ಕೆ ಬೇಕಾಗುವ ಶಿಕ್ಷಣ ಸಾಮಗ್ರಿಗಳನ್ನು ಅವರೇ ಬಿಡುಗಡೆ ಮಾಡುತ್ತಾರೆ.

<u>ಶಾಲಾ ಆರೋಗ್ಯ ಕಾರ್ಯಕ್ರಮ:</u>

ಗ್ರಾಮೀಣ ಮತ್ತು ಪಟ್ಟಣ ಪ್ರದೇಶಗಳಲ್ಲಿರುವ ಕಿರಿಯ ಪ್ರಾಥಮಿಕ ಹಾಗೂ ಹಿರಿಯ ಪ್ರಾಥಮಿಕ ಪ್ರತೀ ಸಾಲಿನಲ್ಲಿ ಶಾಲಾ ಆರೋಗ್ಯ ಕಾರ್ಯಕ್ರಮವನ್ನು ಅನುಷ್ಠಾನಗೊಳಿಸಲಾಗಿದೆ. ಪರಿಣಾಮಕಾರಿಯಾಗಿ ಜಾರಿಗೊಳಿಸಲು ಎಲ್ಲಾ ಜಿಲ್ಲಾ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಅಧಿಕಾರಿಗಳನ್ನು ಕೋರಲಾಗುವುದು. ಏಪ್ರಿಲ್ ಮತ್ತು ಮೇ ತಿಂಗಳಿನಲ್ಲಿ ಶಾಲೆಗಳ ಸರ್ವೆಯನ್ನು ನಡೆಸಲಾಗುವುದು. ಇನ್ನು ಉಳಿದ 10 ತಿಂಗಳಿನಲ್ಲಿ ವಿದ್ಯಾರ್ಥಿಗಳಿಗೆ ವೈದ್ಯಕೀಯ ಪರೀಕ್ಷೆ ಮಕ್ಕಳಿಗೆ ಡಿಟಿ ಮತ್ತು ಟಿಟಿ ಲಸಿಕೆ ಹಾಕುವುದು, ಸಣ್ಣಪುಟ್ಟ ಖಾಯಿಲೆಗಳಿಗೆ ಚಿಕಿತ್ಸೆ ನೀಡಬೇಕಾದ ವಿದ್ಯಾರ್ಥಿಗಳನ್ನು ಹತ್ತಿರದ ಆಸ್ಪತ್ರೆಗಳಿಗೆ ಕಳುಹಿಸಿಕೊಡಲಾಗುವುದು. ಮುಂತಾದ ಕಾರ್ಯಚಟುವಟಿಕೆಗಳನ್ನು ನಡೆಸಲಾಗುತ್ತದೆ. ಶಿಕ್ಷಕರಿಗೆ ಮತ್ತು ವಿದ್ಯಾರ್ಥಿಗಳಿಗೆ ವೈಯುಕ್ತಿಕ ಆರೋಗ್ಯ ಪರಿಸರ ನೈರ್ಮಲ್ಯ ಕುಡಿಯುವ ನೀರು, ಶೌಚಾಲಯಗಳಿಗೆ ಬರುತ್ತದೆ. ಇತ್ಯಾದಿಗಳಿಗೆ ಆರೋಗ್ಯ ಶಿಕ್ಷಣ ನೀಡಲಾಗುವುದು.

<u>ಆರೋಗ್ಯ ಶಿಕ್ಷಣ ಕಾರ್ಯಯೋಜನೆಗಳು:</u>

1) ಮಹಿಳಾ ಆರೋಗ್ಯಕ್ಕೆ ಉತ್ತೇಜನ ಕಾರ್ಯಕ್ರಮ
2) ವ್ಯಕ್ತಿಗತ ಸಮಸ್ಯೆಗಳಿಗೆ ಸಹಾಯವನ್ನು ನೀಡುವುದು
3) ಶಾಲಾ ಆರೋಗ್ಯ ಸೇವೆಗಳು
4) [illegible] ರೋಗ ಮತ್ತು [illegible] ಬಗ್ಗೆ ಅಧ್ಯಾಪಕರಿಗೆ ಪ್ರಾತ್ಯಕ್ಷತೆ ನೀಡುವುದು (ಸಾಮಾನ್ಯ ಅಭಿಯೋಜನೆ)

BANGALORE

Performance Report of Bureau of Health Education and Training Section of the Directorate of Heal and Family Welfare Services, Bangalore for the year 1996-97, 1997-98 and 1998-99.

The Health Education and Training section of the Directorate is mainly responsible in Planning, Organising and Implementation of Health Education Activities and School Health Services in the State, including of prodiction and supply of Health Education materials like Audio-Visual Equipments.

I. Pre-Service Basic Training Course:

1. Multi-purpose Workers Training (Male) - Period of Training One year - stipend Rs.125/-p.m. (Central Fund) - Total 240 Members.

1) Bangalore 2) Davanagere 3) Hubli 4) Mandya	60 Members per centre

2. X-Ray Technicians Training - Period of Training One year - Stipend Rs.100/-p.m. (State Fund) Total 36 Members.

1) Hassan 2) Gulbarga 3) Bijapur 4) Raichur 5) Bidar 6) Shimoga	06 Members per centre

II. In-Service Basic Training Course:

1. Para Medical Workers Training Course - Period of Training Four months.

1) Bangalore 2) Gulbarga	As per candidates available - Minimum 30 Candidates per centre.

...2...

2. Health Inspector Training Course - Period of Training One year.

1) Mandya	)	
2) Mysore	)	
3) Belgaum	)	
4) Mangalore	)	Each centre 75 candidates - Total 525.
5) Bellary	)	
6) Dharwad	)	
7) Gulbarga	)	

III. In Service Continued Education Trainings

In-Service Training Course under continued Education of short duration of one week, two weeks courses to P.H.N. Para Medical Staff like Health Assistants (Junior and Senior) Males and Females which were organised by this Directorate are now organised by I.P.P.-II and K.H.E.D.P.

IV. Field Study and Demonstration Centre:

The Field Study and Demonstration is also being carriedout as a field trial and pre-testing of Health Education materials produced by I.E.C. Unit. The field study also includes as a demonstration to the beneficiaries.

The Activities included are training of School Teachers and Para Medical Staff of Primary Health Centre and Supervision.

Achievement during the year 1996-97, 1997-98 and 1998-99:

The World Health Day on 7th April was observed throughout the State on a particular slogan during 1996-97, 1997-98 and 1998-99 issuing necessary guidelines to all the Districts. A major Health and Family Welfare Stall was arranged on the occasion of Mysore Dasara Exhibition at Mysore during these years and also assisted to organise the Health and Family Welfare Exhibitions at Hassan, Tumkur and other places.

The Health Education materials like folders, posters, leaflets were prepared and printed in local language on different programmes in addition to purchase of Audio-Visual Equipments, Film prints, Exhibition sets etc. pertaining to different health discipline.

Statement showing the training programme for different categories of Staff from 1996-97 to 1998-99: (In-Service training):

Sl. No.	Name of the training	Period of Training	1996-97	1997-98	1998-99upto March 99
1.	Medical Officers	2 weeks	138	156	294
2.	Block Health Educator	2 weeks	70	144	1256
3.	Senior Health Assistant (Male and Female)	2 weeks	250	574	308
4.	Junior Health Assistant (Male and Female)	2 weeks	1730	341	344
5.	Senior and Junior Health Assistants (Male and Female trained by mobile team, Bangalore)	2 weeks	295	145	5108

II. Statement showing the Basic Training for newly recruited and non recruited staff:

Sl. No.	Name of the training	Period of training	1996-97	1997-98	1998-99
1.	Para Medical Workers	4 months	-	127	121
2.	Training of X-Ray Technicians	1 year	-	30	-
3.	Training of MPHW (Male)	1 year	-	-	-
4.	Health Inspectors Training (In service)	1 year	171	-	-

School Health Education Unit:-

This unit is responsible for Planning, Organising and Implementing Health Education Programme in all the Primary Schools and Teachers training of primary schools in the State. It is solely monitored by the Deputy Director(SHE).

School Health Programme:

The School Health Programme has been implemented in all the Primary and Higher primary schools in both Rural and Urban areas of the State. All the District Health and Family Welfare Officers are implementing the programme effectively as per the instructions of this Directorate. The following are various activities.

1. Medical Examination of the students
2. Immunisation of Children with D & T
3. Providing treatment for minor ailments
4. Students requiring specialist care are referred to nearest hospital regularly.

Health Education to teachers as well as students regarding; personal hygiene, environmental sanitation, drinking water, use of latrines are being taught regularly.

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III. Statement showing the progress report on School Health Services from 1996-97 to 1998-99.

Sl. No.	Particulars	1996-97 Special School Health Programme	1996-97	1997-98	1998-99
(1)	(2)	(3)	(4)	(5)	(6)
1.	No. of students in Schools I, IV & VII	551000	3099478	3134072	3173185
2.	No. of students medical examined	3995440	1606175	1535474	1704202
3.	No. of students found defective	219503	265428	278719	287755
4.	No. of students followup for defects	-	150679	193332	102836
	Immunization Programme:				
1.	No. of students given D & T vaccination	686891	650295	697826	718603
2.	No. of students given T.T. vaccination	865653	899653	701225	737427
	Health Education Programme:				
1.	No. of Health talks given in schools	--	5581	96706	107609
2.	No. of School teachers trained under school health programme	-	9391	1365	6923
	Mobile Opthalmic and Dental Services:				
	Dental:				
1.	No. of students Dental examined	-	45303	46525	30553
2.	No. of found defective	-	10135	9980	6446
3.	No. of treated	-	4099	5225	2416
	Opthalamic				
1	No of Students examined	-	52325	48334	19568
2	No of defective		2094	1988	624
3	No of Students treated	-	1924	1660	493

...6...

MCI-211/98-Regn./19956 20/10/1998

To:

1. The President of all State Medical Councils,
2. The Directors of Health Services/Directors of Medical Education
   All State Govt. and Union Territory Administrations.

Subject: Action to be taken against un-qualified medical practitioners/quacks.

Sir,

Section 15 of the Indian Medical Council Act, 1956 provides that no person other than a Medical Practitioner enrolled on a State Medical Register or given provisional registration under Section 25 shall practice Medicine in any State and any person contravening this provision shall be punished with imprisonment for a term which may extend to one thousand rupees, or with both.

In the letter addressed by the Central Govt. (Ministry of Health & F.W.) to all State Govt./UT Govt. on 01.06.1982 they were informed that despite lapse of so many years no tangible action has been taken against the entry of fresh unqualified persons into the rank of the registrable stock. At that time the annual addition of medical graduates from 106 medical colleges were 13,000. With the significant increase in the number of qualified doctors there was no dearth of trained and qualified medical personnel in the country. Also, a number of cases of gross negligence on the part of unqualified medical practitioners came to notice of the Govt. To put an end to the problem of unqualified medical practitioners as well as to ensure that there is no fresh addition whatsoever of unqualified persons to the stream of practitioners, the State/UT Govts. were asked to invoke the penal provisions of I.M.C.Act, 1956, as per the above stated communication of the Central Government.

In connection with a writ petition filed by the Indian Medical Association, Delhi Branch in the High Court of Delhi., the High Court of Delhi had directed the Government of National Capital Territory of Delhi to file FIRs on individual basis and in persuance of the decision, the Delhi Govt. have formed an anti quackery raid party who on day to day basis have been filing FIRs against unqualified medical practitioners. In this context a copy of the Govt. of India, Ministry of Health & Family Welfare letter No.C.18018/9/96ME(UG) dated that 9th August 1996 is enclosed for ready reference.

Contd.....2.....

It is therefore, requested that all State Govts./State Medical Councils may please take necessary action against quacks practising in the State/UT concerned. Action taken may please be intimated to this Council.

Yours faithfully,

(DR.M.SACHDEVA)
SECRETARY.

Endst. No. MCI-211(2)/98-Regn./19998 Dated: 20.10.1998

Copy to Ministry of Health & F.W., Deptt. of Health, attention Shri S.K.Mishra, Desk Officer ME (UG) with the request that necessary action may please be taken to follow up with the State/UT Govts. for taking necessary penal action against quacks.

(DR. M.SACHDEVA)
SECRETARY

Letter No.KMC/UNO/84-85 dated 31-5-1984 from the President, Karnataka Medical Council, Bangalore to the Secretary to the Government of Karnataka, Health and Family Welfare Department, Multi Storeyed Building, III Stage, Dr.B.R.Ambedkar Veedhi, K.R. Circle, Bangalore-560001.

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Subject: Problem of Quackery - Containment of - by the Government of Karnataka.

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Recommendations of the Committee and recommended by the Karnataka Medical Council.

* * *

1. All Doctors practising allopathic system of medicine in Karnataka State should be registered. The registration should be made mandatory as per provisions of the Medical Council of India Act and KarnatakaMedical Council Act. In addition, the Medical Practitioners should invariably quote their KMC. Registration number and its validity on their prescriptions issued to the patients, on the sign Boards and on their letter heads, etc.,

2. Any doctor who intends to practice in the State of Karnataka Council, irrespective of his registration in other State Medical Councils of India must register in the Karnataka Medical Council.

3. Prescriptions not mentioning the KMC.registration number and its validity shall not be honoured by the Pharmacists/Chemists and Druggists.

4. No person who is not registered in the Karnataka Medical Council is empowered to prescribe or use Allopathic drugs.

5. Other persons practising as Registered Medical Practitioners (RMP) in other systems of Medicine, Like Ayurveda, Unani, Siddha etc., should also be regulated through their respective Board/Council and they should not encroach upon prescribing Allopathic Medicines.

6. Stringent punishment should be stipulated for violation of the above by making suitable legislation on the lines of Karnataka Medical Council Act.

7. Public are requested to co-operate and to be cautious.

* * * * *

Indian Medical Association

Karnataka State

President
Dr. S. B. Kulkarni

- Population Control -- A National Emergency
- Potable Water- A Civil Right
- Nutrition As a Child's Right
- Primary & Preventive Health Care- A Citizen's Right
- (1) Increase in Budget for Health
- Compulsory Secondary Education for the Adolescent Girl Child
- Environment and Sanitation- A National Commitment
- Medical Education and Research Policy
- Abolition of Quackery
- Health Education for All
- Involvement of Private Sector in National Health Programmes
- (2) Uniform Wages and Service Conditions Policy for Different Medical Professionals
- (3) Consumer Protection Act to be Amended
- Extended Universal Immunisation For Children
- Creation of National Health Commission

Abol of ~~sales~~ tax on life saving drugs - cancer etc - all categories

Providing infrastructure to NGOs

1998–99ನೇ ಸಾಲಿನ ಭಾರತೀಯ ವೈದ್ಯಪದ್ಧತಿಗಳು ಮತ್ತು ಹೋಮಿಯೋಪತಿ ಇಲಾಖೆಗೆ ಸಂಬಂಧಿಸಿದಂತೆ ಅಂದಾಜು ಸಮಿತಿಯು ಮೊದಲನೆಯ ಶಿಫಾರಸ್ಸುಗಳಿಗೆ ಅನುಸರಣಾ ವರದಿ.

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ಇಲಾಖೆ: ಭಾರತೀಯ ವೈದ್ಯಪದ್ಧತಿಗಳು ಮತ್ತು ಹೋಮಿಯೋಪತಿ.

