

ರಾಷ್ಟ್ರೀಯ ಅಯೋಡಿನ್ ಕೊರತೆಯಿಂದುಂಟಾಗುವ ನ್ಯೂನತೆಗಳ ನಿಯಂತ್ರಣಾ ಕಾರ್ಯಕ್ರಮ

ತಾಲ್ಲೂಕು ಮಟ್ಟದ ಮಾಸಿಕ ವರದಿ

ಉಪ್ಪಿನ ಮಾದರಿಯಲ್ಲಿರುವ ಅಯೋಡಿನ್ ಅಂಶದ ಪ್ರಮಾಣ ಸೂಚಿಸುವ ಮಾಸಿಕ ವರದಿ.

1. 199 ನೇ ಸಾಲಿನ ತಿಂಗಳ ವರದಿ.

2. ವರದಿ ಮಾಡುವ ಅಧಿಕಾರಿಯ ಹೆಸರು ಮತ್ತು ವಿಳಾಸ.

.....

..... ತಾಲ್ಲೂಕು

..... ಜಿಲ್ಲೆ

3. ಪರೀಕ್ಷೆ ಮಾಡಿದ ಉಪ್ಪಿನ ಮಾದರಿಗಳ ಒಟ್ಟು ಸಂಖ್ಯೆ :

4. ಪರೀಕ್ಷಿಸಿದ ಉಪ್ಪಿನ ಮಾದರಿಗಳ ವಿವರ :

4.1 ಅಯೋಡಿನ್ ಅಂಶವಿಲ್ಲದ ಉಪ್ಪಿನ ಮಾದರಿಗಳ ಸಂಖ್ಯೆ :

4.2 ಅಯೋಡಿನ್ ಅಂಶವಿಲ್ಲದ ಉಪ್ಪಿನ ಮಾದರಿಗಳ ಶೇಕಡಾವಾರು ಸಂಖ್ಯೆ :

4.3 15 ಪಿ.ಪಿ.ಎಂ.ಗಿಂತ ಕಡಿಮೆ ಅಯೋಡಿನ್ ಅಂಶವಿರುವ ಉಪ್ಪಿನ ಮಾದರಿಗಳ ಸಂಖ್ಯೆ :

4.4 15 ಪಿ.ಪಿ.ಎಂ.ಗಿಂತ ಕಡಿಮೆ ಅಯೋಡಿನ್ ಅಂಶವಿರುವ ಉಪ್ಪಿನ ಮಾದರಿಗಳ ಸಂಖ್ಯೆ ಶೇಕಡಾವಾರು :

4.5 15 ಪಿ.ಪಿ.ಎಂ. ಮತ್ತು ಅದಕ್ಕಿಂತ ಹೆಚ್ಚು ಅಯೋಡಿನ್ ಅಂಶವಿರುವ ಉಪ್ಪಿನ ಮಾದರಿಗಳ ಸಂಖ್ಯೆ :

4.6 15 ಪಿ.ಪಿ.ಎಂ. ಮತ್ತು ಅದಕ್ಕಿಂತ ಹೆಚ್ಚು ಅಯೋಡಿನ್ ಅಂಶವಿರುವ ಉಪ್ಪಿನ ಮಾದರಿಗಳ ಶೇಕಡಾವಾರು ಸಂಖ್ಯೆ :

ರಾಷ್ಟ್ರೀಯ ಅಯೋಡಿನ್ ಕೊರತೆಯಿಂದಂಟಾಗುವ ನ್ಯೂನತೆಗಳ
ನಿಯಂತ್ರಣಾ ಕಾರ್ಯಕ್ರಮ

ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತರ ಮಾಸಿಕ ವರದಿ

ಉಪ್ಪಿನ ಮಾದರಿಯಲ್ಲಿ ಅಯೋಡಿನ್ ಅಂಶದ ಪ್ರಮಾಣ ಸೂಚಿಸುವ ಮಾಸಿಕ ವರದಿ :

1. 199 ನೇ ಇಸವಿಯ ತಿಂಗಳ ವರದಿ.

2. ವರದಿ ಮಾಡುವ ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತರ ಹೆಸರು

3. ಉಪಕೇಂದ್ರ ತಾಲ್ಲೂಕು ಜಿಲ್ಲೆ

4. ಪರೀಕ್ಷಿಸಿದ ಉಪ್ಪಿನ ಮಾದರಿಗಳ ಸಂಖ್ಯೆ :

5. ಪರೀಕ್ಷಿಸಿದ ಉಪ್ಪಿನ ಮಾದರಿಗಳ ವಿವರ :

5.1 ಅಯೋಡಿನ್ ಅಂಶವಿಲ್ಲದ ಉಪ್ಪಿನ ಮಾದರಿಗಳ ಸಂಖ್ಯೆ :

5.2 15 ಪಿ.ಪಿ.ಎಂ.ಗಿಂತ ಕಡಿಮೆ ಅಯೋಡಿನ್ ಅಂಶವಿರುವ

ಉಪ್ಪಿನ ಮಾದರಿಗಳ ಸಂಖ್ಯೆ :

5.3 15 ಪಿ.ಪಿ.ಎಂ. ಮತ್ತು ಅದಕ್ಕಿಂತ ಹೆಚ್ಚು ಅಯೋಡಿನ್

ಅಂಶವಿರುವ ಉಪ್ಪಿನ ಮಾದರಿಗಳ ಸಂಖ್ಯೆ :

ಕರ್ನಾಟಕ ಅಭಿವೃದ್ಧಿ ಕಾರ್ಯಕ್ರಮದ (2000-05ರ ನಡುವೆ) ಪರದಿ

ಜಿಲ್ಲಾ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ		ಮಾಹಿತಿ		1995				
ಕ್ರ.ಸಂಖ್ಯೆ	ವಿವರ	ಗುರಿ	ಪ್ರಗತಿ	ಪ್ರಸಕ್ತ ಮಾರ್ಚ್ 31ರವರೆಗೆ	ಶೇಕಡಾ ಗುರಿ	ನಾಳಿನ ಶೇಕಡಾ	ಗುರಿ	ಪ್ರಗತಿ
1	2	3	4	5	6	7	8	9
1. 8-ಎ-1	ಪ್ರಾಥಮಿಕ ಆರೋಗ್ಯ ಕೇಂದ್ರ							
2. 8-ಎ-2	ಗ್ರಾಮೀಣ ಉಪಕೇಂದ್ರಗಳು (ಕುಟುಂಬ)							
3. 8-ಎ-3	ಸಮುದಾಯ ಆರೋಗ್ಯ ಕೇಂದ್ರಗಳು							
4. 8-ಎ-5	1. ಡಿ.ಪಿ.ಜಿ. 2. ಮೂಲಕಾರ್ಯ 3. ಬಿ.ಸಿ.ಜಿ. 4. ದೂರ 5. ಬಿ.ಬಿ.ಗೃಹೀಕರಣ							
5. 8-ಬಿ-1	ಎ. ಕುಟುಂಬೋದ್ದೇಶ ಪತ್ತೆಹಚ್ಚುವುದು ಬಿ. ಕುಟುಂಬೋದ್ದೇಶ ವಾಸ್ತವೀಕರಣ							
6. 8-ಬಿ-2	ಎ. ಹೊಸ ಕುಟುಂಬೋದ್ದೇಶಗಳನ್ನು ಪತ್ತೆಹಚ್ಚುವುದು ಬಿ. ಕಳೆದ ವರ್ಷ (ಪ್ರಾ.ಆರೋಗ್ಯ ಕೇಂದ್ರ)							
7. 8-ಬಿ-3	ಕುಟುಂಬೋದ್ದೇಶ ಸಂಪನ್ಮೂಲ ಬೆಳೆಸುವುದು							
8. 8-ಬಿ-1	ಎ. ಮರಣದಿಂದ ರಕ್ಷಣೆ ಬಿ. ಮರಣದಿಂದ ವಾಸ್ತವೀಕರಣ							
9. 9-1	ಎ. ಸಂಪನ್ಮೂಲ ಹರಣಸಂಪನ್ಮೂಲ ಬೆಳೆಸುವುದು (ಎ) ವ್ಯಾಪಕವಾಗಿ (ಬಿ) ಉಪವ್ಯವಸ್ಥೆ (ಸಿ) ಉಪವ್ಯವಸ್ಥೆ							
10. 9-2	ಪರಿಶೋಧನೆ							
11. 9-3	ಎ. ನಿರ್ದೇಶನ (ಪೀಠಿಕೆ) ಬಿ. ಹೊಸದಾಗಿ ಮದುವೆಯಾಗಿ ನಿರ್ದೇಶನ ಉಪವ್ಯವಸ್ಥೆಗಾಗಿ ಸಂಪನ್ಮೂಲ ಬೆಳೆಸುವುದು							
12. 9-4	ಎ. ಸಂಗ್ರಹ ಮಾಹಿತಿ (ಸೃಜನ) ಬಿ. ಹೊಸದಾಗಿ ಮದುವೆಯಾಗಿ ಸಂಗ್ರಹ ಗುರಿಗೆ ಉಪವ್ಯವಸ್ಥೆಗಾಗಿ ಸಂಪನ್ಮೂಲ ಬೆಳೆಸುವುದು							

MONTHLY REPORT OF ILC/MEM ACTIVITIES
for the month of 2000-2001.

Name of the District: BANGALORE URBAN Name of the PHC;
Name of the Tq.: BANGALORE No. of MBS Existing:
NORTH/SOUTH/CENTRAL
No.

Sl. No.	ACTIVITIES	Target for the year	Achievement during the month	Cumulative for the year
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PART-I, NORMAL FILM ACTIVITIES

I. Film shows held

- By Health & F.I. Department
- Persons Attended
- By other Department
- Persons Attended

II. FILM STRIP SHOWS

- No. of Film strip show conducted
- Persons Attended

III. TV/ACP SHOWS

- No. of Shows conducted
- Persons Attended

IV. FOLK MEDIA PROGRAMME

- Organised by Health Department
- Persons Attended
- Organised by other Department
- Persons Attended

V. EXHIBITION

- No. of Major Exhibitions Arranged
- No. of Persons visited
- No. of Mini Exhibitions
- No. of Persons visited

VI. MASS MEDIA CAMPAIGNS

- Campaign Arranged
- Persons Attended
- Press Advertisement
- Press Releases

Sl. No.	ACTIVITIES	Target for the year	Achievement during the month	Cumulative for the year
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VII. WORLD POPULATION DAY ARRANGED

1. a) PHC level at MSS Villages

b) No. of persons participated

2. a) Taluk Level

b) No. of Persons participated

3. a) District Level

b) No. of persons participated

4. a) State Level

b) No. of persons participated

a) National Level

b) No. of Persons participated

VIII. M.S.S. PRESIDENT'S WORK SHOP

1. a) District Level

b) No. of persons participated

2. a) Taluk Level

b) No. of persons participated

IX. INTER-NATIONAL WOMEN'S DAY OBSERVED

1. a) District Level

b) No. of persons participated

2. a) Taluk Level

b) No. of persons participated

3. a) PHC Level at MSS Village

b) No. of persons participated

Sl. No.	ACTIVITIES	Target for the year	Achievement during the month	Cumulative for the year
I.	TRAINING & OTHER PROGRAMMES ARRANGED			
1. a)	Mahila Vichar Vinimaya			
	b) No. of mothers with one child participated			
	No. of MJS member's participated			
	No. of others participated specify			
II. a)	HEALTHY BABY SHOW			
	No. of Babies participated			
	Between 6-12 months			
	Between 12-24 months			
	CHILDREN'S DAY ARRANGED			
	No. of Children's participated			
	ATTE SOSEYANDIRA SAMAVLESH			
	No. of persons participated			
	FOLK MEDL. PROGRAMME ARRANGED			
	No. of persons participated			
	GRAMA PANCHAYAT MEMBERS TRAINING PROGRAMME			
	No. of member's participated			
	FOLD ARTIST'S WORK SHOP ARRANGED			
	No. of artists participated			

Sl. No.	Education Media Materials	Got Locally produced	Received from MEM Wing	Distributed to PHC's	Balance
1.	Posters				
2.	Folders				
3.	Booklets				
4.	Pamphlets				
5.	Slides				
6.	Audio Cassettes				
7.	Video Cassettes				
8.	Films				
9.	Flip Books				
10.	Others if any (Specify)				
	a)				
	b)				
	c)				
	d)				

EDUCATION MATERIALS SUPPLIED TO MSS

Sl. No.	Type of Educational Material	No. supplied	Cumulative	Remarks
1.	Folders			
2.	Booklets			
3.	Pamphlets			
4.	Posters			
5.	Slides (Cinema)			
6.	Cassettes (Audio)			
7.	Films			

OTHER ACTIVITIES IN MSS

Sl. No.	Activities	During the Month	Cumulative	Remarks
1.	No. of Depot Folders established by MSS			
2.	No. of cultural/Folk Media programme arranged in MSS			
3.	No. of Education/Motivational Activities arranged by MSS			

Sl. No.	Activities	During the Month	Cumulative	Remarks
4.	Immunisation			
5.	Spacing Method			
6.	Antenatal Care			
7.	Distribution of Iron & Folic Acid Tablets			

POSITION OF A.V.AIDS

Sl. No.	Name of the Equipment	No.in Position	Out of Order	Action taken for Repairs (if any)
	Slides Projects			
	Tape Recorders / Players			
	Radio			
	P.A.E. Sets			
	Exhibition panel stands			
	Display boards			
	Other if any (Specify)			

VEHICLE POSITION EXCLUSIVELY FOR IEC ACTIVITIES

Sl. No.	Type of Vehicle	No.of Vehicles	Position of Vehicles	Remarks
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STAFF POSITION

Sl. No.	Category of Staff	Sanctioned	Working	Vacant	Remarks
1.	Block Health Educators				

PHYSICAL AND FINANCIAL ACHIEVEMENT FOR THE YEAR 2000-2001 UNDER THE

IEC ACTIVITIES

Sl. No.	Activities	TARGET		MONTHLY ACHIEVEMENT		CUMULATIVE FOR THE YEAR		BALANCE	
		Physi- cal	Finan- cial	Physi- cal	Finan- cial	Physi- cal	Finan- cial	Phy sical	Finan- cial
1.	WORLD POPULATION DAY								
	a) National level..								
	b) State level								
	c) District Level								
	d) Taluk level								
	e) PHC level								
2.	INTERNATIONAL WOMEN'S DAY								
	a) Taluk level								
	b) PHC level								
3.	M.S.S.PRESIDENT'S WORK SHOP								
	a) Taluk level								
	b) District level								
4.	FOLK ARTISTS WORK SHOP								
	a) District level								
5.	PHC ACTIVITIES								
	a) Mahila Vichar Vinimaya								
	b) Healthy Baby Show								
	c) Children's Day								
	d) Villages level Training to the MSS Members								
6.	ATTE SOSEKANDIRA SAMAVESH								
	a) Folk Media								
	b) Grama Panchayat members training programme								
7.	MISCELLANEOUS EXPENDITURE								
	a) Repair of A.V.Equipments/ Photo publicity								
	b) Advertisement								
	c) Hiring of Vehicles/Auto/Etc.,								

I. R. C. F I R M S

1) MICRONOVA PHARMACEAUTICALS	51825 - 00
2) LEGEND DRUGS & PHARMACEAUTICALS	611600 - 00
3) N.S.A.R. PHARMACEAUTICALS	273900 - 00
4) DOMINION PHARMACEAUTICALS	175000 - 00
5) NATCO PHARMA	35000 - 00
6) PRAHAT SURGICAL COTTON CO.,	101250 - 00
7) CORE HEALTH CARE Co., LTD.,	53865 - 00
8) <i>Emulphor</i> M.B.L. LABORATORY	79700 - 00
9) S.M. PHARMACEAUTICALS	5400 - 00
10) S.P.D. R.C. PIRM	122500 - 00
11) K.A.P.L. BANGALORE	1034150 - 00
12) MOUNT METTUR & PHARMACEAUTICALS	32500 - 00

TOTAL:- 2576690 - 00

II. P U B L I C S E T O R C O M P A N Y.

1) BENGAL CHEMICAL CO.,	626300 - 00
2) MAHARASTRA ANTIBIOTICS CO.,	282500 - 00
3) GOA ANTIBIOTIC CO.,	130000 - 00
4) ORISSA ANTIBIOTIC CO.,	253937 - 00
5) I.D.P.L.Co.,	204650 - 00

TOTAL:- 1497387 - 00

III . PRIMARY MANUFACTURING UNIT:

1) CADILENS LTD.,	202500 - 00
2) T.A.S.R. Pharmaceuticals	119000 - 00
3) LIGEND DRUGS & PHARMACEUTICALS	307000 - 00

TOTAL:	628500 - 00
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IV. D.S.M.S

1) D.S.M.S.	201250 - 00
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T O T A L :

1) R . C . FIRMS	-	2576690 - 00
2) PUBLIC SECTOR CO.,	-	1497387 - 00
3) PRIMARY MFG. UNIT	-	628500 - 00
4) D.S.M.S.	-	201250 - 00

TOTAL:	-	4903827 - 00
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Sent to Govt of India quarterly by
IEC Wing (MEM Wing), State Fw Bureau,
D H & S, Bangalore.

QUARTERLY REPORT ON IEC/MASS EDUCATION AND MEDIA
ACTIVITIES

Name of the State: KARNATAKA No. of Districts

Report for the Quarter Ending: No. of Districts Reporting:

Sl. No.	Activity or Particulars	ACTIVITIES	
		During the Quarter	During the Year

1) MAHILA SWASTHYA SANGHA (MSS)

1. No. of Districts in which MSS are functioning.

2. No. of Old MSS in Existence

3. No. of MSS Discontinued

4. No. of MSS Constituted

5. Total number of members involved (Old & New MSS)

6. No. of MSS Members (Old & New) meeting held

7. Educational materials supplied to MSS

Posters
Folders
Booklets
Pamphlets

Slides/Cassettes/Video spots
Film, etc.

8. No. of Depot Holders established by MSS

9. No. of Cultural/Folk Media programmes organised in MSS

10) No. of Educational/Motivational activities organised by MSS

i) Immunisation

ii) Spacing Methods

iii) Ante-Natal Care

iv) Distribution of Iron and Folic Acid Tablets

QUARTERLY REPORT OF IEC/MSS EDUCATION & MEDIA ACTIVITIES

Sl. No.	Activity Particulars	Activities	
		During the Quarter	During the year

II) TRAINING OF MAHILA SWASTHYA SANGHA:

- 1) No. of Training Programme held
- 2) No. of MSS Members Trained
- 3) No. of MSS Members yet to be trained

III) Two days joint training course:

- 1) No. of two days joint training programme held for FHWS/LNMs/LNWS/ICDS Supervisors etc.
- 2) No. of persons trained
- 3) No. of persons to be trained

IV) Training of BHEs

- 1) No. of One month BHE's (HFWTC) Training Programme held
- 2) No. of BHEs Trained
- 3) No. of BHE's to be Trained

V) Media Activities:

- 1) No. of Film shows held
- 2) No. of Cultural shows
- 3) No. of Exhibition held
- 4(a) No. of Hoardings repainted and put up
- (b) No. of New Hoardings put up
- 5(a) No. of Bus hoardings repainted and put up
- (b) No. of Bus hoardings put up
- 6(a) No. of Vehicle painted/restencelled
- 7(a) No. of Walls Repainted/restencelled
- b) No. of walls Newly painted/Stencilled
- 8(a) No. of Tin plates repainted and put up
- b) No. of new tin plates put up

QUARTERLY REPORT OF IEC/MASS EDUCATION & MEDIA ACTIVITIES

ACTIVITIES	
Sl. No.	Activity Particulars
	During the Quarter
	During the Year
18.	(a) Total No. of OCTs Held
	(b) No. of CTCs Held exclusively for Women
	(c) No. of persons attending camps
19.	(a) Population Education activities held
	(b) No. of activities held exclusively for women
20.	No. of Adult education classes held
VI. Hiring of TV & VCRs	
1.	No. of districts selected (Attach list of Districts selected)
2.	No. of Video shows organised
VII. Opinion Leaders Camps	
1.	No. of Districts selected (Attach list of Districts which camps organised)
2.	No. of persons attended camps
3.	No. of Educational activities held
VIII. Local Specific Intensive activities in selected weak districts	
1.	No. of Districts selected (Attached list of districts selected)
2.	No. of Activities organised (Folk Dances/Street Plays/Rihu/
IX. ...	
1)	...
2)	...
3)	...

QUARTERLY REPORT ON IBC/MESS EDUCATION & MEDIA ACTIVITIES

Sl. No.	Activities	Achievement	
		During the quarter	During the year
9.a)	No. of Poster designed		
b)	No. of Folders designed		
	Booklets		
	Pamphlets		
10.	No. of copies of posters printed		
11.	No. of copies printed		
	Folders		
	Booklets		
	Pamphlets		
12.	No. of Press Advertisements released		
13.	No. of copies printed at the State Offset press		
i.	No. of copies of posters printed		
ii.	No. of copies of printed		
	Folders		
	Booklets		
	Pamphlets		
14.	Production of Video Spots/Video Films		
	16 mm-films/350 mm films		
i.	No. of Video spots/prints		
ii.	No. of video films/prints		
iii.	No. of 16 mm films prints		
iv.	No. of 35 mm films/prints		
15.	Production of educational Aids		
i.	No. of slide sets /Prints		
ii.	No. of Audio Cassettes		
iii.	No. of flash Cards sets		
iv.	No. of flip book		
v.	Programme Information kits		
vi.)	Models on Vasectomy, Tubectomy & IUD		
16, a)	No. of State Level Seminar organised		
b)	No. of Dist. Level Seminar organised		
c)	No. of other seminar organised		
17. a)	No. of State Level Workshop organised		
b)	No. of Dist. Level Workshop organised		

ANNUAL REPORT ON IEC/MASS EDUCATION AND MEDIA ACTIVITIES
AUDIO VISUAL VANS AND EQUIPMENTS

Sl. No.	Audio Visual Vans and Equipments	Position at the end of year	
		Total Nos.	Out of order
1)	AV Vans		
2)	16 mm Film Projectors		
3)	Generators		
4)	Super 8 mm Projectors		
5)	Slide projectors		
6)	Tape recorders/Players		
7)	P. A. System		
8)	Photo Cameras		
9)	Video Cameras		
10)	VCRs/VCPs		
11)	T.V. Sets		
12)	Over Head Projectors		
13)	Exhibition Panel Stands		
14)	Display Board with Population Clock		

District Health and Soc. Officers will
monthly report in this Proforma every month
before 10th .

