

(ಲಕ್ಷ ರೂ.ಗಳಲ್ಲಿ)

ಕ್ರ. ಸಂ.	ಬೆಳೆಗಿರುವ ಮೂಲಭೂತ ಸೌಲಭ್ಯಗಳು	ಸುಖಾದ ಹೂ	ಕಟ್ಟಿರುವ ಮನೆಗಳ ಸಂಖ್ಯೆ	ಸುಖಾದ ಹೂ	1998-99 ಸೇ ಸಾಲಿನ ಅಯವ್ಯಯ		ಯೋಜನೆಯಡಿ ಎಸ್.ಎಸ್.ಡಿ.ವಿ. ರೂಪದ ನಿವರಿಸಿರುವ ಹಣ		ಎಸ್.ಎಸ್.ಡಿ.ವಿ. (ಮನೆಗಳು) ರೂಪದ - ಹಣ		ಮೇನ್‌ಟೆನಿ. ಎ.ಡಿ. ಬಹುದೂರ ರೂಪದ - ಹಣ		ರೂಪದ - ಹಣ	
					ರೂಪದ ನಿವರಿಸಿರುವ ಹಣ	ನಿಗದಿತದ ನಿರುಪ ಹಣ	ರೂಪದ ನಿವರಿಸಿರುವ ಹಣ	ರೂಪದ - ಹಣ	ರೂಪದ - ಹಣ	ರೂಪದ - ಹಣ	ರೂಪದ - ಹಣ	ರೂಪದ - ಹಣ	ರೂಪದ - ಹಣ	ರೂಪದ - ಹಣ
					19	20	21	22	23	24	25	26	27	28
	ಬಾಮರಾವೇಳೆ													
1.	ಕೆ. ನೀರು, ನೆ. ಹಾಸು, ಬರಂದಿ,	3.80	--	--	--	--	--	--	--	--	--	--	--	--
2.	ಕೆ. ನೀರು, ನೆ. ಹಾಸು, ಬರಂದಿ	2.00	--	--	ಕೆ. ನೀರು, ಬರಂದಿ	2.00	--	--	--	--	--	--	--	--
3.	ಕೆ. ಹಾಸು, ನೀರು, ಬರಂದಿ, ಕೆ. ಬಾಲಯ	5.00	--	--	--	--	--	--	--	--	--	--	--	--
4.	ನೆ. ಹಾಸು, ಬರಂದಿ, ಅ. ಸಾಡಿ	3.30	--	--	ಕೆ. ಬಾಲಯ, ಕು. ನೀ, ಬರಂದಿ	2.00	--	--	--	--	--	--	--	--
5.	ಕೆ. ನೀರು, ನೆ. ಹಾಸು, ಕೆ. ಬಾಲಯ	0.75	--	--	--	--	--	--	--	--	--	--	--	--
6.	ಕೆ. ನೀರು, ನೆ. ಹಾಸು, ಕೆ. ಬಾಲಯ, ಬರಂದಿ	4.00	--	--	ನೆ. ಹಾಸು, ಬರಂದಿ, ಕೆ. ನೀ.	1.60	--	--	--	--	--	--	--	--
7.	--	--	--	--	--	--	--	--	--	--	--	--	--	--
8.	ಕೆ. ನೀರು, ನೆ. ಹಾಸು, ಬರಂದಿ	0.46	--	--	--	--	--	--	--	--	--	--	--	--
9.	ನೆ. ಹಾಸು, ಕೆ. ಬಾಲಯ, ಬರಂದಿ, ನೀರು	--	--	--	--	--	--	--	--	--	--	--	--	--
10.	ನೆ. ಹಾಸು, ಯುಜಿಡಿ, ಕೆ. ಬಾಲಯ, ಬರಂದಿ	8.50	--	--	--	--	ಸ. ಬ. ಮ. ನಿ. ಬ. ಕೆ. ನಿ	6.75	--	--	--	--	--	--
11.	--	--	--	--	--	--	--	--	--	--	--	--	--	--
12.	ಕೆ. ಬಾಲಯ, ಬರಂದಿ, ನೆ. ಹಾಸು, ಕು. ನೀರು	2-10	--	--	--	--	--	--	--	--	--	--	--	--
13.	--	--	--	--	--	--	--	--	--	--	--	--	--	--
14.	ನೆ. ಹಾಸು, ಬರಂದಿ	0.70	--	--	--	--	--	--	--	--	--	--	--	--
15.	ಕೆ. ಬಾಲಯ, ಬರಂದಿ, ನೆ. ಹಾಸು, ನೀರು	2.00	--	--	ನೀರು, ಬರಂದಿ, ನೆ. ಹಾಸು	2.00	--	--	--	--	--	--	--	--
16.	--	--	--	--	--	--	--	--	--	--	--	--	--	--
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18.	--	--	--	--	--	--	--	--	--	--	--	--	--	--
19.	--	--	--	--	--	--	--	--	--	--	--	--	--	--
20.	ನೆ. ಹಾಸು, ಕೆ. ಬಾಲಯ, ಬರಂದಿ, ನೀರು	1.50	--	--	--	--	--	--	--	--	--	--	--	--
21.	--	--	--	--	--	--	--	--	--	--	--	--	--	--
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25.	--	--	--	--	--	--	--	--	--	--	--	--	--	--
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28.	--	--	--	--	--	--	--	--	--	--	--	--	--	--
29.	--	--	--	--	--	--	--	--	--	--	--	--	--	--
		34.10				7.50		6.75	3.50		8.50			

ಕರ್ನಾಟಕ ಶೌಲಭ್ಯ ನಿರ್ಮಾಣನ ಮಂಡಳಿ - ಶೌಲಭ್ಯ ಪ್ರದೇಶಗಳ ಜಞ್ಞಾತಾಲಿಕಾವಾರು ದಿವರ

ಕ್ರ.ಸಂ.	ಜಞ್ಞಿಯ ಹೆಸರು	ಶೌಲಭ್ಯ ಪ್ರದೇಶದ ಹೆಸರು	ಮಾಲೀಕರು	ವಿಸ್ತೀರ್ಣ ಎ-ಗು	ಘೋಷಣೆ ಹಂತ	ಗುಡಿಸಲು ಸಂಖ್ಯೆ	ಒಟ್ಟು ಜನಸಂಖ್ಯೆ	ಗಂಡಸು	ಹೆಂಗಸು	ಪ.ಜಿ.	ಪ.ಪಂ.	ಇತರ
1	2	3	4	5	6	7	8	9	10	11	12	13
ಬೆಂಗಳೂರು		ಬಾಮರಾಜವೇಟೆ										
		1. ಸಿಮೆಂಟ್ ಹೆಟ್ಟು	ಸರ್ಕಾರಿ/ಖಾಸಗಿ	2-28	3 ಸ್ತ.	150	750	460	300	300	200	250
		2. ವೈರವರ್ಷ ಕಾಲೋನಿ	ಖಾಸಗಿ	2-02	3 ಸ್ತ.	50	250	120	130	75	100	75
		3. ಸಾರಾಯಣಸ್ವಾಮಿ ಗಾರ್ಡನ್	.	0-28	3 ಲಂ	218	1090	590	500	700	190	200
		4. ದಿ. ಸೋಜ ಗಾರ್ಡನ್	.	0-30	3 ಲಂ	134	870	320	350	300	150	220
		5. ಕುಂಟೆ ಶೀನಪ್ಪ ಗಾರ್ಡನ್	.	0-06	17 ಲಂ.	35	250	130	120	150	75	25
		6. ಖಾದರ ಪರೀಪ ಗಾರ್ಡನ್	.	2-20	3 ಲಂ	1080	5400	2800	2800	2000	250	3150
		7. ರಂಗಪ್ಪ ಗಾರ್ಡನ್	.	0-28	3 ಲಂ	14	70	38	34	20	20	30
		8. ರಾಮಣ್ಣ ಗಾರ್ಡನ್	.	3-03	.	333	1865	900	766	1400	60	215
		9. ವೆಂಕಟರಮಣ ಗುಡಿಸಲು	.	3-10	.	490	2450	1200	1250	860	150	1450
		10. ಅನಂದಪುರಂ	.	2-05	.	886	4330	2100	2230	2250	750	1330
		11. ರಾಮಕೃ. ಗಾರ್ಡನ್	.	1-06	.	62	310	180	150	160	50	110
		12. ರಂಜುಪುಲ್	.	1-04	11 ಲಂ.	202	1010	500	510	400	20	550
		13. ಮುನಿಪಾಪಮ್ಮ ಗಾರ್ಡನ್	.	0-35	3 ಲಂ.	ಸ್ವಾಂತರಿಸಿದ						
		14. ಸಾಗರಾಜಪ್ಪ ಗಾರ್ಡನ್	.	1-05	.	110	550	230	200	300	100	60
		15. ಪ್ರಾಯಮ ಕಾಲ	.	1-29	17 ಲಂ.	299	1495	890	805	1000	100	395
		16. ಪಾಪಮ್ಮ ಗಾರ್ಡನ್	.	0-09	3 ಸ್ತ.	117	585	300	285	20	-	595
		17. ಖಾದರ ಪರೀಪ ಗಾರ್ಡನ್ 2 ನೇ ಹಂತ	.	1-04	.	290	1495	750	745	250	250	995
		18. ಖನೋಬ ಗಾರ್ಡನ್ 2 ನೇ ಹಂತ	.	0-20	.	303	1515	750	766	1126	-	389
		19. ಅಪ್ಪಾಜಪ್ಪ ಗಾರ್ಡನ್	.	0-10	3 ಎ	125	825	325	300	500	-	125
		20. ರಾಜಗೋಪಾಲ ಗಾರ್ಡನ್ 1 ನೇ ಹಂತ	.	0-17	11 ಲಂ	255	1275	600	875	440	20	815
		21. ಗುರಪ್ಪ ಗಾರ್ಡನ್	ಮಂಡಳಿ	0-28	17 ಲಂ	192	980	450	510	300	120	540
		22. ಬಡಬಾನಿ ಅಲಿಪವೇನ ಕಾಲೇಜು	ಬಸಿ	3-00	ಗು	178	880	440	440	-	480	400
		23. ಹೊಸಗುಡಂದಹಳ್ಳಿ	ಬಸಿ	1-10	.	141	705	350	355	-	-	705
		24. ಸಂಜಯ ಆಗ್ರಹಾರ	.	0-07	.	171	865	430	425	-	-	855
		25. ಖನೋಬನಗರ	.	0-01	.	571	2585	1300	1286	-	-	2585
		26. ಕಂಬಾರಗುಡಿ	.	1-10	.	37	185	95	90	-	-	185
		27. ಮುನಿಪಾಪಮ್ಮ ಗಾರ್ಡನ್	.	--	.	38	190	100	90	-	-	190
		28. ಅಮೀರ ಖಾದರ ಗಾರ್ಡನ್	.	--	.	186	830	410	420	-	-	830
		29. ಮಿನವೇ ಮಲೆ ಹಂಬಗ	.	0-30	3 ಲಂ	250	1250	750	500	390	220	840
				29-01		6875	34225	17376	16849	12881	3295	18049

ಕರ್ನಾಟಕ ಕೌಟುಂಬಿಕ ನಿರ್ಮಾಣ ಮಂಡಳಿ - ಕೌಟುಂಬಿಕ ಪ್ರದೇಶಗಳ ಜಿಲ್ಲಾತಾಲೂಕುವಾರು ವಿವರ

ಕ್ರ.ಸಂ.	ಜಿಲ್ಲೆಯ ಹೆಸರು	ಕೌಟುಂಬಿಕ ಪ್ರದೇಶದ ಹೆಸರು	ಮಾಲೀಕತ್ವ	ವಿಸ್ತೀರ್ಣ	ಮೇಷ	ಗುದ್ದಿಸಲು	ಬಿಟ್ಟು	ಗಂಡಸು	ಹಂಪಸು	ಪ.ಬಿ.	ಪ.ವಿ.	ಇತರ
1	2	3	4	5	6	7	8	9	10	11	12	13
ಬೆಂಗಳೂರು	ಯಶವಂತ											
		1. ಎಸ್.ಪಿ. ಪ್ರಾಕಾರ, ಕಾವಲಪುರಸಂದ್ರ	ಸರ್ಕಾರಿ	1-25	3೮೦	160	1000	700	300	300	200	500
		2. ಎ.ಕೆ. ಕಾಲೋನಿ	.	1-15	3೫	150	900	500	400	200	200	500
		3. ಸರ್ವೆ ಸಂ. 31, ಎ.ಕೆ. ಕಾಲೋನಿ	.	2-10	.	146	700	400	300	800	100	300
		4. ಎ.ಡಿ. ಕಾಲೋನಿ	.	1-30	.	110	600	400	200	200	100	300
		5. ಕಂಠೀರವನಗರ	.	10-30	.	1200	7200	4000	3200	2000	2000	3200
		6. ವಿಸ್ತಾರ ಬಾಕಿ	ಖಾಸಗಿ	3-20	.	228	1140	700	440	500	200	440
		7. ಇದ್ದಾ ಮಹಲ್ಲಾ	ಸರ್ಕಾರಿ	2-10	.	101	810	400	210	200	100	310
		8. ಬಾಂಕ ಮಹಲ್ಲಾ, ಕೆರೆ ಅಂಗಳ	.	5-25	.	272	1632	950	882	500	302	830
		9. ದೇವರ ಜೀವನಹಳ್ಳಿ	.	3-00	.	420	2463	1483	1000	1000	483	1000
		10. ಮಾಡಿ ರಸ್ತೆ	ಖಾಸಗಿ	1-00	.	65	388	188	200	80	-	328
		11. 16+2 ಬೋಡಿ ಕಾಲೋನಿ, ಜಲಹಳ್ಳಿ	ಸರ್ಕಾರಿ	0-30	ಗು	200	1150	650	600	850	200	300
		12. ಬುವನೇಶ್ವರಿನಗರ	ಖಾಸಗಿ	0-33	.	195	1000	600	400	200	300	500
		13. ಅನಂದ ಬಾಕಿ	.	2-00	.	230	1300	800	600	300	500	500
		14. ಬೋಡಿ ಕಾಲೋನಿ, ದೊಡ್ಡಬೊಮ್ಮಸಂದ್ರ	.	0-25	.	18	80	40	40	30	-	50
		15. ಪರೀದಿ ಮಹಲ್ಲಾ	.	1-00	.	410	2439	1188	1251	376	48	2017
		16. ತಿಮ್ಮರಾಯಪ್ಪ ತೋಟ	.	2-10	.	228	902	488	438	829	57	16
		17. ಮುನಿಯಪ್ಪ ತೋಟ	.	1-00	.	205	1028	527	499	808	218	202
		18. ಎಂ. ಎಸ್. ಕೆ ತೋಟ	.	0-25	.	32	113	61	52	63	18	34
		19. ಬಂಗರಾಜಪುರ ಭಾರ ಎ & ಬಿ	ಖಾಸಗಿ	1-10	.	1205	8435	4010	4425	2500	2500	3435
		20. ಬಂಗರಾಜಪುರ ಇ & ಆರ್ ಭಾರ	.	5-26	.	448	3122	1504	1618	1000	1000	1122
				44-23		6018	38196	19646	16658	11814	5502	15882

ಬೆಂಗಳೂರು - ಜಯಮಹಲ್

1. 3 ನೇ ಕ್ರಾಸ್ ಗಂಗೆನಹಳ್ಳಿ	ಖಾಸಗಿ	2-10	3೮೦	125	650	350	300	225	125	390
2. ಬಾಬರ ಸ್ಕೌಡ್ ಎದುರು	.	1-30	3೮೦	240	1440	800	840	300	300	840
3. ವಾಹನ ಗಾರ್ಡನ್	.	2-10	3೮೦	80	400	200	200	210	100	90
4. ಸರ್ವೆ ಸಂ. 95 ಕೆ. ಜಿ. ಬ್ರಾಡರ್‌ಹಳ್ಳಿ	.	2-38	.	410	2300	1200	1100	650	425	1225
5. ಸ್ಕೌಡ್ ಬಾದರ್ ಗಾರ್ಡನ್	.	0-08	11೮೦	30	300	175	125	110	105	85
6. ಎ. ಎಂ. ಬ್ರಾಡ್	.	0-20	.	100	900	550	350	350	225	325
7. ಎ. ಎಂ. ಬ್ರಾಡ್	.	0-08	3೫	100	450	250	200	125	125	200
8. ಬಾರತಮಾತೆ	ಖಾಸಗಿ	-	ಗು	180	950	500	450	500	250	200
9. ಅರೋಕ ಬಾಕಿ	.	0-24	.	95	475	275	200	200	200	75
10. ಬಾಗಲೂರು ಭಾರ, 85 ವಿಭಾಗ	.	8-35	.	1183	6980	3447	3533	5887	251	1052
11. ಸ್ಕೌಡ್ ಕಾಲೋನಿ, ಬ್ರಾಡರ್ ರಸ್ತೆ	.	1-20	.	93	600	380	220	520	60	20
12. ಗಾಂಧಿ ಗ್ರಾಮ, ಬೋಡಿ ಬ್ರಾಡರ್ ರಸ್ತೆ	.	1-20	.	300	1500	900	600	1310	80	110
13. ಸುಬ್ಬನಗಂಜ	.	2-00	.	24	162	92	70	17	19	128
14. ಬೋಡಿ ಬ್ರಾಡ್, ವಿಭಾಗ-85	.	2-10	.	256	1300	900	400	500	500	300
15. ಅರೋಕ ಬಾಕಿ ಎದುರು	.	1-20	.	135	273	141	132	160	150	73

(ಲಕ್ಷ ರೂ.ಗಳಲ್ಲಿ)

ಕ್ರ. ಸಂ.	ಬದ್ಧಗೊಳಿಸಿದ ಮೂಲಭೂತ ಸೌಲಭ್ಯಗಳು	ಉಪಬಂಧ ಹಣ	ಕಟ್ಟಿರುವ ಮನೆಗಳ ಸಂಖ್ಯೆ	ಉಪಬಂಧ ಹಣ	1998-99 ನೇ ಸಾಲಿನ ಯೋಜನೆಗಳಡಿ ನಿಗದಿಪಡಿಸಿರುವ ಹಣ								ಮೇಘಾನಗರ, ಬಿ.ಬಿ.ಪುರ	ಹಣ	ಕಟ್ಟಿರುವ ಮನೆಗಳ ಸಂಖ್ಯೆ
					ಅಯವ್ಯಯ ಯೋಜನೆಗಳು		ಎಸ್.ಎಸ್.ಡಿ.ಎ		ಎಸ್.ಸಿ.ಸಿ. (ಮನೆಗಳು)		ಮೇಘಾನಗರ, ಬಿ.ಬಿ.ಪುರ				
					ಕಟ್ಟಡದ ಹಣ	ನಿಗದಿಪಡಿಸಿರುವ ಹಣ	ಕಟ್ಟಡದ ಹಣ	ನಿಗದಿಪಡಿಸಿರುವ ಹಣ	ಕಟ್ಟಡದ ಹಣ	ನಿಗದಿಪಡಿಸಿರುವ ಹಣ	ಕಟ್ಟಡದ ಹಣ	ನಿಗದಿಪಡಿಸಿರುವ ಹಣ			
14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
ಮುಖ್ಯರೂಪ															
1.	ಕು.ನೀರು, ಬಿ.ಬಿ.ಪುರ, ರಸ್ತೆ	2.20	--	--	--	--	--	--	--	--	ಬರಂದಿ, ರಸ್ತೆ	8.50	--	--	--
2.	ಕು.ನೀರು, ರಸ್ತೆ, ಬರಂದಿ	1.65	--	--	--	--	--	--	--	--	--	--	--	--	--
3.	ಬಿ.ಬಿ.ಪುರ, ರಸ್ತೆ, ಬರಂದಿ	2.10	--	--	ಬರಂದಿ, ನೆ. ಹಾಸು	1.00	--	--	--	--	--	--	--	--	--
4.	ರಸ್ತೆ, ಕು.ನೀರು, ಬಿ.ಬಿ.ಪುರ	2.20	--	--	--	--	--	--	--	--	--	--	--	--	--
5.	ಸಂಚಾರಿ, ಬರಂದಿ	--	--	--	--	--	--	--	--	--	--	--	--	--	--
6.	ರಸ್ತೆ, ಬರಂದಿ, ಕು.ನೀರು	2.50	--	--	ಬಿ.ಬಿ.ಪುರ	1.00	--	--	--	--	--	--	--	--	--
7.	ಕು.ನೀರು, ರಸ್ತೆ, ಬರಂದಿ, ಬಿ.ಬಿ.ಪುರ	3.45	--	--	ಸ. ಬಿ.ವನ	2.50	--	--	--	--	--	--	--	--	--
8.	ಕು.ನೀರು, ಬಿ.ಬಿ.ಪುರ, ರಸ್ತೆ	3.10	--	--	--	--	--	--	--	--	--	--	--	--	--
9.	ರಸ್ತೆ, ಕು.ನೀರು, ಬಿ.ಬಿ.ಪುರ, ರಸ್ತೆ	3.20	--	--	--	--	--	--	--	--	--	--	--	--	--
10.	ರಸ್ತೆ, ಬರಂದಿ, ಬಿ.ಬಿ.ಪುರ, ನೀರು	3.48	--	--	--	ಕಿ.ಸಿ. ಬರಂದಿ, ನೆ. ಹಾಸು	6.75	--	--	--	--	--	--	--	--
11.	ರಸ್ತೆ, ಬರಂದಿ, ಕು.ನೀರು	2.95	--	--	--	--	--	--	--	--	--	--	--	--	--
12.	ನೀರು, ಕು.ನೀರು, ರಸ್ತೆ	2.20	--	--	ನೆಲಹಾಸು	1.00	--	--	--	--	--	--	--	--	--
13.	ಬಿ.ಬಿ.ಪುರ, ರಸ್ತೆ, ನೆ. ಹಾಸು	0.64	--	--	--	--	--	--	--	--	--	--	--	--	--
14.	ಕು.ನೀರು, ಬಿ.ಬಿ.ಪುರ, ಬರಂದಿ, ರಸ್ತೆ	3.19	--	--	--	--	--	--	--	--	--	--	--	--	--
15.	ರಸ್ತೆ, ಬರಂದಿ, ಬಿ.ಬಿ.ಪುರ	0.50	--	--	ಬಿ. ಬರಂದಿ, ಬರಂದಿ	1.00	--	--	--	--	--	--	--	--	--
16.	ಕು.ನೀರು, ನೀರು	0.85	--	--	ಕೆ.ಎಂ.ಎಸ್ ಗೋಡ	1.00	--	--	--	--	--	--	--	--	--
17.	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
18.	ಕು.ನೀರು, ನೀರು	0.56	--	--	--	--	--	--	--	--	--	--	--	--	--
19.	ರಸ್ತೆ, ಬರಂದಿ	0.80	--	--	--	--	--	--	--	--	--	--	--	--	--
20.	ಕು.ನೀರು, ನೀರು	0.85	--	--	--	--	--	--	--	--	--	--	--	--	--
21.	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
22.	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
23.	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
24.	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
25.	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
		37.32			7.50			6.75			8.50				

ಕ್ರ. ಸಂ.	ಜಿಲ್ಲೆಯ ಹೆಸರು	ಕುಳಿಬಿಡಿದ ಸ್ಥಳದ ಹೆಸರು	ಮಾಲೀಕರು	ಹಿನ್ನೆಲೆ	ಮೂಲಭೂತ	ಗುಣಿಸಲು ಬಹು.	ಗಂಡನು	ಹಂಗುನು	ಪ. ಜಿ.	ಪ. ವಂ.	ಇತರ	
1	2	3	4	5	6	7	8	9	10	11	12	13
ಬೆಂಗಳೂರು ಜಿಲ್ಲೆಗೊಳಿಸಿದ												
1	ಗೌಸಲ್ಪಂಡೆ ಬೆಂಗಳೂರು ನಗರ	ಖಾಸಗಿ	1-18	17	೦೦	275	1650	980	670	500	150	1000
2	ಕಂಪು, ಗಾಂಧಿ	"	2-31	3	೦೦	645	3206	1633	1573	431	52	2723
3	ಕಂಪು, ಬಾಳೆಗಿರಿ	"	0-07	11	೦೦	81	426	202	224	426	-	-
4	ಕಂಪು, ಕಾಂಪು, ಕಾಂಪು	"	3-05	3	೦೦	149	924	475	449	712	18	194
5	ಕಂಪು, ಕಾಂಪು	"	0-08	3	೦೦	50	225	125	100	100	50	75
6	ಗೌಸಲ್ಪಂಡೆ ಬೆಂಗಳೂರು ನಗರ	"	1-20	3	೦೦	220	1100	650	450	600	250	260
7	ಹಿವರಾಸಂದ ಕಾಂಪು	ಬಹಿಷ್ಕರಿಸಲ್ಪಟ್ಟಿದೆ	0-00	3	೦೦	137	685	385	300	300	100	285
8	ಅರಸೀಕೆರೆ, ಬಿ.ಎ.ಎ.ಎ.	ಖಾಸಗಿ	1-10	3	೦೦	90	418	205	213	418	-	-
9	ದ್ವೈಪದಿ, ಹಿ.ಎ.ಎ.ಎ.ಎ.	ಬಹಿಷ್ಕರಿಸಲ್ಪಟ್ಟಿದೆ	1-00	3	೦೦	91	549	269	280	549	-	-
10	ಬಿ.ಎ.ಎ.ಎ. ಕಾಂಪು	ಬಹಿಷ್ಕರಿಸಲ್ಪಟ್ಟಿದೆ	1-19	3	೦೦	118	736	394	342	714	3	19
11	ಕಂಪು, ಗಾಂಧಿ	"	1-00	3	೦೦	176	941	501	440	917	8	16
12	ನೀಲಗಿರಿ ಕಾಂಪು	"	3-05	3	೦೦	500	1800	975	885	1800	-	-
13	ಕಂಪು, ಕಾಂಪು	"	2-10	3	೦೦	245	1786	867	919	1723	-	63
14	ಕಾಂಪು, ಗಾಂಧಿ	"	1-00	3	೦೦	72	420	202	218	397	-	23
15	ಬಹಿಷ್ಕರಿಸಲ್ಪಟ್ಟಿದೆ	"	1-00	3	೦೦	139	680	352	328	568	9	103
16	ಕಾಂಪು, ಕಾಂಪು	"	2-00	3	೦೦	250	1496	757	739	785	9	702
17	ಗೌಸಲ್ಪಂಡೆ ಕಾಂಪು	"	3-10	3	೦೦	262	1520	755	774	1421	14	94
				22-43		3605	18631	9727	8904	12421	663	5547
ಬೆಂಗಳೂರು ಜಿಲ್ಲೆಗೆ ಹೊರಗಿನ												
1	ಕಾಂಪು, ಕಾಂಪು	ಖಾಸಗಿ	3-01	3	೦೦	175	930	447	483	390	251	289
2	ಕಂಪು, ಗಾಂಧಿ	ಖಾಸಗಿ	2-22	11	೦೦	392	2134	1101	1033	1595	445	94
3	ಕಂಪು, ಕಾಂಪು	"	1-06	3	೦೦	341	1434	731	703	912	43	479
4	ಕಂಪು, ಕಾಂಪು	"	0-07	3	೦೦	44	272	139	135	-	-	272
5	ಕಂಪು, ಕಾಂಪು	"	0-14	3	೦೦	94	561	271	290	529	14	18
6	ಕಂಪು, ಗಾಂಧಿ	ಖಾಸಗಿ	-	3	೦೦	297	1625	829	796	1386	282	7
7	ಕಂಪು, ಕಾಂಪು	ಖಾಸಗಿ	1-14	3	೦೦	191	852	418	434	440	138	279
8	ಕಂಪು, ಕಾಂಪು	ಖಾಸಗಿ	0-07	3	೦೦	92	489	248	241	452	37	-
				8-36		1626	8297	4184	4115	5704	1155	1458

ಕ್ರ. ಸಂ	ಒದಗಿಸಿರುವ ಮೂಲಭೂತ ಸೌಲಭ್ಯಗಳು	ಗಾಂವ್ಡಾಸ್ ಹಣ	ರಜಿಸ್ಟ್ರಾರ್ಡ್ ಮುಸಗಲ್ ನಂಟ್	ಖರ್ಚು ಹಣ	1998-99 ನೇ ಸಾಲಿನ		ಯೋಜನಾಬದ್ಧ		ನಿಗದಿಸಿರುವ ಹಣ		ಮುಖಾಂತಿ	ಹುದ್ದಾ,		
					ಆಯವ.ಯ. ಯೋಜನೆಗಳು		ಎನ್.ಎಸ್.ಡಿ.ಪಿ		ಎಸ್.ಸಿ.ಪಿ (ಮನೆಗಳು)					
					ಕೆಲಸದ ಹಿವರ	ನಿಗದಿಪಡಿಸಿರುವ ಹಣ	ಕೆಲಸದ - ಹಣ	ಹಿವರ	ಕೆಲಸದ - ಹಣ	ಹಿವರ	ಕೆಲಸದ- ಹಣ	ಹಿವರ		
14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
ಗಾಂಧಿನಗರ														
1.	ಕೂ ಬಾಡ, ಶೌಚಾಲಯ, ನೆ ಹಾಸು	5.20	--	--	ಕಿ ನೀರು, ನೆ.ಹಾಸು, ಶೌಚಾಲಯ-4.00	ನ.ಬ. ರಾಜ್ 6.75	--	--	--	--	ನೀರು, ನೆ.ಹಾ.ರಸ್ತೆ.5.00	--	--	--
	ಚಪ್ಪಡಿ ನೆಲಹಾಸು	3.50	--	--	ಒಳಬರಂದಿ, ಬ.ದೀಪ						ಬ.ದಿ, ಬರಂದಿ ಒ ಬರಂದಿ			
2.	ಚಪ್ಪಡಿ ನೆಲಹಾಸು	0.64	--	--	ಕಿ ನೀರು, ನೆ ಹಾಸು, ಒ ಬರಂದಿ 2.00	--	--	--	--	--	--	--	--	--
3.	--	--	--	--	--	--	--	--	--	--	--	--	--	--
4.	--	--	--	--	--	--	--	--	--	--	--	--	--	--
5.	ಚಪ್ಪಡಿ ನೆಲಹಾಸು	0.80	--	--	--	--	--	--	--	--	--	--	--	--
6.	ಚಪ್ಪಡಿ ನೆ ಹಾಸು, ಕೂ ಬಾಡ, ಸೆ ಬವನ	1.00	--	--	--	--	--	--	--	--	--	--	--	--
7.	--	--	--	--	--	--	--	--	--	--	--	--	--	--
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13.	--	--	--	--	--	--	--	--	--	--	--	--	--	--
14.	--	--	--	--	--	--	--	--	--	--	--	--	--	--
15.	--	--	--	--	--	--	--	--	--	--	--	--	--	--
16.	--	--	--	--	--	--	--	--	--	--	--	--	--	--
17.	--	--	--	--	--	--	--	--	--	--	--	--	--	--
		11.04				6.00		6.75			5.00			
ಬರಾವಣೆ														
1.	ಶೌಚಾಲಯ, ಕಿ ನೀರು, ನೆ ಹಾಸು	4.05	--	--	ಒಳಬರಂದಿ, ಚ ನೆ ಹಾಸು 3.00	--	--	--	--	--	ಕಿ ನೀ, ನೆ.ಹಾಸು 1.50	--	--	--
2.	ಶೌಚಾಲಯ, ಕಿ ನೀರು, ನೆ ಹಾಸು, ಸೆ ಬವನ	11.00	--	--	ಒ ಬರಂದಿ, ನೆ ಹಾ.ಬರಂದಿ 00	ಶೌಚಾಲಯ, ಬರಂದಿ ರಸ್ತೆ, ನೆ.ಹಾಸು 6.75	--	--	--	--	ಬರಂದಿ, ಬ.ದೀ. 6.00	--	--	--
3.	ಕಿ ನೀರು, ನೆ ಹಾಸು, ಬರಂದಿ, ಬ.ದೀಪ										ಕಿ ನೀ, ಶೌಚಾಲಯ			
	ಸ್ನಾ.ಗೃಹ ಶೌಚಾಲಯ ಒಳಬರಂದಿ	4.50	--	--	ಬರಂದಿ ಶೌಚಾ, ಬ ನೆ.ಹಾ 1.00	--	--	--	--	--	--	--	--	--
4.	ಕಲ್ಲು ಚಪ್ಪಡಿ	0.50	--	--	ಒ ಬರಂದಿ, ನೆ.ಹಾಸು, ಕಿ.ಸಿ.1.00	--	--	--	--	--	--	--	--	--
5.	--	--	--	--	--	--	--	--	--	--	--	--	--	--
6.	ಚಪ್ಪಡಿ ನೆಲಹಾಸು	0.50	--	--	ಶೌಚಾಲಯ ಚ ನೆ ಹಾ ಕಿ ಸಿ 1.00	--	--	--	--	--	ಬರಂದಿ ನೆ ಹಾಸು 2.50	--	--	--
											ಕಿ ನೀರು ಶೌಚಾಲಯ			
7.	--	--	--	--	--	--	--	--	--	--	--	--	--	--
8.	--	--	--	--	--	--	--	--	--	--	--	--	--	--
		20.55				9.00		6.75			10.00			

Stats about Shm areas in Karnataka Dist + Taluk wise
Karnataka Shm Clearance Board

ಕರ್ನಾಟಕ ಶೂಲಭ ನಿರ್ಮೂಲನ ಮಂಡಳಿ - ಶೂಲಭ ಪ್ರದೇಶಗಳ ಜಿಲ್ಲಾ/ತಾಲ್ಲೂಕುಹವರು ವಿವರ

ಕ್ರ.ಸಂ.	ಜಿಲ್ಲೆಯ ಹೆಸರು	ಶೂಲಭ ಪ್ರದೇಶದ ಹೆಸರು	ಮಾಲಕತ್ವ	ವಿಸ್ತೀರ್ಣ	ಶೂಲಭ	ಗುದಿಸಲು ಒಟ್ಟು	ಗಂಧಾರು	ಪಂಗಡು ಪ್ರ.ಸಂ.	ಪ.ಪಂ.	ಇತರ		
1	2	3	4	5	6	7	8	9	10	11	12	13
ಬೆಂಗಳೂರು		ಬಾರ್ಡೇನಗರ										
Bangalore												
		1. ಕೋದಂಡರಾಮಪಳ್ಳಿ	ಖಾಸಗಿ	0-28	3೮೦	70	408	245	183	170	108	130
		2. ಹೊಸಬನ್ನಿ ಮಂಗಳ	.	1-00	.	215	1395	920	475	845	220	530
		3. ಬೆನ್ನಪ್ಪ ಗಾಡೇನ	.	0-17	.	94	597	378	221	182	58	379
		4. ಸಾಗಪ್ಪ ಗಾಡೇನ	.	0-07	.	18	118	70	48	46	22	50
		5. ಮುನಿನಾರಾಯಣಪ್ಪ ಗಾಡೇನ	.	0-19	.	54	380	270	110	145	98	137
		6. ರೈಪ್ಪಪ್ಪ ಗಾಡೇನ	.	0-18	.	112	830	383	287	134	90	408
		7. ಬೆಟ್ಟಪ್ಪ ಗಾಡೇನ	.	0-25	.	90	535	373	182	140	93	302
		8. ಲಕ್ಷ್ಮೀ ಖಾಸಗಿ	.	0-25	.	89	492	258	238	308	103	81
		9. ಲಾವಣ್ಯ ಖಾಸಗಿ	.	0-25	.	21	110	82	48	32	25	53
		10. ಬೆನ್ನಪ್ಪ ಬೇನೆ	.	5-00	.	83	522	370	152	80	45	397
		11. ಕೋಡಪ್ಪ ಲಕ್ಷ್ಮಪ್ಪ ಗಾಡೇನ	.	0-11	.	48	310	211	99	56	64	190
		12. ನಂಜುಂಡಪ್ಪ ಗಾಡೇನ	.	0-08	.	35	198	112	86	84	56	58
		13. ಬಾರ್ಡೇನಗರ	.	0-03	.	55	320	203	117	117	118	87
		14. ಸೋಮೇಶ್ವರ	.	0-32	.	48	390	248	142	167	152	81
		15. ಅಂಜನಪ್ಪ ಗಾಡೇನ	.	1-00	3೬	85	830	334	298	185	298	149
		16. ಮುನಿಯಪ್ಪ ಗಾಡೇನ	.	1-00	.	270	1450	880	590	378	430	844
		17. ಗುಪ್ತ ಬಡಾವಣೆ, ಮಹೇಶ್ವರಿ	ಬಾ.ಸಿ (ಮಂಡಳಿ)	1-10	3೬	32	243	135	108	111	98	34
		18. ಕಡೀರಪ್ಪ, 9 ನೇ ಶ್ರೀ, ದೊಡ್ಡಿಗುಂಬ	.	0-25	.	300	2150	1120	1030	1506	53	592
		19. ಅಂಬೇಡ್ಕರ ಸೇವಾಸಂಘ	ಖಾಸಗಿ	1-00	ಗು.	80	475	238	237	120	118	239
		20. ಅಂಬೇಡ್ಕರ ಗುದಿಸಲು	ಖಾಸಗಿ	1-00	ಗು.	105	800	343	257	143	229	228
		21. ಮಹಾಲಕ್ಷ್ಮಿ	ಬಾ.ಸಿ	2-10	ಗು.	200	897	538	359	358	-	539
		22. ಸೀತಮ್ಮ ಶಾಲಾ, ನಿಹಳ ಮದ್ರಾಸ ರಸ್ತೆ	.	0-30	.	400	1420	743	877	625	118	677
		23. ಮುನಿಕಟಪ್ಪ ಗಾಡೇನ	.	1-00	.	408	1950	998	952	-	-	1950
		24. ಲಕ್ಷ್ಮೀಪುರ	.	0-30	.	200	1150	803	547	-	-	1150
				24-12		3108	17370	9991	7379	5899	2588	9083
ಬೆಂಗಳೂರು		ಶಿವಾಚನಗರ										
		1. ಪಲ್ಲವ ಖಾಸಗಿ ಹವಿರ	ಖಾಸಗಿ	0-11	11೮೦	54	309	158	153	172	-	137
		2. ಮೈಸೂರು ಖಾಸಗಿ ಕೋನ್ ರಸ್ತೆ	ಬಾ.ಸಿ	1-00	ಗು.	100	500	250	250	200	200	100
		3. ಬಾ.ಸಿ	.	1-10	.	20	131	88	85	150	-	1
		4. ಬೆಂಪುಗೋಡೆ ಕ್ಷೇತ್ರ, ಮುಂಬಪ್ಪ, ಸಂಘ	.	0-40	.	60	500	320	180	340	80	80
		5. ಸುಬ್ಬಾನ ಗುಂಬ	.	0-40	.	80	400	200	200	150	100	150
		6. ಸೀತಮ್ಮ ಶಾಲಾ, ನಿಹಳ ಕೋನ್ ರಸ್ತೆ	.	2-10	.	173	1095	549	548	973	4	118
				5-11		487	2935	1541	1394	1965	384	586

(ಬಳ್ಳ ರೂ.ಗಳಲ್ಲಿ)

ಕ್ರ. ಸಂ.	ಒದಗಿಸಿರುವ ಮೂಲಭೂತ ಸೌಲಭ್ಯಗಳು	ಉಚಿತ ಹಣ	ಕಟ್ಟಿರುವ ಮನೆಗಳ ಸಂಖ್ಯೆ	ಉಚಿತ ಹಣ	1998-99 ನೇ ಸಾಲಿನ ಯೋಜನೆಗಳಡಿ ನಿಗದಿಪಡಿಸಿರುವ ಹಣ		ಎಸ್.ಎಸ್.ಡಿ.ಪಿ		ಎಸ್.ಸಿ.ಪಿ. (ಮನೆಗಳು)		ಮೇವಾಸುಬಿ ಎ.ಡಿ.ಬಿ/ಹಡೂ		ಶೇ.ಸದ- ಹಣ		ಶೇ.ಸದ- ಹಣ	
					ಅಯವ್ಯಯ ಕೆಲಸದ ವಿವರ	ನಿಗದಿಪಡಿಸಿರುವ ಹಣ	ಕೆಲಸದ ವಿವರ	ಹಣ	ಕೆಲಸದ - ಹಣ	ಹಣ	ಕೆಲಸದ- ಹಣ	ಕೆಲಸದ - ಹಣ	ಕೆಲಸದ - ಹಣ	ಕೆಲಸದ - ಹಣ		
14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
ಬಸ್ತಿವರ್ಗ																
1.	ಸ. ಬವನ, ಬವ್ವಡಿ ನೆ. ಹಾಸು, ಕೆ. ನೀರು ಒಳಬರಂದಿ, ಬ. ದೀಪ	2.26	128	33.00	--	--	--	--	--	--	--	--	--	--	--	--
2.	ರಸ್ತೆ, ಬರಂದಿ, ಕೊಬ್ಬಾಯಿ, ಕಾಂಪೌಂಡ್ ಗೋಡೆ, ಕೆ. ನೀರು, ಬ. ದೀಪ	4.48	72	17.28	ಬ. ಬರಂದಿ, ರಸ್ತೆ, ಬರಂದಿ, ಸೇತುವೆ	3.50	--	--	--	--	--	ರಸ್ತೆ, ಬರಂದಿ, ಕೆ. ಸೇತುವೆ-8.00	--	--	--	--
3.	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
4.	ಕೆ. ನೀರು, ಒಳಬರಂದಿ, ಬ. ದೀಪ	2.80	60	18.50	ಕ. ಬ. ರಸ್ತೆ, ಬ. ಬರಂದಿ	1.00	ಬ. ಬರಂದಿ, ಕೆ. ನೀರು	6.75	--	--	--	--	--	48	28.80	--
5.	ಕೆ. ನೀರು, ಬ. ದೀಪ, ರಸ್ತೆ, ಬರಂದಿ	2.80	40	13.00	--	--	--	--	--	--	--	--	--	--	--	--
6.	ಕೊಬ್ಬಾಯಿ, ರಸ್ತೆ, ಬರಂದಿ, ಸ. ಬವನ, ಕೆ. ಸಿ. 6.50	--	--	--	ಬ. ಬರಂದಿ, ಕೊಬ್ಬಾಯಿ ದುರಸ್ತಿ	2.00	--	--	--	--	--	--	--	--	--	--
7.	ಕೊಳವೆ ಬಾವಿ, ಕೊಬ್ಬಾಯಿ, ಸ್ನಾನಗೃಹ	0.60	--	--	--	--	--	--	--	--	--	--	--	177	106.20	--
8.	ಸಂಚಾರಿ ಸಲಹೆಗಾರ	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
9.	ಕೊಳವೆ ಬಾವಿ, ಬರಂದಿ, ಬ. ದೀಪ	0.30	--	--	--	--	--	--	--	--	--	--	--	--	--	--
10.	ಸಂಚಾರಿ ಸಲಹೆಗಾರ	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
11.	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
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17.	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
		14.74	100	81.70			7.50			6.75			8.00	226	135.00	

ಕರ್ನಾಟಕ ಕೂಳಚ ನಿರ್ಮೂಲನ ಮಂಡಳಿ - ಕೂಳಚ ಪ್ರದೇಶಗಳ ಅಲ್ಲಾವಾಪುರ ತಾಲೂಕುಮಾತು ದವಾನ

ಕ್ರ.ಸಂ, ಜಿಲ್ಲೆಯ ಹೆಸರು	ಕೂಳಚ ಪ್ರದೇಶದ ಹೆಸರು	ಮೂಲಕತ್ತೆ, ಎಸ್ಕೋ ಎ-ಗು	ಫೋಟೋ ಹಂತ	ಗುಡಿಸಲು ಸಂಖ್ಯೆ	ಒಟ್ಟು ಗಂಧಸು ಜನಸಂಖ್ಯೆ	ಹೆಂಗಸು ಪ, ಹಾ, ಪ, ಪಂ, ಇತರ	ಪ, ಪಂ, ಇತರ	ಪ, ಪಂ, ಇತರ	ಪ, ಪಂ, ಇತರ	ಪ, ಪಂ, ಇತರ	ಪ, ಪಂ, ಇತರ	ಪ, ಪಂ, ಇತರ
1	2	3	4	5	6	7	8	9	10	11	12	13
ಬೆಂಗಳೂರು	ಬನ್ನಿವಾಳ											
	1. ಸರ್ಕಾರಿ ಓಣಿ	ಸರ್ಕಾರಿ	0-30	11೮೦	128	1000	600	400	500	400	100	
	2. ಕನಕನಗರ	.	1-32	.	177	1015	700	315	515	200	300	
	3. ಬಾಪುನಗರ	ಖಾಸಗಿ	0-18	3೮೦	170	1000	600	400	300	200	500	
	4. ಇಂದಿರಾ ಕಾಲೋನಿ, ಆರ್ಯಪುರ	.	3-36	11೬	103	500	300	200	100	200	200	
	5. ಸರ್ವೆ ನಂ. 11, ಬಾಪುನಗರ	.	1-20	17೮೦	60	330	200	130	130	50	150	
	6. ಗೋದಿಂದರಾಜನಗರ 1 ನೇ ಹಂತ	.	4-00	.	264	1400	900	500	400	500	500	
	7. ವೆಂಕಟೇಶ್ವರನಗರ	.	2-00	11೮೦	177	885	475	410	200	450	235	
	8. ಕಡಪ್ಪಾಪುರ ಮಠ	.	ಲಗ್ಗರಗ	ಸಂಚಾರಿತರಿಸಿದ	89	349	205	144	50	40	259	
	9. ಗೋದಿಂದರಾಜನಗರ 2 ನೇ ಹಂತ	.	0-08	3೮೦	45	300	250	50	100	100	100	
	10. ಗಂಗಪ್ಪ ತೋಟ	.	.	ಸಂಚಾರಿತರಿಸಿದ	22	115	60	55	60	40	15	
	11. ಮರಿಯಪ್ಪ ಪಾಳೆ	.	2-10	ಗು.	288	620	400	220	120	200	300	
	12. ವಾಲ್ಮೀಕಿನಗರ	ಬಸಿ	1-00	.	450	2250	1250	1050	-	-	2250	
	13. ಜಿ.ಜಿ.ನಗರ,	.	-	.	2274	20000	12500	7500	-	-	20000	
	14. ಸ್ವಪುರ ಕಾಲೋನಿ, ಜಿ.ಜಿ.ನಗರ ದಕ್ಷಿಣ	.	-	.	340	1700	900	800	-	-	1700	
	15. ಹೆಚ್. ಬಿ. ಜಿ. ರೋ. ಪ್ರದೇಶ	.	-	.	1250	8140	5140	3000	-	-	8140	
	16. ವೆಂಕಟಪ್ಪಾಪುರ ಗಾಡಾನ	.	-	.	1753	16000	9450	6550	-	-	16000	
	17. ಸಂಜಯನಗರ	.	-	.	470	2350	1225	1125	-	-	2350	
					19-82	7995	57954	36105	22849	2475	2380	53099

ರಣಾಚರಣೆ ಕೂಳಿ ನಿಯೋಜನೆ ಮಂಡಳಿ - ಕೂಳಿ ಪ್ರದೇಶಗಳ ಜೊತೆಯಲ್ಲಿರುವ ಉಳಿತಾಯ ವಿವರ

ದ.ಸಂ. ಜಿಲ್ಲೆಯ ಹೆಸರು ಕೂಳಿ ಪ್ರದೇಶದ ಹೆಸರು ಮಾಲೀಕರ ವಿವರ, ಉದಾಹರಣೆ: ಗುಡಿಸಲು ಒಟ್ಟು ಗಂಡರು ಕೂಳಿ ವ.ಜ. ವ.ಸಂ. ಇತರ

1	2	3	4	5	6	7	8	9	10	11	12	13
ಬೆಂಗಳೂರು: ಕಾರ್ಖಾನೆಗಳು												
1.	ದೀಪಕೇಶಿ	0-24	3 ಲಂ.	62	340	148	192	338	-	-	4	
2.	ನವನಗರ	0-15	3 ಲಂ.	228	1399	713	886	1351	-	-	48	
3.	ವೆಂಕಟಪುರ	0-31	17 ಪು	110	660	420	240	450	110	100		
4.	ಕುಮಾರ	0-17	17 ಪು	156	900	479	421	828	-	-	272	
5.	ಮಾಯಾಜಿ	6-18	3 ಲಂ.	637	2804	1416	1388	2294	69	441		
6.	ಸುನಂದ	1-10	ಗುರುನಂದ	32	111	55	58	30	29	52		
7.	ಸೂರ್ಯನಗರ	2-00	-	120	637	338	301	564	31	52		
8.	ಬಿ.ಬಿ.ರಸ್ತೆ	0-15	-	43	208	95	111	194	-	12		
9.	ಬಿ.ಬಿ.ರಸ್ತೆ	1-24	-	47	241	117	124	241	-	-		
10.	ಜಲಕಂಠ	1-30	-	1000	6000	4200	1800	-	6000	-		
11.	ದಿನಾಬಂದಿನಗರ	1-15	-	1000	2000	1150	850	-	-	2000		
12.	ಬಂಧು ರಸ್ತೆ	2-10	-	1300	2000	1200	800	902	604	494		
13.	ರಾಜೇಂದ್ರನಗರ	4-00	-	2500	9000	4825	4175	-	-	9000		
14.	ಸೂರ್ಯ ಹಳ್ಳಿ	2-00	-	350	2000	999	1001	-	-	2000		
15.	ಹರಿಪ್ರಸಾದ್	1-00	-	116	560	360	200	-	-	560		
16.	ಸೂರ್ಯ ಹಳ್ಳಿ ಮುಂದುವರಿದ ಬಹುಮಾನ	2-00	-	401	1840	1049	791	-	-	1840		
17.	ಇನ್ನೂ ಹೆಚ್ಚಿನ ಕೂಳಿ ಪ್ರದೇಶ	2-00	3 ಪು	167	885	460	405	350	100	415		
				27-09	8189	31563	18022	13541	7320	6943	17290	

1	2	3	4	5	6	7	8	9	10	11	12	13
ಬೆಂಗಳೂರು: ಬಸವನಗುಡಿ												
1.	ಸರ್ವೆ ನಂ.25, ಗೋಕುಲ	3-20	ಸರ್ಕಾರಿ	340	1487	785	722	358	272	359		
2.	ಬಸವನಗುಡಿ ಸಂಪ	2-00	ಖಾಸಗಿ	53	353	170	183	25	-	328		
3.	ವೆಂಕಟಪುರ ಗುಡಿಸಲು	6-30	-	347	1550	799	751	30	59	1461		
4.	ಬಸವನಗುಡಿ ಕೂಳಿ	1-10	-	17	89	38	51	72	-	17		
5.	ಮುಖ್ಯ ಮಂಟಪ	0-30	ಸರ್ಕಾರಿ	77	369	187	182	-	-	369		
6.	ಕಂಪೌಂಡ್ ನಗರ	2-20	ಖಾಸಗಿ	171	791	377	414	431	82	278		
7.	ಬಿ.ಬಿ. ರಸ್ತೆ, ಗೋಕುಲ, ಗೋಕುಲನಗರ	1-00	-	68	355	169	188	119	50	186		
8.	ಸರ್ವೆ ನಂ.1 ರಿಂದ 72 ಗೋಕುಲ	3-05	ಬಿ.ಬಿ.	313	1805	820	785	500	500	605		
9.	ಬಸವನಗುಡಿ ಗೋಕುಲ	0-25	ಬಸವನಗುಡಿ	63	355	169	188	119	50	186		
10.	ಬಸವನಗುಡಿ, ಕಂಪೌಂಡ್ ರಸ್ತೆ	0-31	-	100	800	390	210	100	100	400		
11.	ಸರ್ವೆ ನಂ.25, ಗೋಕುಲ	3-00	ಬಸವನಗುಡಿ	204	1080	562	518	986	32	63		
				23-31	1753	8534	4446	4188	2737	1145	4752	

(ಲಕ್ಷ ರೂ.ಗಳಲ್ಲಿ)

ಕ್ರ. ಸಂ.	ಒದಗಿಸಿರುವ ಮೂಲಭೂತ ಸೌಲಭ್ಯಗಳು	ಉಪ್ಪಾದ ಹಣ	ರಬ್ಬಿರುವ ಮನಗಳ ಸಂಖ್ಯೆ	ಉಪ್ಪಾದ ಹಣ	1998-99 ಸೇ ಸಾಲಿನ ಯೋಜನೆಗಳಡಿ ನಿಗದಿಪಡಿಸಿರುವ ಹಣ		ಯೋಜನೆಗಳಡಿ ನಿಗದಿಪಡಿಸಿರುವ ಹಣ		ನಿಗದಿಪಡಿಸಿರುವ ಹಣ		ಮೇವಾಟ ಕೆಲಸದ - ಹಣ	ಹುದ್ದಾ ಹಣ	ಹುದ್ದಾ ಕೆಲಸದ - ಹಣ	
					ಲಯವ್ಯಯ ನಿಗದಿಪಡಿಸಿರುವ ಹಣ	ಯೋಜನೆಗಳು ಕೆಲಸದ ಹಿವರ	ಎಸ್.ಎಸ್.ಡಿ.ವಿ ಕೆಲಸದ ಹಿವರ	ಎಸ್.ಸಿ.ವಿ. (ಮನಗಳು) ಕೆಲಸದ - ಹಣ	ಕೆಲಸದ - ಹಣ	ಹಿವರ				
14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
ಶಾಂತಿನಗರ														
1.	ಬೆಳ್ಳದಿ ಸಲಹಾಸು	2.80	--	--	--	--	--	--	--	--	ಕೆ.ನೀರು	1.70	--	--
2.	--	--	--	--	--	--	--	--	--	--	--	--	--	--
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4.	--	--	--	--	--	--	--	--	--	--	--	--	--	--
5.	ಕೊಬ್ಬಾಯಿ, ಕೆ.ನೀರು, ಬ.ದೀಪ, ನ.ಹಾಸು, ಒಳಬರಂದಿ	8.00	--	--	--	--	ಕೆ.ನಿ.ಸು., ಬ. ದೀಪ, ನ.ಹಾಸು	6.75	--	--	ಕೆ.ನಿ., ನ.ಹಾಸು, ಬ.ದೀಪ, ಕೊಬ್ಬಾಯಿ	3.30	--	--
6.	--	--	--	--	--	--	--	--	--	--	--	--	--	--
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17.	--	--	--	--	5.00	ಕೆ.ಸುತುವೆ, ಕು.ನೀರು	--	--	--	--	--	--	--	--
		10.80			5.00			6.75			5.00			
ಬಸವನ ಗುಡಿ														
1.	ಕೊಬ್ಬಾಯಿ, ಕೊ. ಬಾಕಿ, ಕೃಷಿಪಂಪ, ರಸ್ತೆ, 5.00	340	94.48	3.00	ಕೆ.ನೀರು, ಬರಂದಿ, ವಂಶ ಕಟ್ಟು ಬೆಳ್ಳದಿ ಬರಂದಿ, ನ.ಹಾಸು	--	--	--	--	--	ಕೆ.ನೀರು, ರಸ್ತೆ	5.00	48	36.00
2.	ಕೊಳವೆ ಬಾಕಿ	0.14	--	--	--	--	--	--	--	--	--	--	--	--
3.	--	--	--	--	--	--	--	--	--	--	--	--	--	--
4.	--	--	--	--	--	--	--	--	--	--	--	--	--	--
5.	ಕೆ.ನೀರು, ಬೆಳ್ಳದಿ ಬರಂದಿ, ನ.ಹಾಸು	2.50	92	35.00	2.00	ಬ.ನ. ಹಾಸು, ಬ. ಬರಂದಿ	6.75	ಸ. ಬಸವ, ಕೆ.ನೀರು ರಸ್ತೆ, ಬರಂದಿ	--	--	--	--	--	--
6.	--	--	--	--	--	--	--	--	--	--	--	--	--	--
7.	ನ್ಯಾಯಾಲಯದ ದಾಖಲೆ ಇರುತ್ತದೆ.	--	--	--	--	--	--	--	--	--	--	--	--	--
8.	ಬ ದಿ ಎ ವ್ಯಾಪ್ತಿಯಿರುತ್ತದೆ.	--	--	--	--	--	--	--	--	--	--	--	--	--
9.	ಮಹಾನಗರ ವ್ಯಾಪ್ತಿಯಿರುತ್ತದೆ.	--	--	--	--	--	--	--	--	--	--	--	--	--
10.	ಮಹಾನಗರ ವ್ಯಾಪ್ತಿಯಿರುತ್ತದೆ.	--	--	--	--	--	--	--	--	--	--	--	--	--
11.	ಮಹಾನಗರ ವ್ಯಾಪ್ತಿಯಿರುತ್ತದೆ.	--	--	--	--	--	--	--	--	--	--	--	--	--
		7.84	432	129.48	5.00			6.75			5.00	48	36.00	

ಕರ್ನಾಟಕ ರೂರಲ್ ನಿರ್ಮಾಣ ಮಂಡಳಿ - ಕೂಳು ಬೀದಿ ಪ್ರದೇಶಗಳಲ್ಲಿ ಜಲಾನಯನ ಕಾಮಗಾರಿಗಳ ವಿವರ

ಕ್ರ. ಸಂ.	ಜಲಾನಯನ ಕಾಮಗಾರಿ	ಕೂಳು ಬೀದಿ ಪ್ರದೇಶದ ಹೆಸರು	ಮಾಲೀಕರ ಹೆಸರು	ಸರ್ಕಾರಿ ಅಥವಾ ಖಾಸಗಿ	ಪೂರ್ಣಗೊಂಡ ಸಂಖ್ಯೆ	ಗುಡಿಸಲು ಸಂಖ್ಯೆ	ಒಟ್ಟು ಗಂಟೆಗಳು	ಗಂಟೆಗಳು	ತೆರಿಗೆ ಸಂಖ್ಯೆ	ಪ. ವಂ.	ಇತರ	
1	2	3	4	5	6	7	8	9	10	11	12	13
ಬೆಂಗಳೂರು:												
ಜಯನಗರ												
1.	ಪ್ರೀಮಿಯರ್ ಬಸ್ ನಿಲ್ದಾಣ	ಸರ್ಕಾರಿ	0-17	1100	43	309	102	147	303	8	-	
2.	ಸರ್ವೆ ನಂ 5 ಕಾಮಗಾರಿ	"	3-78	1100	153	951	462	489	188	24	741	
3.	ಸರ್ವೆ ನಂ 7 ಕಾಮಗಾರಿ	"	3-28	1100	119	654	335	319	489	87	98	
4.	ದಯಾನಂದ ಲಾಲ್ ಬಾಗ್	"	15-37	1100	1480	6533	3224	3309	2038	318	4177	
5.	ಕಾಸಗಿ	ಖಾಸಗಿ	0-35	1100	173	797	410	381	435	18	144	
6.	ಸರ್ವೆ ನಂ 21 ಬಹಿಷ್ಕಾರದ ಕಾಮಗಾರಿ	"	2-04	3000	118	627	311	318	621	6	-	
7.	ಸರ್ವೆ ನಂ 48 ಆಯೋಜನೆ	ಸರ್ಕಾರಿ	2-20	3000	697	3715	1854	1801	1265	84	2368	
8.	ಕಾಸಗಿ ಮೈತ್ರಿ ಕಾಮಗಾರಿ	ಖಾಸಗಿ	0-23	1100	108	510	241	289	381	109	20	
9.	ಸರ್ವೆ ನಂ 13 ಅರಣ್ಯವನ	"	0-29	1700	147	482	339	343	459	59	164	
10.	ಹೊಂಬೀದಿಗಳ	"	0-36	300	518	2500	1250	1250	1875	474	351	
11.	ಹಬ್ಬಾಪುರ	"	0-17	3000	92	490	254	236	33	4	453	
12.	ಹಬ್ಬಾಪುರ ಕಾಲೇಜ್ ಹಿಂಭಾಗ	"	1-20	3000	268	1206	616	590	831	84	311	
13.	ಗುಡಿಸಲು ಗುಡಿಸಲು	ಸರ್ಕಾರಿ	1-16	1100	263	1519	773	748	1234	247	38	
14.	ಸರ್ವೆ ನಂ 77 ಆಯೋಜನೆ	"	4-00	3000	475	2226	1100	1125	1000	225	1000	
15.	ದ್ವೈಪದ ಕಮಿಟಿ ಕಾಮಗಾರಿ	ಖಾಸಗಿ	0-32	300	107	538	277	261	486	-	52	
16.	ಮೋದಿ ಮೀಟಿಂಗ್ ಬಸ್ ನಿಲ್ದಾಣ	"	1-10	"	40	221	110	111	180	-	41	
17.	ಆಯೋಜನೆ ಕಾಮಗಾರಿ	"	0-25	"	16	90	47	43	40	38	12	
18.	ಬಿ.ಬಿ.ಆರ್. ಕೆ.ಎಂ.ಎಂ.	"	1-35	"	134	560	280	280	420	48	92	
19.	ಸರ್ವೆ ನಂ 71 ಬೆಂಗಳೂರು ಹಬ್ಬಾಪುರ	"	2-09	"	194	951	490	461	833	24	94	
20.	ಸರ್ವೆ ನಂ 71 ಬೆಂಗಳೂರು ಹಬ್ಬಾಪುರ	"	0-25	"	44	220	109	111	19	21	180	
21.	ಸರ್ವೆ ನಂ 71 ಬೆಂಗಳೂರು ಹಬ್ಬಾಪುರ	"	3-00	"	121	645	319	328	292	8	345	
22.	ಸರ್ವೆ ನಂ 71 ಬೆಂಗಳೂರು ಹಬ್ಬಾಪುರ	"	3-00	3000	437	3185	2000	1185	1000	1000	1185	
23.	ಕಾಮಗಾರಿ	"	1-10	1100	37	118	61	57	76	19	23	
24.	ಮೋದಿ ಮೀಟಿಂಗ್ ಬಸ್ ನಿಲ್ದಾಣ	"	0-10	300	36	171	88	86	91	-	83	
25.	ಸರ್ವೆ ನಂ 20 ಬೆಂಗಳೂರು ಹಬ್ಬಾಪುರ	ಖಾಸಗಿ	1-10	300	463	2970	1100	1170	1901	20	349	
26.	ಗುಡಿಸಲು ಕಾಮಗಾರಿ ಸಂಪನ್ಮೂಲ ಕಾಮಗಾರಿ	"	1-16	1100	283	1519	769	750	375	375	769	
27.	ಕಾಮಗಾರಿ ಕಾಮಗಾರಿ	"	0-21	"	50	250	150	100	-	-	250	
28.	ಮೋದಿ ಮೀಟಿಂಗ್ ಬಸ್ ನಿಲ್ದಾಣ	"	1-00	300	315	1577	798	774	1145	15	412	
29.	ಕಾಮಗಾರಿ ಕಾಮಗಾರಿ	"	1-00	"	17	68	37	31	16	-	52	
30.	ಆಂಜನೇಯ ಸರ್ವೆ ನಂ 71 ಬೆಂಗಳೂರು ಹಬ್ಬಾಪುರ	ಖಾಸಗಿ	2-10	"	151	880	418	442	810	13	37	
31.	ಕಾಮಗಾರಿ ಕಾಮಗಾರಿ	"	2-10	"	189	1036	503	583	395	170	471	
32.	ಆಂಜನೇಯ ಕಾಮಗಾರಿ ಕಾಮಗಾರಿ	"	1-40	"	306	1536	953	933	823	-	1083	
33.	ಕಾಮಗಾರಿ ಕಾಮಗಾರಿ	"	0-38	"	100	500	300	200	200	200	100	
34.	ಕಾಮಗಾರಿ ಕಾಮಗಾರಿ	"	1-10	"	100	500	350	250	200	200	200	
35.	ಕಾಮಗಾರಿ ಕಾಮಗಾರಿ	"	1-10	"	130	650	375	275	350	50	200	
36.	ಕಾಮಗಾರಿ ಕಾಮಗಾರಿ	"	5-00	"	376	3353	1748	1604	200	152	3000	
37.	ಕಾಮಗಾರಿ ಕಾಮಗಾರಿ	"	2-00	"	139	805	407	398	40	16	743	
38.	ಕಾಮಗಾರಿ ಕಾಮಗಾರಿ	"	4-21	"	145	1200	670	530	800	300	100	
39.	ಆಂಜನೇಯ ಕಾಮಗಾರಿ ಕಾಮಗಾರಿ	"	3-01	"	1190	6271	3439	2832	3838	1614	819	
40.	ಕಾಮಗಾರಿ ಕಾಮಗಾರಿ	"	3-00	"	301	1520	500	220	320	600	600	