ಅಂದಾಜು ಸಮಿತಿಯ ಶಿಫಾರಸ್ಸುಗಳು		ಇಲಾಖೆಯ ಅನುಸರಣಾ ವರದಿ
ಪ್ಯಾರಾ–11 ಶಿಫಾರಸ್ಸುಗಳ ಪುಟ ಸಂಖ್ಯೆ–24.	ಭಾರತೀಯ ವೈದ್ಯಪದ್ಧತಿಗಳು ಮತ್ತು ಹೋಮಿಯೋಪತಿ ಇಲಾಖೆಯಲ್ಲಿ ಪ್ರಾಧ್ಯಾಪಕರು, ಸಹಾಯಕ ಪ್ರಾಧ್ಯಾಪಕರು (ಆಯುರ್ವೇದ) ಪ್ರಾಚಾರ್ಯರು (ಯುನಾನಿ) ಮುಂತಾದ ಹುದ್ದೆಗಳನ್ನು ಭರ್ತಿ ಮಾಡದೆ ಉಳಿದಿರುವುದು ಗಮನಿಸಲಾಗಿದೆ. ಈ ಇಲಾಖೆಯಲ್ಲಿ ಗ್ರೂಪ್ ಎ, ಬಿ, ಸಿ ಮತ್ತು ಡಿ ವರ್ಗದಲ್ಲಿ ಎಲ್ಲಾ ಹುದ್ದೆಗಳನ್ನು ಕೂಡಲೇ ಭರ್ತಿ ಮಾಡಲು ಕ್ರಮ ತೆಗೆದುಕೊಳ್ಳಬೇಕೆಂದು ಸಮಿತಿಯು ಶಿಫಾರಸ್ಸು ಮಾಡುತ್ತದೆ.	: ಭಾರತೀಯ ವೈದ್ಯಪದ್ಧತಿಗಳು ಮತ್ತು ಹೋಮಿಯೋಪತಿ ಇಲಾಖೆಯಲ್ಲಿ ಪ್ರಾಚಾರ್ಯರು (ಆ) 1 ಹುದ್ದೆ, ಪ್ರಾಧ್ಯಾಪಕರು(ಆ) 10 ಹುದ್ದೆಗಳು, ಸಹಾಯಕ ಪ್ರಾಧ್ಯಾಪಕರು(ಆ) 42 ಹುದ್ದೆಗಳು, ಪ್ರಾಧ್ಯಾಪಕರು(ಯುನಾ) 5 ಹುದ್ದೆಗಳು ಖಾಲಿಯಿರುತ್ತವೆ. ಪ್ರಾಚಾರ್ಯರು(ಯುನಾ) ಹುದ್ದೆಯನ್ನು ಭರ್ತಿ ಮಾಡಲಾಗಿದೆ. ಆಯುರ್ವೇದದಲ್ಲಿ ನವೆಂಬರ್ 98 ರಲ್ಲಿ 10 ಪ್ರಾಧ್ಯಾಪಕರನ್ನು ನೇರ ನೇಮಕಾತಿ ಪ್ರಕಾರದ ಮೇಲೆ ನೇಮಿಸಲಾಗಿದೆ. ಆಯುರ್ವೇದ ಮತ್ತು ಯುನಾನಿ ಪ್ರಾಧ್ಯಾಪಕರು ಮತ್ತು ಸಹಾಯಕ ಪ್ರಾಧ್ಯಾಪಕರ ಹುದ್ದೆಗಳನ್ನು ಶೇ.100ರ ಪದೋನ್ನತಿ ಹುದ್ದೆಗಳಾಗಿ ಪರಿವರ್ತಿಸಲು ಶಾಲ ಇರುವ ನೇರ ನೇಮಕಾತಿ ನಿಯಮಾವಳಿಗೆ ತಿದ್ದುಪಡಿ ತರಲು ಸರ್ಕಾರದ ಆಧಿಸೂಚನೆ ಸಂಖ್ಯೆ:ಡಿಪಿಎಆರ್ 104 ಎಸ್‌ಪಿಸಿ 94 ದಿನಾಂಕ 27–5–95ರ ಪ್ರಕಾರ ಕರಡು ಅಧಿಸೂಚನೆ ಹೊರಡಿಸಲಾಗಿದೆ. ಅಂತಿಮ ಅಧಿಸೂಚನೆ ಹೊರಡಿಸುವ ಸಂದರ್ಭದಲ್ಲಿದೆ. ನಂತರ ಖಾಲಿ ಇರುವ ಮೇಲ್ಕಂಡ ಹುದ್ದೆಗಳನ್ನು ಭರ್ತಿ ಮಾಡಲಾಗುವುದು. ಖಾಲಿ ಇರುವ ಗ್ರೂಪ್– ಬಿ ವೃಂದದ ಉಪನ್ಯಾಸಕರು (ಆ) 7 ಹುದ್ದೆಗಳಿಗೆ ಈಗಿರುವ ನೇಮಕಾತಿಗಳಿಗೆ ಸ್ನಾತಕೋತ್ತರ ವಿದ್ಯಾರ್ಹತೆಯನ್ನು ನಿಗಧಿಪಡಿಸಲು ಸರಕು ಅಧಿಸೂಚನೆ ಹೊರಡಿಸಲಾಗಿದೆ. ಅಂತಿಮ ಅಧಿಸೂಚನೆ ಹೊರಟ ನಂತರ ಇವುಗಳ ಭರ್ತಿಗೆ ಕ್ರಮ ಕೈಗೊಳ್ಳಲಾಗುವುದು. 'ಬಿ' ವೃಂದದಲ್ಲಿ ಇಲಾಖೆಯಲ್ಲಿ ಖಾಲಿಯಿರುವ ವೈದ್ಯರು ದರ್ಜೆ–2(ಆ) ವೃಂದದಲ್ಲಿ 145 ಹುದ್ದೆಗಳ ಭರ್ತಿಗೆ ಕರ್ನಾಟಕ ಲೋಕ ಸೇವಾ ಆಯೋಗ ಆಯ್ಕೆ ಪಟ್ಟಿ ಪ್ರಕಟಿಸಿದೆ. ಇದರಲ್ಲಿ 102 ವೈದ್ಯರನ್ನು ಸರ್ಕಾರ ನೇಮಕ ಮಾಡಿದೆ. ಉಳಿದ 43 ಅಭ್ಯರ್ಥಿಗಳಿಗೆ ನೇಮಕಾತಿ ನೀಡಲು ಸರ್ಕಾರದ ಹಂತದಲ್ಲಿ ಪರಿಶೀಲನೆಯಲ್ಲಿದೆ.

...

: ಉಳಿದ ಖಾಲಿಯುಳಿದಿರುವ ವೈದ್ಯರು ದರ್ಜೆ–2(ಆ) ಹುದ್ದೆಗಳಲ್ಲಿ 148 ಜನ ಗುತ್ತಿಗೆ ವೈದ್ಯರು ಗ್ರಾಮಾಂತರ ಪ್ರದೇಶಗಳ ಚಿಕಿತ್ಸಾಲಯಗಳಲ್ಲಿ ಕೆಲಸ ನಿರ್ವಹಿಸುತ್ತಿದ್ದಾರೆ. ಯುನಾನಿ ವೈದ್ಯಪದ್ಧತಿಯಲ್ಲಿ 18 ಜನ ವೈದ್ಯರನ್ನು ನೇಮಕಾತಿ ಮಾಡಲಾಗಿದೆ. 12 ಜನ ಗುತ್ತಿಗೆ ವೈದ್ಯರು ಗ್ರಾಮಾಂತರ ಚಿಕಿತ್ಸಾಲಯದಲ್ಲಿ ಕರ್ತವ್ಯ ನಿರ್ವಹಿಸುತ್ತಿದ್ದಾರೆ. ಅದೇ ರೀತಿ ಹೋಮಿಯೋಪತಿ ವೈದ್ಯಪದ್ಧತಿಯಲ್ಲಿ 6 ಜನ ವೈದ್ಯರುಗಳು ನೇಮಕವಾಗಿರುತ್ತಾರೆ. 4 ಜನ ಗುತ್ತಿಗೆ ವೈದ್ಯರು ಗ್ರಾಮಾಂತರ ಪ್ರದೇಶಗಳಲ್ಲಿ ಕರ್ತವ್ಯ ನಿರ್ವಹಿಸುತ್ತಿದ್ದಾರೆ. ಶುಶ್ರೂಷಕಿ ಅಧೀಕ್ಷಕರು ದರ್ಜೆ–2 ರ 3ಹುದ್ದೆಗಳು ಪತ್ರಾಂಕಿತ ಸಹಾಯಕರು 3 ಹುದ್ದೆಗಳು ಪದೋನ್ನತಿ ಹುದ್ದೆಗಳಾಗಿದ್ದು ಈ ಹುದ್ದೆಗಳನ್ನು ಭರ್ತಿ ಮಾಡಲು ಸರ್ಕಾರದ ನಿಲುವಿಗೆ ಆದೇಶವಿದೆ.

ಗ್ರೂಪ್ 'ಸಿ' ಹುದ್ದೆಗಳಲ್ಲಿ ಪ್ರಥಮ ದರ್ಜೆ ಸಹಾಯಕರು ಮತ್ತು ದ್ವಿತೀಯ ದರ್ಜೆ ಸಹಾಯಕರ ತಲಾ 5 ಹುದ್ದೆಗಳಿಗೆ ಕರ್ನಾಟಕ ಲೋಕಸೇವಾ ಆಯೋಗ ಸ್ಪರ್ಧಾತ್ಮಕ ಪರೀಕ್ಷೆ ನಡೆಸಿದ್ದು, ಅಭ್ಯರ್ಥಿಗಳ ಆಯ್ಕೆ ಪಟ್ಟಿ ಹೊರಡಿಸುವ ಹಂತದಲ್ಲಿದೆ. ಬೆರಳಚ್ಚುಗಾರರ 6 ಹುದ್ದೆಗಳನ್ನು ಭರ್ತಿ ಮಾಡಲು ಶೀನ್ರಲಿಪಿಗಾರರು ಮತ್ತು ಬೆರಳಚ್ಚುಗಾರರ ವೃಂದಿಕಾರವನ್ನು ಕೋರಿದ್ದು, ಈ ಹುದ್ದೆಗಳ ಭರ್ತಿಗೆ ಪ್ರಕಟಣೆ ಹೊರಡಿಸಿದ್ದು ಆಯ್ಕೆ ಪಟ್ಟಿ ನಿರೀಕ್ಷಿಸಲಾಗಿದೆ. ಶುಶ್ರೂಷಕಿಯರು 70, ಔಷಧಿ ವಿತರಕರು(ಆ), 250, ಔಷಧಿ ವಿತರಕರು(ಯುನಾನಿ) 11 ಹುದ್ದೆಗಳಿಗೆ ಭರ್ತಿ ಮಾಡಲು ತರಬೇತಿ ಪಡೆದ ಅಭ್ಯರ್ಥಿಗಳು ಇರುವುದಿಲ್ಲ. ಈ ಹುದ್ದೆಗಳಿಗೆ ತರಬೇತಿ ನಡೆಸಲು ಪರ್ಯಾಯ ಏರ್ಪಾಡುಗಳನ್ನು ಪರಿಷ್ಕರಣೆ ಮಾಡಲು ಕ್ರಮ ಕೈಗೊಳ್ಳಲಾಗಿದ್ದು, ಅನಂತರ ಖಾಲಿ ಅಭ್ಯರ್ಥಿಗಳನ್ನು ನಿಯಮಾನುಸಾರ ಆಯ್ಕೆ ಮಾಡಿ ತರಬೇತಿ ನೀಡಿ ಹುದ್ದೆಗಳನ್ನು ಭರ್ತಿ ಮಾಡಲು ಕ್ರಮ ಕೈಗೊಳ್ಳಲಾಗುವುದು.

ಗ್ರೂಪ್ 'ಡಿ' 250 ಹುದ್ದೆಗಳು ಇಲಾಖೆಯಲ್ಲಿ ಖಾಲಿ ಇದ್ದು ಸರ್ಕಾರದ ಆದೇಶ ಸಂಖ್ಯೆ:ಡಿಪಿಎಆರ್ 2 ಎನ್ಇಪಿ 95 ದಿನಾಂಕ 23–11–95 ರ ಪ್ರಕಾರ ದಿನಾಂಕ 1–7–84 ಮತ್ತು ಅದಕ್ಕೂ ಮೊದಲು ದಿನಗೂಲಿ ನೌಕರರಾಗಿ ನೇರಿ ಸಕ್ರಮಗೊಂಡ ನೌಕರರಿಂದ ಭರ್ತಿ ಮಾಡಲು ಆಯಾ ಜಿಲ್ಲಾಧಿಕಾರಿಗಳು ಮತ್ತು ಜಿಲ್ಲಾ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಅಧಿಕಾರಿಗಳು ಮತ್ತು ಅಧೀನ ಸಂಸ್ಥೆಗಳ ಮುಖ್ಯಸ್ಥರುಗಳನ್ನು ಕೋರಿದ್ದು ಈಗಾಗಲೇ ಕೆಲವು ಹುದ್ದೆಗಳು ಭರ್ತಿಯಾಗಿವೆ.

12) ಭಾರತೀಯ ವೈದ್ಯಪದ್ಧತಿಗಳು ಮತ್ತು ಹೋಮಿಯೋಪತಿ ಇಲಾಖೆಗೆ ಸಂಬಂಧಿಸಿದ ಡ್ರಗ ಟೆಸ್ಟಿಂಗ್ ಲ್ಯಾಬ್ ಹಾಗೂ ಆಸ್ಪತ್ರೆಗಳು ಮತ್ತು ಕಾಲೇಜುಗಳಿಗೆ ಸ್ವಂತ ಕಟ್ಟಡ ನಿರ್ಮಾಣಕ್ಕೆ ಹೆಚ್ಚಿನ ಹಣ ಒದಗಿಸುವಂತೆ ಸಮಿತಿಯು ಶಿಫಾರಸ್ಸು ಮಾಡುತ್ತದೆ.

: ಭಾರತೀಯ ವೈದ್ಯಪದ್ಧತಿಗಳು ಮತ್ತು ಹೋಮಿಯೋಪತಿ ಇಲಾಖೆಯ ಕಟ್ಟಡ ನಿರ್ಮಾಣಕ್ಕೆ ಹೆಚ್ಚಿನ ಆಯವ್ಯಯವನ್ನು ಒದಗಿಸಲು ಸರ್ಕಾರವನ್ನು ಕೋರಲಾಗಿದೆ. ಪ್ರಸಕ್ತ 1999–2000 ಸಾಲಿನಲ್ಲಿ ರೂ.39 ಲಕ್ಷ ಆಯವ್ಯಯವನ್ನು ಕಟ್ಟಡಗಳ ನಿರ್ಮಾಣಕ್ಕೆ ಒದಗಿಸಲಾಗಿದೆ. ಈಗಾಗಲೇ ಸರ್ಕಾರಿ ಹೋಮಿಯೋಪತಿ ವೈದ್ಯಕೀಯ ಮಹಾವಿದ್ಯಾಲಯ, ಸರ್ಕಾರಿ ಯುನಾನಿ ವೈದ್ಯಕೀಯ ಮಹಾವಿದ್ಯಾಲಯ ಮತ್ತು ಬೆಂಗಳೂರಿನ ಮಹಿಳಾ

: ಹಾಸ್ಟೆಲ್‌ಗಳ ಕಟ್ಟಡದ ನಿರ್ಮಾಣ ಪ್ರಗತಿಯಲ್ಲಿದೆ. ರಾಜ್ಯ ಸರ್ಕಾರ ಒದಗಿಸಿರುವ ಆಯುಷ್ಯಂತರ ಜೊತೆಗೆ ಈ ಕಟ್ಟಡಗಳ ನಿರ್ಮಾಣಕ್ಕೆ ಕೇಂದ್ರ ಸರ್ಕಾರದಿಂದ ಧನ ಸಹಾಯ ಪಡೆಯಲಾಗುತ್ತಿದೆ. ಈಗಾಗಲೇ ಸರ್ಕಾರಿ ಹೋಮಿಯೋಪತಿ ವೈದ್ಯಕೀಯ ಮಹಾವಿದ್ಯಾಲಯದ ಕಟ್ಟಡದ ನಿರ್ಮಾಣಕ್ಕೆ ರೂ.19.97 ಲಕ್ಷ ಹಾಗೂ ಬೆಂಗಳೂರಿನ ಮಹಿಳಾ ಹಾಸ್ಟೆಲಿನ 2ನೇ ಹಂತದ ನಿರ್ಮಾಣಕ್ಕೆ ರೂ. 10 ಲಕ್ಷ ಅನುದಾನವನ್ನು ಕೇಂದ್ರ ಸರ್ಕಾರದ ನೀತಿದೆ. ಸರ್ಕಾರಿ ಆಯುನಾನಿ ವೈದ್ಯಕೀಯ ಮಹಾವಿದ್ಯಾಲಯಕ್ಕೆ ಸಹಾಯಾನುದಾನ ಪಡೆಯಲು ಪ್ರಯತ್ನಿಸಲಾಗಿದ್ದು ಅನುದಾನ ಬಿಡುಗಡೆಯನ್ನು ನಿರೀಕ್ಷಿಸಲಾಗಿದೆ. ಈ ಕಟ್ಟಡಗಳ ನಿರ್ಮಾಣ ಕೀಲ್ಪ್ರದಲ್ಲಿ ಪೂರ್ಣಗೊಳಿಸಲು ಹೆಚ್ಚಿನ ಆಯುಷ್ಯಂತರ ಅವಶ್ಯಕತೆ ಇದೆ. ಉಳಿದ ಕಟ್ಟಡಗಳ ನಿರ್ಮಾಣವನ್ನೂ ಸಹ ಆದ್ಯತೆ ಮೇರೆ ಆಯುಷ್ಯಂತ ಅವಕಾಶವನ್ನು ಅವಲಂಬಿಸಿ ಕೈಗೊಳ್ಳಲು ಕ್ರಮ ಕೈಗೊಳ್ಳಲಾಗುವುದು.

13) ರಾಜ್ಯದ 13 ಜಿಲ್ಲೆಗಳಲ್ಲಿ ಆಯುರ್ವೇದ ಆಸ್ಪತ್ರೆಗಳು ಇವೆ. ಇನ್ನು 14 ಜಿಲ್ಲೆಗಳಲ್ಲಿ ಇಂತಹ ಆಸ್ಪತ್ರೆಗಳ ಅವಶ್ಯಕತೆ ಇದೆ. ಎಷ್ಟೂ ಆಯುರ್ವೇದ ಆಸ್ಪತ್ರೆಗಳಿಲ್ಲ ಅಂತಹ ಜಿಲ್ಲೆಗಳಲ್ಲಿ ಆಸ್ಪತ್ರೆಗಳನ್ನು ತೆರೆಯಲು ಸೂಕ್ತ ಕ್ರಮ ತೆಗೆದುಕೊಳ್ಳಬೇಕೆಂದು ಸಮಿತಿಯು ಶಿಫಾರಸ್ಸು ಮಾಡುತ್ತದೆ.

: ರಾಜ್ಯದಲ್ಲಿನ 27 ಜಿಲ್ಲೆಗಳಲ್ಲಿ ಬೆಂಗಳೂರು ಗ್ರಾಮಾಂತರ ಜಿಲ್ಲೆಯನ್ನು ಹೊರತು ಪಡಿಸಿದರೆ ಉಳಿದ 26 ಜಿಲ್ಲೆಗಳ ಪೈಕಿ ಈಗಾಗಲೇ 17 ಜಿಲ್ಲಾ ಕೇಂದ್ರಗಳಲ್ಲಿ ಸರ್ಕಾರಿ ಆಯುರ್ವೇದ ಆಸ್ಪತ್ರೆ ಇವೆ. ಬಾಕಿ ಇರುವ 9 ಜಿಲ್ಲಾ ಕೇಂದ್ರಗಳಲ್ಲಿ ಯೋಜನೇತರ ಆಯುಷ್ಯಂತ ಅವಕಾಶದ ಪರಿಮಿತಿಗೆ ಒಳಪಟ್ಟು ಪ್ರತಿ ವರ್ಷ 1 ಅಥವಾ 2 ಜಿಲ್ಲಾ ಮಟ್ಟದ ಆಸ್ಪತ್ರೆಗಳನ್ನು ತೆರೆಯಲು ಕ್ರಮ ಕೈಗೊಳ್ಳಲಾಗುವುದು.