ನಮೂದ ಶಿಕ್ಷಣ ಮಾಧ್ಯಮ ಒಬ್ಬವುಗಳ (ವಿ.ಇ.ಸಿ.)

ಮಾಸಿಕ ಪ್ರಗತಿ ವರದಿ

ಜಿಲ್ಲೆಯ ಹೆಸರು: -----

ತಾಂಗಳ: -----

ಕ್ರಮ ಸಂಖ್ಯೆ	ಒಬ್ಬವುಗಳು	ಮಾಸಿಕ ಗುರಿ		ತಾಂಗಳ ಸಾಧನೆ		ಸಂಜ್ಞಿತ ಮೊತ್ತ, ಷರಾ		
		ಭೌತಿಕ	ಆರ್ಥಿಕ	ಭೌತಿಕ	ಆರ್ಥಿಕ	ಭೌತಿಕ	ಆರ್ಥಿಕ	
1	2	3	4	5	6	7	8	9

1. ನಾಚೂನೈ ನಮೂದಿ ಮಾಧ್ಯಮ
ಒಬ್ಬವುಗಳು:

Physical Financial

1. ದಲಿತರ ಪ್ರದರ್ಶನ
2. ಸಿರಿತರ ಪ್ರದರ್ಶನ
3. ಬಿ.ವಿ.ವಿ.ಸಿ.ವಿ. ಪ್ರದರ್ಶನ
4. ಜನಪದ ಕಾರ್ಯಕ್ರಮ
5. ವಸ್ತು ಪ್ರದರ್ಶನ:

ಅ) ಬೃಹತ್ ಪ್ರಮಾಣ

ಆ) ಚಿಕ್ಕ ಪ್ರಮಾಣ

6. ನಾಟಕಗಳು
7. ವಿವಿಧ ಮಾಧ್ಯಮ ಪ್ರದರ್ಶನ-
ರಾಂಧೂಲನ
8. ಪತ್ರಿಕಾ ಜಾಹಿರಾತು
9. ಪತ್ರಿಕಾ ಬಡಗಿ
10. ಉಪಕರಣ ದುರಸ್ತಿ
11. ವಿಶ್ವ ಜನಸಂಖ್ಯಾ ದಿನಾಚರಣೆ:

ಅ) ಜಿಲ್ಲಾ ಮಟ್ಟದ

ಆ) ತಾಲೂಕು ಮಟ್ಟದ

12. ಇನ್ನಿತರ ಒಬ್ಬವುಗಳು:

ಅ)

ಆ)

ಇ)

ಈ)

ಉ)

ಊ)

1	2	3	4	5	6	7	8	9
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2. ಮಹಿಳಾ ಆರೋಗ್ಯ ಸಂಘದಲ್ಲ
ಜುಲಮುಕ್ತಗಳು:

1) ಹಳೆಯ ಮಹಿಳಾ ಆರೋಗ್ಯ ಸಂಘ:

ಅ) ಮಹಿಳಾ ವಿಚಾರ ವಿನಿಮಯ

ಆ) ಆರೋಗ್ಯವಂತ ಮಕ್ಕಳಪ್ರದರ್ಶನ

ಇ) ವಿಶ್ವಜನಸಂಖ್ಯಾ ದಿನಾಚರಣೆ:

ನೂನಾಲ್ವೇ ವನಕೂವಿ
ತರಬೇತಿ ಶಿಬಿರ

ಈ) ಆತ್ಮನೂನ ಸಮಾವೇಶ

ಉ) ಮಹಿಳಾ ದಿನಾಚರಣೆ

ಊ)

ಋ)

ಋ)

2) ಹೊಸ ಮಹಿಳಾ ಆರೋಗ್ಯ ಸಂಘ:

ಅ) ಸ್ಥಾಪನೆ

ಆ) ಗ್ರಾಮವ್ಯವಸ್ಥಿತ ತರಬೇತಿ

ಇ) ಮಹಿಳಾ ವಿಚಾರ ವಿನಿಮಯ

ಈ) ಆರೋಗ್ಯವಂತ ಮಕ್ಕಳಪ್ರದರ್ಶನ

ಉ) ವಿಶ್ವಜನಸಂಖ್ಯಾ ದಿನಾಚರಣೆ:

ನೂನಾಲ್ವೇ ವನಕೂವಿ
ತರಬೇತಿ ಶಿಬಿರ

ಊ) ಆತ್ಮನೂನ ಸಮಾವೇಶ

ಋ) ಮಹಿಳಾ ದಿನಾಚರಣೆ

ಋ)

ಎ)

ಏ)

ಜುಲ ಮಹಿಳಾ ಆರೋಗ್ಯ ಸಂಘದಲ್ಲ
ಅನುದಾನ ಮತ್ತೂ ಖರ್ಚು

3. ಮಹಿಳಾ ಆರೋಗ್ಯ ಸಂಘಕ್ಕೆ ನೀಡಿದ
ಶುಭಕ ಸಾಮಗ್ರಿಗಳ ವಿವರಗಳು

ಕೂಟದಂ

ಸಂಚಿತ ಮಾತ್ರ

ಷರಾ

1	2	3	4	5
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1. ಭತ್ತಿ ಪತ್ರ

2. ಮಹಿಳಾ ಪತ್ರ

3. ಕರಪತ್ರ

4. ಕಿರುಪಟ್ಟಿಕೆ

5. ಭೂಮಿ ಸುರಕ್ಷೆ

4. ಮಹಿಳಾ ಆರೋಗ್ಯ ಸಂಘದಲ್ಲಿ ಇನ್ನಿತರ ಉಪಮುಖಗಳು:

ಕ್ರಮ ಸಂಖ್ಯೆ	ಉಪಮುಖಗಳು	ತಿಂಗಳಲ್ಲಿ	ಸಂಖ್ಯೆ ಮಾತ್ರ
1	2	3	4

1. ಡಿಪೋ ಹೋಲ್ಡರುಗಳ ಸಾಧನೆ
2. ಜನಪದ ಕಾರ್ಯಕ್ರಮಗಳು
3. ರಕ್ಷಣಾ ಚಿಕಿತ್ಸೆಯ ಬಗ್ಗೆ ಶೈಕ್ಷಣಿಕ ಕಾರ್ಯಕ್ರಮಗಳು
4. ಅಂತರ ವಿಧಾನದ ಬಗ್ಗೆ ಶೈಕ್ಷಣಿಕ ಕಾರ್ಯಕ್ರಮಗಳು
5. ಗರ್ಭಿಣಿ ಆರೈಕೆ ಬಗ್ಗೆ ಶೈಕ್ಷಣಿಕ ಕಾರ್ಯಕ್ರಮಗಳು
6. ಕಬ್ಬಿಣಾಂಶ ವಿತರಣೆ ಬಗ್ಗೆ ಶೈಕ್ಷಣಿಕ ಕಾರ್ಯಕ್ರಮಗಳು
7. ಮನುಷ್ಯ ಸಭೆ (ಹಳೆ ಮತ್ತು ಹೊಸ)
8. ಕುಟುಂಬಗಳಲ್ಲಿ ನಡೆಸಿದ ಸದನಗಳ ಸಂಖ್ಯೆ
9. ಇನ್ನಿತರ ಕುಟುಂಬಗಳು - ಹೆಸರಿನಿ:

1)

2)

3)

4)

5. ಸಿಬ್ಬಂದಿ ವಿವರ

ಕ್ರಮ ಸಂಖ್ಯೆ	ಹುದ್ದೆ	ಮಂಜೂರಾದರೂ	ಕೆಲಸದಲ್ಲಿರದರೂ	ಮಾರ	ಮಾ
1	2	3	4	5	6

1. ಜಿಲ್ಲಾ ಆರೋಗ್ಯ ಶಿಕ್ಷಾಧಿಕಾರಿ
2. ಉಪ ಜಿಲ್ಲಾ ಆರೋಗ್ಯ ಶಿಕ್ಷಾಧಿಕಾರಿ
3. ಕ್ಷೇತ್ರ ಆರೋಗ್ಯ ಶಿಕ್ಷಕರು
4. ಕುಟುಂಬ, ಪ್ರದರ್ಶಕರು

6. ಶ್ರಮಾ ಪಾಠ್ಯಕ ಸಲಕರಣೆಗಳ ಸ್ಥಿತಿಗತಿ:

ಕ್ರಮ ಸಂಖ್ಯೆ	ಸಲಕರಣೆಯ ಹೆಸರು	ಉಪ ಸಂಖ್ಯೆ	ದುಸ್ಥಿತಿಯಲ್ಲಿರುವ ಸಂಖ್ಯೆ
1	2	3	4

1. ಎ.ವಿ.ವಾಕ್ಯ
2. 16 ಎಂ.ಎಂ. ಮೌಲ್ಯಕರ

1	2	3	4
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3. ಜನರೇಖೆ
4. ಸೂರ್ಯ 8 ಎಂಎಂ ಪ್ರಾಜೆಕ್ಟರ್
5. ಸ್ಪೈಡ್ ಪ್ರಾಜೆಕ್ಟರ್
6. ಟೀಪರ್‌ಕಾರ್ಡ್
7. ಧ್ವನಿವರ್ಧಕ (ಪಿಎ) ಸೆಟ್ಟು
8. ಕ್ಯಾಮೆರಾ
9. ವಿಡಿಯೋ ಕ್ಯಾಮೆರಾ
10. ವಿ.ಸಿ.ಆರ್ : ವಿ.ಸಿ.ಎ.
11. ಟಿ.ವಿ.ಸೆಟ್ಟು
12. ಟೆಪರೇಟ್ ಪ್ರಾಜೆಕ್ಟರ್
13. ಎಕ್ಸ್‌ಟೆನ್ಸನ್ ಪ್ರಾಜೆಕ್ಟರ್ ಸ್ಪೈಡ್
14. ಡಿಸ್‌ಪ್ಲೇಬೋರ್ಡ್ ಮತ್ತು
ಜನನಂಬಾ ಗಡಿಂಪಾರ

ಜಿಲ್ಲಾ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ
ಅಧಿಕಾರಿ.

ANNUAL REPORT OF IEC/ MASS EDUCATION AND MEDIA ACTIVITIES

OFFSET
STAFF POSITION OF OFFSET PRESS

Sl.No.	Name of the Post	Total No. sanctioned	Total No. in Position
1)	Computer	1	
2)	Process Operator	1	
3)	Asst. Process Operator	1	
4)	Artist	1	
5)	Offset Printers	2	
6)	Asst.Offset Printers	30	
7)	Senior Compositor	1	
8)	Compositor	1	
9)	Junior Compositor	1	
10)	Plate Maker	1	
11)	Junior Proff Examiner	2	
12)	Machine Minder	1	
13)	Senior Binder	1	
14)	Binder	11	
15)	Asst. Binder	3	
16)	Asst. Plate Drainer	8	
17)	Works Clerk	1	
18)	Senior Offset Printers	1	
19)	Senior Proof Examiner	1	
20)	Plate Examiner	1	
21)	Supervisor	1	
22)	Asst. Director	1	
23)	S.D.Cs	2	
24)	Attenders	2	
25)	Superintendent	1	

Sent to Govt of India (monthly expenditure)
from MEM wing (IEC wing), State FW
Bureau, DH & LWS, Bangalore.

I.E.C. Monthly Expenditure Report

Name of the State/UT:

Report For The Month Of:

Sr No	Activity Particulars	Allocation by G.O.I	Release by State	Expenditure	
				During the month	During the Year
1	<u>INNOVATIVE PUBLICITY</u>				
	a) New MSS				
	b) Old MSS				
	c) Pre-natal Diagnostic Technique Act Seminar/Workshops				
	d) Intensive Local Specific IEC activities in Selected Distts				
	e) Training of MSS's etc				
	f) Training Material for MSS's				
2	<u>MASS MEDIA ACTIVITY</u>				
	a) Purchase of Hardware (AV equipments)				
	b) Expenditure on Software (AV equipments)				
	c) Repair of A.V.equipments				
	d) Other Expenditure(Please specify) x				
	Total				

X Film production, Seminars, OTC camps, S&D, Press Adv. Etc

Sent to Govt of India (monthly expenditure)
from MEM wing (IEC wing), State FW
Bureau, DH & FWS, Bangalore.

I.E.C. Monthly Expenditure Report

Name of the State/UT:

Report For The Month Of:

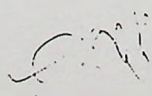
Sr No	Activity Particulars	Allocation by G.O.I	Release by State	Expenditure	
				During the month	During the Year
1	<u>INNOVATIVE PUBLICITY</u>				
	a) New MSS				
	b) Old MSS				
	c) Pre-natal Diagnostic Technique Act Seminar/Workshops				
	d) Intensive Local Specific IEC activities in Selected Distts				
	e) Training of MSS's etc				
	f) Training Material for MSS's				
2	<u>MASS MEDIA ACTIVITY</u>				
	a) Purchase of Hardware (AV equipments)				
	b) Expenditure on Software (AV equipments)				
	c) Repair of A.V.equipments				
	d) Other Expenditure(Please specify) x				
	Total				

X Film production, Seminars, OTC camps, S&D, Press Adv. Etc

AGENDA FOR DISTRICT SURGEONS REVIEW MEETING Date: 18/2/20

- | | | |
|----|--|---|
| 1 | Hospital Pharmacy and Sub-Store | DD Pharmacy. |
| 2 | Blood Bank | AIDS DD (Both) |
| 3 | MMR | Planning |
| 4 | Purchase of Equipments & Maintenance | HFO |
| 5 | Hospital Waste Management | KHSDP |
| 6 | IPP IX, ANM Training Centre | PD IPP IX K |
| 7 | Drugs maintenance and Stores | JD (GMS) |
| 8 | Management of STI & RTI | RCII |
| 9 | PRC & UFWC | RCII |
| 10 | AIDS Managements | PD Aids. |
| 11 | Training SIHFW & HET ^{Addl. Dir.} | HET & SIHFW ^{Dr. Kuni}
Dr. Makapur. |
| 12 | Administrative matters-Unauthorised absence, Disciplinary actions. | CAO |
| 13 | Vehicle Paintings | DD Transport. |
| 14 | Staff | CAO |
| 15 | Specialists Hospital wise | CAO |
| 16 | Audit - AG & Others | CAO-cum-FA |
| 17 | NHRC | JD (M) |
| 18 | Post Mortum, Medicolegal aspects, Issue of certificate, issue of Rape victim | JD (M) |
| 19 | CMD Hospital Referral, Surveillance of Communicable diseases in hospital. | JD (CMD). |
| 20 | Clinical fees and Hospital Teaching to Institutions. | JD (H) |

The above Programme Officers are requested to submit the reports to the Joint Director (Medical) immediately for taking further action on the matter.


DIRECTOR OF HEALTH & FW SERVICES

PHC :

MF 'S' Monthly Report of NMEP for the Month.....

[illegible]

PHC :

MF 'S' Monthly Malaria Programme for the month.....

[illegible]

[illegible]

P.H.C.

No.1 Stock position of anti malarial drugs and insecticides

Month _____

Sl.No.	Particulars	O/B	Receipt	Total	Expd.	Closing Balance
1.	4 AQ Tab's					
2.	8 AQ Tab's					
3.	DDT 50%					
4.	DDT 75%					
5.	BHC					
6.	Malathine					

Encuirnmental measures impliments for the malaria control under new strategy in Bangalore (U) District

Month _____

Name of the PHC	Name of the illors (Probe mate)	Type of mosques breeding plates	No. of freeding places introduced with larve verous fish	Type of fish introduced	Other type of control activity taken	Collaborating agency	Remarks

N.I.E.P. REPORT (II)

National Leprosy Eradication Programme

(To be submitted to JOINT DIRECTOR (LEPROSY)

Monthly Progress Report for Endemic / Non endemic Districts

PHC/SECTOR : Reporting Month :

		SSL	PB	MB	TOTAL
1. Total New cases detected during the month	...				
Out of the new cases detected above how many one of	...				
i) Grade II disability	...				
ii) Child Cases	...				
iii) Single lesion casea	...				
2. No. of cases newly inducted on MDT during the reporting Month out of new cases	...				
3. No. of relapsed/PLR/Restarted treatment during reporting month	...				
4. No. of cases discharged during reporting month on account of following	...				
a) RFT after MDT among cases under item 4	...				
b) Due to Death among cases under item 4	...				
c) Other discharges among cases under item 4	...				
5. No. of cases out of balance on register under MDT at the end of Month	...				
		Adult	PB Child	Adult MB	Child
6. Drugs received during the month	...				
Durgs consumed during the month	...				
7. Have you submitted audited report of previous year	...	YES/NO			
If yes, when & to Whom ?					
If no give reason	...				
8. Funds Received during the month	...				
9. Spent during the month	...				
10. Any other comments	...				

N.L.E.P. REPORT (III)

Additional Information

(To be Enclosed along with Monthly Report)

DISTRICT :

YEAR :

MONTH :

	RURAL NO. OF		URBAN NO. OF					
	Persons	Villages covered	Persons	Towns/Wards covered				
1. No. of Persons Enumerated								
2. No. of Persons Examined								
	PB		MB					
			TOTAL					
3. No. of cases detected during the month. By ...								
a. Population Survey ...								
b. Contact Survey ...								
c. Voluntary Reporting ...								
d. Special Group Survey ...								
e. Any other method ...								
4. Mode of detection for MB only ...								
a. Patches only (six and above) ...								
b. Nerve involvement only ...								
c. Clinical signs ...								
5. No. of cases treated with ...								
i) With MDT ...								
ii) With Monotherapy ...								
6. Total No. of Villages ...								
With no cases ...								
With PB cases only ...								
With MB cases only ...								
With both MB & PB Cases ...								
With no data ...								
7. No. of cases detected in following groups	NEW CASES		ON HAND					
Schedule Caste	.....		.....		
Schedule Tribes	.....		.....		
Muslims	.....		.....		
Christians	.....		.....		
Others	.....		.....		
	ADULTS PB CHILD		ADULTS MB CHILD					
8. Total Cases on Hand	Male	Female	Male	Female	Male	Female	Male	Female

9. No. of single lesion cases verified by

DLO/MD/OTHS

Signature :

NAME :

Designation :

DLO/ALO/MO/OTHS

N.L.E.P. REPORT (I)
NATIONAL LEPROSY ERADICATION PROGRAMME - INDIA
Monthly Progress Report for Endemic/Non-endemic Districts/State

District : Bangalore Rural District

PHC/Sector :

Reporting Month :

Date of Starting of MDT : 16th August 95

Year :

At inception of MDT (Pre-MDT)				From inception till end of reporting month (Cumulative)											
No. of active cases on register			PR/10,000 (Recorded)	No. of cases detected since MDT Starting				No. of cases (Pre-MDT+New cases) inducted on MDT				No. of cases (Pre-MDT+New cases) discharged as RFT			
PB	MB	Total		SSL	PB	MB	TOTAL	SSL	PB	MB	TOTAL	SSL	PB	MB	TOTAL
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
								SSL	PB	MB	TOTAL				
1. No. of registered cases at the end of previous year 31st March															
2. No. of cases newly detected during current year till the end of reporting month (from 1st April)															
(a) No. of grade II disability cases among item 2															
(b) No. of child cases among item 2															
(c) No. of single lesion cases among item 2															
3. No. of cases newly detected during reporting month															
4. No. of cases newly inducted on MDT from 1st April upto end of reporting month															
5. No. of relapsed/PLR/restarted treatment from 1st April to till end of the month															
6. No. of cases discharged during the current year from 1st April upto end of reporting month															
(a) RFT after MDT among cases under item 6															
(b) Other discharges among cases under item 6															
7. No. of cases balance on the register at the end of reporting month (1+2+5-6)															
8. No. of cases under MDT out of item 7 are under MDT															
9. Have you submitted audited report of previous year utilisation certificate of previous year								Yes or NO							
(i) If yes, when & to whom															
(ii) If no, give reasons															

Position		
DRUGS (BCP)	-	BALANCE IN STOCK AT THE END OF THE MONTH
SSL Adults	-	.....
SSL Child	-	.....
PB Adults	-	.....
PB Child	-	.....
MB Adults	-	.....
MB Child	-	.....