(உத்யோகம்)

[illegible]

1	2	3	4	5	6	7	8	9	10	11	12	13
	41. ನಳಲುಬಂಡೆ	9:12 ಬೈದಸಂಪ್ತ	ಖಾಸಗಿ	3-10	3%	360	2040	1084	976	-	-	2040
	42. ಹನುಮಂತನಗಢ ಬಡಾವಣೆ	ಹತ್ತಿರ(ಸ್ಥಳಾಂತರಿಸುವ) BDA		3-25	-	350	3900	2050	1850	1000	1000	1900
	43. ಸೌತೆ ಏಂಡೆ ನಿಂದ ರುಮಾರಸಾಪು ಬಡಾವಣೆ(shifted)			4-30	-	450	3300	1765	1535	1000	1000	1300
	44. ಗುರುಮೂರ್ತಿ ವೃತ್ತ, ರುಮಾರಸಾಪು ಬಡಾವಣೆ			2-30	-	150	950	500	450	50	450	450
	45. ಯಡಿಯೂರು		ಖಾಸಗಿ	0-13	11%	35	189	100	89	-	-	189
	46. ರಾಳಪ್ಪ, ತೋಟ			0-18	-	14	101	60	41	-	-	101
				90-06		12501	64259	33474	30785	28056	9038	27165

14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
41. ಮಳೆ ನೀರಿನ ಬಳಂದಿ		0.72	--	--	--	--	--	--	--	--	--	--	--	--
42.	--	--	--	--	--	--	--	--	--	--	--	--	--	--
43.	--	--	--	--	--	--	--	--	--	--	--	--	--	--
44.	--	--	--	--	--	--	--	--	--	--	--	--	--	--
45.	--	--	--	--	--	--	--	--	--	--	--	--	--	--
46.	--	--	--	--	--	--	--	--	--	--	--	--	--	--
		40.94	357	99.27	5.00			6.75					5.00	

(ಲಕ್ಷ ರೂ.ಗಳಲ್ಲಿ)

ಕ್ರ. ಪದ್ಧತಿಯ ಮೂಲಭೂತ ಸಂ. ಸೌಲಭ್ಯಗಳು		ಐಖಾದ ಹಣ	ರಚಿಸಿದ ಮನಗಳ ಸಂಖ್ಯೆ	ಐಖಾದ ಹಣ	1998-99 ನೇ ಸಾಲಿನ ಅಯವ್ಯಯ ಯೋಜನೆಗಳು ಕಲಸದ ಹಿವರ ನಿಗದಿ ಪಡಿಸಿರುವ ಹಣ		ಯೋಜನೆಗಳಡಿ ನಿಗದಿಪಡಿಸಿರುವ ಹಣ ಎನ್.ಎಸ್.ಡಿ.ಸಿ ಕಲಸದ ಹಿವರ		ಎಸ್.ಸಿ.ಪಿ. (ಮನಗಳು) ಕಲಸದ - ಹಣ ಕಲಸದ - ಹಣ ಹಿವರ		ಮೇಲಿನಿಂದ ಕಲಸದ- ಹಣ ಕಲಸದ - ಹಣ ಹಿವರ		ಎ.ಡಿ.ಬಿ ಕಲಸದ - ಹಣ ಹಿವರ	
14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
ರಾಜ್ಯ ನಗರ														
1. ಚರಂಡಿ, ಕೆ.ಸಿ,		2.50	--	--	ರಸ್ತೆ, ಚರಂಡಿ, ಸ. ಬಿ. ಕೆ. ನೀರು	2.50	--	--	--	--	--	--	--	--
2. ಕೆ.ಸಿ.ನೀರು, ರಸ್ತೆ, ಚರಂಡಿ		8.50	204	104.00	ರಸ್ತೆ, ಬದಿವೀಪ	1.00	--	--	--	--	--	--	--	--
3.	--	--	--	--	--	--	--	--	--	--	--	--	--	--
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11.	--	--	--	--	--	--	--	--	--	--	--	--	--	--
12.	--	--	--	--	--	--	--	--	--	--	--	--	--	--
13.	--	--	--	--	--	--	--	--	--	--	--	--	--	--
14.	--	--	--	--	--	--	--	--	--	--	--	--	--	--
15. ಒಳಚರಂಡಿ, ಹಸುಗಲ್ಲು ರಸ್ತೆ, ಚರಂಡಿ		2.53	--	--	ಚ. ರಸ್ತೆ, ಚರಂಡಿ, ಕೆ.ಸಿ.ನೀರು	1.50	--	--	--	--	--	--	--	--
16. ಒ. ಚರಂಡಿ, ರಸ್ತೆ, ಚರಂಡಿ, ಕೆ.ಸಿ.ನೀರು		7.54	--	--	--	--	ಕೂ. ಬಾ. ಕೆ.ಸಿ. ಹೊ. ಸ್ವ. ಮೂಲಕರಣ	6.75	--	--	--	--	--	--
17.	--	--	--	--	--	--	--	--	--	--	--	--	--	--
18.	--	--	--	--	--	--	--	--	--	--	--	--	--	--
19.2 ಕೂಳವ ಬಾವಿ		0.97	--	--	--	--	--	--	--	--	--	--	--	--
		20.04	204	104.00		5.00		6.75						

ಕರ್ನಾಟಕ ಕೊಳೆಬೆ ನಿರ್ಮೂಲನ ಮಂಡಳಿ - ಕೊಳೆಬೆ ಪ್ರದೇಶಗಳ ಜ್ಞಾನವಾರು:ತಾಲುಕುವಾರು ವಿವರ

ಕ್ರ.ಸಂ.	ಜಿಲ್ಲೆಯ ಹೆಸರು	ಕೊಳೆತ ಪ್ರದೇಶದ ಹೆಸರು	ಮೂಲಕತೆ	ವಿಸ್ತೀರ್ಣ	ಘೋಷಣೆ	ಗುದಿಸಲು ಒಟ್ಟು	ಗಂಡಸು	ಹೆಂಗಸು	ಪ.ಜಾ.	ಪ.ಪಂ.	ಇತರ	
1	2	3	4	5	6	7	8	9	10	11	12	13
ಬೆಂಗಳೂರು		ರಾಜಾಜನಗರ										
		1. ಗಜಾನನ ಬಾಕೀಶ -1	ಬಾಕೀಶ	1-25	17 ಅಂ.	118	579	270	309	497	8	76
		2. ಆಗ್ರಹಾರ ಬಾಕೀಶ	ಸರ್ಕಾರಿ	2-20		387	2246	1302	944	1689	80	477
		3. ಇಂದಿರಾನಗರ	ಬಾಕೀಶ	1-05	3 ಅಂ	128	807	421	388	388	300	119
		4. ಆರೋಗ್ಯನಗರ	ಬಾಕೀಶ	-		115	1000	550	450	800	200	--
		5. ಜಿ. ಸಿ. ನಗರ, ಲಕ್ಷ್ಮಿನಾರಾಯಣಪುರ		0-20		22	210	116	95	95	85	30
		6. ಮರಿಯಪ್ಪನಪಾಳ್ಯ		1-00		194	1190	589	601	560	223	407
		7. ಕೀಲೋಸಂ, ಪೊಂದಿ, ಹಂಭಾಗ, ಎನಾಳಿ, ಎಪ್ ಬದಿ ಎ		1-00		120	525	287	238	160	156	209
		8. ಬಾಮುಂದಿನಗರ 5 ಬ್ಲಾಕ್		5-30		347	1890	1019	871	1200	120	570
		9. ಮರಿಯಪ್ಪನಪಾಳ್ಯ, 3 ನೇ ಬ್ಲಾಕ್ ರಾಜಾಜನಗರ		5-35		454	2835	1421	1414	1390	160	1285
		10. ಹರಿಹರ ಸೇವಾಸಂಘ 5 ನೇ ಬ್ಲಾಕ್		1-00		64	421	220	201	342	60	19
		11. ಪಶ್ಚಿಮಕಾಡೇರಸ್ತ, ಸ.ನಂ. 10, ಶಿವನಹಳ್ಳಿ		0-20		29	185	98	89	50	40	95
		12. ಗೌತಮನಗರ, ಜರಕಬಂದಿಪಾಲೆ, ಸ.ನಂ. 1, 8		3-00		385	2415	1303	1112	1900	180	355
		13. ಶೃಂಗಾನಂದನಗರ	ಬದಿ ಎ	4-00		202	1250	655	595	360	60	890
		14. ದಿವ್ಯಾನಂದನಗರ		20-00		1184	7350	3748	3602	1480	260	5810
		15. ಗೋರಗುಂಟೆಪಾಳ್ಯ, ನಂದಿನಿ ಬಡಾವಣೆ		2-29		135	810	435	375	275	180	55
		16. ಬೋಡಿ ಪಾಳ್ಯ		1-20		161	978	518	460	323	580	75
		17. ಬಾಪ್ಪಂ ಸರ್ಕಾರಿ ರಾಜಾಜನಗರ 5 ನೇ ಬ್ಲಾಕ್		0-12		42	262	137	125	220	-	42
		18. ಇಂದಿರಾನಗರ, W.O. ರಸ್ತೆ 3 ನೇ ಹಂತ		7-25		927	5775	2975	2800	2080	2020	1675
		19. ಗಜಾನನ ಬಾಕೀಶ -2										
				57-01		5094	31208	16319	14889	14114	5105	11989

ಕರ್ನಾಟಕ ಕಾಲೇಜು ನಿರ್ಮಾಣ ಮಂಡಳಿ - ಕಾಲೇಜು ಪ್ರದೇಶಗಳ ಜಘಾತಾಲೂಕುವಾರು ವಿವರ

ಕ್ರ.ಸಂ.	ಜಿಲ್ಲೆಯ ಹೆಸರು	ಕಾಲೇಜು ಪ್ರದೇಶದ ಹೆಸರು	ಮಾಲೀಕತ್ವ	ವಿಸ್ತೀರ್ಣ ಎ-ಗು	ಘೋಷಣೆ ಸಂಖ್ಯೆ	ಗುಡಿಸಲು ಸಂಖ್ಯೆ	ಒಟ್ಟು ಜನಸಂಖ್ಯೆ	ಗಂಡಸು	ಹೆಂಗಸು	ಪ.ಜಾ.	ಪ.ವಂ.	ಇತರ
1	2	3	4	5	6	7	8	9	10	11	12	13
ಬೆಂಗಳೂರು:	ಹುಬ್ಬರಹಳ್ಳಿ											
		1. ಎ.ಕೆ. ಕಾಲೋನಿ, ಕಾಮಾಕ್ಷಿಪಾಳೆ	ಸರ್ಕಾರಿ	3-08	3 ಆಂ.	55	395	205	190	317	78	-
		2. ಸರ್ವೆ ನಂ. 48, ಕಮಲನಗರ	.	26-03	.	1014	5043	2935	2708	3001	1448	1194
		3. ಸರ್ವೆ ನಂ. 48, ಬಂಧಾನಗರ	.	9-02	.	488	3005	1505	1440	1475	254	1276
		4. ರುದ್ರೇಶ್ವರ ಚಿಕ್ಕನೇರ ಎದುರು	.	2-19	.	197	1200	824	578	192	59	949
		5. ಗಂಗೋದನಹಳ್ಳಿ	.	15-30	.	824	3948	2064	1884	806	355	2978
		6. ಸರೇಬಂಡೆ, ಪ್ರಗತಿಪುರ	.	19-25	.	1159	6423	3342	3081	2013	849	3561
		7. ಎಂ. ಜಿ. ನಗರ	ಖಾಸಗಿ	2-00	.	380	1789	921	848	989	202	598
		8. ರಾಜೇಶ್ವರಿನಗರ	ಸರ್ಕಾರಿ	0-27	11-ಪ್ರ	228	1567	818	749	953	414	200
		9. ರಾಜಗೋಪಾಲನಗರ	.	7-06	3-ಪ್ರ	294	3000	1572	1428	1050	600	1350
		10. ಹೆಗ್ಗನಹಳ್ಳಿ, ಬೆಂಗಳೂರು 2 ನೇ ಹಂತ	.	0-30	ಗು	211	1082	568	514	365	21	698
		11. ರವೀಂದ್ರನಗರ	ಖಾಸಗಿ	15-00	3 ಆಂ	800	5000	2851	2349	1600	700	2700
		12. ರಾಮಕವಿ ಕಾಲೋನಿ	.	1-00	ಗು	89	534	281	253	345	89	100
		13. ಅಶ್ವಪುರ	ಸರ್ಕಾರಿ	1-10	3 ಪಿ	200	1092	537	485	352	155	495
		14. ಸರ್ವೆ ನಂ. 30, 31, ಸಾವೇಗುರುವನಹಳ್ಳಿ	.	9-02	3 ಆಂ.	698	4588	2398	2190	2305	1108	1175
		15. ಸರ್ವೆ ಸಂ. 38, 39, 40 ಕರೀಸಂದ್ರ	.	3-24	11 ಆಂ.	895	4874	2435	2239	2989	865	940
		16. ಅಂಬೇಡ್ಕರನಗರ	.	2-15	ಗು	515	3192	1695	1497	1500	890	802
		17. ಜಲಗೀರಮ್ಮ ದೇವಸ್ಥಾನ	ಖಾಸಗಿ	3-00	.	138	816	439	377	471	179	188
		18. ಕರೀಸಂದ್ರ, ಬಿ.ಎಸ್.ಕೆ II, ಸರ್ವೆ ನಂ. 7	ಬಿ.ಸಿ	6-20	.	760	4580	2405	2155	2250	730	1580
		19. ಸರ್ವೆ ನಂ. 24, ಬನಶಂಕರಿ 2 ನೇ ಹಂತ	.	1-00	.	105	830	325	305	295	115	220
		20. ಸರ್ವೆ ನಂ. 23, 8 ನೇ ಮುಖ್ಯ ರಸ್ತೆ, ಬಿ.ಎಸ್.ಕೆ. II	.	-	.	155	925	494	431	350	200	375
		21. ಸೋಮೇಶ್ವರ	.	3-02	.	150	885	482	403	655	-	210
		22. ಅಂಬೇಡ್ಕರನಗರ, 100 ಅಡಿ ರಸ್ತೆ	.	1-35	.	205	1538	803	785	1105	180	273
		23. ಸ್ವತಂತ್ರ ಪಾಳೆ	.	6-15	.	1850	10825	5569	5058	5035	2500	3090
		24. ಕೋರಮಂಗಲ 7 ಮತ್ತು 8 ಬ್ಲಾಕ್	ಬಿ.ಸಿ ಎ	1-30	.	289	1734	918	818	865	440	429
		25. ಕೋರಮಂಗಲ (ನೇಲ್ಕೆರೆ ಬೊಡಬಯಲು)	.	-	.	273	1730	914	790	800	500	600
		26. ಬಂಧು ಬಡಾವಣೆ, ಅಂಬೇಡ್ಕರನಗರ	.	16-00	.	1580	10200	5382	4818	4580	8000	2620
		27. ಸಂಜಯಗಾಂಧಿನಗರ, W.O. ರಸ್ತೆ 3 ನೇ ಹಂತ	.	3-20	.	240	1585	835	730	850	500	415
		28. ಜಯಬಾಮಾಚಂದ್ರನಗರ, W.O. ರಸ್ತೆ 3 ಹಂತ	.	4-10	.	438	2828	1389	1239	1000	950	878
		29. ಬೋಡಿ ಕಾಲೋನಿ, W.O. ರಸ್ತೆ 3 ಹಂತ, 2 ಬ್ಲಾಕ್	.	2-18	.	129	774	428	348	350	275	149
		30. ಬೋಡಿ ಕಾಲೋನಿ, 314, 2 ಬ್ಲಾಕ್, 3 ನೇ ಹಂತ	.	3-00	.	359	1955	1002	958	900	805	250
		31. ಬಾಳಾಜಿನಗರ, ಮಾರುತಿನಗರ	.	8-16	.	800	3580	1879	1681	1065	1000	1495
		32. ರಾಜೇಂದ್ರನಗರ	.	0-20	.	20	122	68	54	52	35	35
		33. ಸರ್ವೆ ನಂ. 32, ಯಡಿಯೂರು, ನಾಗಸಂದ್ರ	.	1-15	.	189	1092	589	503	200	200	892
		34. ಸರ್ವೆ ನಂ. 7, ಕರೀಸಂದ್ರ	.	4-10	.	718	4361	2288	2073	2000	1000	1495
		35. ಸರ್ವೆ ಸಂ. 23, ಕರೀಸಂದ್ರ	.	2-25	.	252	1817	868	749	380	500	737

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36.	ಸರ್ವೇಸಂ, 24	ಕರೀಕಂಡ	.	2-00	.	191	1148	612	536	300	300	548
37.	ಸರ್ವೇಸಂ, 29	ಯಡಿಯೂರು, ನಾಗಕಂಡ	.	0-30	.	62	371	201	170	140	100	131
38.	ಬವಾನಿನಗರ, ಬಿ. ಎಸ್. ಕೆ ಹಂ	.	.	6-26	.	769	4671	2399	2172	760	500	3321
39.	ಯಾರಚನಗರ	.	.	5-00	.	688	4095	2180	1915	1000	925	2170
40.	ಜವಹರನಗರ	.	.	4-06	.	506	3038	1694	1444	700	500	1838
41.	ಮುರಿಯಮ್ಮ ನಗರ	.	.	2-00	.	148	898	476	422	400	302	196
42.	ರಾಗುಡು	.	.	8-07	.	1087	5950	3125	2826	2839	1857	1264
43.	ಸೋಮೇಶ್ವರ	.	.	3-02	.	232	1575	835	740	1000	300	275
44.	ಕಸ್ತೂರಬಾ ನಗರ	.	.	6-12	.	680	3482	1810	1672	2058	406	1018
45.	ನಾರಾಯಣರಾಜುಗಾರ್ಡೆನ	.	.	0-18	.	42	352	189	183	200	52	100
46.	ದಲಿತ ಕಲ್ಯಾಣ ಕಂಡ	.	.	3-00	.	305	1815	905	860	842	408	605
47.	ಮಂಜುನಾಥರಾಜೋನಿ, ಬಿ. ಎಸ್. ಕೆ, 2 ಹಂ	.	.	6-20	.	824	5408	2814	2594	2896	1327	1186
48.	ವಿಜಯರಾಜೋನಿ, ಬಿ. ಎಸ್. ಕೆ, 2 ಹಂ	.	.	3-10	.	325	1985	1035	930	555	500	910
49.	ಬಿ. ಎಂ. ಎಸ್. ಕಾಲೇಜು ಹತ್ತಿರ	.	.	1-06	.	122	728	398	330	349	105	274
50.	ಆರ್. ಕೆ. ಮಠ ಉತ್ತರಹಳ್ಳಿ	.	.	1-07	.	116	699	329	370	350	180	187
51.	ಆರ್. ಕೆ. ರಸ್ತೆ ಉತ್ತರಹಳ್ಳಿ	.	.	0-20	.	39	218	120	98	108	48	82
52.	ಕುಮಾರಸ್ವಾಮಿ 2 ಹಂ	.	.	2-10	.	218	1302	698	604	600	302	400
53.	ಜಿ. ಸಿ. ನಗರ	.	.	0-16	.	24	139	79	60	59	28	52
54.	ಸರ್ವೇಸಂ, 21, ಕರೀಕಂಡ, ಸಾರಕಿ	.	.	0-38	.	69	417	229	188	157	85	175
55.	ಸರ್ವೇ ಸಂ, 21, ಕರೀಕಂಡ (ಸ್ಥಳಾಂತರಿಸಿದ)	.	.	0-14	.	21	126	69	57	42	28	56
56.	ಕುಮಾರಸ್ವಾಮಿ ಕಂಡ ಕುಮಾರಸ್ವಾಮಿ (Shifted)	.	.	0-10	.	12	72	42	30	29	19	24
57.	ಶಾಖಾಧಾರನಗರ, ಬಿ. ಎಸ್. ಕೆ 2 ಹಂ	.	.	4-18	.	179	1074	678	496	456	218	400
58.	ಎಲಮ್ಮ ದೇಣಿ	.	.	1-92	.	79	474	262	212	217	95	162
59.	ಆರುಂದತಿ ನಗರ	ಬಿಸಿ	.	0-25	.	38	229	129	100	107	48	74
60.	ಲಕ್ಷ್ಮೀರಾವನಗರ, ಕೋರಮಂಗಲ	.	.	2-10	.	3065	14958	7826	7133	6795	3000	5163
61.	ಸಿಹಾಪುರನಗರ	ಸರ್ಕಾರಿ	.	1-07	3ನೇ	104	558	290	263	504	54	--
62.	ಬಂಬೇಡೂರನಗರ, ಸಂತರ ಪಾಳೆ	ಸರ್ಕಾರಿ	.	--	3ನೇ	815	3790	1971	1819	3118	84	588
63.	ದಾಳಂಬೇಡೂರ ಸೇವಾ ಸಂಘ	ಸರ್ಕಾರಿ	.	--	3ನೇ	101	415	216	199	208	55	152
64.	ಸಾರಕಿ, ಗ್ರಾಮದ ದಕ್ಷಿಣದ ಕೊ. ಪ್ರ	ಸರ್ಕಾರಿ	.	0-10	3ನೇ	20	104	54	50	88	16	--
				245-32		28864	158298	83220	75078	69681	33066	56551

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		84.88				13.00		6.75						

1	2	3	4	5	6	7	8	9	10	11	12	13
	36.ಸವೇಸಂ, 24 ರರಿಸಂಧ್ಯ	.		2-00	.	191	1148	612	536	300	300	548
	37.ಸವೇಸಂ, 29 ಯದಿಯಾರು, ಸಾಗರಂಧ್ಯ	.		0-30	.	62	371	201	170	140	100	131
	38.ಬವಾನಿನಗರ, ಬಿ.ಎಸ್.ಕೆ ಹಂ	.		6-26	.	769	4671	2399	2172	760	600	3321
	39.ಯಾರಚನಗರ	.		6-00	.	688	4096	2180	1915	1000	925	2170
	40.ಜವಹರನಗರ	.		4-05	.	506	3038	1594	1444	700	600	1836
	41.ಮುರಿಯಮ್ಮ ನಗರ	.		2-00	.	148	898	476	422	400	302	196
	42.ರಾಗುಡೂ	.		8-07	.	1087	6960	3126	2826	2839	1857	1254
	43.ಸೂಮೇಶ್ವರ	.		3-02	.	232	1676	895	740	1000	300	276
	44.ಕನ್ನೂರಬಾ ನಗರ	.		0-12	.	680	3482	1810	1672	2058	408	1018
	46.ನಾರಾಯಣರಾಯಗಾರ್ಡನ್	.		0-18	.	42	362	189	103	200	62	100
	46.ದಲಿತ ಕಲ್ಯಾಣ ಕೇಂದ್ರ	.		3-00	.	306	1816	966	860	842	408	666
	47.ಮಂಜುನಾಥಕಾಲೋನಿ, ಬಿ.ಎಸ್.ಕೆ. 2 ಹಂತ	.		0-20	.	824	6408	2814	2594	2890	1327	1186
	48.ಶಿವಯ್ಯಕಾಲೋನಿ, ಬಿ.ಎಸ್.ಕೆ. 2 ಹಂತ	.		3-10	.	326	1966	1036	930	666	600	910
	49.ಬಿ.ಎಂ.ಎಸ್.ಕಾಲೇಜು ಹತ್ತಿರ	.		1-06	.	122	728	398	330	349	105	274
	50.ಆರ್.ಕೆ.ಮಠ ಹತ್ತಿರ	.		1-07	.	110	699	329	370	350	180	187
	51.ಕೆ.ಆರ್.ರಸ್ತೆ ಹತ್ತಿರ	.		0-20	.	39	218	120	98	108	48	82
	52.ಕುಮಾರಸ್ವಾಮಿ 2 ಹಂತ	.		2-10	.	218	1302	698	604	600	302	400
	58.ಜಿ.ಎ. ನಗರ	.		0-16	.	24	130	79	60	59	28	52
	54.ಸವೇಸಂ, 21, ರರಿಸಂಧ್ಯ, ಸಾರಕ್ಕಿ	.		0-38	.	69	417	229	188	157	86	176
	56.ಸವೇ ಸಂ, 21, ರರಿಸಂಧ್ಯ (ಸ್ಟಾಂಡರ್ಡ್)	.		0-14	.	21	120	69	57	42	26	68
	56.ಕುಮಾರಸ್ವಾಮಿನಿಂದ ಕುಮಾರಸ್ವಾಮಿ (Shifted)	.		0-10	.	12	72	42	30	29	19	24
	57.ಶಾಂತಿನಗರ, ಬಿ.ಎಸ್.ಕೆ 2 ಹಂತ	.		4-13	.	179	1071	678	496	466	218	400
	58.ಎಲಮ್ಮ ದೇಣಿ	.		1-92	.	79	474	262	212	217	95	162
	59.ಆರುಂದತಿ ನಗರ	ಬಿ.ಎ.ಸಿ		0-26	.	38	229	129	100	107	48	74
	60.ಲಕ್ಷ್ಮೀನಾರಾಯಣನಗರ, ಕೋರಮಂಗಲ	.		2-10	.	3066	14968	7826	7133	6796	8000	5183
	61.ಸಿದ್ಧಾರ್ಥನಗರ	ಸರ್ಕಾರಿ		1-07	2-ನೇ	104	668	290	268	604	64	--
	62.ಅಂಬೇಡ್ಕರನಗರ , ಪಂಚರ ಪಾಳೆ	ಸರ್ಕಾರಿ		--	3-ನೇ	816	3790	1971	1819	3118	84	686
	63.ದಾಸರಾಜೇಂದ್ರ ಸೇವಾ ಸಂಸ್ಥೆ	ಸರ್ಕಾರಿ		--	3 ನೇ	101	416	216	199	208	66	162
	64.ಸಾರಕ್ಕಿ, ಗ್ರಾಮದ ದತ್ತಿರಾದ ಕೋ, ವೃ	ಸರ್ಕಾರಿ		0-10	3 ನೇ	20	104	64	60	88	16	--
					246-32	20804	158298	83220	76078	69081	33000	66661

ಕರ್ನಾಟಕ ರೂರಲ್ ನಿರ್ಮೂಲನ ಮಂಡಳಿ - ರೂರಲ್ ಪ್ರದೇಶಗಳ ಜಿಲ್ಲಾವಾರು ತಾಲೂಕುವಾರು ವಿಸರ

ಕ್ರ.ಸಂ.	ಜಿಲ್ಲೆಯ ಹೆಸರು	ರೂರಲ್ ಪ್ರದೇಶದ ಹೆಸರು	ಮಾಲೀಕತ್ವ	ವಿಸ್ತೀರ್ಣ	ಮೊತ್ತ	ಗುದ್ದಿಸಲು ಒಟ್ಟು	ಗಂಧಸು	ಹೆಂಗಸು	ಪ.ಜಾ.	ಪ.ಸಂ.	ಇತರ	
1	2	3	4	5	6	7	8	9	10	11	12	13
ಬೆಂಗಳೂರು		ರಾಜಾಜನಗರ										
		1. ಗಜಾನನ ಟಾಕೀಸ್ -1	ಖಾಸಗಿ	1-25	17೮೦.	118	579	270	309	457	8	75
		2. ಆಗ್ರಹಾರ ದಾಸರಹಳ್ಳಿ	ಸರ್ಕಾರಿ	2-20	.	387	2248	1302	944	1689	80	477
		3. ಇಂದಿರಾನಗರ	ಖಾಸಗಿ	1-06	3 ೮೦	128	807	421	388	388	300	119
		4. ಅರೋರನಗರ	ಬಿ.ಸಿ.	-	.	115	1000	550	450	809	200	--
		5. ಜಿ. ಸಿ. ನಗರ, ಲಕ್ಷ್ಮಿನಾರಾಯಣಪುರ	.	0-20	.	22	210	116	95	95	85	30
		6. ಮರಿಯಪ್ಪನಪಾಳ್ಯ	.	1-30	.	194	1190	589	601	589	223	407
		7. ಕೀಲಾಸುರ ಪೌರಾ, ಹಂಪ್ಪಿ, ಎಸ್.ಜಿ. ಎಪ್ ಬಿಡಿ ಎ	.	1-00	.	120	525	287	238	169	168	209
		8. ಬಾಮುಂದಿನಗರ 5 ಬ್ಲಾಕ್	.	5-30	.	347	1890	1019	871	1208	120	570
		9. ಮರಿಯಪ್ಪನಪಾಳ್ಯ, 3 ಸ್ಕೂಲ್ ರಾಜಾಜನಗರ	.	5-35	.	454	2835	1421	1414	1399	180	1286
		10. ಹರಿಜನ ಸೇವಾಸಂಘ 5 ಸ್ಕೂಲ್	.	1-00	.	64	421	220	201	342	89	19
		11. ಪಶ್ಚಿಮಕಾಡೇರಸ್ತ, ಸ.ನಂ. 16, ಶಿವನಹಳ್ಳಿ	.	0-20	.	29	185	98	89	50	40	95
		12. ಗೌತಮನಗರ, ಜರಕಬಂದಕಾವಳಿ, ಸ.ನಂ. 118	.	3-00	.	385	2415	1303	1112	1900	160	355
		13. ಶೃಂಗಾಸಂದನಗರ	ಬಿಡಿ ಎ	4-00	.	202	1250	655	595	380	80	390
		14. ವಿಜಯಸಂದನಗರ	.	20-00	.	1184	7350	3748	3802	1459	250	5810
		15. ಗೋರಗುಂಟಪಾಳ್ಯ, ನಂದಿನಿ ಬಾವವಡಿ	.	2-29	.	136	810	435	375	275	480	55
		16. ಬೋಡಿ ಪಾಳ್ಯ	.	1-20	.	181	978	518	450	323	520	75
		17. ಬಾಪ್ಪಂ ಸರ್ಕಲ್, ರಾಜಾಜನಗರ 5 ಸ್ಕೂಲ್	.	0-12	.	42	262	137	125	220	-	42
		18. ಇಂದಿರಾನಗರ, W.O. ರಸ್ತೆ 3 ಸ್ಕೂಲ್	.	7-25	.	927	5775	2975	2800	2080	2020	1875
		19. ಗಜಾನನ ಟಾಕೀಸ್ -2	.									
				57-01		5094	31208	15319	14889	14114	5105	11389

ಕರ್ನಾಟಕ ಕ್ರೀಡಾಂಗಣ ನಿರ್ಮಾಣದ ಮಂಡಳಿ - ಕ್ರೀಡಾಂಗಣ ಪ್ರವೇಶಗಳು ಹೆಚ್ಚುವರಿಯಾಗಿ ಕರ್ನಾಟಕ

ಕ್ರ.ಸಂ.	ಹೆಚ್ಚುವರಿಯಾಗಿ	ಕ್ರೀಡಾಂಗಣ ಪ್ರವೇಶದ ಹೆಸರು	ಮೂಲದತ್ತ	ಹೆಚ್ಚುವರಿಯಾಗಿ	ಕ್ರೀಡಾಂಗಣ ಪ್ರವೇಶದ ಹೆಸರು	ಮೂಲದತ್ತ	ಹೆಚ್ಚುವರಿಯಾಗಿ	ಕ್ರೀಡಾಂಗಣ ಪ್ರವೇಶದ ಹೆಸರು	ಮೂಲದತ್ತ	ಹೆಚ್ಚುವರಿಯಾಗಿ	ಕ್ರೀಡಾಂಗಣ ಪ್ರವೇಶದ ಹೆಸರು	ಮೂಲದತ್ತ	ಹೆಚ್ಚುವರಿಯಾಗಿ
1	2	3	4	5	6	7	8	9	10	11	12	13	
ಬೆಂಗಳೂರು	ಹೆಚ್ಚುವರಿಯಾಗಿ												
		1. ಎ. ರ. ಕಾಲೋನಿ, ಕಾಮಾಕ್ಷಿಪಾಳೆ	ಸರ್ಕಾರಿ	3-08	3ನೇ	55	395	205	190	317	78	-	
		2. ಸರ್ವೆ ನಂ. 46, ಕಮಲನಗರ	.	20-03	.	1014	6043	2935	2708	3001	1448	1194	
		3. ಸರ್ವೆ ನಂ. 40, ಬಂದ್ವಾಸನಗರ	.	9-02	.	408	3005	1605	1440	1475	264	1270	
		4. ರುಬೇಕು, ಬಾಕಿಂಗ್ ಎದುರು	.	2-19	.	197	1200	824	578	102	59	949	
		5. ರಂಗ ಬಂಡವಾಳ	.	15-20	.	824	3948	2064	1884	605	365	2978	
		6. ಸರೇಬಂದಿ, ಪ್ರಗತಿಪುರ	.	19-25	.	1159	8423	3342	3081	2013	849	3661	
		7. ಎಂ. ಜಿ. ನಗರ	ಸರ್ಕಾರಿ	2-00	.	300	1789	921	848	909	202	598	
		8. ರಾಜೇಶ್ವರಿನಗರ	ಸರ್ಕಾರಿ	0-27	11ನೇ	228	1507	818	749	953	414	200	
		9. ರಾಜೇಶ್ವರಿನಗರ	.	7-00	3ನೇ	294	3000	1572	1428	1050	600	1350	
		10. ಹೆಗ್ಗನಹಳ್ಳಿ, ಬಾಗ್ 2 ನೇ ಹಂತ	.	0-20	1ನೇ	211	1082	568	514	365	21	898	
		11. ರೇಬೆಂದಿನಗರ	ಸರ್ಕಾರಿ	15-00	3 ನೇ	800	5000	2861	2349	1500	700	2700	
		12. ರಾಮನಗರ ಕಾಲೋನಿ	.	1-00	1ನೇ	89	584	281	253	345	89	100	
		13. ಅಶ್ವನಗರ	ಸರ್ಕಾರಿ	1-10	3 ನೇ	200	1002	587	465	352	155	495	
		14. ಸರ್ವೆ ನಂ. 30, 31, ಸುನೇಗುರುಪುರ	.	9-02	3ನೇ	898	4588	2398	2190	2305	1108	1175	
		15. ಸರ್ವೆ ನಂ. 28, 29, 40 ಕರೀಕುಂದ	.	3-24	11ನೇ	896	4874	2435	2239	2989	885	940	
		16. ಅಂಬೇಡ್ಕರ್ನಗರ	.	2-15	1ನೇ	515	3192	1695	1497	1500	890	802	
		17. ಜಲೇರಮ್ಮ ದೇವಸ್ಥಾನ	ಸರ್ಕಾರಿ	3-00	.	130	816	439	377	471	179	100	
		18. ಕರೀಕುಂದ, ಬಿ. ಎಸ್. ರ್ 11, ಸರ್ವೆನಂ. 7	ಬಿ. ಎಸ್.	0-20	.	780	4580	2405	2155	2250	780	1580	
		19. ಸರ್ವೆ ನಂ. 24, ಬಸರಂಕರಿ 2 ನೇ ಹಂತ	.	1-00	.	105	830	325	305	295	115	220	
		20. ಸರ್ವೆನಂ. 23, 8ನೇ ಮುಖ್ಯ ರಸ್ತೆ, ಬಿ. ಎಸ್. ರ್. II	.	.	.	155	925	494	431	350	200	375	
		21. ಸೋಮೇಶ್ವರ	.	3-02	.	150	885	462	403	655	-	210	
		22. ಅಂಬೇಡ್ಕರ್ನಗರ, 100 ಅಡಿ ರಸ್ತೆ	.	1-35	.	208	1538	808	735	1105	100	273	
		23. ಸುತಂತ್ರ ಪಾಳೆ	.	8-15	.	1850	10825	5569	5058	5035	2500	3090	
		24. ಕೋರಮಂಗಲ 7 ಮತ್ತು 8 ಬ್ಲಾಕ್	ಬಿ. ಎ.	1-50	.	289	1734	918	810	865	440	429	
		25. ಕೋರಮಂಗಲ 1ನೇ ಬ್ಲಾಕ್ ದೊಡಂಬಯಲು	.	.	.	273	1738	942	790	600	538	800	
		26. ಬಂದ್ವಾಸ, ಬಹುಮಂದಿನಗರ	.	10-00	.	1500	10200	5882	4818	4580	3000	2820	
		27. ಸಂಖ್ಯಾಂಗಣನಗರ, W. O. ರಸ್ತೆ 3ನೇ ಹಂತ	.	3-20	.	240	1565	835	730	650	500	415	
		28. ಅಯ್ಯಾಪುರಾಣೇಂದ್ರನಗರ, W. O. ರಸ್ತೆ 3 ಹಂತ	.	4-10	.	438	2828	1389	1239	1000	950	878	
		29. ಬೋಕಿ ಕಾಲೋನಿ, W. O. ರಸ್ತೆ, 3 ಹಂತ, 2ನೇ ಬ್ಲಾಕ್	.	2-18	.	129	774	428	348	350	275	149	
		30. ಬೋಕಿ ಕಾಲೋನಿ, 314, 2 ಬ್ಲಾಕ್, 3 ನೇ ಹಂತ	.	3-00	.	359	1955	1002	953	900	805	250	
		31. ಬಾಳಾಪುರ, ಮಾರುತಿನಗರ	.	8-15	.	800	3500	1879	1681	1055	1000	1495	
		32. ರಾಜೇಂದ್ರನಗರ	.	0-20	.	20	122	68	54	52	35	35	
		33. ಸರ್ವೆನಂ. 32, ಯಡಿಯೂರು, ನಾಗೇಂದ್ರ	.	1-15	.	189	1092	589	503	200	200	692	
		34. ಸರ್ವೆನಂ. 7, ಕರೀಕುಂದ	.	4-10	.	715	4381	2288	2073	2000	1000	1495	
		35. ಸರ್ವೆ ನಂ. 23, ಕರೀಕುಂದ	.	2-25	.	252	1817	888	749	380	500	737	

41. ಮೂಲ ಸಂಪನ್ಮೂಲ

0.22

14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
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40.94	35.7	09.27	5.00	6.75	5.00	--	--	--	--	--	--	--	--	--
42.	43.	44.	45.	46.	47.	48.	49.	50.	51.	52.	53.	54.	55.	56.

1	2	3	4	5	6	7	8	9	10	11	12	13
	41. ನಗಲುಬಂಡೆ	900 ಬೈದ್ರಾಪುರ	ಖಾಸಗಿ	3-00	350	380	2040	1064	976	-	-	2040
	42. ಹಸುಮಂತನಗರ ಬಡಾವಣೆ	ಹತ್ತಿರದ ಸ್ಥಳೀಕರಣ (RD)		3-25	-	350	3200	2050	1850	1000	1000	1900
	43. ಸೌತೆ ಬಂಡೆ ನಿಂದ ರುಮಾರಸಾ.ಮಿ ಬಡಾವಣೆ (shifted)			4-30	-	450	3300	1785	1535	1000	1000	1300
	44. ಗುರುಮೂರ್ತಿ ಪುತ್ರ ರುಮಾರಸಾ.ಮಿ ಬಡಾವಣೆ			2-30	-	150	950	500	450	50	450	450
	45. ಯಡಿಯೋರು	ಖಾಸಗಿ		0-13	1100	35	189	100	89	-	-	189
	46. ರಾಜಪು, ತೋಟ			0-18	-	14	101	60	41	-	-	101
				90-06		12501	64259	33474	30785	28050	9038	27165

ಕರ್ನಾಟಕ ರಾಜ್ಯದ ಸರ್ಕಾರಿ ಸಂಸ್ಥೆಗಳು - ಕರ್ನಾಟಕ ಸರ್ಕಾರದ (1) ಸರ್ಕಾರಿ ಸಂಸ್ಥೆಗಳ ಸಂಖ್ಯೆ

ಕ್ರ. ಸಂ.	ಸರ್ಕಾರಿ ಸಂಸ್ಥೆ	ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ಸಂಸ್ಥೆ	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ
1	2	3	4	5	6	7	8	9	10	11	12	13
ಬೆಂಗಳೂರು	ಸರ್ಕಾರಿ ಸಂಸ್ಥೆ											
1	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 1	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 1	1-17	11900	43	309	102	147	303	0	-	
2	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 5	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 5	3-18	11900	163	951	403	480	188	24	741	
3	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 7	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 7	3-18	11900	119	654	335	319	489	07	98	
4	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 15	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 15	15-37	11900	1480	6533	3324	3309	2038	318	4177	
5	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 81	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 81	8-33	11900	173	707	410	381	035	18	144	
6	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 81	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 81	3-04	3000	110	627	311	310	021	6	-	
7	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 81	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 81	2-20	3000	097	3715	1854	1801	1205	84	2306	
8	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 13	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 13	0-23	11900	108	610	241	205	381	109	20	
9	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 13	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 13	0-20	17900	147	082	330	343	459	59	104	
10	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 13	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 13	0-36	3000	618	2500	1250	1250	1875	474	361	
11	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 13	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 13	0-17	3000	99	490	264	230	33	4	453	
12	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 13	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 13	1-20	3000	208	1206	610	590	831	04	311	
13	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 13	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 13	1-16	11900	203	1519	773	740	1234	247	38	
14	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	4-00	3000	475	2226	1100	1125	1000	226	1000	
15	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	0-32	3000	107	538	277	261	480	-	52	
16	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	1-10	3000	40	221	110	111	180	-	41	
17	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	0-26	3000	10	90	17	43	40	39	12	
18	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	1-35	3000	134	500	280	290	420	48	92	
19	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	2-09	3000	194	951	490	461	833	24	94	
20	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	0-25	3000	44	290	109	111	19	21	180	
21	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	3-00	3000	131	045	319	320	292	8	345	
22	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	3-00	3000	037	3185	2900	1185	1000	1000	1185	
23	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	1-10	11900	27	118	81	57	70	19	23	
24	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	0-10	3000	30	124	88	86	91	-	83	
25	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	1-10	3000	403	2370	1100	1170	1901	20	349	
26	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	1-10	11900	203	1519	709	760	375	375	709	
27	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	0-21	3000	50	250	150	100	-	-	250	
28	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	1-00	3000	315	1579	298	274	1145	15	412	
29	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	1-00	3000	17	68	37	31	10	-	52	
30	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	0-10	3000	131	800	418	442	810	13	37	
31	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	2-10	3000	180	1030	503	533	395	170	471	
32	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	1-10	3000	206	1888	953	933	823	-	1063	
33	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	0-39	3000	100	500	300	200	200	200	100	
34	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	1-00	3000	130	500	350	250	200	200	200	
35	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	1-10	3000	130	630	325	275	350	50	200	
36	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	5-00	3000	470	2353	1218	1604	200	152	3000	
37	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	0-00	3000	130	905	107	398	40	10	743	
38	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	4-21	3000	145	1200	670	530	800	300	100	
39	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	3-01	3000	199	6271	3439	2832	3888	1614	819	
40	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ 77	3-00	3000	301	1520	800	290	320	800	600	

Link + details of Slums in Bagasoloe urban

Dev 5.1

ಹಾಗೂ ಮೂಲ ವಿಮೂಲನ ಮೂಲ - ಬೆಂಗಳೂರು ಜಿಲ್ಲಾ ಪ್ರಾಧಿಕಾರದ ಅಧೀನದಲ್ಲಿರುವ ಕೂ. ಪ್ರಾ. ರಾ.ಗಳಿರು

ಕ್ರ.ಸಂ.	ಜಿಲ್ಲೆಯ ಹೆಸರು	ಕೂಳೆ ಪ್ರದೇಶದ ಹೆಸರು	ಮೂಲಕತ, ವಿನ್ಯಾಸ, ಘೋಷಣೆ	ಗಡಿನೆಲೆ	ಬಿಟ್ಟು	ಗಂಡಸ್ಸು	ಹೆಂಗಸ್ಸು	ಪ.ಹಾ.	ಪ.ಸಂ.	ಇತರ		
1	2	3	4	5	6	7	8	9	10	11	12	13
ಬೆಂಗಳೂರು:												
		1. ಕೋರಮಂಗಲ 7 ಮತ್ತು 8 ಬ್ಲಾಕ್	ಬಿಡಿ ಎ	1-30	.	269	1724	918	816	865	440	429
		2. ಕೋರಮಂಗಲ 1 ಸ್ಲಾಕ್ ಮೊದಲನೆಯ	.	-	.	273	1738	942	796	600	538	600
		3. ಚಂದ್ರ ಬಹಾಳ, ಅರಂದಕೆನಗರ	.	16-00	:	1560	10100	5382	4818	4588	3000	2620
		4. ಸಂಜಯಗಾಂಧಿನಗರ, ಹಿ.ರ.ಸ್ಟ 3 ನೇ ಹಂತ	.	3-20	.	240	1565	835	720	650	500	415
		5. ಜಯರಾಮರಾಜೇಂದ್ರನಗರ, ಹಿ.ರ.ಸ್ಟ 3 ಹಂತ	.	4-10	.	408	2628	1389	1239	1000	950	678
		6. ಮೇವಿ ಕಾಲೋನಿ, ಹಿ.ರ.ಸ್ಟ 3 ಹಂತ, 2 ಬ್ಲಾಕ್	.	2-18	.	139	774	428	346	350	275	149
		7. ಮೇವಿ ಕಾಲೋನಿ, 54.2 ಬ್ಲಾಕ್ 3 ನೇ ಹಂತ	.	3-00	.	359	1955	1002	953	900	800	350
		8. ಬಾಪ್ಪಾನಗರ, ಮಾವುತಿನಗರ	.	8-18	.	600	3540	1879	1661	1035	1000	1495
		9. ರಾಜೇಂದ್ರನಗರ	.	0-20	.	20	172	88	54	52	35	35
		10. ಸರ್ವೇನಂ. 32, ಯಡಿಯೂರು, ನಾಗಸಂದ್ರ	.	1-15	.	189	1092	589	505	200	200	692
		11. ಸರ್ವೇನಂ. 2, ಕರೀಸಂದ್ರ	.	4-10	.	716	4561	2268	2073	2000	1000	1495
		12. ಸರ್ವೇನಂ. 23, ಕರೀಸಂದ್ರ	.	2-25	.	252	1617	868	749	380	500	757
		13. ಸರ್ವೇನಂ. 24, ಕರೀಸಂದ್ರ	.	2-00	.	191	1148	612	536	300	300	548
		14. ಸರ್ವೇನಂ. 29, ಯಡಿಯೂರು, ನಾಗಸಂದ್ರ	.	0-30	.	62	371	201	170	140	100	151
		15. ಭವಾನಿನಗರ, ಬಿ.ಎಸ್.ಕೆ II ಹಂತ	.	6-25	.	769	4571	2399	2172	750	500	3321
		16. ಯಾರಬನಗರ	.	5-00	.	608	4095	2180	1915	1000	925	2170
		17. ಜವಹರನಗರ	.	4-00	.	506	3058	1594	1444	720	500	1028
		18. ಮಾರಿಯಮ್ಮ ನಗರ	.	2-00	.	148	898	478	400	307	196	
		19. ರಾಗಿಗುಡ್ಡ	.	8-07	.	1087	5950	3125	2839	1857	1254	
		20. ಸೋಮೇಶ್ವರ	.	3-02	.	232	1575	835	740	1000	300	275
		21. ಕಸ್ತೂರಬಾ ನಗರ	.	6-12	.	580	3482	1810	1672	2058	406	1018
		22. ನಾರಾಯಣರಾಜುಗಾಡೇನ	.	0-18	.	42	352	189	163	200	52	100
		23. ದಲಿತ ಕಲ್ಯಾಣ ಕೇಂದ್ರ	.	3-00	.	305	1815	965	830	842	408	545

24. ಮಂಜುನಾಥಕಾಲೋನಿ, ಬಿ.ಬಿ.ನ.ಕೆ. 2 ಹಂತ	6-20	824	5408	2814	2544	2896	1327	1185
25. ವಿಜಯಕಾಲೋನಿ, ಬಿ.ಬಿ.ನ.ಕೆ. 2 ಹಂತ	3-10	325	1765	1835	930	555	500	910
26. ಬಿ.ಬಿ.ನ.ಕೆ. 1 ಹಂತ	1-06	122	728	398	330	349	185	274
27. ಆರ್.ಕೆ.ಮಠ ಉತ್ತರಹಳ್ಳಿ	1-07	116	699	329	370	350	180	167
28. ಕೆ.ಆರ್.ರಸ್ತೆ ಉತ್ತರಹಳ್ಳಿ	0-20	39	218	120	96	108	46	62
29. ಕುಮಾರಸ್ವಾಮಿ 2 ಹಂತ	2-10	218	1307	698	604	600	302	400
30. ಜೆ.ಸಿ.ನಗರ	0-15	24	139	79	60	59	28	52
31. ಸರ್ವೇನಂ.21, ಕರೀನಂದ್ರ, ಸಾರಕ್ಕಿ	0-36	67	417	229	188	157	85	175
32. ಸರ್ವೇ ನಂ.21, ಕರೀನಂದ್ರ (ಸ್ಥಳಾಂತರಿಸಿದೆ)	0-14	21	126	69	57	42	28	56
33. ಕುಮಾರಸ್ವಾಮಿ ಕುಮಾರಸ್ವಾಮಿಗೌಡೇಶ್ವರ	0-10	12	72	42	30	29	19	24
34. ಕಾಳಿದಾಸನಗರ, ಬಿ.ಬಿ.ನ.ಕೆ 2 ಹಂತ	4-13	179	1074	578	496	456	218	400
35. ಬಿ.ಬಿ.ನ.ಕೆ. 1 ಹಂತ	1-92	79	474	262	212	217	95	162
36. ಲಕ್ಷ್ಮೀರಾವನಗರ, ಕೋರಮಂಗಲ	2-10	3045	14950	7875	7133	6795	3000	5163

ಜಯನಗರ	1. ಜಯನಗರ ಹಂಚಿಂಗ್ ಕಾಲೋನಿ, ಬಿ.ಬಿ.ನ.ಕೆ. 1 ಹಂತ	5-00	676	3352
	2. ಕೃಷ್ಣಮೂರ್ತಿನಗರ, ಸಿವ್ವಾಪುರ ಬಿ.ಬಿ.ನ.ಕೆ. 1 ಹಂತ	2-00	139	805
	3. ಹಂಪಿಹೋಗಿ ಕಾಲೋನಿ ಬಿ.ಬಿ.ನ.ಕೆ. 1 ಹಂತ	4-21	145	1200
	4. ಅಂಜನೇಯ ದೇವಸ್ಥಾನ ರಾಗಿಗುಡ್ಡ ಬಿ.ಬಿ.ನ.ಕೆ. 1 ಹಂತ	3-01	1199	6271
	5. ಜಯನಗರ 1 ಸ್ಟೇಜ್ ಬಿ.ಬಿ.ನ.ಕೆ. 1 ಹಂತ	3-00	301	1520
	6. ಹನುಮಂತನಗರ ಬಿ.ಬಿ.ನ.ಕೆ. 1 ಹಂತ	3-25	350	2040

1 2 3 4 5 6 7 8 9 10 11 12 13

రాజాజినగర	1. కిల్లూనగర పొంత్రి ఊరికి ఎన.జి.ఇ.ఎ. పడి ఏ	1-80	120	520
	2. జామండినగర బ్లాక్-5 ఎ. పడి ఏ	5-30	347	1890
	3. మర్రెయ్యనపాళ్ళ III బ్లాక్ రాజాజినగర పడి ఏ	5-35	454	2835
	4. పరిజన నేవా నంబ 5 నే బ్లాక్ పడి ఏ	1-80	64	421
	5. పశ్చిమ బాదా రెడ్డి నవ నం.16. రివనహక్కి పడి ఏ	0-20	29	185
	6. గోతమనగర, జరకబండ కాలూని పడి ఏ	3-80	385	2415
	7. కె. ప్లానం నగర పడి ఏ	4-80	262	1250
	8. సిజయినంద నగర పడి ఏ	20-80	1184	7350
	9. గోరగుంట పాళ్ళ నంబిని బదావో పడి ఏ	2-25	135	810
	10. యోవి పాళ్ళ పడి ఏ	1-20	161	978
	11. బాబ్బం నకల్, రాజాజినగర పడి ఏ	0-12	42	262
	12. ఇందిరానగర II. రెడ్డి పడి ఏ	7-25	927	5725

మల్లార్యం	1. పరిజననేవా నంబ, యరవంతపుర పడి ఏ	--	95	325
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యలకంక	1. లింగరాజపుర బ్లాక్ A & B పడి ఏ	1-18	1205	8435
	2. లింగరాజపుర బ్లాక్ E & R పడి ఏ	5-25	446	3125

రాంకినగర	1. సూర్యదేవి పడి ఏ	7-80	350	2800
	2. దక్కి తెమ్మనపాళ్ళ పడి ఏ	1-80	116	560
	3. సూర్యదేవి ముందువరివ బదావో పడి ఏ	2-80	401	1840

బనవనగూడి	1. నవ నం.1 రింద 72 గణిపుర పడి ఏ	3-80	315	1605
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వకూరు

1. బాబా నాథుల కాలూని, దూవనహక్కి పడి ఏ	2-10	218	1199
2. దూమ్మలూరు వంటింగ కాలూని పడి ఏ	0-35	213	852
3. ఆనందపుర వేద.ఎ.బి. III వంక పడి ఏ	4-80	468	1650
4. బి.య్యనపాళ్ళ A & B బ్లాక్ పడి ఏ	25-19	1205	8435
5. పన్నమంగల వంటింగ కాలూని పడి ఏ	0-39	125	350
6. వసుమంతనగర వేద.ఎ.బి. III వంక పడి ఏ	2-11	140	700

Total 67

ୱାଶିଂଟନ, ୧୫ ଫେବୃଆରୀ ୧୯୫୯
 ଗଭୀର ସମ୍ପର୍କରେ ଉପସ୍ଥାପନ କରାଯାଇଥିବା
 ଗଭୀର ସମ୍ପର୍କରେ ଉପସ୍ଥାପନ କରାଯାଇଥିବା

ಈ ಯೋಜನೆಯಲ್ಲಿ ಮುಂದಿನ 615.00 ಲಕ್ಷ ರೂ. ಗಳನ್ನು ಒಡಗೂಡಿಸಿ, ಮುಂದಿನ 1998-99 ರಲ್ಲಿ ಕಾರ್ಯನಿರ್ವಹಿಸುವ ಯೋಜನೆಯ ಕೆಳಕಂಡಂತಿರುವ ಯೋಜನೆಯನ್ನು ಕಾರ್ಯನಿರ್ವಹಿಸುವುದು. ಈ ಯೋಜನೆಯಲ್ಲಿ ಮುಂದಿನ 615.00 ಲಕ್ಷ ರೂ. ಗಳನ್ನು ಒಡಗೂಡಿಸಿ, ಮುಂದಿನ 1998-99 ರಲ್ಲಿ ಕಾರ್ಯನಿರ್ವಹಿಸುವ ಯೋಜನೆಯ ಕೆಳಕಂಡಂತಿರುವ ಯೋಜನೆಯನ್ನು ಕಾರ್ಯನಿರ್ವಹಿಸುವುದು.

1) ಕೆಳಕಂಡಂತಿರುವ ಯೋಜನೆಯನ್ನು ಕಾರ್ಯನಿರ್ವಹಿಸುವುದು:-

1998-99 ರಲ್ಲಿ ಕಾರ್ಯನಿರ್ವಹಿಸುವ ಯೋಜನೆಯ ಕೆಳಕಂಡಂತಿರುವ ಯೋಜನೆಯನ್ನು ಕಾರ್ಯನಿರ್ವಹಿಸುವುದು:-

ಕ್ರ. ಸಂ.	ಯೋಜನೆಯ ವಿವರ	1998-99 ರಲ್ಲಿ ಕಾರ್ಯನಿರ್ವಹಿಸುವ ಯೋಜನೆಯ ಕೆಳಕಂಡಂತಿರುವ ಯೋಜನೆಯನ್ನು ಕಾರ್ಯನಿರ್ವಹಿಸುವುದು	ಒಟ್ಟು
1)	ಕೆಳಕಂಡಂತಿರುವ ಯೋಜನೆಯನ್ನು ಕಾರ್ಯನಿರ್ವಹಿಸುವುದು:-	615.00	1,857.50
2)	ಕೆಳಕಂಡಂತಿರುವ ಯೋಜನೆಯನ್ನು ಕಾರ್ಯನಿರ್ವಹಿಸುವುದು:-	550.00	1,307.50
3)	ಕೆಳಕಂಡಂತಿರುವ ಯೋಜನೆಯನ್ನು ಕಾರ್ಯನಿರ್ವಹಿಸುವುದು:-	22.00	1,285.50
4)	ಕೆಳಕಂಡಂತಿರುವ ಯೋಜನೆಯನ್ನು ಕಾರ್ಯನಿರ್ವಹಿಸುವುದು:-	3.00	1,282.50
5)	ಕೆಳಕಂಡಂತಿರುವ ಯೋಜನೆಯನ್ನು ಕಾರ್ಯನಿರ್ವಹಿಸುವುದು:-	450.00	832.50
6)	ಕೆಳಕಂಡಂತಿರುವ ಯೋಜನೆಯನ್ನು ಕಾರ್ಯನಿರ್ವಹಿಸುವುದು:-	60.00	772.50
7)	ಕೆಳಕಂಡಂತಿರುವ ಯೋಜನೆಯನ್ನು ಕಾರ್ಯನಿರ್ವಹಿಸುವುದು:-	1,200.00	1,972.50

ಮುಂದಿನ 1998-99 ರಲ್ಲಿ ಕಾರ್ಯನಿರ್ವಹಿಸುವ ಯೋಜನೆಯ ಕೆಳಕಂಡಂತಿರುವ ಯೋಜನೆಯನ್ನು ಕಾರ್ಯನಿರ್ವಹಿಸುವುದು:-

ಕೆಳಕಂಡಂತಿರುವ ಯೋಜನೆಯನ್ನು ಕಾರ್ಯನಿರ್ವಹಿಸುವುದು:-

(2) ಅರ್ಥಿಕ ದುರ್ಬಲ ವರ್ಗದ ಮನೆಗಳು:-

ಈ ಯೋಜನೆ ಅಡಿಯಲ್ಲಿ ಮಂಡಳಿಗೆ 550.00 ಲಕ್ಷ ರೂ.ಗಳನ್ನು ನಿಗದಿಪಡಿಸಲಾಗಿದ್ದು, ಈ ಹಣದಿಂದ ಸುಮಾರು 100.00 ಲಕ್ಷ ರೂ.ಗಳ ಅಂದಾಜು ವೆಚ್ಚದಲ್ಲಿ ವಸತಿ ಯೋಜನೆಗಳ ಪ್ರದೇಶದಲ್ಲಿ ಅಬವೃದ್ಧಿ ಶಾಮಗಾರಿಗಳಾದ ರಸ್ತೆ, ಬರಂದಿ ಮುಂತಾದ ಸೌಲಭ್ಯಗಳನ್ನು ಒದಗಿಸಲು ನಿಗದಿಪಡಿಸಲಾಗಿದೆ ಹಾಗೂ ಉಳಿದ ರೂ. 450.00 ಲಕ್ಷಗಳಲ್ಲಿ ಸುಮಾರು 3750 ಮನೆಗಳನ್ನು ಅಂದರೆ ಪ್ರತಿ ಮನೆಗೆ ರೂ. 60.000.00 ಗಳ ಅಂದಾಜಿನಲ್ಲಿ ಹಾಗೂ ಉಳಿತ ಮನೆಗಳ ವೃತ್ತಿ 2000 ಮನೆಗಳನ್ನು ಪೂರ್ಣಗೊಳಿಸಲು ಉದ್ದೇಶಿಸಲಾಗಿದೆ. ಡಿಸೆಂಬರ್ 1998 ರ ಅಂತ್ಯದವರೆಗೆ ಈ ವೃತ್ತಿ 1043 ಮನೆಗಳನ್ನು ಪೂರ್ಣ ಗೊಳಿಸಲಾಗಿತ್ತಿದ್ದು 256.82 ಲಕ್ಷಗಳನ್ನು ಖರ್ಚು ಮಾಡಲಾಗಿದೆ.

(3) ನಿವೇಶನ ಮತ್ತು ನೇವೆಗಳು:-

ಈ ಯೋಜನೆ ಅಡಿಯಲ್ಲಿ ಮಂಡಳಿಗೆ ರೂ. 22.00 ಲಕ್ಷಗಳನ್ನು ನಿಗದಿಪಡಿಸಲಾಗಿದ್ದು, ಈ ಹಣದಿಂದ ಬೂ ಖರೀದಿಯ ಖರ್ಚು ಸೇರಿದಂತೆ ಸುಮಾರು 100 ನಿವೇಶನಗಳನ್ನು ರಚಿಸಲು ಯೋಜಿಸಲಾಗಿದೆ. ಡಿಸೆಂಬರ್ 98 ಅಂತ್ಯದವರೆಗೆ ಹಣ 3.98 ಲಕ್ಷರೂ. ಖರ್ಚು ಮಾಡಲಾಗಿದೆ.

(4) ಗಣಕೀಕರಣ ಮತ್ತು ತರಬೇತಿ :-

ಈ ಯೋಜನೆ ಅಡಿಯಲ್ಲಿ ರೂ. 3.00 ಲಕ್ಷಗಳನ್ನು ನಿಗದಿಪಡಿಸಲಾಗಿದ್ದು, ಈ ಹಣವನ್ನು ಗಣಕ ಯಂತ್ರಗಳ ನಿರ್ವಹಣೆ, ತರಬೇತಿ, ಗಣಕಯಂತ್ರಕ್ಕೆ ಅಗತ್ಯವಿರುವ ಸರಕು ಸಾಮಗ್ರಿಗಳನ್ನು ಖರೀದಿಸುವುದು ಹಾಗೂ ಅಗತ್ಯವಾದಲ್ಲಿ ಗಣಕಯಂತ್ರಗಳನ್ನು ಖರೀದಿಸಲು ಉದ್ದೇಶಿಸಲಾಗಿದೆ. ಡಿಸೆಂಬರ್ 1998 ರ ಅಂತ್ಯದವರೆಗೆ 0.60 ಲಕ್ಷಗಳನ್ನು ಖರ್ಚು ಮಾಡಲಾಗಿದೆ.