29) ಪ್ರಸ್ತುತ ಅಲೋಪತಿ ವ್ಯವಸ್ಥೆಗೆ ಹೊಲಿಸಿದಲ್ಲಿ ಆಯುರ್ವೇದಿಕ್ ಪದ್ಧತಿಗೆ ಮಲತಾಯಿಧೋರಣೆ ತೋರುತ್ತಿರುವುದನ್ನು ಸಮಿತಿಯು ಮನಗಂಡು ಅಲೋಪತಿ ಪದ್ಧತಿಯಷ್ಟೇ ಆದ್ಯತೆಯನ್ನು ಆಯುರ್ವೇದಿಕ್ ಪದ್ಧತಿಗೂ ಕೊಡಬೇಕೆಂದು ಮತ್ತು ರಾಜ್ಯದಲ್ಲಿನ ಎಲ್ಲಾ ತಾಲ್ಲೂಕು ಕೇಂದ್ರಗಳಲ್ಲಿ ಒಂದು ಆಯುರ್ವೇದ ಪದ್ಧತಿಯ ಆಸ್ಪತ್ರೆಯನ್ನು ತೆರೆಯಲು ಕೂಡಲೇ ಕ್ರಮ ಕೈಗೊಳ್ಳಬೇಕೆಂದು ಹಾಗೂ ಜಿಲ್ಲಾ

: ತಾಲ್ಲೂಕು ಮಟ್ಟದಲ್ಲಿ ಆಯುರ್ವೇದ ಆಸ್ಪತ್ರೆಗಳನ್ನು ತೆರೆಯುವುದು ಜಿಲ್ಲಾ ಪಂಚಾಯಿತಿಗಳ ಆಡಳಿತ ವ್ಯಾಪ್ತಿಯಲ್ಲಿದೆ. ಪ್ರಸ್ತುತದಲ್ಲಿ 41 ತಾಲ್ಲೂಕು ಕೇಂದ್ರಗಳಲ್ಲಿ ಈಗಾಗಲೇ ಭಾರತೀಯ ವೈದ್ಯಪದ್ಧತಿಗಳು ಮತ್ತು ಹೋಮಿಯೋಪತಿ ಆಸ್ಪತ್ರೆಗಳನ್ನು ತೆರೆಯಲಾಗಿದೆ. ಜಿಲ್ಲಾ ಪಂಚಾಯಿತಿಗಳು ಈ ಉದ್ದೇಶಕ್ಕೆ ಒದಗಿಸುವ ಆಯುಷ್ಯಂತ ಮತ್ತು ಕಟ್ಟಡ ಸೌಲಭ್ಯಗಳನ್ನು ಅವಲಂಬಿಸಿ ತಾಲ್ಲೂಕು ಕೇಂದ್ರದಲ್ಲಿ ಆಯುರ್ವೇದ ಆಸ್ಪತ್ರೆಗಳನ್ನು ತೆರೆಯಲಾಗುತ್ತಿದೆ.

: ಉಳಿದ ಖಾಲಿಯಿರುವ ವೈದ್ಯರು ದರ್ಜೆ–2(ಆ) ಹುದ್ದೆಗಳಲ್ಲಿ 148 ಜನ ಗುತ್ತಿಗೆ ವೈದ್ಯರು ಗ್ರಾಮಾಂತರ ಪ್ರದೇಶಗಳ ಚಿಕಿತ್ಸಾಲಯಗಳಲ್ಲಿ ಕೆಲಸ ನಿರ್ವಹಿಸುತ್ತಿದ್ದಾರೆ. ಆಯುರ್ವಾನಿ ವೈದ್ಯಪದ್ಧತಿಯಲ್ಲಿ 18 ಜನ ವೈದ್ಯರನ್ನು ನೇಮಕಾತಿ ಮಾಡಲಾಗಿದೆ. 12 ಜನ ಗುತ್ತಿಗೆ ವೈದ್ಯರು ಗ್ರಾಮಾಂತರ ಚಿಕಿತ್ಸಾಲಯಗಳಲ್ಲಿ ಕರ್ತವ್ಯ ನಿರ್ವಹಿಸುತ್ತಿದ್ದಾರೆ. ಅದೇ ರೀತಿ ಹೋಮಿಯೋಪತಿ ವೈದ್ಯಪದ್ಧತಿಯಲ್ಲಿ 6 ಜನ ವೈದ್ಯರುಗಳು ನೇಮಕವಾಗಿರುತ್ತಾರೆ. 4 ಜನ ಗುತ್ತಿಗೆ ವೈದ್ಯರು ಗ್ರಾಮಾಂತರ ಪ್ರದೇಶಗಳಲ್ಲಿ ಕರ್ತವ್ಯ ನಿರ್ವಹಿಸುತ್ತಿದ್ದಾರೆ. ಶುಶ್ರೂಷಕಿ ಅಧೀಕ್ಷಕರು ದರ್ಜೆ–2 ರ 13 ಹುದ್ದೆಗಳು ಪತ್ರಾಂಕಿತ ಸಹಾಯಕರು 3 ಹುದ್ದೆಗಳು ಪದೋನ್ನತಿ ಹುದ್ದೆಗಳಾಗಿದ್ದು ಈ ಹುದ್ದೆಗಳನ್ನು ಭರ್ತಿ ಮಾಡಲು ಸರ್ಕಾರದ ನಿಲುವಿಗೆ ಆದೇಶವಿದೆ.

ಗ್ರೂಪ್ 'ಸಿ' ಹುದ್ದೆಗಳಲ್ಲಿ ಪ್ರಥಮ ದರ್ಜೆ ಸಹಾಯಕರು ಮತ್ತು ದ್ವಿತೀಯ ದರ್ಜೆ ಸಹಾಯಕರ ತಲಾ 5 ಹುದ್ದೆಗಳಿಗೆ ಕರ್ನಾಟಕ ಲೋಕಸೇವಾ ಆಯೋಗ ಸ್ಪರ್ಧಾತ್ಮಕ ಪರೀಕ್ಷೆ ನಡೆಸಿದ್ದು, ಅಭ್ಯರ್ಥಿಗಳ ಆಯ್ಕೆ ಪಟ್ಟಿ ಹೊರಡಿಸುವ ಹಂತದಲ್ಲಿದೆ. ಬೆರಳಚ್ಚುಗಾರರ 6 ಹುದ್ದೆಗಳನ್ನು ಭರ್ತಿ ಮಾಡಲು ಶೀರ್ಘಲಿಪಿಗಾರರು ಮತ್ತು ಬೆರಳಚ್ಚುಗಾರರ ಪ್ರಾಧಿಕಾರವನ್ನು ಕೋರಿದ್ದು, ಈ ಹುದ್ದೆಗಳ ಭರ್ತಿಗೆ ಪ್ರಕಟಣೆ ಹೊರಡಿಸಿದ್ದು ಆಯ್ಕೆ ಪಟ್ಟಿ ನಿರೀಕ್ಷಿಸಲಾಗಿದೆ. ಶುಶ್ರೂಷಕಿಯರು 70, ಔಷಧಿ ವಿತರಕರು(ಆ), 250, ಔಷಧಿ ವಿತರಕರು(ಂಯು) 11 ಹುದ್ದೆಗಳಿಗೆ ಭರ್ತಿ ಮಾತಲು ತರಬೇತಿ ಪಡೆದ ಅಭ್ಯರ್ಥಿಗಳು ಇರುವುದಿಲ್ಲ. ಈ ಹುದ್ದೆಗಳಿಗೆ ತರಬೇತಿ ನಡೆಸಲು ಪಠ್ಯಕ್ರಮಗಳನ್ನು ಪರಿಷ್ಕರಣೆ ಮಾಡಲು ಕ್ರಮ ಕೈಗೊಳ್ಳಲಾಗಿದ್ದು, ಆನಂತರ ಈ ಅಭ್ಯರ್ಥಿಗಳನ್ನು ನಿಯಮಾನುಸಾರ ಆಯ್ಕೆ ಮಾತಿ ತರಬೇತಿ ನೀಡಿ ಹುದ್ದೆಗಳನ್ನು ಭರ್ತಿ ಮಾಡಲು ಕ್ರಮ ಕೈಗೊಳ್ಳಲಾಗುವುದು.

ಗ್ರೂಪ್ 'ಡಿ' 250 ಹುದ್ದೆಗಳು ಇಲಾಖೆಯಲ್ಲಿ ಖಾಲಿ ಇದ್ದು ಸರ್ಕಾರದ ಆದೇಶ ಸಂಖ್ಯೆ:ಡಿಪಿಎಆರ್ 2 ಎಸ್ಎಲ್ಸಿ 95 ದಿನಾಂಕ 23–11–95 ರ ಪ್ರಕಾರ ದಿನಾಂಕ 1–7–84 ಮತ್ತು ಅದಕ್ಕೂ ಮೊದಲು ದಿನಗೂಲಿ ನೌಕರರಿಂದ ಸಕ್ಷಮಪ್ರಾಧಿಕಾರಿಗಳು ಮತ್ತು ಜಿಲ್ಲಾ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಅಧಿಕಾರಿಗಳು ಮತ್ತು ಅಧೀನ ಸಂಸ್ಥೆಗಳ ಮುಖ್ಯಸ್ಥರುಗಳನ್ನು ಕೋರಿದ್ದು ಈಗಾಗಲೇ ಕೆಲವು ಹುದ್ದೆಗಳು ಭರ್ತಿಯಾಗಿವೆ.

12) ಭಾರತೀಯ ವೈದ್ಯಪದ್ಧತಿಗಳು ಮತ್ತು ಹೋಮಿಯೋಪತಿ ಇಲಾಖೆಗೆ ಸಂಬಂಧಿಸಿದ ಡ್ರಗ್ ಟೆಸ್ಟಿಂಗ್ ಲ್ಯಾಬ್ ಸಾಗೂ ಆಸ್ಪತ್ರೆಗಳು ಮತ್ತು ಕಾಲೇಜುಗಳಿಗೆ ಸ್ವಂತ ಕಟ್ಟಡ ನಿರ್ಮಾಣಕ್ಕೆ ಹೆಚ್ಚಿನ ಹಣ ಒದಗಿಸುವಂತೆ ಸಮಿತಿಯು ಶಿಫಾರಸ್ಸು ಮಾಡಿರುತ್ತದೆ.

: ಭಾರತೀಯ ವೈದ್ಯಪದ್ಧತಿಗಳು ಮತ್ತು ಹೋಮಿಯೋಪತಿ ಇಲಾಖೆಯ ಕಟ್ಟಡ ನಿರ್ಮಾಣಕ್ಕೆ ಹೆಚ್ಚಿನ ಆಯವ್ಯಯವನ್ನು ಒದಗಿಸಲು ಸರ್ಕಾರವನ್ನು ಕೋರಲಾಗಿದೆ. ಪ್ರಸಕ್ತ 1999–2000 ಸಾಲಿನಲ್ಲಿ ರೂ.39 ಲಕ್ಷ ಆಯವ್ಯಯವನ್ನು ಕಟ್ಟಡಗಳ ನಿರ್ಮಾಣಕ್ಕೆ ಒದಗಿಸಲಾಗಿದೆ. ಈಗಾಗಲೇ ಸರ್ಕಾರಿ ಹೋಮಿಯೋಪತಿ ವೈದ್ಯಕೀಯ ಮಹಾವಿದ್ಯಾಲಯ, ಸರ್ಕಾರಿ ಆಯು, ಸರ್ಕಾರಿ ಆಯುನಾನಿ ವೈದ್ಯಕೀಯ ಮಹಾವಿದ್ಯಾಲಯ ಮತ್ತು ಬೆಂಗಳೂರಿನ ಮಹಿಳಾ

ಜಿಲ್ಲಾ ಮಟ್ಟದಲ್ಲಿ ಕನಿಷ್ಠ 3 ವರ್ಷಗಳಲ್ಲಿ ಮತ್ತು ತಾಲ್ಲೂಕು ಮಟ್ಟದಲ್ಲಿ ಕನಿಷ್ಠ 5 ವರ್ಷಗಳೊಳಗಾಗಿ ಆಯುರ್ವೇದ ಆಸ್ಪತ್ರೆಗಳಿರುವಂತೆ ಮಾಡಬೇಕೆಂದು ಸಮಿತಿಯು ಶಿಫಾರಸ್ಸು ಮಾಡುತ್ತದೆ.

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ಪ್ರಸ್ತುತದಲ್ಲಿ 9 ಜಿಲ್ಲಾ ಕೇಂದ್ರಗಳಲ್ಲಿ ಮಾತ್ರ ಆಯುರ್ವೇದ ಆಸ್ಪತ್ರೆಗಳಿಲ್ಲ. ಇಲಾಖೆಯು ಯೋಜನೆಯಡಿ ಲಭ್ಯವಾಗುವ ಆಯವ್ಯಯವನ್ನು ಅವಲಂಬಿಸಿ ಆಯುರ್ವೇದ ಆಸ್ಪತ್ರೆಗಳಿಲ್ಲದ ಜಿಲ್ಲಾ ಕೇಂದ್ರಗಳಲ್ಲಿ ಪ್ರತಿ ವರ್ಷ 1 ಅಥವಾ 2 ರಂತೆ ಜಿಲ್ಲಾ ಆಯುರ್ವೇದ ಆಸ್ಪತ್ರೆಗಳನ್ನು ತೆರೆಯಲು ಕ್ರಮ ಕೈಗೊಳ್ಳಲಾಗುವುದು.

30) ಎಲ್ಲೆಲ್ಲಿ ಮೂಲಭೂತ ಸೌಲಭ್ಯಗಳು ಇರುವುದೋ ಅಂತಹ ಕಡೆಗಳಲ್ಲಿ ಆಸ್ಪತ್ರೆಗಳನ್ನು ತೆರೆದು ಮೂಲಭೂತ ಸೌಲಭ್ಯಗಳು ಇಲ್ಲದಿರುವ ಆಸ್ಪತ್ರೆಗಳು ಮತ್ತು ಕಾಲೇಜುಗಳನ್ನು ಅಮಾನ್ಯಗೊಳಿಸಬೇಕೆಂದು ಸಮಿತಿಯು ಶಿಫಾರಸ್ಸು ಮಾಡುತ್ತದೆ.

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ಮೂಲಭೂತ ಸೌಲಭ್ಯಗಳು ಇರುವ ಸ್ಥಳಗಳಲ್ಲಿ ಆಯವ್ಯಯದ ಅವಕಾಶವನ್ನು ಅವಲಂಬಿಸಿ ಆಸ್ಪತ್ರೆಗಳನ್ನು ತೆರೆಯಲು, ಆಸ್ಪತ್ರೆಗಳಲ್ಲಿನ ಸೌಲಭ್ಯಗಳಲ್ಲಿ ಕೊರತೆ ಇದ್ದಲ್ಲಿ ಅವನ್ನು ಸರಿಪಡಿಸಲು ಕ್ರಮ ಕೈಗೊಳ್ಳಲಾಗುವುದು. ಇಲಾಖೆಯು ವೈದ್ಯಕೀಯ ಕಾಲೇಜುಗಳ ಸಂಯೋಜನೆ ಸಾಗಾ ಮುಂದುವರಿಕೆಯ ವಿಷಯವು ರಾಜೀವ್‌ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಶ್ವವಿದ್ಯಾಲಯದ ಆಡಳಿತ ವ್ಯಾಪ್ತಿಗೆ ಒಳಪಟ್ಟಿದೆ. ರಾಜೀವ್‌ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಶ್ವವಿದ್ಯಾಲಯವು ಮತ್ತು ನವದೆಹಲಿಯ ಆಯುರ್ವೇದ ಮತ್ತು ಹೋಮಿಯೋಪತಿಯ ಕೇಂದ್ರ ಪರಿಷತ್ತುಗಳು ವೈದ್ಯಕೀಯ ಕಾಲೇಜುಗಳ ಸೌಲಭ್ಯಗಳನ್ನು ಪ್ರತಿ ವರ್ಷ ತಪಾಸಣೆ ನಡೆಸಿ ಅನುಗಳನ್ನು ಮುಂದುವರಿಸುತ್ತವೆ. ಸೌಲಭ್ಯಗಳ ಕೊರತೆಯಿದ್ದಲ್ಲಿ ಅಂತಹ ಕಾಲೇಜುಗಳ ಮುಂದುವರಿಕೆ ಅಥವಾ ಅಮಾನ್ಯತೆ ಬಗ್ಗೆ ಅನೇ ನಿರ್ಧಾರ ಕೈಗೊಳ್ಳುತ್ತವೆ.

31) ಭಾರತೀಯ ವೈದ್ಯಪದ್ಧತಿಯಲ್ಲಿ ತಾಲ್ಲೂಕು ಕೇಂದ್ರಗಳಲ್ಲಿ ವಂಶಪಾರಂಪರ್ಯವಾಗಿ ವೈದ್ಯವೃತ್ತಿ ನಡೆಸುತ್ತಿರುವವರನ್ನು ಗುರುತಿಸಿ ಅವರುಗಳನ್ನು ಪ್ರೋತ್ಸಾಹಿಸುವ ಯೋಜನೆಗಳನ್ನು ಹಾಕಿಕೊಳ್ಳಬೇಕೆಂದು ಸಮಿತಿಯು ಶಿಫಾರಸ್ಸು ಮಾಡುತ್ತದೆ.