11. Position of MDT Funds :

- (a) Amount received forwarded from previous year -
- (b) Amount received during the year -
- (c) Amount spent in current year -
- (d) Balance on hand -

12. Any other Comments :

Note : Items 9 & 11 are meant for Districts only

Name :

Designation :

Postal Address :

A copy of this page should also be sent directly to the Director, State TB Training and Demonstration Centre (STDC) of your State

Laboratory Quality Control Network All Tuberculosis Units Combined (including DTC)

Initial reading	Number of slides checked	Supervisor reading		Percentage of Discordance
		Number of positives	Number of negatives	
Positive slides		(a)	(b)	$(b/[a+b])$ [false positives]
Negative slides		(c)	(d)	$(c/[c+d])$ [false negatives]

Staff Position and Training

(Tick [✓] if in place or not during quarter)

District Tuberculosis Officer in place ☐ Yes ☐ No

Trained in RNTCP ☐ Yes ☐ No

Statistical Assistant in place ☐ Yes ☐ No

Trained in RNTCP ☐ Yes ☐ No

Treatment Organizer in place ☐ Yes ☐ No

Trained in RNTCP ☐ Yes ☐ No

Laboratory Technician in place ☐ Yes ☐ No

Trained in RNTCP ☐ Yes ☐ No

Indicate numbers at all Tuberculosis Units and DTC combined

Category of staff	Sanctioned	In place	Trained in RNTCP in past quarter	Total trained in RNTCP
Medical Officer of the DTC				
Designated Medical Officer (TB) of the TB Unit				
Senior Treatment Supervisor (STS)				
Senior Tuberculosis Laboratory Supervisor (STLS)				
Laboratory Technician/ Microscopist				
Treatment Organizer				
Medical Officer (at BPHC/CHC/PHC/other)				
Pharmacist				
Lady Health Visitor				
Staff Nurse				
Health Assistant				
Multipurpose Health Supervisor				
Multipurpose Health Worker or equivalent				
TB Health Visitor				
Anganwadi Worker				
Trained Dai				
Community Volunteer	Not Applicable			

Medications

Item	Stock on first day of quarter	Stock received during quarter	Patients started on treatment during quarter	Stock on last day of quarter	Quantity requested
Category I patient-wise box					
Category II patient-wise box					
Category III patient-wise box					

Item	Stock on first day of quarter	Stock received during quarter	Consumption during quarter	Stock on last day of quarter	Quantity requested
Pouches for prolongation of the intensive phase					
INH 100 mg					
Streptomycin 0.75 g					
Rifampicin 150 mg					
Pyrazinamide 500 mg					

Consumables

Item	Stock on first day of quarter	Stock received during quarter	Consumption during quarter	Stock on last day of quarter	Amount to be obtained
Sputum containers					
Slides					
Carbol fuchsin					
Methylene blue					
Sulphuric acid					
Phenol					
Xylene					
Immersion oil					
Methylated spirit					
X-ray film					

REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME

Monthly Report on Logistics and Microscopy

Peripheral Health Institution Level

Name of Peripheral Health Institution: _____

Month: _____ Year: _____

Medications

Item	Stock on first day of month	Stock received during month	Patients started on treatment during month	Stock on last day of month	Quantity requested
Category I patient-wise box					
Category II patient-wise box					
Category III patient-wise box					

Item	Stock on first day of month	Stock received during month	Consumption during month	Stock on last day of month	Quantity requested
Blister packs for prolongation of the intensive phase					
INH 100 mg					
Streptomycin 0.75 g					
Rifampicin 150 mg					
Pyrazinamide 500 mg					

Staff Position and Training

Category of staff	Sanctioned	In place	Trained in RNTCP
Medical Officer			
Laboratory Technician			
Pharmacist			
Multipurpose Health Worker			
Other			

The section below is to be completed by Microscopy Centres only

Consumables

Item	Stock on first day of quarter	Stock received during quarter	Consumption during quarter	Stock on last day of quarter	Quantity requested
Sputum containers					
Slides					
Carbol fuchsin					
Methylene blue					
Sulphuric acid					
Phenol					
Xylene					
Immersion oil					
Methylated spirit (if supplied)					

Microscopy and Treatment Initiation

(a) Number of chest symptomatic patients whose sputum was examined for case-finding (diagnosis)	
(b) Number of smear-positive patients diagnosed	
(c) Of smear-positive patients diagnosed (b), number put on treatment	

Equipment

Item	Number	In working condition	Not in working condition
Monocular microscopes			
Binocular microscopes			

Name of officer reporting (in Capital Letters): _____

Signature: _____

Date: _____

Equipment in place

Item	Number	In working condition	Not in working condition
Monocular microscopes			
Binocular microscopes			
X-ray machine			
Photocopier			
Computer			
Air conditioner for drug storage area			
Overhead projector			
Jeep			
Two-/three-wheeler			

Name of officer reporting (in Capital Letters): _____

Signature: _____

Date: _____

PERIODIC DTP REPORTS

(To be submitted by DTC monthly/quarterly to higher authorities)

State:

Period:
(Month/Quarter)

District:

SECTION A: Report on Implementation

	XC	MC	RC	Total
1. Health Institutions that can be implemented as	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. No. of PHIs implemented under:				
(a) Short Course Chemotherapy (SCC)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(b) Standard Regimen (SR) only	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(c) Total implemented (a+b)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Total No. of PHI Monthly Reports included	<input type="text"/>			

SECTION B: Report on case-finding

	New outpatient attendance	Examinations				New TB patients detected			
		X-ray		Sputum		Sputum + ve (B)	Sputum -ve but X-ray + ve (X)	Extra pulmonary (E)	Total
		Total	New	Total	New				
1	2	3	4	5	6	7	8	9	10
DTC									
PHI									
Total									

SECTION C: Report on Treatment

(i) Standard Regimen (excluding patients put on SCC)

	Patients put on treatment			Patients changed from SCC to SR	Completed treatment period	Patients on treatment at the end of the period
	New	Re-treatment	Transferred from other centres			
1	2	3	4	5	6	7
DTC						
PHI						
Total						

(ii) Short Course Chemotherapy (SCC)

	Patients put on treatment			Completed treatment period (RA)	Patients on treatment at the end of the period
	New	Re-treatment	Transferred from other centres/facilities		
	RA	RB			
1	2	3	4	5	6
DTC					
PHI					
Total					

SECTION-D: Details for each PHI (List all PHIs implemented under SCC/SR categorywise)

Name of the PHI	No. of monthly reports included	New out-patients	Sputum examination		New TB patients detected		Sputum + ves put on SCC	On TTT at the end of the period		Number of supervision visits by		
			Total	New	Total	Sputum + ves		SCC	Standard regimen	DTO	TO	LT
1	2	3	4	5	6	7	8	9	10	11	12	13
Total												
Signature of SA:						Signature of DTO:						
Date:						Name:						
						Date:						

DTP/9 (continuation)

Note: i) Separate sheets may be used for SCC & SR. ii) List out XCs first, followed by MCs & RCs.

REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME

**Quarterly Report of Sputum Conversion of
New Cases, Relapses and Failures**

Patients registered during _____ quarter of 19____

Name of area: _____ No. _____

Name of Reporter: _____ Signature: _____

Date of completion of this form:

				1	9		
d	d	m	m				

Complete this proforma for sputum smear-positive patients. The total number should be the same as in the Quarterly Report on New and Retreatment Cases of Tuberculosis of the previous quarter.

Total number of new sputum-positive patients	Sputum at 2 months			Sputum at 3 months		
	Negative	Positive	N.A.	Negative	Positive	N.A.

Total number of smear-positive relapse patients	Sputum at 3 months		
	Negative	Positive	N.A.

Total number of smear-positive failure patients	Sputum at 3 months		
	Negative	Positive	N.A.

N.A. – Not available; sputum examination was not done.

HALF YEARLY REPORT ON DTP RESOURCES

(To be sent to specified authorities for half year ending on 30th June & 31st December)

DTP/11

State:

DTP:

Period:

SECTION A: Staff Position in DTC (as on 30th June/31st December)

SECTION B: Equipment Position (as on 30th June/31st December)

Post	Name of Personnel	NTI Training		Remarks (If vacant from what date)	Equipment	Whether available (Yes/No)	Whether in working condition (Yes/No)	If 'No' in col.3, steps taken for repair/replacement
		Whether trained (Yes/No)	If yes, batch no/year					
1	2	3	4	5	1	2	3	4
1. Dist. TB Officer					1. X-ray Unit			
2. X-ray Technician					2. Odelca Camera			
3. Lab. Technician					3. Microscope			
4. Treatment Organiser					4. Vehicle			
5. Statistical Assistant								

SECTION C: Remarks on supply position of MMR rolls, Chemicals, stains etc.

Name of the DTO:

Signature of DTO:

Date:

DTP/11

MONTHLY REPORT ON TUBERCULOSIS FOR THE MONTH OF 19

DTP/8

Name of PHI

Category : XC/MC/RC

Whether implemented under SCC Yes/No *

PART I : Information on case-finding activity during the month

(i) Total new out-patients registered
NEW OLD

(ii) (a). No. of X-rays taken
(b) No. of sputum smears examined :
(c) No. of sputum smears referred

(iii) PARTICULARS OF NEW TB PATIENTS DIAGNOSED (INCLUDING EXTRA PULMONARY)

Date No.	Sputum Smear No/ X-ray taken	NAME	Father's Name	Age	Sex	Complete Residential Address including head of the family house number, street/hamlet. Village & P.O./Town, Taluk & District	Result Sputum/ X-ray Extra -pul	Case Index Number
1	2	3	4	5	6	7	8	9

Strike out whichever is not applicable

- Note :
- 1) Parts I & II are to be filled by PHI's & part II only by Treatment Section of DTC.
 - 2) This report is to be prepared on the last working day of the month and sent to DTC (Statistical Assistant) by 5th of the next month at the latest.

PART II INFORMATION ON TREATMENT ACTIVITIES DURING THE MONTH

Details	Sputum Positive Patients put on Short Course Chemotherapy	TB patients put on Standard Regimen
1	2	3
<p>1. TB Patients under Treatment (T T T) at the beginning of the month T T T cards prepared/received during the month</p> <p>a) For new TB patients starting treatment</p> <p>b) For TB patients put on treatment</p> <p>c) For TB patients transferred from other centres/facilities</p> <p>d) For TP patients for whom regimen was changed from SCC to SR</p> <p>2. T T T cards despatched to DTC for transfer of treatment including transfer cards sent along with this report.</p> <p>3. Other T T T cards despatched to DTC with this report (TB patients lost from treatment, reported dead completed optimum treatment period, treatment stopped by MO including for those on prolonged treatment, change of regimen from SCC to standard regimen)</p> <p>4. TB patients under T T T at the end of the month.</p> <p>5. No. of TB patients completing intensive phase under SCC (Regimen A)</p>		

Spécial remarks by M.O. of PHI on availability and use of :

- a) Microscope
- b) X-ray equipment
- c) Anti TB drugs
- d) Chemical, stains etc

Date :

Signature of MO

TO BE FILLED BY SA AT DTC

Dates of :

- a) Receipt of MRT
- b) Checking MRT
- c) Indexing new TB patients from RMT
- d) Including this MRT in
 - i) Monthly DTP report
 - ii) Quarterly DTP report

Signature of SA

REVISED NATIONAL TB CONTROL PROGRAMME

NAME OF PHC/ PHU.....

MO-TC: REPORT FOR THE MONTH OF

POPULATION

1	No. of New OPD						
2	No. of symptomatics with cough of 23 weeks referred for sputum examination.						
3	No. of sputum positive TB patients.						
4	No. of sputum negative & x-ray positive TB patients.						
5	No. of extra-pulmonary positive TB patients.						
6	Treatment under RNTCP		New	I FU ⁺	II FU ⁺	FINAL FU ⁺	
	a) CAT I						
	b) CAT II						
	c) CAT III						
7	Treatment not under RNTCP						
8	No. of TB patients referred from other PHC/ DTC		CAT I (SP POS)	CAT II (SP POS)	CAT III	Others	
9	Treatment outcome						
	Category	Cured	Tt. completed	Failure	defaulted	Died	Transferred out
	CAT I						
	CAT II						
	CAT III						
	Others						

Date:

Place:

Signature with date

REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME

**Quarterly Report on the Results of Treatment of
Tuberculosis Patients Registered 12-15 Months Earlier**

Name of area: _____ No: _____	Patients registered during _____ quarter of 19 _____	Name of Reporter*: _____
Date of completion of this form _____ 19 _____		Signature: _____

Patients reported during quarter**	Type of patient	Cured (1)	Treatment completed (2)	Died (3)	Failure (4)	Defaulted (5)	Transferred to another district (6)	Total number evaluated (sum of columns 1 to 6)
	NEW CASES							
	Smear-positive							
	Smear-negative							
	Extra-pulmonary							
	Total							
	RETREATMENT CASES							
	Smear-positive relapses							
	Smear-positive failures							
	Smear-positive Treatment After Default							
	Others treated with Category II							
	Total Category II							

* The Reporter is the Medical Officer responsible, not the person completing this form. This form includes patients on Category I, Category II and Category III treatment, both smear-positive and smear-negative. These totals should match those of the Quarterly Report on New and Retreatment cases for the quarter.

** Of these, _____ (number) were excluded from evaluation of chemotherapy for the following reasons:

REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME

Quarterly Report on Programme Management and Logistics

District Level

Name of the District: _____

Quarter: _____

Number of Tuberculosis Units planned in the District: _____

Year: _____

Number of Tuberculosis Units operational in the District: _____

Total population of the District: _____

Population of the District covered by the RNTCP: _____

The following reports are enclosed (Tick [✓] to indicate that report is enclosed)

☐ Quarterly Report on Case-Finding (number of TB Units reporting*: _____)

☐ Quarterly Report on Sputum Conversion (number of TB Units reporting*: _____)

☐ Quarterly Report on Treatment Outcomes (number of TB Units reporting*: _____)

* If any TB Unit did not report, list name(s) and report(s): _____

Supervisory Activities by the Staff of the DTC

Type of Unit	Number in the District	Number participating in the RNTCP	Number of these visited during quarter
TB Unit			
Government Hospital			
Sanatorium/TB Hospital			
PHC			
CHC			
BPHC			
Microscopy Centre			
Treatment Centre			
Patient's Home			
Other: _____			

Microscopy Activities (all Tuberculosis Units including the DTC)

(a) Number of new adult outpatient visits in health facilities	
(b) Out of (a), number of chest symptomatic patients whose sputum was examined for diagnosis	
(c) Out of (b), number of smear-positive patients diagnosed	

Treatment Initiation (all Tuberculosis Units including the DTC)

(d) Of the number of smear-positive patients diagnosed (c), the number who reside within the district	
(e) Of the smear-positive patients diagnosed who reside within the district (d), number put on DOTS	
(f) Of the number of smear-positive patients diagnosed who reside within the district (d), number put on treatment other than DOTS	
(g) Initial defaulters among smear-positive patients diagnosed and residing within the district ($g = d - e - f$)	

Activities of Community Volunteers

Number of Community Volunteers engaged during quarter: _____

Number of Community Volunteers paid during quarter: _____

Total amount paid to Community Volunteers during quarter: Rs _____

Name of the PHI:

Category: XC/MC/RC*

Whether implemented under SCC: Yes/No*

PART I: Information on case-finding activity during the month

(i) Total new out-patients registered

(ii) (a) No. of X-rays taken

New

Old

(b) No. of sputum smears examined

(c) No. of sputum smears referred

(iii) PARTICULARS OF NEW TB PATIENTS DIAGNOSED (INCLUDING EXTRA PULMONARY)

Date	Sputum Smear No./ X-ray Taken No.	Name	Father's Name	Age	Sex	Complete residential address including head of the family, house number, street/hamlet, village & P.O./Town, Taluk & District	Result Sputum/ X-ray Extra-Pul	Case Index Number
1	2	3	4	5	6	7	8	9

* Strike out whichever is not applicable

Note: 1. Parts I & II are to be filled in by PHIs & Part II only by Treatment Section of DTC.

2. This report is to be prepared on the last working day of the month and sent to DTC (Statistical Assistant)

by 5th of the next month of the year

PART II: INFORMATION ON TREATMENT ACTIVITIES DURING THE MONTH

Details	Sputum positive patients put on Short Course Chemotherapy	TB patients put on standard regimen
1	2	3
1. TB patients under treatment (TTT) at the beginning of the month 2. TTT cards prepared/received during the month a) For new TB patients starting treatment b) For TB patients put on retreatment c) For TB patients transferred from other centres/facilities d) For TB patients for whom regimen was changed from SCC to SR 3. TTT cards despatched to DTC for transfer of treatment including transfer cards sent along with this report. 4. Other TTT cards despatched to DTC with this report (TB patients lost from treatment, reported dead, completed optimum treatment period, treatment stopped by MO including for those on prolonged treatment, change of regimen from SCC to standard regimen). 5. TB patients under TTT at the end of the month. 6. No. of TB patients completing intensive phase under SCC (Regimen A).	X	X

Special remarks by M.O. of PHI on availability and use of:

- a) Microscope
- b) X-ray equipment
- c) Anti TB drugs
- d) Chemicals, stains etc.

Date:

Signature of MO.....

TO BE FILLED BY SA AT DTC

Dates of:

- (a) Receipt of MRT
- (b) Checking MRT
- (c) Indexing new TB patients from MRT
- (d) Including this MRT in
 - (i) Monthly DTP Report
 - (ii) Quarterly DTP Report

Signature of SA

ANNUAL REPORT ON COHORT ANALYSIS

(To be sent by DTC to higher authorities by 30th April of the following year)

State: DTP: @Year of Report:

Period of diagnosis of cohort*: 1st January 19 31st December 19

SECTION A: Report on Treatment (Cohort) Analysis — for Standard Regimen

1. No. of TB patients diagnosed during cohort period specified
2. a) No. of smear positive patients diagnosed
 b) No. of smear positive patients initiated treatment under standard regimens
 No. of treatment cards of TB patients at Sl.No.2(b) available
4. Out of Sl.No.3, No. of treatment cards not considered for analysis due to:
 - a) Migration of TB patients (immigration and emigration)
 - b) Duplicate treatment cards found
 - c) Illegible entries with regard to collection of drugs
 - d) Total (a to c)
5. No. of treatment cards considered for cohort analysis (Item 3 minus 4(d))
6. Distribution of smear positive patients (Sl.No.5) according to number of collections made:

Details	Number of monthly collections made											
	12	11	10	9	8	7	6	5	4	3	2	1
No. of smear +ve TB patients												
Cumulative distribution												
Cumulative as % of TB patients undergone treatment												

7. Final follow up examination of smear positive cohort patients at the end of treatment period:

- a) No. of TB patients for whom smear was examined
- b) No. of TB patients for whom smear was found positive

Note: @ year of report will be calendar year

* The cohort period will be January to December of the previous calendar year

No. of 'O collection' cases:

p.t.o.

SECTION B: Report on treatment (cohort) analysis — Patients put on SCC-Regimen A

- 1 No. of smear positive patients put on SCC Regimen A(2EHRZ/6TH) in the cohort period (1st January to 31st December of previous calendar year)
2. No. of treatment cards available in respect of TB patients at SI.No.1.
3. Out of treatment cards at SI.No.2, No. of treatment cards not considered for analysis due to:
 - a) Patients migrated (immigrated/emigrated)
 - b) Duplicate ttt cards found
 - c) Illegible entries with regard to collection of drugs
 - d) Change of regimen from SCC to SR
 - e) Total (a to d)
4. No. of treatment cards of patients considered for cohort analysis (SI.No.2 minus 3(e))
5. Analysis of drug collections in respect of ttt cards at SI.No.(4):

	No. of fortnightly collections made										Total
	Intensive Phase				Continuation Phase						
	1	2	3	4	6	8	10	12	14	16	
1	2	3	4	5	6	7	8	9	10	11	12
No. of TB patients											

Cols. 2-5 refer to fortnightly collections in the Intensive Phase (2 months)

Cols. 6-11 refer to monthly collections in continuation phase (3rd to 8th month).
Each monthly collection is counted as 2 fortnightly collections.

6. Final follow-up examination of smear +ve patients at the end of treatment period:
 - a) No. of patients for whom smear was examined
 - b) No. of cases where smear was found positive

Remarks:

Name of D.T.O.

Signature of D.T.O.

Date:

Case-Finding Registration Form

DTC:

Type of Examination: X-ray/Sputum/Roll No.