(5) ಹುಡುಗರ ಸಂಸ್ಥೆಯ ಸಾಲದ ಮರುಪಾವತಿ :-

ಈ ಯೋಜನೆ ಅಡಿ ಮಂಡಳಿಗೆ 450.00 ಲಕ್ಷ ರೂ.ಗಳನ್ನು ನಿಗದಿಪಡಿಸಲಾಗಿದ್ದು, ಈ ಹಣವನ್ನು ಮಂಡಳಿಯು ಈಗಾಗಲೇ ಹುಡುಗರ ಸಂಸ್ಥೆಯಿಂದ ಪಡೆದಿರುವ ಸಾಲದ ಮರು ಪಾವತಿಗಾಗಿ ಉಪಯೋಗಿಸಲು ಹಾಗೂ ಉಳಿತ ಹಣವನ್ನು ಪಲಾನುಬದ್ಧಿಗಳಿಂದ ವಸೂಲಿ ಮಾಡಿ ಬಡಿಸಲು ಶ್ರಮ ಶೈಕ್ಷಣಿಕಗೊಳಿಸುತ್ತಿದೆ ಡಿಸೆಂಬರ್ 98ರ ಅಂತ್ಯದ ವರೆಗೆ 225.00 ಲಕ್ಷ ರೂ.ಗಳನ್ನು ಹುಡುಗರ ಸಂಸ್ಥೆಗೆ ಮರುಪಾವತಿಸಲಾಗಿದೆ.

(6) ಆಡಳಿತ ಮತ್ತು ನಿಬ್ಬಂಧಿ ವೆಚ್ಚ:-

ಈ ಯೋಜನೆ ಅಡಿ ಮಂಡಳಿಗೆ ಯೋಜನಾ ಬಾಬಿನಡಿಯಲ್ಲಿ ರೂ. 60.00 ಲಕ್ಷಗಳನ್ನು ನಿಗದಿಪಡಿಸಲಾಗಿದ್ದು, ಡಿಸೆಂಬರ್ 98 ಅಂತ್ಯದವರೆಗೆ 44.86 ಲಕ್ಷ ರೂ.ಗಳನ್ನು ಖರ್ಚು ಮಾಡಲಾಗಿದೆ.

(7) ರಾಷ್ಟ್ರೀಯ ಶಿಕ್ಷಣ ಪ್ರದೇಶ ಅಭಿವೃದ್ಧಿ ಯೋಜನೆ :-

1996-97ನೇ ಸಾಲಿನ ಬಾಬಿ ಈ ಯೋಜನೆ ಅಡಿ ಸೇರಿದ ಸರ್ಕಾರದಿಂದ ಮಂಡಳಿಗೆ 12.64 ಶೇಕಡೆ ರೂ.ಗಳನ್ನು ಮಂಡಳಿಗೆ ಬಿಡುಗಡೆ ಮಾಡಲಾಗಿದ್ದು, ಈ ಯೋಜನೆಗೆ ಸಂಬಂಧಪಟ್ಟಂತೆ ಮಂಡಳಿಯು ಈಗಾಗಲೇ ಶಿಕ್ಷಣ ಯೋಜನೆಯನ್ನು ತಯಾರಿಸಿ ಸರ್ಕಾರದ ಅನುಮೋದನೆ ಪಡೆದು ಈ ಯೋಜನೆ ಅಡಿಯಲ್ಲಿ ಮಂಡಳಿಯು ಪ್ರಾರಂಭ

ಒಳವಡುವ ಸುಮಾರು 134 ಕೊಠಡಿ ಪ್ರದೇಶಗಳಲ್ಲಿ ಈ ಕಾರ್ಯಕ್ರಮವನ್ನು ಹಮ್ಮಿಕೊಳ್ಳಲಾಗಿದ್ದು, ಕಾಮಗಾರಿಗಳಿಗೆ ಬಂಡವಾಳ ಕರೆದು ಉಗ್ರಾಣಗಳಿಗೆ ಗುತ್ತಿಗೆದಾರರಿಗೆ ಕಾಮಗಾರಿಯನ್ನು ವಹಿಸಿದ್ದು, ಕೆಲವು ಏಕೀಕೃತ ಹಂತಗಳಲ್ಲಿ ಪ್ರಗತಿಯಲ್ಲಿರುತ್ತವೆ. ದಿಸಂಬರ್ 98 ರ ಅಂತ್ಯದವರೆಗೆ 785.40 ಲಕ್ಷ ರೂ.ಗಳನ್ನು ಖರ್ಚು ಮಾಡಲಾಗಿದೆ. 1997-98ನೇ ಸಾಲಿಗೆ ಈ ಯೋಜನೆಯಡಿ 14.85 ಕೋಟಿ ರೂ.ಗಳು ರಾಜ್ಯ ಸರ್ಕಾರಕ್ಕೆ ಬಿಡುಗಡೆಯಾಗಿರುವುದಾಗಿ ತಿಳಿದುಬಂದಿದ್ದು, ಈ ಮಂಡಳಿಗೆ ಬಿಡುಗಡೆಯಾಗಿರುವುದಿಲ್ಲ.

(8) ವಿಶೇಷ ಸಹಕರ ಯೋಜನೆ ಅಡಿ ಕ್ರೋಢೀಕೃತ ಹಣದಲ್ಲಿ ಮಂಡಳಿಗೆ ನೀಡಿರುವ ಹಣದ ಬಗ್ಗೆ:-

ಸರ್ಕಾರವು ಈ ಯೋಜನೆ ಅಡಿಯಲ್ಲಿ ಮಂಡಳಿಗೆ 10.78 ಕೋಟಿ ರೂ.ಗಳನ್ನು ನಿಗದಿಪಡಿಸಲಾಗಿದೆ. ಈ ಹಣದಿಂದ ಮಂಡಳಿಯು ರಾಜ್ಯದಲ್ಲಿನ ಮೂವತ್ತೆರಡು ಕೊಠಡಿ ಪ್ರದೇಶಗಳಲ್ಲಿ ವಾಸಿಸುತ್ತಿರುವ ಪರಿಶಿಷ್ಟ, ಜಾತಿಗೆ ಸೇರಿರುವ ಸಲಾನುಬದಿಗಳಿಗೆ ಪ್ರತಿ ಮನೆಗೆ ರೂ. 35,000.00 ಗಳ ಅಂದಾಜಿನಲ್ಲಿ ಹೊಸ ಮನೆಗಳನ್ನು ನಿರ್ಮಿಸಿಕೊಡಲು ಉದ್ದೇಶಿಸಲಾಗಿದೆ. ಅದರಂತೆ ಶ್ರಿಯಾ ಯೋಜನೆಯನ್ನು ತಯಾರಿಸಿ ಮಂಡಳಿ ಸಭೆಗೆ ಮಂಡಿಸಿ ಅನುಮೋದನೆಯನ್ನು ಪಡೆಯಲಾಗಿದ್ದು, ಈ ಹಣದಿಂದ ಒಟ್ಟು 3080 ಮನೆಗಳನ್ನು ನಿರ್ಮಿಸಿ ಪೂರ್ಣಗೊಳಿಸಲು ಉದ್ದೇಶಿಸಲಾಗಿದ್ದು, ಕೆಲವುಗಳು ವಿವಿಧ ಹಂತಗಳಲ್ಲಿ ಪ್ರಗತಿಯಲ್ಲಿರುತ್ತವೆ. ಈ ಯೋಜನೆ ಅಡಿಯಲ್ಲಿ 343.21 ಲಕ್ಷ ರೂ.ಗಳನ್ನು ದಿಸಂಬರ್ 1998 ರ ಅಂತ್ಯದವರೆಗೆ ಖರ್ಚು ಮಾಡಲಾಗಿದೆ.

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ksb-9899

Total number of slums District wise in Karnataka

Sl No.	District	Pvt.	Govt.	TMC	CMC	Rlwys	G.P.	KSCB	BCC	Others	Total
1	Bangalore (R)	46	4	12	-	-	-	-	-	-	62
2	Haveri	31	9	9	3	-	-	-	-	2	54
3	Raichur	11	20	26	13	1	3	-	-	-	74
4	Hubli - Dharwad	42	9	4	11	2	-	1	-	1	70
5	Koppal	9	3	27	12	-	2	-	-	2	55
6	Tumkur	39	4	30	2	-	5	1	-	2	83
7	Mandya	16	2	10	27	-	-	-	-	-	55
8	Kodagu	-	-	6	-	-	-	-	-	-	6
9	Kolar	11	15	40	1	-	-	-	-	2	69
10	Mangalore	9	-	-	10	-	-	-	-	3	22
11	U. Kannada	8	12	27	5	-	5	-	-	7	64
12	Belgaum	4	2	12	5	-	-	-	-	-	23
13	Udupi	3	3	6	-	-	-	-	-	-	12
14	Hassan	28	-	29	16	-	16	-	-	-	89
15	Mysore	16	6	26	33	2	-	1	-	5	89
16	Shimoga	23	18	34	15	-	25	-	-	4	119
17	C. Durga	5	1	21	-	-	-	-	-	-	27
18	Davanagere	19	9	3	13	-	5	1	-	3	53
19	Chikmagalur	24	-	15	8	-	1	-	-	-	48
20	Gulbarga	10	18	57	-	-	-	-	-	-	85
21	Bidar	-	-	52	17	-	-	-	-	-	69
22	Bijapur	13	41	56	9	-	1	-	-	4	124
23	Bagalkot	5	6	25	2	-	-	-	-	-	38
24	C.R. Nagar	26	4	24	-	-	-	-	-	-	54
25	Bellary	22	34	54	34	-	2	1	-	-	147
26	Gadag	12	3	8	3	1	-	-	-	-	27
27	Bangalore (U)	144	48	-	-	3	-	5	73	21	294
Total		576	271	613	239	9	65	10	73	56	1912

TMC : Taluk Municipal Council

CMC : City Municipal Council

GP : Gram Panchayat

KSCB : Karnataka Slum Clearance Board

BCC : Bangalore City Corporation

- name of district.

- date.

- name of data

Dev S. 2

Information of Urban ICDS Projects

SI No.	Name of District	Name of Project	No. of centres (organized)
1	Bangalore(U)	Bangalore Central	114
		Bangalore State	100
		Sumagali Seva Ashram	130 - NGO
2	Belgaum	Belgaum(U)	110
3	Bellary	Bellary	110
4	Mangalore	Mangalore(U)	141
5	Dharwad	Hubli-Dharwad	110
6	Gulbarga	Gulbarga(U)	116
7	Mysore	Mysore(U)	110
8	Tumkur	Tumkur(U)	110
	Total		1151

Information of Tribal ICDS Projects

1	Chamarajnagar	Chamarajnagar	516
2	Chikamangalore	Sringeri	124
3	Mangalore	Bantwal	537
		Mangalore(R)	425
		Puttur	363
4	Kodagu	Madikeri	228
		Ponnampet	283
5	Mysore	Nanjangud	510
		Periapatna	266
	Total		3252

① Given by Mr. Kante to SJCA on 17/1/2001
 (Researcher husband Mr. Vijaykumar was
 in ISEC + now is Ex-SPAD working
 on HIV/AIDS on outskirts of Bangalore
 & Thunders). Appointment of PEVORU is now
 in SPAD.

② Urban Health File.

In
 18/1/2001

SJSRY

Physical & Financial Progress under different components of SJSRY as on 30.11.2000

Abstract

1) USEP-ME

URBAN LOCAL BODY	ME		Achievement			Total (In Rs.) (6+7)	% of Achieve- ment
	Target fixed (No. of benefi- ciaries)	Subsidy amount earmarked (In Rs.)	No of benefi- ciaries financed by Banks	Amount of loan sanctioned (In Rs.)	Subsidy released (In Rs.)		
	20206	845.88	10836	1692.14	496.50	2173.15	58.69%

2) USEP- DWACUA

URBAN LOCAL BODY	Target		Achievement			Total (In Rs.) (6+7)	% of Achieve- ment
	Target No. of Groups	Subsidy amount earmarked (In Rs.)	No of Groups financed by Banks	Amount of loan sanctioned (In Rs.)	Subsidy released (In Rs.)		
	851	604.37	230	180.24	294.44	474.68	48.71%

3) UWEP

URBAN LOCAL BODY	Funds released (in Rs.)	No.of works taken up	No.of works comple-ted	Expendi- ture Incurred (in Rs.)	Amount for which UCs have been sent to DMA (in Rs.)	No.of Man-days generated *	% of Achieve- ment
	3246.66	6127	1780	2093.78	2093.78	29.91	64.49%

URBAN LOCAL BODY	Funds released (in Rs.)	Type of Activlties taken up	No.of beneficiaries covered	Expendi- ture Incurred (in Rs.)	Amount for which UCs have been sent (in Rs.)	% of Achieve- ment
	1130.46		658340	716.18	551.42	63.35%

5) Training & Infrastructure

URBAN LOCAL BODY	Target	Financial Alloca-tion	Achievement		% of Achieve- ment
			No. of benefi- ciaries trained/ provided with infrastruc- ture	Expendi- ture Incurred (In Rs.)	
	23140	983.59	26140	496.37	50.46%

6) Thrift & Credit Groups

Target		Achievement			% of Achieve- ment
Target No. of Groups	Subsidy amount earmarked (in Rs.)	No of Groups financed by Banks	Amount of loan sanctioned (in Rs.)	Expenditure	
2413	93.87	-	-	47.88	51.00%

	Target	Achieve- ment	Percentage
Grand Total	6904.83	4145.15	60.03%

SJSRY - CSC - STATEMENT No.IV (A)

Monthly statement showing the progress under the community structure component of SJSRY

Consolidated Statement

31 December

YEAR: 2000

DISTRICT: Mandya

Name of the CMC/TMC/TP	Community Structure				
	Funds released (in Rs.)	Type of activities taken up	No. of beneficiaries covered	Expenditure incurred (in Rs.)	Amount for which UCs have been sent to DMA (in Rs.)
1 CMC - Mandya	968600	1.School uniforms 2.Handicap Vencile & Chair 3.Teaching Aids 4.Note Book 5.School Bag (No.of Anganavadi 80) 6.Anganavadi Toys & Teaching aids 7.Desk 8.Bench 9.Seating Mats	32 9 50 112 55 Nos. 80 27 31 144	310590	310590
2 TMC - Madour	261625	School teaching aids, steel almara, steel folding chair steel table lamination top wooden sitting plank, toys, chairs steel water drums, cooking vessels	1650	209300	209300
3 TMC - Holavalli	283500	Anganavadi teaching aids Purchase of Black Boards Chairs, Plates, Glass, water filter, note book etc.	1400	203500	203500
4 TMC - S.R.Patna	374460	1.At NHC level 125 note books, uniforms distributed 2.Toys putting plank chairs charts etc., distributed to 8 anganavadi 3.Benches putting Plank, Alarms, chairs distributed to anganavadi and school 4.Tricycle distributed to disable person.	1028	268989	268989
5 TP - Pandavapura	268500	Folding chair, Gasy Table, putting plank, play equipment for Agriculture, 4 Bench Talbe.	1500	178524	178524
6 TP - Nagawangala	139400	Note books for students, uniforms for 5,6,7th Standard, furniture for schools and anganavadi's & books for library	36 31 1 Govt.School 6 Anganavadi 1 Library	105044	105044
7 TP - K.R.Pete	276900	1.100chilids for Anganavadi 2.Monthly Fuel charges anganavadi 3.Books for Govt.School and anganavadi 4.Furniture distribution, library NGOs SJRY & Banner charges. 5.Furniture & teaching aids for anganavadi 6.International women days NWS water supply	100chilids 7 1604 1600 Chilids 2 10 schools 4	249385	249385
	1572635			1505252	1504607

COMMISSIONER,
Mandya Dist.

ಕ್ರ.ಸಂ:ಪಾನಿ:ಯುಪಿಎ:ಸ್ವಪ-ಯೋಜನೆ-34:99-2000. ಪೌರಾಡಳಿತ ನಿರ್ದೇಶನಾಲಯ
ಬೆಂಗಳೂರು, ದಿನಾಂಕ: 6-3-2000.

ರಿಗೆ,

ಆಯುಕ್ತರು,
ಮಹಾನಗರ ಪಾಲಿಕೆ: ನಗರಸಭೆ,

ಮುಖ್ಯಾಧಿಕಾರಿಗಳು,
ನಗರಸಭೆ:ಪಟ್ಟಣ ಪಂಚಾಯಿತಿ,

ಯೋಜನಾಧಿಕಾರಿ,
ಸಿ.ಡಿ.ಎನ್.

ಮಾನ್ಯರೇ,

ವಿಷಯ:- ಸ್ವರ್ಣ ಜಯಂತಿ ಶಹರಿ ಯೋಜನೆಗಾಗಿ ಯೋಜನೆಯು
ಪಾಮಾಣಿಕ ನೇಮಕ (ಸಿ.ಎನ್.ಸಿ) ಘಟಕದ ಕಾರ್ಯ
ಕ್ರಮಗಳ ಅನುಷ್ಠಾನ ಕುರಿತು.

ಉಲ್ಲೇಖ:- ಈ ಕಛೇರಿಯ ಪತ್ರ ಸಮಸಂಖ್ಯೆ: ದಿನಾಂಕ: 17-9-99.

ಸ್ವರ್ಣ ಜಯಂತಿ ಶಹರಿ ಯೋಜನೆಗಾಗಿ ಯೋಜನೆಯು, ಸಾಮಾಜಿಕ ನೇಮಕ
ಕಾರ್ಯಕ್ರಮದಡಿಯಲ್ಲಿ ಕೈಗೊಳ್ಳಬೇಕಾದ ಕಾರ್ಯಕ್ರಮಗಳನ್ನು ಉಲ್ಲೇಖಿತ
ಪತ್ರದಲ್ಲಿ ತಿಳಿಸಲಾಗಿತ್ತು. ದಿನಾಂಕ: 5-2-2000 ರಂದು ನಡೆಸಲಾದ ರಾಜ್ಯ ಮಟ್ಟದ
ಮಂಜುರಾತಿ ಸಮಿತಿಯಲ್ಲಿ ಪರ್ವಸಲಾದಂತೆ, ಕೈಗೊಳ್ಳಬೇಕಾದ ವಿವಿಧ ಕ್ರೋಢೀಕೃತ
ಜಟಿಲವಿವರಗಳನ್ನು ಪ್ರತ್ಯೇಕವಾಗಿ ಈ ಕೆಳಗಿನಂತೆ.

- 1) ವೆಚ್ಚವನ್ನು ಭರಿಸಬೇಕಾಗಿರುವ ಜಟಿಲವಿವರಗಳು.
- 2) ಯಾವ ವಿಧವಾದ ವೆಚ್ಚವನ್ನು ಭರಿಸಲು ಅವಕಾಶವಿಲ್ಲದ ಜಟಿಲವಿವರಗಳು-
ಬೇರೆ ಇಲಾಖೆಗಳೊಂದಿಗೆ ಮತ್ತು ಸರ್ಕಾರೀತರ ಸಂಸ್ಥೆಗಳೊಂದಿಗೆ ಸಹಕರಿಸಿ
ಕೈಗೊಳ್ಳಬೇಕಾದ ಜಟಿಲವಿವರಗಳು.

ಪಟ್ಟಿ ಮಾಡಿ, ಇವುಗಳನ್ನು ಕನ್ನಡ ಮತ್ತು ಅಂಗ್ಲ ಭಾಷೆಯಲ್ಲಿ ತಯಾರಿಸಿ, ಈ
ಪತ್ರಕ್ಕೆ ಲಗತ್ತಿಸಿ. ಇದರಂತೆ ಕಾರ್ಯಕ್ರಮಗಳನ್ನು ಕೈಗೊಳ್ಳಲು ಸೂಚಿಸಿದೆ.

ತಮ್ಮ ವಿಶ್ವಾಸಿ,

H. Daili
ನಿರ್ದೇಶಕರು,
ಪೌರಾಡಳಿತ ನಿರ್ದೇಶನಾಲಯ,
ಬೆಂಗಳೂರು.

ಪ್ರತಿಯನ್ನು:-

- 1) ಎಲ್ಲಾ ಜಿಲ್ಲಾಧಿಕಾರಿಗಳಿಗೆ
- 2) ಸರ್ಕಾರದ ಕಾರ್ಯದರ್ಶಿಗಳು (ನಗರಸಭೆಗಳು ಹಾಗೂ ನಗರಾಭಿವೃದ್ಧಿ ಪ್ರಾಧಿಕಾರಗಳು),
ನಗರಾಭಿವೃದ್ಧಿ ಇಲಾಖೆ, ಬಹುಮಹಡಿಗಳ ಕಟ್ಟಡ, ಬೆಂಗಳೂರು, ಇವರ ಮಾಹಿತಿಗಾಗಿ
ಸಲ್ಲಿಸಿದೆ.

Rajagani Yojana - Urban scheme - for
(project proposal)

ನ್ವರ್ತಕರುಂಟಿ ಶಹರಿ ರೋಡ್‌ಗಾರ್ ಯೋಜನೆ - ಸಾಮಾಜಿಕ ಸೇವೆಗಳ

ಕೈಗೊಳ್ಳಬೇಕಾದ ಹಲವು ಕೆಲಸಗಳ ಪಟ್ಟಿ :-

ಅ. ವೆಚ್ಚ ಭರಿಸಬೇಕಾದ ಹಲವು ಕೆಲಸಗಳು :

1. ಶಿಕ್ಷಣ ಇಲಾಖೆ :-

ಅ) ಶಾಲೆಗಳಿಗೆ ಪೀಠೋಪಕರಣಗಳು, ಕಪ್ಪು ಹುಣ್ಣಿಗಳನ್ನು
ಸರಬರಾಜು ಗೊಳಿಸುವುದು.

ಆ) ವಿದ್ಯಾರ್ಥಿಗಳಿಗೆ ಮನುಷ್ಯ ಹಾಗೂ ನವವಸ್ತ್ರ
ಇತ್ಯಾದಿ ವಿತರಿಸುವುದು.

ಇ) ನಗರ ಪ್ರದೇಶದ ಗ್ರಂಥಾಲಯಗಳಿಗೆ ಮನುಷ್ಯ ಇತ್ಯಾದಿ
ಒದಗಿಸುವುದು.

2. ಮಹಿಳೆ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆ :-

ಅ) ಅಂಗನವಾಡಿ ಕೇಂದ್ರಗಳಿಗೆ ಹೆಚ್ಚುವರಿಯಾಗಿ ಆಹಾರ
ಸಾಮಾನುಗಳು, ಪಾರ್ಕ್‌ಗಳು, ಪೀಠೋಪಕರಣಗಳನ್ನು
ಒದಗಿಸುವುದು.

ಆ) ಮೊಟ್ಟೆ, ಹಣ್ಣು ಹಂಪಲು ಇತ್ಯಾದಿ ಹೆಚ್ಚುವರಿ ಆಹಾರವನ್ನು
ಒದಗಿಸುವುದು.

ಇ) ಅಂಗನವಾಡಿ ಕೇಂದ್ರಗಳಿಗೆ ಕಚ್ಚುಗಳ ಬದಲಾಗಿ ಎಲ್.ಪಿ.ಜಿ.ಅನಿಲ
ಸಿಲಿಂಡರ್‌ಗಳನ್ನು ಹಾಗೂ ಅನಿಲ ಸ್ಕಾಂಗಳನ್ನು ಒದಗಿಸುವುದು.

3. ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ :-

ಬಡತನ ರೇಖೆಯಡಿರುವವರ ಬಹು ಮಹಿಳೆಯರನ್ನು ಗುರುತಿಸಿ ಅವರಿಗೆ
ಗುಣಿಗಳು (ಉದಾ : ದಿನ ಮತ್ತು ಘೋರ ಅಸಹ ಗುಣಿಗಳು) ಖಾಸಿ, ಕಪ್ಪು, ಅವರ ವೈದ್ಯಕೀಯ ವೆಚ್ಚಗಳನ್ನು ಭರಿಸುವುದು, ಗರ್ಭಿಣಿ ಸ್ತ್ರೀಯರಿಗೆ ಗರ್ಭಾವೃದ್ಧಿ ಮತ್ತು ಪ್ರಸವ ನೇವೆಗಳನ್ನು ಒದಗಿಸುವುದು. ಅವರನ್ನು ಬೋಡು ಆಸ್ಪತ್ರೆಗಳಿಗೆ ಸಾಗಿಸುವ ಖರ್ಚುಗಳನ್ನು ಭರಿಸುವುದು.

೮. ಈ ಪಟುವಣಕೆಗಳಿಗೆ ಯಾವ ವಿಧವಾದ ವೆಚ್ಚಗಳನ್ನು ಭರಿಸಲು ಅವಕಾಶವಿಲ್ಲ.

ದೀರೆ ಇಲಾಖೆಗಳೊಂದಿಗೆ ಮತ್ತು ಸರ್ಕಾರೀತರ ಸಂಸ್ಥೆಗಳೊಂದಿಗೆ ಸಹಕರಿಸಿ

ಕೈಗೊಳ್ಳಬೇಕಾದ ಪಟುವಣಕೆಗಳು (ಉತ್ಪಾದನ, ಮಾರಾಟ ಮತ್ತು ನೀಡಿಕೆ)

1. ಶಿಕ್ಷಣ ಇಲಾಖೆ :-

- ಅ) ಶಾಲೆಗಳಲ್ಲಿ ಆರೋಗ್ಯ ಶಿಕ್ಷಣದ ಕಾರ್ಯಕ್ರಮಗಳನ್ನು ಹಮ್ಮಿಕೊಳ್ಳುವುದು.
- ಆ) ಮಕ್ಕಳನ್ನು ಶಾಲೆಗಳಿಗೆ ನೇರಿಸುವುದು.
- ಇ) ಮಕ್ಕಳನ್ನು ನಿರಂತರವಾಗಿ ಶಾಲೆಗಳಿಗೆ ಕಳುಹಿಸುವುದು.
- ಈ) ಹೆಣ್ಣುಮಕ್ಕಳ ಶಿಕ್ಷಣದ ಬಗ್ಗೆ ಒತ್ತು ನೀಡುವುದು.
ಹೆಣ್ಣುಮಕ್ಕಳನ್ನು : ನಿರಂತರವಾಗಿ ಶಾಲೆಗಳಿಗೆ ಕಳುಹಿಸುವುದು.
- ಉ) ಬಾಲ ಕಾರ್ಮಿಕರ ದುಡಿಮೆಯನ್ನು ನಿಷೇಧಿಸುವುದು.
- ಊ) ವಯಸ್ಕರ ಶಿಕ್ಷಣವನ್ನು ಉತ್ತೇಜಿಸುವುದು.

2. ಮಹಿಳೆ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆ :-

- ಅ) ಮಕ್ಕಳಿಗೆ ರೋಗ ನಿರೋಧಕ ಲಸಿಕೆಗಳನ್ನು ಒದಗಿಸಲು ಕ್ರಮ ಕೈಗೊಳ್ಳುವುದು.
- ಆ) ತಾಯಿಯಂದಿರನ್ನು ಈ ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ ತೊಡಗಿಸಿ ಕೊಳ್ಳುವುದು.

3. ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ :-

- ಅ) ಹೆಣ್ಣುಮಕ್ಕಳ ಆರೋಗ್ಯದ ಕುರಿತು ನೇಮಕಗಳನ್ನು ಒದಗಿಸುವುದು.
- ಆ) ತಾತ್ಕಾಲಿಕ ಹಾಗೂ ಶಾಶ್ವತವಾಗಿ ಕುಟುಂಬ ನಿಯಂತ್ರಣ ಮಾಡಲು ಕೈಗೊಳ್ಳಬೇಕಾದ ಕ್ರಮಗಳ ಬಗ್ಗೆ ಮಾಹಿತಿ ಮತ್ತು ಶಿಕ್ಷಣ ನೀಡುವುದು.
- ಇ) ಗರ್ಭಿಣಿ ಸ್ತ್ರೀಯರನ್ನು ಕಾಲಕಾಲಕ್ಕೆ ತಪಾಸಣೆಗೆ ಒಳಪಡಿಸುವುದು.
- ಈ) ಗರ್ಭಿಣಿ ಸ್ತ್ರೀಯರನ್ನು ರಕ್ತ ಹೀನತೆಯನ್ನು ತಡೆಗಟ್ಟಲು ಸೂಕ್ತ ನೇಮಕಗಳನ್ನು ಒದಗಿಸುವುದು.
- ಉ) ಗರ್ಭಾವಶ್ಯಕ ಮತ್ತು ಪ್ರಸವ ನಂತರದ ನೇಮಕಗಳನ್ನು ಒದಗಿಸಲು ಕ್ರಮ ಕೈಗೊಳ್ಳುವುದು.

- ೉) ಹರಿಗೆ ಕೆಲಂದ್ರಗಳಲ್ಲಿ ಹರಿಗೆಯನ್ನು ಮಾಡಿಸಿಕೊಳ್ಳಲು
ಮೋಕ್ಷತಾಪ್ತನುನು.
- ೧೦) ಸುರಕ್ಷಿತ ಗರ್ಭಪಾತಗಳ ಬಗ್ಗೆ ಶಿಶುವಳಿಗೆ ಹಾಗೂ ಶಿಶು ನೀಡಿ
ಕ್ರಮ ಕೈಗೊಳ್ಳಲು ಉತ್ತೇಜಿಸುವುದು.
- ೧೧) ರೈಂಗಿಕ ರೋಗಗಳು, 'ಎಡ್ಸ್' ರೋಗ ಹಾಗೂ ಹೆಚ್.ಐವಿ.
ಗಲಂತಹ ರೋಗಗಳನ್ನು ತಡೆಗಟ್ಟಲು ಸೂಕ್ತ ಶಿಶುವಳಿಗೆ
ನೀಡುವುದು.
- ೧೨) ಸಂಪ್ರದಾಯಿಕ ದಾದಿಗಳಿಗೆ ಹರಿಗೆ ಮತ್ತು ಹಿಂಪುಟ್ಟು
ಆರೋಗ್ಯ ನೇಮಕ ಬಗ್ಗೆ ತರಬೇತಿ ನೀಡುವುದು.
೨. ಸರ್ಕಾರೀತರ ಸಂಸ್ಥೆಗಳಾದ ಹಾಗೂ ಸಂಘೀತ ಸಂಸ್ಥೆಗಳಾದ ಲಯನ
ಜೀವನ, ರೋಗದಿ ಇತ್ಯಾದಿ ಇವರ ಸಹಕಾರದೊಂದಿಗೆ
ಆರೋಗ್ಯ ಶಿಬಿರಗಳನ್ನು ಮತ್ತು ಶಾಲಾ ಆರೋಗ್ಯ ಶಿಬಿರಗಳನ್ನು
ಏರ್ಪಡಿಸುವುದು.
೩. ಸರ್ಕಾರೀತರ ಸಂಸ್ಥೆಗಳು ಹಾಗೂ ಸಂಘೀತ ಸಂಸ್ಥೆಗಳಾದ ಲಯನ
ಜೀವನ, ರೋಗದಿ ಇತ್ಯಾದಿ ಇವರ ಸಹಕಾರದೊಂದಿಗೆ, ಕೂಡ
ತಪಾಸಣಾ ಶಿಬಿರಗಳನ್ನು (ಕಣ್ಣಿನ ಮೋರೆ ಬಿಡಿಸಿ) ಇವರನ್ನು
ಏರ್ಪಡಿಸುವುದು.
೪. ಆರೋಗ್ಯ ಮತ್ತು ನೈರ್ಮಲ್ಯ ಕುರಿತ ಶಿಬಿರಗಳನ್ನು ಏರ್ಪಡಿಸುವುದು.
೫. ಪಾಪಕ ಆಹಾರದ ಬಗ್ಗೆ ಮಾಹಿತಿ, ಸಮತೋಲನ ಆಹಾರ, ಸ್ಥಳೀಯ
ವಾಗಿ ದೊರಕುವ ಹಣ್ಣು ಹಂಪುಗಳಾದ ಪಪಾಯ, ಬಾಳೆಹಣ್ಣು,
ತರಕಾರಿ, ಮೊಟ್ಟೆ, ಮೊಳಕೆ ಕಾಳುಗಳು ಹಾಗೂ ದೊಡ್ಡ ಧಾನ್ಯ
ಗಳನ್ನು ಆಹಾರದಲ್ಲಿ ಬಳಸುವಿಕೆ ಮತ್ತು ಹಿಂಪುಟ್ಟು ಮಗು, ಮರಿನ
ಹಿಂಪುಟ್ಟು ಮಕ್ಕಳು, ಗರ್ಭಿಣಿಯರು, ಹಾಗೂ ಹಾಡುಗಿಸುವ ತಾಯಂದಿರಿಗೆ
ಪಾಪಕ ಆಹಾರ ನೀಡುವಂತೆ ಮೋಕ್ಷತಾಪ್ತನುನು.
೬. ಲಸಿಕೆ ಹಾಕಿಸುವುದು.
೭. ಸಾಂಕ್ರಮಿಕ ರೋಗಗಳನ್ನು ತಡೆಗಟ್ಟಲು ಕ್ರಮ ಕೈಗೊಳ್ಳುವುದು.
೮. ಮರಲಿಂಯಾ, ಫುಯ, ಮೆದುಳು ಜ್ವರ, ಕುಷ್ಮರೋಗ, ಕರಳು
ಜೀವನಂತಹ ರೋಗಗಳನ್ನು ತಡೆಗಟ್ಟಲು ಕ್ರಮ ಕೈಗೊಳ್ಳುವುದು.
೪. ಅರಣ್ಯ ಇಲಾಖೆ :- ನಗರ ಮತ್ತು ಪಟ್ಟಣ ಪ್ರದೇಶಗಳಲ್ಲಿ, ಕೊಳವೆ
ಪ್ರದೇಶಗಳಲ್ಲಿ ನದಿಗಳನ್ನು ಪಡಲು ಹಾಗೂ ಪರಿಸರವನ್ನು ಉತ್ತಮ
ಪಡಿಸಲು ಕಾರ್ಯಕ್ರಮಗಳನ್ನು ಹಮ್ಮಿಕೊಳ್ಳುವುದು.

5. ವನತಿ ಆಲಾಪಿ :-

ಕೆಲವು ಪ್ರದೇಶಗಳಲ್ಲಿ ಜನರ ಹಲವನ ಮುಖವನ್ನು
ಸುಧಾರಿಸುವುದು.

ಸಾಮಾಜಿಕ ನೇವೆಗಳ ಘಟಕದೊಂದು ಅನುದಾನವನ್ನು
ಪ್ರವಾಸ ಹಾಗೂ ಇತರೆ ಕಾರ್ಯಕ್ರಮಗಳಿಗಾಗಿ ಬಳಸಬಾರದು.
(ಜೀಸಿಸ್, ರೋಟರಿ ಹಾಗೂ ಲಂಚನ್ಸ್ ಇತ್ಯಾದಿ ಸಂಸ್ಥೆಗಳ ಮೂಲಕ
ಕಾರ್ಯಕ್ರಮಗಳನ್ನು ಹಮ್ಮಿಕೊಳ್ಳುವುದು.) ಸಿ.ಡಿ.ಎಸ್.ಗಳು
(ಸಮುದಾಯ ಅಭಿವೃದ್ಧಿ ಸಂಘಗಳು) ಅಯುಕ್ತರು :
ಮುಖ್ಯಾಧಿಕಾರಿಗಳು : ರೋಟರಿ ಸಂಘಗಳು, ಸಮುದಾಯ
ಸಂಘಗಳು ಮೇಲೆ ತಿಳಿದ ವಿವಿಧ ಸರ್ಕಾರದ ಆಲಾಪಿಗಳನ್ನು ಸಂಪರ್ಕಿಸಿ
ಸ್ವರ್ಣ ಜಯಂತಿ ಶಹರಿ ರೋಟರಿ ರೋಟರಿ ಸಂಘದೊಡನೆ ಸಾಮಾಜಿಕ
ನೇವೆಗಳ ಘಟಕ : ನಗರ ವಲಸಾಧಾರಿತ ಕಾರ್ಯಕ್ರಮಗಳ ಕೆಲವು ಕಾರ್ಯಕ್ರಮ
ಗಳನ್ನು ಹೆಚ್ಚು ಪರಿಣಾಮಕಾರಿಯಾಗಿ ಕಾರ್ಯಗತಗೊಳಿಸುವ ನಿಟ್ಟಿನಲ್ಲಿ
ಸರ್ಕಾರದ ಆಲಾಪಿಗಳೊಡನೆ ಸಹಕರಿಸುವುದು. ಅಲ್ಲದೇ ಸರ್ಕಾರೀತರ ಸಂಸ್ಥೆ
ಗಳೊಂದಿಗೆ ಕಾರ್ಯಕ್ರಮಗಳನ್ನು ಅರ್ಥಪೂರ್ಣವಾಗಿಸಲು ಮೇಲೆ ತಿಳಿದ
ಕಾರ್ಯಕ್ರಮಗಳ ಪ್ರಗತಿ ಸಾಧಿಸುವುದು.

ನಿರ್ದೇಶಕರು,
ಪೌರಾಡಳಿತ ನಿರ್ದೇಶನಾಲಯ,
ಬೆಂಗಳೂರು.

SJSRY - Community Structure Component – List of activities –reg

A. The list of activities to be taken up under this component (by incurring expenditure) are –

1. Education Department –

- i) Supply of Black Boards, furniture to Schools,
- ii) Supply of Books, Uniforms etc.,
- iii) Supply of Books to urban Libraries, etc.

2. Women and Child Development Department -

- i) Providing additional materials like play-items, charts, furniture to Anganwadis,
- ii) Provision for additional food - eg – Eggs, fruits, etc.,
- iii) Providing LP Gas cylinders and Gas stoves to Anganwadis in lieu of firewood,

3. Health and Family Welfare Department –

Supply of Tablets, (eg: Iron & Folic acid tablets), Tonics, supply of Opticals, cost of treatment of poor identified women, transportation of pregnant women to referral hospitals.

B. Convergence activities through coordination with other Departments and NGOs
(only motivational – no expenditure should be incurred on these activities)

1. Education Department -

- i) School - Health Education Programme,
- ii) Enrolment of children in Schools,
- iii) Prevention of drop-outs,
- iv) Stress on education of the girl child - prevention of drop-out of girl children,
- v) Prevention of Child Labour,
- vi) Adult education,

2. Women and Child Development Department -

- i) Immunization of children,
- ii) Involvement of Mothers,

3. Health and Family Welfare Department –

b) Reproductive Health Care –

- i) Information and Counselling on Temporary and permanent family control methods,
- ii) Periodical Check-ups of Pregnant Women,
- iii) Prevention of Anaemia,
- iv) Pre-natal and Ante-natal care,

- v) Encouraging Institutional deliveries,
 - vi) Safe Abortions,
 - vii) Prevention of STD, AIDs, HIV, etc - linkage with IPPs,
 - viii) Training of Traditional Dais (under Training Component).
- b) Conducting Health Camps - School Health Camps - in co-ordination with NGOs and Organisations like Lions, Jaycees, Rotary, etc.,
 - c) Eye Check-Up Camps (Cataract operations) - in co-ordination with NGOs and Organisations like Lions, Jaycees, Rotary, etc.
 - d) Camps on Hygiene and Sanitation,
 - e) Camps on Nutrition- balanced diet, propagating use of locally available nutritious items like green vegetables, eggs, fruits like Papaya, Bannana, etc., sprouted gram, pulses, etc., Special emphasis on nutrition of the girl child, adolescent girls pregnant and lacting women,
 - f) Immunization,
 - g) Prevention of Communicable Diseases,
 - h) Prevention and control of Malaria, TB, Brain-fever, Leprosy, Gastroenteritis, etc.

4. Forest -

Planting and maintenance of saplings in Urban Slums and Towns, Environmental upgradation, etc.

5. Department of Housing -

Improvement of living conditions in slums.

Funds from CSC component should not be spent on undertaking trips and organising functions (functions should be organised through sponsorships by Organisations like Jaycees, Rotary, Lions etc.,).

The CDSs, Commissioners/Chief Officers, Project Officers and Community Organisers should interact/discuss with different convergent Government Departments referred above and select a few programmes which could be dove-tailed with the SJSRY-CSC/Wage component programmes as an additionality to the various programmes implemented by the concerned Government Department referred above.

ಈಶ್ವರಗೌಡ

ಸ್ವರ್ಣ ಜಯಂತಿ ಶಹರಿ ಯೋಜನೆಯು ಕೇಂದ್ರ ಮತ್ತು ರಾಜ್ಯ ಸರ್ಕಾರಗಳಿಂದ ಜಂಟಿಯಾಗಿ ಅನುಷ್ಠಾನಗೊಳ್ಳಲಾಗುತ್ತಿದ್ದು ಈ ಯೋಜನೆಯು ದಿನಾಂಕ: 1.12.97 ರಿಂದ ಕರ್ನಾಟಕ ರಾಜ್ಯದ 215 ಸ್ಥಳೀಯ ಸಂಸ್ಥೆಗಳಲ್ಲಿ ಅನುಷ್ಠಾನದಲ್ಲಿದೆ. ನಗರ ಪುರೀಶದ ನಿರುದ್ಯೋಗಿಗಳಿಗೆ ಹಾಗೂ ತಕ್ಕ ಕೆಲಸವಿರದ ಬಡ ಜನತೆಗೆ ಉದ್ಯೋಗ ಹಾಗೂ ವೇತನಾಧಾರಿತ ಮಜೂರಿ ಉದ್ಯೋಗಗಳನ್ನು ಕಲ್ಪಿಸಿ ಲಾಭದಾಯಕ ವ್ಯಕ್ತಿಯನ್ನು ನೀಡಲು ಈ ಯೋಜನೆಯಡಿ ಉದ್ದೇಶಿಸಲಾಗಿದೆ. ಈ ಯೋಜನೆಯು ಅನುಷ್ಠಾನವನ್ನು ಯು.ಬಿ.ಎಸ್.ವಿ. ಯೋಜನೆಯ ಮಾದರಿಯಲ್ಲಿ ಸಾಂಘಿಕ ವ್ಯವಸ್ಥೆಯಾಗಿ ರೂಪಿಸಲಾಗಿದೆ. ಈ ಯೋಜನೆಯು ಕಾರ್ಯಕ್ರಮಗಳನ್ನು ನಗರ:ಷ್ವೇತ ಸ್ಥಳೀಯ ಸಂಸ್ಥೆಗಳ ಮೂಲಕ ಅನುಷ್ಠಾನ ಗೊಳ್ಳಲಾಗುತ್ತಿದೆ. ಇವುಗಳಿಗೆ ಸಂಬಂಧಿಸಿದಂತೆ 225 ಯೋಜನಾಧಿಕಾರಿಗಳು ಮತ್ತು 348 ಸಮುದಾಯ ಸಂಘದಾರು ಕಾರ್ಯನಿರ್ವಹಿಸುತ್ತಿದ್ದಾರೆ.

ಈ ಯೋಜನೆಯಡಿಯಲ್ಲಿನ ಎರಡು ವಿಶೇಷ ಕಾರ್ಯಕ್ರಮಗಳೆಂದರೆ:

1. ನಗರ ಸ್ವಯಂ ಉದ್ಯೋಗ ಕಾರ್ಯಕ್ರಮ
2. ನಗರ ವೇತನಾಧಾರಿತ ಮಜೂರಿ ಉದ್ಯೋಗ ಕಾರ್ಯಕ್ರಮ

ಸಮುದಾಯ ಅಭಿವೃದ್ಧಿ ಸಂಘ - ಸಿ.ಡಿ.ಎಸ್ :

ನೆರೆಹೊರೆಯ ಗುಂಪು:- ಒಂದು ಮಾಹಲ್ ಅಥವಾ ಬಸ್ತಿ ಅಥವಾ ನೆರೆಹೊರೆಯಲ್ಲಿ ವಾಸಿಸುವ ಮಹಿಳೆಯರ ಒಂದು ಗುಂಪು, ಒಂದು ನೆರೆಹೊರೆಯ ಗುಂಪು, ಒಂದು ಪುರೀಶದ ಸಮಾನ ಮಟ್ಟದ ಅಕ್ಕಪಕ್ಕದ ಜನರನ್ನು ಒಳಗೊಂಡಿರುತ್ತದೆ. ಈ ಗುಂಪಿನಲ್ಲಿ ಸ್ವಯಂ ಸೇವೆಗೆ ಸಿದ್ಧರಿರುವ ಒಬ್ಬರು ಮಹಿಳೆಯನ್ನು ಗುಂಪಿನ ಸದಸ್ಯರ ಒಬ್ಬಗೆ ಮೇಲೆಗೆ ಅಥವಾ ಆಯ್ಕೆ ಮೂಲಕ ನಿರ್ಧರಿಸಿ ಸಮಾಜ ಸ್ವಯಂ ಸೇವೆಗೆ ಎಂದು ಆರಿಸಬೇಕು. ಇವರು ಗುಂಪಿನ ಕುಟುಂಬಗಳಿಗೆ ಮಾಹಿತಿ ಹಾಗೂ ಸಂಪರ್ಕದ ಮಾಧ್ಯಮವಾಗಿ ಸೇವೆಯನ್ನು ನಿರ್ವಹಿಸಬೇಕಾಗಿರುತ್ತದೆ. ತಮ್ಮ ಗುಂಪಿನ ಸಮೂಹದ ಅಭಿವೃದ್ಧಿಯನ್ನು ವ್ಯಕ್ತಪಡಿಸುವುದು ನೆರೆಹೊರೆಯ ಮಟ್ಟದ ಆಯ್ಕೆ ಕುಟುಂಬಗಳನ್ನು ಯೋಜನೆ, ಅನುಷ್ಠಾನಗೊಳ್ಳುವುದು ಹಾಗೂ ನಿರ್ವಹಣೆಯಲ್ಲಿ ಸಹಕಾರ ನೀಡುವುದು ಸ್ವಯಂ ಸೇವೆಯ ಅದ್ವೈತವಾಗಿರುತ್ತದೆ.

ನೆರೆಹೊರೆಯ ಸಮಿತಿ:- ಒಂದು ನಿರ್ದಿಷ್ಟ ಪುರೀಶದಲ್ಲಿ, ಒಂದು ವಾರ್ಡಿನಲ್ಲಿ ಇರುವ ನೆರೆಹೊರೆಯ ಗುಂಪುಗಳ ಸಂಘಟನೆಯಿಂದ ರಚಿಸಲಾದ ಸಮಿತಿ ನೆರೆಹೊರೆಯ ಸಮಿತಿಯಾಗಿರುತ್ತದೆ. ಪುರೀಶ ನೆರೆಹೊರೆಯ ಗುಂಪಿನ ಆರಿಸಲಾದ ಒಬ್ಬರು ಸದಸ್ಯ:ಆರ್.ಸಿ.ವಿ.ಯು ನೆರೆಹೊರೆಯ ಸಮಿತಿಯ ಕಾರ್ಯಕಾರಿ ಸದಸ್ಯರಾಗುತ್ತಾರೆ. ಇತರ ವಿಭಾಗೀಯ ಕಾರ್ಯಕ್ರಮಗಳ ಪುರೀಶಗಳಲ್ಲಿ, ಶಾಲಾಶಿಕ್ಷಕರು, ಎ.ಎಸ್.ಎಂ. ಇತ್ಯಾದಿ, ಇವರನ್ನು ಸಮಿತಿಯಲ್ಲಿ ಗೌರವಾನ್ವಿತ ಸದಸ್ಯರನ್ನಾಗಿ ಮತದಾನದ ಹಕ್ಕಿಲ್ಲದೆ ಸೇರಿಸಿಕೊಳ್ಳಬಹುದು. ಈ ಸಮಿತಿಯ ಸಂಕಾಲಕರನ್ನು ನೆರೆಹೊರೆಯ ಗುಂಪಿನ ಕಾರ್ಯಕಾರಿ ಸದಸ್ಯರು (ಆರ್.ಸಿ.ವಿ.ಗಳಲ್ಲಿ) ಆಯ್ಕೆ ಮಾಡುತ್ತಾರೆ. ಆಯ್ಕೆಗೊಂಡ ಸಂಕಾಲಕರು, ಸಭೆಗಳನ್ನು ನಡೆಸುವುದು ಸ್ಥಳೀಯ ಸಮಸ್ಯೆ ಮತ್ತು ಅಡ್ಡತೆಗಳನ್ನು ಗುರುತಿಸುವುದು, ಯೋಜನಾ ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ ಜನರು ಪಾಲ್ಗೊಳ್ಳಲು ಸಹಕರಿಸುವುದು, ಸ್ಥಳೀಯ ಕುಟುಂಬಗಳಿಗೆ ಜವಾಬ್ದಾರಿಯುತ ಸಂಸ್ಥೆಗಳ ಸೇವೆಯನ್ನು ಕಲ್ಪಿಸುವುದು ಇತ್ಯಾದಿ ಆಗಿರುತ್ತದೆ.

ಸಮುದಾಯ ಅಭಿವೃದ್ಧಿ ಸಂಘ :

ಸಮುದಾಯ ಅಭಿವೃದ್ಧಿ ಸಂಘ, ನಗರ:ಷ್ಠಮ ಮಟ್ಟದಲ್ಲಿರುವ ಎಲ್ಲಾ ನೆರೆಹೊರೆ ಸಮಿತಿಗಳ ಒಂದು ಸಂಘವೆನಿಸಿ ಸಮಾನಗುರಿ ಮತ್ತು ಅಭಿವೃದ್ಧಿಗಳನ್ನು ಹೊಂದಿರುತ್ತದೆ. ನೆರೆಹೊರೆ ಸಮಿತಿಗಳಿಂದ ಜನನಾಯಕರಾದ:ಅಯ್ಯಯ್ಯಾಡ ಪ್ರತಿನಿಧಿಗಳು ಸಿ.ಡಿ.ಎಸ್ ಕಾರ್ಯಕಾರಿ ಸದಸ್ಯರಾಗಿರುತ್ತಾರೆ ಮತ್ತು ಸಿಡಿಎಸ್ ವ್ಯಾಪ್ತಿಯಲ್ಲಿ ಬರುವ ಪ್ರತಿಯೊಂದು ನೆರೆಹೊರೆ ಗುಂಪಿನ ಪ್ರತಿಯೊಂದು ಕುಟುಂಬದ ಮಹಿಳೆ ಈ ಸಿಡಿಎಸ್ ಸದಸ್ಯರಾಗಿರುತ್ತಾರೆ. ಸಮುದಾಯ ಅಭಿವೃದ್ಧಿ ಸಂಘ (ಸಿಡಿಎಸ್) ಸಾಮಾನ್ಯ ಸಭೆಯಿಂದ ಜನನಾಯಕರನ್ನು ಮಹಿಳಾ ಸದಸ್ಯೆಯರು ಸಿಡಿಎಸ್ ಅಧ್ಯಕ್ಷರಾಗಿ ಮತ್ತು ಉಪಾಧ್ಯಕ್ಷರಾಗಿರುತ್ತಾರೆ. (ಮತದಾನದ ಹಕ್ಕುಗಳಿಲ್ಲದೆ) ಇದಲ್ಲದೆ, ಕಾರ್ಯಕಾರಿ ಸಮಿತಿಯಲ್ಲಿ 23 ಸದಸ್ಯರನ್ನೊಳಗೊಂಡಿರುತ್ತಾರೆ.

1) ಅಧ್ಯಕ್ಷರು 2) ಉಪಾಧ್ಯಕ್ಷರು 3) ಯೋಜನಾಧಿಕಾರಿ 4) ನೆರೆಹೊರೆ ಸಮಿತಿಯ ಸಂಪಾಲಕಿಯರು 10 ಜನ.

5) ಸಮುದಾಯ ಅಭಿವೃದ್ಧಿ ಸಂಘದ ವ್ಯಾಪ್ತಿಯಲ್ಲಿ ಕಾರ್ಯನಿರ್ವಹಿಸುತ್ತಿರುವ ಸ್ವಯಂ ಸೇವಾ ಸಂಘಗಳ ಇಬ್ಬರು ಸದಸ್ಯರು.

6) ನಗರ:ಷ್ಠಮ, ನಗರ, ಮರಸಭೆ:ಷ್ಠಮ ವಹಾಯಿತಿಯ ಅಯುಕ್ತರು:ಮುಖ್ಯಾಧಿಕಾರಿ.

7) ಜಿಲ್ಲಾ ಮಟ್ಟದ ದ್ವಿಧ ಅಲಾಖೆಯ, ನಾಮನಿರ್ದೇಶನಗೊಂಡಿರುವ ನಾಲ್ಕು ಇಲಾಖಾಧಿಕಾರಿಗಳು.

8) ಬಡಜನರು ಹೆಚ್ಚಾಗಿರುವ ಕ್ಷೇತ್ರಗಳನ್ನು ಪ್ರತಿನಿಧಿಸುವ ಇಬ್ಬರು ಮಹಿಳಾ, ನಗರ:ಷ್ಠಮ ಮರಸಭೆಯ ಸದಸ್ಯ ಕಾರ್ಯದರ್ಶಿಗಳು.

9) ಜಿಲ್ಲಾ ಯೋಜನಾಧಿಕಾರಿಗಳು.

ಇವರಲ್ಲಿ ಅಧ್ಯಕ್ಷರು, ಉಪಾಧ್ಯಕ್ಷರು, ಗೌರವ ಕಾರ್ಯದರ್ಶಿಗಳು, ನೆರೆಹೊರೆ ಸಮಿತಿಯ ಸಂಪಾಲಕಿಯರು ಇವರನ್ನು ಹೊರತುಪಡಿಸಿ ಬೇರೆಯವರಿಗೆ ಮತದಾನ ಮಾಡುವ ಅವಕಾಶವಿರುವುದಿಲ್ಲ. ಸಿ.ಡಿ.ಎಸ್ ಕಾರ್ಯಕಾರಿ ಪರಿಷತ್ತಿನ ಕಛೇರಿಯ ಅವಧಿಯು ಎರಡು ವರ್ಷಗಳಾಗಿರುತ್ತದೆ.

ಈ ಯೋಜನೆಯಡಿ ಸಮುದಾಯವನ್ನು ಅಧಿಕಾರಯುಕ್ತವನ್ನಾಗಿ ಮತ್ತು ಅಭಿವೃದ್ಧಿಯನ್ನು ಆಧಾರವಾಗಿಟ್ಟುಕೊಂಡು ಕಾರ್ಯಕ್ರಮಗಳನ್ನು ರೂಪಿಸಬೇಕಾಗಿದ್ದು, ಸಮುದಾಯ ಸಂರಚನೆಗಳ ಕಾರ್ಯದಲ್ಲಿ, ಮಾದಲನೆಯ ಹಂತವಾಗಿ ಬಡತನ ರೇಖೆಗಿಂತ ಕೆಳಗಿರುವ ಅಂದರೆ, ವಾರ್ಷಿಕ ವರಮಾನ ರೂ.23,124.00 ಗಳಿಗಿಂತ ಕಡಿಮೆ ಇರುವ ನಗರದ: ಷ್ಠಮದ ಬಡಜನರನ್ನು ಸಮೀಕ್ಷೆಯ ಮೂಲಕ ಗುರುತಿಸುವ ಕಾರ್ಯವನ್ನು ಮಾರ್ಚ್ ಗೊಳಿಸಲಾಗಿದ್ದು ಇದು ಸಮೀಕ್ಷೆಯಂತೆ ಸಮ ರಾಜ್ಯದ ನಗರ:ಷ್ಠಮ ಪುರೀಶಾಳಲ್ಲಿ 8,35,155 ಕ್ಕಿಂತ ಒಟ್ಟು ಬಡ ಕುಟುಂಬಗಳನ್ನು ಗುರುತಿಸಲಾಗಿದೆ. ದಿನಾಂಕ: 30.9.98ಕ್ಕೆ 26512 ನೆರೆಹೊರೆ ಗುಂಪುಗಳು, 3340 ನೆರೆಹೊರೆ ಸಮಿತಿಗಳು ಮತ್ತು 225 ಸಮುದಾಯ ಅಭಿವೃದ್ಧಿ ಸಂಘಗಳನ್ನು ರಚಿಸಲಾಗಿದೆ. ಪ್ರತಿ ಸ್ಥಳೀಯ ಸಂಘದ ಒಂದರಂತೆ ಹಾಗೂ ಮಹಾನಗರಪಾಲಿಕೆಗಳಲ್ಲಿ, ಬೆಂಗಳೂರು ಮಹಾನಗರ ಪಾಲಿಕೆಯಲ್ಲಿ 6,5 ಮಹಾನಗರ ಪಾಲಿಕೆಗಳಾದ ಬೆಂಗಳೂರು, ಮೈಸೂರು, ಗುಲ್ಬರ್ಗಾ, ಹುಬ್ಬಳ್ಳಿ:ಧಾರವಾಡ, ಮರಾಠಾಪುರಗಳಲ್ಲಿ ಪ್ರತಿ ಸ್ಥಳಗಳಲ್ಲಿ ತಲಾ ಎರಡರಂತೆ ಸಮುದಾಯ ಅಭಿವೃದ್ಧಿ ಸಂಘಗಳನ್ನು ರಚಿಸಲಾಗಿದೆ.

ರಜನಲಾಭ ಎಲ್ಲಾ ಸಮುದಾಯ ಅಭಿವೃದ್ಧಿ ಸಂಘಗಳನ್ನು ಸಂಘಗಳ ನೋಂದಣಿ ಕಾಯಿದೆಯ ಪ್ರಕಾರ ನೋಂದಾಯಿಸಲಾಗಿದೆ. ಈ ಸಮುದಾಯ ಅಭಿವೃದ್ಧಿ ಸಂಘಗಳು, ಯೋಜನೆಯ ವಿವಿಧ ಕಾರ್ಯಕ್ರಮಗಳಡಿ, ಫಲಾನುಭವಿಗಳನ್ನು ಗುರುತಿಸುವುದು, ನಾಲದ ಅರ್ಜಿಗಳನ್ನು ತಯಾರಿಸುವುದು, ನಾಲ ವಸೂಲಿಯ ನಿರ್ವಹಣೆ ಮತ್ತು ಯೋಜನೆಗೆ ಬೇಕಾಗುವ ಇತರೆ ಸಹಕಾರಗಳನ್ನು ನೀಡಲು ಮತ್ತು ನಿರಂತರ ಉಳಿತಾಯ ಮತ್ತು ನಾಲ ಗುಂಪುಗಳನ್ನು ರಜನಲು ಸಮುದಾಯಕ್ಕೆ ಸೇರಿಸುವುದು. ಇತರೆ ಸಾಮಾಜಿಕ ಡಬ್ಬಿಂಗ್‌ಗಳನ್ನು ಕೈಗೊಳ್ಳುವುದು. ಸಿ.ಡಿ.ಎಸ್. ಡಬ್ಬಿಂಗ್‌ಗಳಿಗೆ ಮೊದಲ ವರ್ಷದಲ್ಲಿ ಪ್ರತಿ ಸದಸ್ಯರಿಗೆ ಗರಿಷ್ಠ ರೂ. 100.00 ಗಳನ್ನು ಹಾಗೂ ಮುಂದಿನ ಪ್ರತಿ ವರ್ಷದಲ್ಲಿ ಪ್ರತಿ ಸದಸ್ಯರಿಗೆ ರೂ. 75.00 ಗಳನ್ನು ಒಮ್ಮೆ ಮಾತ್ರ ಬಹುಮಾನ. ಸಮುದಾಯದ ಆರೋಗ್ಯ, ಶಿಕ್ಷಣ, ಇತರೆ ಸಾಮಾಜಿಕ ಕ್ಷೇತ್ರಗಳಲ್ಲಿ ನೇಮಕವನ್ನು ಒಂದುಗೂಡಿಸಿ ನಿರ್ವಹಿಸಲು ಸಿ.ಡಿ.ಎಸ್. ಸೇರಿಸುವುದು.

ನಗರ ಸ್ವಯಂ ಉದ್ಯೋಗ ಕಾರ್ಯಕ್ರಮದಡಿಯಲ್ಲಿ:

ಬಡತನ ರೇಖೆಗಿಂತ ಕೆಳಗೆ ಬದುಕುತ್ತಿರುವ ನಗರ:ಮುಖ್ಯ ಪ್ರದೇಶದ ಬಡಜನರನ್ನು ಈ ಯೋಜನೆಯಡಿ ಪರಿಗಣಿಸಲಾಗುವುದು. ಇದರಲ್ಲಿ

ಅ) ಲಾಭದಾಯಕ ಸ್ವಯಂಉದ್ಯೋಗ ಸೌಕರ್ಯವು ನಗರದ ಆಯಂ ಪ್ರತಿಯೊಬ್ಬ ಫಲಾನುಭವಿಗಳಿಗೆ ಸಹಾಯ ಒದಗಿಸುವುದು.

ಆ) ಲಾಭದಾಯಕ ಸ್ವಯಂ ಉದ್ಯೋಗ ನಡೆಸಿಕೊಳ್ಳಲು ಆಯಂ ಮಹಿಳಾ ಗುಂಪುಗಳಿಗೆ ಸಹಾಯ ಒದಗಿಸುವುದು. ಈ ಉಪಯೋಜನೆಯನ್ನು ನಗರ ಪ್ರದೇಶಗಳ ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಕಾರ್ಯಕ್ರಮವೆಂದು ಕರೆಯಲಾಗಿದೆ.

ಇ) ನಗರ ಸ್ವಯಂ ಉದ್ಯೋಗ ಕಾರ್ಯಕ್ರಮದ ಫಲಾನುಭವಿಗಳಿಗೆ ಹಾಗೂ ಸಂಬಂಧಪಟ್ಟ ಇತರ ಜನರಿಗೆ ವೃತ್ತಿಪರ ಹಾಗೂ ಉದ್ಯಮಶೀಲತೆಯ ನೈಪುಣ್ಯವನ್ನು ಹೆಚ್ಚಿಸಲು, ತರಬೇತಿ ಮತ್ತು ಮೂಲ ನೌಕರ್ಮ ಉಪಯೋಜನೆಯಡಿ ಕಾರ್ಯಕ್ರಮಗಳನ್ನು ಹಮ್ಮಿಕೊಳ್ಳುವುದು.

ಈ) ಸರ್ಕಾರದ ಕಾಲಕಾಲಕ್ಕೆ ಸೂಚಿಸುವಂತೆ, ಈ ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ, ಪರಿಗಣಿಸಲಾಗುವ ಫಲಾನುಭವಿಗಳಲ್ಲಿ ಮಹಿಳೆಯರು ಶೇ.30 ರಂತೆ ಪರಿಶಿಷ್ಟ ಜಾತಿ ಶೇ.16.5 ರಂತೆ ಪರಿಶಿಷ್ಟ ವರ್ಗಕ್ಕೆ ಶೇ.4.5 ರಂತೆ ಅಂಗವಿಕಲರು ಶೇ.3ರಂತೆ ಮೀನಲಾತಿ ನೀಡಬೇಕಾಗಿದೆ.

ಉ) ಕನಿಷ್ಠ ವಿದ್ಯಾರ್ಹತೆಯನ್ನು ಸ್ವಯಂ ಉದ್ಯೋಗ ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ 9ನೇ ತರಗತಿಗೆ ಕಡಿಮೆ ಇದ್ದವರಿಗೆ ಮಾತ್ರ ನೀಡಲು ಅವಕಾಶ ಕಲ್ಪಿಸಲಾಗಿದೆ.

ಸಹ ಉದ್ದಿಮೆ:- ನಗರಗಳಲ್ಲಿ ತಕ್ಕ ಉದ್ಯೋಗವಿಲ್ಲದ ಹಾಗೂ ನಿರುದ್ಯೋಗಿಗಳಿಗೆ ನಗರಗಳಲ್ಲಿ ಹೆಚ್ಚು ಬೇಡಿಕೆ ಇರುವ ಉದ್ದಿಮೆ ಹಾಗೂ ಕೈಗಾರಿಕೆಗಳನ್ನು ಸೌಕರ್ಯವು ಈ ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ ಆಧಾರ ನೀಡಲಾಗುವುದು.