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ಭಾರತೀಯ ವೈದ್ಯಪದ್ಧತಿಗಳು ವೈದ್ಯವೃತ್ತಿ ನಡೆಸುವ ನೊಂದಾಯಿತ ವೈದ್ಯರುಗಳಿಗೆ ಪ್ರೋತ್ಸಾಹ ನೀಡಲು ಪ್ರತಿ ವರ್ಷ 6 ಜನ ವೈದ್ಯರಿಗೆ (ಆಯುರ್ವೇದ-3, ಯುನಾನಿ-1, ಹೋಮಿಯೋಪತಿ-1, ಯೋಗ-1) ಮಾಸಾಶನ ನೀಡಿ ಪ್ರೋತ್ಸಾಹಿಸುವ ಯೋಜನೆಯನ್ನು ಇಲಾಖೆಯು ಈಗಾಗಲೇ ಹಮ್ಮಿಕೊಂಡಿದೆ.

ಭಾರತೀಯ ವೈದ್ಯ ಪದ್ಧತಿಗಳು ಹಾಗೂ ಹೋಮಿಯೋಪತಿ ಆಸ್ಪತ್ರೆಗಳು
ಅಧೀನದ ಔಷಧಾಲಯಗಳು.

(1-1-58 ರಲ್ಲಿ ಇದ್ದಂತೆ)

ಅನುಬಂಧ

ಕ್ರಮ ಸಂಖ್ಯೆ	ಸ್ಥಳ	ತಾಲ್ಲೂಕು	ಕ್ರಮ ಸಂಖ್ಯೆ	ಸ್ಥಳ	ತಾಲ್ಲೂಕು
1	2	3	1	2	3

ಬೆಂಗಳೂರು ವಿಭಾಗ

1. ಬೆಂಗಳೂರು(ನಗರ) ಜಿಲ್ಲೆ:—

1.	ಶಾಸಕರ ಭವನ	ಬೆಂಗಳೂರು
2.	ತುಳಸಿ ತೋಟ	—''—
* 3.	ಬನ್ನೇರುಘಟ್ಟ	—''—
4.	ಸೋಮನಹಳ್ಳಿ	ಬೆಂಗಳೂರು(ದಕ್ಷಿಣ)
5.	ಮಾಬೊಳಹಳ್ಳಿ	ಬೆಂಗಳೂರು(ಉತ್ತರ)
6.	ಅಂಜನಾಂಕ	—''—
7.	ಗಂಟಿಗಾನಹಳ್ಳಿ	—''—
8.	ಬಾಗಿಹಳ್ಳಿ	ಆನೇಕಲ್

2. ಬೆಂಗಳೂರು(ಗ್ರಾಮೀಣ) ಜಿಲ್ಲೆ:—

1.	ಹೊಸೂರು	ರಾಮನಗರ
2.	ತುಂಬೇನಹಳ್ಳಿ	—''—
3.	ಅಂಜಿಗಾನಹಳ್ಳಿ	ನೆಲಮಂಗಲ
4.	ಮುಂಜನಕರ್ಬಿ	—''—
5.	ಹಣಬಿ	ದೊಡ್ಡಬಳ್ಳಾಪುರ
6.	ಕೋಡಿಹಳ್ಳಿ	—''—
* 7.	ಹೆಗ್ಗನಹಳ್ಳಿ	ದೇವನಹಳ್ಳಿ
8.	ಮೋಟಗಾನಹಳ್ಳಿ	ಮಾಗಡಿ

3. ಕೋಲಾರ:—

1.	ಸೀನಂದ್ರ	ಕೋಲಾರ
2.	ಶಿವಾರಪಟ್ಟಣ	ಮಾಲೂರು
3.	ಬಿಕ್ಕ ತಿರುಪತಿ	—''—
4.	ಸೋಮೇನಹಳ್ಳಿ	ಗುಡಿಬಂಡೆ
* 5.	ಬೆಂಡಾರು	—''—
* 6.	ಸಂತೆಕಲ್ಲಹಳ್ಳಿ	ಚಿಂತಾಮಣಿ
7.	ಸೋಮಂತಾಜಲಹಳ್ಳಿ	ಶ್ರೀನಿವಾಸಪುರ
8.	ಅಂಬ್ಲಿಕಲ್	ಮುಳಬಾಗಿಲು

4. ತುಮಕೂರು:—

1.	ಹಿರೇಹಳ್ಳಿ	ತುಮಕೂರು
* 2.	ಶೀತಕಲ್ಲು	—''—
3.	ಹೊನ್ನಗೆರೆ	—''—
4.	ಮಾಂತುಸಂದ್ರ	ಶಿರಾ
5.	ಶಿಡ್ಲೆಕೋಣ	—''—
* 6.	ಬೆಟ್ಟದಹಳ್ಳಿ	ಗುಬ್ಬಿ
* 7.	ದೊಡ್ಡಗುಣಿ	—''—
8.	ಬಿ.ಕೋಡಿಹಳ್ಳಿ	—''—
9.	ಹರಡಗೆರೆ	—''—
10.	ದುಡ್ಡನಹಳ್ಳಿ	ಕೊರಟಗೆರೆ
* 11.	ದೊಡ್ಡಮದುರೆ	ಕುಣಿಗಲ್
* 12.	ಗಂಗನಘಟ್ಟ	ತಿಪಟೂರು
* 13.	ರಾಮನಂದ್ರಪುರ	—''—
* 14.	ಕಂಪಾರಹಳ್ಳಿ	—''—

2....

	1	2	3
×	15.	ಕೋನೇಹಳ್ಳಿ	ತಿಪಟೂರು
	16.	ಬುರುಗೇಘಟ್ಟ	— '' —
×	17.	ಚನ್ನಕೇಶವಪುರ	ಪಾವಗಡ
×	18.	ದೊಮ್ಮತಮರಿ	— '' —
×	19.	ಅರೇಮಲ್ಲೇನಹಳ್ಳಿ	ತುರುವೇಕೆರೆ
×	20.	ದಬ್ಬೇಘಟ್ಟ	— '' —
×	21.	ಸಜ್ಜೇಹೊಸಹಳ್ಳಿ	ಮಧುಗಿರಿ
×	22.	ಗರಣಿ	— '' —
×	23.	ಚಿಕ್ಕದಾಳವಟ್ಟ	— '' —
	24.	ಜೆ.ಪಿ.ಲೇನಹಳ್ಳಿ	ಚಿಕ್ಕನಾಯಕನಹಳ್ಳಿ
×	17.	ಗುಡವಿ	ಸೊರಬ
×	18.	ಮುಲ್ಲಾಪುರ	— '' —
	19.	ಕಾತುವಳ್ಳಿ	— '' —
×	20.	ಸಾಲೂರು	ತೀರ್ಥಹಳ್ಳಿ
×	21.	ಹೊದಲ	— '' —
×	22.	ಬಸವಾನಿ	— '' —
×	23.	ಬಾವಿಕೈಸರು	— '' —
	24.	ಕೆಂದಾಳಬೈಲು	— '' —
×	25.	ಪುರಪ್ಪೆಮನೆ	ಹೊಸನಗರ
×	26.	ಬಿಜಾಪುರ	— '' —
×	27.	ತ್ರಿಣಿವೆ	— '' —
×	28.	ಬೆಳ್ಳೂರು	— '' —
	29.	ಹರತಾಳು	— '' —
×	30.	ಹೊನೂರು	ಶಿಕಾರಿಪುರ
×	31.	ಬೆಳಕಿ	— '' —
	32.	ಕಣೇನಂದಿಹಳ್ಳಿ	— '' —

5. <u>ಶಿವಮೊಗ್ಗ</u> :—

	1.	ಕೊಮ್ಮನಾಳು	ಶಿವಮೊಗ್ಗ
	2.	ನಿದಿಗೆ	— '' —
×	3.	ಶೆಟ್ಟಿಹಳ್ಳಿ	— '' —
×	4.	ಹೊಲೇರಡಿ	— '' —
×	5.	ಸಿಂಗೆರೆ	— '' —
×	6.	ತ್ಯಾಜವಳ್ಳಿ	— '' —
	7.	ಉಂಬಳಿಬೈಲು	— '' —
×	8.	ಆನವೇರಿ	ಭದ್ರಾವತಿ
×	9.	ಮೈದೊಳಲು	— '' —
	10.	ಹನುಮಂತಾಪುರ	— '' —
	11.	ಸೈದರ–ಕಲ್ಲಹಳ್ಳಿ	— '' —
	12.	ನಿಂಬೆಗುಂದಿ	— '' —
	13.	ಅರಳೀಕೊಪ್ಪ	— '' —
×	14.	ಸೈದೂರು	ಸಾಗರ
×	15.	ಉದ್ರಿ	ಸೊರಬ
×	16.	ಆನೆಹಳ್ಳಿ	— '' —

6. <u>ಚಿತ್ರದುರ್ಗ</u> :—

	1.	ಅಳಗವಾಡಿ	ಚಿತ್ರದುರ್ಗ
	2.	ಕೊಳಹಾಳು	— '' —
×	3.	ಕೋಗುಂಡೆ	— '' —
×	4.	ಜಂಪಣ್ಣನಾಯಕನಕೋಟೆ	— '' —
	5.	ದೊಡ್ಡಿಗನಾಳ	— '' —
	6.	ಸೂಂಡೇಕೆರೆ	ಹಿರಿಯೂರು
×	7.	ಬುರುಜನ–ಕುಂಟೆ	— '' —
×	8.	ಮ್ಯಾಕಲೂರಹಳ್ಳಿ	— '' —
×	9.	ಬ್ಯಾಡರಹಳ್ಳಿ	— '' —

10. ಬಂಡೇಬೊಮ್ಮೆನಹಳ್ಳಿ ಹೊಳಲ್ಕೆರೆ

11. ಗೂಳಿಹೊಸಹಳ್ಳಿ —''—

× 12. ಬತ್ರಹಳ್ಳಿ —''—

13. ಚಿಕ್ಕಾಳೇನಹಳ್ಳಿ —''—

14. ಹೆಬ್ಬಳ್ಳಿ ಹೊಸದುರ್ಗ

15. ಬುಕ್ಕಸಾಗರ —''—

× 16. ದೊಡ್ಡಘಟ್ಟ —''—

× 17. ದೊಡ್ಡತೇಕಲವಟ್ಟ —''—

× 18. ಆಲಘಟ್ಟ —''—

× 19. ಕಂಗುವಳ್ಳಿ —''—

× 20. ತಂಡಗ —''—

× 21. ನನ್ನಿವಾಳ ಚಳ್ಳಕೆರೆ

× 22. ಭೂಪತಿ —''—

× 23. ಬೆಳಗೆರೆ —''—

× 24. ಓಬಳಾಪುರ —''—

× 25. ಟಿ.ಎನ್.ಕೋಟೆ —''—

× 26. ಮಲಯಾಳರಹಳ್ಳಿ —''—

× 27. ಏರೇಹಳ್ಳಿ —''—

× 28. ಮಹದೇವಪುರ —''—

× 29. ಚಿಕ್ಕ ಮದುರೆ —''—

30. ಹುಲಿಕುಂಟೆ —''—

31. ತಿಮ್ಮಪ್ಪಂತುಮ್ಮನಹಳ್ಳಿ —''—

32. ಅಬ್ಬೇನಳ್ಳಿ —''—

33. ದೇವಸಮುದ್ರ ಹೊಳಕಾಲೂರು

7. <u>ದಾವಣಗೆರೆ</u>:—

1. ಹೊಸಕಡ್ಲೆಬಾಳು ದಾವಣಗೆರೆ

2. ಹುಲಿಕಟ್ಟೆ —''—

3. ಕಾನಗೊಂಡನಹಳ್ಳಿ —''—

× 4. ನರಗನಹಳ್ಳಿ —''—

5. ಕಾಡಜ್ಜಿ —''—

6. ಅಣಬೇರು —''—

7. ಹುಬ್ಬವ್ವನಹಳ್ಳಿ ಜಗಳೂರು

8. ಹಾರಿವಾಣ ಸಂಡೂರು

× 9. ಮುಂಗಿನಗುಂಡಿ —''—

× 10. ಬಣ್ಣಿಕೊಳ್ಳಿಡು —''—

× 11. ಕದರನಹಳ್ಳಿ ಚನ್ನಗಿರಿ

× 12. ಬೆಳಗರೆ —''—

× 13. ನಲುಕ್ಕದರೆ —''—

14. ದುರ್ಗಿಗೆರೆ —''—

15. ರಾಮೇಶ್ವರ ಹೊಸನ್ನಳಿ

× 16. ಒಡೆಯರ-ಹತ್ತೂರು —''—

× 17. ಮಾದೇನಹಳ್ಳಿ —''—

× 18. ಕುಂಬಳೂರು —''—

× 19. ಮುಕ್ತೇನಹಳ್ಳಿ —''—

20. ಪಲವನಹಳ್ಳಿ —''—

21. ಚಿನ್ನಿಕಟ್ಟೆ —''—

22. ಗೊಲ್ಲರಗೊಂಡನಹಳ್ಳಿ —''—

23. ಮಾರಿಗೊಂಡನಹಳ್ಳಿ —''—

24. ಕ್ಯಾಸನಕೆರೆ —''—

× 25. ರಾಗಿಮಳವಾಡ ಹರಪನಹಳ್ಳಿ

× 26. ಕೆ.ಕಲ್ಲಹಳ್ಳಿ —''—

× 27. ಹುಲಿಕಟ್ಟೆ —''—

× 28. ಮಾಚಿಹಳ್ಳಿ —''—

× 29. ಕಂಚಿಕೇರಿ —''—

30. ಕದಬಗೇರಿ —''—

4....

1	2	3
25.	ತಾಯೂರು	ನಂಜನಗೂಡು
26.	ಕಿರುಗುಂದ	—"—
27.	ಕೊತ್ತಗಹಳ್ಳಿ	ಟಿ.ನರಸೀಪುರ
28.	ಹೆಗ್ಗೂರು	—"—
29.	ಯಾಚೇನಹಳ್ಳಿ	—"—
30.	ಮುತ್ತಲವಾಡಿ	—"—
31.	ಸಿಯೂರು	—"—

ಮೈಸೂರು ವಿಭಾಗ

8. ಮೈಸೂರು

1	2	3
1.	ಹಿನಕಲ್	ಮೈಸೂರು
2.	ದೇವಲಾಪುರ	—"—
3.	ಶ್ರೀರಾಮಪುರ	—"—
4.	ಕಲ್ಲೂರು ನಾಗನಹಳ್ಳಿ	—"—
5.	ಎಸ್.ಉತ್ತನಹಳ್ಳಿ	—"—
6.	ನಾಗನಹಳ್ಳಿ	—"—
7.	ಅಯರಹಳ್ಳಿ	ಹುಣಸೂರು
8.	ಹರ್ವೆ	—"—
9.	ಕಲ್ಲಹಳ್ಳಿ	—"—
10.	~~ಉಂಡವಾಡಿ~~ [illegible]	—"—
11.	ಸಂಚವಳ್ಳಿ	ಪಿರಿಯಾಪಟ್ಟಣ
12.	ಮಾಕೋಡು	—"—
13.	ದೊಡ್ಡ ಕಮರವಳ್ಳಿ	—"—
14.	ಕೊಣಸೂರು	—"—
15.	ಕೆಸ್ತೂರು-ಕೊಪ್ಪಲು	ಕೃಷ್ಣರಾಜಪೇಟೆ
16.	ಚೆನ್ನಂಗೆರೆ	—"—
17.	ಗಂಧನಹಳ್ಳಿ	—"—
18.	ಮೇಲೂರು	—"—
19.	ಕವಲಂದೆ	ನಂಜನಗೂಡು
20.	ಹೆಮ್ಮರಗಾಲ	—"—
21.	ನಗರಲೆ	—"—
22.	ಯಾಲಹಳ್ಳಿ	—"—
23.	ಓಲಗೆರೆ	—"—
24.	ನೇರಳೆ	—"—

9. ಚಾಮರಾಜನಗರ

1	2	3
1.	ಗಣಗಾನೂರು	ಚಾಮರಾಜನಗರ
2.	ಕೊಡಸೋಗೆ	ಗುಂಡ್ಲುಪೇಟೆ
3.	ಅಲತ್ತೂರು	—"—
4.	ನೇನೆಕಟ್ಟೆ	—"—
5.	ಸೋಮೇನಹಳ್ಳಿ	—"—
6.	ಗೋಪಾಲಪುರ	—"—
7.	ತಿಮ್ಮರಾಜೀಪುರ	ಕೊಳ್ಳೇಗಾಲ
8.	ತೆಳ್ಳನೂರು	—"—
9.	ಬಿಳಿಗಿರಿರಂಗನಬೆಟ್ಟ	ಯಳಂದೂರು