Use Separate Sheets for X-ray and Sputum

Date	Token Number/ Sputum Smear Number	Name	Father's Name	Age	Sex	Complete address, including head of the family, house number, street (name), hamlet, main village and post office, taluk & district	Referring PHI	New Old OBS	If Old/OBS previous film number	Result X-ray/Sputum	Case-Index number
1	2	3	4	5	6	7	8	9	10	11	12

(Size of CFRF – Foolscap)

FRONT

DTP/2

REFERRING SLIP		
1. Name		6. Referring PHI:
2. Age	3. Sex	7. New <input type="checkbox"/> Old <input type="checkbox"/> OBS <input type="checkbox"/>
4. Father's Name		8. For old TB patients Case Index Number
5. Address : C/o : House No : Hamlet/Street : Village * P.O./Town : Taluk : District :		9. For Out-patients on observation Previous Film Number
		10. Come back on :
		Examination Required Sputum <input type="checkbox"/> X-Ray <input type="checkbox"/> Signature of MO & Date

(Size of Referring Slip — 105 mm × 74mm)

REVERSE

Results of Examinations							
11. X-ray Film No.							
New and OBS Out-patients	N	NT	OBS	TBP	PLEF	TBHA	TI
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old TB Patients	C	I	D	S			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12. Sputum				13. New TB patient Case index No.			
Date	Smear No.	Result					
14. Remarks (including advice on treatment)							
Date:		Signature of DTO:				DTP/2	

STATEMENT SHOWING THE ANIMAL BITES REPORTED FOR THE MONTH OF _____

DISTRICT : BANGALORE URBAN

Sl. No.	Name of the Animal Bites	CHILDREN			ADULTS			Vaccinations done	Vaccination in stock	Remarks
		Male	Female	Total	Male	Female	Total			
1.	DOG BITE									
2.	SNAKE BITE									
3.	Other Animal bite (Specify)									
	TOTAL									

Signature

REPORT ON THE MEASLES INCIDENCE OF BANGALORE URBAN DISTRICT

AS ON _____ FOR THE MONTH OF _____

Sl. No.	Name of the PHC	Name of the Villages	Population	On the day		Up-to-date		Immunisation against Measles			Post Measles complicated cases treated			
				A	D	A	D	on the day	Uptodate cover	% of coverage	Respiratory infection	Diarre-able	Mal Nutrition	No. of ORS pkts distributed
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Signature

STATE GOVERNMENT OF KARNATAKA
GUINEAWORM eradication programme

Monthly Report on Guineaworm situation for the month of _____

District : BANGALORE URBAN

State _____

Guineaworm states
Endemic Non-Endemic Deleted
FOLLOWING PHC (s) & VILLAGE (s) IN THE DISTRICT REPORTED/RECORDES GUINEAWORM CASE (s)

Sl. No.	Name of the PHCs	Name of the villages	GW status of village			No. of Guineaworm cases (s) reported					Corrective Action taken
			Old	New	Re-infect	Male		Female		Total	
						C	A	C	A		
1	2	3	4	5	6	7	8	9	10	11	12

C - Child A - Adult

NOTE : 1. The District monthly report should be compiled on similar report from each PHC of the District.

2. This monthly report, even NIL, must be despatched by seventh of following mont, positively.

Signature _____

Monthly Report of NIDCP (Goitre) Case for the month of

Sl. No.	Name of the PHC/ Institution	No. of new cases of Goitre detected during the month	Cases already reported sofar	Total No. of Goitre dases in the Area	No. of cases treated sofar	Type of treatement	Remarks
1	2	3	4	5	6	7	8

Signature

PROFORMA FOR MONTHLY PERFORMANCE REPORT

Particulars	No. of samples received	No. of samples examined	Normal	Abnormal
1	2	3	4	5
<p>A - Clinical Pathology</p> <p>B - Haematology & Immunohaematology</p> <p>C - Biochemistry</p> <p>D - Bacteriology</p> <p>E - Serology</p> <p>F - Water Analysis</p> <p>A - CLINICAL PATHOLOGY</p> <p>1. Urine Analysis</p> <p>Routine Complete</p> <p>2. Food Analysis</p> <p>3. C.S.F. Examination</p> <p>4. Semen Analysis</p> <p>B - HAEMATOLOGY & IMMUNOHAEMATOLOGY</p> <p>1. Complete Haemogram</p> <p>2. R.B.C. count</p> <p>3. Haemoglobin</p> <p>4. TC / DC</p> <p>5. ESR</p> <p>6. Platelets count</p> <p>7. Bleeding and clotting time</p> <p>8. Malaria parasites & Filaria</p> <p>9. Absolute Eosinophil count</p> <p>10. Blood picture</p> <p>11. Others</p> <p>C - BIOCHEMISTRY</p> <p>1. Blood sugar</p> <p>2. Blood Urea</p> <p>3. Serum Cholesterol</p> <p>4. Serum creatinine</p> <p>5. G.T.T.</p> <p>6. Bilirubin & Biliverdin</p>				

1	2	3	4	5
7. Blood Calcium 8. Serum Uric Acid 9. Others				
D - BACTERIOLOGY	No. of samples collected	No. of samples examined	Positive	Negative
1. Sputum for AFB 2. Diptheria Bacilli 3. Skin smear for Lerra Bacilli 4. Grem stain 5. Vibrio cholera 6. Urethral smear for Conococci 7. Culture & Sansitivity 8. Others E - SEROLOGY 1. V.D.R.L. 2. Widal 3. Blood Group and RH factor 4. Others F - WATER ANALYSIS 1. Bacteriological Analysis : a) Borewell water b) Tap water c) Well water d) Others 2. Chemical Analysis of water				

Signature of the Reporting Authority

PROFORMA

IN-DOOR PATIENTS AND OUT-DOOR PATIENTS TREATED DURING THE MONTH OF

I. Type of Institutions :

General Hospitals

PHCs

PHUs

Total

i. No. of Institutions functioning

ii. No. of Institutions Reported during the month :
100% reporting should be ensured)

iii. No. of defaulting Institutions during the month :

II. SANCTIONED BEDS :

i. General Hospitals :

Male _____

Female _____

Children _____

Total _____

ii. Primary Health Centres

Male _____

Female _____

Children _____

Total _____

iii. Ordinary Health Units :

Male _____

Female _____

Children _____

Total _____

Period	Type of Institution	OUT DOOR PATIENTS TREATED				OUT DOOR PATIENTS TREATED				INDOOR PATIENTS TREATED				DEATHS AMONG INDOOR PATIENTS			
		OLD CASES				NEW CASES											
		Male	Female	Children	Total	Male	Female	Children	Total	M	F	C	T	M	F	C	T
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
During the Month	Gen. Hospitals																
	PHCs																
	PHUs																
	Total																
Cumulative from 1.1.9	Gen. Hospitals																
	PHCs																
	PHUs																
till the end of the month of reporting	TOTAL																

Signature

FORM - I

Information regarding the working of the P.F.A. Act in 1954 in Bangalore (U)

District during the month / Year

[illegible]

PROFORMA - II

Monthly information regarding the total number of samples analysed, prosecutions
launched etc., with regard to commonly used food articles for the month/year.....

Sl. No.	Category of Food Stuff	No. of samples collected	No. of samples analysed	No. of samples found adulterated	Percentage of adulteration	No. of cases in which prosecution has launched	Fresh prosecution cases	Total	No. of cases disposed	No. of cases acquitted	Cases pending for more than 1 year	Remarks
1	2	3	4	5	6	7	8	9	10	11	12	13
1.	Spieces & condiments											
2.	Edible Oil, Fats and Vanaspathi											
3.	Milk											
4.	Butter, Ghec, Ice cream & other milk products											
5.	Cereal & cereal products and pulses											
6.	Others.											
	TOTAL											

Signature

GOVERNMENT OF KARNATAKA

DAILY EPIDEMIC REPORT / JAPANESE 'B' ENCEPHALITIS CASES

District :

For the month :

Compiled on :

Sl. No.	Taluk	Primary Health Centre	Names of Villages reporting infection	Population	Date of				No. of cases				No. of Houses Sprayed	Remarks
					First		Last		on the day		Uptodate			
					A	D	A	D	A	D	A	D		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

NOTE: A. Attack
D. Death

ABSTRACT UPTO DATE INFORMATION FOR THE YEAR UNDER REPORT FROM 1ST JANUARY /

No. of reporting Villages	Infected Town	Total Population :		Total No. of Cases :		Total No. of Houses Sprayed	Remarks
		Villages	Town	Attack	Deaths		
1	2	3	4	5	6	7	8

* The above daily epidemic report should accompany the details of case i.e., 1. Name, 2. Address, 3. Age, 4. Sex, 5. Date of Attack, 6. Date of Admission, 7. Date of Discharge, 8. Details of blood samples collected for serological examination etc.,

Signature

ಜಿಲ್ಲಾ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣಾಧಿಕಾರಿಗಳವರ ಕಛೇರಿ ಬೆಂಗಳೂರು ನಗರ ಜಿಲ್ಲೆ

ನಗರ ಜಿಲ್ಲೆಯಲ್ಲಿ ತಲೆದೋರಿರುವ ಕರುಳುಬೇನೆ, ಕಾಲರಾ ರೋಗದ ದಿನವಹಿ ವರದಿ ಹಾಗೂ ವರದಿಯ ದಿನಾಂಕ.....ದಿಂದ.....

ಕ್ರೋಢೀಕರಿಸಿದ ದಿನಾಂಕ.....

ರೋಗಿ ತಗುಲಿರುವ ಗ್ರಾಮದ ಹೆಸರು	ಪ್ರಾಕೇಶ. ದ ಹೆಸರು	ತಾಲ್ಲೂಕಿನ ಹೆಸರು	ಗ್ರಾಮದ ಜನಸಂಖ್ಯೆ	ಮೊದಲ ದಿನಾಂಕ		ಕಡೆಯ ದಿನಾಂಕ		ವರದಿಯ ದಿನ		ತಹಶೀವರಗೆ		ಬಾವಿ ಗಳನ್ನು ರುದ್ದಿ ಕರಿ ಸಿದ್ಧ	ಮನೆ ಗಳನ್ನು ರುದ್ದಿ ಕರಿ ಸಿದ್ಧ	ಜಾತ್ರೆ ಸಂತ ಗಳನ್ನು ಮುಚ್ಚಿ ಸಿದ್ಧ	ನೀರಿನ ಮಾ ದರಿ ಸಂಗ್ರ ಹಣ	ಮಲ ದ ಮಾ ಸಂಗ್ರ ಹಣ	ಕಾಲರಾ ಎಂದು ಧೃಡಿ ಕರಿ ಸಿದ್ಧ	ಜೀ ಜಲ ಪೋ ವಿತರಿ ಸಿದ್ಧ	ಕಾಲರಾ ದಿಂ ದ ಸ ತ್ರಿ ದ್ದು	ಅ.ಶಿ. ಕೊಟ್ಟ ದ್ದು	ಕಾಲರಾ ಚುಟ್ಟು ಮದ್ದು ಕೊಟ್ಟದ್ದು		ತಹಶೀ ವರಗೆ ಮಾತ್ರೆಗಳನ್ನು ವಿತರಿಸದ್ದು
				ಹರ ಡಿದ್ದು	ಸತ್ತಿ ದ್ದು	ಹರ ಡಿದ್ದು	ಸತ್ತಿ ದ್ದು	ಹರ ಡಿದ್ದು	ಸತ್ತಿ ದ್ದು	ಹರ ಡಿದ್ದು	ಸತ್ತಿ ದ್ದು										ಹರ ಡಿದ್ದು	ತಹಶೀ ವರಗೆ	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24

ವಿ.ಸೂ. : ರೋಗಿ ತಗುಲಿದ ಅಥವಾ ಸತ್ತ ದಿನದಿಂದ 15 ದಿನಗಳವರೆಗೆ ಮರು ಪರದಿಯಾಗದಿದ್ದರೆ ಅಂತಹ ಹಳ್ಳಿಗಳನ್ನು ವರದಿಯಲ್ಲಿ ಕೈಬಿಡತಕ್ಕದ್ದು.

ಕಾಲರಾ ರೋಗದ ಸಂಖ್ಯೆ ವರದಿ ದಿನಾಂಕ.....ರಿಂದ.....ರವರೆಗೆ

ಕ್ರೋಢೀಕರಿಸಿದ ದಿನಾಂಕ.....

ಕಾಯಿಲೆ ಇರುವ ತಾಲ್ಲೂಕುಗಳ ಸಂಖ್ಯೆ	ರೋಗ ತಗುಲಿರುವ ಪ್ರಾ. ಕೇ.ಗಳ ಸಂಖ್ಯೆ	ರೋಗ ತಗುಲಿರುವ ಗ್ರಾಮಗಳ ಸಂಖ್ಯೆ	ಜನಸಂಖ್ಯೆ	ಕರುಳುಬೇನೆ		ಕಾಲರಾ		ತದ್ಭೇದವಾಗಿ		ಬಾವಿಗಳನ್ನು ಬುದ್ಧಿೀಕರಿಸಿದ್ದು	ಮನೆಗಳನ್ನು ಬುದ್ಧಿೀಕರಿಸಿದ್ದು	ಓ.ಆರ್.ಎಸ್. ಪೋ. ಹಂಚಿದ್ದು	ಕಾಲರಾ ಚುಚ್ಚುಮದ್ದು ಹಾಕಿದ್ದು	ಅ.ಶಿ. ನೀಡಿದ್ದು	ನೀರಿಸಿದ ಮಾದರಿ	ಮಲದ ಮಾದರಿ	ಹಾಬೋಸಿಸ್ ಮಾತ್ರೆಗಳನ್ನು ವಿತರಿಸಿದ್ದು
				ತಗಲಿದ್ದು	ಸತ್ತಿದ್ದು	ತಗಲಿದ್ದು	ಸತ್ತಿದ್ದು	ತಗಲಿದ್ದು	ಸತ್ತಿದ್ದು						ಸಂಗ್ರಹಿಸಿದ್ದು		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

ಜಿಲ್ಲಾ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣಾಧಿಕಾರಿಗಳವರ ಕಛೇರಿ, ಬೆಂಗಳೂರು ನಗರ ಜಿಲ್ಲೆ

ನಗರ ಜಿಲ್ಲೆಯಲ್ಲಿ ತಲೆದೋರಿರುವ ಕರುಳುಬೇನೆ, ಕಾಲರಾ ರೋಗದ ದಿನಪಟಿ ವರದಿ ಹಾಗೂ ವರದಿಯ ದಿನಾಂಕ.....ದಿಂದ.....

ಕ್ರೋಢೀಕರಿಸಿದ ದಿನಾಂಕ.....

ರೋಗ ತಗುಲಿರುವ ಗ್ರಾಮದ ಹೆಸರು	ಪ್ರಾಕೇಶ. ದ ಹೆಸರು	ತಾಲ್ಲೂಕಿನ ಹೆಸರು	ಗ್ರಾಮದ ಜನಸಂಖ್ಯೆ	ಮೊದಲ ದಿನಾಂಕ		ಕಡೆಯ ದಿನಾಂಕ		ವರದಿಯ ದಿನ		ತಹಶೀವರಗೆ		ಬಾವಿ ಗಳನ್ನು ಕುಡ್ಡಿ ಕರಿ ಸಿದ್ಧ	ಮನೆ ಗಳನ್ನು ಕುಡ್ಡಿ ಕರಿ ಸಿದ್ಧ	ಜಾತ್ರೆ ಸಂತ ಗಳನ್ನು ಮುಚ್ಚಿ ಸಿದ್ಧ	ನೀರಿನ ಮಾ ದರಿ ಸಂಗ್ರ ಹಣೆ	ಮಲ ದ ಮಾ ಸಂಗ್ರ ಹಣೆ	ಕಾಲರಾ ಎಂದು ಧೃಡೀ ಕರಿ ಸಿದ್ಧ	ಜೀ ಜಲ ಪೋ ವಿತರಿ ಸಿದ್ಧ	ಕಾಲರಾ ದಿಂ ದ ಸ ತ್ರಿ ದ್ಧ	ಆ.ಶಿ. ಕೊಟ್ಟ ದ್ದು	ಕಾಲರಾ ಚುಚ್ಚು ಮದ್ದು ಕೊಟ್ಟದ್ದು		ತಹಶೀ ವರಗೆ ಮಾತ್ರೆಗಳನ್ನು ವಿತರಿಸದ್ದು
				ಹರ ಡಿದ್ದು	ಸತ್ತಿ ದ್ದು	ಹರ ಡಿದ್ದು	ಸತ್ತಿ ದ್ದು	ಹರ ಡಿದ್ದು	ಸತ್ತಿ ದ್ದು	ಹರ ಡಿದ್ದು	ಸತ್ತಿ ದ್ದು										ಪರ ದಿಯ ದಿನ	ತಹಶೀ ವರಗೆ	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24

ವಿ.ಸೂ. : ರೋಗ ತಗುಲಿದ ಅಥವಾ ಸತ್ತ ದಿನದಿಂದ 15 ದಿನಗಳವರೆಗೆ ಮರು ವರದಿಯಾಗದಿದ್ದರೆ ಅಂತಹ ಹಳ್ಳಿಗಳನ್ನು ವರದಿಯಲ್ಲಿ ಕೈಬಿಡತಕ್ಕದ್ದು.

FORMAT

MONTHLY REPORT FORMAT FOR RABIES FROM DISTRICT / ID HOSPITAL TO STATE HEALTH DIRECTORATE

1. Total number of animal bite cases	Dog	Other animals	
2. Total number of cases given post exposure vaccination and serum	ARS	NTV	TCV
3. Total number of cases with neuromuscular complications following NTV.			
4. Total number of cases sensitive to ARS.			
5. Total number of deaths due to hydrophobia/rabies	Without Vaccination	After Vaccination	

INSTRUCTION MANUAL FOR MONTHLY REPORT FORMAT FOR RABIES FROM DISTRICT/ ID HOSPITALS OF STATE HEALTH DIRECTORATE

- Besides dog, other animals can be cat, buffalo, monkey, mangoes or wild animals.
- ARS - Hyperimmune anti-rabies serum of equine origin.
NTV - Nervous Tissue Vaccine.
TCV - Tissue Culture Vaccine marked as Rabipur, Verorab or HDCV.
- Neuromuscular complications includes paralysis of legs, difficulty in micturition and/or evacuation or temporary paralysis of one or more spinal or cranial nerves.
- ARS can cause hyper sensitive reactions therefore it is given after skin sensitive test.

INVENTORY OF VACCINES AND SERUM

S.No.	Item	Unit	Consumption	Bal. stock	Stock for month	Remarks
1.	Anti-rabies vaccine	ml				
2.	Anti-rabies serum	ml				

Signature

[illegible]

16. Births and Deaths date :
Nature of event
- | | No. in the reporting month | Total since last 26th December (Cumulative) |
|--|----------------------------|---|
| i) Live Births | | |
| ii) Still Births | | |
| iii) Deaths 0 to below 1 year (0-11 months) | | |
| iv) Deaths in age group 1 year to below 3 years (12-35 months) | | |
| v) Deaths in age group 3 years to below 6 years (35-71 months) | | |
| vi) Total No. of deaths of Pregnant women during delivery | | |
17. Total No. of pregnant women in reported Anganwadies.....
18. Lactating women: (a) Total No. in the reported Anganwadies.....
(b) Total No. received mother & child welfare pamphlet.....
19. Supplies position - Tick mark the correct answer :

Position	Vit. A	Iron & Folic acid Tablets	Drugs for AWs	BCG	DPT	Polio	Measles	Vaccines
Adequate* *								
Inadequate								

* Indicate adequacy as per monthly requirement in reference to total requirement for the target given to PHC

20. Fund from Social Welfare Department for Puel (Please Tick)
Received/Not received
21. Medicine kits for AWWs (please Tick) Receive/Not Received.

Note: Please fill all the information. Do not keep to space blank.
Write actual numbers or dash, in bold letters

Signature

Name

PHC

Full Address.....

Date :

Note : Copy of MMR should be sent to the state co-ordinator and Chief District Adviser within a day after the end of the each month under certificate of posting.

No. of A/W visited by MO.....	No. of A/W visited by LHV.....
No. of Children Examined.....	No. of A/W visited by ANM.....
No. of Children defective.....	No. of children Treated.....
No. of Children referred.....	No. of ANC on hand.....
No. of ANC Regd. D.M.....	

INTEGRATED CHILD DEVELOPMENT SERVICES ADDITIONAL INFORMATION SHEET

CHC

Taluk

Month

1) Causes of infant children and maternal deaths

Infant 1

2

3

Children 1

2

3

Maternal Death 1

2

3

2) Health Check up particulars

Sl. No.	Type of Beneficiary	On roll	No. Examined	No. found defective	No. Treated	No. referred.	* With Details
1.	Children under 6 years						
2.	A.N.C						
3.	P.N.C						
4.	Others						
	Total						

* Details

3) Co-ordinated Work

(a) No. of Anganwadies visited along with M.O. for Health Check up by.....

CAD -

AD -

DA -

CDPO -

ACDPO -

MS -

LHV -

ANM -

Other Specify -

Total

(b) No. of SLM attended by.....

CAD -

AD -

DA -

CDPO -

ACDPO -

Other Specify -

Total

Place of SLM Conducted.....

CENTRAL TECHNICAL COMMITTEE
INTEGRATED MOTHER CHILD DEVELOPMENT SERVICES
FORMAT-3

(MMR proforma for Rural tribal and Urban project)
(From 1st day of the last day of month under Report)

Subject: Monthly monitoring report for the month of _____1999.