ಸಹ ಉದ್ದಿಮೆ ಉಪಯೋಜನೆಯಡಿ ತೆಗೆದುಕೊಳ್ಳಬಹುದಾದ ಪ್ರತಿ ಉದ್ಯಮದ ಗರಿಷ್ಠ ಮೊತ್ತದ ಮೊತ್ತ ರೂ. 50,000.00 ಗಳಾಗಿದ್ದು, ಇದರಲ್ಲಿ ಗರಿಷ್ಠ ಮಿತಿ ರೂ. 7500.00 ಗಳಿಗೆ ಒಳಪಟ್ಟು, ಉಳಿದ ಮೊತ್ತದ ಮೊತ್ತ ಶೇ.15 ರಷ್ಟು ಸಹಾಯಧನ (ಸಬ್ಸಿಡಿ)ವಾಗಿದ್ದು, ಉಳಿದ ಯೋಜನಾ ಮೊತ್ತದ ಶೇ.5 ರಷ್ಟನ್ನು ಪ್ರತಿ ಫಲಾನುಭವಿಯು ಸ್ವಂತ ಮಾರ್ಕೆಟ್ ಹಣವನ್ನಾಗಿ ನೀಡಬೇಕಾಗುತ್ತದೆ.

ಯೋಜನಾ ಮೊತ್ತದ ಶೇ.80 ರಷ್ಟನ್ನು ಸಂಯುಕ್ತ ನಾಲವಾಗಿ ಬ್ಯಾಂಕ್ ನಿಬಂಧನೆಗಳಿಗೆ ಒಳಪಟ್ಟು ನೀಡಲಾಗುವುದು.

ನಗರ ಪ್ರದೇಶದಲ್ಲಿ ಮಹಿಳೆಯರು ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಯೋಜನೆ (ಡ್ಯಾಕ್ಟಾ)

ನಗರ ಬಡ ಮಹಿಳೆಯರು ಗುಂಪುಗಳಾಗಿ, ತಮ್ಮ ಕೌಶಲ್ಯ ಅನುಭವ, ತರಬೇತಿ ಹಾಗೂ ಸ್ಪರ್ಧೆಯ ಪರಿಸ್ಥಿತಿಗೆ ಅನುಗುಣವಾಗಿ ಆರ್ಥಿಕ ಷುಭಮಗಳನ್ನು ಹಮ್ಮಿಕೊಳ್ಳಲು, ಆದಾಯಗಳಿಕೆಯನ್ನು ಪ್ರಭಾವಿಸಲು ಸಮರ್ಥರಾಗಿ ಕನಿಷ್ಠ 7 ರಿಂದ 10 ಬಡ ಮಹಿಳೆಯರು ಗುಂಪುಗೂಡಿ ತಮ್ಮ ಅನುಕೂಲವಾದ ಉದ್ಯಮವನ್ನು ಆಯ್ಕೆಮಾಡಿ ಬಾಂಕಿನಿಂದ ಸಾಲ:ಸಹಾಯಧನ ಪಡೆದು ನಡೆಸಬೇಕಾಗಿದೆ.

ಈ ಮಹಿಳಾ ಗುಂಪಿಗೆ ಯೋಜನೆ ಉದ್ಯಮಗಳನ್ನು ಕೈಗೊಳ್ಳಲು ಯೋಜನಾ ಮೊತ್ತದ ಶೇ.50 ರಷ್ಟು ಹಣ ಅಥವಾ ರೂ. 1,25,000.00 ಗಳನ್ನು ಸಹಾಯ ಧನವಾಗಿ (ಸಬ್ಸಿಡಿ) ಮತ್ತು ಬಾಂಕಿಗಳ ಮೂಲಕ ಶೇ.45 ರಷ್ಟನ್ನು ಮತ್ತು ಮಾರ್ಜಿನ್ ಹಣವನ್ನು ಸ್ವಂತವಾಗಿ ಶೇ.5 ರಂತೆ ಗುಂಪಿನ ಫಲಾನುಭವಿಗಳು ನೀಡಬೇಕಾಗಿರುತ್ತದೆ.

ತರಬೇತಿ ಮತ್ತು ಮೂಲ ಸೌಕರ್ಯದ ಉಪಯೋಗನೆಯಿಡಿ:

ಸೂಕ್ತ ತರಬೇತಿಯ ಮೂಲಕ ಫಲಾನುಭವಿಗಳ ಪರಿಣತಿಯನ್ನು ಹೆಚ್ಚಿಸಲು, ವಿವಿಧ ಸೇವಾಧಾರಿತ ಹಾಗೂ ಕೈಗಾರಿಕಾ ಉದ್ಯಮಗಳಲ್ಲಿ, ಸ್ಪರ್ಧೆಯ ಕನಿಷ್ಠ ವ್ಯಕ್ತಿಗಳಲ್ಲಿ, ಕುಶಲತೆಗಳಲ್ಲಿ ಸೂಕ್ತ ತರಬೇತಿಯನ್ನು ಆಯ್ದ ಫಲಾನುಭವಿಗೆ ನೀಡಲು ಯೋಜಿಸಲಾಗಿದೆ. ಈ ಬಗ್ಗೆ ಸರ್ಕಾರದ, ಬಾಹ್ಯ ಸಂಸ್ಥೆಗಳ ತರಬೇತಿ ಕೇಂದ್ರಗಳ ಸೌಕರ್ಯಗಳನ್ನು ಹೊಂದುಬಹುದು. ತರಬೇತಿ ಪಡೆಯುವ ಪ್ರತಿಯೊಬ್ಬ ಫಲಾನುಭವಿಯ ತರಬೇತಿಗಾಗಿ ರೂ.2000.00 ಗಳನ್ನು ವ್ಯಯ ಮಾಡಲು ಅನುಮತಿ ಇರುತ್ತದೆ. ಇದರಲ್ಲಿ ತರಬೇತಿಗೆ ದೇಶಗಾಂವ ಸಾಮಗ್ರಿಗಳ ವೆಚ್ಚ, ತರಬೇತುದಾತರ ಸಂಭಾವನೆ, ತರಬೇತಿ ಸಂಸ್ಥೆ ಭರಿಸಬೇಕಾದ ಇತರ ಖರ್ಚುಗಳು ಮತ್ತು ತರಬೇತಿ ಪಡೆಯುವವರಿಗೆ ನೀಡಬೇಕಾದ ಸ್ಕೈಫಂಡ್ ಸೇರಿರುತ್ತದೆ. ಪರಿಣತಿ ವರ್ಧನೆಗೆ ನೀಡುವ ತರಬೇತಿ ಅವಧಿಯ ಕನಿಷ್ಠ ಮತಿ 300 ಗಂಟೆಗಳಿಗೆ ಒಳಮುಖ ಮಾಡಲಾಗಿದೆ ಅದು ತಿಂಗಳಾಗಿರಬೇಕು.

ಫಲಾನುಭವಿಯು ಕೈಗೊಂಡಿರುವ ಸಣ್ಣ ಉದ್ಯಮವನ್ನು ಉತ್ಪಾದಿತ ಸರಕುಗಳ ಮಾರಾಟ ಇತ್ಯಾದಿ ಹಾಗೂ ಇತರ ಸೇವೆಗಳಿಗಾಗಿ ಸಿ.ಡಿ.ಎಸ್. ಮ್ಯೂದರಲ್ಲಿ ಸೇವಾಕೇಂದ್ರಗಳನ್ನು ಕಟ್ಟಿಸಬಹುದು. (ಸೇವಾ ಕೇಂದ್ರದ ಕಟ್ಟಡಕ್ಕೆ ನಗರ:ಮೈದಾಳ ಸ್ಪರ್ಧೆಯ ಸಂಸ್ಥೆಗಳಿಂದ ಸ್ಥಳ ಕಲ್ಪಿಸಬೇಕಾಗಿರುತ್ತದೆ.

ನಗರ ವೇತನಾಧಾರಿತ ಮಜೂರಿ ಉದ್ಯೋಗ ಕಾರ್ಯಕ್ರಮ:

ಈ ಕಾರ್ಯಕ್ರಮವನ್ನು ನಗರ:ಮೈದಾಳ ವ್ಯಾಪ್ತಿಯಲ್ಲಿ ಬರುವ ನಗರ ಬಡತನ ರೇಖೆಗಿಂತ ಕೆಳಗಿರುವ ಬಡಜನರಿಗಾಗಿ ರೂಪಿಸಲಾಗಿದ್ದು, ಸಾಮಾಜಿಕ ಹಾಗೂ ಆರ್ಥಿಕವಾಗಿ ಉಪಯುಕ್ತ ಸಾರ್ವಜನಿಕ ಅಸ್ತಿತ್ವವನ್ನು ನಿರ್ಮಿಸುವಾಗ, ಯೋಜನೆಯ ಫಲಾನುಭವಿಗಳ ಸೇವೆಯನ್ನು ಉಪಯೋಗಿಸಿಕೊಂಡು ಅವರಿಗೆ ವೇತನಾಧಾರಿತ ಉದ್ಯೋಗಗಳನ್ನು ನೀಡಲು ಉದ್ದೇಶಿಸಿದೆ.

ಈ ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ ತೆಗೆದುಕೊಳ್ಳಬಹುದಾದ ಕಾಮಗಾರಿಗಳಿಗೆ ಸಾಮಗ್ರಿಗಳ ಮತ್ತು ಕಾರ್ಮಿಕರ ಸಂಭಾವನೆಯನ್ನು ಶೇ.60:40 ರಂತೆ ಮತ್ತು ಕೆಲವು ಮಾತನಾಡ ಫಲಾನುಭವಿಗಳ ವೇತನವನ್ನು ಸರ್ಕಾರದಿಂದ ಕಾಲಾನುಕಾಲಕ್ಕೆ ಪ್ರಕಟವಾದ ಪ್ರದರಣದಿಂದ ಕನಿಷ್ಠ ವೇತನಗಳ ಪ್ರಕಾರ ನೀಡಬೇಕಾಗಿರುತ್ತದೆ. ಈ ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ ತೆಗೆದುಕೊಳ್ಳಬಹುದಾದ ಕಾಮಗಾರಿಗಳಲ್ಲಿ ರಸ್ತೆ ನಿರ್ಮಾಣ ಒಳಗಡೆ ನಿರ್ಮಾಣ ಕುಡಿಯುವ ನೀರಿನ ಪೈಪ್‌ಲೈನ್, ಬೋರ್‌ವೆಲ್ ನಿರ್ಮಾಣ, ಸಾರ್ವಜನಿಕ ಶೌಕಾಲಯ ನಿರ್ಮಾಣ, ಅಂಗನವಾಡಿ ಕಟ್ಟಡ, ಶಾಲಾಕಟ್ಟಡ, ಸಮುದಾಯ ಭವನ, ಮಾರುಕಟ್ಟೆ ನಿರ್ಮಾಣ ಇತ್ಯಾದಿಗಳು ಸೇರಿರುತ್ತವೆ.

ಸಾಮಾಜಿಕ ನೇವೆಗಳ ಕಾರ್ಯಕ್ರಮವು ಸ್ಪರ್ಧಾ ಜಯಂತಿ ಶಹರಿ
ರೋಡ್‌ನಿಂದ ಯೋಜನೆಯ ಕಾರ್ಯಕ್ರಮವು ಉದಯೋದಯವಾಗಿದ್ದು, ವಿವಿಧ
ಸರ್ಕಾರಿ ಇಲಾಖೆಗಳು, ಸರ್ಕಾರೇತರ ಸಂಸ್ಥೆಗಳು, ಸ್ವಯಂ ಸೇವಾ ಸಂಸ್ಥೆಗಳ ವತಿಯಿಂದ,
ಈ ಕಾರ್ಯಕ್ರಮದಲ್ಲಿಯೂ ತೊಡಗೊಳ್ಳಬಹುದಾದ ವಿವಿಧ ಕಾರ್ಯಕ್ರಮಗಳಾದ
ಆರೋಗ್ಯ ಇಲಾಖೆಯ ಸಮುದಾಯ ನೇವೆಗಳು, ಶಿಕ್ಷಣ ಇಲಾಖೆಯ ಕಾರ್ಯಕ್ರಮಗಳು,
ಮಹಿಳೆ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆಯಿಂದ ಕೈಗೊಳ್ಳುವ ಕಾರ್ಯಕ್ರಮಗಳು
ಕೈಗಾರಿಕೆ ಮತ್ತು ವಾಣಿಜ್ಯ ಇಲಾಖೆಯು, ಆರಣ್ಯ ಇಲಾಖೆ, ವಸತಿ ಇಲಾಖೆಯು
ಹಮ್ಮಿಕೊಂಡಿರುವ ಕಾರ್ಯಕ್ರಮಗಳು ನೇರವಾಗಿ, ಇವುಗಳನ್ನು ಸ್ಪರ್ಧಾ ಜಯಂತಿ ಶಹರಿ
ರೋಡ್‌ನಿಂದ ಯೋಜನೆಯ ಕಾರ್ಯಕ್ರಮಗಳೊಂದಿಗೆ ಜೊತೆಜೊತೆಯಾಗಿ ಅನುಷ್ಠಾನ
ಗೊಳಿಸುವ ಉದ್ದೇಶವಾಗಿರುತ್ತದೆ.

ನಾಮಾಡಕ ನೇಮಿಕೆಗೆ ಕೈಗೊಳ್ಳಬಹುದಾದ ಕೆಲವು ಕಾರ್ಯಕ್ರಮಗಳೆಂದರೆ ಆರೋಗ್ಯ ಇಲಾಖೆಯು ಕೈಗೊಳ್ಳುವ, ತಾಯ್ನ ಮಗುವಿನ ಆರೋಗ್ಯ ಶಿಬಿರ, ರೋಗ ನಿರೋಧಕ ಲಸಿಕೆ ಹಾಕುವುದು, ಗರ್ಭಿಣಿಯರಿಗೆ ಮತ್ತೂ ಹೆರಗೆ ನಂತರದ ಅವಧಿಯಲ್ಲಿ ಸ್ತ್ರೀಯರಿಗೆ, ಮಕ್ಕಳಿಗೆ ಪೌಷ್ಟಿಕ ಆಹಾರ ನೀಡುವುದು, ಈ ಬಗ್ಗೆ ಶಿಕ್ಷಣವಿಳೆ ನೀಡುವುದು, ಇತ್ಯಾದಿ ಆಗಿರುತ್ತದೆ.

ಶಿಕ್ಷಣ ಇಲಾಖೆಯಿಂದ ಕೈಗೊಳ್ಳುವ ವಯಸ್ಕರ ಶಿಕ್ಷಣ ಶಾಲೆಗಳನ್ನು
ನಡೆಸುವುದು ಶಾಲಾಮಾನ್ಯಕ, ನಮಮಾನ್ಯ ನೀಡಿಕೆ, ಲೇಖನ ಸಾಮಗ್ರಿ, ಪೀಠೋಪಕರಣ
ಕ್ರೀಡಾ ಸಾಮಗ್ರಿಗಳನ್ನು ಅಂಗನವಾಡಿಗಳಿಗೆ ಒದಗಿಸುವುದು.

ಮಹಿಳೆ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆಯಿಂದ, ಅಗನವಾಡಿಗಳಿಗೆ
ಪೌಷ್ಟಿಕ ಆಹಾರ ನೀಡಿಕೆ, ಅಡಿಗೆಗಾಗಿ ಮಳೆಹಿಡೆ ಸಿರಿಂಕರ, ಗ್ಯಾಸ್ ಸ್ವಾಸ್ಥ್ಯವನ್ನು ಒದಗಿಸುವುದು
ತಾಂತ್ರಿಕವಾಗಿ ರೋಗ ನಿರೋಧಕ ಔಷಧಿಗಳನ್ನು ಪರಿಶೋಧಿಸುವಂತೆ ಮಾಡುವುದು,
ತೀರ್ಮಾನಗಳೆ ಔಷಧಿಗಳನ್ನು ಪರಿಶೋಧಿಸುವಂತೆ ಮಾಡುವುದು ನೇರವಾಗಿದೆ.

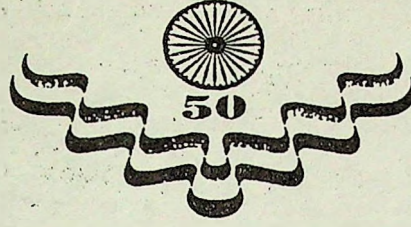
ಕೈಗಾರಿಕೆ ಮತ್ತು ವಾಣಿಜ್ಯ ಇಲಾಖೆಯು ಕೈಗಾರಿಕೆಯ ಉದ್ಯೋಗಾಧಾರಿತ ತರಬೇತಿಗಾಗಿ ಫಲಾನುಭವಿಗಳನ್ನು ಕಳುಹಿಸುವುದು ಇದರಲ್ಲಿ ಕರಕೆಯನ್ನು ಮುಂದುವರಿಸಲು ಸಾಧ್ಯವಿಲ್ಲದವರನ್ನು ನೇರಿಸುವುದು.

ಆರಣ್ಯ ಇಲಾಖೆಯಿಂದ ಗಿಡ ಮರಗಳನ್ನು ಹೆಚ್ಚು ನೆಡುವುದು, ವನನಿರವನ್ನು ಕಾಪಾಡಲು ಕ್ರಮಕೈಗೊಳ್ಳುವುದು, ಮತ್ತು ಇಲಾಖೆಯಿಂದ ಕೈಗೊಳ್ಳಲ್ಪಡುವ ಕೆಲಸದ ಪ್ರದೀಶಾಭಿವೃದ್ಧಿ ಮತ್ತು ನಮೂದಾಂಶದ ಜೀವನಮುಖ್ಯ ಸುಧಾರಣೆ ಕಾರ್ಯವಾ ನೇರಿಯುತ್ತದೆ.

ನಿರಂತರ ಉಳಿತಾಯ ಮತ್ತು ಸಾಲಗೊಂಡುಗಳು:

ನರ್ವಿ ಜಯಂತಿ ಶುಭಿ ರೋಜ್‌ಗಾರ ಯೋಜನೆಯು, ನಿರಂತರ ಉತ್ತರ ಗುಂಪುಗಳ ರಚನೆಯು ಒಂದು ಮುಖ್ಯ ಅಂಶವಾಗಿದೆ. ನಾರ ಪುರೋಹಿತರು ಉತ್ತರ ಗುಂಪು ಮತ್ತು ನಾರದ ಗುಂಪುಗಳಿಗೆ ಸ್ವಹಿತಾಯಕ ಗುಂಪುಗಳಿಗೆ ಉತ್ತರವಾಗಿ ನಿಲುವುದು ಈ ಯೋಜನೆಯು ಕೈಗೊಳ್ಳುವ ಮುಖ್ಯ ಅಂಶವಾಗಿದೆ. ಉತ್ತರ ಗುಂಪು ಮತ್ತು ನಾರದ

ಗುಂಪಿನ ಮಾದರಿಯು, ಉಳಿತಾಯ ಮತ್ತು ಸಾಲ ನೀಡಿಕೆಯ ಬಗ್ಗೆ ಅನುಕೂಲಕರವಾದ ಪರಿವರ್ತನಾಶೀಲ, ಮಾದರಿಯಾಗಿದೆ. ಬಡವರು ಪಾಸಿಸುವಂತಹ ಪುರೈಶಾಳರ, ಇಂತಹ ನಿರಂತರ ಗುಂಪುಗಳನ್ನು ರಚಿಸಲು ಕ್ರಮಕೈಗೊಳ್ಳಲಾಗಿದೆ. ಸಮಾನ ಜಿಂಟನೆಯ, ಮಹಿಳಾ ಸದಸ್ಯರು ಒಂದುಗೂಡಿ ಈ ಉಳಿತಾಯ ಗುಂಪನ್ನು ಪ್ರಾರಂಭಿಸಬೇಕು. ಸದಸ್ಯರ ಸಂಖ್ಯೆ ಕನಿಷ್ಠ 10 ರಿಂದ ಗರಿಷ್ಠ 20 ಇರಬೇಕು. ಅವರು ಗುರುತಿಸಲಾದ ಬಡತನ ರೇಖೆಗಿಂತ ಕೆಳಗಿರುವ ಕುಟುಂಬಗಳಿಂದ ಬಂದವರಾಗಿರಬೇಕು, ನಿರಂತರ ಉಳಿತಾಯ ಗುಂಪುಗಳನ್ನು ರಚಿಸಲು, ನಿರ್ವಹಿಸಲು ಮಾರ್ಗಸೂಚಿಗಳನ್ನು, ಬೈಲಾಗಳನ್ನು ತಯಾರಿಸಿ ನೀಡಲಾಗಿದೆ. ಪ್ರತಿ ಸದಸ್ಯೆಯು ರೂ. 10.00 ಸದಸ್ಯತ್ವ ಶುಲ್ಕ ನೀಡಿ ಸದಸ್ಯರಾಗಬೇಕು. ಒಂದು ಗುಂಪು ಉಳಿತಾಯ ಮಾಡುವ ಹಣವನ್ನು ರಾಷ್ಟ್ರೀಯ ಬ್ಯಾಂಕ್: ಷೆಡ್ಯೂಲ್ ಬಾಂಕ್ ಉಳಿತಾಯ ಖಾತೆ ತೆರೆದು ಠೇವಣಿ ಇಡಬೇಕು, ನಿರಂತರ ಉಳಿತಾಯ ಗುಂಪಿಗೆ ಒಂದು ವರ್ಷದ ಕಾರ್ಯಾವಧಿ ನಂತರ ಗುಂಪಿನ ಪ್ರತಿ ಸದಸ್ಯರಿಗೆ ರೂ. 1000.00 ದಂತೆ ರೂ. 25,000.00 ರಿವಾರಿಂಗ್ ಫಂಡ್ ಹಣವನ್ನು ನೀಡಲಾಗುವುದು. ನಿರಂತರ ಉಳಿತಾಯ ಗುಂಪುಗಳು ಸಾಲನೀಡಿಕೆ ಸಂಸ್ಥೆಗಳಿಂದ, ಸ್ವಯಂ ಸೇವಾ ಸಂಸ್ಥೆಗಳಿಂದ ಮತ್ತು ಇತರೆ ಲಭ್ಯ ಮೂಲಗಳಿಂದ ಸಾಲಗಳನ್ನು ನಿಯಮ, ವಿಹಿಂಧನೆಗಳ ಮೂಲಕ ತೆಗೆದುಕೊಳ್ಳಬಹುದು.



ಕೇಂದ್ರ ಸರ್ಕಾರ ಪುರಸ್ಕೃತ

ಸ್ವರ್ಣ ಜಯಂತಿ ಶಹರಿ ರೋಜ್‌ಗಾರ್ ಯೋಜನೆ

-ಮಾರ್ಗಸೂಚಿಗಳು

Swarna Jayanti Shakti (Urban) Rojgar Yojna
Central Government
employment
Scheme
for urban
poor.

ಸ್ವರ್ಣ ಜಯಂತಿ ಶಹರಿ ರೋಜಗಾರ್ ಯೋಜನೆ

ಪರಿಚಯ:

ಸ್ವರ್ಣ ಜಯಂತಿ ಶಹರಿ ರೋಜಗಾರ್ ಯೋಜನೆಯನ್ನು ನಗರ ಪ್ರದೇಶದ ನಿರುದ್ಯೋಗಿಗಳಿಗೆ ಹಾಗೂ ತಕ್ಕ ಕೆಲಸವಿರದ ಬಡ ಜನತೆಗೆ ಸ್ವಂತ ಉದ್ಯೋಗ ಹಾಗೂ ವೇತನಾಧಾರಿತ ಉದ್ಯೋಗಗಳನ್ನು (ಮಜೂರಿ ಉದ್ಯೋಗಗಳನ್ನು) ಕಲ್ಪಿಸುವ ಮೂಲಕ ಲಾಭದಾಯಕ ವೃತ್ತಿಯನ್ನು ನೀಡಲು ಯೋಜಿಸಲಾಗಿದೆ. ಈ ಯೋಜನೆಯ ಅನುಷ್ಠಾನಕ್ಕೆ ಯು.ಬಿ.ಎಸ್.ಪಿ. ಯೋಜನೆಯ ಮಾದರಿಯಲ್ಲಿಯೇ ಸಾಂಘಿಕ ವ್ಯವಸ್ಥೆಯನ್ನು ರೂಪಿಸಲಾಗುವುದು ಮತ್ತು ಈ ಯೋಜನೆಯ ಕಾರ್ಯಕ್ರಮಗಳ ಅನುಷ್ಠಾನವನ್ನು ನಗರ ಸ್ಥಾನಿಕ ಸರ್ಕಾರಗಳ (ಅರ್ಬನ್ ಲೋಕಲ್ ಬಾಡೀಸ್) ಮೂಲಕ ಹಾಗೂ ರಚಿಸಲಾದ ಸಾಂಘಿಕ ವ್ಯವಸ್ಥೆಯ ಮೂಲಕ ಮಾಡಲಾಗುವುದು.

ಸ್ವರ್ಣ ಜಯಂತಿ ಶಹರಿರೋಜಗಾರ್ ಯೋಜನೆಯಡಿ ಹಣವನ್ನು ಕೇಂದ್ರ ಹಾಗೂ ರಾಜ್ಯ ಸರ್ಕಾರಗಳಿಂದ ಶೇಕಡಾ 75:25 ರಂತೆ ನೀಡಲಾಗುವುದು (ಕೇಂದ್ರ: ಶೇಕಡ 75, ರಾಜ್ಯ: ಶೇಕಡ 25)

ಈ ಸ್ವರ್ಣ ಜಯಂತಿ ಶಹರಿ ರೋಜಗಾರ್ ಯೋಜನೆಯು ಎರಡು ವಿಶೇಷ ಕಾರ್ಯಕ್ರಮ (ಸ್ಕೀಮು) ಗಳನ್ನು ಒಳಗೊಂಡಿರುತ್ತದೆ.

1. ದಿ ಅರ್ಬನ್ ಸೆಲ್ಫ್ ಎಂಪ್ಲಾಯ್‌ಮೆಂಟ್ ಪ್ರೋಗ್ರಾಮ್ (ಯುಎಸ್‌ಇಪಿ)
(ನಗರ ಸ್ವಯಂ ಉದ್ಯೋಗ ಕಾರ್ಯಕ್ರಮ)
2. ದಿ ಅರ್ಬನ್ ವೇಜ್ ಎಂಪ್ಲಾಯ್‌ಮೆಂಟ್ ಪ್ರೋಗ್ರಾಮ್ (ಯುಡಬ್ಲ್ಯುಇಪಿ)
(ನಗರ ವೇತನಾಧಾರಿತ (ಮಜೂರಿ ಉದ್ಯೋಗ) ಕಾರ್ಯಕ್ರಮ)

ಮುಖ್ಯ ಅಂಶಗಳು:

ಸ್ವರ್ಣ ಜಯಂತಿ ಶಹರಿ ರೋಜಗಾರ್ ಯೋಜನೆಯನ್ನು, ಸಮುದಾಯವನ್ನು ಅಧಿಕಾರಯುಕ್ತವನ್ನಾಗಿ ಮಾಡುವ ಉದ್ದೇಶ ವನ್ನಿಟ್ಟುಕೊಂಡು ಅಭಿವೃದ್ಧಿಯನ್ನು ಆಧಾರವಾಗಿಟ್ಟುಕೊಂಡು ರೂಪಿಸಲಾಗಿದೆ. ಮೇಲಿನ ಹಂತದಿಂದ ಕೆಳಗಿನ ಹಂತಕ್ಕೆ ಅನುಷ್ಠಾನ ಗೊಳ್ಳುವ ಸಾಂಪ್ರದಾಯಿಕ ವಿಧಾನವನ್ನು ಅನುಸರಿಸುವ ಬದಲು ಈ ಸೌಕರ್ಯಗಳನ್ನು ಕಲ್ಪಿಸುವ ಸಾಮರ್ಥ್ಯವುಳ್ಳ ಸಮುದಾಯ ಸಂಸ್ಥೆಗಳನ್ನು ಹಾಗೂ ಸಾಂಘಿಕ ವ್ಯವಸ್ಥೆಯನ್ನು ರಚಿಸಿ, ಈ ಪೂರಕ ವ್ಯವಸ್ಥೆಯ ಮೂಲಕ

ಸ್ವರ್ಣ ಜಯಂತಿ ಶಹರಿ ರೋಜಗಾರ್ ಯೋಜನೆ

ತರಿಚಯ:

ಸ್ವರ್ಣ ಜಯಂತಿ ಶಹರಿ ರೋಜಗಾರ್ ಯೋಜನೆಯನ್ನು ನಗರ ಪ್ರದೇಶದ ನಿರುದ್ಯೋಗಿಗಳಿಗೆ ಹಾಗೂ ತಕ್ಕ ಕೆಲಸವಿರದ ಬಡ ಜನತೆಗೆ ಸ್ವಂತ ಉದ್ಯೋಗ ಹಾಗೂ ವೇತನಾಧಾರಿತ ಉದ್ಯೋಗಗಳನ್ನು (ಮಜೂರಿ ಉದ್ಯೋಗಗಳನ್ನು) ಕಲ್ಪಿಸುವ ಮೂಲಕ ಲಾಭದಾಯಕ ವೃತ್ತಿಯನ್ನು ನೀಡಲು ಯೋಜಿಸಲಾಗಿದೆ. ಈ ಯೋಜನೆಯ ಅನುಷ್ಠಾನಕ್ಕೆ ಯು.ಬಿ.ಎಸ್.ಪಿ. ಯೋಜನೆಯ ಮಾದರಿಯಲ್ಲಿಯೇ ಸಾಂಘಿಕ ವ್ಯವಸ್ಥೆಯನ್ನು ರೂಪಿಸಲಾಗುವುದು ಮತ್ತು ಈ ಯೋಜನೆಯ ಕಾರ್ಯಕ್ರಮಗಳ ಅನುಷ್ಠಾನವನ್ನು ನಗರ ಸ್ಥಾನಿಕ ಸರ್ಕಾರಗಳ (ಅರ್ಬನ್ ಲೋಕಲ್ ಬಾಡೀಸ್) ಮೂಲಕ ಹಾಗೂ ರಚಿಸಲಾದ ಸಾಂಘಿಕ ವ್ಯವಸ್ಥೆಯ ಮೂಲಕ ಮಾಡಲಾಗುವುದು.

ಸ್ವರ್ಣ ಜಯಂತಿ ಶಹರಿರೋಜಗಾರ್ ಯೋಜನೆಯಡಿ ಹಣವನ್ನು ಕೇಂದ್ರ ಹಾಗೂ ರಾಜ್ಯ ಸರ್ಕಾರಗಳಿಂದ ಶೇಕಡಾ 75:25 ರಂತೆ ನೀಡಲಾಗುವುದು (ಕೇಂದ್ರ: ಶೇಕಡ 75, ರಾಜ್ಯ: ಶೇಕಡ 25)

ಈ ಸ್ವರ್ಣ ಜಯಂತಿ ಶಹರಿ ರೋಜಗಾರ್ ಯೋಜನೆಯು ಎರಡು ವಿಶೇಷ ಕಾರ್ಯಕ್ರಮ (ಸ್ಕೀಮ್) ಗಳನ್ನು ಒಳಗೊಂಡಿರುತ್ತದೆ.

1. ದಿ ಅರ್ಬನ್ ಸೆಲ್ಫ್ ಎಂಪ್ಲಾಯ್‌ಮೆಂಟ್ ಪ್ರೋಗ್ರಾಮ್ (ಯುಎಸ್‌ಇಪಿ)
(ನಗರ ಸ್ವಯಂ ಉದ್ಯೋಗ ಕಾರ್ಯಕ್ರಮ)
2. ದಿ ಅರ್ಬನ್ ವೇಜ್ ಎಂಪ್ಲಾಯ್‌ಮೆಂಟ್ ಪ್ರೋಗ್ರಾಮ್ (ಯುಡಬ್ಲ್ಯುಇಪಿ)
(ನಗರ ವೇತನಾಧಾರಿತ (ಮಜೂರಿ ಉದ್ಯೋಗ) ಕಾರ್ಯಕ್ರಮ)

ಮುಖ್ಯ ಅಂಶಗಳು:

ಸ್ವರ್ಣ ಜಯಂತಿ ಶಹರಿ ರೋಜಗಾರ್ ಯೋಜನೆಯನ್ನು, ಸಮುದಾಯವನ್ನು ಅಧಿಕಾರಯುಕ್ತವನ್ನಾಗಿ ಮಾಡುವ ಉದ್ದೇಶ ವನ್ನಿಟ್ಟುಕೊಂಡು ಅಭಿವೃದ್ಧಿಯನ್ನು ಅಧಾರವಾಗಿಟ್ಟುಕೊಂಡು ರೂಪಿಸಲಾಗಿದೆ. ಮೇಲಿನ ಹಂತದಿಂದ ಕೆಳಗಿನ ಹಂತಕ್ಕೆ ಅನುಷ್ಠಾನ ಗೊಳ್ಳುವ ಸಾಂಪ್ರದಾಯಿಕ ವಿಧಾನವನ್ನು ಅನುಸರಿಸುವ ಬದಲು ಈ ಸೌಕರ್ಯಗಳನ್ನು ಕಲ್ಪಿಸುವ ಸಾಮರ್ಥ್ಯವುಳ್ಳ ಸಮುದಾಯ ಸಂಸ್ಥೆಗಳನ್ನು ಹಾಗೂ ಸಾಂಘಿಕ ವ್ಯವಸ್ಥೆಯನ್ನು ರಚಿಸಿ, ಈ ಪೂರಕ ವ್ಯವಸ್ಥೆಯ ಮೂಲಕ

ಸ್ಥಾನಿಕ ಅಭಿವೃದ್ಧಿ ಕಾರ್ಯಕ್ರಮಗಳನ್ನು ಪ್ರೋತ್ಸಾಹಿಸಲಾಗುವುದು. ಈ ಉದ್ದೇಶಕ್ಕಾಗಿ ಆಯ್ದ ಪ್ರದೇಶಗಳಲ್ಲಿ ಯುಬಿಎಸ್‌ಪಿ ಮಾದರಿಯಲ್ಲಿ ನೈಬರ್‌ಹುಡ್ ಗ್ರೂಪ್ಸ್ (ಎನ್‌ಹೆಚ್‌ಜಿಗಳು- ನೆರೆಹೊರೆ ಗುಂಪುಗಳು), ನೈಬರ್‌ಹುಡ್ ಕಮಿಟಿಗಳು (ಎನ್‌ಹೆಚ್‌ಸಿಗಳು- ನೆರೆಹೊರೆ ಸಮಿತಿಗಳು) ಮತ್ತು ಕಮ್ಯುನಿಟಿ ಡೆವಲಪ್‌ಮೆಂಟ್ ಸೊಸೈಟಿ (ಸಿಡಿಎಸ್‌ಗಳು - ಸಮುದಾಯ ಅಭಿವೃದ್ಧಿ ಸಂಘ) ಗಳಂತಹ ಸಾಮಾಜಿಕ ಸಂಸ್ಥೆಗಳನ್ನು ರಚಿಸಲಾಗುವುದು. (ಅನುಬಂಧ 4 ನೋಡಿ). ಫಲಾನುಭವಿಗಳನ್ನು ಗುರುತಿಸಲು, ಅರ್ಜಿಗಳನ್ನು ತಯಾರಿಸಲು, ಸಾಲ ವಸೂಲಿಯ ನಿರ್ವಹಣೆಯನ್ನು ಮಾಡಲು ಮತ್ತು ಸಾಮಾನ್ಯವಾಗಿ ಈ ಯೋಜನೆಗೆ ಬೇಕಾಗುವ ಇತರ ಸಹಕಾರಕ್ಕಾಗಿ ಸಿಡಿಎಸ್ (ಕಮ್ಯುನಿಟಿ ಡೆವಲಪ್‌ಮೆಂಟ್ ಸೊಸೈಟಿ) ಗಳು ಕೇಂದ್ರ ಸಂಸ್ಥೆಗಳಾಗಿ ಕೆಲಸ ನಿರ್ವಹಿಸುತ್ತವೆ ಹಾಗೂ ಆಯಾ ಪ್ರದೇಶಗಳಿಗೆ ಸೂಕ್ತವಾದ ಯೋಜನೆಯಗಳನ್ನು ಕೂಡ ಸಿಡಿಎಸ್‌ಗಳು ಗುರುತಿಸುತ್ತವೆ.

ತಮ್ಮ ಇತರ ಸಾಮಾಜಿಕ ಚಟುವಟಿಕೆಗಳ ಜೊತೆಯಲ್ಲಿ ಸಿಡಿಎಸ್‌ಗಳು ಡ್ರಿಫ್ಟ್ (ಉಳಿತಾಯ) ಮತ್ತು ಕ್ರೆಡಿಟ್ (ಸಾಲ ನೀಡುವ) ಸೊಸೈಟಿಗಳಾಗಿ ಕೆಲಸ ನಿರ್ವಹಿಸಬಹುದಾಗಿದೆ. ಅಲ್ಲದೇ ಈ ಡ್ರಿಫ್ಟ್ ಮತ್ತು ಕ್ರೆಡಿಟ್ ಸೊಸೈಟಿಗಳನ್ನು ಸಿಡಿಎಸ್ ಹೊರತಾಗಿ ಬೇರೆಯದಾಗಿಯೂ ರಚಿಸಬಹುದಾಗಿದೆ. ಈ ಸಂಸ್ಥೆಗಳು ಸ್ಥಳೀಯ ಸಂಪನ್ಮೂಲ ಕ್ರೋಢೀಕರಣ ಪ್ರಯತ್ನಗಳಿಗೆ ಹೊರಗಿನ ಇತರ ಸಂಸ್ಥೆಗಳಿಂದ ಹಣಕಾಸಿನ ಸಹಾಯವನ್ನು ಒದಗಿಸಲು ಪ್ರಯತ್ನಿಸುತ್ತವೆ.

ವಿವಿಧ ಯೋಜನೆಗಳಡಿ ಧನಸಹಾಯವನ್ನು ನೇರವಾಗಿ ಪಡೆಯಲು ಅನುವಾಗಲು, ಹಣಕಾಸು ಸಂಸ್ಥೆಗಳ ಸಹಾಯ ಪಡೆಯಲು ಹಾಗೂ ಹಣಕಾಸು ಮೂಲವನ್ನು ಸೃಷ್ಟಿಸಲು ಈ ಸಂಸ್ಥೆಗಳನ್ನು ಸಂಘಗಳ ನೊಂದಣೀ ಕಾಯ್ದೆ ಅಥವಾ ಸಂಬಂಧಪಟ್ಟ ಕಾಯ್ದೆಯ ಪ್ರಕಾರ ನೋಂದಾಯಿಸಬೇಕಾಗುತ್ತದೆ. ಸಿಡಿಎಸ್‌ಗಳ ಚಟುವಟಿಕೆಗಳಿಗೆ ಮೊದಲ ವರ್ಷದಲ್ಲಿ ಪ್ರತಿ ಸದಸ್ಯನಿಗೆ ಗರಿಷ್ಠ ನೂರು (ರೂ. 100) ರೂಪಾಯಿಗಳನ್ನು ಹಾಗೂ ಮುಂದಿನ ಪ್ರತಿ ವರ್ಷಗಳಲ್ಲಿ ಪ್ರತಿ ಸದಸ್ಯನಿಗೂ ಗರಿಷ್ಠ ಎಪ್ಪತ್ತೈದು (ರೂ. 75) ರೂಪಾಯಿಗಳನ್ನು ವ್ಯಯ ಮಾಡಬಹುದಾಗಿದೆ. ವಿವಿಧ ಸಮುದಾಯಾಧಾರಿತ ಸಂಸ್ಥೆಗಳ ಸಮೂಹವಾಗಿರುವ ಸಿಡಿಎಸ್‌ಗಳು ಈ ಯೋಜನೆಗೆ ಕೇಂದ್ರ ಸಂಸ್ಥೆಯಾಗಿರುತ್ತವೆ (ನೋಡಲ್ ಎಜ್ಜಿನಿಯಾಗಿರುತ್ತವೆ). ಆಯಾ ಪ್ರದೇಶಗಳ ವಿವಿಧ ವಿಭಾಗಗಳು ಅನುಷ್ಠಾನಗೊಳಿಸುತ್ತಿರುವ ವಿವಿಧ ಯೋಜನೆಗಳನ್ನು ಸಮನ್ವಯವಾಗಿ ಕೇಂದ್ರೀಕೃತಗೊಳಿಸುವುದರೊಂದಿಗೆ ಆರೋಗ್ಯ, ಕ್ಷೇಮಾಭ್ಯುದಯ , ಶಿಕ್ಷಣ ಮತ್ತು ಇತರ ಸಾಮಾಜಿಕ ಕ್ಷೇತ್ರಗಳಲ್ಲಿ ಸೇವೆಯನ್ನು ಒಗ್ಗೂಡಿಸುವ ಕಾರ್ಯವನ್ನು ಈ ಸಂಸ್ಥೆ (ಸಿಡಿಎಸ್)ಗಳು ಅವರ ಪ್ರದೇಶಗಳಲ್ಲಿ ಮಾಡಬೇಕಾಗುತ್ತದೆ.

1. ಅರ್ಬನ್ ಸೆಲ್ಟ್ ಎಂಪ್ಲಾಯ್‌ಮೆಂಟ್ ಪ್ರೋಗ್ರಾಮ್ (ಯುಎಸ್‌ಇಪಿ) (ನಗರ ಸ್ವಯಂ ಉದ್ಯೋಗ ಕಾರ್ಯಕ್ರಮ)

ಈ ಕಾರ್ಯಕ್ರಮವು ಮೂರು ರೀತಿಯ ಕಾರ್ಯಗಳನ್ನು ಒಳಗೊಂಡಿರುತ್ತದೆ :-

- ಲಾಭದಾಯಕ ಸ್ವಯಂ ಉದ್ಯೋಗ ಸ್ಥಾಪಿಸಲು ನಗರದ ಆಯ್ಕೆ ಪ್ರತಿಯೊಬ್ಬ ಬಡ ಫಲಾನುಭವಿಗಳಿಗೆ (ಒಬ್ಬರಿಗೆ) ಸಹಾಯ ಒದಗಿಸುವುದು.
- ಲಾಭದಾಯಕ ಸ್ವಯಂ ಉದ್ಯೋಗ ನಡೆಸಿಕೊಳ್ಳಲು ನಗರದ ಆಯ್ಕೆ ಮಹಿಳಾ ಗುಂಪುಗಳಿಗೆ ಸಹಾಯ ಒದಗಿಸುವುದು.
ಈ ಉಪಯೋಜನೆಯನ್ನು ನಗರ ಪ್ರದೇಶಗಳ ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಕಾರ್ಯಕ್ರಮ (ಡಿಡಬ್ಲ್ಯುಸಿಯುಎ) ಎಂದೂ ಕರೆಯಬಹುದು.
- ನಗರ ಸ್ವಯಂ ಉದ್ಯೋಗ ಕಾರ್ಯಕ್ರಮದ ಫಲಾನುಭವಿಗಳಿಗೆ ಹಾಗೂ ಸಂಬಂಧಪಟ್ಟ ಇತರ ಜನರಿಗೆ ವೃತ್ತಿಪರ, ಹಾಗೂ ಉದ್ಯಮಶೀಲ ನೈಪುಣ್ಯತೆಯನ್ನು ಹೆಚ್ಚಿಸಲು, ತರಬೇತಿಯನ್ನು ನೀಡುವುದು.

ಪ್ರಾಪ್ತಿ :

- ಈ ಯೋಜನೆಯು ಭಾರತದ ಎಲ್ಲಾ ನಗರಗಳಿಗೂ ಅನ್ವಯಿಸುತ್ತದೆ.
- ಪ್ರತಿ ನಗರದ ಸಂಪೂರ್ಣ ಪ್ರದೇಶವನ್ನು ಗಮನದಲ್ಲಿಟ್ಟುಕೊಂಡು ಬಡಜನರ ಗುಂಪು ಬಿಡಾರಗಳಿಗೆ ಪ್ರಾಮುಖ್ಯತೆ ನೀಡುತ್ತಾ ಈ ಯೋಜನೆಯನ್ನು ಅನುಷ್ಠಾನ ಗೊಳಿಸಲಾಗುವುದು.

ಈ ಯೋಜನೆಯಡಿ ಪರಿಗಣಿಸಲಾಗುವ ಗುಂಪುಗಳು:

- ಕಾಲಕಾಲಕ್ಕೆ ನಿರ್ಧರಿಸಲ್ಪಡುವ ಬಡತನ ರೇಖೆಗಿಂತ ಕೆಳಗೆ ಬದುಕುತ್ತಿರುವ ನಗರಗಳ ಬಡ ಜನತೆಯನ್ನು ಈ ಯೋಜನೆಯಡಿ ಪರಿಗಣಿಸಲಾಗುವುದು.
- ಸರ್ಕಾರವು ಕಾಲಕಾಲಕ್ಕೆ ಸೂಚಿಸಿದ ಹಾಗೆ ಮಹಿಳೆಯರಿಗೆ, ಪರಿಶಿಷ್ಟ ಜಾತಿ / ಪಂಗಡದವರಿಗೆ, ಅಂಗವಿಕಲರಿಗೆ ಹಾಗೂ ಇತರ ವರ್ಗದವರಿಗೆ ವಿಶೇಷ ಗಮನ ನೀಡಲಾಗುವುದು. ಈ ಕಾರ್ಯಕ್ರಮದಡಿ ಪರಿಗಣಿಸಲಾಗುವ ಒಟ್ಟು ಫಲಾನುಭವಿಗಳಲ್ಲಿ ಮಹಿಳೆಯರ ಸಂಖ್ಯೆ ಶೇಕಡಾ 30 ಕ್ಕಿಂತ ಕಡಿಮೆ ಇರಬಾರದು. ಈ ಯೋಜನೆಯಡಿ ಪರಿಶಿಷ್ಟ ಜಾತಿ ಮತ್ತು ಪರಿಶಿಷ್ಟ ಪಂಗಡದ ಫಲಾನುಭವಿಗಳ ಸಂಖ್ಯೆ, ಕನಿಷ್ಠ ಆ ನಗರದ ಜನಸಂಖ್ಯೆಯಲ್ಲಿನ ಪರಿಶಿಷ್ಟ ಜಾತಿ ಮತ್ತು ಪರಿಶಿಷ್ಟ ಪಂಗಡದ ಶೇಕಡದಷ್ಟಿರಬೇಕಾಗುತ್ತದೆ. ಅಂಗವಿಕಲರಿಗೆ ಶೇಕಡಾ 3 (ಮೂರು) ರಷ್ಟು ಮೀಸಲಾತಿಯನ್ನು ವಿಶೇಷವಾಗಿ ಈ ಯೋಜನೆಯಡಿ ನೀಡಬೇಕಾಗುತ್ತದೆ.
- ವಿದ್ಯಾರ್ಹತೆ : ಈ ಯೋಜನೆಯ ಫಲಾನುಭವಿಗಳಾಗಲು ಯಾವುದೇ ಕನಿಷ್ಠ ವಿದ್ಯಾರ್ಹತೆಯ ಅವಶ್ಯಕತೆ ಇರುವುದಿಲ್ಲ. ಆದರೆ, ಪಿಎಂಆರ್‌ವೈ ಯೋಜನೆಯೊಂದಿಗೆ ದ್ವಂದ್ವತೆಯಾಗಬಾರದೆನ್ನುವ ಸಲುವಾಗಿ ಈ ಯೋಜನೆಯ ಸೆಲ್ಟ್ ಎಂಪ್ಲಾಯ್‌ಮೆಂಟ್ ಕಾರ್ಯಕ್ರಮ (ಸ್ವ ಉದ್ಯೋಗ ಕಾರ್ಯಕ್ರಮ)ವು 9ನೇ ತರಗತಿ ಮೇಲ್ಪಟ್ಟು ವಿದ್ಯಾರ್ಹತೆ

ಹೊಂದಿದವರಿಗೆ ಅನ್ವಯಿಸುವುದಿಲ್ಲ. ಆದರೆ ವೇಜ್ ಎಂಪ್ಲಾಯ್‌ಮೆಂಟ್ ಕಾರ್ಯಕ್ರಮ (ವೇತನಾಧಾರಿತ ಕಾರ್ಯಕ್ರಮ) ಕ್ಕೆ ವಿದ್ಯಾರ್ಹತೆಯ ಯಾವುದೇ ಪರಿಮಿತಿ ಇರುವುದಿಲ್ಲ. ಈ ಯೋಜನೆಯಡಿ ಗುರುತಿಸಲಾದ ಯಾವುದೇ ಉದ್ಯಮಕ್ಕೆ ಪ್ರವೇಶಿತ ಬೇಕಾಗಿದ್ದಲ್ಲಿ, ಇದಕ್ಕೆ ಬೇಕಾಗುವ ತರಬೇತಿಯನ್ನು ಸೂಕ್ತ ಮಟ್ಟದಲ್ಲಿ ಫಲಾನುಭವಿಗಳಿಗೆ ಧನಸಹಾಯ ನೀಡುವ ಮುಂಚೆಯೇ ನೀಡಲಾಗುವುದು.

- iv ಅರ್ಹ ಫಲಾನುಭವಿಗಳನ್ನು ಗುರುತಿಸಲು ಪ್ರತಿಯೊಂದು ಮನೆ ಮನೆಯ ಸಮೀಕ್ಷೆ ನಡೆಸಲಾಗುವುದು. ನಗರದ ಬಡ ಫಲಾನುಭವಿಗಳನ್ನು ಗುರುತಿಸಲು ಈ ಮೇಲೆ ಹೇಳಿದ ನಗರ ಬಡತನ ರೇಖೆಯ ಆರ್ಥಿಕ ಪ್ರಮಾಣವಲ್ಲದೇ ಆರ್ಥಿಕೇತರ ಮಾನದಂಡವನ್ನು ಸಹ ಅಳವಡಿಸಿಕೊಳ್ಳಲಾಗುವುದು (ವಿವರಗಳನ್ನು ಮಾರ್ಗಸೂಚಿಯ ಅನುಬಂಧ-1 ರಲ್ಲಿ ನೀಡಲಾಗಿದೆ.) ಈ ಕೆಲಸಕ್ಕಾಗಿ ಅಯಾ ಪಟ್ಟಣದ ನಗರ ಬಡತನ ನಿರ್ಮೂಲನಾ ವಿಭಾಗ (ಯು.ಪಿ.ಇ. ಸೆಲ್) / ಸ್ಥಾನಿಕ ಸರ್ಕಾರದ (ಸ್ಥಾನಿಕ ಸರ್ಕಾರ: ಪಟ್ಟಣ ಪಂಚಾಯಿತಿ / ನಗರಸಭೆ / ಕಾರ್ಪೊರೇಷನ್ ಇತ್ಯಾದಿ ಅರ್ಬನ್ ಲೋಕಲ್ ಬಾಡಿ - ಯು.ಎಲ್.ಬಿ) ಮಾರ್ಗದರ್ಶನದಲ್ಲಿ ಸಿಡಿಎಸ್‌ನಂತಹ ಸಮುದಾಯ ಸಂಸ್ಥೆಗಳನ್ನು ತೊಡಗಿಸಲಾಗುವುದು. ಈ ಯೋಜನೆಯಡಿ ಅಯ್ತ ಫಲಾನುಭವಿಗಳ ಪಟ್ಟಿಯನ್ನು ಸ್ಥಾನಿಕ ಸರ್ಕಾರದ ಕಛೇರಿಯಲ್ಲಿ ಹಾಗೂ ಸಂಬಂಧಪಟ್ಟ ಸ್ಥಳಗಳಲ್ಲಿ ಪ್ರಕಟಿಸಲಾಗುವುದು. ಮೇಲೆ ತಿಳಿಸಲಾದ ಮನೆಮನೆಯ ಸಮೀಕ್ಷೆ ಹಾಗೂ ಫಲಾನುಭವಿಗಳನ್ನು ಗುರುತಿಸುವ ಕಾರ್ಯವನ್ನು ಸರಳವಾಗಿಸಲು ಅಪೇಕ್ಷಿಸಿದಲ್ಲಿ ಈ ಕಾರ್ಯವನ್ನು ರಾಜ್ಯದ ಕೇಂದ್ರ ಸಂಸ್ಥೆಯು, (ನೋಡಲ್ ಎಜನ್ಸಿ) ಸ್ಥಾನಿಕ ಸರ್ಕಾರ / ಸಮಾಜದ ಮಟ್ಟದಲ್ಲಿ ಗುರುತಿಸಲಾದ ಒಂದು ಸಂಸ್ಥೆಯ ಮೂಲಕ ಮಾಡಿಸಬಹುದಾಗಿದೆ.

ಮಹಿಳಾ ಫಲಾನುಭವಿಗಳನ್ನು ಆಯ್ಕೆ ಮಾಡುವಾಗ, ಫಲಾನುಭವಿಗಳಾಗಲು ಎಲ್ಲ ಅರ್ಹತೆಗಳು ಸಮಾನವಾಗಿದ್ದಲ್ಲಿ, ಮಹಿಳಾ ಯಜಮಾನತ್ವದಲ್ಲಿ ನಡೆಯುವ ಕುಟುಂಬಗಳಿಗೆ, ಇತರ ಮಹಿಳಾ ಫಲಾನುಭವಿಗಳಿಗಿಂತ ಹೆಚ್ಚು ಆದ್ಯತೆ ನೀಡಲಾಗುವುದು. ಈ ವರ್ಗದ ಫಲಾನುಭವಿಗಳನ್ನು ಗುರುತಿಸಲು ಮಹಿಳಾ ಯಜಮಾನತ್ವದ ಕುಟುಂಬಗಳಿಂದರೆ, ವಿಧವೆಯಿಂದ, ವಿವಾಹ ವಿಚ್ಛೇದನ ಪಡೆದ ಮಹಿಳೆಯರಿಂದ, ಕೇವಲ ಒಬ್ಬ ದುಡಿಯುವ ಮಹಿಳೆಯಿಂದ ಯಜಮಾನಿತ ಕುಟುಂಬಗಳನ್ನು ಹಾಗೂ ಕೇವಲ ಮಹಿಳೆಯರು ಮಾತ್ರ ದುಡಿಯುವ ಕುಟುಂಬಗಳನ್ನು ಮಾತ್ರ ಪರಿಗಣಿಸಲಾಗುವುದು.

ಕಾರ್ಯಕ್ರಮಗಳು :

- i) (ಸೆಲ್. ಎಂಪ್ಲಾಯ್‌ಮೆಂಟ್ ಡ್ರಾ, ಸೆಟ್ಟಿಂಗ್ ಆಫ್ ಮೈಕ್ರೋ ಎಂಟ್ರಪ್ರೈಸಸ್ ಅಂಡ್ ಸಿಲ್ಟ್ ಡೆವಲಪ್‌ಮೆಂಟ್) : ಸಣ್ಣ ಉದ್ಯಮ ಸ್ಥಾಪನೆ ಹಾಗೂ ನೈಪುಣ್ಯತೆ ವರ್ಧನೆಯ ಮೂಲಕ ಸ್ವಯಂ ಉದ್ಯೋಗ. ನಗರಗಳಲ್ಲಿ ತಕ್ಕ ಉದ್ಯೋಗವಿರದ ಹಾಗೂ ನಿರುದ್ಯೋಗಿ ಯುವಕರಿಗೆ, ನಗರಗಳಲ್ಲಿ ಹೆಚ್ಚು ಬೇಡಿಕೆಯಲ್ಲಿ ಇರುವಂತಹ ಚಿಕ್ಕ ಉದ್ಯಮಗಳಾದ ಸರ್ವಿಸಿಂಗ್, ಸಣ್ಣ ಅಂಗಡಿ ಹಾಗೂ ಕೈಗಾರಿಕೆಗಳನ್ನು ಸ್ಥಾಪಿಸಲು ಈ

[illegible]

1. 2008 ආදායම් පද්ධතියේ (2008) ආදායම් පද්ධතියේ ප්‍රධාන අංශයක් වන
 2. 2008 ආදායම් පද්ධතියේ (2008) ආදායම් පද්ධතියේ ප්‍රධාන අංශයක් වන
 3. 2008 ආදායම් පද්ධතියේ (2008) ආදායම් පද්ධතියේ ප්‍රධාන අංශයක් වන
 4. 2008 ආදායම් පද්ධතියේ (2008) ආදායම් පද්ධතියේ ප්‍රධාන අංශයක් වන
 5. 2008 ආදායම් පද්ධතියේ (2008) ආදායම් පද්ධතියේ ප්‍රධාන අංශයක් වන
 6. 2008 ආදායම් පද්ධතියේ (2008) ආදායම් පද්ධතියේ ප්‍රධාන අංශයක් වන
 7. 2008 ආදායම් පද්ධතියේ (2008) ආදායම් පද්ධතියේ ප්‍රධාන අංශයක් වන
 8. 2008 ආදායම් පද්ධතියේ (2008) ආදායම් පද්ධතියේ ප්‍රධාන අංශයක් වන
 9. 2008 ආදායම් පද්ධතියේ (2008) ආදායම් පද්ධතියේ ප්‍රධාන අංශයක් වන
 10. 2008 ආදායම් පද්ධතියේ (2008) ආදායම් පද්ධතියේ ප්‍රධාන අංශයක් වන

ಸುಧಾರಿತ ಸ್ಥಳೀಯ ತಂತ್ರಜ್ಞಾನದೊಂದಿಗೆ ಕಡಿಮೆ ವೆಚ್ಚದ ಕಟ್ಟಡ ನಿರ್ಮಾಣ ವಸ್ತುಗಳನ್ನು (ಇಟ್ಟಿಗೆ ಮಾಡುವುದು ಹಾಗೂ ಇತರ ವಸ್ತುಗಳು) ತಯಾರಿಸುವುದರಲ್ಲಿಯೂ ತರಬೇತಿಯನ್ನು ನೀಡಬಹುದಾಗಿದೆ. ಈ ಕೆಲಸಕ್ಕಾಗಿ ಸ್ಥಳೀಯ ಅವಶ್ಯಕತೆಗಳನ್ನನುಸರಿಸಿ ರಾಜ್ಯದಲ್ಲಿರುವ ಹಡ್ಕೋ / ಬಿಎಂಟಿಪಿಸಿ ನಿರ್ಮಿಸಿರುವ ನಿರ್ಮಿತ ಕೇಂದ್ರಗಳ ಸೇವೆಯನ್ನು ತೆಗೆದುಕೊಳ್ಳಬಹುದಾಗಿದೆ. ಈ ಕೆಲಸಕ್ಕಾಗಿ ಸರ್ಕಾರದಿಂದ, ಮಾನ್ಯತೆ ಪಡೆದ ಖಾಸಗೀ ಸಂಸ್ಥೆ ಹಾಗೂ ಸ್ವಯಂ ಸೇವಾ ಸಂಸ್ಥೆಗಳಿಂದ ಸ್ಥಾಪಿಸಲ್ಪಟ್ಟ ಐಟಿಐ/ ಪಾಲಿಟೆಕ್ನಿಕ್/ ಶ್ರಮಿಕ ವಿದ್ಯಾಪೀಠಗಳು/ ತಾಂತ್ರಿಕ ಕಾಲೇಜುಗಳು ಹಾಗೂ ಇತರ ಸೂಕ್ತ ತರಬೇತಿ ಕೇಂದ್ರಗಳ ಸೌಲಭ್ಯವನ್ನು ಅವುಗಳಿಗೆ ಸೂಕ್ತ ಬೆಂಬಲ ನೀಡುವುದರೊಂದಿಗೆ ಪಡೆಯಬಹುದು.

ತರಬೇತಿ ಪಡೆಯುವ ಪ್ರತಿಯೊಬ್ಬ ಫಲಾನುಭವಿಯ ತರಬೇತಿಗಾಗಿ 2000 ರೂಪಾಯಿಗಳನ್ನು ವ್ಯಯ ಮಾಡಲು ಅನುಮತಿ ಇರುತ್ತದೆ. ಇದರಲ್ಲಿ ತರಬೇತಿಗೆ ಬೇಕಾಗುವ ಸಾಮಗ್ರಿಗಳ ವೆಚ್ಚ, ತರಬೇತುದಾರರ ಸಂಭಾವನೆ, ತರಬೇತಿ ಸಂಸ್ಥೆಯು ಭರಿಸಬೇಕಾದ ಇತರ ವರ್ಚುಗಳು ಮತ್ತು ತರಬೇತಿ ಪಡೆಯುವವರಿಗೆ ನೀಡಬೇಕಾದ ಮಾಸಿಕ ಮಿತ ಸಂಬಳ (ಸ್ಟೈಪೆಂಡ್) ಸೇರಿರುತ್ತದೆ. ಪರಿಣತಿ ವರ್ಧನೆಗೆ ನೀಡುವ ತರಬೇತಿಗಳ ಅವಧಿಯು ಕನಿಷ್ಠ ಮಿತಿಯಾದ 300 ತಾಸುಗಳಿಗೆ ಒಳಪಟ್ಟು ಎರಡರಿಂದ ಅರು ತಿಂಗಳಾಗಿರತಕ್ಕದ್ದು (ಕಾರ್ಯವಿಧಾನದ ವಿವರಗಳನ್ನು ಅನುಬಂಧ 3 ರಲ್ಲಿ ನೀಡಲಾಗಿದೆ)

ಫಲಾನುಭವಿಗಳು ಚಿಕ್ಕ ಉದ್ಯಮವನ್ನು ಸ್ಥಾಪಿಸಲು ಮತ್ತು ಅವುಗಳಿಂದ ಉತ್ಪಾದಿತ ಸರಕುಗಳನ್ನು ಮಾರಾಟ ಮಾಡಲು ಸೌಕರ್ಯಗಳನ್ನು ಒದಗಿಸಬೇಕಾಗುತ್ತದೆ. ಚಿಕ್ಕ ಮಳಿಗೆಗಳ ಮೂಲಕ, ಬಡಜನರಿಗೆ ಸಾಮೂಹಿಕ ಮಾರಾಟ ಸ್ಥಳಗಳನ್ನು ಕಲ್ಪಿಸುವುದರೊಂದಿಗೆ, ಸಾಮೂಹಿಕ ಮಾರುಕಟ್ಟೆಗಳನ್ನು ಸ್ಥಾಪಿಸುವುದರೊಂದಿಗೆ, ಕಟ್ಟಡ ಹಾಗೂ ಇತರ ಸೇವೆಗಳಿಗಾಗಿ 'ನಗರಪಾಲಿಕೆ ಸೇವಾ ಕೇಂದ್ರಗಳನ್ನು' ಸ್ಥಾಪಿಸುವುದರೊಂದಿಗೆ (ಈ ಕೇಂದ್ರಗಳಲ್ಲಿ ಕಾರ್ಪೊರೇಟ್‌ಗಳ ಪ್ಲಂಬರ್‌ಗಳ ಎಲೆಕ್ಟ್ರೀಷಿಯನ್‌ಗಳ ಟಿವಿ / ರೇಡಿಯೋ/ ರೆಫ್ರಿಜಿರೇಟರ್ ಮ್ಯಾಕಿನಿಕ್‌ಗಳ ಮತ್ತು ಇತರರ ಸೇವೆಯ ಸೌಲಭ್ಯವನ್ನು ಒಂದು ಕರೆಯ ಮೂಲಕ ಲಭ್ಯವಾಗುವಂತೆ ವ್ಯವಸ್ಥೆ ಮಾಡಲಾಗುತ್ತದೆ) ಮತ್ತು ನಗರಸಭೆಯ ಮೈದಾನದಲ್ಲಿ ಅಥವಾ ರಸ್ತೆ ಬದಿಯಲ್ಲಿ ವಾರದ ಮಾರುಕಟ್ಟೆ / ಸಂಜೆ ಮಾರುಕಟ್ಟೆಗಳನ್ನು ಏರ್ಪಡಿಸುವುದರೊಂದಿಗೆ ಮತ್ತು ಇನ್ನೊಂದೆಡೆ ಮಾರುಕಟ್ಟೆ ಸಮೀಕ್ಷೆಗಳಿಗೆ / ಮಾರಾಟ ವಿದ್ಯಮಾನಗಳನ್ನು ತಿಳಿಯಲು, ಜಾಯಿಂಟ್ ಬ್ರಾಂಡಿನ ಹೆಸರುಗಳನ್ನು (ಜಾಯಿಂಟ್ ಬ್ರಾಂಡ್ ನೇಮ್) ರೂಪಿಸುವಲ್ಲಿ, ಮಾದರಿಗಳನ್ನು ರಚಿಸುವಲ್ಲಿ ಹಾಗೂ ಸರಕುಗಳ ಮಾರಾಟಕ್ಕೆ ಚಾಹಿರಾತು ಮಾಡುವಲ್ಲಿ ತಾಂತ್ರಿಕ ಸೇವೆಯನ್ನು ನೀಡುವುದರೊಂದಿಗೆ ಈ ಸೌಲಭ್ಯಗಳನ್ನು ಒದಗಿಸಬೇಕಾಗುತ್ತದೆ. ನೈಪುಣ್ಯ ಹೆಚ್ಚಳ ತರಬೇತಿ ಪಡೆದವರಿಗಾಗಿ ಸಿಡಿಎಸ್ ಮಟ್ಟದಲ್ಲಿ ಒಂದು ಸೇವಾ ಕೇಂದ್ರ (ಸರ್ವಿಸ್ ಸೆಂಟರ್) ವನ್ನು ಸ್ಥಾಪಿಸಬೇಕಾಗುತ್ತದೆ. ತರಬೇತಿ ಪಡೆದ ಫಲಾನುಭವಿಗಳನ್ನು ಈ ಸೇವಾ ಕೇಂದ್ರದಲ್ಲಿ ನೋಂದಾಯಿಸಿ ಅವರ ಕೆಲಸಕ್ಕೆ ಅನುಗುಣವಾದ ಸ್ಥಳವನ್ನು / ಸೌಕರ್ಯವನ್ನು ನೀಡಬೇಕಾಗುತ್ತದೆ. ಸಾರ್ವಜನಿಕರ ಅವಶ್ಯಕತೆಯ ಕೆರಗಳ ಮೇಲೆ ಇವರುಗಳನ್ನು ದೈನಂದಿನ

ಕೆಲಸಗಳನ್ನು ಮಾಡಿಕೊಡಲು ಸಿಡಿಎಸ್‌ನವರು ನಿಗದಿಪಡಿಸಿದ ಸಂಭಾವನೆಯ ಅಧಾರದ ಮೇಲೆ ಸೇವಾ ಕೇಂದ್ರದ ವತಿಯಿಂದ ಕಳುಹಿಸಿಕೊಡಲಾಗುವುದು. ಸೇವಾ ಕೇಂದ್ರದಲ್ಲಿ ಲಭ್ಯವಿರುವ ಸೌಲಭ್ಯಗಳ ಬಗ್ಗೆ ನಗರದಲ್ಲಿ ಸೂಕ್ತ ಪ್ರಚಾರವನ್ನು ಮಾಡಬೇಕಾಗುತ್ತದೆ. (ತರಬೇತಿ ಮತ್ತು ಸೌಕರ್ಯ ಸಾಧನಗಳ ಬಗ್ಗೆ ಕಾರ್ಯ ವಿಧಾನ ವಿವರಗಳನ್ನು ಅನುಬಂಧ 3 ರಲ್ಲಿ ನೀಡಲಾಗಿದೆ).