...5

10· ಹಾಸನ

1·	ಕ·ಹಿರೇಹಳ್ಳಿ	ಹಾಸನ
2·	ಮುಂಡನಾಯ್ಕನಹಳ್ಳಿ	—"—
3·	ಕಿತ್ತಾನೆ	—"—
4·	ಮುತ್ತತ್ತಿ	—"—
5·	ದೊಡ್ಡಗದ್ದವಳ್ಳಿ	—"—
6·	ಮುಠೇನೂರು	—"—
7·	ಮ ಗೆಗೂಳ್ತು	—"—
8·	ಮಾವಿನಹಳ್ಳಿ	—"—
9·	ಮಕರ್ಜರ	—"—
10·	ಎಂ·ಶಿವಾರ	ಚನ್ನರಾಯಪಟ್ಟಣ
11·	ನವಿಲೆ	—"—
12·	ಸಂತೆ–ಶಿವಾರ	—"—
13·	ದಡಿಘಟ್ಟ	—"—
14·	~~[illegible]~~ ಶ್ರೀ ರಾಮ[illegible]	—"—
15·	ಶ್ರೀಗಿರಿಕ್ಷೇತ್ರ	—"—
16·	ಚೌಳಗಾಲ	—"—
17·	ದೊಡ್ಡಕಣಗಾಲು	ಆಲೂರು
18·	ಹೊಸಪಟ್ಟಣ	—"—
19·	ಕಾಜೂರ್ವಳ್ಳಿ	—"—
20·	ಮಾವನೂರು	ಹೊಳೆನರಸೀಪುರ
21·	ತೆರಣ್ಯ	—"—
22·	ನಗರನಹಳ್ಳಿ	—"—
23·	ಜೋಡಿಗುಬ್ಬಿ	—"—
24·	ಉದ್ದೂರು	—"—
25·	ಕರಗಡ	ಬೇಲೂರು
26·	ಅಪ್ಪಿಹಳ್ಳಿ	—"—
27·	ಸಾಣೇನಹಳ್ಳಿ	—"—
28·	ಬೇಲೂರು	—"—
29·	ಅಗ್ರಹಾರ	ಅರಕಲಗೂಡು
30·	ಹೆಬ್ಬಾಲೆ	—"—
31·	ಸಂತೆಮರೂರು	—"—
32·	ಹುಲಿಕಲ	—"—
33·	ಲಕ್ಕೂರು	—"—
34·	ರಾಮನಾಥಪುರ	ಅರಕಲಗೂಡು
35·	ಸಿದ್ದಾಪುರಗೇಟ	—"—
36·	ಅರಕೆರೆ	ಅರಸೀಕೆರೆ
37·	ಮುದಡಿ	—"—
38·	ವೃಂದಾವನಹಳ್ಳಿ	—"—
39·	ಬಿಕ್ಕೂರು	—"—
40·	ದುಮ್ಮೇನಹಳ್ಳಿ	—"—
41·	ದೋಣನಕಟ್ಟೆ	—"—
42·	ಜಾ—ಪುರ	—"—
43·	ಕಲ್ಗುಂಡಿ	—"—
44·	ಕುರಾಗಹಳ್ಳಿ	—"—
45·	ಕುರುವಂಕ	—"—
46·	ಯಡವನಹಳ್ಳಿ	—"—
47·	ತೊಂಡಿಗನಹಳ್ಳಿ	—"—
48·	ಉದೇವಾರ	ಸಕಲೇಶಪುರ
49·	ಹೆಗ್ಗದ್ದೆ	—"—
50·	ಹೊಸೂರು	—"—

11· ಮಂಡ್ಯ

1·	ದೊಡ್ಡಬಾಣಸವಾಡಿ	ಮಂಡ್ಯ
2·	ತಿಮ್ಮನಹೊಸೂರು	—"—
3·	ಮುತ್ತೇಗೆರೆ	—"—
4·	ಮಾದಾಪುರ	ಕೆ·ಆರ್·ಪೇಟೆ
5·	ವಿಠಲಾಪುರ	—"—
6·	ಬಲ್ಲೇನಹಳ್ಳಿ	—"—

...6

1	2	3
× 7.	ಗುಂದಗೆರೆ	ಕೆ.ಆರ್.ಪೇಟೆ
8.	ಕೆ.ಆರ್.ಪೇಟೆ	— " —
9.	ಶ್ರೀ ಆದಿಚುಂಚನಗಿರಿ ಕ್ಷೇತ್ರ	ನಾಗಮಂಗಲ
10.	ದೊಡ್ಡಪಾಳ್ಯ	ಶ್ರೀರಂಗಪಟ್ಟಣ
11.	ಮುತ್ತಗನಹಳ್ಳಿ	ಮದ್ದೂರು
12.	ಬಂಡೂರು	ಮಳವಳ್ಳಿ

<u>12. ಕೊಡಗು</u>

1	2	3
× 1.	ಕರಿಕೆ	ಮಡಿಕೇರಿ
× 2.	ಅರಪಟ್ಟು	— " —
× 3.	ಬಲ್ಲಮಾವಟಿ	— " —
4.	ತೊರೆನೂರು	ಸೋಮವಾರಪೇಟೆ
5.	ಬೆಸೂರು	— " —
6.	ನಲ್ಲೂರು	ವಿರಾಜಪೇಟೆ

<u>13. ಚಿಕ್ಕಮಗಳೂರು</u>

1	2	3
× 1.	ಕುರುಬರ ಬೂದಿಹಾಳು	ಚಿಕ್ಕಮಗಳೂರು
× 2.	ಮೇಲಿನ ಹುಲುವತ್ತಿ	— " —
3.	ಆಂಬಳೆ	— " —
4.	ಗುಡ್ಡದೂರು	— " —
5.	ಉದ್ದೇಬೋರನಹಳ್ಳಿ	— " —
6	ಚಿಗ[illegible] ಕೈಮರ	— "
7.	~~[illegible]~~	ಕಡೂರು
8.	ಹೊನ್ನೈಲನಹಳ್ಳಿ	— " —
9.	ಎಮ್ಮೆದೊಡ್ಡಿ	— " —
× 10.	ಚೋಳತಿಲಂಗದಹಳ್ಳಿ	— " —
× 11.	ಅಂತರಘಟ್ಟ	— " —
× 12.	ಹೋಚಿಹಳ್ಳಿ	— " —
× 13.	ಕೆ.ಬಿದರೆ	— " —
× 14.	ಕೆರಸಂತೆ	— " —
× 15.	ಪಟ್ಟಣಗೆರೆ	— " —
× 16.	ನಿಡುವಳ್ಳಿ	— " —
× 17.	ಎಸ್.ಮಾದಾಪುರ	— " —
× 18.	ಅಣಗೆರೆ	— " —
× 19.	ಮಾಚಗೊಂಡನಹಳ್ಳಿ	— " —
20.	ಸೋಮನಹಳ್ಳಿ	— " —
21.	ಚಿಕ್ಕಬಳ್ಳಕೆರೆ	— " —
22.	ಉಡುಗೆರೆ	— " —
23.	ಕುಪ್ಪಾಳು	— " —
24.	ಕಲ್ಕೆರೆ	— " —
25.	ಚಿಟ್ಟದಮನೆ	ಮೂಡಿಗೆರೆ
× 26.	ದೇವವೃಂದ	— " —
27.	ಗಾಂಧಿಘರ್	— " —
× 28.	ಮೇಗೂರು	ಕೊಪ್ಪ
29.	ನಾರ್ವೆ	ಕೊಪ್ಪ
× 30.	ಹಾದಿಕೆರೆ	ತರೀಕೆರೆ
31.	ನಂದಿ	— " —
32.	ಮುಂತ್ರ	— " —
33.	ಶಿವನಿ ರೈಲ್ವೆ ಸ್ಟೇಷನ್	— " —
34.	ಬಾವಿಕೆರೆ	— " —
35.	ದಂದೂರು	— " —
36.	ನಂದಿ ಬಟ್ಟಲು	— " —
× 37.	ಕೆರೆಕಟ್ಟೆ	ಶೃಂಗೇರಿ
× 38.	ಮೇಲ್ ಪಾಲ್	ನರಸಿಂಹರಾಜಪುರ.

1	2	3	1	2	3
			4. ನಾವುಂದ	ಕುಂದಾಪುರ	
			5. ತಮ್ಮಾಸೆಬೈಲು	— "—	
			6. ಕೆರೆಹಾಡಿ	ಕಾರ್ಕಳ	

14. ದಕ್ಷಿಣ ಕನ್ನಡ

1. ಬಳಕುಂಜೆ	ಮಂಗಳೂರು
2. ಕಾಣಿಂತೂರು	ಬೆಳ್ತಂಗಡಿ
3. ತಣ್ಣೀರು ಪಂಥ	— "—
4. ತಜಪಮೂಡ	ಬಂಟ್ವಾಳ

15. ಉಡುಪಿ

1. ಫಲಿಮಾರು	ಉಡುಪಿ
* 2. ಪೊಂಪೂರು ಕಜೆ	— "—
3. ಬೆಳ್ಳಂ	— "—

ಬೆಳಗಾವಿ ವಿಭಾಗ

16. ಬೆಳಗಾವಿ

	1. ಭೂಕನೂರು	ಬೆಳಗಾವಿ
	2. ಮುಗಳೀಹಾಳ	ಧಾನಾಪುರ
*	3. ಗುಳ್ಳಗುಳ್ಳಿ	— "—
	4. ಗಂಡಿಗವಾಡ	— "—
	5. ತುರಮುರಿ	ಬೈಲಹೊಂಗಲ
	6. ಬೈಲವಾಡ	— "—
	7. ಸಂಪಗಾವ	— "—
*	8. ಬೆಂಡವಾಡ	ರಾಂದುಬಾಗ
	9. ಕೊಪ್ಪಲಗಿ	ತಡಸಿ
	10. ಮುಜಲುಟ್ಟಿ	ಚಿಕ್ಕೋಡಿ
	11. ನೇಜ	— "—
	12. ಕ ಗಧಾಳ	ಸಾಂದಚಿ
	13. ಹಿರೇಬಾದನವಾರು	— "—
	14. ಮುಗಳೀಹಾಳ	— "—
	15. ಸುತಗಟ್ಟಿ	— "—
	16. ಶತ್ತರಗಿ	ಹುಕ್ಕೇರಿ
	17. ಮುಕ್ಕಳಗೇರಿ	ಗೋಕಾಕ
	18. ಬಂಡೂರಗಿ	ರಾಮದುರ್ಗ

17. ಧಾರವಾಡ

1	2	3
1.	ಮಂಗಳಗಟ್ಟ	ಧಾರವಾಡ
2.	ತೇಗೂರು	-"-
3.	ಮಂಟೂರು	ಹುಬ್ಬಳ್ಳಿ
4.	ರಾಯನಾಳ	-"-
5.	ಅಮರಗೋಳ	ನವಲಗುಂದ
6.	ಹೆಬ್ಬಾಳ	-"-
7.	ಹನಸಿ	-"-
8.	ಶಿರೂರು	-"-
9.	ಹುರಶೆಟ್ಟಿಕೊಪ್ಪ	ಕಲಘಟಗಿ
10.	ಹಿರೇಹೊನ್ನಹಳ್ಳಿ	-"-

18. ಗದಗ

1	2	3
1.	ಚಿಕ್ಕಹಂದಿಗೋಳ	ಗದಗ
2.	ಕೊಟುಮಚಗಿ	-"-
3.	ಪಾಪನಾಶಿ	-"-
4.	ಬಳಗಾನೂರು	-"-
5.	ಸೊರಟೂರು	-"-
6.	ನಿಲುಗುಂಜ	-"-
7.	ಪೇಠಾ ಆಲೂರು	ಮುಂಡರಗಿ
8.	~~ಕಲಕೇರಿ~~ [illegible]	-"-
9.	ತಾರ್ಲಹಳ್ಳಿ	-"-
10.	ಬಿದರಹಳ್ಳಿ	-"-
11.	ಶಿರೋಳ	-"-
12.	ರಾಜೂರು	ರೋಣ
13.	ಮೆಣಸಗಿ	-"-
14.	ಯಾವಗಲ್ಲ	-"-
15.	ಇಟಗಿ	-"-

19. ಹಾವೇರಿ

1	2	3
1.	ಬೆಳವಿಗಿ	ಹಾವೇರಿ
2.	ಜೋಯಿಸರ ಹಳ್ಳಿ	ರಾಣೆಬೆನ್ನೂರು
3.	ಎತ್ತಿನ ಹಳ್ಳಿ	ಹಿರೇಕೆರೂರು
4.	ಆಣೂರ	ಬ್ಯಾಡಗಿ
5.	ಬುಡಪನಹಳ್ಳಿ	-"-
6.	ಹಾವಣಗಿ	ಹಾನಗಲ

10. ಅನಗವಾಡಿ	ಬೀಳಗಿ
11. ಅರಕೆರೆ	— " —
12. ಮನ್ನೀಕೇರಿ	— " —

<u>20. ಬಿಜಾಪುರ</u>

1. ಧನರ್ಗಿ	ಬಿಜಾಪುರ
2. ಕಣಬೂರು	— " —
3. ಗುಣದಾಳ	— " —
4. ಕೆರೂಟಗಿ	ಸಿಂದಗಿ
5. ಯಲಗೂರು	ಮುದ್ದೇಬಿಹಾಳ
6. ಪಡೇಕನೂರು	— " —
7. ಬಳಬಟ್ಟಿ	— " —
8. ಜೇವೂರ	ಇಂಡಿ
9. ಬಸನಾಳ	— " —
10. ಮೂರ್‌ಬ್ಯಾನ ಹಳ್ಳಿ	ಬ.ಬಾಗೇವಾಡಿ
11. ಹೆಬ್ಬಾಳ	— " —

<u>21. ಬಾಗಿಲ ಕೋಟೆ</u>

× 1. ಗೋಠೆ	ಜಮಖಂಡಿ
× 2. ಹಿಪ್ಪರಗಿ	— " —
3. ಚಿಕ್ಕವಾಡಗಿ	ಹುನಗುಂದ
4. ಮೂಗನೂರು	— " —
5. ಕೆಲವಡಿ	ಬಾದಾಮಿ
6. ವಜ್ಜರಮಟ್ಟಿ	ಮುಧೋಳ
7. ಭಂಟನೂರು	— " —
8. ಮೆಟಗುಡ್ಡ	— " —
× 9. ಮಿರಜ	ಮುಧೋಳ

<u>22. ಉತ್ತರ ಕನ್ನಡ</u>

1. ಮತ್ತಿಘಟ್ಟ	ಶಿರಸಿ
× 2. ಬೈರುಂಭೆ	— " —
3. ಕಿತ್ತಲಹಳ್ಳಿ	ಯಲ್ಲಾಪುರ
4. ಉಮ್ಮಚಗಿ	— " —
5. [illegible]ಬನಗೋಡ	[illegible]
× 6. ಜಗಲಪೇಟ	— " —
× 7. ಬಿ.ಕೆ.ಹಳ್ಳಿ	ಹಳಿಯಾಳ
× 8. ಹೆಗ್ಗರಣಿ	ಸಿದ್ದಾಪುರ
9. ಜಾಲಿ	ಭಟ್ಕಳ
10. ಮುಂಡಗೋಡು	ಮುಂಡಗೋಡು
11. ಹಿರೇಬೈಲು	ಹೊನ್ನಾವರ
12. ಅಚವೆ-ಕೇಶವಳ್ಳಿ	ಅಂಕೋಲಾ

1	2	3		1	2	3

ಗುಲಬರ್ಗಾ ವಿಭಾಗ

23. ಗುಲಬರ್ಗಾ

1.	ಸಣ್ಣೂರು		ಗುಲಬರ್ಗಾ
2.	ರಾಜಾಪುರ		—" —
3.	~~ಚಿತ್ತಾಪುರ~~		ಆಫಜಲಪುರ
4.	ಬಳ್ಳಾರಿ		—" —
5.	ಕಲಬ್ಬಾರು		—" —
6.	ಫತ್ತರಗಾ		—" —
7.	ಜಾತಾಪುರ		—" —
8.	ಚಿಂಚನಸೂರು		ತಳಂದ
9.	ಮಾಡಿಂಬಾಳ		—" —
10.	ಬಡಗಾ		—" —
11.	ಸಲಗರ ಚಾಂತಪುರ		ಚಿಂಚೋಳಿ
12.	ವಿನ್ಮನಹೊಡ		—" —
13.	ಮೋತಕಪಲ್ಲಿ		ಸೇಡಂ
14.	ಸುಣಿಕಗಿರಿ		—" —
15.	ಪಶ್ಚಿಕಣಿ		ಂತಮಾದಗಿರಿ
16.	ಮಾಧವಾರ		—" —
17.	ತಲಹಳ್ಳಿ		ಪತ್ತಾಪುರ
18.	ಹಬಾಬಳ		—" —
19.	ಮಂಗಲಗಿ		—" —
20.	ಹೊಸಗುಂಬಾ		—" —
21.	ತುಸನನಹಳ್ಳಿ		—" —
22.	ರೇವಗಿ		—" —
23.	ಕುರ್ಲಗೆರೆ		ಜೇವರ್ಗಿ
24.	ಗಾನಹಳ್ಳಿ		—" —
25.	ಹೊಸಗೇರಾ		ಂತಮಾದಗಿರಿ

24. ರಾಂತಪುರಾರು

1.	ಂತರಗೇರಾ		ರಾಂತಪುರಾರು
2.	ರಾಂತಪುರಾರು		—" —
3.	ಬಾಗಲವಾಡ		ಮಾನ್ವಿ
4.	ಪಾಮನಕಲಬ್ಬಾರು		—" —
5.	ಜೀಕಲಪರ್ವಿ		—" —
6.	ಮಸ್ಕಿ		ಲಂಗಸುಗೂರು
7.	ಗೊಲ್ಲರಬಾಳು		—" —
8.	ಮಸರಕಲ್ಲು		ದೇವದುರ್ಗ
9.	ದೊಡ್ಡಂಬಳ್ಳಿ		—" —
10.	ಗಲಗ		—" —
11.	ಆಲಕೊಡ		—" —