PART:I

(To be filled by CDPOS/Statistician Assistant of the ICD project

1. Name of the State - - - - - Code _____
2. Name of the District _____ Code _____
3. Name of the project _____ Code _____

Bock/PHC/CHC

4. Type of project _____Rural/Tribal/Urban
5. No of New PHC/Sectors in the block Area _____
6. Category of project central/state
7. Year of sacntion _____Year of operational _____
8. Portal Address of CDPOS _____Postal Address of PA

Pin code

Pin code

9. No of AWS No of AWS No. of AWS
Sanctioned_____ Functioning_____ Reporting _____
10. Population sector/project Population Reported AWS all sectors/pro

11. Total population of AWS all age group (0-71 month)

Children 0-6 years of age _____

Below 6 months 6 months-1Yrs 1-3 Yrs 3-5 5-6

12. Women Nursing (first six months of lactation)
pregnant _____

13. Reported births and deaths

Births

Live birth _____ still birth _____

Deaths

Below 1 yrs_____ 1-3 yrs_____ 2-5 yrs_____ 5-6 yrs_____

14. Deaths of women

During pregnancy

During Labour During PNC(Witnin 42 days)

15. No. of AWS provided SNP in the month

0 - day 2-14 days 16-20 days 21 days & Above

16. Supplementary Nutrition in all reporting AWS

Category	Total No. of eligibel	Total No. of enrolled	No. received SNP for 15 days or more
----------	-----------------------	--------------------------	--

A) Pregnant

Lactacting

b) Children

6 months

6 Yrs of age

17. Total No. of children who had diarrhoea

No. of Mothers advised ORT

18. Classification of Nutritional status No. of children

Weight (sum of all weight)

With Normal Weight

in Grade-I

in Grade-II

in Grade-III

in Grade-IV

Total

19. No. of sectoral level meeting of the Health and Non-Health staff organised by CDPO by active involvement of P.A and sector level advisors

PARTICIPANTS
HEALTH STAFF

ANM	LHV	MOS	DA	OTHERS
-----	-----	-----	----	--------

ICDS -staff

AWWS	Supervisers	ACDPO	CDPOS	OTHERS
------	-------------	-------	-------	--------

20. Topics of continuing education (Health)

21. No. of AWS visited by - (apart from health check-up)

ANM	LHV	MO	DA	OTHERS
-----	-----	----	----	--------

MS	ACDPO	CDPO	DIST LEVEL	PUBLIC
----	-------	------	------------	--------

PART - II

22. Staff position

S.No	Staff position	No. sanctioned	No. in position	No. Trained
	Health staff			

1. Medical officers

2. LHVs

3. ANMs

4. ICDS staff
CDPO

5. ACDPO

6. M.S

7. AWS

23. No. of AWS visited by all the MO's for Health check up

a) Visits during health check up

ANM	LHV	DA	MS	ACDPO	CDPO	OTHERS

24. Immunisation performance require to be filled in the from the available information at the sector/project(as reported under UIP for children below 1 year)

Total No. of immunisation in the sectors project	ELA	BCG	OPT				POLIO				TT				
											Prs women				
			1st	2nd	3rd	Booster Dose	1st	2nd	3rd	boos- ter dose	1st	2nd	3rd		

in the reporting
month

Total since
1st April

JOINT VISITS

MS + LHV	DA + CDPO	DA + ACDPO	MO + CDPO	MO + ACDPO	CDA + AD

25. Supplies position tick mark the correct answer:

Position	Vit A	Iron & polio acid	Anti worm	Drugs for AWS	BCG	DPT	POLIO	MEASLES	TT
----------	-------	-------------------	-----------	---------------	-----	-----	-------	---------	----

Adequate

Inadequate

In adequate adequacy as per monthly requirement in reference to total requirement for the target given to sectoral / project

26. Funds from social welfare Department for POL (please tick) Received/not received.

27. NOTE:- Please fill all the information Do not keep any space blank write actual number of mill instead of Dash.

28. PHC meeting held on

Signature

Name

Sectoral/Project

Full Address

Date:

NOTE 1) Despatch the report to central cell within eight days after the end of each month.

2. Copy to MMR should be sent to the state co-ordinator and chief District Adviser within eight days after the end of each month.

District wise percentage of MM & SM under ICDS programme for the month of December-99.

Dist Code	District Name	Below 6 yrs	Rep.Pop	Po6 Child	SMN	SMN %	MMN	MMN %	Live Birth	Birth Rate	Death B 1 yr	IMR	0 1 yr	1yr %	PRGW	PRGW %	LACTW	LACTV %
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19

উপর :

[illegible]

INTEGRATED CHILD DEVELOPMENT SERVICES

FORMAT -4.

DISTRICT ADVISORS MONTHLY MONITORING REPORT FOR THE MONTH OF

1. Name of the State. KARNATAKA District DHARWAD
2. Number of sanctioned ICDS Project in the District
3. Number of operational ICDS project under your charge
4. Number of project Advisers under your charge.
5. Details of monthly Monitoring reports received from the PHC of Operational ICDS Project under your charge.

Name of ICDS Project.	Name of PHC	Date of MMR checked & despatched.	Date of PHC level meeting continu- ing edu- cation.	Topics discussed (Title only)	No. of par- cipants MO/LHV/ CDDO/MS/ Others.

Remarks about the (a) Co-ordination with CDPO and (b) Food quality at AW Centre

GOOD/ACCEPTABLE/POOR

Signature.

District Adviser

Date:

- Note: 1. The monthly meeting in all ICDS Projects under your charge should be completed within 7 days after the end of each month.
2. The MMR should be submitted to Central Cell within 11 days, after the end of each month.
 3. Copy of MMR should be sent to the State Co-ordinator within 11 days, after the end of each month.

INTEGRATED CHILD DEVELOPMENT SERVICES

FORMAT -5

Chief District Advisor's Monthly Review Report for the month of

1. Name of the State District
Population.
2. Date of District level meeting (including ICDS)
3. Number of ICDS Projects in the District :-
(a) Sanctioned
(b) Operational
4. Number of ICDS health functionaries in the District.
(a) District Advisers
(b) Project Advisers

Name of District Adviser.	Name of Project.	Name of Projects/PHCs under his charge.	No. of Project Adviser reports despatched by PAs in the district to Control Cell.
---------------------------	------------------	---	---

5. Immunisation performance in the district (These figures are to be filled from the available information for children, below, 1 year under UIP at the District Headquarter).

No. immunised in the dist.	BCG	DPT.doses. 1st 2nd 3rd	Polio doses 1st 2nd 3rd	Measles	TT to Pregnant women 1stdose/ 2nd dose.
----------------------------	-----	------------------------	-------------------------	---------	---

- i. During the month.

- ii. Total since 1st April.

6. Remarks under the following events as compared to last month (Pl. to

- a. Malnourished Children Grade II . Increased/Decreased
- b. Diarrhoea. Grade. III & IV Increased/Decreased.
- c. Total Deaths Increased/Decreased.
- i. 0 to 1 year Increased/Decreased.
- ii. 1 to 3 year Increased/Decreased.
- iii. 3 to 6 years Increased/Decreased.
- iv. Preg. women during delivery Increased/Decreased.
7. Remarks regarding food quality at AW Centres. Increased/Decreased.

8. Number of participants in District level Meeting.

Good/Acceptable/Poor.

- a) District Advisers b) Project Advisers
- c) CDPOs d) Dist. Social Welfare Officers.
- e) Others.

MONTHLY REPORT OF GOITRE

DISTRICT: MYSORE.

Sl. Name of the PNC/ No. Institution	BREAK UP	No. of New cases of Goitre cases detected during the month.	Cases already report. cases in ed so the area far.	Total No. of goitre	No. of cases treated	Type of Treatment
---	----------	--	---	------------------------	----------------------------	----------------------

1) S.C.

2) S.T.

MINOR COMMUNITY

3) Muslim

4) Christian

5) Sikh

6) Buddhist

7) Jains

Total:

8) Others

Total from 1-8

Sathya*

District Health and Family
Welfare Officer, Mysore.

Monthly Report of Goitre Cases for the Month of.....

DISTRICT.....

Sl. No.	Name of the PHC/Institutions.	Break - up		MINOR COMMUNITY						No. of New cases of Goitre detected dur. month	Cases already reported so far	Total No. of Goitre cases in the area	No. of cases treated so far	Type of Treatment
		SC.	ST.	Muslim	Christian	Sikh.	Budhist	Jains.	Others					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

1. Name of the PHC/Institutions.

(To be submitted by 25th March to the State Family Welfare Officer and Deptt of Family Welfare, MOHFW, GOI, New Delhi through NICNET)

FORM 4 **DISTRICT ACTION PLAN**

A. General Information _____
 State _____ Code : _____ Year _____
 District _____ Code : _____ Eligible couples _____
 No. of PHC in that District _____ (as on 1st April) _____
 Population of the District _____
 Birth Rate of District / State _____

Sl. No.	Services	Performance in last year	Planned performance in current year as compiled from PHC & FRU plans
1.	Antenatal Care Total No. of ANC cases registered in the Distt.		
2.	No. of high risk pregnant women - Treated		
3.	No. of TT dose given TT1		
	TT2		
	Booster		
4.	No. of pregnant women with anaemia treated		
5.	No. of pregnant women given prophylaxis with IFA tablets		
6.	Natal Care Total No. of deliveries in the District		
	No. of home deliveries by		
	a) ANM / LHV		
	b) Trained birth attendant		
	c) Untrained birth attendant		
8.	No. of institutional deliveries		
	a) At District hospital		
	b) At FRU		
	c) At PHC		
	d) At sub-centre		
9.	Neonatal Care No. of sick new borns		
	- Treated		
	- Referred		
10.	MTP No. of MTPs done		

RTI / STI		M	F	M	F
11.	No. of cases detected				
	- Treated				
	- Referred				
Immunization					
12.	No. of infants immunized (0-1 years)				
	BCG				
	DPT-1				
	DPT-2				
	DPT-3				
	OPV-0				
	OPV-1				
	OPV-2				
	OPV-3				
13.	Measles No. of children immunized (more than 18 months)				
	DPT Booster				
	OPV Booster				
14.	No. of children immunized (more than 5 years)				
	DT				
15.	No. of children immunized (more than 10 years)				
	TT				
16.	No. of children immunized (more than 16 years)				
	TT				
17.	No. of children given IFA small (below 5 years)				
	Vit. A				
18.	No. of children administered Vit. A (9 months to 3 years)				
	a) Dose 1				
	b) Dose 2				
	c) Dose 3 - 5				
19.	ARI No. of cases under 5 with pneumonia				
	a) Treated with cotrimoxazole				
	b) Referred				
20.	Acute Diarrhoeal diseases No. of cases under 5 Treated with ORS				

2
2
N
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N
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17

(Form 4 contd.)

21.	Family Planning Male Sterilisation		
	a) Conventional		
	b) NSV		
22.	Female Sterilisation		
	a) Abdominal		
	b) Laparoscopic		
23.	IUD Insertion		
	a) By ANM		
	b) By PHC doctor		
	c) By FRU doctors		
	d) By District hospital doctors		
24.	Oral Pill Users		
25.	Condom Users		

Material & Supplies

Sl. No.	Items	Unit	Qty. used in previous year	Stock position on 1st April	Additional Quantity required in
	Contraceptives				
1.	Nirodh pieces				
2.	Oral Pill Cycles				
3.	IUDs				
4.	Tubal rings				
5.	Da-Kits				
	Vaccine Doses				
6.	DPT				
7.	OPV				
8.	TT				
9.	BCG				
10.	Measles				
11.	DT				
	Prophylactic Drugs				
12.	IFA Tab. large				
13.	IFA Tab. small				
14.	Vit. A solution				
15.	ORS Packets				
	Cotrimoxazole				
16.	Tab. Paediatric				
17.	RTI / STI Drugs				

District- Consolidated Report . 9

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

FORM 9

CONSOLIDATED MONTHLY REPORT FROM DISTRICT TO STATE / CENTRE

General

1. State KARNATAKA.
 2. District MYSORE
 3. Population of District _____

4. Reporting for the month of _____
 5. Eligible Couples (as on 1st April of the year) _____

Sl. No.	Service			
I	ANC Registered	- Cumulative till this month last year		
II	Ante Natal Check-up Pregnancies	- Cumulative till this month this year who have received 3 check-up		
		How many received		
		- TT2		
		- Booster		
		- IFA		
		High risk Pregnancies		
		- PHC		
		- CHC		
		- FRU		
		- District Hospital		
		- Urban Dispensary		
		- PPC		
		Complication Referral		
iii	Deliveries	Total No. delivered		
		- By		
		Trained attendant		
		ANM / LHV		
		- Institutional Deliveries at		
		Sub-centre		
		PHC		
		FRU		
		District		
		Urban Dispensary		
		PPC		
		- Complications		
		- Referred		
IV	Maternal Deaths	During Pregnancy		
		During Delivery		
		Within six weeks of Delivery		
V	Pregnancy Outcome	- No. of live births		
		No. of still births		
		Order of birth		
		1st		
		2nd		
		3rd and 3+		
		Weight of new born		
		< 2.5 Kg		
		> 2.5 Kg		
		CC:SHH HSH JCHSH		

VI	Neo-Natal Care	Sick new born cases - Treated - Referred			
VII	Post Natal	Who have received 3 check-ups			
VIII	RTI / STI	No. of clinics in District No. of male cases treated No. of female cases treated Referred to - PHC - FRU - District			
IX	MTP	No. of Govt. Hospitals and others with MTP facilities No. of MTP cases done			
X	Immunization	Infants 0 to 1 year - BCG - DPT 1 - DPT 2 - DPT 3 - OPV 0 - OPV 1 - OPV 2 - OPV 3 - Measles - Full Immunisation Children more than 18 months - DPT Booster - OPV Booster - Full immunized Children more than 5 years - DT Children more than 10 years - TT Children more than 16 years - TT Adverse reactions reported after immunization	M	F	T
XI	Vitamin A	Dose 1 Dose 2 Dose 3 - 5			
XII	Childhood Diseases	Vaccine preventable diseases Neonatal Tetanus Cases Deaths Diphtheria Cases Deaths Poliomyelitis (Acute Flaccid Paralysis) Cases Deaths Tetanus (Others) Cases Deaths			

		Whooping Cough	
		Cases	
		Deaths	
		Measles	
		Cases	
		Deaths	
		Pneumonia under 5 year of age	
		Cases	
		Cases treated with cotrimoxazole	
		Cases referred	
		Deaths	
		Acute Diarrhoeal diseases	
		Cases	
		Cases treated with ORS	
		Cases referred	
		Deaths	
II	Child Deaths	Within one week of birth	
		Within one week to one month of birth	
		Within one month to one year of birth	
		Within one year to five years of birth	
V	Contraception	Male Sterilisation	
		Female Sterilisation	
		IUDs insertions	
		Oral Pills	
		Condom users	
		No. of hospitals which did at least	
		1) Conventional Vasectomy	
		2) Non scalpel Vasectomy	
		3) Abdominal Tubectomy	
		4) Laproscopic Tubectomy	
IV	Abortions		
VI	Stock position	Vaccine	
		DPT	
		In Stock	
		Out Stock	
		OPV	
		In Stock	
		Out Stock	
		TT	
		In Stock	
		Out Stock	
		CT	
		In Stock	
		Out Stock	
		BSG	
		In Stock	
		Out Stock	
		Measles	
		In Stock	
		Out Stock	

		Contraceptive	
		Condoms	
		In Stock	
		Out Stock	
		Oral Pills	
		In Stock	
		Out Stock	
		IUDs	
		In Stock	
		Out Stock	
		Tubal Rings	
		In Stock	
		Out Stock	
		Iron	
		IFA large	
		In Stock	
		Out Stock	
		Vitamin A Solution	
		In Stock	
		Out Stock	
		ORS Packets	
		In Stock	
		Out Stock	
XVII	Cold Chain Equipment	ILR - 300	
		Total supplied	
		Total not working	
		DFz - 300	
		Total supplied	
		Total not working	
		ILR - 150	
		Total supplied	
		Total not working	
		DFz - 150	
		Total supplied	
		Total not working	
XVIII	Staff Position	Specialist in CHC / PHC	
		No. Sanctioned	
		No. Vacant	
		No. who have received RCH Training	
		Doctors in PHC	
		Sanctioned	
		Vacant	
		ANMs in Sub-Centre	
		Sanctioned	
		Vacant	
		Male Health Worker	
		Sanctioned	
		Vacant	
		Lady Health Visitor	
		Sanctioned	
		Vacant	

Bile : Sanctioned -
Working -

Health } Sanctioned -
Supervisors } Working -

Signature of
Distt Family Welfare Officer

Form AFP - H002

ACUTE FLACCID PARALYSIS SURVEILLANCE SYSTEM WEEKLY HOSPITAL REPORT

After review of all wards and registry books,
please send this report to the following person every Monday,
so that it will arrive by Tuesday noon:

Name: _____

Position: _____

Address: _____

Telephone: _____

Fax: _____

Hospital: _____

Week No.

Year:

Period included in the report From to

Number of Acute Flaccid Paralysis cases identified:

If no cases were identified write zero (0)

Name of person filling out report: _____

Date report is sent to District: _____

Approval of Medical Director: _____

ALL CASES OF AFP IN CHILDREN UNDER 15 YEARS OF AGE SHOULD BE REPORTED
AND INVESTIGATED

Health Education activities				No. of schools having safe drinking water facilities 19
No. of health Education talks given in the schools 15	No. of health education materials distributed to the schools 16	No. of PTA meetings conducted by health personnel 17	No. of mini exhibitions/film shows arranged in schools 18	

No. of schools provided mid-day meals 20	No. of schools having urinals and latrines their maintenance		Maintenance of the school premises 23		No. of Teachers trained under the School Health Programme 24	Any specific activities carried out may please be reported in this columns 25
	Maintained cleanly 21	Not maintained cleanly 22	No. of schools maintained cleanly	No. of schools not maintained cleanly		

APPENDIX - 'B'

DIS. NO. _____

STATE: _____

MONTH: _____

Sl. No.	NAME	UNIT	TARGET		ACHIEVEMENT	
			Annual Target 1997-98	For the month	During the month of under review	Upto the end of the month During the year 8-9
<u>4. UNIVERSAL PRIMARY HEALTH CARE:</u>						
1.	1) Primary Health Centres No.					
	2) Community Health Centres No.					
<u>5. CONTROL PROGRAMME:</u>						
1. <u>LEPROSY:</u>						
	a) Detection & Treatment No.					
	b) Cured No.					
2. <u>TUBERCULOSIS:</u>						
	a) New TB patients detected No.					
	b) Sputum Examination through PHCs					
3) <u>BLINDNESS:</u>						
	Cataract Operations No.					
4) <u>MALARIA:</u>						
	a) Blood Smears taken No.					
	b) Malaria Positive cases No.					
5) <u>GOITRE CASES:</u>						
	a) Detected					
	b) Cured					
6) <u>MINORITY COMMUNITIES:</u>						
	New TB cases detected					

DISTRICT HEALTH AND F.I.O. OFFICER,
MYSORE.

orgm/71294/-

KTP INDICATORS

District: _____

Month: _____

Year: _____

Scheme / Sub-scheme	Achmnt/Cases During Month	Backlog	
		Cases	Month
1. <u>VACCINATION WORK PERFORMED:</u>			
a) Tetanus	_____	_____	_____
b) Polio	_____	_____	_____
c) Typhoid	_____	_____	_____
2. I.C. A. Reported	_____	_____	_____
3. C.I. Cases (Nirodh)	_____	_____	_____
4. O.A. Cases	_____	_____	_____
5. Sterilization Deaths	_____	_____	_____
6. <u>IMMUNIZATION:</u>			
a) <u>INFANTS IMMUNISED:</u>			
i) D.P.T. - III	_____	_____	_____
ii) Polio - III	_____	_____	_____
iii) B.C.G.	_____	_____	_____
iv) Measles	_____	_____	_____
b) D.T. - II	_____	_____	_____
c) T.T. (10) - II	_____	_____	_____
d) T.T. (16) - II	_____	_____	_____
e) T.T. (PM) - II	_____	_____	_____
f) Booster	_____	_____	_____
g) Children Beneficiaries	_____	_____	_____
h) Mother Beneficiaries	_____	_____	_____
7. <u>UNIVERSAL PRIMARY HEALTH CARE:</u>			
a. Primary Health Centres	_____	_____	_____
b. Community Health Centres	_____	_____	_____
8. <u>CONTROL PROGRAMMES:</u>			
1. <u>LEPROSY:</u>			
a. Detected & Treated	_____	_____	_____
b. Cured	_____	_____	_____
2. <u>TUBERCULOSIS:</u>			
a. New TB Patients detected	_____	_____	_____
b. Sputum Exam. through P.I.Cs	_____	_____	_____
3. <u>BLINDNESS:</u>			
a. Cataract Operations	_____	_____	_____
4. <u>MALARIA:</u>			
a. Blood Smears taken	_____	_____	_____
b. Malaria Positive Cases	_____	_____	_____
5. <u>GOITRE CASES:</u>			
a. Detected	_____	_____	_____
b. Cured	_____	_____	_____
6. <u>MINORITY COMMUNITIES:</u>			
a. New TB Cases detected	_____	_____	_____

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

MONTHLY MONITORING OF CATRACT SURGERY
FOR EACH FACILITY WITHIN THE DISTRICT

State: KARNATAKA

--	--

District: MYSORE

--	--

Facility: _____

Month of Reporting:

--

Month

--	--

Year

No. of camps held (For DMU/CMU/NGO)

--	--

CATRACT PERFORMANCE:

Number of Operations

By method of Surgery

ICCE

--	--	--

ECCE/IOL

--	--	--

MALE

--	--	--

FEMALE

--	--	--

By Eyes affected

UNILATERAL

--	--	--

BILATERAL

--	--	--

Total Catract Operations in the month:

--	--	--

Cummulative total for the year:

--	--	--	--

Target for the year:

--	--	--	--

Copy submitted to:

Dr. Mrs. Jose,
Deputy Director General (O)
Mirmah Bhavan,
NEW DELHI.

DISTRICT HEALTH AND F.A. OFFICE,
MYSORE.