ತ್ಯಕ್ತಿಕರವಾಗಿ ತರಬೇತಿ ಮುಗಿಸಿದ ಫಲಾನುಭವಿಗಳಿಗೆ ಅವರ ಕೆಲಸಕ್ಕೆ ಸಂಬಂಧಿಸಿದ ಟೂಲ್‌ಕಿಟ್‌ಗಳನ್ನು ನೀಡಲಾಗುವುದು. ಟೂಲ್‌ಕಿಟ್‌ಗಳನ್ನು ಒದಗಿಸುವಲ್ಲಿ ನೀಡುವ ಸಹಾಯಧನ ಗರಿಷ್ಠಮಿತಿಯಾದ 600 ರೂಪಾಯಿಗಳಿಗೆ ಒಳಪಟ್ಟಿರುತ್ತದೆ. ಇದರ ಬೆಲೆ 600 ರೂಪಾಯಿಗಳಿಗಿಂತ ಹೆಚ್ಚಾಗಿದ್ದಲ್ಲಿ ಈ ಯೋಜನೆಯಲ್ಲದೇ ಇತರ ಮೂಲಗಳಿಂದ ಹಣವನ್ನು ಕ್ರೋಢೀಕರಿಸಲು ಹಾಗೂ ಫಲಾನುಭವಿಗಳು ತಮ್ಮ ಸ್ವಂತ ಮೂಲಗಳಿಂದ ಹಾಕಲು ಯಾವುದೇ ಅಕ್ಷೇಪಣೆ ಇರುವುದಿಲ್ಲ.

ಡೆವಲಪ್‌ಮೆಂಟ್ ಆಫ್ ವುಮೆನ್ ಅಂಡ್ ಚಿಲ್ಡ್ರನ್ ಇನ್ ಅರ್ಬನ್ ಏರಿಯಾಸ್ (ಡಿಡಬ್ಲ್ಯುಸಿಯುಎ) :

(ನಗರ ಪ್ರದೇಶಗಳಲ್ಲಿ ಮಹಿಳೆಯರ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ)

ಈ ಕಾರ್ಯಕ್ರಮವನ್ನು ವ್ಯಕ್ತಿಗತ ಪ್ರಯತ್ನದ ಹೊರತಾಗಿ, ಗುಂಪುಗೂಡಿ ಜಂಟಿಯಾಗಿ ಸ್ವಂತ ಉದ್ಯಮಗಳನ್ನು ಸ್ಥಾಪಿಸಲಿಚ್ಛಿಸುವ ನಗರದ ಬಡ ಮಹಿಳೆಯರ ಸಮೂಹಗಳಿಗಾಗಿ ರೂಪಿಸಲಾಗಿದೆ. ನಗರದ ಬಡ ಮಹಿಳೆಯರ ಗುಂಪುಗಳು ಈ ಯೋಜನೆಯಡಿ ತಮ್ಮ ಕೌಶಲ್ಯ, ಅನುಭವ, ತರಬೇತಿ ಹಾಗೂ ಸ್ಥಳೀಯ ಪರಿಸ್ಥಿತಿಗಳ ಅನುಸಾರವಾಗಿ ಆರ್ಥಿಕ ಚಟುವಟಿಕೆಗಳನ್ನು ಹಮ್ಮಿಕೊಳ್ಳಬಹುದಾಗಿದೆ. ಜಂಟಿಯಾಗಿ ಉದ್ಯಮಗಳನ್ನು ಕೈಗೊಳ್ಳುವ ಈ ಪದ್ಧತಿಯು ಆದಾಯವನ್ನು ಹೆಚ್ಚಿಸಲು ಸಹಾಯಕವಾಗುವುದರ ಜೊತೆಗೆ ನಗರದ ಬಡಮಹಿಳೆಯರಿಗೆ ಸ್ವಂತ ಉದ್ಯಮಗಳನ್ನು ಸ್ವತಂತ್ರವಾಗಿ ಸ್ಥಾಪಿಸಲು ಸಮರ್ಥರನ್ನಾಗಿ ಮಾಡುವತ್ತ ಸಹಾಯಕವಾಗುತ್ತದೆ.

ಈ ಯೋಜನೆಯಡಿ ಅನುದಾನವನ್ನು ಪಡೆಯಲು ಡಿಡಬ್ಲ್ಯುಸಿಯುಎ ಗುಂಪು ಕನಿಷ್ಠ 10 ಬಡ ಮಹಿಳೆಯರನ್ನು ಒಳಗೊಂಡಿರಬೇಕಾಗುತ್ತದೆ. ಈ ಯೋಜನೆಯಡಿ ಆದಾಯಗಳಿಕೆಯ ಚಟುವಟಿಕೆ ಪ್ರಾರಂಭವಾಗುವ ಮುಂಚೆ ಗುಂಪಿನ ಪ್ರತಿಯೊಬ್ಬ ಸದಸ್ಯರು ಒಬ್ಬರನ್ನೊಬ್ಬರು ಅರಿತಿರಬೇಕಾಗುತ್ತದೆ. ಸಮೂಹ ಕಾರ್ಯವೈವಿರಿಯ ಪದ್ಧತಿಯನ್ನು ಅರ್ಥಮಾಡಿಕೊಳ್ಳಬೇಕಾಗುತ್ತದೆ ಮತ್ತು ಗುಂಪಿನ ಪ್ರತಿ ಸದಸ್ಯರ ಸಾಮರ್ಥ್ಯ ಹಾಗೂ ಶಕ್ತಿಯನ್ನು ಅರಿತಿರಬೇಕಾಗುತ್ತದೆ. ಪ್ರತಿ ಗುಂಪಿನ ಸದಸ್ಯರಲ್ಲಿ ಒಬ್ಬರನ್ನು ಸಂಘಟಕರನ್ನಾಗಿ ನೇಮಕ ಮಾಡಬೇಕಾಗುತ್ತದೆ. ಅವರು ಪ್ರಾರಂಭಿಸಬೇಕಾದ ಉದ್ಯಮವನ್ನು ಕೂಡ ಗುಂಪಿನ ಸದಸ್ಯರು ನಿರ್ಧರಿಸುತ್ತಾರೆ. ಈ ಗುಂಪಿನ ಸದಸ್ಯರ ಭವಿಷ್ಯವು, ಅವರು ಅಯ್ಯಮಾಡಿದ

ಉದ್ಯಮದ ಮೇಲೆ ಅವಲಂಬಿತವಾಗಿರುವುದರಿಂದ, ಉದ್ಯಮವನ್ನು ನಿರ್ಧರಿಸುವಾಗ ವಿಶೇಷ ಕಾಳಜಿ ವಹಿಸಬೇಕಾಗುತ್ತದೆ. ಸಾಧ್ಯವಾದಷ್ಟು ಮಟ್ಟಿಗೆ ನಗರ ಬಡತನ ನಿರ್ಮೂಲನ ವಿಭಾಗವು ಗುರುತಿಸಿ ತಯಾರಿಸಿದ ಯೋಜನೆಗಳ ಪಟ್ಟಿಯಿಂದ ತೆಗೆದುಕೊಳ್ಳಬೇಕಾದ ಉದ್ಯಮವನ್ನು ಆಯ್ಕೆ ಮಾಡಿದಲ್ಲಿ ಅನುಕೂಲವಾಗುತ್ತದೆ. ಇದರ ಜೊತೆಗೆ ಈ ಗುಂಪೇ ಒಂದು ಡ್ರಿಫ್ಟ್ ಮತ್ತು ಕ್ರೆಡಿಟ್ ಸೊಸೈಟಿಯಾಗಿ ಕಾರ್ಯನಿರ್ವಹಿಸುವಂತೆ ಮಾಡಲು ಎಲ್ಲಾ ಸಾಧ್ಯ ಪ್ರಯತ್ನಗಳನ್ನು ಮಾಡಬೇಕಾಗುತ್ತದೆ.

ಹಣಕಾಸು ವೈವಸ್ಥೆ :

ಡಿಡಬ್ಲ್ಯುಸಿಯುವ ಗುಂಪಿಗೆ ಯೋಜನೆಗಳನ್ನು ಕೈಗೊಳ್ಳಲು 1,25,000 ರೂಪಾಯಿಗಳು ಅಥವಾ ಯೋಜನಾ ಮೊತ್ತದ ಶೇಕಡಾ 50 ರಷ್ಟು ಹಣ, ಇವೆರಡರಲ್ಲಿ ಯಾವುದು ಕನಿಷ್ಠವೋ, ಆ ಮೊತ್ತವನ್ನು ಸಹಾಯ ಧನವಾಗಿ ನೀಡಲಾಗುತ್ತದೆ.

ಒಂದು ವೇಳೆ ಡಿಡಬ್ಲ್ಯುಸಿಯುವ ಗುಂಪೇ ತನ್ನ ಉದ್ಯಮ ಚಟುವಟಿಕೆಗಳ ಜೊತೆಗೆ ಡ್ರಿಫ್ಟ್ ಮತ್ತು ಕ್ರೆಡಿಟ್ ಸೊಸೈಟಿಯ ಕಾರ್ಯನಿರ್ವಹಿಸಿದರೆ, ಈ ಡ್ರಿಫ್ಟ್ ಮತ್ತು ಕ್ರೆಡಿಟ್ ಸೊಸೈಟಿಗೆ ಪ್ರತಿ ಸದಸ್ಯನಿಗೆ ಗರಿಷ್ಠಮಿತಿ 1,000 ರೂಪಾಯಿಗಳಿಗೆ ಒಳಪಟ್ಟು 25,000 ರೂಗಳ ಒಟ್ಟು ಅನುದಾನ ಹಣವು ರಿವಾಲ್ವಿಂಗ್ ಫಂಡ್ ರೂಪದಲ್ಲಿ ಲಭ್ಯವಾಗುತ್ತದೆ. ಈ ರಿವಾಲ್ವಿಂಗ್ ಫಂಡನ್ನು ಡಿಡಬ್ಲ್ಯುಸಿಯುವ ಅಡಿಯಲ್ಲಿ ಯಾವುದೇ ಯೋಜನೆ ಕೈಗೊಳ್ಳದ ಕೇವಲ ಡ್ರಿಫ್ಟ್ ಮತ್ತು ಕ್ರೆಡಿಟ್ ಸೊಸೈಟಿಯಾಗಿ ಕಾರ್ಯ ನಿರ್ವಹಿಸುವ ಸಂಸ್ಥೆಗೂ ನೀಡಲಾಗುತ್ತದೆ. ಈ ರಿವಾಲ್ವಿಂಗ್ ಫಂಡನ್ನು ಗುಂಪಿನ / ಸೊಸೈಟಿಯ ಉಪಯೋಗಕ್ಕಾಗಿ ಕೆಳಗೆ ತಿಳಿಸಿದ ಉದ್ದೇಶಗಳಿಗೆ ಬಳಸಲಾಗುತ್ತದೆ.

- i) ಉದ್ಯಮಕ್ಕೆ ಬೇಕಾಗುವ ಕಚ್ಚಾ ಸಾಮಗ್ರಿಗಳ ಖರೀದಿಗೆ ಮತ್ತು ಉತ್ಪನ್ನಗಳ ಮಾರಾಟಕ್ಕೆ
- ii) ವರಮಾನ ಉತ್ಪತ್ತಿ ಮತ್ತು ಇತರ ಚಟುವಟಿಕೆಗಳಿಗೆ ಮೂಲ ಸೌಲಭ್ಯ ಬೆಂಬಲ ನೀಡುವುದಕ್ಕಾಗಿ
- iii) ಮಕ್ಕಳ ಪೋಷಣಾ ಚಟುವಟಿಕೆಗಳಿಗೆ ಒಂದು ಸಲದ ವಿರ್ಚು. ಪುನರಾವರ್ತನೆ ಗೊಳ್ಳುವ ವಿರ್ಚುಗಳಾದ ಸಿಬ್ಬಂದಿಯ ವೇತನ ಇತ್ಯಾದಿ ಈ ಯೋಜನೆಯಡಿ ನೀಡಲಾಗುವುದಿಲ್ಲ.
- iv) ಬ್ಯಾಂಕುಗಳಿಗೆ ಹಾಗೂ ಇತರ ಸ್ಥಳಗಳನ್ನು ಸಂದರ್ಶಿಸಲು ತಗಲುವ ಪ್ರಯಾಣ ವಿರ್ಚುಗಳಿಗೆ ಗರಿಷ್ಠ ಮಿತಿ 500 ರೂಪಾಯಿಗಳಿಗೆ ಮೀರದಂತೆ ನೀಡಲಾಗುವುದು.
- v) ಡ್ರಿಫ್ಟ್ ಮತ್ತು ಕ್ರೆಡಿಟ್ ಸೊಸೈಟಿಯ ಸದಸ್ಯರೋರ್ವರು, ಸೊಸೈಟಿಯಲ್ಲಿ ಕನಿಷ್ಠ 500 ರೂಪಾಯಿಗಳನ್ನು 12 ತಿಂಗಳ ಅವಧಿಗೆ ಕಡ್ಡಾಯ ಜಮಾ (ಫಿಕ್ಸೆಡ್ ಡಿಪಾಸಿಟ್) ಮಾಡಿದಲ್ಲಿ, ಅವರ ಹೆಸರಿನಲ್ಲಿ ತೆಗೆದುಕೊಳ್ಳಲಾದ ಆರೋಗ್ಯ / ಜೀವನ / ಅಭಿಗಾತ / ಅಥವಾ ಇತರ ವಿಮಾ ಯೋಜನೆ ಕೆಟ್ಟು 20 ರೂಪಾಯಿಗಳ ಸಹಾಯಧನವನ್ನು

ನೀಡಲಾಗುವುದು. ಮತ್ತು ಯಾವುದೇ ಸದಸ್ಯರು ಕನಿಷ್ಠ 750 ರೂಪಾಯಿಗಳನ್ನು 12 ತಿಂಗಳ ಅವಧಿಗೆ ಕಡ್ಡಾಯ ಜಮಾ (ಫಿಕ್ಸ್ಡ್ ಡಿಪಾಸಿಟ್) ಮಾಡಿದಲ್ಲಿ ಅವರಿಗೆ 60 ರೂಪಾಯಿಗಳ ಸಹಾಯ ಧನ ಲಭ್ಯವಿರುತ್ತದೆ. ಈ ಮೊತ್ತದಲ್ಲಿ ಮೇಲೆ ತಿಳಿಸಿದಂತೆ ಅವರ ಹೆಸರಿನಲ್ಲಿ ತೆಗೆಸಲಾದ ವಿಮೆಗೆ 30 ರೂಪಾಯಿಗಳನ್ನು ಮತ್ತು ಉಳಿದ 30 ರೂಪಾಯಿಗಳನ್ನು ಅವಳ ಗಂಡನ ಅರೋಗ್ಯ / ಜೀವನ / ಅಪಘಾತ ಅಥವಾ ಇತರ ವಿಮಾ ಯೋಜನೆಗೆ ಕಟ್ಟಲು ಅಥವಾ ಅವರ ಕುಟುಂಬದ ಯಾವುದೇ ಅಪ್ರಾಪ್ತ ವಯಸ್ಸಿನ ಹೆಣ್ಣು ಮಗುವಿನ (ಮೈನರ್ ಗರ್ಲ್) / ಅರೋಗ್ಯ / ಅಪಘಾತ ವಿಮೆಗೆ ನೀಡಲಾಗುತ್ತದೆ. ಈ ವಿವರವನ್ನು ಕೂಡ ರಿವಾಲ್ವಿಂಗ್ ಫಂಡ್‌ಆಡಿಯಲ್ಲಿ ತೋರಿಸಬಹುದಾಗಿದೆ.

vi) ಗುಂಪಿನ ಅಥವಾ ಸಮಾಜದ ಒಳಿತಿಗಾಗಿ ರಾಜ್ಯ ಸರ್ಕಾರ ಅನುಮತಿಸಿದ ಯಾವುದೇ ಇತರ ವೆಚ್ಚಗಳನ್ನು ರಿವಾಲ್ವಿಂಗ್ ಫಂಡ್‌ನಿಂದ ಮಾಡಬಹುದು.

ಡಿಡಬ್ಲ್ಯುಸಿಯುವ ಗುಂಪು / ಡ್ರಿಫ್ಟ್ ಮತ್ತು ಕ್ರೆಡಿಟ್ ಸೊಸೈಟಿ ಸ್ಥಾಪಿತವಾದ ಒಂದು ವರ್ಷದ ನಂತರವೇ ರಿವಾಲ್ವಿಂಗ್ ಫಂಡ್‌ಗೆ ಅರ್ಹವಾಗುತ್ತದೆ. ಅಂದರೇ ಅಸ್ತಿತ್ವದಲ್ಲಿರುವ ಹಾಗೂ ಕನಿಷ್ಠ ಒಂದು ವರ್ಷದಿಂದ ಕಾರ್ಯ ನಿರ್ವಹಿಸುತ್ತಿರುವ ಸಂಸ್ಥೆಯು ರಿವಾಲ್ವಿಂಗ್ ಫಂಡ್‌ಗೆ ಅರ್ಹವಾಗುತ್ತದೆ. ಆ ಗುಂಪು ಒಂದು ವರ್ಷಕ್ಕೂ ಮೇಲ್ಪಟ್ಟು ಕಾರ್ಯ ನಿರ್ವಹಿಸಿದೆಯೇ ಇಲ್ಲವೇ ಎಂದು ಈ ಅವಧಿಯಲ್ಲಿ ನಡೆದ ಸಭೆಗಳು, ಗುಂಪು ಉಳಿತಾಯಕ್ಕೆ ಸದಸ್ಯರಿಂದ ಸ್ವೀಕರಿಸಿದ ಹಣ, ನಿಯತವಾದ ಹಣ ವಸೂಲಿ ಮತ್ತು ಸದಸ್ಯರ ಪರಿಣತಿ ವರ್ಧನೆ ಅಥವಾ ತರಬೇತಿಯಲ್ಲಿ ವಹಿಸಿದ ಪಾತ್ರ ಹಾಗೂ ಇತರ ಸಂಬಂಧಿತ ದಾಖಲೆಗಳಿಂದ ನಿರ್ಧರಿಸಬಹುದಾಗಿದೆ.

ಮೂಲ ಸೌಕರ್ಯಗಳನ್ನು ಕಲ್ಪಿಸಲು ಸಹಕಾರ

ಫಲಾನುಭವಿಗಳ ಕಾರ್ಯಸ್ಥಾನ / ಮಾರಾಟ ಸ್ಥಳ ಮತ್ತು ಇತರ ಚಟುವಟಿಕೆಗಳ ಕೇಂದ್ರವಾಗಿ ಉಪಯೋಗಿಸಲ್ಪಡುವ ಸಮುದಾಯ ಸೇವಾ ಕೇಂದ್ರ (ಕಮ್ಯುನಿಟಿ ಸೇವಾಕೇಂದ್ರ) ಗಳನ್ನು ಸ್ಥಾಪಿಸಲು ವಿಶೇಷ ಸಹಾಯವನ್ನು ನೀಡಬೇಕಾಗುತ್ತದೆ. ಈ ಸೇವಾ ಕೇಂದ್ರಗಳನ್ನು ದಿನಂಪ್ರತಿ ಸಿಡಿಎಸ್‌ಗಳು ನಿರ್ವಹಿಸಬೇಕಾಗುತ್ತದೆ. ಈ ಸೇವಾಕೇಂದ್ರಗಳನ್ನು ಸ್ಥಾಪಿಸಲು ಬೇಕಾಗುವ ಭೂಮಿಯನ್ನು ಸ್ಥಾನಿಕ ಸರಕಾರಗಳಿಂದ, (ಯುಎಲ್‌ಬಿ ಗಳಿಂದ) ಅಥವಾ ಬೇರಾವುದೇ ಸಂಸ್ಥೆಗಳಿಂದ ಉಚಿತವಾಗಿ ನೀಡಬೇಕಾಗುತ್ತದೆ. ಸೇವಾ ಕೇಂದ್ರಗಳನ್ನು ಕಟ್ಟುವಾಗ ಅರ್ಬನ್ ವೇಚ್ ಎಂಪ್ಲಾಯ್‌ಮೆಂಟ್ ಕಾರ್ಯಕ್ರಮದಡಿಯಲ್ಲಿ ವಿಧಿಸಲಾದ ನಿಯಮಗಳನ್ನು ಪಾಲಿಸಬೇಕಾಗುತ್ತದೆ. ಅದರ, ಸೆಲ್ಟ್ ಎಂಪ್ಲಾಯ್‌ಮೆಂಟ್ ಕಾರ್ಯಕ್ರಮದಡಿಯಲ್ಲಿ ನಿಗದಿತವಾದ ಹಣದಲ್ಲಿ ಗರಿಷ್ಠ ಶೇಕಡಾ 10 ರಷ್ಟು ಹಣವನ್ನು ಮಾತ್ರ ಈ ಸಂಬಂಧ ಸೌಕರ್ಯ ಕಲ್ಪಿಸಲು ಬಳಸಬಹುದು.

ತರಬೇತಿ:

ರಾಜ್ಯ ಸರ್ಕಾರವು ಈ ಯೋಜನೆಯನ್ನು ಅನುಷ್ಠಾನ ಗೊಳಿಸುವ ಜನರ, ಅಂದರೇ ರಾಜ್ಯ ಸರ್ಕಾರದ ಸಿಬ್ಬಂದಿಯ, ಸ್ಥಾನಿಕ ಸರ್ಕಾರಗಳ ಸಿಬ್ಬಂದಿಯ, ಸಿಡಿಎಸ್ ಕಾರ್ಯಕರ್ತರ ಹಾಗೂ ಇತರ ಸಂಬಂಧಿತ ವ್ಯಕ್ತಿಗಳ ತರಬೇತಿ ಹಾಗೂ ಸಾಮರ್ಥ್ಯ ವರ್ಧನೆಗೆ ಆ ರಾಜ್ಯಕ್ಕೆ ಮಂಜೂರಾದ ಒಟ್ಟು ಹಣದ ಶೇಕಡಾ 5 ರಷ್ಟು (ಗರಿಷ್ಠ ಮಿತಿ) ಹಣವನ್ನು ಉಪಯೋಗಿಸಬಹುದಾಗಿದೆ. ರಾಜ್ಯದ ಎಲ್ಲಾ ತರಬೇತಿ ವಿವರಗಳು ಹಾಗೂ ಕಾರ್ಯಕ್ರಮಗಳು, ಯುಇಬಿಎ (ಅರ್ಬನ್ ಎಂಪ್ಲಾಯ್‌ಮೆಂಟ್ ಮತ್ತು ಪಾವರ್ಟಿ ಅಲಿವೇಷನ್) ವಿಭಾಗವು ರಚಿಸಿದ ರಾಷ್ಟ್ರೀಯ ತರಬೇತಿ ಯೋಜನೆಯ ಮಾದರಿಯಲ್ಲಿರ ಬೇಕಾಗುತ್ತದೆ. ತರಬೇತಿ ಸಮಯದಲ್ಲಿ ಪ್ರಸ್ತುತ ಪ್ರಚಲಿತದಲ್ಲಿರುವ ಮಾಹಿತಿಯನ್ನು / ಜ್ಞಾನವನ್ನು ನೀಡುವತ್ತ ವಿಶೇಷ ಗಮನ ಹರಿಸಬೇಕು. ಕೇಂದ್ರ ಸರ್ಕಾರದಿಂದ ಅಥವಾ ಅದರ ಮಾನ್ಯತೆ ಪಡೆದ ಸಂಸ್ಥೆಗಳು ನೀಡುವ ತರಬೇತಿ ವಿಷಯವನ್ನು, ಅದು ಸ್ಥಳೀಯರಿಗೆ ಅರ್ಥವಾಗುವಂತೆ ಹಾಗೂ ಹೆಚ್ಚು ಉಪಯೋಗವಾಗುವಂತೆ ಮಾಡಲು ಪ್ರಾಂತೀಯ ಭಾಷೆಗೆ ಭಾಷಾಂತರಿಸುವುದು ರಾಜ್ಯ ಸರ್ಕಾರದ ಕರ್ತವ್ಯವಾಗಿರುತ್ತದೆ.

ರಾಜ್ಯದ ನಗರಾಭಿವೃದ್ಧಿ ಸಂಸ್ಥೆ (ಎಸ್‌ಯುಡಿಎ - ಸ್ಪೆಟ್ ಅರ್ಬನ್ ಡೆವಲಪ್‌ಮೆಂಟ್ ಏಜನ್ಸಿ) ಹಾಗೂ ಜಿಲ್ಲಾ ನಗರಾಭಿವೃದ್ಧಿ ಸಂಸ್ಥೆ (ಡಿಯುಡಿಎ- ಡಿಸ್ಟ್ರಿಕ್ಟ್ ಅರ್ಬನ್ ಡೆವಲಪ್‌ಮೆಂಟ್ ಏಜನ್ಸಿ)ಯ ಅಧಿಕಾರಿಗಳು ತರಬೇತುದಾರರಾಗಿ ಕಾರ್ಯ ನಿರ್ವಹಿಸಲು ಅನುವಾಗಲು ಅವರಿಗೆ ಸೂಕ್ತ ತರಬೇತಿ ನೀಡಿ ಅವರ ಪರಿಣತಿಯನ್ನು ಹೆಚ್ಚಿಸಿ ಈ ಸಂಸ್ಥೆಗಳಲ್ಲಿಯೇ ತರಬೇತಿ ನೀಡುವ ಸಾಮರ್ಥ್ಯವನ್ನು ಅಭಿವೃದ್ಧಿಪಡಿಸುವ ವಿಷಯವನ್ನು ರಾಜ್ಯ ಸರ್ಕಾರ ಗಮನದಲ್ಲಿಟ್ಟುಕೊಳ್ಳಬಹುದಾಗಿದೆ.

ಈ ವ್ಯವಸ್ಥೆಯು, ಹೊರಗಿನ ಸಂಸ್ಥೆಗಳನ್ನು ಆವಲಂಬಿಸುವುದನ್ನು ಕಡಿಮೆ ಮಾಡುತ್ತದಲ್ಲದೇ ಸಂಬಂಧಿತ ಉದ್ಯಮದ ಕಾರ್ಯಕ್ಷೇತ್ರದಲ್ಲಿಯೇ ನಿಜ ಸ್ಥಿತಿಗಳಿಗೆ ಹತ್ತಿರದಿಂದ ತರಬೇತಿ ನೀಡಿ ಹೆಚ್ಚು ಸಮಂಜಸವಾಗಿರುತ್ತದೆ. ಹಿಂದೇ ಅಳವಡಿಸಲಾದ ಪದ್ಧತಿಯಾದ ಕೇವಲ ಒಂದೇ ತರಬೇತಿ ಸಂಸ್ಥೆಯಿಂದ ತರಬೇತಿ ನೀಡುವಂತಹ ಪದ್ಧತಿಗಿಂತ ಈ ವ್ಯವಸ್ಥೆಯು ಹೆಚ್ಚು ಪರಿಣಾಮಕಾರೀ ತರಬೇತಿ ನೀಡುವಲ್ಲಿ ಯಶಸ್ವಿಯಾಗುತ್ತದೆ.

ಮಾಹಿತಿ, ಶಿಕ್ಷಣ ಹಾಗೂ ಸಂಪರ್ಕದ ಕಾರ್ಯಕ್ರಮ:

ರಾಜ್ಯಕ್ಕೆ ಮಂಜೂರಾದ ಒಟ್ಟು ಹಣದ ಶೇಕಡಾ 2 ರಷ್ಟು ಹಣವನ್ನು ಮಾಹಿತಿ, ಶಿಕ್ಷಣ ಹಾಗೂ ಸಂಪರ್ಕ ಚಟುವಟಿಕೆಗಳಿಗೆ ಬಳಸಬಹುದು. ಯುಇಬಿಎ ವಿಭಾಗವು ಹಾಗೂ ಇತರ ಮಾನ್ಯತೆ ಪಡೆದ ರಾಷ್ಟ್ರೀಯ ಸಂಸ್ಥೆಗಳು, ಈ ಸಂಬಂಧದಲ್ಲಿ ನೀಡಿದ ತರಬೇತಿ ಸಾಧನಗಳು ಹಾಗೂ ವಿಷಯಗಳು ಪೂರ್ಣವಾಗಿ ಉಪಯೋಗಿಸುವಂತೆ ರಾಜ್ಯ ಸರ್ಕಾರ ಕಾಳಜಿ ವಹಿಸತಕ್ಕದ್ದು.

ಆಡಳಿತ ಹಾಗೂ ಕಛೇರಿ ವೆಚ್ಚಗಳು:

ಅನುತ್ಪಾದಕ ವೆಚ್ಚವನ್ನು ಕಡಿಮೆ ಮಾಡುವಲ್ಲಿ ರಾಜ್ಯ ಸರ್ಕಾರ ಕಾಳಜಿ ವಹಿಸಬೇಕಾಗುತ್ತದೆ. ಯಾವುದೇ ಸಂದರ್ಭದಲ್ಲಿ ರಾಜ್ಯಕ್ಕೆ ಮಂಜೂರಾದ ಒಟ್ಟು ಹಣದಲ್ಲಿ ಗರಿಷ್ಠ ಶೇಕಡಾ 5 ರಷ್ಟು ಹಣವನ್ನು ಮಾತ್ರ ಆಡಳಿತ ಮತ್ತು ಕಛೇರಿ ವೆಚ್ಚಗಳಿಗೆ ಬಳಸಬಹುದು. ಸ್ಥಾನಿಕ ಸರ್ಕಾರಗಳ ಮತ್ತು ಅದರ ಕೆಳಗಡೆ ಇತರ ಸಂಸ್ಥೆಗಳಿಗೆ ಆಡಳಿತ ಹಾಗೂ ಕಛೇರಿ ವೆಚ್ಚಕ್ಕಾಗಿ ಸ್ಥಾನಿಕ ಸರ್ಕಾರಗಳಿಗೆ ಮಂಜೂರಾದ ಹಣದಲ್ಲಿ ಶೇಕಡಾ 5 ರಷ್ಟನ್ನು ಮಾತ್ರ ಬಳಸಬಹುದಾಗಿದೆ. ಇದಕ್ಕಿಂತ ಹೆಚ್ಚು ವ್ಯಯವಾದಲ್ಲಿ ಈ ವೆಚ್ಚವನ್ನು ಸ್ಥಳೀಯ ಸಂಪನ್ಮೂಲಗಳಿಂದ ಭರಿಸಬೇಕಾಗುತ್ತದೆ. ಇದಕ್ಕೆ ಹೊರತಾಗಿ ಸ್ಥಾನಿಕ ಸರ್ಕಾರಗಳಿಗೆ ಮಂಜೂರಾದ ಶೇಕಡ 3 ರಷ್ಟು (ಗರಿಷ್ಠ ಮಿತಿ) ಹಣವನ್ನು ಸ್ಥಾನಿಕ ಸರ್ಕಾರದ ವ್ಯವಸ್ಥೆಯನ್ನು ಬಲಪಡಿಸಲು ಉಪಯೋಗಿಸಬಹುದಾಗಿದೆ. ನಗರ ಬಡತನ ನಿರ್ಮೂಲನಾ ವಿಭಾಗವು ಅಸ್ತಿತ್ವದಲ್ಲಿರುವ ಸ್ಥಾನಿಕ ಸಂಕಾರಗಳಲ್ಲಿ ಮಾತ್ರ ಈ ಹಣವನ್ನು ಉಪಯೋಗಿಸುವ ಅನುಮತಿ ಇರುತ್ತದೆ.

ದಿ ಆರ್ಬಿಎನ್ ವೇಜ್ ಎಂಪ್ಲಾಯ್‌ಮೆಂಟ್ ಪ್ರೋಗ್ರಾಂ: (ಯುಡಬ್ಲ್ಯು.ಇಪಿ) (ನಗರ ವೇತನಾಧಾರಿತ (ಮಂಜೂರಿ) ಉದ್ಯೋಗ ಕಾರ್ಯಕ್ರಮ)

ಈ ಯೋಜನೆಯನ್ನು / ಕಾರ್ಯಕ್ರಮವನ್ನು ನಗರ ಸ್ಥಾನಿಕ ಸರ್ಕಾರಗಳ ವ್ಯಾಪ್ತಿಯಲ್ಲಿ ಬರುವ ನಗರ ಬಡತನ ರೇಖೆಗಿಂತ ಕೆಳಮಟ್ಟದಲ್ಲಿರುವ ನಗರದ ಬಡಜನತೆಗಾಗಿ ರೂಪಿಸಲಾಗಿದ್ದು, ಸಾಮಾಜಿಕ ಹಾಗೂ ಆರ್ಥಿಕವಾಗಿ ಉಪಯುಕ್ತ ಸಾರ್ವಜನಿಕ ಅಸ್ತಿಗಳನ್ನು ನಿರ್ಮಿಸುವಲ್ಲಿ ಈ ಯೋಜನೆಯ ಫಲಾನುಭವಿಗಳ ಸೇವೆಯನ್ನು ಉಪಯೋಗಿಸುವುದರೊಂದಿಗೆ ಅವರಿಗೆ ವೇತನಾಧಾರಿತ ಉದ್ಯೋಗವನ್ನು ನೀಡಲು ಉದ್ದೇಶಿಸಿದೆ.

1991 ಜನಗಣತಿಯ ಪ್ರಕಾರ 5 ಲಕ್ಷಕ್ಕಿಂತ ಕಡಿಮೆ ಜನಸಂಖ್ಯೆ ಇರುವ ಪಟ್ಟಣಗಳಿಗೆ ಮಾತ್ರ ಈ ಕಾರ್ಯಕ್ರಮ ಅನ್ವಯಿಸುತ್ತದೆ.

ಈ ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ ತೆಗೆದುಕೊಳ್ಳಬಹುದಾದ ಕಾಮಗಾರಿಗಳಿಗೆ ಬೇಕಾಗುವ ಸಾಮಗ್ರಿಗಳ ಮತ್ತು ಕಾರ್ಮಿಕರ ಸಂಭಾವನಾ ವೆಚ್ಚವನ್ನು ಶೇಕಡಾ 60:40 ರಂತೆ ನಿಯಂತ್ರಿಸಬೇಕಾಗುತ್ತದೆ. (ಅಂದರೆ ಸಾಮಗ್ರಿಗಳಿಗೆ ಶೇಕಡ 60 ರಷ್ಟು ಹಾಗೂ ಕಾರ್ಮಿಕರ ಸಂಭಾವನೆಗೆ ಶೇಕಡ 40 ರಷ್ಟು) ಈ ಕಾರ್ಯಕ್ರಮದಡಿ ಕೆಲಸ ಮಾಡಿದ ಫಲಾನುಭವಿಗಳಿಗೆ ಸಮಾಯಾನುಸಾರ ಪ್ರಕಟಿಸಲಾದ ಪ್ರಚಲಿತದಲ್ಲಿರುವ ಕನಿಷ್ಠ ವೇತನಗಳ ಪ್ರಕಾರ ವೇತನವನ್ನು ಪಾವತಿಸಬೇಕಾಗುತ್ತದೆ.

ಈ ಕಾರ್ಯಕ್ರಮವನ್ನು ರಾಜ್ಯ ಸರ್ಕಾರಗಳ ಇಐಯುವಿಸ್ (ಎನ್‌ವೈರನ್‌ಮೆಂಟಲ್ ಇಂಪ್ರೂವ್‌ಮೆಂಟ್ ಇನ್ ಅರ್ಬಿಎಸ್ ಸ್ಕೀಮ್) ಸ್ಕೀಮ್ ಮತ್ತು ಎನ್‌ಎಸ್‌ಡಿಪಿ (ನ್ಯಾಷನಲ್ ಸ್ಕೆಮ್ ಡೆವಲಪ್‌ಮೆಂಟ್ ಪ್ರೋಗ್ರಾಂ) ಕಾರ್ಯಕ್ರಮಗಳೊಂದಿಗೆ

ಸಮನ್ವಯಗೊಳಿಸ ಬೇಕಾಗುತ್ತದೆ. ಆದರೆ, ಈ ಕಾರ್ಯಕ್ರಮವನ್ನು ರಾಜ್ಯ ಸರ್ಕಾರಗಳ ಇಬಯುವಿಸ್, ಎನ್‌ಎಸ್‌ಡಿಪಿ ಅಥವಾ ಇನ್ಯಾವುದೇ ಸ್ಥಿಮುಗಳ ಬದಲಾಗಿ ರೂಪಿಸಲಾಗಿಲ್ಲ.

ಕಾರ್ಯಕ್ರಮದ ಅನುಷ್ಠಾನ ಗೊಳಿಸುವಿಕೆ

ಕಮ್ಯುನಿಟಿ ಡೆವಲಪ್ ಸೊಸೈಟಿ (ಸಿಡಿಎಸ್)ಗಳು ಸಮೀಕ್ಷೆಯನ್ನು ನಡೆಸಿ ಆ ಪ್ರದೇಶದಲ್ಲಿ ಲಭ್ಯವಿರುವ ಕನಿಷ್ಠ ಮೂಲ ಸೌಕರ್ಯ ಸೇವೆಗಳ ಪಟ್ಟಿಯನ್ನು ಸಿದ್ಧಪಡಿಸತಕ್ಕದ್ದು. ಈ ಪ್ರದೇಶಗಳಲ್ಲಿ ಲಭ್ಯವಿರುವ ಮೂಲ ಸೌಕರ್ಯ ಸೇವೆಗಳನ್ನು ಮೊದಲು ಗುರುತಿಸಲಾಗುವುದು. ಅನಂತರವಷ್ಟೆ ಅವಶ್ಯವಿರುವ ಇತರ ಮೂಲ ಸೌಕರ್ಯಗಳ ಪಟ್ಟಿಯನ್ನು ತಯಾರಿಸತಕ್ಕದ್ದು. ಈ ಯೋಜನೆಯಡಿ ಕನಿಷ್ಠ ಮೂಲ ಸೇವೆಗಳು ಎಂದರೇ ಇಬಯುವಿಸ್ ಸ್ಥಿಮಿನಲ್ಲಿ ಅರ್ಥೈಸಿದಂತೆ ಇರುತ್ತದೆ.

ಆದ್ಯತೆಯ ಮೇರೆಗೆ ಸಿಡಿಎಸ್ ಗಳು ಅವಶ್ಯವಿರುವ ಮೂಲ ಸೇವೆಗಳ ಎರಡು ಪಟ್ಟಿಗಳನ್ನು 'ಎ' ಮತ್ತು 'ಬಿ' ಪಟ್ಟಿಗಳೆಂದು ತಯಾರಿಸುತ್ತವೆ. ತಯಾರಿಸಿದ ಈ ಪಟ್ಟಿಯು ಅಂತಿಮವಾಗಿದ್ದು, ಇದನ್ನು ಇನ್ನಿತರ ಯಾವುದೇ ಸಂಸ್ಥೆಯು ಬದಲಿಸಲು ಸಾಧ್ಯವಿರುವುದಿಲ್ಲ. 'ಎ' ಪಟ್ಟಿಯಲ್ಲಿ ಆ ಪ್ರದೇಶಗಳಲ್ಲಿ ಲಭ್ಯವಿರುವ ಸೇವೆಗಳನ್ನು ಆದ್ಯತೆಯ ಮೇರೆಗೆ ಸೂಚಿಸಲಾಗುತ್ತದೆ. ಮತ್ತು 'ಬಿ' ಪಟ್ಟಿಯಲ್ಲಿ ಅವಶ್ಯವಿರುವ ಇತರ ಮೂಲ ಸೌಕರ್ಯಗಳನ್ನು ಎರಡನೇ ಆದ್ಯತೆಯ ಮೇಲೆ ಸೂಚಿಸಲಾಗುತ್ತದೆ. ಸೌಕರ್ಯಗಳನ್ನು ಯಾವ ಸ್ಥಳದಲ್ಲಿ ಕಲ್ಪಿಸಬೇಕು ಎನ್ನುವ ವಿವರಗಳೊಂದಿಗೆ ಸಿಡಿಎಸ್‌ಗಳು ಈ ಪಟ್ಟಿಗಳನ್ನು ಬಡತನ ನಿರ್ಮೂಲನಾ ವಿಭಾಗಕ್ಕೆ ವರ್ಷಾರಂಭದಲ್ಲಿ ಸಲ್ಲಿಸಬೇಕಾಗುತ್ತದೆ.

ನಗರ ಬಡತನ ನಿರ್ಮೂಲನಾ ವಿಭಾಗವು ಈ ಎರಡು ಪಟ್ಟಿಗಳನ್ನು ವಿವರವಾಗಿ ಪರಿಶೀಲಿಸಿ ಈ ಸೌಕರ್ಯಗಳನ್ನು ಕಲ್ಪಿಸಲು ತಾಂತ್ರಿಕ ಅಂದಾಜುಗಳನ್ನು ಸಿದ್ಧಪಡಿಸುವ ವ್ಯವಸ್ಥೆ ಮಾಡುತ್ತದೆ. ಈ ರೀತಿಯ ವಿವರವಾದ ಅಂದಾಜು ವೆಚ್ಚಗಳನ್ನು ಮೊದಲು ಲಾಭ್ಯವಿರುವ ಕನಿಷ್ಠ ಮೂಲ ಸೇವೆಗಳಿಗೆ ('ಎ' ಗುಂಪಿನ ಪಟ್ಟಿಗೆ) ತಯಾರಿಸಲಾಗುವುದು. ಈ ಅಂದಾಜು ವೆಚ್ಚಗಳನ್ನು ತಯಾರಿಸುವಾಗ ನಗರಕ್ಕೆ ಲಭ್ಯವಿರುವ ಒಟ್ಟು ಹಣವನ್ನು ಗಮನದಲ್ಲಿಟ್ಟುಕೊಳ್ಳಬೇಕಾಗುತ್ತದೆ. ಈ ಯೋಜನೆಗಳಿಗೆ ಆಡಳಿತಾತ್ಮಕ ಮಂಜೂರಾತಿಯನ್ನು ನೀಡುವ ಅಧಿಕಾರವನ್ನು ರಾಜ್ಯ ಸರ್ಕಾರವು ಸ್ಥಾನಿಕ ಸರ್ಕಾರಗಳಿಗೆ ಅಥವಾ ಜಿಲ್ಲಾ ನಗರಾಭಿವೃದ್ಧಿ ಸಂಸ್ಥೆಗೆ ನೀಡುತ್ತದೆ. ಒಂದು ವೇಳೆ ಸ್ಥಾನಿಕ ಸರ್ಕಾರಗಳಿಗೆ ಈ ಅಧಿಕಾರ ನೀಡಿದಲ್ಲಿ, ಅದು ಸಿಡಿಎಸ್‌ನ ಶಿಫಾರಸ್ಸುಗಳನ್ನು ಅಗತ್ಯತೆಯ ಆಧಾರದ ಮೇಲೆ ಪರಿಶೀಲಿಸಿ ಅಂತಿಮ ನಿರ್ಧಾರ ತೆಗೆದುಕೊಳ್ಳುತ್ತದೆ. ಒಂದು ವೇಳೆ ಜಿಲ್ಲಾನಗರಾಭಿವೃದ್ಧಿ ಸಂಸ್ಥೆ (ಡಿಯುಡಿಎ)ಗಳಿಗೆ ಈ ಅಧಿಕಾರ ನೀಡಿದಲ್ಲಿ, ಸ್ಥಾನಿಕ ಸರ್ಕಾರವು ಸಿಡಿಎಸ್‌ನ ಪ್ರಸ್ತಾವನೆಗಳನ್ನು ತಮ್ಮ ಶಿಫಾರಸ್ಸಿನೊಂದಿಗೆ ಮತ್ತು ತಾಂತ್ರಿಕ ಅನುಮೋದನೆಯೊಂದಿಗೆ ಸೂಕ್ತ ಕ್ರಮಕ್ಕಾಗಿ ಡಿಯುಡಿಎಗೆ ಕಳುಹಿಸಿ ಕೂಡತಕ್ಕದ್ದು. ಜಿಲ್ಲಾ ನಗರಾಭಿವೃದ್ಧಿ ಸಂಸ್ಥೆ (ಡಿಯುಡಿಎ)ಯು, ಸ್ವೀಕೃತವಾದ ಪ್ರಸ್ತಾವನೆಗಳನ್ನು ಯೋಗ್ಯತೆಯ

ಅಧಾರದ ಮೇಲೆ ಪರಿಶೀಲಿಸುತ್ತದೆ. ಈ ಪರಿಶೀಲನಾ ಕಾರ್ಯದಲ್ಲಿ ಕನಿಷ್ಠ ಮೂಲ ಸೌಕರ್ಯಗಳಿಗೆ ಪ್ರಾಶಸ್ತ್ಯ ನೀಡಲಾಗುವುದು. ಈ ಕಾಮಗಾರಿಗಳಿಗೆ ಅಡಳಿತಾತ್ಮಕ ಮಂಜೂರಾತಿಯನ್ನು ಡಿಯುಡಿಎ ನೀಡುವುದು. ಸಾಮಾನ್ಯವಾಗಿ ಲಭ್ಯವಿರುವ ಅನುದಾನಕ್ಕಿಂತ ಶೇಕಡಾ 200 ಕ್ಕಿಂತ ಹೆಚ್ಚಿನ ಮೊತ್ತಕ್ಕೆ ಅಡಳಿತಾತ್ಮಕ ಮಂಜೂರಾತಿಯನ್ನು ನೀಡಬಾರದು. ಈ ಕಾಮಗಾರಿಗಳನ್ನು ಸಿಡಿಎಸ್‌ಗಳು ಸಾಧ್ಯವಾದಷ್ಟರ ಮಟ್ಟಿಗೆ ಸ್ಥಾನಿಕ ಸರ್ಕಾರಗಳ ಸಾಮಾನ್ಯ ನಿಯಂತ್ರಣ ಹಾಗೂ ಮೇಲ್ವಿಚಾರಣೆಯಲ್ಲಿ ಕೈಗೊಳ್ಳುತ್ತವೆ. ಕಟ್ಟಡ ನಿರ್ಮಾಣದ ಗುಣಮಟ್ಟವನ್ನು ಸ್ಥಾನಿಕ ಸರ್ಕಾರಗಳು ಹೆಚ್ಚಿನ ಮಟ್ಟದ ಕಾಳಜಿಯಿಂದ ಪರಿವೀಕ್ಷಿಸಬೇಕಾಗುತ್ತದೆ. ಈ ಸಂಬಂಧದಲ್ಲಿ ಇಲಾಖೆಗಳೇ ಕಾಮಗಾರಿ ಕಾರ್ಯವನ್ನು ನಿರ್ವಹಿಸಬೇಕು (ಅಂದರೇ ಎಲ್ಲಾ ಕಾಮಗಾರಿಗಳನ್ನು ಡಿಪಾರ್ಟ್‌ಮೆಂಟ್ ವರ್ಕ್ ಗಳಾಗಿ ನಿರ್ವಹಿಸಬೇಕು) ಮತ್ತು ಈ ಬಗ್ಗೆ ಹಾದರೀ ಪುಸ್ತಕ, (ಅಂದರೇ ನಾಮಿನಲ್ ಮಸ್ಟರ್ ರೋಲ್‌ಗಳು) ರಿಜಿಸ್ಟ್ರಾರ್‌ಗಳು ಇತ್ಯಾದಿ ಇವುಗಳನ್ನು ನಿರ್ವಹಿಸುವ ಮಾರ್ಗ ಸೂಚಿಯನ್ನು ರಾಜ್ಯ ಸರ್ಕಾರಗಳು ನೀಡಬೇಕಾಗುತ್ತದೆ. ಸಾಧ್ಯವಾದಷ್ಟರ ಮಟ್ಟಿಗೆ, ಸಾಮಗ್ರಿಗಳನ್ನು ಪೂರೈಸುವ ಕಾರ್ಯವನ್ನು ಇಲಾಖೆ ವತಿಯಿಂದ ಮಾಡಬೇಕು. ವಿಶೇಷ ಕೌಶಲ್ಯ / ನೈಪುಣ್ಯತೆ ಬೇಕಾಗುವ ಕೆಲವು ಕಾಮಗಾರಿಗಳನ್ನು ವಿಭಾಗದ ಇಲಾಖಾವತಿಯಿಂದ (ಅಂದರೇ ಡಿಪಾರ್ಟ್‌ಮೆಂಟ್ ವರ್ಕ್ ಆಗಿ) ನಿರ್ವಹಿಸಲು ಸಾಧ್ಯವಾಗದಿದ್ದಲ್ಲಿ ಅಂಥದ ಕಾಮಗಾರಿಗಳನ್ನು ಬೇರೆ ಸಂಸ್ಥೆಗಳಿಂದ ಅಥವಾ ಎಜ್ಜಿಗಳಿಂದ ಸೂಕ್ತ ಟೆಂಡರು ಪದ್ಧತಿ/ಸರ್ಕಾರಿ ನಿಯಮಗಳ ಪ್ರಕಾರ ಮಾಡಿಸಬೇಕಾಗುತ್ತದೆ. ಈ ಯೋಜನೆಯ ಎಲ್ಲಾ ಕಾಮಗಾರಿಗಳನ್ನು ಕಡ್ಡಾಯವಾಗಿ ಪೂರ್ಣಗೊಳಿಸ ತಕ್ಕದ್ದು ಹಾಗೂ ಯಾವುದೇ ಕೆಲಸವನ್ನು ಅಪೂರ್ಣ ಸ್ಥಿತಿಯಲ್ಲಿ ನಿಲ್ಲಿಸಬಾರದು. ಒಂದು ವೇಳೆ ದರಗಳ ಹೆಚ್ಚಳದಿಂದ ಅಥವಾ ಯೋಜನೆಯ ವಿಸ್ತಾರದಿಂದ ಅಥವಾ ಬೇರಾವುದೇ ಕಾರಣದಿಂದ ಯೋಜನಾ ಅಂದಾಜು ಪೆಚ್ಚವು ಹೆಚ್ಚಾದಲ್ಲಿ ಮತ್ತು ಈ ಹೆಚ್ಚಿನ ಹಣವು ಈ ಕಾರ್ಯಕ್ರಮದಡಿಯಲ್ಲಿ ಲಭ್ಯವಿರದ ಪಕ್ಷದಲ್ಲಿ, ಅವಶ್ಯವಿದ್ದಲ್ಲಿ ಈ ಕಾಮಗಾರಿಗಳನ್ನು ಪೂರ್ಣಗೊಳಿಸಲು ಬೇಕಾಗುವ ಹೆಚ್ಚುವರಿ ಹಣವನ್ನು ಇತರೇ ಕಾರ್ಯಕ್ರಮಗಳಿಂದ ತೆಗೆದುಕೊಂಡು ಕಾಮಗಾರಿಗಳನ್ನು ಸಂಪೂರ್ಣಗೊಳಿಸುವ ಜವಾಬ್ದಾರಿ ಮಂಜೂರಾತಿ ಸಂಸ್ಥೆ / ಅನುಷ್ಠಾನ ಸಂಸ್ಥೆ (ಅಂದರೇ ಡಿಯುಡಿಎ/ ಸ್ಥಾನಿಕ ಸರ್ಕಾರ) ಗಳದ್ದಾಗಿರುತ್ತದೆ.

ಯೋಜನಾ ನಿರ್ವಹಣೆ:

ಸಮುದಾಯ ಮಟ್ಟದಲ್ಲಿ ಗುರುತಿಸಲಾದ ಸುಮಾರು ಪ್ರತಿ 2000 ಫಲಾನುಭವಿ ಕುಟುಂಬಗಳಿಗೆ ಓರ್ವ ಸಮುದಾಯ ಸಂಘಟಕರನ್ನು (ಕ್ಯಾಮ್ಯೂನಿಟಿ ಆರ್ಗನೈಸರ್) ನೇಮಿಸ ತಕ್ಕದ್ದು. ಸಾಧ್ಯವಾದಷ್ಟರ ಮಟ್ಟಿಗೆ ಈ ಸಮುದಾಯ ಸಂಘಟಕರು ಮಹಿಳೆಯಾಗಿರಬೇಕು. ಅವರು ಈ ಕೆಲಸಕ್ಕೆ ನೇಮಿಸಲಾದ ಅಥವಾ ಸರ್ಕಾರಿ ವಿಭಾಗದಿಂದ ಎರವಲು ಪಡೆದ ಅಥವಾ ಸ್ಥಾನಿಕ ಸರ್ಕಾರದ ಗುತ್ತಿಗೆಯ ಅಧಾರದ ಮೇಲೆ ನೇಮಿಸಲಾದ ಪೂರ್ಣ ಕಾಲಿಕ ನೌಕರರಾಗಿರಬೇಕು. ಈ ಸಮುದಾಯ ಸಂಘಟಕರ ಜವಾಬ್ದಾರಿಗಳು ಈ ಕೆಳಗಿನಂತಿವೆ.:

1 ಸ್ವಯಂ ಸೇವಾ ಮನೋಭಾವನೆಯನ್ನು ಮೂಡಿಸುವುದು ಮತ್ತು ಪ್ರಚಾರ ಪಡಿಸುವುದು ಮತ್ತು ಸಮುದಾಯ

ವ್ಯವಸ್ಥೆಯನ್ನು / ಗುಂಪುಗಳನ್ನು ಸಂಘಟಿಸುವುದು.

2. ಅವಶ್ಯಕತೆಗಳನ್ನು ನಿರ್ಧರಿಸುವಲ್ಲಿ ಮತ್ತು ಯೋಜನೆಗಳನ್ನು ರೂಪಿಸುವಲ್ಲಿ ಸಮುದಾಯಕ್ಕೆ ಮಾರ್ಗದರ್ಶನ ಮಾಡುವುದು.
3. ಕಾರ್ಯಕ್ರಮಗಳನ್ನು ಅನುಷ್ಠಾನಗೊಳಿಸಲು ಮತ್ತು ನಿರ್ವಹಿಸಲು ಸಮುದಾಯದೊಂದಿಗೆ ಕೆಲಸ ಮಾಡುವುದು.
4. ವಲಯವಾರು ಇಲಾಖೆಗಳೊಂದಿಗೆ ಸಮುದಾಯದ ಜನರ ಪರಿಚಯವನ್ನು ಏರ್ಪಡಿಸುವುದು.
5. ಜನರಲ್ಲಿ ಪರಸ್ಪರ ಅನುಭವ ವಿನಿಮಯವನ್ನು ಏರ್ಪಡಿಸುವುದು
6. ಸಮುದಾಯ ಮಟ್ಟದಲ್ಲಿ ತರಬೇತಿಯನ್ನು ಮತ್ತು ವಿಚಾರ ವಿನಿಮಯವನ್ನು ಏರ್ಪಡಿಸುವುದು.
7. ಸ್ವಯಂ ಉದ್ಯೋಗ ಉದ್ಯಮಗಳಿಗೆ ತಮ್ಮ ಪ್ರದೇಶದಲ್ಲಿ ಅರ್ಹ ಫಲಾನುಭವಿಗಳನ್ನು ಗುರುತಿಸುವುದು. ಫಲಾನುಭವಿಗಳ ಹೆಸರುಗಳನ್ನು ಸಿಡಿಎಸ್ ಅನುಮೋದಿಸಿದ ನಂತರ ಹಣಕಾಸು ಬಿಡುಗಡೆಗಾಗಿ ಅರ್ಜಿ ಸಲ್ಲಿಸುವುದು ಮತ್ತು ತದನಂತರ ಈ ಅರ್ಜಿಯ ಸ್ವೀಕೃತಿಯ ಬಗ್ಗೆ ಅಂತಿಮ ವಿಲೇವಾರಿಯಾಗುವ ತನಕ ಸ್ಥಾನಿಕ ಸರ್ಕಾರದೊಂದಿಗೆ/ ಬ್ಯಾಂಕುಗಳೊಂದಿಗೆ ಮತ್ತು ಆಡಳಿತದೊಂದಿಗೆ ಸಂಪರ್ಕವಿಟ್ಟುಕೊಂಡು ಅನುಸರಣಾ ಕಾರ್ಯ ಕೈಗೊಳ್ಳುವುದು.
8. ಹಣಕಾಸು ಪಡೆದ ಫಲಾನುಭವಿಗಳು ಸ್ವಯಂ ಉದ್ಯೋಗ ಉದ್ಯಮ ಸ್ಥಾಪಿಸುವ ಕಾರ್ಯ ಸಮರ್ಪಕವಾಗಿ ನಡೆಸುತ್ತಿರುವ ಬಗ್ಗೆ ಪರಿಶೀಲಿಸುವುದು ಮತ್ತು ಇದಕ್ಕಾಗಿ ನಿರಂತರ ಅಗತ್ಯ ಸಹಕಾರ ನೀಡುವುದು ಮತ್ತು ಫಲಾನುಭವಿಗಳು ಸಮಯಾನುಸಾರ ಸಾಲ ಮರುಪಾವತಿ ಮಾಡುವ ಬಗ್ಗೆ ನಿರ್ವಹಿಸುವುದು.
9. ನಗರ ಬಡತನ ನಿರ್ಮೂಲನ ಗುರಿ ಸಾಧನೆಗಾಗಿ ಆಕೆಗೆ ವಹಿಸಲಾಗುವ ಇನ್ನಾವುದೇ ಕಾರ್ಯವನ್ನು ನೆರವೇರಿಸುವುದು. ಪಟ್ಟಣ ಹಂತದಲ್ಲಿ ಯೋಜನಾ ಅಧಿಕಾರಿಯ ನೇತೃತ್ವದಲ್ಲಿ ಒಂದು ನಗರ ಬಡತನ ನಿರ್ಮೂಲನಾ ವಿಭಾಗವನ್ನು ಸ್ಥಾಪಿಸತಕ್ಕದ್ದು. ಸಮುದಾಯ ಸಂಘಟಕರ(ಸಿಬಿಗಳ) ಮತ್ತು ಸಮುದಾಯ ಅಭಿವೃದ್ಧಿ ಸಂಘ (ಸಿಡಿಎಸ್) ಗಳ ಚಟುವಟಿಕೆಗಳನ್ನು ಸಮನ್ವಯಗೊಳಿಸುವುದು ಈ ಯೋಜನಾಧಿಕಾರಿಯ ಜವಾಬ್ದಾರಿಯಾಗಿರುತ್ತದೆ. ವಿವಿಧ ಸಂಘಗಳ ಮತ್ತು ಸ್ಥಾನಿಕ ಸರ್ಕಾರದ ಚಟುವಟಿಕೆಗಳನ್ನು ಸಮನ್ವಯಗೊಳಿಸುವುದು ಮತ್ತು ಅವರ ಚಟುವಟಿಕೆಗಳು ಸಮಾನ ಗುರಿಗಳನ್ನು ಸಾಧಿಸುವಹಾಗೆ ಮಾಡುವುದು ಈ ಸಮಿತಿಯ ಜವಾಬ್ದಾರಿಯಾಗಿರುತ್ತದೆ. ಎಲ್ಲಾ ವಲಯವಾರು ಇಲಾಖೆಗಳು ಯೋಜನೆಯ ಉದ್ದೇಶವನ್ನು ಸರಿಯಾಗಿ ತಿಳಿದುಕೊಳ್ಳುವ ಹಾಗೆ ಮಾಡುವುದು ಮತ್ತು ಈ ಉದ್ದೇಶದ ಧ್ಯೇನೆಗೆ ವಿವಿಧ ವಲಯವಾರು ಇಲಾಖೆಗಳೊಡನೆ ಪರಸ್ಪರ ವಿನಿಮಯವನ್ನು ಏರ್ಪಡಿಸುವುದು ಮತ್ತು ತೆಗೆದುಕೊಂಡ ಯೋಜನೆಗಳಲ್ಲಿ ಪರಸ್ಪರ ಹೊಂದಾಣಿಕೆ ಇರುವಂತೆ ನೋಡಿಕೊಳ್ಳುವುದು ಈ ಸಮಿತಿಯ ಕೆಲಸವಾಗಿರುತ್ತದೆ.

ನಗರದಲ್ಲಿನ ಬಡಜನರ ಗುಂಪುಗಳನ್ನು ಗುರುತಿಸುವ ಕಾರ್ಯವನ್ನು ಹಾಗೂ ಸಾರ್ವಜನಿಕ ಸೌಲಭ್ಯಗಳನ್ನು ಒದಗಿಸುವ ಪ್ರದೇಶಗಳನ್ನು ಯುಪಿಇ ವಿಭಾಗ ಮೊದಲಿಗೆ ಗುರುತಿಸುತ್ತದೆ. ನಗರ ಬಡತನ ನಿರ್ಮೂಲನಾ ವಿಭಾಗದ / ಯೋಜನಾ

ಅಧಿಕಾರಿಯ ಇತರ ಕಾರ್ಯಗಳು / ಜವಾಬ್ದಾರಿಗಳು ಈ ಕೆಳಗಿನಂತಿರುತ್ತವೆ.