25. ಕೊಪ್ಪಳ

1.	ಕಿನ್ನಾಳ		ಕೊಪ್ಪಳ
2.	ಕಾಮನೂರು		—" —
3.	ಂತಡೊಡ್ಡಿ		ಂತಲಬುರ್ಗ
4.	ಬಂಡಿ		—" —
5.	ಹಣವಾಳ		ಗಂಗಾವತಿ
6.	ಆಗೊಲ್ಲಾಲ		—" —
7.	ಬಿಕ್ಕನಾದನಾಳ		—" —
8.	ಹುಲಹೈದರ್		—" —
9.	ಗಾರಿಪುರ		—" —
10.	ನಂದಿಹಳ್ಳಿ		—" —
11.	ಮಲ್ಲಾಪುರ		—" —
12.	ನುಸಲಾಪುರ		—" —
13.	ಎರ.ಗುಡದೂರು		ಕುಷ್ಟಗಿ

26. ಬೀದರ್

1.	ಮಾಳೆಗಾಂವ	ಬೀದರ್
2.	ಶಿರಕುಪ್ಪಳ್ಳಿ	— " —
3.	ಬಾಳೂರು	ಭಾಲ್ಕಿ
4.	ಕೊಳ್ಳನಮೋಳಕುಂದಾ	— " —
5.	ಹುಲಸೂರು	ಬಸವ ಕಲ್ಯಾಣ
6.	ರಾಜೇಶ್ವರ	— " —
7.	ಮಡಬ	— " —
8.	ಮಿರಕಲ್	— " —
9.	ನಿರ್ಣಾ	ಹುನ್ನೂಳಾದ
10.	ಹುಡುಗಿ	— " —
11.	ಮುತ್ತಂಗಿ	— " —
12.	ಸೊಳ್ಳನಾಳ	ಔರಾದ
13.	ದೂಪತ್ರ ಮಹಾಗಾಂವ	— " —
14.	ಸುಂದಾಳ	— " —

27. ಬಳ್ಳಾರಿ

1.	ಎಮ್ಮಿಗನೂರು	ಬಳ್ಳಾರಿ
2.	ಜೋಳದರಾಶಿ	— " —
3.	ವೈ.ಬಾದಿಹಾಳ	— " —
4.	ಂತುರಗುಡಿ	— " —
5.	ಹಂದಿಹಾಳು	— " —
6.	ಕೊಳ್ಳಿಯಾರು	— " —
7.	ವಣೇನೂರು	— " —
8.	ವಿಂಡೇರಿ	— " —
9.	ಸಿದಂಮ್ಮನಹಳ್ಳಿ	— " —
10.	ಚಳ್ಳಗುರ್ಕಿ	— " —
11.	ಸಿಂಧವಾಳ	— " —
12.	ಹಚ.ವೀರಾಪುರ	— " —
13.	ನಾಗರಕಟ್ಟೆ	ಕೂಡ್ಲಿಗಿ
14.	ನುಂಲದಹಳ್ಳಿ	— " —
15.	ಹೂಡೇಂ	— " —
16.	ಧೂಪದಹಳ್ಳಿ	— " —
17.	ಬಿನ್ನಿಕಲ್ಲು	ಹಚ-ಬ.ಹಳ್ಳಿ
18.	ವಲ್ಲಭಾಪುರ	— " —
19.	ಹಂಪಾಪಟ್ಟಣ	— " —
20.	ಅಂಕಸಮುದ್ರ	— " —
21.	ಜ.ಕೊಳ್ಳಿಹಳ್ಳಿ	— " —
22.	ಮತೂರು	— " —
23.	ಮುತ್ತಂಗಿ	ಹಡಗಲಿ
24.	ಹರ್ಪ	— " —
25.	ಕೊಂಬಳಿ	— " —
26.	ಹ್ಯಾರದ	— " —
27.	ಸೊಳ್ಳೇನಹಳ್ಳಿ	— " —
28.	ಉಪನಾಂಯ್ಕನಹಳ್ಳಿ	— " —
29.	ಹಿರೇಮಲ್ಲನಕೇರಿ	— " —
30.	ನಾಗ್ತಿ ಬಸಾಪುರ	— " —
31.	ಕೊಮಾರನಹಳ್ಳಿ	— " —
32.	ನಂದಿಹಳ್ಳಿ	— " —
33.	ಉಬ್ಬಲಗುಂಡಿ	ಸಂಡೂರು

1	2	3
*	34. ಯಶವಂತನಗರ	ನಂಡೂರು
*	35. ಪೊನಡರೋಜಿ	—''—
*	36. ಗೊಲ್ಲರಿಂಗಮಕ್ಕನಹಳ್ಳಿ	—''—
*	37. ಅಂತಾಪುರ	—''—
*	38. ಮುನ್ನೂರು—ಪೂಗನೂರು	ಶಿರಗುಪ್ಪ
*	39. ಹಟಪೋಳಿ	—''—
*	40. ಬಿ.ಎಂ.ನುಗನೂರು	—''—
*	41. ಕೆ.ನುಗನೂರು	—''—
*	42. ಕೆ. ಬೆಳಗಲ	—''—
	43. ಬಲಕುಂದಿ	—''—
*	44. ತಾಳೂರು	—''—
*	45. ನಡವಿ	—''—
	46. ಕುದುದರಹಳ್ಳಿ	—''—
*	47. ರಾಮಸಾಗರ	ಪೊನಪೇಟೆ
*	48. ಗುಂಪಿ	—''—
*	49. ಜಿ.ನಾಗಲಾಪುರ	—''—
*	50. ಬುಕ್ಕಸಾಗರ	—''—
*	51. ದೇವಸಮುದ್ರ	—''—
*	52. ನಾಗೇನಹಳ್ಳಿ	—''—
*	53. ಮೆಟ್ರಿ	—''—
*	54. ಪಾಪಿನಾಯಕನಹಳ್ಳಿ	—''—
*	55. ಮಲಪನಗುಡಿ	—''—
*	56. ನಲ್ಲಾಪುರ	—''—
*	57. ಶ್ರೀರಾಮರಂಗಾಪುರ	—''—
*	58. ಬೈಲುವದೀಗೇರಿ	—''—
*	59. ಕಾಕುಬಾಳ	—''—
*	60. ಚಿಲಕನಹಟ್ಟ	—''—
*	61. ಹಂಪಾದೇವನಹಳ್ಳಿ	—''—
*	62. ನಣಾಪುರ	—''—
	63. ಇಟಗಿ	—''—
	64. ಕಂಪ್ಲಿ	—''—

ಂಮುನಾನಿ

ಬೆಂಗಳೂರು ವಿಭಾಗ:—

ಬೆಂಗಳೂರು (ನಗರ):—

1.	ಸಿಟಿ ಮಾರ್ಕೆಟ್ ಶಾಖೆ	ಬೆಂಗಳೂರು
2.	ಸೀಲನಂದ್ರ	—''—
3.	ಜಂಟಮನಹಳ್ಳಿ	—''—

ಬೆಂಗಳೂರು(ಗ್ರಾಮೀಣ)

1.	~~ಚಾಪಗಾನಹಳ್ಳಿ~~	~~ಚಾಪಗಾನಹಳ್ಳಿ~~
2.	ಚನ್ನಪಟ್ಟಣ	ಚನ್ನಪಟ್ಟಣ
3.	ಇನಾಂಪುರ	ನೆಲಮಂಗಲ

ಕೋಲಾರ

1.	ಕೋಲಾರ	ಕೋಲಾರ
2.	ಚಿಂತಾಮಣಿ	ಚಿಂತಾಮಣಿ

ತುಮಕೂರು

1.	ಶಿರಾ	ಶಿರಾ

ಮೈಸೂರು ವಿಭಾಗ:—

ಮೈಸೂರು:—

* 1.	ಬಿ.ಬೆಟ್ಟಹಳ್ಳಿ	ಟಿ.ನರಸೀಪುರ

ಚಾಮರಾಜನಗರ:—

1.	ನಾಗವಳ್ಳಿ	ಚಾಮರಾಜನಗರ
2.	ಕೋಳಿಪಾಳ್ಯ (ಕೊತ್ತಲವಾಡಿ)	—''—

13...

ಹಾನಗಲ್ :—

*	1. ಹುನಸುಗನಹಳ್ಳಿ	ಬೇಲೂರು
*	2. ನಾರ್ವೆ	—'' —
*	3. ಅಪ್ಪಗೊಂಡನಹಳ್ಳಿ	—'' —
	4. ಚನ್ನರಾಂತುಪಟ್ಟಣ	ಚನ್ನರಾಂತುಪಟ್ಟಣ
	5. ಆರಕಲಗೂಡು	ಆರಕಲಗೂಡು

ಮುಂಡ್ಯ :—

	1. ಶ್ರೀರಂಗಪಟ್ಟಣ	ಶ್ರೀರಂಗಪಟ್ಟಣ
	2. ನಾಗಮಂಗಲ	ನಾಗಮಂಗಲ

ಚಿಕ್ಕಮಗಳೂರು :—

*	1. ಹೊಸಹಳ್ಳೀಪೇಟೆ	ಚಿಕ್ಕಮಗಳೂರು

ದಕ್ಷಿಣ-ಕನ್ನಡ :—

	1. ಬೆಂಗರೆ-ಕನಬಾ	ಮಂಗಳೂರು
	2. ಕಿಲಾಡಿ-ಕೆಂಪುಗುಡ್ಡೆ	—'' —

ಗುಲ್ಬರ್ಗಾ ವಿಭಾಗ :

ಗುಲ್ಬರ್ಗ :—

	1. ಗುಲ್ಬರ್ಗ	ಗುಲ್ಬರ್ಗ
	2. ಬಿಲ್ವಾರ	—'' —
	3. ಜಿಲಾನಾಬಾದ	—'' —
	4. ಉಡಚನ್	ಅಫಜಲಪುರ
	5. ಸಿರೋಳಿ	ಆಲಂದ
	6. ತೆಂಗಳಿ	ಚಿತ್ತಾಪುರ
	7. ರಟಕಲ್	ಚಿಂಚೋಳಿ
	8. ಆಂದೋಲಾ	ಜೀವರ್ಗಿ
	9. ಜೀವರ್ಗಿ	—'' —
	10. ಹಾನದುರ್ಗ	ಶಹಾಪುರ
	11. ಕಡೇಚೂರು	ಯಾದಗಿರಿ

ರಾಂತುಚೂರು :—

	1. ಇಡಪನೂರು	ರಾಂತುಚೂರು
	2. ಮೆದಕಿನಾಳ	ಲಿಂಗಸುಗೂರು
	3. ನಾಗರಹಾಳ	—'' —
	4. ರಾಮದುರ್ಗ	ದೇವದುರ್ಗ

ಕೊಪ್ಪಳ :—

	1. ನವರಿ	ಗಂಗಾವತಿ
	2. ಸಿಂಧನೂರು	ಸಿಂಧನೂರು

ಬೆಳಗಾವಿ ವಿಭಾಗ :—

ಹಾವೇರಿ :—

	1. ಕೊಪ್ಪರಸಿ ಕೊಪ್ಪ	ಹಾನಗಲ್

ಬೀದರ್ :—

	1. ಬೀದರ್	ಬೀದರ್
	2. ಗಾರನಹಳ್ಳಿ	—'' —
	3. ಮೆಹಕರ್	ಭಾಲ್ಕಿ
	4. ಗೋಡಪಾಡಿ	ಹುಮನಾಬಾದ

1	2	3
	ಬಳ್ಳಾರಿ ಜಿಲ್ಲೆ :—	
1.	ಬಳ್ಳಾರಿ	ಬಳ್ಳಾರಿ
	ಹೋಮಿಯೋಪತಿ :—	
	ಬೆಂಗಳೂರು ವಿಭಾಗ :—	
	ಬೆಂಗಳೂರು (ನಗರ) ಜಿಲ್ಲೆ :—	
1.	ಹೆಬ್ಬಾಳ	ಬೆಂಗಳೂರು (ಉತ್ತರ)
2.	ಶಾಸಕರ ಭವನ	ಬೆಂಗಳೂರು (ದಕ್ಷಿಣ)
	ಬೆಂಗಳೂರು (ಗ್ರಾ. ವಿಭಾಗ) ಜಿಲ್ಲೆ :—	
1.	ಚೈರಸಂದ್ರ	ನೆಲಮಂಗಲ
	ತುಮಕೂರು ಜಿಲ್ಲೆ :—	
1.	ಕೊಂಡಪಾಡಿ	ಮಧುಗಿರಿ
	ಮೈಸೂರು ವಿಭಾಗ :—	
	ಹಾಸನ ಜಿಲ್ಲೆ :—	
1.	ಅರಸೀಕೆರೆ	ಅರಸೀಕೆರೆ
	ಕೊಡಗು ಜಿಲ್ಲೆ :—	
1.	ಪಾರಾಣೆ	ಮಡಕೇರಿ
	ದಕ್ಷಿಣ ಕನ್ನಡ ಜಿಲ್ಲೆ :—	
1.	ಮೂಳೂರು	ಮಂಗಳೂರು
	ಬೆಳಗಾವಿ ವಿಭಾಗ :	
	ಬೆಳಗಾವಿ ಜಿಲ್ಲೆ :—	
1.	ಅಮಟೂರ	ರಾಮದುರ್ಗ

1	2	3
2.	ಅಮಕುಂಡಿ	ಸೌಂದತ್ತಿ
3.	ಚುಚಕೆ	—"—
4.	ಹಳೇ—ತೇರಗಲ	ರಾಮದುರ್ಗ
	ಧಾರವಾಡ ಜಿಲ್ಲೆ :—	
1.	ನಿಗದಿ	ಧಾರವಾಡ
	ಗದಗ ಜಿಲ್ಲೆ :—	
1.	ಮೂಳವಾಡ	ರೋಣ
	ಹಾವೇರಿ ಜಿಲ್ಲೆ :—	
1.	ಕರ್ಜಗಿ	ಹಾವೇರಿ
2.	ಹುಲ್ಲತ್ತಿ	ಹಾನಗಲ
3.	ನಮ್ಮನಸಿ	—"—
4.	ಗೊಂದಿ	—"—
	ಗುಲಬರ್ಗ ವಿಭಾಗ :—	
	ಗುಲಬರ್ಗ ಜಿಲ್ಲೆ :—	
1.	ಅಮರಗಿರಿ	ಅಮರಗಿರಿ
2.	ತಿಂತಣಿ	ಸುರಪುರ
3.	ತುಮಕೂರು	ಶಹಾಪುರ
	ಕೊಪ್ಪಳ ಜಿಲ್ಲೆ :—	
1.	ಕುಷ್ಟಗಿ	ಕುಷ್ಟಗಿ

1	2	3
	ಬೀದರ ಜಿಲ್ಲೆ :—	
1.	ಮುಂಗಲಗಿ	ಹುಮನಾಬಾದ
2.	ಬರೂರು	ಬೀದರ
	ಬಳ್ಳಾರಿ ಜಿಲ್ಲೆ :—	
1.	ಬೆಣಕಲ	ಬಳ್ಳಾರಿ
2.	ಉಪ್ಪಾರಗಟ್ಟ	ಹಗರಿಬೊಮ್ಮನಹಳ್ಳಿ
	ಪ್ರಕೃತಿ ಚಿಕಿತ್ಸೆ ಮತ್ತು ಯೋಗ :—	
	ತುಮಕೂರು ಜಿಲ್ಲೆ :—	
1.	ಸಿದ್ಧರ ಬೆಟ್ಟ	ಕೊರಟಗೆರೆ
	ದಾವಣಗೆರೆ ಜಿಲ್ಲೆ :—	
1.	ದಾವಣಗೆರೆ	ದಾವಣಗೆರೆ
	ಚಿಕ್ಕಮಗಳೂರು ಜಿಲ್ಲೆ :—	
1.	ಕಡೂರು	ಕಡೂರು
	ಬೆಳಗಾವಿ ಜಿಲ್ಲೆ :—	
1.	ಬೆಳಗಾವಿ	ಬೆಳಗಾವಿ
	ಧಾರವಾಡ ಜಿಲ್ಲೆ :—	
1.	ಹುಬ್ಬಳ್ಳಿ	ಹುಬ್ಬಳ್ಳಿ

ಎಸ್.ಬಿ.ಕಂಸಾಗರ
ನಿರ್ದೇಶಕರು
ಭಾರತೀಯ ವೈದ್ಯಪದ್ಧತಿಗಳು ಮತ್ತು
ಹೋಮಿಯೋಪತಿ ನಿರ್ದೇಶನಾಲಯ
ಬೆಂಗಳೂರು
17/7/78

BRIEF NOTE ON THE DEPARTMENT OF INDIAN SYSTEMS OF MEDICINE AND HOMOEOPATHY

BRIEF NOTE ON THE PROGRAMMES OF THE DEPARTMENT OF INDIAN SYSTEMS OF MEDICINE AND HOMOEOPATHY.

Indian Systems of Medicine and Homoeopathy is rendering medical relief to the public in Ayurveda, Unani, Yoga, Nature Cure and Homoeopathy System of Medicines and regulates Medical Education, Drugs Manufacture and practice of medicine in these systems.

There are 93 hospitals, 582 dispensaries and 63 colleges functioning in the state. All the dispensaries and 55 hospitals (40 Taluk Level, 15 Rural) are under the administrative control of Zilla Panchayaths. The remaining hospitals are under the state sector. Out of 63 colleges 58 are private colleges of which 5 are under grant-in-aid. The remaining 5 colleges are Government Colleges.