PROFORMA

IN DOOR PATIENTS AND OUT DOOR PATIENTS TREATED DURING THE MONTH OF

I	Type of Institutions:	General Hospitals	PHC's	PHU's	Total				
II	No. of Institutions functioning								
I	No. of Institutions reported during the month (100% reporting should be ensured)								
ii	No. of defaulting institutions during the month								
II	SANCTIONED BEDS:	Male	Female	Children	Total				
I.	General Hospitals								
ii.	Primary Health Centre								
iii.	Primary Health Unit								
Out Door Patients Treated									
Period	Type of Institutions	Old Cases				New Cases			
		M	F	C	T	M	F	C	T
1	2	3	4	5	6	7	8	9	10
During the Month	General Hospitals								
	PHC's								
	PHU's								
	Total								
Cumulative From till the end of the month reporting	General Hospitals								
	PHC's								
	PHU's								
	Total								
INDOOR PATIENTS						DEATHS AMONG INDOOR PATIENTS			
1	2	M	F	C	T	M	F	C	T
		3	4	5	6	7	8	9	10
During the Month	General Hospital								
	PHC's								
	PHU's								
	Total								
Cumulative From till the end of the month reporting	Gen. Hospital								
	PHC's								
	PHU's								
	Total								

MONTHLY STATEMENT SHOWING INSTITUTIONAL CASES AND DEATHS DUE TO COMMUNICABLE DISEASES

Institution District

1. Name of the State/UT :
2. Month/Year :
3. Total Number of existing Institutions for the month in the State/UT :
4. Total number of reporting institutions in the State/UT :
5. Total Number of Defaulting institutions for the month in the State/UT :
6. Reported cases and Deaths due to Communicable Diseases :

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

Please take care not to include simple dog bite cases.
Including communicable & non-communicable disease.

MONTHLY GUINEAWORM REPORT
FOR THE MONTH OF _____ 199

HQ/TALUK _____

MYSORE. DISTRICT.

State: K A R N A T A K A.

MONTH: _____

No. of cases: _____ (Nil if no cases)

No. of rumours: _____

Received _____

Investigated _____

3) Probable Case:

i) Name _____

ii) Age _____

iii) Sex: _____

iv) complete Address: _____

v) Source of water used for drinking _____

vi) Other family Members: _____

vii) Case detected on: _____

viii) No. of Primary Health Centres / Sub-Centre _____

OFFICE OF THE DISTRICT HEALTH AND FAMILY WELFARE OFFICER, MYSORE.

No.HS/ / 99-2000

Dated:

To,

- 1) The Joint Director(DOC & CAD) Directorate of Health and F.W.Services, Bangalore.
- 2) The Deputy Director(Helm)NICD, 22 Bhambhath Marg, Delhi- 110054.
- 3) Dr.N.G.Narayana, Epidemiologist, GUST, C/O District Health and F.W. Office, Gulbarga.

Sathyam

ಮೈಸೂರು ಜಿಲ್ಲೆಯ ಕರ್ನಾಟಕ 20.10.70 ಅಂಗಳ ವಿವರಣೆ ಮತ್ತು ವಿವರಣೆ ನಡೆದಿ:

ಕ್ರಮ ಸಂಖ್ಯೆ:	ವಿಷಯ	ಧರ್ಮ	ನಿರ್ದೇಶಿತ ವಾಚಕ ಗುರಿ	ತೀರ್ಮಾನ ಪ್ರಗತಿ	ನಿರ್ದೇಶಿತ ಸಾಧನೆ	ಶೇಕಡಾವಾರು ಸಾಧನೆ	ನಿರ್ದೇಶಿತ ಗುರಿ	ಸಾಧನೆ	ಶೇಕಡಾವಾರು ಸಾಧನೆ
--------------	------	------	---------------------	----------------	-----------------	-----------------	----------------	-------	-----------------

111 ಆರೋಗ್ಯ

ಎ) ಪ್ರಾಥಮಿಕ ಆರೋಗ್ಯ ಸೌಲಭ್ಯಗಳು :

- 1) ಪ್ರಾ.ಆ.ಕೇಂದ್ರಗಳ ಸಾಧನೆ ಸಂಖ್ಯೆ :
- 2) ಗ್ರಾಮಾಂತರ ಉಪಕೇಂದ್ರಗಳ ಸಾಧನೆ
- 3) ಸಮುದಾಯ ಆರೋಗ್ಯ ಕೇಂದ್ರಗಳ ಸಾಧನೆ:
- 4) ಐ.ಪಿ.ಪಿ-111 ಉಪ ಕೇಂದ್ರಗಳ ನಿರ್ಮಾಣ

5) ಎ.ಬಿ.ಬಿ.ನಿರ್ಮಾಣ — ಮಕ್ಕಳಿಗೆ

- 1) ಡಿ.ಪಿ.ಬಿ. ☐
- 2) ಮೇಲಿನಿಂದಲೂ ☐ ಸಾವಿರಗಳಲ್ಲಿ
- 3) ಬಿ.ಸಿ.ಜಿ. ☐
- 4) ಮೀಸಲಣ ☐

ಬಿ. ಬಿ.ಬಿ.ನಿರ್ಮಾಣ ಗುಣಮಟ್ಟಕ್ಕೆ ಸಂಖ್ಯೆ :

6) ಗ್ರಾಮೀಣ ವೈದ್ಯಕೀಕ ನಿರ್ಮಾಣಗೊಂಡ ಕಟ್ಟಡಗಳು

ಬಿ) ನಿರ್ಮಾಣ ಕಾರ್ಯಕ್ರಮಗಳು :

- 1) ಕುಷ್ಠರೋಗ
 - ಎ) ಮತ್ತೆ ಸುತ್ತು ಉಪಚಾರ
 - ಬಿ) ಗುಣಮಟ್ಟ

Infection Disease Report

ಸಾಂಕ್ರಾಮಿಕ ರೋಗಗಳ ವರದಿ:

ಜಲ್ಲೆ : ನೆಪ್ಪುಸುರರು.

ಕ್ರಮ

ಸಂಖ್ಯೆ: ರೋಗಗಳ ಹೆಸರು

ಈ ತಿಂಗಳಲ್ಲಿ

ಹಿಂದಿನ ತಿಂಗಳಿಗಿಂತ

ಇಳಿಯುವರೆಗಿನ ಪ್ರಗತಿ

ಹರಡಿದ್ದು

ಮರಣ

ಹರಡಿದ್ದು ಮರಣ

ಹರಡಿದ್ದು

ಮರಣ

1) ಕರುಳು ಬೇನೆ

2) ಕಾ ಲ ರಾ

3) ಅತಿಸಾರ

4) ಮೆದುಳು ಜ್ವರ

5) ವೆರರ ಹೆಪಟೈಟಿಸ್

6) ವಿಷಮಶೀತಜ್ವರ

7) ಸಿತಾಳ ಸಿಡುಬು

8) ಡ ಡಾ ರ

9) ಕ್ಯಾನ್ಸರ್‌ನಿಂದ ಬಾಂಧವರ

10) ಮಲೇರಿವರಾ

11) ನಾರುಪುಣ್ಣ

12) ಕಾಲಾ ಅಜಾರ

13) ಹಂದಿಗೊಡು ಸಿಂಡ್ರೋಮ

14) 'ಎಡ್ಸ್

15) ಡೆಂಗ್ಯೂ ಬಾಂಧವರ

16) ಲೆಪ್ಟೊಸ್ಪೈರೈಡೋಸಿಸ್

17) ಜ್ವರ

18) ಹಾವು ಕಡಿತ

19) ನಾಂಟುಕಡಿತ

ಸತ್ಯ.

ಮೋಲಜನೆಗಿರು ,ಹೆಸರು

ವೂಢೆ:

[illegible]

MONTHLY CHILDREN WORK REPORT
FOR THE MONTH OF _____ 199

District: M Y S O R E

State: K A R N A T A K A

Month: _____

1) No. of Cases: _____ (Nil if no cases)

2) No. of rumours: _____

Received _____

Investigated _____

3) Probable Case:

i) Name _____

ii) Age _____

iii) Sex _____

iv) Complete Address: _____

v) Source of water used for drinking: _____

vi) Other family Members: _____

vii) Case detected on: _____

viii) No. of Primary Health Centres: _____

OFFICE OF THE DISTRICT HEALTH AND FAMILY WELFARE OFFICER, MYSORE.

No.HS/ /9 -9

Dated:

To:

1. The Joint Director (DDC & CDD), Directorate of Health and F.W. Services, Bangalore.
2. The Deputy Director (Helm) NICD, 22 Shammath Marg, Delhi - 110 054.
3. Dr. M.G. Narayana, Epidemiologist, GUEST, C/o District Health and F.W. Office, Gulbarga.

DISTRICT HEALTH AND F.W. OFFICER,
MYSORE.

brg/299/-

Case Index Register

[illegible]

INDEX CARD	
1. Name	4. Group No.
2. Father's Name	5. Case-index No.
3. Address C/o	6. Age 7. Sex
House Number	8. Remarks
Hamlet/Street	
Village & P.O. Town	
Taluk	

(Size of Index Card — 105 mm x 74mm)

Reg. B.	S=0.75 gm H=600 mg R=600 mg
Sig. of MO	Bi-weekly 4 months

[illegible]

Completed TTT	Cured	Lost	Transferred	TTT failure	TTT stopped	Dead	Total collections (for DTC use only)	Sig. of S.A. with date
------------------	-------	------	-------------	----------------	----------------	------	---	---------------------------

13. Remarks

Ação orientada a ser

IDENTITY CARD	
<p style="text-align: center;">In Local Language</p>	<p style="text-align: center; font-weight: bold;">TB CAN BE CURED</p> <ol style="list-style-type: none"> 1. This is an important document to get treatment. 2. Don't lose it; if lost get a new one issued. 3. If you collect the drugs on the due dates and take the drugs regularly, then only you can be assured of a permanent cure. 4. Follow the instructions given about treatment and subsequent examination.

(Size of Identity Card: Post Card — 140 mm × 90 mm)

REVERSE

1. Name Age: Sex:	2. Father's Name				
3. Film No. & Date	Sputum Smear No. Date				
4. Index No.	5. Drug Regimen				
6. First Follow up Month & Year Film No./Sputum No. & Date	9. Come back on (date)				
7. Second Follow up Month & Year Film No./Sputum No. & Date	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
8. OBS Out-patient Film No. & Date	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
8. OBS Out-patient Film No. & Date	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				

INDEX NUMBER SLIP

With reference to the MRT received from your centre for the month of 19
the following details are intimated.

A. FOR NEW TB PATIENTS

Name of the patient	Date	Sputum Smear No.	X-ray Film No.	Case Index Number

B. FOR OLD TB PATIENTS

Name of the patient	Case Index Number	Details of previous treatment		
		Regimen	Date of diagnosis	Number of collections

Any other information:

TO
THE MEDICAL OFFICER
.....

District TB Officer
DTC

(Use as an Inland Letter)

Deaths due to Snake Bite

ಆರೋಗ್ಯ ಮತ್ರು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ

ಹಾವ ಕಡಿತದ ಮತ್ರು ಆದರಿಂದ ಮರಣ ಜೊಂದಿದವರ ವರದಿ

ಸಾರ್ವಜನಿಕ ಆಸ್ಪತ್ರೆ : ಬ್ಯಾ.ಆ.ಕೇಂದ್ರ _____ ಮಾಹಿತಿ _____

ವಯಸ್ಸು	ಹೊರ ರೋಗಿಗಳು			ಒಳ ರೋಗಿಗಳು			ಮರಣ ಜೊಂದಿದವರು		
	ಗಂ.	ಹಂ.	ಒಟ್ಟು	ಗಂ.	ಹಂ.	ಒಟ್ಟು	ಗಂ.	ಹಂ.	ಒಟ್ಟು
0 - 4									
5 - 9									
10 - 14									
15 - 19									
20 - 24									
25 - 29									
30 - 34									
35 - 39									
40 - 44									
45 - 49									
50 - 54									
55 - 59									
60 ಕ್ಕೆ ಮೇಲ್ಪಟ್ಟವರು									
ಒಟ್ಟು									

PROFORMA

**INCIDENCE OF SNAKE BITE AND DEATH CASES IN
BANGALORE URBAN DISTRICT**

During the month of

Age Group	OUT DOOR				INDOOR				DEATH				Remarks
	M	F	T	M	M	F	T	M	M	F	T	M	
0-4													
5-9													
10-14													
15-19													
20-19													
30-39													
40-49													
50-59													
60 & above													

NOTE :

M : MALE

F : FEMALE

T : TOTAL

PROFORMA

**INCIDENCE OF THE RESHER ACCIDENTS REPORTED IN
BANGALORE URBAN DISTRICT**

During the month of

Sl. No.	Name of the Hospitals in the Districts	Cases of thresher accident reported during the month					Major reaspsns of accidents if any reported by the patient	Remarks
		Amputation of :						
		Finger	Hand	Limb	Others			

Signature

MONTHLY REPORT OF SALT TESTING BY USING FIELD KITS

Report for the month :

Name of the PHC :

Iodine content of Iodised Salt in PPM.

0

7

15

30 and above

Houses :

Shops :

Total No. of Salt samples :

*Signature of the
Field Worker*

*Signature of the
Medical Officer*

ರಾಷ್ಟ್ರೀಯ ಅಂತರಾಡಿನ ಕಾರ್ಯಕ್ರಮದ ಮೂಲನದ ನಿರ್ದೇಶನ ಕಾರ್ಯಕ್ರಮ

ತಾಲೂಕು ಮಟ್ಟದ ಮಾಹಿತಿ ವರದಿ

ಉಪನಿರ್ದೇಶನದ ಅಂತರಾಡಿನ ಅಂಶದ ಪ್ರಮಾಣ ಸೂಚಿಸುವ ಮಾಹಿತಿ ವರದಿ

1) 199 _____ ನೇ ಸಾಲಿನ _____ ತಿಂಗಳ ವರದಿ

2) ವರದಿ ಮಾಡುವ ಅಧಿಕಾರಿಯ ಹೆಸರು ಮತ್ತು ವಿಳಾಸ:

_____ ತಾಲೂಕು

_____ ಜಿಲ್ಲೆ

3) ಪರಿಶೀಲಿಸಿದ ಉಪನಿರ್ದೇಶನ ಮಾಹಿತಿಗಳ ಒಟ್ಟು ಸಂಖ್ಯೆ:

4) ಪರಿಶೀಲಿಸಿದ ಉಪನಿರ್ದೇಶನ ಮಾಹಿತಿಗಳ ವಿವರ:

4.1 ಅಂತರಾಡಿನ ಅಂಶವಿಲ್ಲದ ಉಪನಿರ್ದೇಶನ ಮಾಹಿತಿಗಳ ಸಂಖ್ಯೆ:

4.2 ಅಂತರಾಡಿನ ಅಂಶವಿಲ್ಲದ ಉಪನಿರ್ದೇಶನ ಮಾಹಿತಿಗಳ ಶೇಖರಣಾಪಾಲು ಸಂಖ್ಯೆ:

4.3 15 ಪಿ.ಪಿ.ಎಂ.ಗಿಂತ ಕಡಿಮೆ ಅಂತರಾಡಿನ ಅಂಶವಿರುವ ಉಪನಿರ್ದೇಶನ ಮಾಹಿತಿಗಳ ಸಂಖ್ಯೆ:

4.4 15 ಪಿ.ಪಿ.ಎಂ. ಗಿಂತ ಕಡಿಮೆ ಅಂತರಾಡಿನ ಅಂಶವಿರುವ ಉಪನಿರ್ದೇಶನ ಮಾಹಿತಿಗಳ ಸಂಖ್ಯೆ: ಶೇಖರಣಾಪಾಲು.

4.5 15 ಪಿ.ಪಿ.ಎಂ. ಮತ್ತು ಅದಕ್ಕಿಂತ ಹೆಚ್ಚು ಅಂತರಾಡಿನ ಅಂಶವಿರುವ ಉಪನಿರ್ದೇಶನ ಮಾಹಿತಿಗಳ ಸಂಖ್ಯೆ:

4.6 15 ಪಿ.ಪಿ.ಎಂ. ಮತ್ತು ಅದಕ್ಕಿಂತ ಹೆಚ್ಚು ಅಂತರಾಡಿನ ಅಂಶವಿರುವ ಉಪನಿರ್ದೇಶನ ಮಾಹಿತಿಗಳ ಶೇಖರಣಾಪಾಲು ಸಂಖ್ಯೆ:

ದಿನಾಂಕ:

ಸಹಿ:

ಪ್ರಕಟಣೆ: 1998:

KARUNA TRUST
RURAL HEALTH PROJECT
YELANDUR

99

Progress Report for the month of Karuna Trust
Name of the VHRW Name of the Panchayat.....

Household Survey During the month Cumulative Total population

No. of Enumeration

No. of Examination

1. LEPROSY:

MB.

P.B.

Total

No. of cases Reg from beginning

No. of cases newly detected

No. of cases on treatment

No. of relapsed cases

No. of reaction cases

No. of defaulter cases

No. of total RFT cases

No. of RFT during the month

No. of RFT Follow up done

No. of total RFC cases

No. of RFC during the month

No. of smear taken during the month

2. Tuberculosis:

S

X-Ray

Ex. p

Total

No. of cases reg. from beginning

3

No. of newly detected cases during the month

No. of cases on treatment

1

No. of defaulters

No. of defaulters restarted

No. of sputum collected in field.

No. of sputum collected in clinic

No. of sputum positive

No. of X-ray done

2. EPILEPSY:

Rev.

HW.

CMS.

om-

Titled

No. of cases reg. from beginning

No. of newly detected during the month

No. of cases on treatment

Drug Delivery Point:

No. of cases to be attended

Clinic:

No. of cases actual attended

No. of cases to be attended

No. of cases actual attended

No. of GTCs cases not on treatment

No. of defaulter cases

No. of defaulter started retreatment

4. MENTAL HEALTH:

Psych
or
G.M.

Dep

man. om Titled

Total No. of cases reg. from beginning

18

No. of cases newly detected during the month

1

No. of cases on treatment

8

No. of cases defaulters

6

No. of cases defaulters restarted

K.T.

5. BLINDNESS CONTROL:

Total No. of cases Reg.

No. of cataract detected
during the month

Total No. of cataract
operation during the month

Still how many cases pending
for operation.

No. of Vit 'A' deficiency cases
detected

No. of Vit 'A' deficiency cases
treated

No. of eye problems treated
during the month

K.T. P.H.C.

6. CANCER:

Total No. of cases Reg.

No. of cases detected
during the month

No. of cases referred for
treatment.

No. of cases pap smear taken

No. of cases on treatment.

7. DENTAL HEALTH:

No. of cases registered

No. of cases treated during
the month

8. AIDS & STD:

No. of awareness programme
conducted

No. of cases detected during
the month

No. of cases treated
No. of cases referred

ASTHMA & ARI (for children under 5 years)

P.H.C.

Total No. of cases registered
No. of cases detected during the month
No. of cases treated

10. SCHOOL & ANGANWADI HEALTH:

Total No. of school & Anganwadi
in your panchayathi area.

No. of school & Anganwadi survey
and health education given during
the month

Still how many pending

11. DIARRHEA:

No. of awareness programme
conducted

No. of diarrhea cases detected
during the month

No. of cases treated with ORS pkts.

12. ANEMIA:

K.T.

P.H.C.

Total No. of cases registered

No. of cases detected during the
month

No. of cases treated

13. WATER & SANITATION:

K.T.

Total No. of toilet constructed
this year

No. of toilet constructed during
the month

Total No. of water borewell
constructed this year

Total No. of water borewell
constructed during the month

A. L. i.

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15

ಪ್ರಾಚಾರ್ಯರ ಅಧೀನದಲ್ಲಿ
ಗುರುಗಳು ದೇವದತ್ತರು ಶಿಷ್ಯರು.

BASIC MONTHLY INFORMATION ON THE PROGRESS OF IMPORTANT NATIONAL PROGRAMS

	ACHIEVEMENTS	
	During the month	Progressive Total to the end of the month
FAMILY WELFARE:		
I. CONTRACEPTION:	15	
a) Autectomy	Nil	
b) Insectomy	Nil	
c) O.R.B.	35	
II. I.U.D.	2	
III. C.C. Users	44	
IV. Oral Pills	32	
V. No. of Nirodh Distributors	44	
VI. No. of O.P. Distributed	32	
VII. No. of M.T.P. Done		
I. i) D.P.T. (3rd dose)	3	
ii) D.P.T. (Booster dose)	23	
iii) D & T II Dose	Nil	
iv) T.T. II dose	22	
v) T.T. Booster	Nil	
vi) Polio 3rd dose	23	
vii) I.F.A. Tabs. (Mothers)	28	
viii) I.F.A. (Childrens)	29	
M.A.I.A.R.I.A:		
i) P. Vivax	Nil	
ii) P. Falciparum	Nil	
iii) Others	Nil	
iv) Total	Nil	
v) R.T. Given	Nil	

BASIC MONTHLY INFORMATION ON THE PROGRESS OF IMPORTANT NATIONAL PROGRAMS

	ACHIEVEMENTS	
	During the month	Progressive Total to the end of the month
FAMILY WELFARE		
I. STERILIZATION	15	
a) Autectomy	100	
b) Vasectomy	ND	
c) O.A.S.	35	
II. I.U.P.	2	
III. C.C. Users	44	
IV. Oral Pills	32	
V. No. of Nirodh Distributors	44	
VI. No. of O.P. Distributed	32	
VII. No. of M.T.P. Done		
I. i) D.P.T. (3rd dose)	23	
ii) D.P.T. (Booster dose)	23	
iii) D & T II Dose	ND	
iv) T.T. II dose	32	
v) T.T. Booster	ND	
vi) Polio 3rd dose	33	
vii) I.F.A. Tabs. (Mothers)	38	
viii) I.F.A. (Childrens)	29	
MALARIA		
i) P. Vivax	ND	
ii) P. Falciparum	ND	
iii) Others	ND	
iv) Total	ND	
v) R.T. Given	ND	

BY NO. OF LIVING CHILDREN

Discription	Vasectomy	Tubectomy	Laprascope	Total	U D	Remarks
1	2	3	4	5	6	7
0						
1						
2						
3						
4						
5 + Above						
Total						

EDUCATION OF WIFE

Illiterate						
Literate						
Primary passed						
Middle Passed						
S.S.L.C. Passed						
Graduate and above						
Others						
Total						

EDUCATION OF HUSBAND

Illiterate						
Literate						
Primary Passed						
Middle Passed						
S.S.L.C. Passed						
Graduate and above						
Others						
Total						

Place.....