1. ಸಿಡಿಎಸ್‌ನ ಕೆಲಸಗಳಿಗೆ ಮಾರ್ಗದರ್ಶನ ನೀಡುವುದು ಮತ್ತು ನಿರ್ವಹಿಸುವುದು.
2. ಜಿಲ್ಲಾ ಹಾಗೂ ಸ್ಥಾನಿಕ ಸರ್ಕಾರದ ಮಟ್ಟದಲ್ಲಿ ತಯಾರಿಸಲಾದ ವಲಯವಾರು ಕಾರ್ಯಕ್ರಮಗಳನ್ನು ಹಾಗೂ ಸಮುದಾಯ ಯೋಜನೆಗಳನ್ನು ಒಂದುಗೂಡಿಸಿ ನಗರಗಳಿಗೆ ಸಮಾನ ಉದ್ದೇಶದ ನಗರ ಯೋಜನೆಗಳನ್ನು ತಯಾರಿಸುವುದು.
3. ಯುಪಿಇಯ ಯೋಜನೆಯ ಸಮಗ್ರ ಹಾಗೂ ಸಮನ್ವಯಿತ ಅನುಷ್ಠಾನಕ್ಕೆ ಸಹಕರಿಸುವುದು.
4. ಸಂವಿಧಾನದ 74 ನೇ ತಿದ್ದುಪಡಿ ಕಾಯ್ದೆಯ ಅನ್ವಯ ಸಾಂಘಿಕ ವ್ಯವಸ್ಥೆಯಲ್ಲಿನ ವಿವಿಧ ಸಂಸ್ಥೆಗಳೊಡನೆ ಮತ್ತು ಸ್ಥಾನಿಕ ಸರ್ಕಾರಗಳೊಡನೆ ಸಂಬಂಧ ಹಾಗೂ ವಿನಿಮಯವನ್ನು ಉತ್ತಮಪಡಿಸುವುದು.
5. ನಗರಮಟ್ಟದಲ್ಲಿ ಮಾನವ ಹಾಗೂ ಹಣಕಾಸು ಸಂಪನ್ಮೂಲಗಳನ್ನು ಕ್ರೋಢೀಕರಿಸುವುದು.
6. ಸಮುದಾಯದ ಕಾರ್ಯ ಯೋಜನೆಗಳನ್ನು ಪರಿಶೀಲಿಸಿ ಅನುಷ್ಠಾನಿಸುವುದು.
7. ನಗರಮಟ್ಟದಲ್ಲಿ ಯೋಜನೆಗಳ ಜಟಿಲವಟಕಗಳನ್ನು ನಿರ್ವಹಿಸುವುದು. (ಎಂ.ಐ.ಎಸ್)

ರಾಜ್ಯ ಸರ್ಕಾರವು ಜಿಲ್ಲಾ ಮಟ್ಟದಲ್ಲಿ, ಒಂದು ಜಿಲ್ಲಾ ನಗರಾಭಿವೃದ್ಧಿ ಸಂಸ್ಥೆ (ಡಿಯುಡಿಎ)ಯನ್ನು ಜಿಲ್ಲಾ ಯೋಜನಾ ಅಧಿಕಾರಿಯು ನೇಮಿಸಲಾದ ಅಧಿಕಾರಿಯ ನೇತೃತ್ವದಲ್ಲಿ ಸ್ಥಾಪಿಸುತ್ತದೆ. ಈ ಪ್ರಾಜೆಕ್ಟ್ ಅಧಿಕಾರಿಯು ಆ ಜಿಲ್ಲೆಯ ಜಿಲ್ಲಾಧಿಕಾರಿಗಳ ಮಾರ್ಗದರ್ಶನದಲ್ಲಿ ಕಾರ್ಯ ನಿರ್ವಹಿಸಬೇಕಾಗುತ್ತದೆ ಮತ್ತು ಆ ಜಿಲ್ಲೆಯಲ್ಲಿ ಎಲ್ಲಾ ನಗರಗಳ ಬಡತನ ನಿರ್ಮೂಲನಾ ಕಾರ್ಯಕ್ರಮಗಳನ್ನು ಸಮರ್ಪಕವಾಗಿ ಅನುಷ್ಠಾನಗೊಳಿಸಲು ಸಹಾಯ ಒದಗಿಸಬೇಕಾಗುತ್ತದೆ. ಡಿಯುಡಿಎ ಯನ್ನು ಸೋಸೈಟೀಸ್ ರಿಸಿಸ್ಟ್ರೇಷನ್ ಕಾಯ್ದೆ ಅಥವಾ ಇನ್ನಿತರ ಸಂಬಂಧಿತ ಕಾಯ್ದೆಯ ಪ್ರಕಾರ ನೋಂದಾಯಿಸಬೇಕಾಗುತ್ತದೆ. ಜಿಲ್ಲಾ ಯೋಜನಾ ಅಧಿಕಾರಿಯ ಕೆಲಸಗಳು ಈ ಕೆಳಗಿನಂತಿವೆ.

1. ಜಿಲ್ಲಾ ಮಟ್ಟದಲ್ಲಿ ನಗರ ಬಡತನ ನಿರ್ಮೂಲನಾ ಕಾರ್ಯನೀತಿಯನ್ನು ರೂಪಿಸುವುದು.
2. ಜಿಲ್ಲಾ / ನಗರ / ಪಟ್ಟಣ ಮಟ್ಟದಲ್ಲಿ ವಿವಿಧ ವಲಯವಾರು ಇಲಾಖೆಗಳು ಕೇಂದ್ರೀಕೃತವಾಗಿ ಕೆಲಸಮಾಡುವಂತೆ ಪ್ರೋತ್ಸಾಹಿಸುವುದು/ ಸಹಾಯ ಮಾಡುವುದು ಮತ್ತು ಇದಕ್ಕೆ ಅವಶ್ಯ ವಾತಾವರಣವನ್ನು ಸೃಷ್ಟಿಸುವುದು.
3. ಜಿಲ್ಲಾ ಮಟ್ಟದಲ್ಲಿ ವಿಚಾರಗಳ / ಮಾಹಿತಿಗಳ ಮತ್ತು ಅನುಭವ ವಿನಿಮಯವನ್ನು ಪ್ರೋತ್ಸಾಹಿಸುವುದು ಮತ್ತು
4. ಜಿಲ್ಲಾ ಮಟ್ಟದಲ್ಲಿ ನಗರಗಳ ಸಮಾನ ಉದ್ದೇಶಗಳ ಯೋಜನೆಗಳ ಉಸ್ತುವಾರಿಮಾಡುವುದು ಹಾಗೂ ಜಿಲ್ಲಾ ಹಂತದಲ್ಲಿ ಅವು ಅನುಷ್ಠಾನ ಗೊಳಿಸುವಂತೆ ನೋಡಿಕೊಳ್ಳುವುದು.

ರಾಜ್ಯ ಮಟ್ಟದಲ್ಲಿ ಒರ್ವ ರಾಜ್ಯ ಸರ್ಕಾರದ ಪೂರ್ಣಕಾಲಿಕ ಹಿರಿಯ ಅಧಿಕಾರಿಯ ನೇತೃತ್ವದಲ್ಲಿ ರಾಜ್ಯ ನಗರಾಭಿವೃದ್ಧಿ ಸಂಸ್ಥೆ (ಎನ್‌ಯುಡಿಎ- ಸ್ಟೇಟ್ ಅರ್ಬನ್ ಡೆವಲಪ್‌ಮೆಂಟ್ ಖಚ್ಚಿ) ಯನ್ನು ಸ್ಥಾಪಿಸಲಾಗುವುದು. ಈ ಬಡತನ

ಪ್ರಗಂಭವಾಃ ಪರಿಶೋಧಯತು.

[illegible]

ನಿಗದಿಪಡಿಸಿದ ಸಮಯಗಳಿಗೆ ವರದಿ ಸಲ್ಲಿಸುವುದು.

- [illegible]

ସଂପାଦକ: ଡ. ଶ୍ରୀରାମଚନ୍ଦ୍ର ପ୍ରସାଦ, ଡ. ଶ୍ରୀମତୀ ସୁମିତ୍ରା ଦେବୀ, ଡ. ଶ୍ରୀମତୀ ସୁମିତ୍ରା ଦେବୀ, ଡ. ଶ୍ରୀମତୀ ସୁମିତ୍ରା ଦେବୀ

ಸುಖವಾಡವುಂಟು.

[illegible]

ಆರ್ಥಿಕ ಸುಧಾರಣೆಗಾಗಿ ನಗರದ ಬಡ ಕುಟುಂಬಗಳನ್ನು ಗುರುತಿಸುವ ವಿಧಾನ

1. ಈ ಮೊದಲು ತಿಳಿಸಿದಂತೆ ಬಡತನ ರೇಖೆಗಿಂತ ಕೆಳಗಿರುವ ಕುಟುಂಬಗಳಿಗೆ ಹೆಚ್ಚಿನ ಆದ್ಯತೆ ನೀಡಬೇಕಾಗುತ್ತದೆ. ಅಲ್ಲದೇ ಈ ಕಾರ್ಯಕ್ರಮದಡಿ ಪರಮಾನಗಳಿಕೆಯ ವಿಶೇಷ ಸಾಲ ಯೋಜನೆಗಳಿಗಾಗಿ ನಗರದ ಬಡವರಲ್ಲಿ ಅರ್ಹ ಬಡ ಫಲಾನುಭವಿಗಳನ್ನು ಗುರುತಿಸಲು ಕೆಲವು ಆರ್ಥಿಕತರ ಮಾನದಂಡಗಳನ್ನು ಸಹ ಗಣನೆಗೆ ತೆಗೆದುಕೊಳ್ಳಬೇಕಾಗುತ್ತದೆ. ಈ ಉದ್ದೇಶಕ್ಕಾಗಿ ಏಳು ಆರ್ಥಿಕತರ ಮಾನದಂಡಗಳನ್ನು ಗುರುತಿಸಲಾಗಿದೆ. ಇವು ಜೀವನ ಮಟ್ಟವನ್ನು ಆಳತೆ ಮಾಡುವ ಅಂಶಗಳಾಗಿದ್ದು ಈ ಕೆಳಗಿನಂತಿವೆ.

(i) ರೂಫಾ (ಮೇಲ್ವಾರಣ) ii) ಫ್ಲೋರ್ (ನೆಲ) ; (iii) ವಾಟರ್ (ನೀರು); (iv) ಸ್ಯಾನಿಟೇಷನ್ (ನೈರ್ಮಲ್ಯತೆ);

(v) ಎಮ್‌ಕೇಷನ್ ಲೆವೆಲ್ (ಶಿಕ್ಷಣ ಮಟ್ಟ); (vi) ಟೈಪ್ ಆಫ್ ಎಂಪ್ಲಾಯ್‌ಮೆಂಟ್ (ಉದ್ಯೋಗ ವಿವರ);

(vii) ಸ್ಟೇಟಸ್ ಆಫ್ ಚಿಲ್ಡ್ರನ್ ಇನ್ ಎ ಹೌಸ್ (ಮನೆಯಲ್ಲಿ ಮಕ್ಕಳ ಪರಿಸ್ಥಿತಿ)

2. ಪ್ರತಿಯೊಂದು ಮಾನದಂಡಕ್ಕೆ ಅವುಗಳ ಪರಿಸ್ಥಿತಿಯನ್ನು ಸೂಚಿಸುವ ಆರು ಗುಣಲಕ್ಷಣಗಳನ್ನು (ವಸ್ತುಸ್ಥಿತಿ) ಸೂಚಿಸಲಾಗಿದೆ. ಈ ಗುಣಲಕ್ಷಣಗಳು ಪ್ರತಿ ಅಂಶ ದುಸ್ಥಿತಿ ಅಥವಾ ಉತ್ತಮ ಪರಿಸ್ಥಿತಿಯಲ್ಲಿರುವುದನ್ನು ಸೂಚಿಸುತ್ತವೆ. ಇದರನುಗುಣವಾಗಿ ಪ್ರತಿಯೊಂದು ಗುಣಲಕ್ಷಣಕ್ಕೆ (ವಸ್ತುಸ್ಥಿತಿಗೆ) 'ವೈಟೇಜ್ ಸ್ಕೋರ್' (ತುಲನಾತ್ಮಕ ಗುಣಾಂಕ) ವನ್ನು ನೀಡಲಾಗಿದೆ. ಅಂದರೆ 100 ಗುಣಾಂಕದ ದುಸ್ಥಿತಿಯಿಂದ 0 ಗುಣಾಂಕದ ಉತ್ತಮ ಪರಿಸ್ಥಿತಿಯವರೆಗೆ ಗುಣಾಂಕಗಳನ್ನು ನೀಡಲಾಗಿದೆ. ಬೇರೇ ರೀತಿ ಹೇಳುವುದಾದರೆ, ವಿವರಣಾ ಪಟ್ಟಿ - 1 ರಲ್ಲಿ ಹೇಳಿರುವ ನಿಬಂಧನೆಗಳ ಪ್ರಕಾರ ಅತೀ ಹೆಚ್ಚು ಗುಣಾಂಕಗಳನ್ನು ಪಡೆಯುವ ನಗರದ ಬಡವರಿಗೆ ಈ ಕಾರ್ಯಕ್ರಮದಡಿ ಮೊದಲ ಆದ್ಯತೆ ನೀಡಲಾಗುತ್ತದೆ.

3. ವಿವರಣಾ ಪಟ್ಟಿ - 2 ರಲ್ಲಿ ವಿವಿಧ ಮಾನದಂಡ ಅಂಶಗಳ ಗುಣಲಕ್ಷಣಗಳಿಗೆ (ವಸ್ತುಸ್ಥಿತಿಗಳಿಗೆ) ನೀಡಬೇಕಾದ ಆದ್ಯತೆಗಳ ಬಗ್ಗೆ ವಿವರಗಳನ್ನು ನೀಡಲಾಗಿದೆ. ವೈಟೇಜ್ ಸ್ಕೋರ್‌ನ ಪ್ರಕಾರ ಕುಟುಂಬಗಳ/ ಭಾವಿ ಫಲಾನುಭವಿಗಳ ಆದ್ಯತೆಯನ್ನು ಅಂದರೇ ಮೊದಲ ಆದ್ಯತೆಯಿಂದ ಕೊನೆ ಆದ್ಯತೆಯವರೆಗೆ ನಿರ್ಧರಿಸುವ ವಿಧಾನವನ್ನು ನೀಡಲಾಗಿದೆ.

ಉದಾಹರಣೆ:

ನಗರದ ಓರ್ವ ಬಡಕುಟುಂಬಕ್ಕೆ ಗುರುತಿಸಲಾದ ಅರ್ಥಿಕವಲ್ಲದ ಅಂಶಗಳಲ್ಲಿ ಈ ಕೆಳಗೆ ನೀಡಿರುವ ಗುಣಲಕ್ಷಣಗಳಿರುತ್ತವೆ ಎಂದು ಭಾವಿಸಿದರೆ:

ಕ್ರ.ಸಂ.	ಮಾನದಂಡ	ಗುಣಲಕ್ಷಣ / ವಸ್ತು ಸ್ಥಿತಿ	ನಿಯಮಗಳಂತೆ ನೀಡಬೇಕಾದ ವೈಟೇಜ್ ಸ್ಕೋರ್ (ಗುಣಾಂಕ)
1	ಮೇಲ್ಭಾವಣೆ	ಆಸ್ಟೆರಿಸ್	60
2	ನೆಲ	ಬಾಜಿ	80
3	ನೀರು	ಸರಬರಾಜು ಇರುವುದಿಲ್ಲ	100
4	ನೈರ್ಮಲ್ಯತೆ	ಸಮುದಾಯ ಶೌಚಾಲಯ	80
5	ಶಿಕ್ಷಣ ಮಟ್ಟ	ಮಧ್ಯಮ ವರ್ಗ ತೇರ್ಗಡೆ	60
6	ಉದ್ಯೋಗ ವಿವರ	ಅರೆಕುಶಲ (ಸೆಮಿ ಸ್ಕಿಲ್ಡ್)	80
7	ಮನೆಯಲ್ಲಿ ಮಕ್ಕಳ ಸ್ಥಿತಿಗತಿ	ದುಡಿಯುತ್ತಿದ್ದಾರೆ ಅದರ ಕೆಲವು ಭಾರಿ ಸಾಕ್ಷರತಾ ತರಗತಿಗಳಿಗೆ ಹೋಗುತ್ತಾರೆ.	80
ಒಟ್ಟು			540

ಕುಟುಂಬದ - ಅಂದರೆ ಭಾವಿ ಫಲಾನುಭವಿಯ ಸರಾಸರಿ ವೈಟೇಜ್ ಸ್ಕೋರ್ (ಗುಣಾಂಕ) * - $540 / 7$ - ಶೇ 77.1

*ವಿವರಣಾ ಪಟ್ಟಿ - 3 ರಲ್ಲಿ ನೀಡಿರುವ ವಿವರಗಳ ಪ್ರಕಾರ ಶೇ.77.1 ವೈಟೇಜ್ ಸ್ಕೋರ್ (ಗುಣಾಂಕ) ಪಡೆದ ಕುಟುಂಬವನ್ನು ದ್ವಿತೀಯ ಆದ್ಯತೆ ಶ್ರೇಣಿಯಲ್ಲಿ ಸೇರಿಸಬೇಕಾಗುತ್ತದೆ.

ಅನುಬಂಧ - 1

ವಿವರಣಾ ಪಟ್ಟಿ - 2

ಎಸ್‌ಜೆಎಸ್‌ಆರ್‌ವೈ ಯೋಜನೆಯ ಸೌಲಭ್ಯ ಪಡೆಯಲು ಬಡ ಕುಟುಂಬಗಳನ್ನು ಆಯ್ಕೆ ಮಾಡಲು ಗಣನೆಗೆ ತೆಗೆದುಕೊಳ್ಳಲಾಗುವ
ಆರ್ಥಿಕತರ ಮಾನದಂಡಗಳು

ಕ್ರ. ಸಂ.	ಲಂಕೆಗಳು	ಪ್ರತಿ ಗುಣಲಕ್ಷಣಕ್ಕೆ ನೀಡಲಾದ ವೈಟ್ ಸ್ಕೋರ್ (ಗುಣಕ)					
		100	80	60	40	20	0
		(ಅ)	(ಆ)	(ಇ)	(ಈ)	(ಉ)	(ಊ)
1	ಮೇಲ್ಮನೆ	ಮಲ್ಲಿನ (ಫ್ಲಾಟ್)	ಬಡ್ಡಿಹಾಲು (ಟಾರ್ಗಲಿನ್)	ಆಸ್ಟ್ರೇಷನ್	ಮರದ್ದು	ಬೈಲ್ಸ್ (ಹಂಚಿನ)	ಸಿಮೆಂಟ್
2	ನಲ	ಮಧ್ಯೆನ	ಬಾಡ್	ಇಟ್ಟಿಗೆ	ಸಿಮೆಂಟ್	ಚಪ್ಪ	ಕಲ್ಲು / ಮಾರ್ಬಲ್ (ಅದ್ಭುತ ಶಿಲೆ)
3	ನೀರು	500 ಮರು / ಗಡ ದೂರದವರೆಗೆ ನೀರು ಸರಬರಾಜು ಇರುವುದಿಲ್ಲ.	ಸಮುದಾಯ ಕೈ ಪಂಪು	ಸಮುದಾಯ ತೊಂಬು ಬಾವಿ (ಕೊಳವೆ ಬಾವಿ)	ಮಾಸಗೀ ಕೈ ಪಂಪು	ಮಾಸಗೀ ತೊಂಬು (ಕೊಳವೆ ಬಾವಿ)	ಮಾಸಗೀ ಕೊಳಾಯಿ / ನೀರು ಸರಬರಾಜು
4	ನೈರ್ಮಲ್ಯತೆ	ಮಲವಿರಚನೆಗೆ ಸರಿಯಾದ ವ್ಯವಸ್ಥೆ ಇಲ್ಲ (ಬಯಲಿನಲ್ಲಿ ಮಲ ವಿಸರ್ಜನೆ)	ಸಮುದಾಯ ಶುಚಿ ಶೌಖಾಲಯ	ಸಾರ್ವಜನಿಕ ಫೋರ್ ಫ್ಲಾಟ್ ಶೌಖಾಲಯ	ಮಾಸಗೀ ಶುಚಿ ಶೌಖಾಲಯ	ಮಾಸಗೀ ಫೋರ್ ಫ್ಲಾಟ್ ಶೌಖಾಲಯ	ಒಳಚರಂಡಿ ವ್ಯವಸ್ಥೆಯೊಂದಿಗೆ ಮಾಸಗೀ ಫ್ಲಾಟ್ ಶೌಖಾಲಯ
5	ಶಿಕ್ಷಣ ಮತ್ತು	ಅನಕ್ಷರಸ್ಥ	ಪ್ರಾಥಮಿಕ ವರ್ಗ ತೇರ್ಗಡೆ	ಮಧ್ಯಮ ವರ್ಗ ತೇರ್ಗಡೆ	ಮೆಟ್ರಿಕ್ಯುಲೇಷನ್ ತೇರ್ಗಡೆ	ಪದವಿ ಪೂರ್ವ ತರಗತಿ ತೇರ್ಗಡೆ (10 + 2)	ಪದವಿಯಲ್ಲಿ ತೇರ್ಗಡೆ
6	ಉದ್ಯೋಗ ವಿವರ	ಕುಶಲತೆ ಇಲ್ಲದ ದಿನಗೂಲಿ / ನಿರುದ್ಯೋಗಿ	ಅರೆಕುಶಲ	ಸ್ವಯಂ ಉದ್ಯೋಗ ಬಾವಿ / ತಕ್ಕುವ ಚಕ್ಕದಿ	ಸ್ವಂತ ಕಾರ್ಯಸ್ಥಳ	ಸ್ವಂತ ಕಾರ್ಯ ಮತ್ತು ಮಾಹಿತಿ ಸೃಳ	ಸಾಮಾಜಿಕ ಬೆರಗು ಸಹಿತ ಸಂಘಟಿತ ವಲಯ
7	ಮನೆಯಲ್ಲಿ ಮಕ್ಕಳ ಸ್ಥಿತಿಗತಿ	ದುಡಿಯುವ ಹಾಗೂ ಯಾವುದೇ ಶಾಲೆ ಅಥವಾ ಸಾಕ್ಷರತಾ ತರಗತಿಗಳಿಗೆ ಹೋಗದ ಮಕ್ಕಳು	ದುಡಿಯುವ ಆದರೆ ಕೆಲವು ಬಾರಿ ಶಾಲೆ ಅಥವಾ ಸಾಕ್ಷರತಾ ತರಗತಿಗಳಿಗೆ ಹೋಗುವ ಮಕ್ಕಳು	ದುಡಿಯುವ ಆದರೆ ಸರಿಯಾಗಿ ಶಾಲೆ ಅಥವಾ ಸಾಕ್ಷರತಾ ತರಗತಿಗಳಿಗೆ ಹೋಗುವ ಮಕ್ಕಳು	ದುಡಿಯುವ ಮತ್ತು ಯಾವುದೇ ತರಗತಿಗೆ ಹೋಗದ ಮಕ್ಕಳು	ದುಡಿಯುವ ಮತ್ತು ಕೆಲವು ಬಾರಿ ಮಾತ್ರ ಶಾಲೆ ಅಥವಾ ಸಾಕ್ಷರತಾ ತರಗತಿಗಳಿಗೆ ಹೋಗುವ ಮಕ್ಕಳು	ದುಡಿಯುವ ಮತ್ತು ಸರಿಯಾಗಿ ಶಾಲೆ ಅಥವಾ ಸಾಕ್ಷರತಾ ತರಗತಿಗಳಿಗೆ ಹೋಗುವ ಮಕ್ಕಳು

ಸೂಚನೆ : ಇದು ಕೇವಲ ನಿರ್ದೇಶನದ ಮಾದರಿ ಮಾತ್ರವಾಗಿರುತ್ತದೆ. ಆದರೆ ಪಟ್ಟಿಗಳಲ್ಲಿ, ಬಡವರಲ್ಲಿ ಕಡೆಬಡವರನ್ನು ಗುರುತಿಸಲು ಆಯಾ ಪಟ್ಟಿಗಾದ ನಗರ ಬಡತನ ನಿರ್ಮೂಲನಾ ವಿಭಾಗವು ಸಂಬಂಧಪಟ್ಟ ಸಮಾಜಾಧಾರಿತ ಸಂಸ್ಥೆಗಳೊಂದಿಗೆ ಸಮಾಲೋಚಿಸಿ ಸ್ಥಳೀಯ ಸ್ಥಿತಿಗತಿಯ ಅನುಗುಣವಾಗಿ ಬೇರೆ ಮಾನದಂಡಗಳನ್ನು ರೂಪಿಸಿ ಉಪಯೋಗಿಸಬಹುದಾಗಿದೆ.

ಅನುಬಂಧ - 1

ವಿವರಣಾ ಪಟ್ಟಿ - 3

ನಗರದ ಬಡವರಲ್ಲಿ ಪಲಾನುಭವಿಗಳನ್ನು ಗುರುತಿಸಲು ವಿದಿಸಲಾದ ಆರ್ಥಿಕೇತರ ಮಾನದಂಡಗಳು

ಕ್ರ.ಸಂ.	ವೈಟೇಜ್ ಸ್ಕೋರ್ (ತುಲನಾತ್ಮಕ ಗುಣಾಂಕ)	ಆದ್ಯತೆಯ ಶ್ರೇಣಿ
1.	80-100	ಮೊದಲನೆಯ ಆದ್ಯತೆ (ಅತಿ ಹೆಚ್ಚು ಆದ್ಯತೆ)
2.	60-80	ದ್ವಿತೀಯ ಆದ್ಯತೆ
3.	40-60	ತೃತೀಯ ಆದ್ಯತೆ
4.	20-40	ನಾಲ್ಕನೆಯ ಆದ್ಯತೆ
5.	0-20	ಐದನೆಯ ಆದ್ಯತೆ (ಅತಿ ಕಡಿಮೆ ಆದ್ಯತೆ)

* ಆರ್ಥಿಕ ಅಂಶದಲ್ಲಿ ಬಡತನ ರೇಖೆಗಿಂತ ಕೆಳಮಟ್ಟದವರನ್ನು ಅತಿ ಹೆಚ್ಚು ಆದ್ಯತೆಯ ಮೇಲೆ ಪರಿಗಣಿಸುವುದರ ಜೊತೆಗೆ ಹೆಚ್ಚುವರಿಯಾಗಿ ಈ ಮೇಲಿನ ಮಾನದಂಡಗಳನ್ನು ಪರಿಗಣಿಸಬೇಕು:

ಅನುಬಂಧ - 2

ಯುಎಸ್‌ಐಪಿ ಅಡಿಯಲ್ಲಿ ಚಿಕ್ಕ ಉದ್ಯಮ (ಮೈಕ್ರೋ ಎಂಟರ್‌ಪ್ರೈಸಸ್) ಸ್ಥಾಪಿಸುವುದರೊಂದಿಗೆ
ವ್ಯಕ್ತಿಯ ಸ್ವಯಂ ಉದ್ಯೋಗ (ಇಂಡಿವಿಡುವಲ್ ಸೆಲ್, ಎಂಫ್ರಾಯ್‌ಮೆಂಟ್) ದ ಬಗ್ಗೆ ಕಾರ್ಯವಿಧಾನದ
ವಿವರಗಳು :

1	ಫಲಾನುಭವಿಗಳನ್ನು ಗುರುತಿಸುವುದು	ಅನುಬಂಧ - 1 ರಲ್ಲಿ ಸೂಚಿಸಲಾದ ಸಮೀಕ್ಷೆಯ ಪ್ರಕಾರ ಗುರುತಿಸಿ ಪಟ್ಟಿ ಮಾಡಿ ಫಲಾನುಭವಿಗಳನ್ನು ಮಾತ್ರ ಪರಿಗಣಿಸಲಾಗುವುದು.
2	ಅರ್ಹತೆ	ಯಾವುದೇ ಪಟ್ಟಣ ಕೇಂದ್ರದಲ್ಲಿ ನಗರ ಬಡತನ ರೇಖೆಗಿಂತ ಕೆಳಮಟ್ಟದಲ್ಲಿರುವ ನಗರದ ಜನರು
3	ಕುಟುಂಬದ ವರಮಾನ	1991-92 ರ ಬೆಲೆಗಳ ಆಧಾರದ ಮೇಲೆ, 11,850 ರೂಪಾಯಿಗಳಿಗಿಂತ ಕಡಿಮೆ ವಾಷಿ ಕುಟುಂಬ ವರಮಾನ
4	ನಿವಾಸ ಸ್ಥಳ	ಕನಿಷ್ಠ ಮೂರು ವರ್ಷಗಳಿಂದ ಅದೇ ಪಟ್ಟಣದಲ್ಲಿ ವಾಸಿಸುತ್ತಿರಬೇಕು.
5	ಸುಸ್ಥಿತಿಗತಿ (ಸಾಲ ಪಾವತಿ ಮಾಡದವರು)	ಯಾವುದೇ ರಾಷ್ಟ್ರೀಯ ಬ್ಯಾಂಕ್ / ಹಣಕಾಸು ಸಂಸ್ಥೆ / ಸಹಕಾರಿ ಬ್ಯಾಂಕ್‌ಗಳಲ್ಲಿ ಸುಸ್ಥಿರವಾಗಿ ಕೂಡದು. (ಸಾಲ ಮರುಪಾವತಿ ಮಾಡದ ದಾಖಲೆ)
6	ತೆಗೆದುಕೊಳ್ಳಬಹುದಾದ ಉದ್ಯೋಗಗಳ ವಿವರ / ಚಟುವಟಿಕೆಗಳ ಸ್ವರೂಪ	ಅ) ಯಾವುದೇ ವಿರೇಶ ಸ್ವಪೂರ್ಣತೆ ಬೇಕಾಗದ ಪಟ್ಟಣ ಸೇವೆಗಳು : ಟಿ ಅಂಗಡಿ, ದಿನಪತ್ರಿಕೆ ಮ್ಯಾಗಜೀನ್ ಅಂಗಡಿ, ಐಸ್‌ಕ್ರೀಮ್ ಮಾರಾಟ, ಹಾಲು ಮಾರಾಟ, ಪಾನ್ ಸಿಗರೇಟ್ ಅಂಗಡಿ ರೀತಿ ತುಳಿಯುವುದು, ಹಣ್ಣು/ತರಕಾರಿ ಮಾರಾಟ, ಲಾಂಡ್ರಿ ಕೆಲಸ ಇತ್ಯಾದಿ ಆ) ವಿರೇಶ ಸ್ವಪೂರ್ಣತೆಯ ಅಗತ್ಯವಿರುವ ಪಟ್ಟಣ ಸೇವೆಗಳು : ಟಿವಿ / ರೇಡಿಯೋ/ರೆಕಾರ್ಡ್‌ಬರಿಸ್ ಟೈಪ್‌ರೈಟರ್/ ಕಾಲರ್/ ಸೈಕಲ್/ ಡೀಸಲ್ ಮೋಟಾರ್ / ಡೀಸಲ್ ಇಂಜಿನ್ / ವಾಚು / ಗ್ಯಾ ಜೆಟ್‌ನ ವಿಡ್ಯುಟ್ ಸಾಮಗ್ರಿ ರಿಪೇರಿ, ಕೇಬರಿಂಗ್ (ಹೋಟೆಲ್), ಡ್ರೆಸ್ಸಿಂಗಿಂಗ್, ಬೆತ್ತದ ಕುರ್ಚಿ ಹೊಲೆಯುವುದು, ಮೋಟಾರು ವೈಂಡಿಂಗ್, ಪಾದರಕ್ಷೆ ರಿಪೇರಿ, ಬುಕ್ ಬೈಂಡಿಂಗ್ ಮತ್ತು ಮನೆಗೆ ದುರಸ್ತಿ ಹಾಗೂ ಕಟ್ಟಡಕ್ಕೆ ಸಂಬಂಧಪಟ್ಟ ಕೆಲಸಗಳಾದ ಪ್ಲಂಬಿಂಗ್, ಮರಗೆಲಸ, ಪೈಂಟಿಂಗ್ ಪಾಲಿಷಿಂಗ್ ಟೈಲ್ ಹಾಕುವುದು, ಗ್ಲಾಸ್ ಕೂಡಿಸುವುದು ಮತ್ತು ವಿಡ್ಯುಟ್ ಸಲಕರಣೆ ಜೋಡಿಸುವುದು ಇತ್ಯಾದಿ. ಇ) ಸ್ವಪೂರ್ಣತೆ ಅಗತ್ಯವಿರುವ ಚಿಕ್ಕ ತಯಾರಿಕೆ ಉದ್ಯಮಗಳು /ಪ್ರಕಟಣೆಗಳು: ಪಾಪಿಂಗ್ ಪೌಡರ್ ಅಗರಬತ್ತಿ,ಬಳೆ, ಬಟ್ಟೆ, ಪ್ಲಾಸ್ಟಿಕ್ ಗೊಂಬೆ, ಪಾದರಕ್ಷೆ, ಮರದ/ಸ್ಕ್ರೀಲ್ ಫರ್ನಿಚರ್ ಗಳನ್ನು ತಯಾರಿಸುವುದು: ಸೀರೆಗಳನ್ನು ಪ್ರಿಂಟ್ ಮಾಡುವುದು, ನೇಯುವುದು, ಮಡಿಕೆ ಕೆಲಸ, ಕುಲುಮೆ ಕೆಲಸ, ಸ್ಕ್ರೀಲ್ ಪಾತ್ರೆ / ಸಾಮಾನುಗಳನ್ನು ತಯಾರಿಸುವುದು, ಆಹಾರ ಪದಾರ್ಥ ತಯಾರಿಕೆ, ಬಾಲ್‌ಪೆನ್ ತಯಾರಿಸುವುದು ಇತ್ಯಾದಿ ಈ) ಕೃಷಿ ಹಾಗೂ ಕೃಷಿ ಸಂಬಂಧಿತ ಚಟುವಟಿಕೆಗಳಿಗೆ / ಸಣ್ಣ ಕೈಗಾರಿಕೆಗಳಿಗೆ / ವ್ಯಾಪಾರ ಚಟುವಟಿಕೆಗಳಿಗೆ ಕಾರ್ಯಗಳಿಗೆ ಅಂದರೆ ಜನರಲ್ ಸ್ಟೋರ್ಸ್, ಕಿರಾನಿ ಅಂಗಡಿ, ಕಟ್ಟಡ ಸಾಮಗ್ರಿ ಅಂಗಡಿ, ರೆಡಿಮೆಡ್ ಬಟ್ಟೆಗಳ ಅಂಗಡಿ ಹಾಗೂ ಡೈರಿ ಉತ್ಪನ್ನಗಳಿಗೆ ಸಹಾಯ ನೀಡಬೇಕಾಗುತ್ತದೆ. ಉ) ತಾನು ಆಯ್ಕೆ ವ್ಯವಹಾರ/ ಉದ್ಯಮ ಗಳಲ್ಲಿ ಫಲಾನುಭವಿಯಾಗಿ ಆ ಮುಂಚೆಯೇ ನೋಂದಾಯಿತ ಸರ್ಕಾರೀತರ ಸಂಸ್ಥೆ / ಸ್ವಯಂಸೇವಾ ಸಂಸ್ಥೆಯಲ್ಲಿ ತರಬೇತಿ ಹೊಂದಿದ್ದಲ್ಲಿ, ಹಾಗೂ ಈ ಬಗ್ಗೆ ಪ್ರಮಾಣ ಪತ್ರ ನೀಡಿದಲ್ಲಿ ಈ ಯೋಜನೆಯಡಿ ತರಬೇತಿ ಪಡೆಯುವ ಅವಕಾಶ ಇರುವುದಿಲ್ಲ.

		<p>೮೦) ಫಲಾನುಭವಿಯು ಈಗಾಗಲೇ ವಿವಿಧ ಕೆಲಸಗಳಾದ ಮಡಿಕೆ ಮಾಡುವುದು(ಕುಂಬಾರಿಕೆ), ಕಾರ್ಪೆಟರಿ (ಮರಗೆಲಸ), ಚಪ್ಪಲಿ ಹೊಲೆಯುವುದು (ಚಮ್ಮಾರಿಕೆ) ಹಾಗೂ ಕಬ್ಬಣ ಕುಲುಮೆ ಕೆಲಸಗಳನ್ನು ಕಲಿಕಿದ್ದಲ್ಲಿ ಈ ಯೋಜನೆಯಡಿ ತರಬೇತಿ ಪಡೆಯುವ ಅವಶ್ಯಕತೆ ಇರುವುದಿಲ್ಲ. ಆದರೆ ಈ ವಿಷಯದ ಬಗ್ಗೆ ಸ್ಥಾನಿಕ ಸರ್ಕಾರವು ಬ್ಯಾಂಕಿಗೆ ಅರ್ಜಿಯನ್ನು ರಿಫಾರಸ್ಸು ಮಾಡುವ / ಕಳುಹಿಸುವ ಮುಂಚೆಯೇ ಪ್ರಮಾಣೀಕರಿಸಬೇಕಾಗುತ್ತದೆ.</p> <p>೫೦) ಫಲಾನುಭವಿಯು ಅಯ್ಯ ಉದ್ಯಮ / ವ್ಯವಹಾರದ ಬಗ್ಗೆ ನೋಂದಾಯಿತ ಬಾಸಗೀ / ಸಾರ್ವಜನಿಕ ಕಂಪನಿಯಲ್ಲಿ ಆ ಮುಂಚೆಯೇ ತರಬೇತಿ ಹೊಂದಿದ್ದು, ಈ ಬಗ್ಗೆ ಆ ನೋಂದಾಯಿತ ಬಾಸಗೀ / ಸಾರ್ವಜನಿಕ ಸಂಸ್ಥೆಯ ಪ್ರಮಾಣ ಪತ್ರವಿದ್ದಲ್ಲಿ ಈ ಯೋಜನೆಯಡಿ ತರಬೇತಿ ಪಡೆಯುವ ಅವಶ್ಯಕತೆ ಇರುವುದಿಲ್ಲ.</p>
7	ಪ್ರಾಚೆಕ್ಸ್ ವೆಚ್ಚ	ಒಬ್ಬ ಫಲಾನುಭವಿ ಈ ಕಾರ್ಯಕ್ರಮದಡಿ 50,000 ರೂಪಾಯಿ ಮೊತ್ತದ ಪರಿಗಣಿಸಬಹುದಾದ ಯಾವುದೇ ಯೋಜನೆಯನ್ನು ತೆಗೆದುಕೊಳ್ಳಬಹುದು. ಇಬ್ಬರು ಹಾಗೂ ಹೆಚ್ಚು ಫಲಾನುಭವಿಗಳು ಪಾಲುಗಾರಿಕೆಯ ಮೇಲೆ ಒಂದುಗೂಡಿದರೆ ಹೆಚ್ಚು ಮೊತ್ತದ ಯೋಜನೆಗಳನ್ನು ತೆಗೆದುಕೊಳ್ಳಬಹುದು. ಆದರೆ ಪ್ರತಿಯೊಬ್ಬರ ಪಾಲು 50,000 ರೂಪಾಯಿ ಅಥವಾ ಅದಕ್ಕಿಂತ ಕಡಿಮೆ ಇದ್ದಲ್ಲಿ ಮಾತ್ರ ಇದನ್ನು ಅನುಮತಿಸಲಾಗುವುದು.
8	ಸಹಾಯಾನುಧಾನ (ಸಬ್ಸಿಡಿ)	ಪ್ರತಿ ಫಲಾನುಭವಿಗೆ ಪ್ರಾಚೆಕ್ಸ್ ಮೊತ್ತದ ಶೇಕಡಾ 15 ರಷ್ಟು ಹಣವನ್ನು ಗರಿಷ್ಠ ಮಿತಿ 7500 ರೂಪಾಯಿಗಳಿಗೆ ಒಳಪಡಿಸಿ ಸಹಾಯಾನುಧಾನವನ್ನು ನೀಡಲಾಗುವುದು. ಒಬ್ಬರಿಗಿಂತ ಹೆಚ್ಚು ಜನ ಒಂದುಗೂಡಿ ಪಾಲುಗಾರಿಕೆಯ ಮೇಲೆ ಒಂದು ಯೋಜನೆಯನ್ನು ಪ್ರಾರಂಭಿಸಿದರೆ, ಸಹಾಯಾನುಧಾನವನ್ನು ಪ್ರತಿ ಪಾಲುಗಾರರಿಗೆ ಯೋಜನಾ ಮೊತ್ತದಲ್ಲಿ ಅವರ ಪಾಲಿನ ಶೇಕಡಾ 15 ರಷ್ಟು ಹಣವನ್ನು ಗರಿಷ್ಠ 7,500 ರೂಪಾಯಿಗಳಿಗೆ ಒಳಪಡಿಸಿ ನೀಡಲಾಗುವುದು.
9	ಮಾರ್ಕೆಟ್ ಮನಿ (ಮಾರ್ಕೆಟ್ ಹಣ)	ಪ್ರತಿ ಫಲಾನುಭವಿ ಯೋಜನಾ ಮೊತ್ತದ ಶೇಕಡಾ 5 ರಷ್ಟು ಹಣವನ್ನು ಮಾರ್ಕೆಟ್ ಹಣವಾಗಿ ನಗರದ ರೂಪದಲ್ಲಿ ಕಟ್ಟಬೇಕಾಗುತ್ತದೆ.
10	ಸಾಲ (ಸಬ್ಸಿಡಿ ಸೇರಿ)	ಯೋಜನಾ ಮೊತ್ತದ ಶೇಕಡಾ 95 ರಷ್ಟು ಹಣವನ್ನು ಸಂಯುಕ್ತ ಸಾಲವಾಗಿ ರಿಸರ್ವ್ ಬ್ಯಾಂಕ್ ಅಥವಾ ಇಂಡಿಯನ್ ಕಾಲಕಾಲಕ್ಕೆ ಈ ಆದ್ಯತಾ ವಿಭಾಗಗಳಿಗೆ ನಿಗದಿಪಡಿಸಿದ ಬಡ್ಡಿದರಗಳಿಗೆ ನೀಡಲಾಗುವುದು.
11	ಸಾಲಗಳ ಮೇಲೆ ಕೊಲ್ಟಾಟರಲ್ ಗ್ಯಾರಂಟಿ ನೀಡುವುದು	ಈ ಸಂಬಂಧ ನೀಡಿದ ಸಾಲಗಳಿಗೆ ಯಾವುದೇ ಕೊಲ್ಟಾಟರಲ್ ಗ್ಯಾರಂಟಿಯ ಅವಶ್ಯಕತೆ ಇರುವುದಿಲ್ಲ. ಆದರೆ ಈ ಯೋಜನೆಯಡಿ ನಿರ್ಮಿತವಾದ ಅಸ್ತಿಗಳನ್ನು ಸಾಲ ನೀಡಿದ ಬ್ಯಾಂಕಿಗೆ ಸಾಲ ಮರುಪಾವತಿ ಆಗುವವರೆಗೆ ಅದವಿವರಣೆಕಾಗುತ್ತದೆ.
12	ಸಾಲ ಮರುಪಾವತಿ	ಬ್ಯಾಂಕ್‌ನ ನಿರ್ಧಾರದಂತೆ. ಮೊದಲ 6 ರಿಂದ 18 ತಿಂಗಳಿಗಿಂತ ಹಣಪಾವತಿಯ ವಿನ್ಯಾಯಿತಿಯೊಂದಿಗೆ ಹಣಪಾವತಿಯ ಅವಧಿಯು 3 ವರ್ಷಗಳಿಂದ 7 ವರ್ಷಗಳ ವರೆಗೆ ಇರುತ್ತದೆ.
		ನಗರದ ಸಿಡಿಎಸ್‌ಗಳು/ವಿವರಣೆ ನಿರ್ಮಾಣದ ವಿಭಾಗದ ನಿಯಮದ ಪ್ರಕಾರ ಸಾಲ ಮರುಪಾವತಿಯ ವಿಷಯದಲ್ಲಿ ಬ್ಯಾಂಕ್‌ಗಳಿಗೆ ಸಹಾಯ ಮಾಡಬೇಕಾಗುತ್ತದೆ.

ಅನುಬಂಧ - 3

ಯುವಿಸ್‌ಇಪಿ ಅಡಿಯಲ್ಲಿ ತರಬೇತಿ ಮತ್ತು ಸಂಬಂಧಿತ ಸೌಕರ್ಯದ ಸಹಕಾರ ನೀಡುವ ಬಗ್ಗೆ ಕಾರ್ಯ ವಿಧಾನ
ವಿವರಗಳು

1.	ತರಬೇತಿ ಕಾರ್ಯಕ್ರಮದ ನಿಯಮಗಳು ಅ) ಒಂದು ತರಬೇತಿ ವರ್ಗದ ಸಾಮಾನ್ಯ ಸಂಖ್ಯೆ	25 ಫಲಾನುಭವಿಗಳು
ಆ)	ಒಂದು ತರಬೇತಿ ಕಾರ್ಯಕ್ರಮದ ಅವಧಿ	ಕನಿಷ್ಠ 300 ಗಂಟೆಗಳು *
ಇ)	ತರಬೇತಿಗೆ ತಗಲುವ ಸರಾಸರಿ ವೆಚ್ಚ (ಸಾಮಗ್ರಿಗಳ ವೆಚ್ಚ, ತರಬೇತುದಾರರ ಸಂಭಾವನೆ, ಸಂಸ್ಥೆಗೆ ತಗಲುವ ಇತರ ವೆಚ್ಚಗಳು ಮತ್ತು ಫಲಾನುಭವಿಗಳಿಗೆ ನೀಡುವ ಮಾಸಿಕ ಭತ್ಯೆ ಸೇರಿ)	2000 ರೂಪಾಯಿಗಳು * *
2.	ತರಬೇತಿ ಸಂಸ್ಥೆಗಳಿಗೆ ಸೌಲಭ್ಯ / ಸಹಕಾರ	ಫಲಾನುಭವಿಗಳಿಗೆ ತರಬೇತಿ ನೀಡಲು ಬೇಕಾಗುವ ಸಾಮಗ್ರಿಗಳನ್ನು / ಸಹಾಯಕ ಸಲಕರಣೆಗಳನ್ನು ಅಥವಾ ವರ್ಕ್‌ಶಾಪ್‌ಗಳನ್ನು ಕಟ್ಟಲು ಬೇಕಾಗುವ ಸಲಕರಣೆಗಳನ್ನು ಕೊಳ್ಳಲು ತಗಲುವ ವೆಚ್ಚವನ್ನು ಭರಿಸಲು ಬಾಕಿ ಸಂಸ್ಥೆ ಸೇರಿ ಯಾವುದೇ ತರಬೇತಿ ಸಂಸ್ಥೆಯು ಧನ ಸಹಾಯವನ್ನು ಪಡೆಯಬಹುದು. ಈ ಬಗ್ಗೆ ಪ್ರಸ್ತಾವನೆಯನ್ನು ಸ್ಥಾನಿಕ ಸರ್ಕಾರಗಳ ಮೂಲಕ ಜಿಲ್ಲಾ ನಗರಾಭಿವೃದ್ಧಿ ಸಂಸ್ಥೆ (ಡಿಯುಡಿಎ) ಗೆ ಸಲ್ಲಿಸಿ ಅನುಮೋದನೆ ಪಡೆಯ ಬೇಕಾಗುತ್ತದೆ. ತರಬೇತಿ ಮತ್ತು ಸೌಕರ್ಯಕ್ಕಾಗಿ ಮೀಸಲಿಟ್ಟ ಹಣದ ಶೇಕಡಾ 15 ರಷ್ಟು ಹಣವನ್ನು ಡಿಯುಡಿಎಯು, ತರಬೇತಿ ಸಂಸ್ಥೆಗಳಿಗೆ ನೀಡಬಹುದು.
3.	ಚಿಕ್ಕ ಉದ್ಯಮಗಳು ತಯಾರಿಸಿದ ವಸ್ತುಗಳ ಮಾರಾಟಕ್ಕೆ ಸೌಕರ್ಯ ಕಲ್ಪಿಸುವುದು	ಈ ಕೆಲಸಕ್ಕಾಗಿ ಡಿಯುಡಿಎ ಸ್ಥಾನಿಕ ಸರ್ಕಾರದೊಂದಿಗೆ ಸಮಾಲೋಚಿಸಿ ಮಾರಾಟ ಸಹಕಾರ ಯೋಜನೆಗಳನ್ನು ಅನುಮೋದಿಸಬಹುದು. ಈ ಕಾರ್ಯಕ್ಕಾಗಿ, ತರಬೇತಿ ಮತ್ತು ಸಹಕಾರಕ್ಕಾಗಿ ಮೀಸಲಿಟ್ಟ ಹಣದ ಶೇಕಡ 15 ರಷ್ಟು ಹಣವನ್ನು ವ್ಯಯ ಮಾಡಬಹುದು. ಅವಶ್ಯವಿದ್ದಲ್ಲಿ ಈ ಯೋಜನೆಯಡಿ ಸ್ಥಾಪಿತವಾದ ಚಿಕ್ಕ ಉದ್ಯಮಗಳು ತಯಾರಿಸಿದ ವಸ್ತುಗಳನ್ನು ಮಾರಾಟ ಮಾಡಲು ಸಹಕರಿಸಲು ಯಾವ ಸೌಲಭ್ಯ ಮತ್ತು ಸಹಕಾರವನ್ನು ನೀಡಬೇಕು ಎನ್ನುವುದರ ಬಗ್ಗೆ ಡಿಯುಡಿಎ, ಸ್ಥಾನಿಕ ಸಂಸ್ಥೆಗಳೊಂದಿಗೆ ಸಮಾಲೋಚಿಸಿ ನಿರ್ಧರಿಸುತ್ತದೆ. ಈ ದಿವಸದಲ್ಲಿ ಬಳಕೆಯಾಗದ ಉಳಿದ ಹಣವನ್ನು ತರಬೇತಿ ನೀಡಲು ಉಪಯೋಗಿಸಬಹುದು.

* ಪರಿಣತಿ ವರ್ಧನೆಗೆ (ನೈಪುಣ್ಯ ಹೆಚ್ಚಳಕ್ಕೆ) ನೀಡುವ ತರಬೇತಿಯ ಅವಧಿಯು ಕನಿಷ್ಠ 300 ತಾಸುಗಳ ಸಮಯಕ್ಕೆ ಒಳಪಡಿಸಿ ಕನಿಷ್ಠ 2 ತಿಂಗಳಿಂದ ಗರಿಷ್ಠ 6 ತಿಂಗಳುಗಳವರೆಗೆ ಇರುತ್ತದೆ. ತರಬೇತಿ ಪಡೆಯುವ ಪ್ರತಿ ಫಲಾನುಭವಿಗೆ 2,000 ರೂಪಾಯಿಗೆ ಮೀರದಂತೆ ಖರ್ಚು ಮಾಡಬೇಕಾಗುತ್ತದೆ.

* * ತರಬೇತಿಗೆ ಬೇಕಾಗುವ ಸಾಮಗ್ರಿಗಳ ವೆಚ್ಚ, ತರಬೇತುದಾರರ ಸಂಭಾವನೆ, ತರಬೇತಿ ಸಂಸ್ಥೆಗೆ ತಗಲುವ ಇತರ ವರ್ಯಗಳು ಮತ್ತು ಫಲಾನುಭವಿಗಳಿಗೆ ನೀಡುವ ಮಾಸಿಕ ಭತ್ಯೆ ಸೇರಿ ಪ್ರತಿ ಫಲಾನುಭವಿಗೆ ತಗಲುವ ಮಾಸಿಕ ವೆಚ್ಚವು ತರಬೇತಿಯ ವಿಧಾನ, ಅವಧಿ ಮತ್ತು ಉದ್ಯಮದ ಮೇಲೆ ಪ್ರತಿಯೊಬ್ಬ ಫಲಾನುಭವಿಗೆ ಕನಿಷ್ಠ 100 ರೂಪಾಯಿಗಳ ಮಾಸಿಕ ಭತ್ಯೆಯನ್ನು (ಸೈಫಂಡನ್ನು) ಮತ್ತು ಪ್ರತಿ ಫಲಾನುಭವಿಗೆ ಕನಿಷ್ಠ 230 ರೂಪಾಯಿಗಳ ಮಾಸಿಕ ತರಬೇತಿ ವೆಚ್ಚಕ್ಕೆ ಒಳಪಡಿಸಿ ನೀಡುವ ತರಬೇತಿಯ ಮೇಲೆ ಅವಲಂಬಿತವಾಗಿರುತ್ತದೆ.

ಎನ್‌ಹೆಚ್‌ಆರ್‌ವ್ ಯೋಜನೆಯ ಅಡಿಯಲ್ಲಿ ಸ್ಥಾಪಿಸಬೇಕಾಗುವ ಸಾಂಘಿಕ ವ್ಯವಸ್ಥೆ

ಈ ಯೋಜನೆಯಡಿಯಲ್ಲಿ ಸ್ಥಾಪಿಸಲಾಗುವ ಸಾಂಘಿಕ ವ್ಯವಸ್ಥೆಯಲ್ಲಿ ನೆರೆಹೊರೆ ಗುಂಪುಗಳು (ನ್ಯೆಬರ್‌ಹುಡ್ ಗ್ರೂಪ್ಸ್ (ಎನ್‌ಹೆಚ್‌ಜಿ)), ನೆರೆಹೊರೆ ಸಮಿತಿ (ನ್ಯೆಬರ್‌ಹುಡ್ ಸಮಿತಿಗಳು (ಎನ್‌ಹೆಚ್‌ಸಿ)) ಹಾಗೂ ಸಮುದಾಯಾಭಿವೃದ್ಧಿ ಸಂಘಗಳು (ಕಮ್ಯುನಿಟಿ ಡೆವಲಪ್‌ಮೆಂಟ್ ಸೊಸೈಟಿ) ಗಳಂತಹ ಸಮಾಜಿಕ ಸಂಸ್ಥೆಗಳು ಒಳಗೊಂಡಿರುತ್ತವೆ.

ನ್ಯೆಬರ್‌ಹುಡ್ ಗ್ರೂಪ್ಸ್ (ಎನ್‌ಹೆಚ್‌ಜಿ) (ನೆರೆಹೊರೆ ಗುಂಪುಗಳು) :-

ಈ ಗುಂಪು ಒಂದು ಮೊಹಲ್ಲಾ ಅಥವಾ ಬಸ್ತಿ ಅಥವಾ ನೆರೆಹೊರೆಯಲ್ಲಿ ವಾಸಿಸುವ ಮಹಿಳೆಯರ ಚಿಕ್ಕ ವಿದ್ಯುಕ್ತವಲ್ಲದ ಸಮೂಹವಾಗಿರುತ್ತವೆ. (ಈ ಗುಂಪಿನ ಸಂಖ್ಯೆ ಕೊಳಚೆ ಪ್ರದೇಶದಲ್ಲಿ ವಾಸಿಸುವ ಸುಮಾರು 10 - 40 ಮಹಿಳೆಯರಿಂದ ಪ್ರತಿನಿಧಿಸಿಲ್ಪಟ್ಟಿರುತ್ತದೆ). ಒಂದು ಎನ್‌ಹೆಚ್‌ಜಿಯ ಸೀಮೆಯನ್ನು ನಿರ್ಧರಿಸುವಾಗ ಒಂದೇ ವಿಧದ ಸಮಾನ ಮಟ್ಟದ ಜನರನ್ನು ಹಾಗೂ ಒಂದು ಪ್ರದೇಶದ ಅಕ್ಕಪಕ್ಕದ ಜನರನ್ನು ತೆಗೆದುಕೊಳ್ಳಬೇಕಾಗುತ್ತದೆ. ಈ ಗುಂಪಿನಲ್ಲಿ ಸ್ವಯಂ ಸೇವೆಗೆ ಸಿದ್ಧವಿರುವ ಒಬ್ಬ ಮಹಿಳೆಯನ್ನು ಗುಂಪಿನ ಸದಸ್ಯರ ಒಬ್ಬಿಗೇ ಮೇರೆಗೆ ಅಥವಾ ಚುನಾವಣೆಯ ಮೂಲಕ ಅಥವಾ ಇನ್ನಾವುದೇ ಪ್ರಚಾರೋತ್ಸವ ವಿಧಾನದ ಮೂಲಕ ನಿವಾಸಿ ಸಮಾಜ ಸ್ವಯಂ ಸೇವಕಿ (ರೆಸಿಡೆಂಟ್ ಕಮ್ಯುನಿಟಿ ವಾಲೆಂಟಿಯರ್ - (ಆರ್‌ಸಿವಿ)) ಎಂದು ಆರಿಸಬೇಕು. ಅವಶ್ಯವಿದ್ದಲ್ಲಿ ಈ ಸ್ವಯಂ ಸೇವಕರನ್ನು ಸರದಿ ಪ್ರಕಾರ ನಿಯುಕ್ತಿ ಮಾಡಬಹುದು ಅಥವಾ ನಿಗದಿತ ಕಾಲಾವಧಿಯ ನಂತರ ಬದಲಿಸಬಹುದು. ಆರ್‌ಸಿವಿಯ ಕರ್ತವ್ಯಗಳು ಈ ಕೆಳಗಿನಂತಿರುತ್ತವೆ.

1. ಆ ಗುಂಪಿನ ಕುಟುಂಬಗಳಿಗೆ ಮಾಹಿತಿ ಹಾಗೂ ಸಂಪರ್ಕದ ಮಾಧ್ಯಮವಾಗಿ ಸೇವೆಯನ್ನು ನಿರ್ವಹಿಸಬೇಕು.
2. ನ್ಯೆಬರ್‌ಹುಡ್ ಕಮಿಟಿ (ಎನ್‌ಹೆಚ್‌ಸಿ - ನೆರೆಹೊರೆ ಸಮಿತಿ) ಮತ್ತು ಕಮ್ಯುನಿಟಿ ಡೆವಲಪ್‌ಮೆಂಟ್ ಸೊಸೈಟಿ (ಸಿಡಿಎಸ್ - ಸಮುದಾಯಾಭಿವೃದ್ಧಿ ಸಂಘ) ಮತ್ತು ಇತರ ಪೇದಿಕೆಗಳಲ್ಲಿ ತಮ್ಮ ಸಮೂಹದ ಅಭಿಪ್ರಾಯವನ್ನು ವ್ಯಕ್ತ ಪಡಿಸುವುದು.
3. ನೆರೆಹೊರೆ ಮಟ್ಟದ ಅಯ್ತು ಚಟುವಟಿಕೆಗಳನ್ನು ಯೋಜಿಸುವಾಗ, ಅನುಷ್ಠಾನ ಗೊಳಿಸುವಾಗ ಹಾಗೂ ನಿರ್ವಹಣೆಯಲ್ಲಿ ಸಹಕಾರ ನೀಡುವುದು.
4. ಸಮುದಾಯದ ಸುಧಾರಣೆಗಾಗಿ ಸಹ ಭಾಗಿಗಳಾಗುವಂತೆ ಜನರನ್ನು ಪ್ರೋತ್ಸಾಹಿಸುವುದು ಮತ್ತು ಉತ್ತೇಜಿಸುವುದು.
5. ಡ್ರಿಫ್ಟ್, ಅಂಡ್ ಕ್ರೆಡಿಟ್ (ಉಳಿತಾಯ ಮತ್ತು ಸಾಲ ನೀಡುವ) ಸೊಸೈಟಿಗಳ ಸದಸ್ಯರಾಗಲು ಮತ್ತು ಸಮುದಾಯ ಅಭಿವೃದ್ಧಿ ನಿಧಿಗೆ ಧನ ಸಹಾಯ ಮಾಡಲು ಜನರನ್ನು ಪ್ರೇರೇಪಿಸುವುದು.

ಸೈಬರ್‌ಹುಡ್ ಕಮಿಟಿಗಳು (ಎನ್‌ಹೆಚ್‌ಸಿ - ನೆರೆಹೊರೆ ಸಮಿತಿಗಳು)

ಸೈಬರ್‌ಹುಡ್ ಕಮಿಟಿಯು ಒಂದು ನಿರ್ದಿಷ್ಟ ಪ್ರದೇಶದಲ್ಲಿ (ಹತ್ತಿರದ ಪ್ರದೇಶಗಳನ್ನು ತೆಗೆದುಕೊಳ್ಳಬೇಕು), ಸಾಧ್ಯವಿದ್ದಲ್ಲಿ ಒಂದು ಚುನಾವಣಾ ವಾರ್ಡಿನಲ್ಲಿರುವ ಸೈಬರ್‌ಹುಡ್ ಗ್ರೂಪ್ (ಎನ್‌ಹೆಚ್‌ಸಿ- ನೆರೆಹೊರೆ ಗುಂಪು) ಗಳ ಪ್ರತಿನಿಧಿಗಳ ವಿದ್ಯುಕ್ತ ಸಂಘಟನೆಯಾಗಿರುತ್ತದೆ. ಸೈಬರ್‌ಹುಡ್ ಗ್ರೂಪ್‌ಗಳ ಎಲ್ಲಾ ಆರ್‌ಸಿವಿಗಳು ಈ ಸಮಿತಿಯ ಕಾರ್ಯಕಾರಿ ಸದಸ್ಯರಾಗಿರುತ್ತಾರೆ (ಮತದಾನದ ಹಕ್ಕಿನೊಂದಿಗೆ) ಮತ್ತು ಸೈಬರ್‌ಹುಡ್ ಕಮಿಟಿಯ ವ್ಯಾಪ್ತಿಯಲ್ಲಿ ಬರುವ ಸಂಬಂಧಿತ ಪ್ರತಿಯೊಂದು ಕುಟುಂಬದ ಓರ್ವ ಮಹಿಳೆ ಈ ಸಮಿತಿಯ ಸದಸ್ಯರಾಗಿರುತ್ತಾರೆ (ಮತದಾನದ ಹಕ್ಕುಗಳಲ್ಲಿದೆ). ಕಮ್ಯುನಿಟಿ ಆರ್ಗನೈಸರ್ಸ್ (ಸಿಬಿ- ಸಮಾಜ ಸಂಘಟಕರು), ಇತರ ವಿಭಾಗೀಯ ಕಾರ್ಯಕ್ರಮಗಳ ಪ್ರತಿನಿಧಿಗಳು (ಐಸಿಡಿಎಸ್ ಸೂಪರ್‌ವೈಸರ್), ಶಾಲಾ ಶಿಕ್ಷಕರು, ಎಎನ್‌ಎಮ್ (ಅಕ್ಷಲರಿ ನರ್ಸ್ ಮಿಡ್ ವೈಫ್) ಇತ್ಯಾದಿ ಜನರನ್ನು ಈ ಸಮಿತಿಯಲ್ಲಿ ಗೌರವಾನ್ವಿತ ಸದಸ್ಯರಾಗಿ ಮತದಾನದ ಹಕ್ಕಿಲ್ಲದೆ ಸೇರಿಸಿಕೊಳ್ಳುವ ಅವಕಾಶವಿರುತ್ತದೆ. ಈ ಸಮಿತಿಯ ಸಂಚಾಲಕರನ್ನು/ ಅಧ್ಯಕ್ಷರನ್ನು ಸಮಿತಿಯ ಕಾರ್ಯಕಾರಿ ಸದಸ್ಯರು ಅಯ್ಕೆ ಮಾಡುತ್ತಾರೆ/ ಚುನಾಯಿಸುತ್ತಾರೆ. ಈ ಸಮಿತಿಯ ಸಭೆಗಳು ಸಮಾಯಾನುಸಾರ ನಡೆಯುವಂತೆ ಸಮಿತಿ ಸಂಚಾಲಕರು ನೋಡಿಕೊಳ್ಳಬೇಕಾಗುತ್ತದೆ. ಎನ್‌ಹೆಚ್‌ಸಿ ಯ ಕರ್ತವ್ಯಗಳು ಈ ಕೆಳಗಿನಂತಿವೆ.