The budgetory provisions and expenditure of the last three years are as follows:-

1996-97:-

(Rupees in lakhs)

Particulars	Non-Plan		Plan		C.S.S.	
	B.E.	Expr.	B.E.	Expr.	B.E.	Expr.
State Sector	1034.15	865.49	140.00	110.95	6.00	6.00
District Sector	580.85	580.85	343.00	307.62	-	-
Total	**1615.00**	**1446.34**	**483.00**	**418.57**	**6.00**	**6.00**

1997-98:-

(Rupees in lakhs)

Particulars	Non-Plan		Plan		C.S.S.	
	B.E.	Expr.	B.E.	Expr.	B.E.	Expr.
State Sector	1196.35	1037.07	150.00	99.05	6.00	2.17
District Sector	982.27	982.27	311.49	89.89	-	-
Total	**2178.62**	**2019.34**	**461.49**	**188.94**	**6.00**	**2.17**

1998-99

(Rupees in lakhs)

Particulars	Non-Plan		Plan		C.S.S.	
	B.E.	Expr.	B.E.	Expr.	B.E.	Expr.
State Sector	1266.12	1052.69	200.00	128.69	6.00	4.23
District Sector	1121.93	1121.93	247.41	150.36	-	-
Total	**2388.05**	**2174.62**	**447.41**	**279.05**	**6.00**	**4.23.**

1999-2000:-

(Rupees in lakhs)

Particulars	Non-Plan		Plan		C.S.S.	
	B.E.	Expr.(Oct)	B.E.	Expr(Nov).	B.E.	Expr.(Nov)
State Sector	1513.43	805.81	270.00	143.70	8.00	3.51
District Sector	1318.97	Not available	238.07	118.03		
Total	2832.40	805.81	508.07	261.73	8.00	3.51

The achievements of the last three years are as follows:-

1996-97:-

1. A Divisional Office of Indian Systesm of Medicine and Homoeopathy has been sanctioned and functioning at Mysore.

2. A 10 beded Homoeopathy wing has been sanctioned and started functioning at Mysore.

3. Three Govt.Ayurvedic Dispensaries have been started.

1997-98:-

1. A Divisional Office of Indian Systems of Medicine and Homoeopathy has been sanctioned and functioning at Belgaum.

2. A 15 beded Govt.Ayurvedic Hospital has been sanctioned and functioning at Raichur.

3. The bed strength of Taranath Hospital,Bellary has been increased from 85 to 100.

4. A 10 beded Homoeopathy wing has been sanctioned and functioning at Govt.District Ayurvedic Hospital,Shimoga.

5. 21 Teaching Posts(Professor:14, Asst.Professor:02, Lecturer:05)have been sanctioned to I.S.M.& H.Colleges.

6. 5 Taluk Level Hospitals, 43 Dispensaries have been sanctioned and functioning under District Sector Scheme (Z.P)

7. P.G. Course under 100% CSS has been sanctioned and started at Bellary.

8. Administrative approval has been accorded for the construction of Govt.Unani Medical College with an estimated cost of Rs.75.00 lakhs.

1998-99:-

1. 126 posts of Physicians have been selected by KPSC and appointed by Government..

2. 1 Post of Drugs Inspector(Homoeopathy) has been sanctioned to Directorate of Indian Systems of Medicine and Homoeopathy.

3. A Divisional Office of Indian Systesm of Medicine and Homoeopathy sanctioned and functioning at Bangalore and essential staff to Divisional Office,Belgaum have been created.

4. The bed strength of Sri.Jayachamarajendra Institute of Indian Medicine (Unani Wing) has been increased from 75 to 100 and a 10 beded Homoeopathy wing has been sanctioned to Govt.Ayurvedic Hospital,Bijapur.

5. Two Ladies Hostels have been sanctioned one each at Mysore and Bellary and constructed.

6. Essential teaching posts (7 posts) have been sanctioned to ISM&H Colleges

DIFFICULTIES FACED BY THE DEPARTMENT;-

The Department of Indian Systems of Medicine and Homoeopathy was bifurcated from the Health Department during 1972. Consequent on the bifurcation of the department, the developmental activities are on increasing trend. However the budgetory allocation are not sufficient to improve further. At present there are 18 District Level Hospitals of ISM&H functioning. But there are many places including District Level in the State where ISM&H hospitals and dispensaries donot exist. The department is not in a position to start such hospitals and dispensaries due to paucity of funds. In this connection the kind attention is drawn towards the Estimate Committee Report for the year 1998-99 wherein the Committee has suggested to start District Level Hospitals in the remaining districts within three years and Taluk Level Hospitals in all the Taluk places within a period of five years. With a view to implement the suggestions sufficient budget allocation under State and District Sectors is required. In many hospitals bed strength could not be increased due to shortage of funds though demands for such increase is being received.

The department is planing towards establishment of Sanjeevini Vanas at District and Taluk Levels in co-ordination with the forest department. To implement this scheme, sufficient budget provision is required.

Director
Indian Systems of Medicine
and Homoeopathy.

KARNATAKA DEVELOPMENT PROGRAMME

Dept: HEALTH & FAMILY WELFARE, B'LORE — Month : October 1999 (99-2000 CH)

District	ANNUAL TARGET	ACHIEVEMENT	MONTHLY TARGET	MONTHLY ACHIEVEMENT		CUMULATIVE TARGET	CUMULATIVE ACHIEVEMENT		REMARKS
BANGALORE	8430		706	1264	179.04%	4942	5655	114.43%	
BANGALORE RURAL	2502		208	134	64.42%	1456	1368	93.96%	
BELGAUM	5494		457	441	96.50%	3199	3238	101.22%	
BELLARY	2717		226	231	102.21%	1582	2848	180.03%	
BIDAR	2030		169	222	131.36%	1183	1249	105.58%	
BIJAPUR	2541		211	186	88.15%	1477	1559	105.55%	
CHIKMAGALUR	1488		124	78	62.90%	868	726	83.64%	
CHITRADURGA	2154		179	133	74.30%	1253	1147	91.54%	
DAKSHIN KANNAD	2375		197	210	106.60%	1379	1635	118.56%	
DHARWAD	2339		194	185	95.36%	1358	1382	101.77%	
GULBARGA	4109		342	170	49.71%	2394	2298	95.99%	
HASSAN	2375		197	121	61.42%	1379	1128	81.80%	
KODAGU	683		56	42	75.00%	392	258	65.82%	
KOLAR	3349		279	188	67.38%	1953	1618	82.85%	
MANDYA	2478		206	87	42.23%	1442	1347	93.41%	
MYSORE	3662		305	366	120.00%	2135	2693	126.14%	
RAICHUR	2332		194	202	104.12%	1358	1566	115.32%	
SHIMOGA	2201		183	164	89.62%	1281	1013	79.08%	
TUMKUR	3378		281	212	75.44%	1967	2386	121.30%	
UTTAR KANNAD	1810		150	72	48.00%	1050	644	61.33%	
BAGALKOTE	2047		170	234	137.65%	1190	826	69.41%	
CHAMARAJNAGAR	1314		109	30	27.52%	763	246	32.24%	
DAVANGERE	2370		197	130	65.99%	1379	848	61.49%	
GADAG	1333		115	163	141.74%	805	413	51.30%	
HAVERI	1664		138			966	399	41.30%	
KOPPALA	1490		124	25	20.16%	868	763	87.90%	
UDUPI	1620		135	79	53.52%	945	405	42.36%	
TOTAL									

KARNATAKA DEVELOPMENT PROGRAMME

Dept: HEALTH & FAMILY WELFARE, [illegible] Month : October 1999 (99-2000)

District	ANNUAL TARGET	MONTHLY TARGET	MONTHLY ACHIEVEMENT	MONTHLY %	CUMULATIVE TARGET	CUMULATIVE ACHIEVEMENT	CUMULATIVE %	REMARKS
BANGALORE	202560	16880	14165	83.72%	118160	112732	95.41%	
BANGALORE RURAL	217600	18133	20442	112.70%	126966	132109	10[illegible].05%	
BELGAUM	427153	35597	49379	138.72%	249179	375425	150.66%	
BELLARY	226724	18894	15707	83.13%	132258	120473	91.09%	
BIDAR	175812	14651	15345	104.74%	102557	112768	109.96%	
BIJAPUR	203215	16935	21293	125.73%	118545	174769	147.43%	
CHIKMAGALUR	128594	10716	18473	172.39%	75012	152040	202.69%	
CHITRADURGA	225204	13767	26218	139.70%	131369	182114	138.63%	
DAKSHIN KANNAD	206033	17170	13373	77.89%	120190	134507	111.91%	
DHARWAD	102443	8537	15219	178.27%	59759	82464	137.99%	
GULBARGA	360852	30071	27945	92.93%	210497	179554	94.51%	
HASSAN	202080	16840	33282	197.64%	117880	234133	198.66%	
KODAGU	61404	5117	7907	154.52%	35819	91644	255.85%	
KOLAR	302552	25213	28204	111.86%	176491	185407	105.05%	
MANDYA	214783	17899	31303	174.39%	125293	226422	180.71%	
MYSORE	311582	25965	33241	128.02%	181755	270627	148.90%	
RAICHUR	184973	15414	23000	149.21%	107898	120037	111.25%	
SHIMOGA	186504	15542	15510	99.79%	108794	122812	112.88%	
TUMKUR	322416	26868	32250	120.03%	188076	244679	130.10%	
UTTAR KANNAD	130502	10875	15205	139.82%	76125	100591	132.14%	
BAGALKOTE	167315	13943	22951	164.61%	97601	175450	179.76%	
CHAMARAJNAGAR	125959	10497	10358	98.68%	73479	86103	117.18%	
DAVANGERE	113724	9477	17435	183.97%	66339	133816	201.72%	
[illegible]	93735	7814	12885	164.90%	54698	83273	152.24%	
[illegible]	147110	12260	16872	137.62%	35820	117105	130.45%	
[illegible]	123430	10286	15493	150.59%	72002	93503	130.11%	
[illegible]	123035	10270	5315	51.74%	71945	48383	67.25%	
TOTAL	[illegible]	[illegible]	55[illegible]770	[illegible]	[illegible]	[illegible]	[illegible]	

KARNATAKA DEVELOPMENT PROGRAMME

Deptt. Health & Family Welfare, Pune

Month : October 1999 (99-2000)

District	Annual Target	Monthly Target	Monthly Achievement	%	Cumulative Target	Cumulative Achievement	%	Remarks
BANGALORE	51500	4291	4460	103.94%	30037	34613	115.23%	
BANGALORE RURAL	7000	583	534	91.60%	4081	4007	98.19%	
BELGAUM	12700	1058	561	53.02%	7406	4741	64.02%	
BELLARY	6600	550	71	12.91%	3850	1903	49.43%	
BIDAR	4300	358	239	66.76%	2506	659	26.30%	
BIJAPUR	6500	541	282	82.70%	3567	2414	67.30%	
CHIKMAGALUR	3400	283	204	72.08%	1981	1399	70.62%	
CHITRADURGA	5800	483	462	95.65%	3381	3197	94.56%	
DAKSHIN KANNAD	6000	500	670	134.00%	3500	4667	133.34%	
DHARWAD	6600	550	925	168.18%	3850	4951	128.60%	
GULBARGA	7000	583	762	130.70%	4081	3774	92.48%	
HASSAN	4000	333	598	179.58%	2331	2265	97.17%	
KODAGU	800	66	24	36.36%	462	57	(12.34%)	
KOLAR	6400	533	250	46.90%	3731	2571	68.91%	
MANDYA	6400	533	325	60.78%	3731	2122	56.87%	
MYSORE	8000	666	819	122.97%	4662	6131	131.51%	
RAICHUR	3100	258	136	52.71%	1806	1341	74.25%	
SHIMOGA	5600	466	384	82.40%	3262	3110	95.34%	
TUMKUR	6500	541	493	91.13%	3787	2919	77.08%	
UTTAR KANNAD	3600	258	206	79.34%	1806	1106	61.24%	
BAGALKOTE	4300	375	211	56.27%	2625	2375	90.48%	
CHAMARAJNAGAR	5500	458	81	17.69%	3206	618	(19.28%)	
DAVANGERE	4300	350	291	83.14%	2450	1233	50.33%	
[illegible]	[illegible]	250	72	28.80%	1750	1071	61.20%	
[illegible]	[illegible]	300	150	50.00%	2100	666	31.71%	
[illegible]	[illegible]	200	69	34.50%	1400	632	45.14%	
[illegible]	[illegible]	333	38	11.41%	2331	1150	49.33%	
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	

KARNATAKA DEVELOPMENT PROGRAMME

Dept: HEALTH & FAMILY WELFARE, [illegible] Month : October-1999 (99-2000)

DISTRICT	ANNUAL TARGET	MONTHLY TARGET	MONTHLY ACHIEVEMENT	%	CUMULATIVE TARGET	CUMULATIVE ACHIEVEMENT	%	REMARKS
BANGALORE	[illegible]	[illegible]	4265	[illegible]	[illegible]	13245	72.30%	
BANGALORE RURAL	926[illegible]	772	613	79.[illegible]%	540[illegible]	6662	123.23%	
BELGAUM	2034[illegible]	1695	2665	157.23%	11865	21432	181.05%	
BELLARY	[illegible]	838	978	116.71%	5866	5795	98.79%	
BIDAR	7521	626	316	50.48%	4386	3998	91.24%	
BIJAPUR	[illegible]	784	772	98.47%	5488	5921	107.89%	
CHIKMAGALUR	551[illegible]	459	459	100.00%	3213	3429	106.72%	
CHITRADURGA	797[illegible]	664	579	87.15%	[illegible]	4633	99.68%	
DAKSHIN KANNAD	879[illegible]	733	509	69.30%	5136	4410	85.86%	
DHARWAD	866[illegible]	722	913	127.15%	5054	5728	113.3[illegible]%	
GULBARGA	1521[illegible]	1263	795	62.70%	887[illegible]	6505	73.27%	✓
HASSAN	879[illegible]	733	813	110.91%	513[illegible]	6015	117.29%	
KODAGU	252[illegible]	210	432	205.71%	147[illegible]	2743	186.50%	
KOLAR	1240[illegible]	1033	369	35.72%	7231	3296	43.35%	✓
MANDYA	917[illegible]	764	429	56.15%	5348	4069	76.08%	
MYSORE	1356[illegible]	1130	1062	93.98%	7910	7531	95.21%	
RAICHUR	863[illegible]	719	931	129.49%	5033	5579	110.85%	
SHIMOGA	815[illegible]	679	675	99.72%	4753	7669	165.50%	
TUMKUR	12513	1042	291	27.93%	7294	3458	47.41%	✓
UTTAR KANNAD	670[illegible]	558	599	107.35%	3906	4545	116.36%	
BAGALKOTE	757[illegible]	631	1283	203.33%	4417	3367	200.75%	
CHAMARAJ NAGAR	486[illegible]	405	538	132.84%	2835	2131	75.17%	
DAVANGERE	[illegible]	[illegible]	521	71.27%	5117	3211	62.75%	✓
[illegible]	512[illegible]	427	679	159.02%	2989	3593	120.21%	
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	120.11%	
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	✓
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	✓
TOTAL	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	152257	[illegible]	

UNIT: IN NOS

DEPT: HEALTH & FAMILY WELFARE, BANGALORE — KARNATAKA DEVELOPMENT PROGRAMME — MONTH :OCTOBER 1999 (99-2000)

DISTRICT	ANNUAL TARGET	MONTHLY TARGET	MONTHLY ACHIEVEMENT	%	CUMULATIVE TARGET	CUMULATIVE ACHIEVEMENT	%	REMARKS
BANGALORE	1075	90	69	76.67%	630	483	76.67%	
BANGALORE RURAL	414	35	49	130.11%	252	336	133.33%	
BELGAUM	427	36	69	191.67%	252	670	265.87%	
BELLARY	1140	99	143	149.49%	693	1258	181.53%	
BIDAR	840	70	65	92.85%	490	489	99.80%	
BIJAPUR	869	72	71	98.61%	504	693	137.50%	
CHIKMAGALUR	136	10	2	20.00%	76	33	43.42%	
CHITRADURGA	232	19	29	152.63%	133	159	119.55%	
DAKSHIN KANNAD	334	28	83	296.43%	196	217	110.71%	
DHARWAD	396	32	46	143.75%	224	310	138.39%	
GULBARGA	1895	157	163	103.82%	1099	1690	153.95%	
HASSAN	45	3	5	166.67%	21	36	150.95%	
KODAGU	60	5	3	100.00%	21	40	190.48%	
KOLAR	744	62	51	82.26%	434	483	111.29%	
MANDYA	242	23	31	135.00%	140	318	227.14%	
MYSORE	292	24	28	116.67%	168	278	165.48%	
RAICHUR	747	62	95	153.23%	434	720	165.90%	
SHIMOGA	227	19	15	84.21%	133	169	127.07%	
TUMKUR	377	31	41	132.25%	217	331	152.53%	
UTTAR KANNAD	330	33	37	112.12%	231	258	111.69%	
BASALAPUR	713	60	59	98.33%	420	613	145.95%	
CHAMARAJANAGAR	321	27	47	174.07%	189	272	143.92%	
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	

Leprosy cases Detected

KARNATAKA DEVELOPMENT PROGRAMME

Dept: HEALTH & FAMILY WELFARE, B'LORE — Month :October-1999 (99-2000)

District	ANNUAL TARGET	-1M C N T H L Y TARGET	ACHIEVEMENT	-0 %	-1 TARGET	C U M U L A T I V E ACHIEVEMENT	%	-0 REMARKS
BANGALORE	770	64	75	117.19%	448	596	133.04%	
BANGALORE RURAL	310	26	21	80.77%	182	315	173.08%	
BELGAUM	300	25	81	324.00%	175	602	344.00%	
BELLARY	850	71	171	240.85%	497	1522	306.24%	
BIDAR	600	50	54	108.00%	350	441	126.00%	
BIJAPUR	620	52	58	111.54%	364	603	165.66%	
CHIKMAGALUR	90	6	5	83.33%	60	41	68.33%	
CHITRADURGA	170	14	23	164.29%	98	179	182.65%	
DAKSHIN KANNAD	240	20	17	85.00%	140	184	131.43%	
DHARWAD	270	23	44	191.30%	161	346	214.91%	
GULBARGA	1350	113	142	125.66%	791	1677	212.01%	
HASSAN	30	2	3	150.00%	20	37	185.00%	
KODAGU	30	2	5	250.00%	20	35	175.00%	
KOLAR	530	44	89	202.27%	308	580	188.31%	
MANDYA	170	14	31	221.43%	98	250	255.10%	
MYSORE	210	17	39	229.41%	125	360	288.00%	
RAICHUR	530	44	125	284.09%	308	836	271.43%	
SHIMOGA	160	13	15	115.38%	91	117	128.57%	
TUMKUR	270	23	46	200.00%	161	306	190.06%	
UTTAR KANNAD	290	24	23	95.83%	168	270	160.71%	
BAGALKOTE	510	43	70	162.79%	301	738	245.18%	
CHAMARAJNAGAR	230	19	45	236.84%	133	368	276.69%	
DAVANGERE	310	26	50	192.31%	182	338	185.71%	
GADAG	250	21	32	152.38%	147	306	208.16%	
HAVERI	380	32	59	184.38%	224	442	197.32%	
KOPPALA	410	34	118	347.06%	238	754	316.81%	
UDUPI	120	10	12	120.00%	70	98	140.00%	
Total	10000	832	1453	174.64%	5860	12341	210.60%	

QUALITY ASSURANCE SYSTEM OVER DRUGS IN THE STATE OF KARNATAKA

Quality Control over Drugs in the State is exercised through the implementation of Drugs & Cosmetics Act & Rules there under.