Date.....

Signature

Designation & Full Address
(With office Seal)

Annexure IV

SOCIO DEMOGRAPHIC PARTICULARS OF FAMILY WELFARE ACCEPTERS REPORT PERTAINING, TO
(PHC/U.F.WC.).....TALUK.....FOR THE QUARTER ENDING.....199.....(MYSORE DISTRICT)

Name	Vasectomy	Tubectomy	Lapara scopic	Total	I U D	Remarks
		BY RELIGION				
1	2	3	4	(2+3+4)25 5	6	7
Hindu						
Muslims						
Christians						
Sikhs						
Others						
Not Stated						
Not Available						
Total						

BY CASTE

Schedule Caste						
Schedule Tribes						
Other Castes						
N.S. (Not Stated)						
(Not Available)						
Total						

BY AGE OF WIFE

less than 15 Years						
15 - 19						
20 - 24						
25 - 29						
30 - 34						
35 - 39						
40 - 44						
45 + above						
Total						

KARNATAKA HEALTH SYSTEMS DEVELOPMENT PROJECT
YELLOW CARD SCHEME: ANNUAL HEALTH CHECK-UP FOR SC/ST POPULATION 1997-98

REPORT FOR THE MONTH OF _____

TO BE COMPLETED BY THE TALUKA MEDICAL OFFICER AND SUBMITTED TO THE DISTRICT HEALTH & FAMILY WELFARE OFFICER
before 7th of every month

Taluka:		District:		NUMBER OF BENEFICIARIES				Treated		Referred	
DETAILS OF CAMPS HELD DURING THE MONTH				Examined during the month							
PHC	Sub Centres	No. of Villages						SC	SC	Total	Total
				SC		ST		Grand			
				Adult	Children	Tot.	Adult	Children	Total	SC	ST
				M	F	M	F	M	F		
1.											
2.											
3.											
4.											
5.											
6.				Number of patients with Common Diseases as listed below						Drugs Used	
7.				Diseases		No.		Diseases		No.	
8.				Diseases		No.		Name		Quantity	
9.											
10.				1. Fever Cases		12. Skin Diseases		Tab. Aspirin			
11.				2. Diarrhoea		a) Leprosy		" Paracetamol			
12.				3. Gastro-enteritis		b) Scabies		" Diclofenac			
13.				4. Upper Respiratory Infection		c) Pyodermia		" Ibuprofen			
				5. Pneumonias		d) Others		" Furozolidine			
				6. Tuberculosis (suspected)		13. Pelvic Inflammatory Diseases		" Cotrimoxazole			
				7. Worm Infestations (Clinical & Stool positive cases)		a) Cervicitis		" Mebendazole			
				8. Anaemias (Hb%6gm & below)		b) Salpingitis		" Ferrous sulph			
				9. Eyes		c) Endometritis		Cap. Ampicillin			
				a) Vitamin 'A' Deficiency (night blindness, Bitots Spots)		14. Pre eclampsia		Cap. Tetracyclin			
				b) Eye Infection		15. Sexually Transmitted Diseases		Gentamycin eye drops			
				c) Cataract		16. High Blood Pressure		Soframycin skin oint			
				d) Refractory errors		17. Diabetes (Sugar present in Urine)		soframycin skin oint			
				10) Ears:		18. Goitre		vitamin A drops			
				a) Discharge		19. Fluorosis		Others			
				b) Foreign body/wax		20. Lameness from any cause					
				11) Dental & Gum diseases		21. Any other diseases not included above					
						Grand Total					

Taluk Medical Officer
I/c Camp.

ಸರ್ಕಾರಿ ವಿಶೇಷ ಸಂಖ್ಯೆ:ಆರಂಭ 157 ಆಂಕೂ ಸಂ 94 ದಿನಾಂಕ 10.12.94ರ

ಅನುಬಂಧ-4

ಶುಭ್ರಾಪಾ ಕಾಂಕೂ ಕ್ರಮದ ವರಾಸಿಕ ಪ್ರಗತಿಯ ವರದಿ

ನವರಾಸಿ -ಅ

ಉತ್ತರ ಆಂಕೂ ಪ್ರಾಂತ್ಯದ ವರಾಸಿಕ ಧರ್ಮಾಂಗಗಳು

ಕ್ರ. ಸಂ.	ತಾಲೂಕಿನ ಜನರ	ಪ್ರಾಂತ್ಯದ ಜನರ	ಶಿವರಾತ್ರಿ ದಿನದ ಗ್ರಾಮ	ಶಿವರಾತ್ರಿ ದಿನದ ವರಾಸಿಕ ಪಂಚಾಯತಿ: ಪುರಸಭೆ, ಮೇಸರು	ಶಿವರಾತ್ರಿ ದಿನಾಂಕ	ವೈದ್ಯಕೀಕರಣದ ವರಾಸಿಕ ಒಳಗಡೆ ವರಾಸಿಕ		ಪ್ರಾಂತ್ಯದ ವರಾಸಿಕದ ವರಾಸಿಕ		ವಿಶೇಷ ವೈದ್ಯಕೀಕರಣದ ವರಾಸಿಕ		ವಿಶೇಷ ವೈದ್ಯಕೀಕರಣದ ವರಾಸಿಕ		ವಿಶೇಷ ವೈದ್ಯಕೀಕರಣದ ವರಾಸಿಕ		ವಿಶೇಷ ವೈದ್ಯಕೀಕರಣದ ವರಾಸಿಕ	
						ಮಕ್ಕಳು	ವಯಸ್ಕರು	ಮಕ್ಕಳು	ವಯಸ್ಕರು	ಮಕ್ಕಳು	ವಯಸ್ಕರು	ಮಕ್ಕಳು	ವಯಸ್ಕರು	ಮಕ್ಕಳು	ವಯಸ್ಕರು	ಮಕ್ಕಳು	ವಯಸ್ಕರು
1	2	3	4	5	6	ಗಂ. ಮಂ.	ಗಂ. ಮಂ.	ಗಂ. ಮಂ.	ಗಂ. ಮಂ.	ಗಂ. ಮಂ.	ಗಂ. ಮಂ.	ಗಂ. ಮಂ.	ಗಂ. ಮಂ.	ಗಂ. ಮಂ.	ಗಂ. ಮಂ.	ಗಂ. ಮಂ.	ಗಂ. ಮಂ.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

ಹಿವನ:

ಪ್ರಮಾಣದ ಕಾರಣ ಪ್ರಮಾಣೀಕರಣಕ್ಕೆ ಒಳಪಟ್ಟಿರುವ ತಪಾಸಣೆ ನಿಯಮಾವಳಿಗಳ ಪ್ರಕಾರ ಬರೆಯಲ್ಪಟ್ಟಿರುವ ವಿವರ

ಕ್ರ. ಸಂ. ತಾಂತ್ರಿಕ ವಿವರ	ಪ್ರಮಾಣೀಕರಣದ ವಿವರ	ಶಿಕ್ಷಣ ವಿಭಾಗದ ವಿವರ	ಶಿಕ್ಷಣ ವಿಭಾಗದ ವಿವರ	ಶಿಕ್ಷಣ ವಿಭಾಗದ ವಿವರ	ಶಿಕ್ಷಣ ವಿಭಾಗದ ವಿವರ	ಪ್ರಮಾಣೀಕರಣದ ವಿವರ				ಪ್ರಮಾಣೀಕರಣದ ವಿವರ				ಪ್ರಮಾಣೀಕರಣದ ವಿವರ			
						ಪ್ರಮಾಣೀಕರಣದ ವಿವರ				ಪ್ರಮಾಣೀಕರಣದ ವಿವರ				ಪ್ರಮಾಣೀಕರಣದ ವಿವರ			
1	2	3	4	5	6	ಪ್ರಮಾಣೀಕರಣದ ವಿವರ				ಪ್ರಮಾಣೀಕರಣದ ವಿವರ				ಪ್ರಮಾಣೀಕರಣದ ವಿವರ			
						ಗಂ.	ಪಂ.	ಗಂ.	ಪಂ.	ಗಂ.	ಪಂ.	ಗಂ.	ಪಂ.	ಗಂ.	ಪಂ.	ಗಂ.	ಪಂ.

ಗಂ - ಗಂಭೀರ, ಪಂ - ಪಂಚರಾಜ

(ನೋಟ: ನಮೂನೆ '೨೭' ನಲ್ಲಿ, '೨೭' ಬರೆಯಲ್ಪಟ್ಟಿರುವ ವಿವರಗಳನ್ನು ನಮೂನೆ '೨' ನಲ್ಲಿ ಬರೆಯಲ್ಪಟ್ಟಿರುವಂತೆ)

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ကမ္ဘာ့ပတ်ဝန်းကျင် ထိခိုက်မှုကို ကုန်သွယ်မှုမှ ကာကွယ်ရန်

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002102	002101	002103	002104
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ကမ္ဘာ့ဥပဒေ	ကမ္ဘာ့ဥပဒေ
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3. ප්‍රධාන මාර්ගගත සේවාවන්

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၁၀ - နှစ်

- 3 -

ಶಿಕ್ಷಣಾಂಗದ ಕಾರ್ಯಕ್ರಮದೊಂದಿಗೆ, ವೆಬ್ ಪುಟಲಾದ ಮೇಲೆ ತಾಲ್ಲೂಕುಮಟ್ಟದ ಸಂಸ್ಥೆಗಳ

ಹೆಸರು: ನಿರ್ದೇಶನಾಲಯ ನಗರ ಪಿಲ್ಲ

ಮಾಹಿತಿ:

(ರೂ.ಗಳಲ್ಲಿ)

ಕ್ರ. ಸಂ.	ತಾಲ್ಲೂಕು	ಜಿಲ್ಲಾ ಆರೋಗ್ಯ ಚರ್ಮ, ಕು.ಕೆ.ಅಧಿಕಾರಿಗಳಿಂದ ತಾಲ್ಲೂಕುಗಳಿಗೆ ನಿಬಂಧಿಸಿ ಮಾಡಿದ ಸಂಖ್ಯೆ	ಪ್ರಚಾರಕ್ಕಾಗಿ	ಶಿಕ್ಷಣಸಾಮಗ್ರಿ ಖರೀದಿಗಾಗಿ	ರಾಜ್ಯಾಂತರ ಸಲಹೆಗಳ ಖರೀದಿಗಾಗಿ	ವೆ. ಪು. ದ. ವಿ. ಪ. ಕೆ. ಸಂಸ್ಥೆಗಳಿಗೆ ರಚಿಸಿದ ಸಂಸ್ಥೆಗಳಿಗೆ ರಚಿಸಿದ ಸಂಖ್ಯೆ	ಪ್ರಮುಖ ಖರ್ಚುಗಳಿಗೆ ರಚಿಸಿದ ಸಂಖ್ಯೆ	ಗ್ರಂಥಸಂಖ್ಯೆ	ಒಟ್ಟು ಸಂಖ್ಯೆ	ನಂಜಿತ ವೆಬ್ ಪುಟ
1	2	3	4	5	6	7	8	9	10	11

ಪ್ರಮುಖ: ಖರ್ಚು ವೆಬ್ ಪುಟಲಾದ ಸಂಸ್ಥೆಗಳಿಗೆ ರಚಿಸಿದ ಪ್ರಕಾರಗಳ ಮೇಲೆ, ಪ್ರತಿವಾರದ ಪ್ರಕಾರಗಳನ್ನು ಸಾರಿಗೆಗಾಗಿ ವೆಬ್ ಪುಟಲಾದ ಮೇಲೆ ವಿವರಗಳನ್ನು ಪ್ರತ್ಯೇಕ ಪಾಗಿ ಒದಗಿಸಲಾಗುವುದು.

ಇವು:

ಜಿಲ್ಲೆ: ಬೆಂಗಳೂರು ನಗರ ಜಿಲ್ಲೆ

ಮಾತೆ:

ಜಿಲ್ಲಾ ಅಧಿಕಾರಿಗಳು ಜಿಲ್ಲಾ ಅರೋಗ್ಯ ಮತ್ತು
ಕು.ಕ-ಅಧಿಕಾರಿಗಳಿಗೆ ತಿಂಗಳಿನಲ್ಲಿ ಬಿಡುಗಡೆ
ಮಾಡಿದ ಒಟ್ಟು ಸಂಖ್ಯೆ

ಜಿಲ್ಲಾ ಆರೋಗ್ಯ ಮತ್ತು ಕುಕ ಅಧಿಕಾರಿಗಳು
ತಿಂಗಳಿನಲ್ಲಿ ತಾಲೂಕುಗಳಿಗೆ ಬಿಡುಗಡೆ
ಮಾಡಿದ ಸಂಖ್ಯೆ

ತಿಂಗಳಿನಲ್ಲಿ ವೆಚ್ಚ
ಮಾಡಲಾದ ಒಟ್ಟು
ಮೊತ್ತ

ಪ್ರಾರಂಭಿಸಿದ ಈ ತಿಂಗಳ
ಅಂತ್ಯದವರೆಗಿನ ವೆಚ್ಚಮಾಡ
ಲಾಗಿರುವ ಸಂಖ್ಯೆ

(ತಾಲೂಕುಪಂಚಾಯತ್ ವೆಚ್ಚ ಮಾಡಲಾದ ಒಟ್ಟು ಮೊತ್ತಕ್ಕೆ ತಾಳೆ ಮೊಂದಪ್ಪಿಕೊಂಡು ಜಿಲ್ಲಾ ಮಟ್ಟದಲ್ಲಿ ಮಾಡಲಾದ ವೆಚ್ಚವನ್ನು ಪ್ರತ್ಯೇಕವಾಗಿ ವರದಿ ಮಾಡತಕ್ಕದ್ದು)

ಹಿರಿಯ:

Karnataka Health Systems Development Project
Yellow Card Scheme Annual Health Check-up for SC/ST Population
Report for the month of JUNE-98

ಪ್ರಾಥಮಿಕ ಆರೋಗ್ಯ ಕೇಂದ್ರ,
ಗೂಡಳ್ಳಿ, ದುರ್ಗಮ್‌ನಗರ ತಾಲ್ಲೂಕು.

①

To be completed by the Taluka Medical Officer and submitted to the District Health & Family Welfare Officer before 7th of every month.

Tal. <u>CHAYELANDUR</u>			Dist. <u>CHANNARAYA NAGAR</u>																
Details of camps held during the month			Number of Beneficiaries																
PHC	Sub-center	No. of Villages	Examined during the month									Treated			Referred				
<u>Gumhalli</u>	<u>Gumhalli</u>	<u>3</u>	SC						ST			Grand Total	SC	ST	Total	SC	ST	Total	
			Adult		Children		Total	Adult		Children		Total							
			M	F	M	F		M	F	M	F								
			<u>46</u>	<u>44</u>	<u>9</u>	<u>12</u>	<u>111</u>	<u>14</u>	<u>17</u>	<u>6</u>	<u>8</u>	<u>45</u>	<u>156</u>	<u>111</u>	<u>45</u>	<u>156</u>	<u>-</u>	<u>-</u>	<u>-</u>
			Number of patients with Common Diseases as listed below																
			Disease	No.	Disease	No.	Name		Quantity										
			1. Fever Cases	<u>42</u>	12. Skin Diseases	<u>8</u>	Tab. Aspirin												
			2. Diarrhoea	<u>48</u>	a) Leprosy	-	Tab. Paracetamol		<u>200/-</u>										
			3. Gastro-enteritis	-	b) Scabies	<u>88</u>	Tab. Diclofenac		<u>200/-</u>										
			4. Upper Respiratory Infection	<u>37</u>	c) Pyoderma	<u>08</u>	Tab. Ibuprofen												
			5. Pneumonia	-	d) Others	<u>40</u>	Tab. Furazolidine												
			6. Tuberculosis (Suspected)	-	13. Pelvic Inflammatory Diseases	-	Tab. Cotrimoxazole		<u>200/-</u>										
			7. Worm Infestations	<u>15</u>	a) Cervicitis	-	Tab. Metronidazole		<u>200/-</u>										
			(Clinical & Stool Positive Cases)		b) Salpingitis	-	Tab. Ferrous sulph												
			8. Anaemias (Hb% 6gm & below)	-	c) Endometritis	-	Cap. Ampicillin												
			9. Eyes	-	14. Pre Eclampsia	-	Cap. Tetracycline												
			a) Vitamin 'A' Deficiency (Night blindness, Bitots Spots)	-	15. Sexual transmitted diseases	-	Gentamycin eye drops												
			b) Eye Infection	-	16. High Blood Pressure	-	Soframycin eye oint.												
			c) Cataract	-	17. Diabetes (Sugar present in Urine)	-	Soframycin skin oint.												
			d) Refractory errors	-	18. Gout	-	Vitamin A drops												
			10. Ears	-	19. Fluosis	-	Others <u>Candiborn</u>		<u>20/-</u>										
			a) Discharge	-	20. Lameeness from any cause	-													
			b) Foreign body/wax	-	21. Any other diseases not included above	-													
			11. Dental & other diseases	<u>15</u>	Grand total	<u>156</u>													
Laboratory Tests done																			
Type of test	No. of tests	No. of positive tests																	
Stool for Ova/Cyst	-	-																	
Urine for Sugar	<u>50</u>	<u>NU</u>																	
Urine for albumin	-	-																	
Haemoglobin (%)	<u>ALL</u>	<u>< 6gm %</u>																	
Blood for MP	<u>25</u>	<u>NU</u>																	
Blood grouping	-	-																	
Major constraints experienced in conducting the exercise																			
1)																			
2)																			
3)																			

M. S. Rao
ಪ್ರಾಥಮಿಕ ಆರೋಗ್ಯ ಕೇಂದ್ರ,
ಗೂಡಳ್ಳಿ, ದುರ್ಗಮ್‌ನಗರ ತಾಲ್ಲೂಕು.
Taluka Medical Officer's Camp

MONTHLY STATEMENT SHOWING THE INSTITUTIONAL CASES AND DEATHS DUE TO COMMUNICABLE DISEASES

Name of the District : Bangalore Urban District

Month.....

REPORTED CASES AND DEATHS DUE TO COMMUNICABLE DISEASES

Sl. No.	Name of the Diseases	Patients treated			Death in (IPD only)
		OPD.	IPD.	Total	
1.	Acute Diarrhoeal diseases (including Gastro Enteritis and Cholera)				
2.	Diphtheria (045)				
3.	Acute Poliomyelitis (045)				
4.	Tetanus - other than Neonatala (037)				
5.	Neonatal Tetanus (771.3)				
6.	Whooping cough (033)				
7.	Measles (055)				
8.	Acute Respiratory infection including influenza and excluding Pneumonia (460-466) (487)				
9.	Pneumonia (480-486)				
10.	Enteric Fever (002)				
11.	Viral Hepatitis (070)				
12.	Japanese Encephalitis (062.0)				
13.	Meningococcal Meningitis (036.0) (320.0)				
14.	Rabies (071)				
15.	Syphilis (090-097)				
16.	Gonococcal Infection (098)				
17.	Pulmonary Tuberculosis (011)				
18.	All other Diseases *treated in institutions excluding above mentioned diseases (*including communicable and non communicable diseases)				
TOTAL					

Signature

MONTHLY STATEMENT SHOWING THE INSTITUTIONAL CASES AND DEATHS DUE TO COMMUNICABLE DISEASES

Name of the District: Bangalore Urban District

Month: Jan 2000

REPORTED CASES AND DEATHS DUE TO COMMUNICABLE DISEASES

Sl. No.	Name of the Diseases	Patients treated			Death in (IPD only)
		OPD.	IPD.	Total	
1.	Acute Diarrhoeal diseases (including Gastro Enteritis and Cholera)	62	74	62	74
2.	Diphtheria (045)				
3.	Acute Poliomyelitis (045)				
4.	Tetanus - other than Neonatal (037)				
5.	Neonatal Tetanus (771.3)				
6.	Whooping cough (033)				
7.	Measles (055)				
8.	Acute Respiratory infection including influenza and excluding Pneumonia (460-466) (487)	91	55	91	55
9.	Pneumonia (480-486)				
10.	Enteric Fever (002)				
11.	Viral Hepatitis (070)				
12.	Japanese Encephalitis (062.0)				
13.	Meningococcal Meningitis (036.0) (320.0)				
14.	Rabies (071)				
15.	Syphilis (090-097)				
16.	Gonococcal Infection (098)				
17.	Pulmonary Tuberculosis (011)				
18.	All other Diseases *treated in institutions excluding above mentioned diseases (*including communicable and non communicable diseases)	204	275	204	275
TOTAL		357	444	357	444

No. CMD/HIS/

/95-96

80 Office of the Dist. Health & FW Officer
No.4, Sirur Park Road, Seshadripuram,
Bangalore 560 020. Dated :

Copy submitted for kind information to :

1. The Deputy Director, Communicable Diseases Investigation Cum Training Centre, Mandya.
2. The Asst. Director, BII Section, DH & FWS, Bangalore.
3. The Divisional Joint Director of H & FW Services, Bangalore.
4. The Joint Director (CMD), Directorate of H & FW Services, Bangalore.