1. ಸ್ಥಳೀಯ ಸಮಸ್ಯೆಗಳನ್ನು ಮತ್ತು ಅಡ್ಡತೆಗಳನ್ನು ಗುರುತಿಸುವುದು.
2. ಸಾಮಾಜಿಕ ಅವಶ್ಯಕತೆಗಳನ್ನು ಪೂರೈಸಲು ಹಾಗೂ ಯೋಜನಾ ಗುರಿಗಳನ್ನು ಸಾಧಿಸಲು (ಚಿಕ್ಕ ಯೋಜನೆಗಳ) ಜನರ ಗುಂಪುಗಳ ಪಾಲ್ಗೊಳ್ಳುವಿಕೆಯ ಬಗ್ಗೆ ಸಲಹೆ ನೀಡುವುದು.
3. ಸ್ಥಳೀಯ ಚಟುವಟಿಕೆಗಳಿಗೆ ಜವಾಬ್ದಾರಿಯುತ ಸಂಸ್ಥೆಗಳ ಸೇವೆಯನ್ನು ಕಲ್ಪಿಸುವುದು ಮತ್ತು ಸಾರ್ವಜನಿಕ ಒಪ್ಪಂದ ಮಾಡಿಸುವಲ್ಲಿ ಸಹಾಯಕವಾಗುವುದು.
4. ಈ ಯೋಜನೆಯ ಪ್ರಯೋಜನಾ ಮತ್ತು ವಿಸ್ತಾರದ ಬಗ್ಗೆ ವಿಶೇಷವಾಗಿ ಮಹಿಳೆಯರಿಗೆ ಮತ್ತು ಮಕ್ಕಳಿಗೆ ಮಾಹಿತಿ ನೀಡುವುದು, ಹಾಗೂ ಕಾರ್ಯಕ್ರಮವನ್ನು ಪರಿಣಾಮಕಾರಿಯಾಗಿ ಜಾರಿಗೆ ತರುವುದಕ್ಕೆ ಹಾಗೂ ವಿಶೇಷವಾಗಿ ಮಕ್ಕಳಿಗೆ ಹಾಗೂ ಮಹಿಳೆಯರಿಗೆ ಪ್ರಯೋಜನಗಳು ತಲುಪುವಂತಾಗಲು ಎಜನ್ಸಿಗಳಿಗೆ ಅಗತ್ಯ ಮಾರ್ಗದರ್ಶನ ಮಾಡುವುದು.
5. ಕಮ್ಯುನಿಟಿ ಆರ್ಗನೈಸರ್ಸ್ (ಸಿಬಿ - ಸಮಾಜ ಸಂಘಟಕ), ನಾನ್ ಗರ್ವನ್‌ಮೆಂಟ್ ಆರ್ಗನೈಸೇಷನ್ (ಎನ್‌ಜಿಬಿ - ಸರಕಾರೇತರ ಸ್ವಯಂಸೇವಾ ಸಂಸ್ಥೆಗಳು) ಹಾಗೂ ಇತರ ವಲಯವಾರು ಇಲಾಖೆಗಳ ಸಹಾಯದಿಂದ ಜನರ ಸಾಮರ್ಥ್ಯ ಹೆಚ್ಚಿಸಲು ತರಬೇತಿಗಳನ್ನು ಏರ್ಪಡಿಸುವುದು.
6. ಥ್ರಿಫ್ಟ್ ಮತ್ತು ಕ್ರೆಡಿಟ್ ವ್ಯವಸ್ಥೆ (ಉಳಿತಾಯ ಮತ್ತು ಸಾಲ ನೀಡುವ ವ್ಯವಸ್ಥೆ)ಯನ್ನು ಹಾಗೂ ಸೈಬರ್‌ಹುಡ್ ಡೆವಲಪ್‌ಮೆಂಟ್ ಫಂಡ್ (ನೆರೆಹೊರೆ ಅಭಿವೃದ್ಧಿ ನಿಧಿಯನ್ನು) ಅಭಿವೃದ್ಧಿಪಡಿಸುವುದು.

7. ಸಮಯಾನುಸಾರ ಫಲಾನುಭವಿಗಳಿಂದ ಸಾಲಮರುಪಾವತಿಯನ್ನು ನಿರ್ವಹಿಸುವುದು.

8. ಮಾರ್ಗಸೂಚಿಯ ಪ್ರಕಾರ, ಸಮುದಾಯ ಸಮೀಕ್ಷೆ ಮಾಡುವುದು/ ಮಾಡಲು ನೆರವಾಗುವುದು

ಅವಶ್ಯವೆನಿಸಿದಲ್ಲಿ ಎನ್‌ಹೆಚ್‌ಸಿಯನ್ನು ಸೊಸೈಟೀಸ್ ರಿಜಿಸ್ಟ್ರೇಷನ್ ಕಾಯ್ದೆ ಅಥವಾ ಇತರ ಸಂಬಂಧಿತ ಕಾಯ್ದೆಯ ಪ್ರಕಾರ ನೋಂದಾಯಿಸಬಹುದು. ಈ ರೀತಿ ನೋಂದಾಯಿಸಿದಲ್ಲಿ ಎನ್‌ಹೆಚ್‌ಸಿಯು ವಿವಿಧ ಯೋಜನೆಗಳಡಿ ಅನುದಾನಕ್ಕಾಗಿ ಅರ್ಜಿ ಸಲ್ಲಿಸಬಹುದು.

ಕಮ್ಯುನಿಟಿ ಡೆವಲಪ್‌ಮೆಂಟ್ ಸೊಸೈಟಿ (ಸಿಡಿಎಸ್ - ಸಮುದಾಯ ಅಭಿವೃದ್ಧಿ ಸಂಘ)

ಕಮ್ಯುನಿಟಿ ಡೆವಲಪ್‌ಮೆಂಟ್ ಸೊಸೈಟಿಯು ತಾಲ್ಲೂಕು ಮಟ್ಟದಲ್ಲಿನ ಎಲ್ಲಾ ನೈಬರ್‌ಹುಡ್ ಕಮಿಟಿಗಳ ಒಂದು ವಿದ್ಯುಕ್ತ ಸಂಘಟನೆಯಾಗಿದ್ದು, ಸಮಾನ ಗುರಿ ಮತ್ತು ಉದ್ದೇಶಗಳನ್ನು ಹೊಂದಿರುತ್ತದೆ. ಎನ್‌ಹೆಚ್‌ಸಿಗಳಿಂದ ಚುನಾಯಿತ/ ಆಯ್ಕೆಯಾದ ಪ್ರತಿನಿಧಿಗಳು ಸಿಡಿಎಸ್‌ನ ಕಾರ್ಯಕಾರಿ ಸದಸ್ಯರಾಗಿರುತ್ತಾರೆ (ಮತದಾನದ ಹಕ್ಕಿನೊಂದಿಗೆ) ಮತ್ತು ಸಿಡಿಎಸ್‌ನ ವ್ಯಾಪ್ತಿಯಲ್ಲಿ ಬರುವ ಸಂಬಂಧಿತ ಪ್ರತಿಯೊಂದು ಕುಟುಂಬದ ಒಬ್ಬ ಮಹಿಳೆ ಈ ಸೊಸೈಟಿಯ ಸದಸ್ಯರಾಗಿರುತ್ತಾರೆ (ಮತದಾನದ ಹಕ್ಕುಗಳಿಲ್ಲದೆ), ಇದಲ್ಲದೆ ಸಮಾಜ ಸಂಘಟಕರು (ಸಿಬಿಗಳು), ಸರ್ಕಾರೇತರ ಸ್ವಯಂ ಸಂಸ್ಥೆಗಳ ಪ್ರತಿನಿಧಿಗಳು, ಆ ವಲಯವಾರು ಇಲಾಖೆಗಳ ಪ್ರತಿನಿಧಿಗಳು, ಆ ಪ್ರದೇಶದ ಚುನಾಯಿತ ಪ್ರತಿನಿಧಿಗಳು, ಪ್ರಸಿದ್ಧ ವ್ಯಕ್ತಿಗಳು ಮತ್ತು ಇತರ ವಿಷಯ ಪರಿಣಿತರನ್ನು ಸಿಡಿಎಸ್‌ನ ಗೌರವ ಸದಸ್ಯರಾಗಿ ತೆಗೆದುಕೊಳ್ಳಬಹುದಾಗಿದೆ (ಮತದಾನದ ಹಕ್ಕುಗಳಿಲ್ಲದೆ) ವಿವಿಧ ಯೋಜನೆಗಳ ಅನುದಾನಗಳ ಸೌಲಭ್ಯವನ್ನು ಪಡೆಯಲು ಮತ್ತು ವಿಸ್ತಾರವಾದ ಹಣಕಾಸು ಮಹಿವಾಟಿಗೆ ಅನುವಾಗಲು ಸಿಡಿಎಸ್ ಅನ್ನು ಸೊಸೈಟೀಸ್ ರಿಜಿಸ್ಟ್ರೇಷನ್ ಕಾಯ್ದೆ ಅಥವಾ ಸಂಬಂಧಿತ ಕಾಯ್ದೆಯ ಪ್ರಕಾರ ನೋಂದಾಯಿಸಬೇಕಾಗುತ್ತದೆ. ಸಿಡಿಎಸ್‌ನ ಕರ್ತವ್ಯಗಳನ್ನು ಈ ಕೆಳಗೆ ನೀಡಲಾಗಿದೆ.

1. ಸಮಾಜದ ಎಲ್ಲಾ ವರ್ಗಗಳ ವಿಶೇಷವಾಗಿ ಮಹಿಳೆಯರ ಮತ್ತು ಮಕ್ಕಳ ಅವಶ್ಯಕತೆಗಳನ್ನು ಪ್ರತಿಬಿಂಬಿಸುವುದು.
2. ಅವರ ಅವಶ್ಯಕತೆಗಳನ್ನು ಪೂರೈಸುವ ದಿವಿಯಲ್ಲಿನ ಕಾರ್ಯಗಳಿಗೆ / ಚಟುವಟಿಕೆಗಳಿಗೆ ಇತರ ಸಂಸ್ಥೆಗಳ ಮತ್ತು ಇಲಾಖೆಗಳ ಸಹಕಾರವನ್ನು ಕ್ರೋಢೀಕರಿಸುವುದು.
3. ನಿರ್ದಿಷ್ಟ ತರಬೇತಿ ಕಾರ್ಯಕ್ರಮಗಳನ್ನು ಗುರುತಿಸಿ ಅವುಗಳನ್ನು ಏರ್ಪಡಿಸುವುದು.
4. ಆರ್ಥಿಕ ಮತ್ತು ನಿವಾಸ / ಸೂರು ಸೌಲಭ್ಯಕ್ಕಾಗಿ ಅರ್ಹ ಫಲಾನುಭವಿಗಳನ್ನು ಗುರುತಿಸುವ ಸಲುವಾಗಿ ಸಮಾಜದ ಸಮೀಕ್ಷೆಗಳನ್ನು ನಡೆಸುವುದು ಮತ್ತು ಈ ಸಮೀಕ್ಷೆಗಳಿಗೆ ಸಹಕಾರ ನೀಡುವುದು.
5. ಸಾರ್ವಜನಿಕ ಯೋಜನೆಗಳನ್ನು ಮತ್ತು ಪ್ರಸ್ತಾವನೆಗಳನ್ನು ರೂಪಿಸುವುದು, ಸಮುದಾಯದ ನಗರದ ಹಾಗೂ ಇತರ ವಲಯ ವಿಭಾಗಗಳಿಂದ ಸಂಪನ್ಮೂಲಗಳನ್ನು ಕ್ರೋಢೀಕರಿಸುವುದು.
6. ಫಲಾನುಭವಿಗಳಿಂದ ಸಕಾಲದಲ್ಲಿ ಸಾಲ ಮರುಪಾವತಿಯನ್ನು ಮಾಡಿಸಲು ನಗರ ಬಡತನ ನಿರ್ಮೂಲನಾ ವಿಭಾಗದೊಂದಿಗೆ ಸಮನ್ವಯದಿಂದ ಬ್ಯಾಂಕುಗಳಿಗೆ ನೆರವಾಗುವುದು.
7. ಸ್ಥಾನಿಕ ಸಂಸ್ಥೆಗಳು ಹಾಗೂ ನಗರ ಬಡತನ ನಿರ್ಮೂಲನಾ ಸಮಿತಿಗಳೊಡನೆ ಸಮಾಲೋಚನೆಯಿಂದ ಬಡಜನರು ವಾಸಿಸುವ ಪ್ರದೇಶಗಳಲ್ಲಿ ಸಣ್ಣ ಪ್ರಮಾಣದ ಸಾರ್ವಜನಿಕ ಅಸ್ತಿಗಳನ್ನು ಸೃಷ್ಟಿಸುವುದು.

SPECIAL FEATURE

FIGHTING CORRUPTION

*N. Vittal, Central Vigilance Commissioner,
Government of India*

[Excerpts from the First
Public Affairs Centre
Lecture delivered on
September 29, 2000 at
Bangalore]



paid in all these facilities may be between Rs one and two crores annually. A similar estimate based on the finding that 90% of the women pay an average of about Rs 700 at the Maternity Homes would put the total amount of bribes paid at about Rs 1.6 crores. The annual emoluments of the staff at the 30 maternity homes also amount to about Rs 2 crores.

- Most of the staff denies the practice of corruption. They do complain about the constraint of facilities, and shortage of staff, supplies and resources. Doctors emphasised the need to improve the awareness of patients, especially with respect to the need to be regular in their visits

The evidence presented above clearly points to the need to urgently reform the municipal health care facilities for the poor in Bangalore. At the core of the problem is the highly unsatisfactory state of the services of the maternity homes. If the present conditions continue, the newly created IPP centres will also deteriorate and become part of the pool of corruption and low quality that characterise the system.

The findings of the study were shared with other NGOs and resource persons to consider the various options available to improve these institutions. The group after fully endorsing the findings articulated five themes for immediate action:

- Setting up a Board of Visitors to function as an effective oversight mechanism to monitor the activities of the Maternity Homes.
- Creation of a Patient's Charter to publicise the services offered, time frames, fees, grievance redressal mechanisms etc.
- Setting up a Health Fund through contributions to be used for maintenance and improvements of the facilities.
- Handing over the management of Maternity Homes and Health Centres to interested NGOs.
- Operating Help Desks in these centres to help women in distress.

We are happy to report that these recommendations have found positive resonance with the Bangalore City Corporation and steps are on to operationalise most of the recommendations.

(For further information on this, please contact Ms. Sheila Premkumar or Mr. Cyril Vas at PAC)

Corruption is not the exclusive characteristic of the bureaucracy. We have corruption in politics, we have corruption in judiciary, we have corruption in bureaucracy, we have corruption in cricket and we have corruption in business. In fact, like God is supposed to be present everywhere, corruption in India is present everywhere. The issue before us today is not to merely catalogue the sorry tale of corruption but also to explore how we can tackle the issue of corruption. In my approach to tackle the issue of corruption, I am guided by five concepts. The first is a concept articulated by Bertrand Russell who said that every opinion becomes respectable if you hold it for a sufficiently long time. The second is the concept of Victor Hugo who said that nothing is more powerful than an idea whose time has come. The third concept is that of Alex De Tocqueville that the inevitable becomes intolerable the moment it is perceived to be no more inevitable. I believe that corruption can be tackled. After all Hong Kong has done it through the Independent Commission Against Corruption (ICAC). Rudy Giuliani in the context of crime in New York showed that zero tolerance of crime can bring results. In the Manipuliti movement of Italy, the magistrate showed that Mafia can be tackled. Lee Kwan Yew built up Singapore as a model of rectitude over three decades. The magistrates in France also tried to check corruption. So it is not as if that corruption is an unalterable and inevitable fact of modern society and we have to live with it. It can be tackled.

If our strategy has to be effective in fighting corruption in bureaucracy we must tackle the issue of corruption in bureaucracy as a part of an overall



RESEARCH

HEALTH CARE SYSTEMS FOR THE URBAN POOR

With thirty maternity homes, thirty seven urban family welfare centres (UFWCs) and fifty five health centres funded by the world bank under the India Population Project –VIII (IPP-VIII), the Bangalore Mahanagara Palike (BMP) emerges as the major provider of family planning and maternal /child health (MCH) care services for the urban poor in Bangalore. The IPP centres and UFWCs focus mainly on health and nutrition education, antenatal/ postnatal care, family planning, immunisation mother and child, nutritional care of children up to the age of five and medical treatment of minor ailments and act as referral units for the maternity homes. Whereas, the maternity homes focus on delivery and Medical termination of pregnancy (MTP) and laboratory tests in addition to providing antenatal/ postnatal care, family planning non-surgical care for children needing specialist attention and minor gynaecological procedures. It must be noted that all the services at all the three facilities are supposed to be provided free of cost.

Independent reviews and stakeholder consultations in the past have significantly highlighted the alarming levels of corruption at BMP maternity homes; this is a cause of major concern as with the termination of World Bank assistance in the year 2001, the IPP facilities are going to be integrated with the existing system of the BMP for routine operation and maintenance. This aspect was discussed by various groups working with the urban poor in Bangalore and there was a strong demand to carry out a User feedback survey to empirically assess the quality of care, particularly that of the service delivery process at the IPP health centres and maternity homes.

As a follow-up to this, PAC undertook a comparative survey of maternity homes, IPP Centres and UFWCs all over the city in partnership with five city based NGOs. A total of 500 patients and 77 staff of these facilities were interviewed.

Following sections briefly describe the results of the survey, designed on the lines of a Report Card study, carried out by PAC.

- IPP health Centres are on the whole rated better than the UFWCs and Maternity Homes. For similar services provided by all three the

rating is the highest for IPP Health Centres and lowest for Maternity Homes.

- While only 39% of the patients were given the medicine free of cost at the maternity homes, 61% and 63% were supplied the medicines free at the UFWCs and IPP Health Centres. Money was demanded for the medicines from 11% of the women at the maternity homes while only 4 and 3 % reported being asked to pay money for medicines at UFWCs and IPP Health Centres. The average amount paid for medicines was higher at Rs. 94 at maternity homes than Rs. 30 paid at UFWCs. But the least amount was paid at IPP Health Centres (Rs. 15). Interestingly, all doctors, nurses and other staff at all three types of facilities say free medicines are given to all patients all the time.
- Patients are generally quite satisfied with the behaviour of the staff at all the facilities (with 73% of the women reporting being always satisfied and the rest either never or sometimes satisfied). The satisfaction is however significantly greater with the staff of IPP Health Centres.
- Patients at the maternity homes have to wait for about 35 minutes to be attended to. The waiting is marginally less at UFWCs at 28 minutes. The wait at the IPP Health centre is the least at 23 minutes. Doctors, nurses and other staff at all the three kinds of places have quoted not more than five to ten minutes as the waiting period for patients.
- The most distressing finding concerns the prevalence of corruption. While none of the facilities seems corruption free, maternity homes stand out in terms of the severity of the problem. Payments are demanded or expected by staff for almost all services, but most of all, for delivery and seeing the baby. The proportions of people paying bribes vary from one service to another. On the whole 90% of the respondents reported paying bribes for one service or the other at maternity homes at an average of Rs 700 per head. Nearly 70% pay for seeing their own babies! One out of two pay for delivery.
- If a poor woman paid for all services, it would have cost her over Rs. 1000 for a delivery. It is reported that a nursing home might give her hassle free and better quality service for Rs. 2000. A rough estimate of the bribes being



**RURAL HEALTH INFRASTRUCTURE
NORMS AND LEVEL OF ACHIEVEMENTS
(ALL INDIA - AS ON 31-12-1998)**

Indicator	National Norms	Achievements
1. Rural population (1991) covered by a: Sub centre Primary Health Centre (PHC) Community Health Centre (CHC)	3,000 - 5,000 20,000 - 30,000 80,000 - 1,20,000	4,611 28,564 2.40 lakhs
2. Number of Sub centres per PHC	6	6.19
3. Number of PHCs per CHC	4	8.39
4. Rural Population (1991) covered by a: MPW (female) MPW (male)	3,000 - 5,000 3,000 - 5,000	4,717 9,815
5. Number of Villages covered by a: VHG TBA	1 1	1.4 0.9
6. Average Population (1991) covered by a: VHG TBA	1,000 1,000	1,527 965
7. Ratio of HA (male) to MPW (male)	1 : 6.0	1 : 3.9
8. Ratio of HA (female) to MPW (female)	1 : 6.0	1 : 7.2
9. Average Rural Area (Sq.Km) covered by a: Sub centre PHC CHC	— — —	22.97 142.29 1194.46
10. Average Radial Distance (Km) covered by a: Sub centre PHC CHC	— — —	2.70 6.73 19.49
11. Average Number of Village covered by a: Sub centre PHC CHC	— — —	4.31 26.68 223.96

KARNATAKA AND INDIA AT A GLANCE (AS ON 31/3/1999)

1. General Information	Karnataka	India
Area in sq Kms	1,91,791	32,87,263
No of revenue divisions	4	NA
No of districts	27	466
No of taluks	175	NA
No of towns and urban agglomerations	254	4,689
No of subdivisions	49	NA
2. Demographic features(1991 census)		
Population (in 000s)	44,977	8,46,302
Male population(in 000s)	22,952	4,39,230
Female population(in 000s)	22,025	4,07,072
Decennial growth rate(1981-91) %	21.12	23.85
Percentage of urban population to total population (1991)	30.92	25.73
Density of population per sq. Km (1991 census)	235	274
Sex ratio (No of females per 1000 males)	960	927
a) Percentage of literacy (1991 census)	56.04	52.21
Male	67.26	64.13
Female	44.34	39.29
b) Expectation of life at birth (in yrs)		
(1996-2001)		
Male	65.55	62.8
	66.55	64.2

3. Vital Statistics	Karnataka	India
A) Fertility		
a) Birth rate (1998)provisional		
Rural	23.1	28.0
Urban	19.4	21.0
Combined	22.0	26.4
b) Total fertility rate (1994)		
Rural	3.1	3.8
Urban	2.4	2.7
Combined	2.8	3.5
c) Gross reproduction rate (1994)		
Rural	1.5	1.8
Urban	1.1	1.2
Combined	1.4	1.7
B) Mortality		
a) Death rate(1998)		
provisional(per 1000 pop)		
Rural	8.9	9.7
Urban	5.6	6.6
Combined	7.9	9.0
b) Infant mortality rate (1998)		
(per 1000 live births)		
Rural	70	77
Urban	25	45
Combined	58	72
c) Neonatal and post neonatal		
mortality rates(per 1000 live births)		
Neonatal(1994)	44.7	47.7
Postneonatal(1993)	22.1	42.5
d) Maternal mortality rate		
(UNICEF REPORT) (per lakh births)	450	453

4. Percentage of population below poverty line (1993-94) (provisional)

Rural	32.8	39.1
Urban	49.1	40.1
Combined	32.6	36.0

(SOURCE : DIRECTORATE OF HEALTH AND FAMILY WELFARE SERVICES, BANGALORE)

THE WORLD'S PRIORITIES ? (Annual Expenditure)

Basic education for all	\$ 6 billion ^a
Cosmetics in the USA	\$ 8 billion
Water & Sanitation for all	\$ 9 billion ^a
Ice cream in Europe	\$ 11 billion
Reproductive health for all women	\$ 12 billion ^a
Perfumers in Europe & USA	\$ 12 billion
Basic health & nutrition	\$ 13 billion ^a
Cigarettes & Alcoholic drinks in Europe	\$ 155 billion
Narcotic drugs in the world	\$ 400 billion
Pet foods in Europe & USA	\$ 17 billion
Military spending in the world	\$ 780 billion

'a' Estimated additional annual cost to achieve universal access to basic Social Services in developing Countries.

BASIC CAPABILITIES, CONSUMPTION REQUIREMENTS & DEPRIVATION

Long healthy life (freedom from premature mortality and avoidable morbidity).

Requirement	Backlog of deprivation
Clean	1.3 billion deprived of access to safe water.
Shelter	1 billion without adequate shelter.
Food & Nutrition	841 million malnourished
Health Care	880 million without access to health services
Sanitation	2.6 billion without access to sanitation
Energy	2 billion deprived of electricity
Transport	3 cars per 1,000 people in least developed countries, 16 in developing countries, 405 in industrial countries.

Knowledge (freedom from illiteracy, innumeracy & Lack of acquired basic skills)

Requirement	Backlog of deprivation
Schooling	109 million (22% of primary school - age children) out of school.
Information	885 million illiterate adults (age 15 and above) 4 copies of daily newspaper circulated per 100 people in developing countries, 26 in industrial countries.
Communication	3 telephone lines per 1,000 people in least developed countries, 40 in developing countries, 414 in industrial countries.

Decent standards of living well distributed among members of society.

Requirements	Backlog of deprivation
Secure access to material resources	1.3 billion people in developing countries living on less than \$ 1 a day, 32% in transition Economics on less than \$ 4 a day and 11% in industrial countries on less than \$ 14.00 a day.
Creative Life Requirements	Back log of deprivation
Culture - Language, arts, traditions, philosophy.	3000 of the world's 6,000 languages endangered.
Freedom from political and civil constraints	13.2 million refugees.
Freedom from time constraints	6-8 hours a day spent by rural women in developing countries in fetching fuelwood and water.

HUMAN DEVELOPMENT INDEX

	India	All developing Countries	Industrial Countries	World
Life Expectancy at birth (years) 1995	61.6	62.2	74.2	63.6
Adult Literacy rate (%) 1995	52.0	70.4	98.6	77.6
Combined 1st, 2nd, 3rd level gross enrolment ratio (%) 1995	55	57	83	62
Real GDP per capita (PPP \$) 1995	1,422	3,068	16,337	5,990
Adjusted real GDP per Capita (PPP\$) 1995	1,422	3,068	6,194	5,990
Life Expentency Index	0.61	0.62	0.82	0.64
Education index	0.53	0.66	0.93	0.72
GDP index	0.21	0.48	0.98	0.95
Human development Index (HDI) value 1995	0.451	0.586	0.911	0.772

Please note India is ranked 139.

Population

Progress of a country depends on development. Development is a process of change which is unavoidable and involves expenditure. Development involving a large country like India with large population requires large expenditure for development. The expenditure in turn depends on the resources. Resources do not multiply and hence get limited.

Getting an external aid is not a permanent answer to the problem of enhancing resources. So this limits the development and is to be brought about with in the available resources. One permanent solution to a problem of this kind is to keep a check on the growth of the population so that development can take place with a good pace under existing realities of resources. This fact was realised while conceiving the Family Planning Programme.

The Maternal and Child Health concept was conceived as early as 1880. In Karnataka, in the erst while Princely State of Mysore, this concept was put to practice through the establishment of Cheluvamba hospital in Mysore and Vanivilas hospital at Bangalore to meet the health needs of women and children. The MCH needs of the community were met through spread of messages from these centers.

During the British rule, maintenance of health standards of the local population was not given a thrust. After the country got independence, fragmented approach in the sphere of health adapted by Government of India exposed many shortcomings. The problems like increasing rate of population growth, high mortality of women and children, low nutritional standards, wide spread communicable diseases, poor sanitation and non-availability of potable water to majority of the population came to the forefront. In 1952, Clinic based National Family Planning Programme was started where conventional contraceptive methods were emphasised. In 1953, Family Planning research and planning committee observed tubectomy as the most favored method. This was followed up by the starting of Family Planning Department and Family Planning Centres under Ministry of Health during the 3rd five year plan period.

Issues :

- Disproportionate decline in mortality as compared to fertility is often put forth as logic towards high growth rate. Even in mortality, it is the crude death rate (CDR) which has declined substantially (From 47.2/1000 in 1911-21 to 10.3/1000 in 1991) while child mortality (IMR) has declined relatively slowly (IMR-222 in 1901 to 78 in 1991)
- Sex ratio has been adverse to females for many reasons such as illiteracy, early marriage, teenage pregnancies, violence against women, etc. Sex ratio declined from 972 in 1901 to 930 in 1971. It was 933 in 1981 and 921 in 1991.

- Uneven progress amongst the states could be seen. 42% of population increase during 1981 - 1991 was from four states of UP, MP, Rajasthan and Bihar.

Despite a clear recognition of the problem, population growth remains a formidable challenge. Drafts and documents on population policy generated discussions, waiting to get translated into a formal population policy awaiting approval of the parliament.

In 1953 by the use of tubectomy expected annual growth rate was kept at 1.25% for the 1st and 2nd five year plan periods. In each five year plans, goals of reduction of birth rate were set.

IV five year plan (1969-74)

Goal : Reduce birth rate from 35/1000 to 32/1000 by the end of the plan period.

Achievement : 16.5 million couples protected (16.5% of eligible couples) from conception.

V five year plan (1974-79)

Goal : Reduce birth rate to 30/1000 by the end of the plan period.

Achievement : Programme came under priority sector, got integrated with MCH and nutrition. 1975-77 saw phenomenal increase in sterilisation. The family welfare programme was launched in 1978 the rigidity and force in implementation were removed. The main thrust was on education and motivation.

VI Five Year plan (1980-85) :

Goals : Long term demographic goals were envisaged to be achieved by 2000 AD.

- Reduce family size from 4.4 children (1975) to 2.3
- Reduce birth rate from 33 (1978) to 21
- Reduce death rate from 14 (1978) to 9
- Reduce IMR from 127 (1978) to 60
- Increase couple protection level from 22% to 60%.

VII five year plan (1985 - 90):

Main emphasis :

- Promoting spacing methods, securing maximum community participation and promoting MCH
- To provide service at the doorsteps by concept of sub-centers. (one sub-center for every 5000 population; 3000 population for tribal and hilly areas). At the end of the plan period, 1.30 lakh subcenters were established
- Pos Partum Programme was extended to sub-district level hospitals (1012 PPCs established)

- UIP started in 30 districts during 1985-86 and extended cover the entire country by the end of the plan
- Improving the Primary Health Care in urban slums of Bombay and Madras through World Bank assistance
- Area Development Projects in 15 selected states through various donor agencies

Achievements :

Reduction in CBR from 41.7 (1951-61) to 30.2 (SRS 1990)

Reduction in TFR (total fertility rate) from 5.97 (1950-55) to 3.8 (SRS 1990)

Reduction in IMR from 146 (1970-71) to 80 (SRS 1990)

Increase in CPR (couple protection rate) from 10.4% (1970-71) to 43.4% (31-3-90)

Over 118 million births were averted by the end of March 1990

VIII five year plan (1992-97):

New initiatives introduced ; revamp of ongoing schemes -

- IPP VIII and IX (for infrastructure and man power development) in the states of Rajasthan, Assam and Karnataka
- USAID Project - "Innovations in Family Planning Services " in UP with specific objective of reducing TFR from 5.4 to 4 and increase CPR from 35% to 50% over 10 year period
- Differential programming in 90 districts where CBR was more than 39/1000 (1991 census)
- NGO supplementation and complementation to the government run programme.
- From 1992 onwards UIP (launched in 1985) was strengthened and expanded along with CSSM programme (Child Survival and Safe Motherhood) to achieve high immunisation coverage, to augment activities under Oral Rehydration Therapy, to provide Vitamin A prophylaxis for the control of blindness among children and to control acute respiratory infections.
- Provision of aseptic delivery kits
- Strengthening of first referral units to deal with high risk and obstetric emergencies

IX five year plan (1977-2002) :

Priority : Reduction of population growth

Objectives : (i) to meet all felt needs of contraception
(ii) to reduce infant and maternal mortality and morbidity so as to reduce desired level of fertility

Strategies : (i) Assess the needs of Reproductive and Child Health (RCH) through micro planning
(ii) Provide need-based, demand-driven, high quality integrated RCH care

Expected levels of achievement by the end of the plan period:

(a) CBR	24/1000
(b) IMR	56/1000
(c) TFR	2.9
(d) CPR	51%
(e) NNMR	35/1000
(f) MMR	3/1000

Unmet needs : Are women whose reproductive attitudes resemble those of contraceptive users but whose practices do not! To achieve this, Community Needs Assessment Approach (CNAA) has been envisaged.

A. Programme implications :

- i. Maximize access to good quality services
- ii. Emphasize communication
- iii. Focus on men and women
- iv. Collaborate with services for new mothers and young children

B. Trends in unmet needs :

Levels of unmet needs are not constant. It depends on the interplay between fertility desire and contraceptive use. Factors include -

a. high fertility	b. change in attitude	c. change in behavior
d. low fertility	e. abortions	

C. Approaches for meeting the unmet needs :

- Access to good quality service :

i. More choice	ii. More outlets	iii. Social marketing
iv. Community based distribution	v. Traine providers	vi. Privacy for client counseling
vii. Reduce paper work	viii. Ensure enough stocks	
- Address health concern and side effects:

i. Through media	ii. Counseling
iii. Allow switchover from one method to other	iv. Wide range
v. Testimonials from satisfied users	
- Increase knowledge :

i. Mass media, etc.	ii. Train providers to answer to the questions
---------------------	--
- Overcome opposition from husbands:

i. Tell men about benefits	ii. FP for men comfortable
iii. FP is common norm and respectable personal behavior	
iv. Encourage better communication with spouse	v. Help women learn and talk about FP

POPULATION IN KARNATAKA STATE ('000)

	1971	1981	1991
POPULATION	29299	37136	44977
MALE	14792	18923	22952
FEMALE	14327	18213	22025
URBAN	7122	10730	31069
RURAL	22177	26406	13908
IMR-RURAL	102.00	77.0	82
IMR-URBAN	45.4	45	41

Note :

1. Marked population increase in urban:
 - a. urbanization b. migration c. poor performance of FP
2. IMR reduction more drastic in rural compared to urban:
 - a. better performance of Primary care in rural than urban areas
 - b. better facilities and better awareness and better utilization of services in rural areas
 - c. ? high cost of medical services keeping urban population away from timely utilizing facilities
 - d. is it nullified due to drastic increase in population

Contributed by Dr. C. Nagaraj

MALARIA MONTH (June 2000) CELEBRATIONS

The Department of Community Medicine organised a day long endeavour to celebrate the Malaria month. It was also as part of the work-up towards the conference.

The deliberations were held on the 29th of June 2000. The morning session was for Postgraduates and the afternoon session was for Undergraduates.

The participants for the session for postgraduates included the Postgraduates and Faculty of Community Medicine from Bangalore Medical College, St. Johns Medical College, Sri Devaraj Urs Medical College, Postgraduates from the Departments of Medicine, Paediatrics, Obstetrics and Gynaecology, Pharmacology and Community Medicine of M. S. Ramaiah Medical College.

The following paragraphs highlight the discussion during the deliberations. The discussions were preceeded by a presentation by Dr. Ramakrishna, who had visited the reported places of outbreak in Tumkur.

1. The need for Private Practitioners to report the Malaria cases to the District Malaria Officer and the reporting to include proper and full address. This is because even if the Doctor reports the case with all the concern without proper postal address, it is almost impossible for the field workers to undertake the required followup (Blood smears from the contacts). Then surveillance work will be critically affected.
2. Cholroquine is not a gametocidal drug and when given alone will provide clinical cure only. This necessitates the giving of Primaquin, a gametocidal agent. If not, the gametocyte load in the community will increase and thereby persistence of infection. Thus Radical treatment is a fundamental need for Public Health Action against Malaria along with Presumptive treatment.
3. Malaria is a local and focal disease. As reported in the media the entire district of Tumkur was not affected. As expected only the few pockets were facing the problem. This also implies the need for local solutions to be found and implemented rather than generalisations.
4. There was noted a delay in reporting of the slides when there is a large case load especially in Major hospitals and tertiary centres. This delay leads to delay in Radical treatment. Thus there is a need for better co-ordination between clinicians and laboratory personnel for early reporting of Malaria slides and ensuring prompt Radical treatment.
5. The Fever cell which is being implemented at SDUMC could provide some answers to rational treatment but one has to also consider the prolonged waiting time for the patient. But FEVER Protocols may be developed for rational therapy.
6. Need for through training skills for Laboratory technicians because slides get reported as negative due to lack of experience.

7. Increased gametocyte load in the community and the emerging drug resistance in the South east asian countries are mainly due to the fact that the Practitioners of Medicine do not sufficiently appreciate the principles behind the National Policy formulations.
8. The use of insecticides to be rational and appropriate to the local needs keeping in mind the bionomics of the Vector. Day biter and exophilic Aedes needs a different approach than anopheles.
9. It was also decided to undertake a detailed analysis of the situation in Tumkur District with additional inputs from the Directorate of Health and Family Welfare and the Regional Office of Health and Family Welfare.

The participants for the Undergraduate session were the 7th term students. Dr. D Gopinath addressed the students providing them an overview of the Vector borne disease with focus on Malaria. He spoke about the uniqueness of the Vector borne infections in that it involves three ecological situations: Man, Disease agent and the vector. Five of the six major diseases of global importance are VBD. Since all these are parasitic diseases their study requires a broader range of expertise and specific interventions. We need to understand the far more complex interactions than with bacteria alone. Dr. Nagaraj spoke to the students regarding the National Anti Malaria Programme and its salient points. He stresses on the importance of Rational use of the drugs and appropriate use of insecticides.

(The Department of Community Medicine would like to sincerely acknowledge with thanks the support of Dr. P K Shome, Senior Regional Director, and Dr. C Nagaraj, Senior Research Officer, Regional Office of Health and Family Welfare, Bangalore for their immense and proactive support for the endeavour. Thanks are also due to Dr. Murugendrapa, Additional Director, Directorate of Health and Family Welfare, Government of Karnataka and Dr. N J Shetty and team from the Centre for Applied Genetics for their valuable technical support. The presence and participation of Dr. Maiya, Professor of Paediatrics, MSRMC, Dr. Maiya, Professor of ObGyn, MSRMC, Dr. Shivakumar, Professor of Medicine, MSRMC and Dr. Shiva Murthy, Professor of Pharmacology, MSRMC is acknowledged with gratitude.)

ROLL BACK MALARIA

- a) Frame work for implementation : Multisectoral approach; advocate of rapid diagnosis, preventive methods, protection of high risk groups.
- b) Initiate National Efforts : Taking situation analysis, establish National goals, objectives, strategies and indicator for monitoring. Identify requirements of resources and funding.
- c) Establish political support for proper implementation, establish Operational Research and dissemination of data.
- d) Workout modalities for implementation.
- e) Capacity buildup exercise
- f) Mobilise community and community participation in the programme.

Roll back malaria is a social movement supported by many partners. Partners function independently but in concert. Plan of action takes into account ground realities, prioritises issues and is implemented to suit local situation.

Goals include - halving malaria mortality and morbidity by 2010.

Thrust on - development of low cost production of malaria diagnostics, combination therapy, development of information system.

Why Microscopic diagnosis insisted in malaria surveillance ?

Advantages :

- ◆ It is the most cost effective and reproducible method of diagnosis
- ◆ Simple stains and compound microscope is sufficient
- ◆ Requires a small quantity of blood on a glass slide
- ◆ The smear is easy to collect and transport to laboratory
- ◆ Can detect the infecting species accurately
- ◆ Stages of the parasite can be identified.
- ◆ Quantity of the parasitic load can be assessed.
- ◆ Can be repeated at ease and not at much cost.

Limitations :

- ◆ Requires a trained technician
- ◆ About 60-70 slides could be examined by one technician per day
- ◆ In certain situations (a few cases of complicated malaria, some days in a resistant case) the slide could be negative. However this limitation could be overcome by repeat examination.

Principle :

The microscopic threshold for a trained technician examining thick smear is 25-40 parasites per ML of blood. However, clinical threshold of malaria is higher (much more parasites per ML of blood).

Drug regimens used under NAMP

Presumptive treatment : Any fever case is presumed to be due to malaria. To prevent clinical morbidity due to malaria before a diagnosis is made schizontocidal drugs are administered.

In low risk areas :

Tab. chloroquine (150 mg (base))	0-1 year	-	½	tab.	(75mg)
	1-4 year	-	1	tab.	(150mg)
	4-8 year	-	2	tab.	(300mg)
	8-14 year	-	3	tab.	(450mg)
	>14 years	-	4	tab.	(600 mg)

In high risk areas :

Tab. chloroquine (150 mg (base))	Age (Yrs)	Day-1	Day-2	Day-3
	0-1	½ tab.	½ tab.	¼ tab
	1-4	1 tab.	1 tab.	½ tab
	4-8	2 tab.	2 tab.	1 tab.
	8-14	3 tab.	3 tab.	1½ tab.
	>14	4 tab.	4 tab.	2 tab.

Presumptive radical treatment :

In out break situations and when deaths due to malaria is being reported from high risk PHCs to prevent malaria deaths any fever cases is presumed to be a case of *P.falciparum* and radically treated. Chloroquine and Primaquine are given together on first day and chloroquine is continued on 2nd and 3rd days.

Age (Years)	Day-1		Day-2		Day-3
	Chloroquine	Primquine	Chloroquine	Chloroquine	
0-1	½ tab.	Nil	½ Tab.	¼ tab.	
1-4	1 tab.	7.5mg	1 tab.	½ tab	
4-8	2 tab.	15 mg	2 tab.	1 tab.	
8-14	3 tab.	30 mg	3 tab.	1½ tab.	
>14	4 tab.	45 mg	4 tab.	2 tab.	

Presumptive treatment in chloroquine resistant foci :

Tablet sulfa+pyrimethamine combination is used as an alternative to chloroquine only by the Medical Officers at Passive agencies for presumptive treatment at the adult dose of 3 tab.

These tablets are used by active agencies for radical treatment of all *P.falciparum* cases detected along with tablet primaquine given on the subsequent day.

Radical treatment :

Tablet primaquine is used as a gametocytocidal drug in *P.falciparum* and antirelapse drug in *P.vivax* infections. This is given along with tablet chloroquine (or with sulfa/pyremethamine combination in chloroquine resistant case when the drug is given on the subsequent day). Dose of primaquine depends on the infecting species.

Age (Years)	<i>P.falciparum</i>	<i>P.vivax</i>
0-1	No primaquine	No primaquine
1-4	7.5 mg	2.5 mg x 5 days
4-8	15 mg	5 mg x 5 days
8-14	30 mg	10mg x 5 days
>14	45 mg	15mg x 5 days

Note : No primaquine for infants and pregnant.

Criteria followed to declare a PHC as high risk :

1. PHC which has recorded deaths due to *P.falciparum* malaria during any of the past three years, with an evidence of locally acquired infection
2. *P.falciparum* proportion in 30% or more with an SPR of 3% or more during the last 3 years.
3. An area having a focus of chloroquine resistance.
4. Doubling of SPR during the last 3 years provided the SPR reaches 4% or more.
5. SPR is 5% or more during the last three years, irrespective of its doubling.
6. Tropical aggregation of labour in project areas.
7. New settlements in endemic / receptive and vulnerable area.

Drugs of choice for treatment of malaria complications :

- Inj. Quinine
- Artesanane derivatives (only injectables to be used).

A note on National Health Policy - 1983 & National Population Policy, 2000

By definition Policy means a definite course of action adopted for the sake of expediency, facility, etc.,. It also means action or procedure confirming to or considered with reference to prudence or expediency.

In the absence of policy all that the government wants to achieve does not get done. It becomes a rudderless ship with no clearly spelt out objectives to be achieved. For example, with the enunciating the Immunisation policy as distinct from the immunisation schedule the government committed and said that it wanted to achieve 90% coverage and the infrastructure to achieve this was also provided; the success was reflected in the drastic reduction of the Vaccine preventable diseases and Infant Mortality Rate.

Policies provide framework accomplishment of the objectives to be achieved. Usually countries frame the policies in the light of the problems to be tackled. In absence of a well designed policy, tackling problems become difficult and result in wastage of Men, material and money. Policies prescribe aims, objectives and targets that would be used to achieve the objectives operationally. Thus, policies refer to administration, which defines objectives and determines the choice of action.

Health of the community has been a major problem even during the British times. The Bhore committee was set up to suggest measures to provide health care to the people. Later the health Care delivery after the independence was based on the recommendations of the Bhore Committee. The framers of the constitution made a specific mention that the State shall regard raising the level of nutrition and standard of living of its people and improvement of Public health amongst its primary duties. But, unfortunately, no policy was formulated and the health programmes and schemes were implemented as part of National Five year plan. There was found to be a lack of impetus and direction with a fragmented approach.

Recognising the inequalities in Health Care among communities in large part of the globe, in 1978, the Alma Ata declaration accepted the Primary Health Care approach with a goal of Health for All by 2000 AD. Being a signatory to the declaration India got down to formulate the Health Policy.

The preamble of NHP describes the progress achieved and the existing health picture at the time of the formulation of the policy. The main achievements were decreasing mortality and increasing Life expectancy. Points of serious concern were noted. The problems needed to be identified, prioritised and solved in a time bound manner. Eight elements were listed for urgent or immediate action. These include Nutrition, Prevention of Food adulteration and maintenance of drug quality, water supply and sanitation, environmental protection, immunisation, mother and child health services, school health services, occupational health services. Population stabilisation, Provision of Primary Health Care, Medical and Health Education, Role of the practitioners of indigenous systems of medicine, Management information system, Medical industry, Health Insurance and legislation and Medical research were the other issues highlighted. Time bound targets have been set in respect of many indicators.

The NHP -1983 was found not to adequately address the following issues:

1. Social Justice and Land reforms therefore empowerment of the masses
2. Community Participation
3. Budgets for health
4. Other risk / special groups (Geriatrics / Accident prevention / Addiction)
5. No Plan of Action

National Population Policy, 2000

On May 11, 2000 India is projected to have 1 Billion people i.e., 16% of the Worlds population on 2.4% of the globes land area. While the global population has increased threefold during this century (2 billion to 6 billion), the population of India has nearly increased five times from 238 million to 1 billion. India's current annual increase in population of 15.5 million is large enough to neutralise efforts to conserve the resource endowment and environment.

Stabilising population is an essential requirement for promoting sustainable development with more equitable distribution. The National Population Policy affirms the commitment of the government towards voluntary and informed choice and consent of citizens while availing of reproductive health services and continuation of the target free approach in administering family planning services. The NPP 2000 provides a policy framework for advancing the goals and prioritising the strategies during the next decade to meet the reproductive and child health needs of the people of India and to achieve the replacement level (TFR) by 2010. It is based on the need to simultaneously address issues of child survival, maternal health and contraception while increasing the outreach and coverage of a comprehensive package of reproductive and child health services by government, industry and voluntary non-government sector, working in partnership.

The Immediate objective of NPP 2000 is to address the unmet needs for contraception, health care infrastructure and health personnel and to provide integrated service delivery for basic reproductive child health care. The medium term objective is to bring the TFR to replacements level by 2010 through vigorous implementation of intersectoral operational strategies. The Long-term objective is to achieve a stable population by 2045 at a level consistent with the requirements of sustainable economic growth, social development and environmental protection.

Population growth continues to be high on account of

- a) The large size of the population in the reproductive age group
- b) Higher fertility due to unmet need for contraception
- c) High wanted fertility due to the High IMR
- d) Over 50% of the girls marry below the age of 18. Around 33% births occur at intervals of less than 24 months, which also results in high IMR

NATIONAL SOCIO-DEMOGRAPHIC GOALS FOR 2010

1. Address the unmet needs for basic reproductive and child health service, supplies and infrastructure
2. Make school education upto age 14 free and compulsory and reduce drop outs at primary and secondary school levels to below 20% for both boys and girls
3. Reduce IMR below 30 / 1000 Live births
4. Reduce MMR to below 100 / 100,000 Live births
5. Achieve Universal Immunisation of Children against all Vaccine Preventable diseases
6. Promote delayed marriage for girls not earlier than age 18 and preferable after 20 years of age
7. Achieve 80% Institutional deliveries and 100% deliveries by Trained persons
8. Achieve Universal access to Information / Counseling and services for Fertility regulation and contraception with a wide basket of choices
9. Achieve 100% registration of births, deaths, marriages and pregnancy.
10. Contain the spread of AIDS and promote grater integration between the management of Reproductive tract infections and Sexually Transmitted Infections under NACO
11. Prevent and control Communicable diseases
12. Integrate Indian Systems of Medicines in the provision of Reproductive and child health services, and in reaching out to households.
13. Promote vigorously the small to achieve the replacement levels of TFR
14. Bring about convergence in implementation of related social sector programmes so that family welfare becomes a people centred programme

The 12 strategic themes which must be simultaneously pursued in "stand alone" or intersectoral programmes in order to achieve the National Socio-demographic goals for 2010

- 1) Decentralised planning and programme implementation
- 2) Convergence of service delivery at Village levels
- 3) Empowering women for improved Health and Nutrition
- 4) Child Health and Survival
- 5) Meeting the unmet need for Family Welfare services
- 6) Underserved Population groups (Urban slums / Tribal communities / Hill Area populations / Displaced and migrant populations / Adolescents / increased participation of men in planned parenthood)
- 7) Diverse health care providers
- 8) Collaboration with and commitments form the Non-government organisations and the private sector
- 9) Main streaming Indian Systems of Medicine and Homeopathy
- 10) Contraceptive technology and research on Reproductive and child health
- 11) Providing for the older population
- 12) Information, Education and Communication

General Tips for Safe Management of Health Care Waste

1. **Categorise the WASTE** into SIX Categories :
 - I. General Waste - Dry (Waste Paper, Paper covers, Packing materials)
 - II. General Waste - Wet (Food remains, any decomposable matter)
 - III. WASTE SHARPS - (Blades, Broken Ampoules, Needles, Lancet, etc.,)
 - IV. RECYCLABLES - (Containers / Items of Plastic, Intact Glass, Metals)
 - V. INFECTIOUS WASTE - Any item / material which has come into contact with blood and or body fluids including Urine, stools, specimen materials and Culture plates, etc.,
 - VI. Other Hazardous Waste - Chemical and Lab reagents, Pressurised containers and canisters
2. **Keep appropriate containers** to collect the particular type of waste for further processing. CONTAINMENT IS THE FIRST STEP IN WASTE PROCESSING. DO NOT MIX THE DIFFERENT TYPES OF LABORATORY AND CHEMICAL REAGENTS INTO A SINGLE CONTAINER.
3. **Reducing the Infectious Nature** of the Waste takes immediate priority. Chemical Dis-infection is simple and easy to perform. Cleaning of the Reusable items is mandatory before chemical disinfection. TWO TEASPOONS of Bleaching Powder in ONE LITRE of Water (approximately 2% Bleach Solution) is an effective disinfectant. The Infectious nature of the Materials is immediately reduced when fixed in Formalin. TO REDUCE FURTHER POLLUTION AND TO ADHERE TO THE POLLUTION CONTROL GUIDELINES SEGREGATE, CONTAIN AND BAG THE INFECTIOUS WASTE GOING FOR INCINERATION. DO NOT ADD CHLORINE COMPOUNDS TO THE INCINERABLE WASTE
4. **Ensure that all understand the**
 - A) Categories of Waste and the segregation
 - B) Methods of Handling the segregated Waste
 - C) Use of Barrier Protection while handling Waste
5. **ASK QUESTION AND OBTAIN CLARIFICATION. ASSUMPTIONS CAN BE DANGEROUS AND HAZARDOUS.**

For further information please feel free to contact :

Health Care Waste Management Cell

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Total No of Slums Dist wise in Karnataka.

Sl	District	Dvt	Govt	Taluk Council TMC	Cities Commission CMC	Rtways	Grass Fund G.P.	Shree Chakra BCC	Balasa BCC	Other
1	Bangalore (R)	46	4	12		-	-	-	-	-
2	Haveri	31	9	9	3	-	-	-	-	2
3	Raichur	11	20	26	13	1	3	-	-	-
4	Huvli - Dharwad,	42	9	04	11	2	-	1	-	1
5	Koppal	9	3	27	12	-	2	-	-	2
6	Tumkur	39	4	30	2	-	5	1	-	2
7	Mandya.	16	2	10	27	-	-	-	-	-
8	Kodagu	-	-	6	-	-	-	-	-	-
9	Kolar	11	15	40	1	-	-	-	-	2
10	Mangalore	9	-	-	10	-	-	-	-	3
11	U. Kannada	8	12	27	5	-	5	-	-	7
12	Belgaum	4	2	12	5	-	-	-	-	-
13	Kudupi	3	3	6	-	-	-	-	-	-
14	Hassan	28	-	29	16	-	16	-	-	-
15	Mysore	16	6	26	33	2	-	1	-	5
16	Shimoga	23	18	34	15	-	25	-	-	4
17	C. Durga.	5	1	21	-	-	-	-	-	-
18	Davanagere	19	9	3	13	-	5	1	-	3
19	Chikmagalur.	24	-	15	8	-	1	-	-	-
20	Gulbarga	10	18	57	-	-	-	-	-	-
21	Bidar.	-	-	52	17	-	-	-	-	-
22	Bijapur.	13	41	56	9	-	1	-	-	4
23	Bagalhot	5	6	25	2	-	-	-	-	-
24	C.R. Nagar	26	4	24	-	-	-	-	-	-
25	Bellam.	22	34	54	34	-	2	1	-	-
26	Gradas.	12	3	8	3	1	-	-	-	-
27	B'lore Urban.	144	48	-	-	3	-	5	73	21

CDA - City Development Authorities have ownership on lands in.

Mysore - 1

Bellary - 1

Bangalore Urban - 68.

Total number of slums District wise in Karnataka

Sl No.	District	Pvt.	Govt.	TMC	CMC	Rlwys	G.P.	KSCB	BCC	Others	Total
1	Bangalore (R)	46	4	12	-	-	-	-	-	-	62
2	Haveri	31	9	9	3	-	-	-	-	2	54
3	Raichur	11	20	26	13	1	3	-	-	-	74
4	Hubli - Dharwad	42	9	4	11	2	-	1	-	1	70
5	Koppal	9	3	27	12	-	2	-	-	2	55
6	Tumkur	39	4	30	2	-	5	1	-	2	83
7	Mandya	16	2	10	27	-	-	-	-	-	55
8	Kodagu	-	-	6	-	-	-	-	-	-	6
9	Kolar	11	15	40	1	-	-	-	-	2	69
10	Mangalore	9	-	-	10	-	-	-	-	3	22
11	U. Kannada	8	12	27	5	-	5	-	-	7	64
12	Belgaum	4	2	12	5	-	-	-	-	-	23
13	Udupi	3	3	6	-	-	-	-	-	-	12
14	Hassan	28	-	29	16	-	16	-	-	-	89
15	Mysore	16	6	26	33	2	-	1	-	5	89
16	Shimoga	23	18	34	15	-	25	-	-	4	119
17	C. Durga	5	1	21	-	-	-	-	-	-	27
18	Davanagere	19	9	3	13	-	5	1	-	3	53
19	Chikmagalur	24	-	15	8	-	1	-	-	-	48
20	Gulbarga	10	18	57	-	-	-	-	-	-	85
21	Bidar	-	-	52	17	-	-	-	-	-	69
22	Bijapur	13	41	56	9	-	1	-	-	4	124
23	Bagalkot	5	6	25	2	-	-	-	-	-	38
24	C.R. Nagar	26	4	24	-	-	-	-	-	-	54
25	Bellary	22	34	54	34	-	2	1	-	-	147
26	Gadag	12	3	8	3	1	-	-	-	-	27
27	Bangalore (U)	144	48	-	-	3	-	5	73	21	294
Total		576	271	613	239	9	65	10	73	56	1912

TMC - Taluk Municipal Council
 CMC - City Municipal Council
 GP - Gram Panchayat
 KSCB - Karnataka Slum Clearance Board
 BCC - Bangalore City Corporation.

Source: Joint Sahagay, Urban Resource Centre
 (Author: V.J. Rajendran)

The STEM report should be used for preparing proposal

23% population of class I cities in Karnataka resides in slums

Totl dt 31,7,00

Seema Singh

BANGALORE: The urban-rural divide may be decreasing in Karnataka with rural folk flocking to the cities. But the fact that 23 per cent of the population in the 21 class I cities in the state lives in slums does not augur well for the trends in urbanisation.

With 985 slums in 21 cities (having more than one lakh population), the task of the Karnataka Slum Clearance Board (KSCB) is cut out but definitely not easy.

To tackle the monumental task of improvement and rehabilitation of the slums, a study was commissioned by the government, including the KSCB, to assess the problem and suggest remedial measures. Conducted by the Centre for Symbiosis of Technology, Environment and Management, the study proposes a Rs 753 crore plan for the development and rehabilitation of the slums in 21 cities, excluding Bangalore.

As anticipated, agencies like HUDCO, Asian Development Bank and many European funding agencies with bilateral assistance have shown interest in the

slum upgradation programme of the government. Said principal secretary, housing department, Dilip Rau: "The basic idea is to rope in funding agencies, domestic and international, so that we can take up large-scale slum improvement programme. Other states have done it but Karnataka has taken the initiative for the first time. Housing Urban Development corporation (HUDCO) has agreed in principle to take up Rs 274 crore work, while the government can pitch in with some more money and the project should get going in about two months."

The slums account for 1.5 million people in these cities with the average household size being 5.4. The percentage of slum population to total city population ranges from 1.7 (Udupi) to 49.2 (Hospet).

On the abysmal condition of the amenities and infrastructure in the slums in the state, STEM director B. Bhaskara Rao said, "Nearly 42 per cent of the slums face the threat of inundation during the rains. More than 60 per cent of them have no access to community toilets and under-

ground drainage. About 34 per cent of the slum population does not have access to primary school and 75 per cent population is deprived of public health care/health centre."

The only positive thing the study shows about the slums is the sex ratio which is 988 females per 1,000 males against the state average of 930. The sex ratio is more than 1,000 in 10 cities.

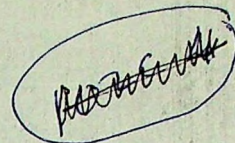
Though the urbanisation trends are comparable to the national trends, an interesting feature is that bigger towns in the state are growing bigger with larger population shares, and smaller size towns are shrinking.

The average size of a town which was 7,663 persons in 1901, the report says, may soon cross one lakh mark by 2010.

A survey shows willingness on the part of slum dwellers to contribute an average of Rs 201 per household per month at the household level and Rs 24.75 per household for improvements at community/slum level.

Now that the surveyors have made them dream of quality life, can the government expedite the programme please?

fully heard file



WHO FUNDED WORKSHOP

ON

Assessment of Family Welfare/Primary Health
Care Needs in Urban Areas (specially in slums)
for the cities with Population over Two Lakhs.

November 15-16, 1988

Conducted by

National Institute of Health & Family Welfare,
New Mehrauli Road, Munirka,

NEW DELHI-110067.

DOCUMENT

INTRODUCTORY

I. INTRODUCTION

Urbanisation

Although India still continues to have a large rural population, the urban population has increased from 20 percent to 24 percent between 1971 to 1981 at an annual growth rate of 3.7 percent compared to 1.7 percent for the rural population. Over the next two decades it is estimated that almost half of India's population growth will be in the urban areas, and by the year 2000 the urban population is projected to rise to about 30% of the total. The rapid rate of urbanisation in India is almost double of that what was experienced in the developed countries.

Health Care Delivery System:

The Health care delivery system in urban areas, particularly in large cities consists of hospitals, dispensaries and Maternal and child health (MCH) centres, run by govt. (State or centre), municipal corporation, industrial undertakings, voluntary organisations & private bodies. The urban Family Welfare centres are usually attached to Institutions run by Govt./Municipal bodies/voluntary organisations and these institutions do not have proper outreach service to cater to the needs of slum dwellers.

Looking into the unique problems of the urban slums, the Ministry of Health and Family Welfare developed a scheme on reorganisation of family welfare and primary health care services in urban areas in 1982 under the Chairmanship of Shri S.V.Krishnan, Additional Chief Secretary & Secretary Health & Family Welfare, Govt. of West Bengal. This scheme, known as urban Revamping scheme has taken into consideration the varying size of slum population and infrastructure required thereof (annexure-I). The scheme is 100 percent centrally sponsored. Since its inception, some progress has occurred in the implementation of this scheme in few states but it did not succeed in achieving the objectives envisaged in most of the areas.

Factors associated with low health states of slum dwellers

Some of the glaring factors that keep the health status of urban slum dwellers at a low level can be identified as over crowding, poor housing conditions (Kutcha/semi-pucca) house, poor environmental sanitation, lack of potable water supply and drainage system, child labour, lack of education, unemployment, drug addiction and similar maladies.

This urban environment is particularly hostile to the children and women. The children bear the maximum brunt of poor housing, malnutrition, acute respiratory diseases, diarrhoea and other water borne diseases. High environmental risk, accompanied by lack of parental care emerging partly due to ignorance and partly to non-availability of services-preventive (immunization) and curative place the children at a high risk of disease, disability and mortality.

A large number of women have to seek work to support their families. Again these are the women who are married and are in the child-bearing age-group of 15-49 years. Their limited education, low skills, low income occupation, unwanted pregnancies, abortions etc. lead them to malnutrition, mental stress or immoral traffic. The situation gets worsened when this vulnerable group of women are deprived of the maternal health care (Antenatal, intra-natal and post-natal) facilities, either due to non-availability or non-utilisation of services.

It is, therefore, felt that more explicit policies and guidelines involving innovative approaches may be drawn by the planners and health administrators to implement the health services scheme with a special focus on family welfare and primary health care services. In view of the above, Govt. of India has requested this Institute to prepare a detailed proposal to assess the total family welfare, MCH/primary health care needs of the urban population (specially slum) of all the cities in the country with population over two lakhs in the first instance. In order to assess the FW/PHC needs of slum population, it is proposed to conduct 2 workshops for each state/group of states. The present workshop is second in the series planned for the large cities, namely, Bangalore, Hyderabad and Calcutta.

II. OBJECTIVES

Broad

To assess total family welfare, MCH and primary health care needs of urban population, specially slums in cities with more than two lakhs population in the country.

Specific

1. To prepare population profile and map the location of slums in each city.
2. To assess the family welfare, MCH and Primary Health Care Needs of slum population.

3. To identify the existing health and family welfare delivery services in these cities.
4. To assess the role which could be played by NGOs and private medical practitioners in the delivery of family welfare services in the slum population.
5. To make recommendations for strengthening the delivery of family welfare and primary health care services in these cities including formulation of packages schemes

III. METHODOLOGY

The methodology for achievement of the above objectives will be as follows:

Two workshops of two days each will be conducted for each state/group of states. In the first workshop the participants will be given detailed guidelines for collection of basic information relating to total and slum population of the cities, existing family welfare, MCH and primary health care services in these cities etc. The participants are expected to bring the available information in the proforma already sent to them on socio-economic and health profile of the city. This information will be discussed in the workshop and gaps in the information would be identified and the sources from which this information could be obtained or alternative methods for over-coming these deficiencies will be discussed. This will be followed by a brief presentation on the methodology of project formulation. After the presentation on the methodology of project formulation, the participants will be divided into groups to prepare outline of the project proposal of their state/city which they will elaborate after returning from the workshop. Faculty resource will help the participants in this group work exercise.

IV. Participants

Workshops will be attended by one nodal officer from the State who is looking after the implementation of health & family welfare programmes for urban areas, specially slums and two officers each from the cities with over two lakh population in that state. Of the two officers from cities, one will be from administration and other from health department.