Drugs & Cosmetics Act and Rules there under is a Central legislation and the responsibility of implementation wrests with the respective State Governments. The mechanism of control is in the form of:

1. Licensing of manufacturing and sales establishments.
2. Pre conditions for the grant of license and conditions of license .
3. Periodic inspection of all licensed establishments and sampling of drugs by Drugs Inspectors.

LICENSING OF MANUFACTURING AND SALES ESTABLISHMENTS.

Manufactures of Drugs and Dealers in drugs have to obtain license by fulfilling the pre conditions stipulated.

PRE CONDITIONS FOR THE GRANT OF LICENSE:

The Rules have been framed to ensure that quality is built in from the initial stage of manufacturing activity. The salient requirements to be eligible for grant of license for manufacture is construction of manufacturing facility as per Good Manufacturing Practices requirements, employment of competent technical staff possessing technical qualification and experience to supervise production and quality control activity and necessary infra-structure in the form of segregation of different activity, equipment and other facilities required during manufacture and laboratory for test and analysis.

CONDITIONS OF LICENSE:

The conditions in the form of mandatory Rules have been framed so that the manufacturer assumes responsibility for the quality. Thus, every raw material, whether active or inactive ingredient, must be subjected to analysis, various in-process control tests are applied during different stages of manufacture and the finished products are subjected to specified tests and analysis. Every stage of activity has to be documented and these documents have to be preserved and are open for inspection by the Officers of the Drugs Control Department.

31
735 manufac licenses
earlier 054 Blood Banks – now 94 BB ← 11 volp / 19 commer... / 33 hospital
Schedule on ... priority to 1996 – 40 pvt sector
Screen all except govt - idea to control commercialisation
State Bld Transfusion Society/Council c DHS
for licensing it is same but not for monitoring
Action against - for BB faster – 12 days for compliance
Suspd. twice a month
Distri – majority Blore - c out – Udupi, Mercara, Chamarajnagar

Kar highest no of licensed BB - 3 Stated
+ - pvt sector in govt

Udupi - need for MO trained in BB
4 places CAW - Uttar Kannada
- Inability to access blood.

In perfusy - need storage + distn level
at dist level need collection

→ Storage + cross matching facility

Act being amended

PERIODIC INSPECTION AND SAMPLING BY DRUGS INSPECTORS

Under the Drugs & Cosmetics Act and Rules there under, four functionaries have been identified. They are 1) Drugs Inspectors, 2) Government Analysts, 3) Licensing authority and 4) Controlling Authority. Specific qualifications and experience have been stipulated for appointment to these posts so that only persons with technical background and experience hold these posts.

The drugs inspectors are expected to inspect all licensed premises in their jurisdiction not less than twice a year and draw samples of Drugs and Cosmetics for Test and Analysis.

The Government analysts have been vested with the responsibility of analysing the samples sent by the Drugs Inspectors and issue reports thereof on the quality of drugs.

The licensing authorities discharge the duties of licensing of manufacturing establishments and sales establishments upon ascertaining that the conditions for the grant of licenses have been fulfilled. They are also vested with the power of cancellation of licenses or suspension of licenses for a period as deemed fit for violations of conditions of other provisions of Act and Rules.

The controlling authority is the authority to whom all inspectors appointed are subordinate and inspectors have to carry over the instructions of controlling authority in the discharge of their day today work.

DRUGS CONTROL ADMINISTRATION IN THE STATE OF KARNATAKA

Drugs Control Department in Karnataka is functioning as an independent department since 1962 under Health and Family Welfare Department. To enforce the provisions of Drugs and Cosmetics Act and rules there under, Enforcement Wing consisting of inspectors and supervisory officers namely Assistant Drugs Controllers , Deputy Drugs Controllers and Additional Drugs Controller are functioning. Drugs Controller is the head of the Department. The inspectors undertake inspections and draw samples from manufacturing and sales establishments and hospitals.

Licensing of manufacturing establishments is looked after by the head office located at Bangalore and the Drugs Controller is the licensing authority. For licensing of sales establishments, fifteen circles have been identified in the state and the Assistant Drugs Controllers functioning in these circles have been notified as licensing authorities. In every District an inspector has been posted.

For the purpose of test and analysis of samples drawn by the Drugs Inspectors, an independent Laboratory namely Drugs Testing Laboratory located to the department has been established and seven Government analysts have been appointed and they are engaged in test and analysis assisted by other technical staff of the Laboratory.

Drugs Controller is the controlling authority for all the inspectors.

BLOOD BANK AND INTELLIGENCE WING

Recently, a separate wing called Blood Bank and Intelligence Wing has been established in the department, located at four places namely Bangalore, Mysore, Hubli and Gulbarga to undertake auditing of Blood Banks and to keep surveillance over spurious, adulterated and substandard quality drugs.

SUCCESS AND DIFFICULTIES IN IMPLEMENTATION OF QUALITY ASSURANCE OVER DRUGS.

Karnataka State has been regarded as a model state for Drugs Control Administration in the Country, Counterfeit and substandard drugs is not a problem in the State.

The major constraint encountered by the department is inadequate inspectorate staff and laboratory staff. As per the Statutory requirement, an inspector is expected to inspect all the licensed establishments in his jurisdiction at least twice a year and also draw samples. It has not been possible to adhere to this requirement due to inadequate inspectorate staff. The Task Force constituted by Government of India to suggest measures for satisfactory enforcement of Drugs & Cosmetics Act and Rules there under has recommended that there shall be one inspector for every 100 sales establishments and one inspector for every 25 manufacturing units. In the State of Karnataka there are about 12,800 sales establishments and 732 manufacturing units (including loan licenses and Blood Banks). As such, at least 158 inspectors are necessary, but the sanctioned strength is only 56, of which 8 posts are vacant. Therefore, there is an urgent need to increase the inspectorate staff.

Due to the revolution in information technology, enforcement officers are required to act very swiftly so that delay in their movement will result in removing the spurious or counterfeit drugs and they will go unpunished. It is very important to provide vehicles for the movement of the officers. In this regard it is suggested to consider giving standing permission to hire vehicles in case of need by the drugs inspectorate staff.

Need 150 Inspectors,
47 only - post.

The capacity of Drugs Testing Laboratory in terms of number of samples that can be analysed in a year is around 1800. When compared to the turn over of drugs in the state, this capacity is not adequate and the capacity has to be increased to analyse at least 5000 samples in a year. The Drugs Testing Laboratory is totally inadequate in terms of the infrastructure facilities like equipments and consumables (glasswares, chemicals and reference standards). The Drugs Testing Laboratory also lacks in qualified technical staff to analyse the samples, as new drugs are introduced. With the introduction of new dosage forms and on the signing of the W.T.O. importing drugs will be the order of the day, to keep pace with these challenges, highly qualified technical staff has to be attracted with higher pay scales to meet the challenges of counterfeiting in the drugs. A time bound programme has to be implemented for removing obsolete, unserviceable equipments in the Drugs Testing Laboratory. It is also pertinent to note that all the electronic equipments and other smaller equipments required for day to day work are maintained by annual maintenance contracts. As otherwise very precious manpower will be lost in the case of brake down of equipments.

For this purpose, the facilities at the laboratory in terms of infra structure and technical staff has to be augmented

The budget allocation towards sampling and traveling allowances and office expenses is inadequate and needs to be augmented.

Statistics pertaining to enforcement wing and Drugs Testing Laboratory is furnished in the Annexure.

GOVERNMENT COLLEGE OF PHARMACY

The only Government College which is imparting Pharmacy Education in the State is under the administrative control of Drugs Control Department. The Government College of Pharmacy was established in 1963 and the facilities are totally inadequate and the college is facing de-recognition from the various bodies. Pharmacy Council of India/AICTE has been insisting implementation of pay scales for the teaching staff. Due to the delay in implementation of the AICTE pay scales Pharmacy Council of India has asked to stop the admission of students for the D.Pharma course for the academic course.

Government College of Pharmacy is receiving 100% central assistance for conducting the post-graduate course from AICTE. The college is required to obtain acredition certificate from AICTE for the year 1999-2000. Due to the improper infrastructure facilities in terms of building, equipments and teaching staff, it is likely that the AICTE may not give acredition certificate to Government College of Pharmacy. The vacant posts of teaching staff could not be filled, as the C & R rules has not been finalized since 1992. In the event of failure to get the acredition certificate from AICTE the assistance for post-graduate education from AICTE will get automatically cancelled. It is requested that atmost

importance should be given for augmenting the facilities of Government College of Pharmacy on war footing.

The construction of the fourth floor of Government college of Pharmacy is not under progress. For want of proper budgetary allocation the work is delayed. An additional allocation of Rs.75.00 lakhs is required for completion of the building with necessary infrastructure facilities for the year 2000-2001.

Brief note on the National Human Rights Commission recommendation

National Human Rights Commission in its order dated 31st March 1999 has recommended that the steps to be taken for the effective implementation of quality assurance programme. It is requested that unless the necessary infrastructure facilities are made available to the department it may be very difficult to fulfill the recommendations of NHRC (as per ***annexure***).

Data Task Force

BRIEF NOTE ON THE PERFORMANCE OF THE ENFORCEMENT WING

Particulars	1996-97	1997-98	1998-99
Number of manufacturers in the State (a) Allopathic Drugs(including Blood Banks) (b) Cosmetics	 567 69	 570 70	 657 75
Total number of sales premises in the State	11622	11611	12747
NUMBER OF INSPECTIONS CARRIED OUT			
Sales premises	11709	12226	14053
Manufacturing premises	348	390	290
Hospital Stores attached to Govt.Hospital	102	104	57
Cancellation	777	736	406
Suspensions	138	150	67
Prosecutions launched under both Drugs and Cosmetics Act and Drugs (Prices Control) Order.	26	20	39
Convictions	06	04	01

DETAILS OF SAMPLES ANALYSED

Sl.No.	Particulars	1996-97	1997-98	1998-99
1.	Samples Analysed	1764	1603	1800
2.	Samples found to be standard quality	1538	1414	1529
3.	Samples found to be not of std.quality 1. Karnataka State 2. Other States	209 28 181	171 37 134	175 14 161

NATIONAL HUMAN RIGHTS COMMISSION
SARDAR PATEL BHAVAN
NEW DELHI

Case No.778/96-97/NHRC

Name of the Complainant : Indus Hospital Shimla
Referred by the Himachal Pradesh State Human Rights Commission, Shimla

Case No.158/6/96-97/NHRC

Name of the Complainant : Suo Motu cognizance of the Press Clipping in the 'Indian Express' dated 9.9.1997

CORAM:

JUSTICE SRI M.N VENKATACHALIAH, CHAIRPERSON
JUSTICE SRI V.S. MALIMATH, MEMBER
SRI VIRENDRA DAYAL, MEMBER

8.0 BROAD FINDINGS AND RECOMMENDATIONS

8.1 General

(1) Fungal contamination in IV fluids is a serious health risk. Glucose/nutrients in the fluid provide an excellent medium for microbial growth. Fungal contamination can occur through contaminated ingredients during manufacture, or cracks/leakage of faulty containers during transportation and/or storage. Gross fungal contamination can be detected by visual observation as suspended, white to blackish, cotton-like matter. A Cautionary labelling regulation provides for the hospital staff to visually inspect and examine the IV fluids before administration to patients. It goes to the credit of the hospital staff at the Indus Hospital in Shimla and the Ram Manohar Lohia (RML) Hospital in Delhi to have spotted the fungal contamination before administering the defective IV fluids to patients.

(2) The purpose of the present investigation has been to examine: (a) critical steps during manufacture, transportation or storage of LVPs upto the stage of administration to patients vulnerable to fungal contamination; (b) to identify the possible cause(s) or failures which lead to the observed contamination; (c) suggest checks/counter-checks/measures to minimize, if not to completely eliminate, occurrence of such lapses, and (d) in case it still happens and complaint is received, suggest reporting system which must be in place to minimize consequences and to prevent recurrence of such happenings.

(3) Unfortunately there is no reliable mechanism for obtaining a feed back on the magnitude of the fungus problem in IV fluids in India. Though fungal contamination in IV fluids is a serious health risk, neither the manufacturer, or the regulatory authorities or hospitals have adequate record-keeping which could indicate the extent of the problems. Rather a certain percentage of defectives due to fungal contaminated bottles is taken as an acceptable norm. This mindset needs a change. We must aim for zero-defective batches. Fungus infested LVP is not common any were in the developed countries. As per the Gold Sheets, in the USA no recall of LVPs took place after early 70's. Similarly, Australia has not recorded such recall after the early 90's.

8.2 Core Healthcare Limited

(1) Core Healthcare's manufacturing operations are located at two separate spacious sites, Sachana and Rajpur near Ahmedabad.

(2) Core Healthcare manufactures IV products by the world-class Rommelag technique of Blow-Fill-Seal technology. As per the Company, manufacturing processes are validated for aseptic filtration prior to filling, sterilization of the Blow-Fill-Sealed containers and leak testing of filled containers

However, fungal contamination as reported has occurred very likely during storage, transportation, due to defective containers and/or damage incurred. The manufacturer does not have a proper system of monitoring the quality of the product particularly from the angle of contamination after the product leaves the manufacturing plant. The Batch Production Records of the manufacturer invariably show no evidence of damaged stocks. Further, the informal free replacement of defective stocks by the Company's field staff has under-played the problem as no records of such transactions are made available. In fact, in the absence of data on defectives, it seems that the extent of this problem is under-reported.

A. (a) Sachana and Rajpur plants have different levels of practices; while Sachana plant is state-of-the art, Rajpur plant is older and has inherent drawbacks of design

(b) Containers with weak neck could have cracked during transportation and storage creating leakage

(c) Weak secondary packing of corrugated shippers could have further aggravated the problem especially when stacking was higher than desirable height which could have damaged the containers due to heavy weight

(d) Manufacturer's warehousing facilities in Delhi, are shoddy and not rodent-free; rodent can damage shippers which can damage containers

B. (e) The batch records contain information related to manufacturing. But the records on market complaints, distribution, quarantined or recalled batches at company's warehouses is not easily accessible

(g) Lack of system in attending to complaints from hospitals and lack of ownership for removal of rejected goods from the hospital stores

(h) Important processes like sterile aseptic filling with broth fill and container suitability are not validated regularly

(4) There is an immediate need for the manufacturers to take up improvement of system involved in the management of quality of LVPs as a major project and bring about improvement results in the shortest possible time-frame so as to make LVPs a defect-free product. Blow-Fill-Seal equipment is a purpose-built machine that contains an extrusion, moulding, filling and sealing station to produce product under aseptic conditions. As with any machinery, function is directly related to training and the validation exercises required to establish the operating limits of this machinery. In reviewing this issue there are several areas of manufacturing and validation that should

be examined: extrusion process, cycle time, MDPE plastic granules, and sterilization.

The manufacturer must aim at getting a defect-free product during the entire supply chain management including manufacture, transportation and storage on the lines of the Six Sigma programme adopted by the electronics industry. Six Sigma is a standard of quality which has only 3.4 defects per million opportunities for error. The quality improvement within manufacturing of LVPs can be achieved by using tools and technology for high speed repetitive process of Blow-Fill-Seal technology.

The manufacturer must benchmark to international standards to raise standards of quality. It is not just the manufacturing process which is important. It involves the whole culture and attitude towards every function in the supply chain. Benchmarking involves finding the best-in-class for any world-standard. To institutionalize this culture, an extensive training programme must become the central focus.

Present mindset of LVP manufacturers is to measure defect in terms of percentage		LVP manufacturers need to move towards perfection
<u>defects per million</u>		<u>defects per million</u>
1% = 10,000	→	6 Sigma = 3.4
2% = 20,000	→	5 Sigma = 233
3% = 30,000	→	4 Sigma = 6200
4% = 40,000	→	3 Sigma = 66,803
5% = 50,000	→	2 Sigma = 308,733
6% = 60,000	→	1 Sigma = 697,700

Industry must change mindset of measuring defects from percentages to Sigma levels.

It is well recognised that the fungal contamination in plastic containers develops due to microleaks. Therefore, select critical materials/processes which affect the integrity of the container during manufacture, transportation and storage and require special attention are:

(a) Material of construction, weight, size, shape of container

(b) Sterilization cycle

(c) Leak test in during production and also during storage