5. The M.O. P.C. Kengeripannagar

Signature
SENIOR MEDICAL OFFICER
Primary Health Unit.
KENGRI
Bangalore-560080

PROFORMA

Monthly

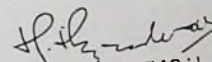
Indoor and outdoor patients treated during the month of Jan 2000

Period of Institution	Type of Institution	Old OPD				New OPD				Indoor patients				Outdoor Deaths			
		M	F	C	Total	M	F	C	Total	M	F	C	Total	M	F	C	Total
1.1.2000 to 31.1.2000	JH Kengeri	301	307	368	976	254	331	213	801								
		301	307	368	976	254	331	213	801								

Malaria Blood Smear report for the month of Jan 2000

Date	No of New OPD	No of old & New OPD	No of Fever Cases	No of B/s drawn	No of Totg	Positives	Remarks
01.01.2000 to 31.01.2000	801	1474	94	94	337	- - -	AD - ADAM -

TB Report
& medicine statement


 SENIOR MEDICAL OFFICER
 Primary Health Unit,
 KENCERI
 Bangalore-560050

F

☎: 080-5514636
080-5514748
Fax: 080-5510224

Government of Karnataka

KARNATAKA HEALTH SYSTEMS DEVELOPMENT PROJECT

Additional Director (CMD)
State Surveillance Unit
K.H.S.D.P., E.D.Hospital Campus,
Old Madras Road,
BANGALORE-560 038.
Date: 10.12.1999

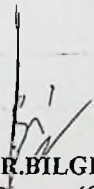
No.AD/CMD/53/99-2000

To

.....
.....
.....
.....

Sub: Submitting of monthly reports on Communicable Diseases-reg.

With reference to the above subject, you are hereby directed to send the monthly reports in the prescribed Proforma (enclosed) every month to this office regularly without fail within the first week, so as to enable this office to compile a concise state report and submit to the Secretary to Government, Health & Family Welfare Department, Government of Karnataka for further needful action.


(Dr.S.R.BILGI)
Additional Director(CMD)

Sk-reports53-A

MONTHLY STATEMENT SHOWING INSTITUTIONAL CASES AND DEATHS DUE TO COMMUNICABLE DISEASES

Institution

District

1. Name of the State/UT :
2. Month/Year :
3. Total Number of existing Institutions for the month in the State/UT :
4. Total number of reporting institutions in the State/UT :
5. Total Number of Defaulting institutions for the month in the State/UT :
6. Reported cases and Deaths due to Communicable Diseases :

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

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

** Including communicable & non-communicable disease.

3. 24 **PROFORMA**

IN DOOR PATIENTS AND OUT DOOR PATIENTS TREATED DURING THE MONTH OF

I	Type of Institutions:	General Hospitals	PHC's	PHU's	Total				
II	No. of Institutions functioning								
I	No. of Institutions re-reported during the month (100% reporting should be ensured)								
ii	No. of defaulting institutions during the month								
II	SANCTIONED BEDS:	Male	Female	Children	Total				
i.	General Hospitals								
ii.	Primary Health Centre								
iii.	Primary Health Unit								
Out Door Patients Treated									
Period	Type of Institutions	Old Cases				New Cases			
		M	F	C	T	M	F	C	T
1	2	3	4	5	6	7	8	9	10
During the Month	General Hospitals								
	PHC's								
	PHU's								
	Total								
Commulative From till the end of the month reporting	General Hospitals								
	PHC's								
	PHU's								
	Total								
INDOOR PATIENTS						DEATHS AMONG INDOOR PATIENTS			
1	2	M	F	C	T	M	F	C	T
		3	4	5	6	7	8	9	10
During the Month	General Hospital								
	PHC's								
	PHU's								
	Total								
Commulative From till the end of the month reporting	Gen. Hospital								
	PHC's								
	PHU's								
	Total								

ANGLA 6.0
Monthly Reporting Format for the Health Male

Name of the Sub- centre:

Name of the Worker:

Month :

Year :

Activity	Annual Service need		Monthly Service need	Achievement		
	1	2	Monthly	Cumulative	Percentage	
1. Health Clinics			3	4	(4/1)	5
i. No. of Health clinics attended with ANM						
2. Family planning Methods						
i. No. Persons motivated for vasectomy						
ii. No. Persons using Ccs						
iii. No. Vasectomy cases followed up						
3. Communicable disease						
A. Malaria:						
i. No. of fever cases identified						
ii. No. of blood smear slides sent to DTIC						
iii. No. of cases given presumptive treatment						
iv. No. of positive cases given radical treatment						
v. No. of high risk villages identified						
vi. No. of anti-mosquito activities co-ordinated						

Activity	Annual Service need	Monthly Service need	Achievement		
			Monthly	Cumulative	Percentage
	1	2	3	4	(4/1) 5
B. Tuberculosis:					
i. No. of suspected cases identified and referred					
ii. No. of TB cases followed up					
C. Leprosy:					
i. No. of suspected cases identified and referred					
ii. No. of suspected cases followed up					
D. Epidemics					
i. No. of GE cases identified and reported					
ii. No. of cases of preliminary treatment given					
iii. No. of cases referred					
iv. No. of cases other epidemic diseases referred (Filariasis, Malaria etc.)					
4. Environment sanitation					
i. Number of drinking water sources chlorinated					

Activity	Annual Service need	Monthly Service need	Achievement		
			Monthly	Cumulative	percentage
	1	2	3	4	(4/1) 5
5. School Health					
i. No. of school health programmes participated					
ii. No. of school children examined and treated					
iii. No. of school children referred					
iv. No. of school children immunized					
v. No. of school health cards filled					
6. Interaction with community					
i. No. of meetings with village health committees					
ii. No. of meeting with your committees					
iii. No. of meetings with village leaders					
iv. No. of meetings with PMPs					
7. IEC					
i. No. of Health Education Programmes on environmental sanitation conducted					
ii. No. of group talks to males on contraceptive methods					
iii. No. of health talks to males on reproductive health (STD/RTIs/Infertility)					
8. Reporting and recording					
i. Malaria reports					
ii. Other communicable diseases report					
iii. School health reports					

Equipment and Facilities

(Form 4 contd.)

Sl. No.	Item	Available (Number)	Functioning (Number)
1.	Ambulance		
2.	B.P. Apparatus		
3.	Weighing Machine		
4.	Microscope & Lab Equipment etc.		
5.	Autoclave		
6.	Oxygen Cylinder		
7.	MTP Suction Apparatus		
8.	ILR		
9.	Deep Freezer		
10.	Cold Box -		
11.	Refrigerator - - -		
12.	X-Ray Machine		
13.	Laproscope -		
14.	Kit E - laparotomy set		
15.	Kit F - Min laparotomy set		
16.	Kit G - IUD insertion set		
17.	Kit H - Vasectomy set		
18.	Kit I - Normal delivery set		
19.	Kit J - Vacuum extraction set		
20.	Kit K - Embryotomy set		
21.	Kit L - Uterine evacuation set		
22.	Kit M - Equipment for anaesthesia		
23.	Kit N - Neonatal resuscitation set		
24.	Kit O - Equipment and Reagents for blood tests		
25.	Kit P - Donor blood transfusion set		

2
3
4
5
6
7
8
9
10

contd.)

(Form 4 contd.)

Staff Position

Sl. No.	Category of Staff	Sanctioned (Number)	In position (Number)	Vacant since what date (Number)
1.	Medical Officer			
2.	Specialist			
	a) Anaesthetist			
	b) Gynaecologist			
	c) Paediatrician			
	d) Pathologist			
	e) Dental Surgeon			
3.	Staff Nurses / Nurse Midwife			
4.	Pharmacist / Compounder			
5.	Lab. Tech. / Lab Asstt.			
6.	Radiographer			
7.	Computer			
8.	Driver			
9.	Paramedical Supervisors			
	- Malaria Inspector			
	- BEE			
	- PHN / LHV			
	- HA			
10.	Multipurpose worker			
	- Male			
	- Female			

Signature of D.M.O.

DRUGS MANAGEMENT SYSTEM

B

Quarterly Reporting Format.

Name of the Sub-Centre/Primary Health Centre/
General Hospital/ District Hospital.

Sl. No.	Names of all the drugs in stock as on 1st April of the year.	Opening balance as on 1st April.	Stocks not moving since 2 months.	Stocks received (from all sources.)	Consumption April to June/July to Sept./Oct. to December/Dec. to March, as the case may be.	Cumulative consumption since 1st April.	Closing balance at the end of the quarter.	Quantity expiring in another 4 months. (*)
1	2	3	4	5	6	7	8	9

NB (*) Notwithstanding this report action should be taken to seek replacement as per Rate Contract condition.

SIGNATURE OF DISTRICT SURGEON/
ADMINISTRATIVE MEDICAL OFFICER.

To
Director of Health & F.W. Services,
Bangalore.

Copy to Joint Director of Govt. Medical Stores, Bangalore.

DRUGS MANAGEMENT SYSTEM

Quarterly Reporting Format.

Name of the Sub-Centre/Primary Health Centre/
General Hospital/ District Hospital.

Sl. No.	Names of all the drugs in stock as on 1st April of the year.	Opening balance as on 1st April.	Stocks not moving since 2 months.	Stocks received from all sources.	Consumption April to June/July to Sept./Oct. to December/Dec. to March, as the case may be.	Cumulative consumption since 1st April.	Closing balance at the end of the quarter.	Quantity expiring in another 4 months.
1	2	3	4	5	6	7	8	9

NB (*) Notwithstanding this report action should be taken to seek replacement as per Rate Contract condition.

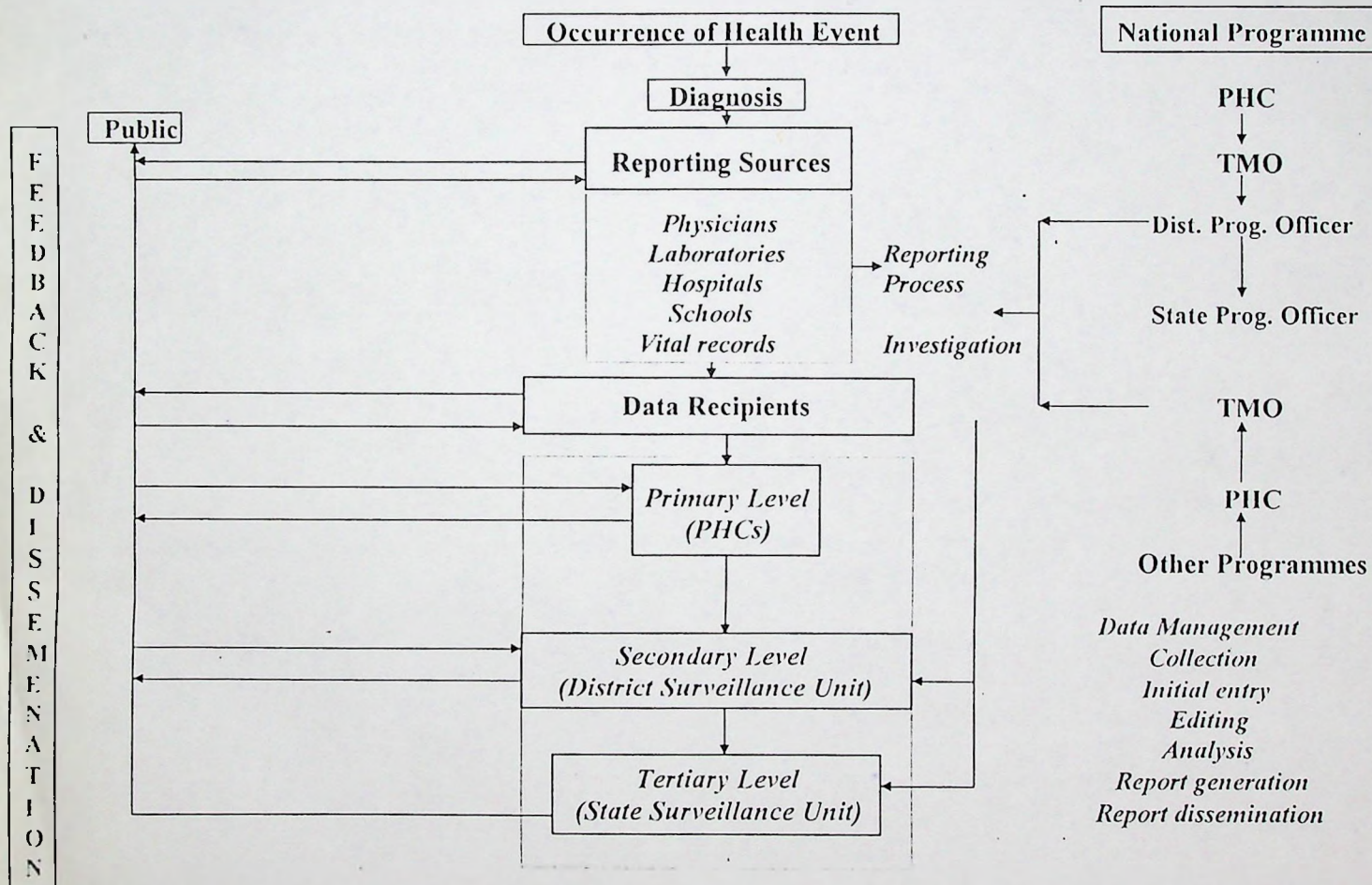
To
Director of Health & F.W. Services,
Bangalore.

SIGNATURE OF DISTRICT SURGEON/
ADMINISTRATIVE MEDICAL OFFICER.

Copy to Joint Director, Govt. Medical Stores, Bangalore.

d/c

Surveillance system flow chart



Epidemiological Surveillance of Communicable Diseases and Health Management Information Systems

Epidemiological surveillance is one of the important activities in the Health care Delivery Services. In the KHSDP State is required to establish an effective surveillance system which aims at describing health events over time in a simple flexible, acceptable sensitive and accurate manner. The state has already initiated to collect data from various reporting units ii) Strengthen the organisational structure at the district and state level .iii) Strengthen the capacity and capability of district health administrators to analyse and interpret data iv) Enhance the capacity of the district health administrators to provide rapid relief measures and to the problems of communicable diseases.

Existing Situation:

The major communicable diseases prevalent in the State are Japanese- Encephalitis, Kyasanur Forest Disease, Infective Hepatitis, Polio Myelitis, Cholera, Gastro-enteritis, Plague, Typhoid, Tuberculosis Malaria and Filaria. The Epidemiological Data in respect of Seven major communicable diseases in the State is given in Table below:

Disease	1995		1996		1997		1998	
	Attack	Death	Attack	Death	Attack	Death	Attack	Death
1. J.E	329	102	127	17	31	2	97	12
2. K.F.D	174	03	140	03	75	04	47	01
3. Cholera	532	08	657	06	741	10	434	02
4. Gastro-enteritis	18645	396	22983	377	23665	306	26881	501
5. Plague	72	-	93	03	-	-	-	-
6. Tuberculosis	83244	-	81785	-	79984	-	69422	NA
7. Malaria	285830	32	219198	13	181450	7	107910	3

State surveillance unit :

State surveillance unit has been established in the campus of epidemic diseases hospital. The building has been constructed and occupied. The Additional Director CMD and the skeletal staff attached to the state surveillance unit are in position. This unit is a nodal office for the activities connected with disease and epidemiological surveillance in the entire state. The Joint Directors of malaria and filaria, leprosy and tuberculosis are made reportable to the Director of Health and Family welfare Services to the Additional director (CMD). Earlier the above Joint Directors were directly reporting to the Director of Health and Family Welfare Services.

There is at present a communicable diseases investigation and training centre headed by a Deputy Director Working at Mandya which was grossly under utilized. He has under him the following supporting staff.

1. Assistant Malaria Officer
2. Epidemiologist
3. Statistical Officer
4. Senior Entomologist
5. Asst. Entomologist
6. Entomological Assistants (2 Posts)
7. Bacteriologist
8. First Division Assistant
9. Second Division Assistant
10. Typist
11. Senior Lab Technician
12. Junior Lab Technician(10 post)
13. Driver
14. Insect Collectors (6 Posts)
15. Group D (8 posts)

In the steering committee meeting held on 21/04/1999 it was decided to transfer the unit to State Surveillance unit which is now located at the campus of ED Hospital Bangalore. This unit would function as state surveillance unit and also function as a district surveillance unit Bangalore urban and rural Districts.

The functions of state surveillance unit are as follows

Evolve Strategies for Surveillance

- Set up procedures for collection, analysis and reporting of morbidity and mortality data
- Monitor the functioning of the District Surveillance Units.
- Co-ordinate with other related Departments at the State level, Indian Medical Association, Programme Officers, Voluntary Organisations, etc..
- Conduct surveys compile morbidity and mortality data, by disease, for planning and working out priorities and strategies.
- Evaluate the effectiveness of interventions instituted to control epidemics.
- Carry out research studies and suggest innovative and the effective methods of intervention.

Constitution of Co-ordination Committees for Communicable Diseases :

The activities shown above do not include the sentinel surveillance under taken by NACO funded AIDS prevention and control programme. A State level co-ordination committee is set-up to review and monitor the disease surveillance activities. A co-ordination committee is set up at the state level by establishing a high level committee under the Chairmanship of Chief Secretary to Govt.. This above committee would meet as often as necessary atleast once in a quarter to take appropriate action in matters relating to communicable disease and for instituting Preventive and curative measures. Similar committees are also proposed at the District level and Taluk level for eliciting co-ordination in the control of communicable disease. The proposed composition of the District and Taluk level committees are as follows.

Sl. No	District Level Committee	Taluk Level Committee
1	Deputy Commissioner Chairman	Chief Executive Officer (Taluk Panchayath) Chairman
2.	Chief Executive Officers ZP Member	Tahasildar Members
2.	District surgeon Member	Medical Officers of the Primary Health Centres / Community Health Centres Members
3.	District Health and Family Welfare Officers Member	Chief Executive Officer of Town Municipal Panchayath- Member
4.	Executive Engineer ZP Member	
5.	Executive Engineer PWD	
6.	District Surveillance Officer Member Secretary	Taluk Medical Officer Member Secretary

Taluk Level:

A basic Surveillance system exists at the Primary Health Centre level. The Reporting system is already there at the level of field workers. The reporting systems is very simple. However the inadequacies recently became evident during recent out breaks of plague in Gujarath and Maharastra. There is no surveillance Mechanism at the secondary level and in the urban areas. Though there is man power at the primary level it is not properly integrated into the State surveillance system. It is felt that there is a need to give responsibility of monitoring the working of the system at the primary level to the proposed Taluka Medical Officer. In view of the importance of this item of work, it is decided that one person belonging to the clerical establishment in the Taluka level hospital should exclusively collect , monitor and report surveillance data, on a full time basis. This official will have to be trained suitably .

The Taluk Medical Officer will also provide orientation to other grass-root functionaries, such as Anganwadi workers, school teachers, Gram Panchayath Members etc., who will become "informers' under system.

District Surveillance unit:

There are Eighteen District Health Laboratories which are now redesignated as district surveillance units. The medical officers working in district health laboratories are redesignated as district surveillance officers. The functions of the district surveillance units are as follows:-

- Act as the nodal surveillance unit at the district level and provide the missing link between the primary and secondary level sub-systems.
- Provide early warning of outbreak of epidemics of all the major communicable diseases through continuous monitoring of morbidity and mortality trends in the district.
- Monitor and send Periodical Reports on Epidemiological Situation to the State level and to communicate feed-back to the primary Health centres / Community Health Centre and Taluk Medical Officers.
- Co-ordinate with other related Departments(Fisheries, Irrigation, Agriculture, Rural Development) and local bodies such as Zilla Panchayaths and other Organisations like IMA in taking prompt action against the Epidemics.

The Following follow-up Actions are Initiated :-

Issues	Action Taken
1. Shifting of Communicable Disease Investigation and Training Centre at Mandya, along with its 38 staff to Bangalore and attach to the Additional Director (CMD) State Communicable Disease Surveillance Unit, and to function as District Surveillance Unit for Bangalore Urban and Rural Districts.	New building is constructed and occupied by the State surveillance unit. The steering committee on 21/04/99 has approved for shifting of CDI and TC from Mandya to Bangalore in the meeting held on 21 st April 1999. Orders are issued in this regard.
2. Up-gradation of existing 18 District Health Laboratories and re-naming as District Surveillance Unit.	Orders are issued to redesignate District units accordingly..
3. Recruitment of the following staffs: a) Micro Biologists 18 b) Asst. Entomologists 18 c) Drivers 18	(a) The new cadre and recruitment rules have been finalised. (b) Recruitment formalities are completed. Draft list of selected candidate is Published for inviting objections if any. The selected candidate would be posted shortly. c) Recruited and posted.
4. Re- Deployment the following staffs from the Health Department to 18 District Communicable Disease Surveillance Units.	Has been done. Details are in annexures.
7. Providing mobility to District Surveillance Units	Jeeps have been provided.
8. Formation of Intersectoral Co-ordination committees a) State Level b) District Level c) Taluk Level	a) Constituted b) Being Constituted c) Being Constituted
9. Training programme of various categories of staff in 18 districts.	Completed on a) Sensitisation Work shop to District Health and Family welfare Officers, District Surgeon and District Surveillance officers of Bangalore Division on 22/10/98 b) Six days Training to the Staff of Districts Surveillance Units in two batches :- 23/11/1998 to 28/11/1998 22/03/1999 to 27/03/1999
10. Repairs and additions to the District Laboratory Buildings.	Current status is shown separately in Annexure
11. Reporting Format's	Designed
12. Manual on Disease Surveillance	Prepared and distributed.
13. Initiate nosocomial infection control programme	Done.

Surveillance system flow chart