PROGRAMME

November 15, 1988

0930 - 1100 hrs.	Registration and Inauguration
1100 - 1300 hrs.	Project Formulation (Lecture/Discussion) Dr.Y.P.Gupta
1300 - 1400 hrs.	Lunch
1400 - 1700 hrs.	Group work Exercise

November, 16, 1988

0930 - 1300 hrs.	Group work Exercise
1300 - 1400 hrs.	Lunch Break
1400 - 1600 hrs.	Presentation of Group work report and concluding session
1600 - 1630 hrs.	Administrative Formulation

ANNEXURE-I

STAFFING PATTERN FOR HEALTH POST

a. For Population below 5,000

- i) Nurse-midwife - one
- ii) Voluntary Health Workers one to two
- iii) The Health post would be an extension of services of the appropriate hospital selected by the local body. It would provide all the back up (referral) services and supervision.

b. For Slum Area with Population between 5000-10000

- i) Nurse-midwife - one
- ii) A basically trained male MPW worker - one
- iii) Voluntary women health workers one for every 2000 population.
- iv) The Health post would be an extension of services of the appropriate hospital selected by the local body. It would provide all the back-up (referral) services and supervision.

c. For Slum Areas covering a population between 10,000 to 25000

The same organisational set up as recommended for 5-10 thousand population with the following additions:

- i) Nurse midwife- one
- ii) Male MPW - One
- iii) Supervision and supporting services to be provided as in the case of category (a)
- iv) Women health volunteer - one for every 2000 population.

d. For Slum areas covering a population between 25,000 to 50,000

- i) Lady Doctor - one
- ii) Public Health Nurse - one
- iii) Nurse Midwives - 3-4
- iv) Male MPWs - 3-4
- v) Class IV One (women)
- vi) Computer-cum-clerk - one
- vii) Women Health Volunteers - one for every 2000 population
- viii) Laboratory

- ix) Lady Doctor and Public Health Nurse
- x) Sterilisation and MTP services to be provided by the mobile van provided under ROME scheme and the staff provided either by the referral hospital or by the Post Partum centre attached to the nearest medical college.

e. For slums covering population more than 50,000

Areas should be divided into sectors of 50,000 and provided facilities given under (a), (b) and (c) above, according to the population to be covered.

f. Buildings for the Health Posts

For effective functioning of Health Posts, it is essential that they are located in the slum area itself. As suitable buildings are not likely to be available in slum areas, it is desirable to construct functional buildings of these Health Posts.

f. Over all supervision

Over all supervision of Health Posts would be the responsibility of the Health officers of the corporation, who would be assisted in this work by the Asstt. / Dy. Health officer (FP) and other staff provided under the city F.P. Bureau.

One or more (depending on the slum population to be covered) mobile van provided under the ROME scheme would be placed at the disposal of Health Officers of the corporation for providing supportive and surgical F.P. services on the spot to the slum population.

Total No. of Units of different categories in cities with population of one lakh and above

Total No. of units required		Unit cost (Rs.)	
		Non-recurring	Recurring
Category	No.		
A. (Popu. less than 5000)	32	5,000	16,000
B. (Popu. 5000-10,000)	28	8,000	30,000
C. (Popu. -10,000-25,000)	73	15,000	65,000
D. (Popu. -25,000-50,000)	1878	35,000	1,50,000

Source: Report of the working Group on reorganisation of Family Welfare and Primary Health Care Services in Urban Areas - 1982, Ministry of Health & Family Welfare, Govt. of India.

6:7

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Health, Nutrition & Population

Improved Health Care for Adolescent Girls in Urban Slums

Madhya Pradesh is the fourth most populous state in India with a population of over 77 million people. Jabalpur in Madhya Pradesh is its third largest district, with a population of 2.6 million (1991 Census). Nearly half this population lives in Jabalpur city, with 0.8 million people residing in urban slums. These slums also house about 66,000 adolescents in the age group of 10-19 years, of which 44% are adolescent girls.

CARE developed this project based on a study conducted for situational analysis of Jabalpur City in 1993. The study brought out the fact that adolescent girls in slums had limited knowledge about their reproductive system, reproductive tract infections and birth spacing. The use of reproductive health services was limited due to societal, familial and institutional barriers. Girls were vulnerable to sexual exploitation, infection, unwanted pregnancy, and abortion and this contributed to the high rates of morbidity and fertility in this age group.

The project was launched with a goal to significantly reduce morbidity and mortality associated with reproductive health among approximately 32,000 adolescent girls, both married and unmarried, in 143 slums of Jabalpur city by December 2002. The project also reaches 34,000 adolescent boys and 45,000 women in the age group of 20-44 years.

The project is funded by UNFPA for a 6-year duration from January 1997 to December 2002.

The broad strategy used to achieve the project goal encompasses the following three pronged strategy:

- Increasing adolescent girl's access to information and services,
- Improving advocacy among influential groups such as parents, husbands and adolescent boys,
- Improving the quality of reproductive health services provided by community based and public sector agents.

The specific activities of the project include:

1. Using a girl-to-girl approach by forming of a cadre of Adolescent Girl's Health Guides (AGHGs).
2. Reaching out to adolescent boys and husbands of married adolescent girls through Yuvak Kendras.
3. Involving and educating of women (20-44 years) through Mahila Mandals.
4. Conducting competency based training of medical and paramedical staff (both public and private sector).
5. Strengthening the available basic minimum facilities to treat reproductive health problems.
6. Training the Traditional Birth Attendants (TBA) on Essential Obstetric and newborn care.
7. Establishing relay health services and referral networks.
8. Mobilising the Anganwadi Centres and Mahila Mandals to act as contraceptives depots.
9. Setting up adolescent resource centre for skill building and follow up activities.

In order to increase the effectiveness of the project and to develop a more need-based approach, CARE is exploring the option of social marketing of sanitary napkins. This will promote personal hygiene during menstruation, which quite often restricts social interaction, including going to school. The possibility of conducting an operations research study on the utilisation of community birthing centers is also being explored.

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Urban Development

At the turn of the new millennium, India's urban population is about 290 million people, which works out to about a third of the population. This figure is projected to grow at the rate of about 3 percent per year in the next decade. By the year 2025, 50% of India's population is expected to be living in urban areas.

Although urbanization is often associated with increasing national production and higher levels of per capita GDP, poverty remains a persistent feature of urban life, both in terms of income and living conditions. Urban poverty in fact emerges as a more complex phenomenon than rural poverty, with aspects of environmental degradation, inadequate planning and management of urban resources, mismanaged investments in technology as well as insufficient mobilization of communities. Equally notable is the mental and psychosocial divide between the poor and the not so poor, ridden with misconceptions and a lack of understanding of what comprises poverty or vulnerability.

Recognizing these trends, **CARE** has expanded its portfolio to include new strategies in urban areas. The PLUS project in Delhi, launched in January 2000, is one of **CARE's** new initiatives in this direction.

Wo
Eco
Em
Hea
Pop
Urb
Trib
Agri
Res
Girl
Em

PLU
PLU
profi
PLU
PLU
Cov
Inter
Res
PLU

URBAN PRIMARY HEALTH CARE SERVICES

Urban Areas of Karnataka have received very little support from the government for primary health care. It is an established fact that health in the slums is far worse than rural areas & require interventions of a specialised nature. The problems of urban areas is also unique as is the socio demographic picture.

The level of infant and maternal mortality is still very high with the quality of care being provided is very poor. The main deficiencies in the urban areas are ;

1. Lack of outreach services.
2. Inadequate training of staff.
3. Lack of community participation.
4. Constraints to the participation private medical Practitioners.
5. Weak Information Education & Communication.

PROPOSAL FOR PRIMARY HEALTH CARE IN CITIES/ TOWNS WITH POPULATIONS MORE THAN 50000.

The cities /towns with more than 50000 populations and no infrastructure from the government require at-least one Primary Health Centre. These Health Centres can have the following staff.

- | | | | |
|----|----------------------|---|--------------------------------------|
| 1. | Lady Medical Officer | - | 1 |
| 2. | ANM's | - | 2 |
| 3. | Link Workers | - | 1 for every 5000
slum population. |

FUNCTIONS OF THE HEATH CENTRES

<u>Services</u>	<u>Health Centre</u>
Promotive	
Health & Nutrition Education	Yes
Knowledge of vaccine	
Preventable diseases &	
Diarrohea	Yes
Family Planning	Yes

Health Care

Antenatal Care	Yes
Normal deliveries	No
High Risk deliveries	No
Post natal care	Yes
Immunization of mother & child	Yes
Nutritional care of children up to the of five	Yes
Medical checkup an follow up of School going children	Yes
Treatment of minor ailments	Yes
Non surgical care for children	
Needing specialist attention	No
Minor Gynaecological procedures	No
Laboratory test: Basic	Yes
Comprehensive	No

Family Planning

Advice on appropriate method	Yes
Supply of condom/oral pills	
Initial	Yes
Subsequent	Yes
Insertion of IUCD	Yes
Sterlization	No
M.T.P.	No
Domiciliary follow up of acceptors	Yes

JOB RESPONSIBILITES OF LADY MEDICAL OFFICER

She will be responsible for effective implementation of Reproductive Child Health and Primary Health Care programmes in Urban Poor Areas.

She will have to identify the community needs and prepare areas specific implementation plans. She is responsible to supervise the activities of the ANM's and Link Workers. She will conduct clinic based services daily in the Health Centre in the mornings & conduct outreach programmes as per fixed advance programme in the afternoons. These outreach programmes should be fixed in consultation with the Link Workers. She is responsible for proper implementations of all national programmes. She will conduct School Health Programmes which includes Health Checkup awareness creations and adolescent children programme. She will conduct well woman clinics and RTI/STI detection treatment and awareness

creation on AIDS. She will also conduct programmes for early detection of cancers in woman particularly for Cervical cancers through visual inspection of the cervix and cervical smears.

JOB RESPONSIBILITIES OF ANM'S

The ANM's will conduct Eligible couple survey in the Urban Poor area allocated to them. They will prioritise the couples according to parity and age.

They will register 100% antenatal cases preferably in the first trimester.

They will ensure 100% immunization of all pregnant Woman and infants in their jurisdiction.

They will assist the anemia control programme through F.S. tablets distribution.

They will ensure that couples follow small family norm by acceptance of any of the family welfare methods.

They will ensure timely and appropriate referrals to higher institutions.

They will conduct awareness programmes and outreach programmes in consultation with Link Workers.

They will conduct well woman clinic where STI/RTI detection, treatment and awareness programmes on AIDS will also be done.

They will conduct focus group meetings and other group meetings like satisfied customers contact programmes, Mother-in-law meetings etc., at the slums.

LINK WORKERS

These are woman in the slums who act as a link between the Health Centre and the slum. They are honorary workers who will be paid an honorarium of Rs. 500/- Per Month. They will serve the slums where they reside. These woman should devote at-least three to four hours every day for community mobilization work. They will receive a training in various programmes and also how to conduct field level programmes. They will be given training in communication skills.

INVOLVEMENT OF PRIVATE MEDICAL PRACTITIONERS

In Urban areas private medical Practitioners are providing primary health care to slums dwellers also. Hence public private partnership in urban areas should be encouraged. Private practitioners should be given vaccine, training, family welfare, and IEC materials.

REFERRAL

The Primary Health Centres should be attached to Taluk Hospitals, District Hospitals, Medical College Hospitals for referral of all mothers , infants & others requiring appropriate care.

PROPOSAL FOR PRIMARY HEALTH CARE IN CITIES/ TOWNS WITH POPULATIONS LESS THAN 50000

The cities with population less than 50000, the health facilities can be physically located in taluk or district hospitals. Such centres need to cater only to field activities and outreach programmes. Referral linkage for clinic based services can be provided by the taluk or district hospital. The staffing pattern job function etc., will be the same as in the Health Centres proposed for cities with population more than 50000. The only difference being the location.

Dev 6:4

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India

Situation Analysis

India is home to the largest number of people infected with HIV in Asia. An estimated 3.9 million Indians are living with HIV/AIDS, with an adult prevalence rate of 0.7 percent. Sentinel surveillance studies conducted in 1999 found HIV seroprevalence of greater than 1 percent in six of 32 states and territories. The epidemic is growing outside high-risk groups and is now found in the general population. It is also moving from urban to rural districts.

As of July 2001, 24,680 AIDS cases had been reported to the Ministry of Health, although this is believed to be an underestimate. HIV prevalence among pregnant women varies throughout the country, ranging from 0 percent to 2.6 percent.

Estimated Number of Adults and Children Living with HIV/AIDS	3.9 million
Total Population	1 billion
Adult HIV Prevalence	0.7%
HIV-1 Seroprevalence in Urban Areas	
Population at High Risk	0.8 %
Population at Low Risk	0.3 %

USAID Strategy

USAID/India's strategy is to focus on prevention so that HIV/AIDS can be contained. Prevention activities focus on high-risk populations such as sex workers and truck drivers, who are likely core

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transmitters of HIV. However, USAID/India is also working to build awareness in low-risk rural populations and will endeavor to promote prevention activities through health services outreach projects. USAID assistance is focused in Tamil Nadu and Maharashtra, states with prevalence rates greater than 1 percent. USAID has developed a partnership approach with the Government of India, nongovernmental organizations, businesses, and others to fight HIV. Emphasis is being placed on community-based and work-based approaches to controlling the epidemic.

USAID-Supported Country Programs

USAID is one of the largest donors to HIV/AIDS prevention and control activities in India. In 1995, USAID began supporting the first state-specific intervention program, the AIDS Prevention and Control Project, in Tamil Nadu. This 10-year, \$10 million project supports nongovernmental organizations in designing and implementing community-based prevention programs that target high-risk populations such as sex workers and their clients, patients with sexually transmitted infections, slum dwellers, and truckers and their helpers. The project emphasizes preventive behavior through peer education, the promotion and sale of condoms, and improved treatment of sexually transmitted infections. Annual HIV risk behavioral surveillance surveys track key behavior changes such as condom use, sexually transmitted infection treatment-seeking, and decreases in sexual contacts with nonregular partners. These surveys, plus seroprevalence surveillance data, show positive trends in risk avoidance behavior and in decreased prevalence levels.

In 1999, USAID expanded HIV/AIDS prevention activities to Maharashtra State. The seven-year, \$41 million project, called AVERT, supports a prevention effort in urban and periurban areas, increases the role of nongovernmental organizations in HIV prevention, and explores models of care and support for HIV-infected individuals. USAID also supports projects that address children affected by HIV/AIDS in Delhi, Tamil Nadu, Maharashtra, and elsewhere.

In addition, USAID supports the National AIDS Control Organization by providing financial and technical assistance to national programs. USAID also supports the Program for Advancement of Commercial Technology/Child and Reproductive Health, which provides financial support and

technical assistance to the commercial sector to expand condom distribution. The program is assisting the Drug Controller of India to strengthen quality control and monitoring activities, and is working with manufacturers to improve condom packaging. The program also supports the private and commercial sectors in creating new diagnostic products and improving the quality and marketing of existing products.

Future efforts may include integrating HIV prevention with the Mission's Reproductive Health Program in Uttar Pradesh; expanding the social marketing of condoms; supporting a network of nongovernmental organizations to add HIV prevention, care, and support services to their existing programs; and supporting the National AIDS Control Organization to increase HIV awareness and to treat sexually transmitted infections at the community level.

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INDIA: FIRST URBAN SLUMS POPULATION PROJECT SHOWS ENCOURAGING RESULTS

NEW DELHI, December 18, 1996—Population trends and health indicators in Mumbai (Bombay) and Chennai (Madras) were among the worst in India when the country's first urban slums population project began in 1989 with a US\$57 million credit from the International Development Association (IDA), the World Bank's concessionary lending affiliate.

Six years later, the project is showing remarkable results in these two large Indian cities, having brought quality family planning and maternal and child health care to the doorsteps of urban slumdweller who previously had little or no access to these services.

In pockets of poverty like Mumbai's Dharavi, Asia's largest slum, newly-built health posts and dispensaries are now within walking distance for thousands of slumdweller, who receive regular housecalls from women health workers. In both cities, more couples are using contraceptives-especially temporary methods such as the IUD, pills, and condoms. From a baseline of 20-30 percent, contraceptive use rates are now 53 percent in Mumbai and 70 percent in Chennai. Birth rates have rapidly declined as has the absolute number of births, and families are smaller. More access to pre-natal and post-natal care, an increase in immunization, and a rising number of women who are delivering in hospitals have led to a significant drop in both infant and maternal deaths.

According to a recent World Bank project implementation review, India's Fifth Population Project has successfully met its objectives of improving the service delivery and outreach systems of family planning and maternal and child health services in the urban slum areas of Mumbai and Chennai. Key to the project's success has been its innovative approach which marks a shift from the traditional focus on sterilization as a means of family planning to processes that motivate couples to have smaller families.

"The project has demonstrated that quality family welfare services can be provided to urban slum populations in India. In a significant departure from earlier efforts, the project's objectives were not expressed in terms of lowering birth rates but in health services rendered to women and children," says Dr. Anthony Measham, Population, Health, and Nutrition Advisor in the World Bank's New Delhi Office. "The project has made a strategic contribution toward the gradual shift of India's Family Welfare Program from a top-down, demographically-driven approach to a more comprehensive, mother and child health care approach," Dr. Measham added.

The objectives of the project were to expand and improve the quality of family welfare services with an emphasis on maternal and child health, birth spacing, and increased use of contraceptive methods. To meet these objectives, project components included constructing, furnishing, and staffing Health Posts and back-up units; training and IEC (information, education, communication); reorganization of the Health and Family Welfare Bureaus, and involving NGOs and the private sector in the operation of health posts and training.

The project pioneered several innovative outreach and IEC approaches. In Chennai, barber shops are used to reach males about contraception. In Mumbai, the use of puppet shows and street plays communicate messages about nutrition, the importance of pre and post-natal care, and sanitation and hygiene.

The project's financial objectives were largely fulfilled. US\$51.17 million, or 90 percent of the credit was disbursed. While IDA financing for the project has ended, the project activities and the maternal and child health approach will continue to be supported by the municipal corporations and the Government of India.

IDA has been involved in India's family welfare program since the early 1970s through nine India Population Projects. Of the nine projects, five supported the program in backward and rural districts of eight Indian states; two, including the Fifth Population Project, supported urban programs, and two strengthened training in eight states. IDA also supported the nationwide Child Survival and Safe Motherhood Project.

Copies of Reaching Out: A Campaign to Take Family Welfare Services to the Slums of Bombay and Madras are available upon request. This narrative report details project activities and includes interviews with health workers and slumdweller who benefit from the project. India's Family Welfare Program: Toward a Reproductive and Child Health Approach provides an in-depth analysis of India's Family Welfare Program and the challenges ahead. Improving Women's Health in India takes a comprehensive look at women's and girl's health concerns in India.

CHANGING ATTITUDES

The case of Lakshmi, a beneficiary of the Saidapet Zonal Health post in Chennai (Madras) is a telling example of how maternal and child health care works to bring about a change in attitudes. A slum dweller and mother of seven, Lakshmi was one of the most difficult cases handled by the outreach staff at Saidapet. When a female health worker first went to speak to her about the services available at the health post, Lakshmi shut the door in her face. When her youngest child fell sick a few months later, Lakshmi had no money to take the infant to a private clinic. During house visits, the health worker learned about Lakshmi's sick child from a neighbor and brought the mother and child to the health post where the infant was treated free of charge. Later, Lakshmi not only accepted a suggestion for an IUD insertion herself, but also brought along two of her neighbors to the health post whom she had motivated for the acceptance of spacing methods.

"Service delivery is an indirect but very effective approach. By forcing clients, we would only build up resistance. If we give them a package of services and motivate them, they come to us of their own accord," said the health worker.

- excerpt from Reaching Out: A campaign to take family welfare services to the slums of Bombay and Madras.



Dec 6:8

Urban Health and Environment: The Indian Scene

The link between environment and health is not new. In the early 19th century, cholera was recognized as a water borne diseases. Yet, in the succeeding years, a medical view of such diseases stressed curative rather than preventive aspects and saw social and environmental conditions as merely contributory factors to the spread of disease-bearing pathogens.

In the late Sixties, the "book of infectious diseases" was declared closed. Less than 20 years later, old and new diseases emerged rendering even the best health care systems inadequate. In 1993, there were 16.5 million deaths due to infections diseases worldwide. The process of development itself appears to contribute to the spread off disease. Unplanned urbanization and the resulting deterioration in basic services has increased respiratory and gastrointestinal infections in urban areas. A shift in thinking from curative to preventive health is now unavoidable.

The Indian Scene.



The three big metros in India (Delhi, Calcutta and Mumbai) are among the 10 most polluted cities in the world. Perhaps, the situation is no better in Mexico City, Rio de Janeiro, Bangkok and Tokyo. In developing countries, the burning of biomass, wood and coal for domestic cooking/heating purposes has been a contributing factor to air pollution. The situation has continued to be serious over the last 25 years and will definitely deteriorate over the next 20 years.

As the trend in the daily pollutant load in Mumbai is a rising one, several illnesses are likely to increase with the attendant cost of treatment. As the component of transport in terms of air pollution levels is increasing - from 399 to 1,538 metric tonnes per day (MTPD) - we need to emphasise the importance of its control. Pollution from industries (which rose from 438 to 1,357 MTPD from 1978 to 1992) also needs to be brought down.

Compared to Mumbai, the air pollutant loads in Delhi and Calcutta, particularly for PM and aldehydes, are higher. These lead to a greater prevalence of dense smog in winter. The major cause is the greater density of two/three wheelers and wide spread use of coal burning. However, Mumbai city is a small island and the other metro cities have a large land mass. So the health morbidity due to pollution may be less intense.

Along with increasing levels of pollution, there is a worsening of global warming. To this, India is contributing 8 percent, China 10 percent, Western Europe 17 percent, Eastern Europe with Russia 16 percent, Africa 6 percent, Australia 3 percent, U.S. 33 percent and South America 8 percent. A 90 percent rise in human population in the poor countries, means that this explosion is also adding to rising CO2 levels. The photochemical smog, supersonic aircraft flights and uses of refrigerant gases are reducing the stratospheric ozone levels. This is along term effect, leading to an increase in

the rates of cancer of skin and liver, cataracts and dermatitis.

Thus the multiplier effect of urban, industrial air pollution in poorer countries like India will have effects far beyond the national borders. The effect on health over the next 20 years will be more dramatic. Therefore, the control of air pollution should be given high priority.

Manu and Anshu, UEMRI-India

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OCCUPATIONAL HEALTH AND THE ENVIRONMENT IN AN URBAN SLUM IN INDIA

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Abstract—The Indo-Dutch Environmental & Sanitary Engineering Project under the Ganga action Plan in Kanpur and Mirzapur is being executed within the Indo-Dutch bilateral development cooperation framework. The project aims to integrate physical, social and health related improvements. It is expected that the development approach and methodology can be replicated in other urban settlements in India. The project is being supplemented by a training and institutional strengthening programme to facilitate the transfer of new technologies and improvement of operation and maintenance of the new facilities. The project is also aimed at the improvement of the living conditions of the population, by installing drinking water and drainage systems. A socio-economic unit in the project supports the technical interventions by enhancing the community to participate in project activities. The Occupational Health Programme in Jajmau, an industrial slum of Kanpur, aims to improve the working conditions of tannery workers. Four hundred and ninety-seven tannery workers and 80 employees not engaged in leather work, from 20 tanneries, were interviewed and underwent physical examination. The mean age of tannery workers was 32 years, about half of them recently migrated to Kanpur. The majority of the workers are illiterate, have temporary jobs and 85% have a monthly income between 300 and 600 Rs. Occupational morbidity was 28.2%. Regular meetings with tannery owners, the training of tannery workers in first aid, and support for the installation of safety and health councils in tanneries are the main programme activities. A walk through survey to detect occupational and safety hazards and the workshop 'Higher productivity and a better place to work' in collaboration with the International Labour Office (ILO) led to industrial modification in the tanneries. Occupational health should form an integral part of industrial counselling as it is an important link between health and environmental protection by controlling pollution.

"Medicine, like jurisprudence, should make a contribution to the well-being of workers and see to it that, so far as possible, they should exercise their callings without harm." Bernardino Ramazzini (1633-1714)

Key words—occupational health, environment, urban slum, tannery, tannery worker, India

INTRODUCTION

The classical concept of occupational health emphasized cause-effect relationships between toxic agents and occupational morbidity within the working environment. Disasters in Bhopal and Chernobyl with devastating effects on the environment and health led to environmental impact assessment and safety procedures for large industrial plants. The promotion of health and safety within the working place has not yet been integrated with the protection of the environment surrounding these industries. The health of the labour force, already endangered by occupational hazards is further endangered by the cumulative effect of lack of sanitation, lack of safe drinking water and other unhealthy conditions in the urban industrial slums of third world countries. This article describes an integrated approach to tackle these problems in an urban slum in Kanpur, India. The government of India and the Netherlands signed a Letter of Agreement for cooperation to protect the environment. At the Netherlands Embassy a sector specialist environment is directly responsible for the execution and monitoring of projects in this field. One of these projects, the Indo-Dutch Environmental and

Sanitary Engineering Project Under Ganga Action Plan started its activities in 1987 in two cities along the Ganges: Kanpur and Mirzapur, in the State of Uttar Pradesh. The project aims at prevention of the pollution of the Ganges and the improvement of the living conditions of the population in the project area by interventions related to sewerage and storm water drainage, water supply and sanitation, anaerobic treatment of industrial and domestic waste water, reuse of effluents, collection and disposal of solid waste, public health education and community development. Special emphasis is being given to training, institutional development aspects for improving operation and maintenance of the facilities provided and transfer of knowledge. The project has a socio-economic unit (SEU) for strengthening the effectiveness of the technological aspects by enhancing the active participation of the community. The SEU trains groups of hand-pump caretakers, women masons and other community based functionaries. In the health field they train Anganwadi (pre-school) workers, birth attendants, private practitioners and school teachers. An important part of the activities of the SEU is the Occupational Health Programme, the subject of this paper. In India, according to the 'State of India's Environment 1984-85' "the government is enjoined to direct its policy towards securing

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DEV-5.

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	Number	Percentage
<i>Work department</i>		
Raw Hide	12	2.4
Beam House	116	23.3
Tanyard (Veg.)	74	14.9
Tanyard (Chrome)	67	13.4
Finishing	141	28.4
Others	87	17.5
<i>Rotation of workstation in present tannery</i>		
Yes	74	14.9
No	423	85.1
<i>Usage of protective devices</i>		
Always	188	37.8
Occasionally	24	4.9
Never	285	57.3

washing or bathing was not available in the vast majority (94.4%) of tanneries. Most workers (89.9%) washed their hands with only water before meals and the great majority (90.1%) took a bath after work.

B. Medical profile of the study population

Occupational morbidity in tanneries (Table 5). This was found among a significantly high proportion (28.17%) of workers and could be divided into morbidity of four major systems—skin, respiratory tract, musculoskeletal system and eyes. Diseases of the skin were mostly caused by toxic, irritant or sensitising chemical substances including chrome ulcers caused by trivalent chromium, acid burns due to sulphuric acid and contact dermatitis caused by exposure to lime solution, solvents or dyes. Diseases of the respiratory tract were mostly caused by irritant dust particles and vapours especially during the finishing stage of tanning. Clinically most significant were occupational asthma in the grinding, buffing and chrome tanning sections and occupational respiratory irritation in grinding and buffing sections. An atypical syndrome of exertional dyspnea, hemoptysis and chest pain was observed among workers exclusively in the spray painting section. This is probably related to exposure to lacquer thinner consisting of a complex mixture of organic solvents. Diseases of the musculoskeletal system were primarily due to poor ergonomic conditions, persistently working in abnormal postures and lifting of heavy weights. The principal form of musculoskeletal morbidity accounting for virtually half of all occupational morbidity was lumbar backache found among workers working consistently in stooping or abnormal postures in lime yard, vegetable tanning and certain finishing sections. This lumbar backache generally improved when away from work and was not present before commencing work in tanneries. Diseases of the eyes were related

Table 5. Occupational morbidity among tannery workers

Type of morbidity	Number	Percentage
Lumbar backache	77	15.5
Chrome ulcers	10	2.0
Occupational respiratory irritation	19	3.8
Occupational asthma	11	2.2
Occupational conjunctival irritation	15	3.0
Contact dermatitis	13	2.6
Injuries/burns	20	4.0
Solvent induced exertional dyspnea	1	0.2
Occupational heat exhaustion	2	0.4

to irritating substances, causing conjunctival irritation and its sequelae. Occupational conjunctival irritation in grinding, chrome tanning and buffing sections may have been responsible for pterygium (17.7%) and pingeculum (10.6%) which were noted as possible sequelae of chronic conjunctival irritation.

Non-occupational morbidity. Among tannery workers and other tannery staff this was considerable with 70.4% workers and 73.7% other tannery staff being affected (Table 6). Other tannery staff having been selected as persons employed in the tanneries but not engaged in leather work, the number of them was comparatively small ($n=80$) to make statistical comparison. The overall incidence of non-occupational morbidity among workers and other tannery staff was similar, as noted above. However, the possible occupational association of certain illnesses such as chronic obstructive aspecific lung disease (COAD) and arthritis among tannery workers appears to be a fruitful area for further investigation.

Occupational responses. These were defined as conditions involving physiological alterations without symptoms caused by occupational exposure. This included mainly callosities on the hands (72.6% leather workers, 44.4% other staff) and callosities on the shoulder or other sites (23.9% leather workers, 1.8% other staff) which were adaptations to friction encountered during the work.

Lung function (Peak Expiratory Flow Rate). A single lung function test was performed on all subjects in the form of measurement of Peak Expiratory Flow Rate (PEFR) by means of a Standard Wrights Peak Flow Meter. The predicted value of PEFR for each worker was calculated on the basis of his height and age using Rastogi's equation derived from a population of North Indian workers [13]:

$$\text{Expected PEFR} = (1.944 \times \text{height} - 2.019$$

$$\times \text{age} + 148.882) \text{ L min PEFR index}$$

was calculated as: actual as a percentage

of the expected PEFR i.e. $A/E \times 100$

Table 6. Selected non-occupational morbidity in tanneries

Form of morbidity	Workers		Other staff	
	Number	%	Number	%
<i>Skin</i>				
Pyogenic infections	17	3.4	1	1.2
Fungal infections	13	2.6	3	3.7
Leprosy	4	0.8	0	0
<i>Respiratory system</i>				
COAD	14	2.8	0	0
Pneumonitis	13	2.6	0	0
U.R.I.	49	9.8	12	15.0
Chest pain	10	2.0	0	0
<i>Musculoskeletal system</i>				
Arthritis (U. limbs)	12	2.4	0	0
Arthritis (L. limbs)	18	3.6	1	1.2
Sprain Soft tissue injuries	11	2.2	1	1.2
<i>Eyes</i>				
Cataract	17	3.4	4	5.0
Conjunctivitis	4	0.8	0	0
<i>Other systems</i>				
Pain abdomen acid dyspepsia	27	5.4	7	8.7
Cardiac conditions	6	1.2	0	0
Vit. A deficiency	7	1.4	0	0

Table 7. Distribution of per index (actual as a percentage of expected by Rastogi equation) among tannery workers

$A/E \times 100$	Number of workers	Percentage ($n=486$)
<60	11	2.3
60-79.9	10	2.0
80-99.9	65	13.4
100-119.9	215	44.2
120-139.9	159	32.7
≥140	26	5.3

The mean PEFR index for workers was found to be 113.50 and for other staff 119.94. Thus Rastogi *et al.*'s equation was not found to be a very good fit for our data, the mean A/E index being about 15% higher for our data.

Using the above equation only 4.3% leather workers had a PEFR which could be regarded as abnormally low (<80% of the expected) indicative of abnormally reduced ventilatory function. The majority of leather workers had a PEFR index in the range 100-119.9 and 120-139.9 (Table 7).

DISCUSSION

With respect to the tannery workers of Jajmau, certain important social factors and attributes which shape attitudes to hazards at work deserve a mention. Firstly, the workforce is predominantly young and first generation migrants leading to a certain degree of social mobility and 'uprootedness' inconceivable in their native villages. Lack of stable jobs, with frequent lay-offs by employers interspersed with slack periods of under- or unemployment accentuates this state of insecurity. Employment is the main anchoring point in this otherwise shifting context. Work, especially skilled kinds of work means social placement, identity, status and most importantly, significant income. Being engaged in productive work largely tends to override considerations related to 'quality' of work; hazards are an unsavory part of a no-option survival package.

A parallel social determinant of considerable significance is the caste/religious background. It is significant to note that in the entire sample of workers directly engaged in leather work there was only one example of an individual of upper caste ('savarna') background. As noted earlier, the working population is roughly equally divided between Muslims and scheduled caste (mainly 'chamar' or Raidas—traditionally untouchable) Hindus. Although Muslims are nominally beyond the ambit of the caste system, even here the great majority of workers belonged to 'Ansari' or similar clans, descended from untouchables converted to Islam centuries ago yet still at the bottom rung of the social hierarchy within Muslims. Traditionally relegated to performing the 'unclean' tasks in the village economy, such as flaying of dead animals, curing of the hides obtained and disposal of carcasses, these workers of each religion have tended to accept unhygienic and at times unsafe kinds of work with less resistance than might be expected. The self-image of such workers, particularly their perception of their own bodies and definition of 'acceptable' levels of bodily exposure to

unhealthy situations is significantly conditioned by this historical internalisation of caste oppression. This is despite the positive fact that traditional caste roles and social positions are increasingly under challenge due to a variety of factors. Certain additional factors also condition the attitude of workers to workplace hazards. One is the prevalence of piece-rate work in departments involving repetitive dangerous operations such as the hydraulic embossing press operation. Since the wage is directly dependent on the number of hides processed and even obtaining a minimal income depends on appreciable work performance, 'straining' the machine to maximise production, even at the cost of safety, is common. On the hydraulic press this takes the form of operating the machine at unduly high pressures (which shortens processing time) and removal of safety guards which interfere with 'straining'. Another factor is the system of contracting out certain hazardous types of work to groups of contract workers who are paid a fixed amount for performing a specific operation—such as cleaning pits/sludge tanks/industrial sewage lines within the tannery. Once the work is contracted the tannery owner shrugs off the responsibility for work safety—with not infrequently catastrophic consequences. Study of the results of the data relating to morbidity tends to blur the conventional distinction between 'occupational' and 'non-occupational' disease. Although the data has been presented in the categories of 'occupational morbidity' and 'non-occupational morbidity', in fact the conditions encountered lie on a continuum ranging from conditions with one-to-one occupation-disease correlations like occupational asthma, to conditions with progressively less clearly defined association with occupational factors. Many kinds of morbidity tend to be more embraceable in the WHO concept of 'work related disease' rather than 'occupational disease'.

Occupational diseases... stand at one end of the spectrum of work-relatedness where the relationship to specific causative factors at work has been fully established and the factors concerned can be identified, measured and eventually controlled. At the other end diseases may have a weak, inconsistent, unclear relationship to working conditions; in the middle of the spectrum there is a possible causal relationship but the strength and magnitude of it may vary [14].

This includes conditions like lumbar backache which are less esoteric yet magnitude-wise responsible for much more workers' misery compared to classic 'occupational diseases' such as chrome ulcers which often tend to be regarded as insignificant irritants. One is led to speculate about the extent to which a mechanistic theory of disease etiology, positing a clearly identifiable 'agent' or 'toxin' for each disease condition, is responsible for an often narrow emphasis on occupational toxins within the rich and complex gamut of interaction between work and health. Interestingly and significantly, the workers themselves rarely distinguish between occupational and non-occupational illness though they are acutely aware that much of their physical ill-being stems from bad working conditions.

Another significant dynamic which could be touched upon, given the unique nature of the project,

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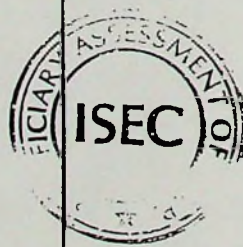
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INTRODUCTION

The classical concept of occupational health emphasized cause-effect relationships between toxic agents and occupational morbidity within the working environment. Disasters in Bhopal and Chernobyl with devastating effects on the environment and health led to environmental impact assessment and safety procedures for large industrial plants. The promotion of health and safety within the working place has not yet been integrated with the protection of the environment surrounding these industries. The health of the labour force, already endangered by occupational hazards is further endangered by the cumulative effect of lack of sanitation, lack of safe drinking water and other unhealthy conditions in the urban industrial slums of third world countries. This article describes an integrated approach to tackle these problems in an urban slum in Kanpur, India. The government of India and the Netherlands signed a Letter of Agreement for cooperation to protect the environment. At the Netherlands Embassy a sector specialist environment is directly responsible for the execution and monitoring of projects in this field. One of these projects, the Indo-Dutch Environmental and

Sanitary Engineering Project Under Ganga Action Plan started its activities in 1987 in two cities along the Ganges: Kanpur and Mirzapur, in the State of Uttar Pradesh. The project aims at prevention of the pollution of the Ganges and the improvement of the living conditions of the population in the project area by interventions related to sewerage and storm water drainage, water supply and sanitation, anaerobic treatment of industrial and domestic waste water, reuse of effluents, collection and disposal of solid waste, public health education and community development. Special emphasis is being given to training, institutional development aspects for improving operation and maintenance of the facilities provided and transfer of knowledge. The project has a socio-economic unit (SEU) for strengthening the effectiveness of the technological aspects by enhancing the active participation of the community. The SEU trains groups of hand-pump caretakers, women masons and other community based functionaries. In the health field they train Anganwadi (pre-school) workers, birth attendants, private practitioners and school teachers. An important part of the activities of the SEU is the Occupational Health Programme, the subject of this paper. In India, according to the 'State of India's Environment 1984-85' "the government is enjoined to direct its policy towards securing

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the health and strength of workers and each state is required to make provisions to ensure just and humane conditions of work". Unfortunately, no single law deals with occupational health in its entirety. Three acts touch different aspects: the Factories Act, 1948, the Employees State Insurance Act (ESI), 1948 and the Workmen's Compensation Act (WCA), 1923. A review of these three reveals that a large number of workers who are exposed to hazards at their place of work are excluded from their purview. However, these three acts form in theory a certain base for workers' protection. The main problem in India lies not in the formulation of the relatively well designed laws but in their enforcement; as stated in the above quoted State of India's environment report:

The enforcement laws relating to occupational health are woefully inadequate. Under the Chief Inspector of Factories, who is advised by the Directorate General of Factory Advice Service, certifying surgeons and inspectors are appointed, including medical inspectors. There is a lack of inspectors in the country and the lacunae in the Factories Act endanger their controlling power. The enforcement of the ESI and WCA is also far from satisfactory.

Besides the inspection and enforcement apparatus, a number of research institutes have been set up: the Central Mining and Research Station in Dhanbad, under the council for Scientific and Industrial Research (CSIR), the Industrial Toxicology Research Centre (ITRC) also under the CSIR, the Central Labour Institute in Bombay, the All India Institute of Hygiene and Public Health in Calcutta and the Indian Institute of Technology Kanpur. The leading institute in the field of occupational health and safety is the National Institute of Occupational Health (NIOH) in Ahmedabad. Yet despite recognition of occupational health problems at a national level most management of industrial firms and trade unions have not yet presented comprehensive strategies towards occupational health and safety issues.

TANNERIES AND TANNERY WORKERS IN KANPUR

Kanpur, the ninth largest city in India with an estimated population of 2.2 million (extrapolation from 1981 census), is the largest city in the State of Uttar Pradesh. It has been an industrial centre since the beginning of this century, with large textile mills, ordinance factories and tanneries. The tanneries prepared leather for shoes and boots for the British and Indian armies and since then Kanpur is one of the main manufacturers of leather. It has not been a major exporter of finished leather products like Madras and Calcutta, but prepares the leather for other industries in India and abroad. The tanneries in Kanpur are concentrated in Jajmau, a large slum area near the Ganges on the east side of the city, where the activities of the Indo-Dutch Project are situated. Accounts of the health hazards of tanners [1] exist in the classic 'De Morbis Artificum Diatriba' (1713), the product of the pioneering investigations of Bernardino Ramazzini, considered the Father of Occupational Medicine. Despite Thackrah's (1795-1833) impressions that tanners "are remarkably robust; the countenance florid; and disease almost unknown" [2], subsequent studies

have revealed a wide variety of hazards in the leather tanning industry. Attention has been focused on the existence of potential carcinogens in the industry including nitrosamines, chromate pigments, benzidine-based direct dyestuffs, formaldehyde, aromatic organic solvents and leather dust [3,4]. While Marrett *et al.* [5] discovered an increased risk of bladder cancer with exposure to leather while working, Stern *et al.* [6] studied the mortality of chrome leather tannery workers and did not detect higher cancer mortality at any site. Similar findings were reported by Pippard *et al.* [7] who did not find significant numbers of deaths for common sites of cancer for either chrome or vegetable tanners. Important carcinogenic exposures include *N*-Nitroso compounds [8] which includes *N*-nitrosodimethylamine, a known human carcinogen in the beamhouse; benzidine analogue-based dyes used in the dyeing of leather and leather dust generated in the buffing operation containing trivalent and hexavalent chromium [9]. Other important hazards reported include chrome ulceration due to trivalent chromium in tanning liquor, occupational asthma due to bark dust or leather dust, chronic bronchitis due to dusts of vegetable tanning materials, lime, leather and chemical mists [10,11]. Skin diseases found among Indian tannery workers [12] include fungal infections, vitamin deficiency diseases, scabies, allergy and eczema, pigmentary disorders and psoriasis.

Accidents commonly reported in tanneries include falls and drowning in pits and vats, injuries on revolving drums, in running rollers and knives and gassing by hydrogen sulphide while cleaning out tanning pits [10].

SUBJECTS AND METHODS

Study sample

A two stage sampling procedure for selection of the study population was adopted. Of the 124 functioning tanneries in Jajmau, a representative sample of 21 tanneries was obtained by stratified random sampling. The tanneries were stratified on the basis of tanning process (chrome, vegetable or mixed) and hide processing capacity (large, medium or small) (Table 1). Of the 21 tanneries selected, one closed down during the study leaving 20 tanneries in the sample. Within each of the 20 tanneries, a one-third sample of workers was selected by stratifying the workers on the basis of work-department: Raw hide, Beamhouse, Tanyard (vegetable), Tanyard (chrome), Finishing and Other. Thus a total of 497 workers were selected and studied. In addition, 108 persons employed in the tanneries but not engaged in

Table 1. Types of tanneries included in the study sample

Size	Type of tanning process	Number in sample
Large	Mixed (chrome + vegetable)	3
	Chrome	3
	Vegetable	3
Medium	Chrome	3
	Vegetable	3
Small	Chrome	3
	Vegetable	3
Total		21

leather work (e.g. office attendants, gardeners, gatekeepers, carpenters etc.) were studied. Of these, 80 were finally matched with the sample of workers for age and income and taken for comparison.

Study tools

Two questionnaires were administered by the interviewer:

1. A social questionnaire eliciting employment details, working conditions and practices, facilities available at work, hazards experienced at the workplace and personal habits.
2. A medical questionnaire eliciting the existence of current and recent (within last 15 days) symptoms relevant to identifying occupational and non-occupational morbidity and health care utilisation pattern.

Study procedure

1. Administration of questionnaires: the social questionnaire described above was administered by trained social workers and the medical questionnaire by qualified physicians.
2. Physical examination: a complete general and systemic physical examination of each subject was performed by the surveying physician including height and weight measurement.
3. Peak expiratory flow rate: a Standard Wrights Peak Flow Meter was used for this purpose. After two trial blows, readings were taken on three test blows.
4. Investigations: selected workers with specific health problems requiring further investigation were referred to the Employees State Insurance Corporation Hospital responsible for medical care and reports were obtained.

Informal discussions with tannery workers and tannery owners added to the information collected by the methods described above. The data was put into PCs by the social workers who performed the interviews, using dBase III plus, and was analysed with SPSS.

RESULTS

A. Personal and social profile of the study population

Personal particulars. Tannery workers constituted a predominantly young population with a mean age of 32 years. This correlates with the fact that the majority of workers were recent migrants with 45.6% having been in Kanpur city for less than 10 years. The religious distribution of the work-force can be seen to be markedly distinct from national and state population compositions which are about four-fifths Hindu and only around one-eighth Muslim. Illiteracy or only primary education is the norm in the tanneries which is related to the work requiring few or informally acquired skills. Rock-bottom wages with a mean of Rs. 546 per month ensure that few educated persons are attracted to this industry. It may be noted that tannery workers are an all-male population, although only about two-thirds (67.4%) of those married stay with their families. The remaining, mostly migrants from eastern and central Uttar Pradesh, visit their villages once or twice a year only.

Table 2. Personal particulars of tannery workers

	Number	Percentage
Age (in years)		
<20	21	4.2
20-29	216	43.4
30-39	141	28.4
40-49	73	14.6
≥50	46	9.3
Religion		
Muslims	269	54.1
Hindus	228	45.9
Education		
Illiterate	207	59.8
Primary	111	22.3
Middle/high school	74	15.1
Higher education	14	2.8
Income (in Rs. per month)		
<300	-	1.4
300-600	426	85.7
600-900	55	10.7
>900	11	2.2

Employment particulars. There was wide variation in total working experience in tanneries and the mean working experience of 11.6 years did not adequately reflect that over one-third of the workers were fresh, having worked for less than 5 years. The extremely high turnover of employment is brought out by the fact that nearly one-fourth of the workers had been working in the tanneries where they were surveyed for less than a year. This is directly linked to the predominantly daily wage character of employment with frequent lay-offs and retrenchment.

Workplace particulars and practices. While our proportional sample revealed the largest number of workers in finishing and beam house sections, rotation in workstation was comparatively uncommon, with each worker ordinarily confined to a single work-process. The majority of workers never used protective devices, the common reasons being non-availability (28.2% workers) and that they were considered unnecessary (25.6% workers). The use of protective devices was distributed highly unevenly between departments with 94% of beam house workers always using devices compared to only 8.1% workers in the tanyard. None of the tanneries had separate lunch rooms so that about half (50.5%) of the workers were taking lunch at the workplace itself and most of the remaining (47.3%) were taking lunch in open spaces within the tannery. Soap for hand-

Table 3. Employment particulars of tannery workers

	Number	Percentage
Total working experience in tanneries (in years)		
<5	172	34.6
5-9.9	120	24.1
10-19.9	120	24.1
≥20	85	17.1
Duration of work in present tannery (in years)		
<1	117	23.5
1-4.9	138	27.2
5-9.9	107	20.3
10-19.9	94	18.7
≥20	51	10.3
Type of employment		
Daily wage	218	43.3
Permanent	201	40.4
Temporary and other	81	16.3



29 November 1999

[illegible]

Guidelines for the assessment of the quality of health care services provided by IPPVIII and Maternity homes of the BMP

Decide sampling design - define respondent ie is the information gathering restricted to feedback from patients or are we also using observers to physically verify at the centre or maternity home?

If only patients who have used the facilities are to give feedback -

Preparation of two separate questionnaires for health centres and maternity homes. Same questionnaire for health centre of corporation and of IPPVIII.

MATERNITY HOMES

SUB HEADS:

General information

Referred from health centre

Referred from urban family welfare centre

by whom

place of residence

Accessibility

Distance from residence

Awareness of facilities that should be available

Staff strength by category ie doctors, nurses, other staff

Special equipment - ie xray, lab etc

free issue of medicines

Satisfaction rating

Quality of service

Behaviour of staff - all categories

Any other aspect?

*Are all persons attending
Maternity home: 'referred'?*

Are there guidelines for 'referral'?

*may be unnecessary
to include this*

Dimensions of satisfaction

Time taken to attend/waiting time
Cleanliness, availability of beds

Corruption

Among -Doctors, Nurses, and Other staff
Whether paying, how much paying, to who,
and for What purpose

Other kinds of corruption -

whether they were referred to a private nursing home or clinic instead
of being treated at the maternity home

HEALTH CENTRE

SUBHEADS

General information

Nature of illness/reason for visit
Type of patient
Whether referred and to which hospital
Kind of treatment given

Verification related

Doctors availability
Other staff availability
Time taken to attend/waiting time
Cleanliness/upkeep

On immunization

Existence of days for immunization
Do doctors follow these schedules
Adherence to schedules
Information dissemination on importance of immunization, etc

SATISFACTION RATINGS

Overall service
Behaviour of staff
Other aspects?

Dimensions of satisfaction/service delivery
Same as above in maternity home!

Other topics that can be covered for both maternity homes and health centres wherever applicable

Whether MTP done - if done at health centre!
Whether family planning operation done
Advice given
Whether abortion done - asked for it or was advised to get it done
Referred to private hospital or nursing home?
What reason given?
Kinds of building
Is there a pediatrician?
Is there a staff nurse?
Is there a Lab?
Availability of Lab technician
Do they attend well woman clinics?
Existence of creche
Vocational training for young girls
Link workers - are they link workers, do they know of or any
SHE club membership
Medical check up in school
Has there been improvement in the last 5 years?
Willingness to pay

Staff

What are they expected to do
(job description)?

What has been done/not done? done well - satisfactorily - poorly - not done.
Any reason for not doing it?
Payment to get work done, which they are bound to do? Is it a regular feature or
is it occasional?

Suggested sampling plans

I. Respondents could be

1. only married females
2. married couples jointly - or either spouse

Advantage of choice 1 is that the women are the patients and they would reply. But it is possible that the husband would have influenced decisions or she may not know some of the information!

Advantage of choice 2 is that we get a complete picture in case the woman does not know certain information. The problem could be that the wife is either too shy to talk or not allowed to talk and the husband gives answers that she may not give if asked privately!

A judgement based on situation has to be made.

II. Location of interviews would determine sampling design

1. catch patients at the centre or maternity home
2. household survey

Advantage of first choice is that memory will be fresh and we can get more numbers. Disadvantage would be that they might hesitate to speak the truth at the venue. That could be avoided by taking their address and meeting them at home.

Advantage of choice 2 - people will be more free and give useful information. Disadvantage could be that we have to visit many houses to get sufficient numbers of patients who have used health centres or maternity homes. But, this method would give us an idea of the usage of the centres too.

Those who have used both facilities can be asked to fill in both questionnaires/interview schedules. It is also possible that there might be people who have used both kinds of health centres. We can have questions put in to check that.

III. The sample size - has to be decided based on the following factors

1. number of maternity homes
2. number of health centres
3. number of urban family welfare centres
4. and the size of the population served by each of the above
5. cost and time constraints

Should we have separately (carefully worded) questionnaire for staff?

- doctors
- nurses ANMs
- link (?) workers

They may not like to be questioned about 'corruption' but one group may talk about -

Dev 601

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INSTITUTE FOR
REPRODUCTIVE HEALTH
GEORGETOWN UNIVERSITY MEDICAL CENTER

December 2000

India: Introducing the SDM in CARE's Community Health Program in Urban Slums & Rural Villages

The Institute for Reproductive Health is currently implementing a series of operations research studies to introduce the Standard Days Method (SDM)—a simple new method of family planning based on fertility awareness.

After promising results from initial trials, the operations research studies are designed to identify how different programs and providers will react to the method, how user needs and perspectives will change depending on different socio-cultural contexts, and what organizational and operational adaptations will be necessary for successful introduction of the method.

The percentage of women using traditional methods – namely periodic abstinence – surpasses the combined percentage of women using the IUD, condom, and pill.

The Institute for Reproductive Health is affiliated with the Georgetown University Medical Center. It's work is supported through a cooperative agreement with USAID, called the AWARENESS project.

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CARE in India, will introduce the SDM in collaboration with ongoing community-based reproductive health programs in under-served communities. The project is targeted for Uttar Pradesh—one of the four most populous states in India. These programs address the problem of high reproductive health-related morbidity and mortality through health education, formation of women's associations, strengthening of existing health infrastructure, and training of grass roots health workers. Because these programs include a high percentage of male volunteers, the pilot project will also investigate strategies for involving men in the use of this "couple" method.

Why Introduce the SDM?

In Uttar Pradesh, total fertility rates (4.75), population growth rates (2.2 percent), infant mortality rates (98 per 1,000 live births), and contraceptive prevalence (20 percent) are far below national averages. Unmet need for all family planning methods is estimated at 30 percent. The percentage of women using traditional or natural methods (most often periodic abstinence) surpasses the combined percentage of women using the IUD, condom, and pill in both urban and rural areas. Nevertheless, knowledge of the fertile period is generally poor.

These statistics highlight the importance of providing men and women with the basic information that they need to determine their fertile period.

To date, the Indian national family planning program has not included natural methods. Because the government program does not promote natural methods, men and women rarely get accurate information about them. As a result, only a limited number of women know how to use them correctly.

A method like the SDM that teaches couples to correctly identify the woman's fertile period could benefit a wide range of the population, including couples who use periodic abstinence, couples who use no method at all, those who have inadequate access to commodity-based methods, those who use barrier methods inconsistently, and those who use the withdrawal method.

How will the SDM be Introduced in Uttar Pradesh?

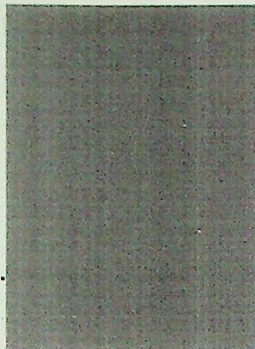
In urban slum areas, the SDM will be introduced through existing Women's Health Associations—community organizations that are designed to help improve the reproductive health of women in their communities. These community groups organize group meetings, orient and counsel women in reproductive health, and refer—and sometimes accompany—women to health posts or hospitals. Male volunteers will also be trained to provide information on SDM to men's groups since male opposition to family planning is reported as a reason for unmet need. In rural areas, SDM will be introduced by training village-level workers and members of women's community groups in reproductive health and birth spacing.

In both urban and rural areas, SDM will be added to the range of family planning methods already provided by these community volunteers with assistance from Auxiliary Nurse Midwives. The project will also establish appropriate referral systems for SDM users. The project will test two different service delivery models—one that is focused on women and another that focuses on male involvement.

What issues will the Operations Research address?

This study will add to the growing body of knowledge available on the SDM. It will contribute to the improvement of strategies for the introduction of SDM in low-resource, non-clinical, and community-based programs, as well as contribute to our understanding of the ways to involve men. The following specific research questions will be addressed:

- Is it feasible for CARE to integrate SDM into its reproductive and child health program?
- Are female group leaders and male volunteers able to teach SDM effectively?
- Does counseling men as well as women result in a greater number of SDM users than counseling women only?
- Which strategy results in more effective use of the method?
- How do men and women perceive and use SDM?
- How does the incorporation of SDM influence use of other methods?
- Does information about SDM/FA spread throughout the



community? How accurate is this information?

- Do couples use the SDM without receiving instruction from a provider?
- What are the effectiveness and continuation rates of SDM at 6 and 12 months?
- What are the reasons for method continuation and discontinuation in this setting?

For more information concerning the introduction of the SDM in India, please contact Rebecka Lundgren at lundgrer@georgetown.edu

Last updated: 2-5-01

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THE WORLD BANK GROUP

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HOME

► Regions and Countries

► South Asia



India

If We Walk Together

Communities, NGOs, and Government in Partnership for Health —The IPP VIII Hyderabad Experience

Summary

*This document is also
available as a PDF:
[Click Here](#) (784 Kb)*

In the slum communities of the city of Hyderabad, the capital of the southern Indian state of Andhra Pradesh, a remarkable partnership is taking place between the women of the slums, non-governmental organizations (NGOs), and government health workers. These three groups have joined together to work toward improving the health and well-being of women and children in some of the poorest neighborhoods of the city. This partnership is occurring under the Government of India's Family Welfare Urban Slums Project (in Bangalore, Calcutta, Delhi, and Hyderabad), also known as India Population Project VIII (IPP VIII). This World Bank-supported project is collaborating with NGOs and communities to make a qualitative change in the lives of women and children who live in the slums of four major Indian cities.

In the slum communities of the city of Hyderabad, the capital of the southern Indian state of Andhra Pradesh, a remarkable partnership is taking place between the women of the slums, non-governmental organizations (NGOs), and government health workers. These three groups have joined together to work toward improving the health and well-being of women and children in some of the poorest neighborhoods of the city. This partnership is occurring under the Government of India's Family Welfare Urban Slums Project (in Bangalore, Calcutta, Delhi, and Hyderabad), also known as India Population Project VIII (IPP VIII). This World Bank-supported project is collaborating with NGOs and communities to make a qualitative change in the lives of women and children who live in the slums of four major Indian cities.

Link Volunteers do not receive individual payment for their work. Instead, their communities are given a financial incentive through women's health groups and community revolving funds. This money has enabled the women of the slums—perhaps for the first time—to finance improvements in their neighborhoods. They have used these seedling funds to improve civic amenities, such as sanitation systems, wells, and toilets, and to establish income generation schemes, such as tailoring centers. NGOs help the women identify and carry out these initiatives.

The IPP VIII experience in Hyderabad is exceptional because it has succeeded in gaining an unusually high extent of both NGO and community participation and has shown strong health-related results. There are 22 NGOs delivering family planning and maternal and child health services in 662 slums of the city, with each NGO having autonomous authority over all project activities in 20 or more slums. Women from the communities have formed 586 women's health groups (WHGs) and more than 5,500 have become Link Volunteers. Thousands of other community members have joined the project's innovative schemes, such as workshops for first-time mothers, nutrition education programs for girls, and nursery schools for children. Since the start of the project in 1994, outpatient registration has increased from about 615,000 to 908,000, the rate of institutional deliveries from 70 percent to 84 percent, and prenatal care coverage from 91 percent to 95 percent.

This booklet describes the partnership between the government, communities, and NGOs. It examines NGO and community involvement in Hyderabad and explains how the partnership functions and how, by using an integrated development approach, the partnership helps the project reach the women and children of the slums. It elaborates on the roles of the Link Volunteers, women's health groups, and NGOs and provides details on IPP VIII activities and the other community development schemes begun by the project. Engaging people's participation in a development project is not an easy process. Few projects have been able to achieve meaningful involvement of communities, and even fewer have tapped the potential of NGOs. This booklet describes how IPP

VIII in Hyderabad has been able to suc-ceed. It identifies some of the factors that enabled IPP VIII in Hyderabad to engage both communities and NGOs, making partnership with the people a reality.

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SEARCH

FEEDBACK

SITE MAP

SHOWCASE



Dew 6:5


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world health program

Maternal and Child Health in India

Using nutrition education to improve the health and cognitive development of southern women and children

overview

the project

research objectives
methods
application of results
literature cited

the team

field training
volunteer assignments
team development

field conditions

research area
accommodations
food
itinerary
daily schedule

getting there

travel planning
medical advice
physical requirements
inoculations
field supplies

overview

2002 DATES IN THE FIELD:

Team II: Feb 15-28
Team III: Aug 2-15
Team IV: Sep 1-14



SHARE OF COSTS:

2002 Teams:
\$1,895 • £1,295 •
\$A3,425 • ¥208,450

LAST UPDATE:
January 30, 2002

Tamil Nadu, Southern India—In this country of 1 billion, over half of the children suffer from malnutrition, and 60 percent of the women are anemic. Household economics, lack of education, and complex social systems that often undervalue women combine to put a large proportion of the next generation at risk from the effects of malnutrition, especially stunted mental and physical growth.

Nithya Balaji and her colleagues are trying to improve those odds, exploring existing practices and cultural norms that contribute to malnutrition. The creative director for an advertising firm for 20 years, Balaji cofounded the NGO Nalamdana, literally "Are you well?" in Tamil. This visionary group delivers positive public health messages through street theater and other media to urban slums and rural communities that overtaxed government programs can't dream of reaching.

But Nalamdana doesn't stop there. As Collaborative Research Program Coordinator of Nalamdana, Balaji oversees research into the community's general health standards and knowledge, and the effectiveness of Nalamdana's efforts. She and her colleagues manage novel collaborations between service providers, public health professionals, and promising graduate students, to encourage community members to participate in their own betterment. Nalamdana even helps gifted youth from urban slums to realize their potential as leaders for social change. As part of this effort, students participate in Nalamdana's health programs. Before Nalamdana staff formulate their public health messages, they first need to determine what misconceptions about nutrition and social worth threaten the health and growth of children, both inside and outside of the womb. Paired with one of Nalamdana's trained field staff as an interpreter, you will help gather relevant information on maternal health in sample households. You will also help map communities, interview community leaders, assist in health camps, and participate in focus group discussions. Some evenings you may witness Nalamdana's innovative street plays, and help with pre-play entertainment. Your important work here will help hone Nalamdana's public health message for maximum impact where it is most critically needed.

Field conditions: Tamil Nadu offers the longest sandy beach in Asia, nearly 30,000 temples, a rich tradition of music and dance, and a warm and friendly people. Volunteers stay in a rented house that also houses Nalamdana's offices, with shared rooms and Western-style plumbing. Overnights at villages will be in simple hotel rooms with Indian-style toilets. Meals are delivered from local restaurants, featuring authentic southern Indian food.

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[discovery weekends](#)

6.7.2000

Maternal and Child Health Care for the Urban Poor in Bangalore
Compare only comparable ones

Page 7. Overall satisfaction.

IPP VIII: Good + Average : 71 + 26

UPWC: " + " = 60 + 39

No significant difference

Free medicines (What kind of medicines? similar?)

IPP VIII: 63%

UPWC: 61%

No significant difference

p. 8. Money demanded for medicines.

IPP VIII: 3%

UPWC: 4%

Average amount paid.

IPP VIII: Rs 15

UPWC: Rs 30

for similar medicines, similar quantities?

Asked to buy medicines from private sources

IPP VIII: 80%

UPWC: 75%

No significant difference. The bad thing is that most of the women were asked to buy medicines from private shops when the medicines ought to have been given free.

p. 9. Tests done at Maternity Homes.

Blood tests and urine tests not done in 29% and 35% respectively. This situation is bad as the tests should have been done routinely.

Not informed of the results: 15% (same), 70% (Blood tests), 24% (urine tests). Should have been informed of the results and explained.

Payment for tests done.

p. 10. Injections given = Too large; same in UFWC and IPP VIII (93%)

Disposable syringes = Confusion!

Payment for jobs and amount paid: similar
clean and usable toilets

Needs a lot of improvement in all cases.

IPP VIII buildings are new and hence a 100% response is expected

p. 12. Satisfaction with behaviour of staff

IPP VIII scores lower maternity homes and UFWC.

Calls for training of all staff

Waiting time

Data required on the number of patients, time taken to examine each person — the workload per health staff.

p. 14. There is complian in all three groups

Steps to be taken to remove complian.

UFWC — Rs 16/- per injection? to be verified again

For immunization of child — Rs 13/-? at IPP? what immunization?

p. 16. Referrals

A better referral system (with important data) required

p. 17. Refusal of admission

Reasons for refusal?

Naganna

? Any action taken?

NGC

Any action other than returning money?

The comparable ones are UFWC and IPP Health Centres: No significant difference.

Required improvement of all health care institutions.

6. 7. 2000

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Compare only comparable ones

Page 7. Overall satisfaction.

IPP VIII: Good + Average : 71 + 26

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No significant difference

Free medicines (what kind of medicines? similar?)

IPP VIII: 63%

UFWC: 61%

No significant difference.

p. 8. Money demanded for medicines.

IPP VII: 3%

UFWC: 4%

Average amount paid.

IPP VII: Rs 15 | for similar medicines, similar quantities?

UFWC: Rs 30

Asked to buy medicines from private sources

IPP VIII: 80% | No significant difference. The bad thing is that

UFWC: 75% | most of the women were asked to buy medicines
for private shops when the medicines ought
to have been given free.

p. 9. Tests done at Maternity Homes.

Blood tests and urine tests not done in 29% and 35% respectively. This situation is bad as the tests should have been done routinely.

Not informed of the results: 15% (scans), 70% (Blood tests), 24% (urine tests)

Should have been informed of the results and explained.

Payment for tests done.

p. 10. Injections given - Too large; same in UFWCs and IPP VIII (93%)

Disposable syringes - Confusion!

Payment for injections and amount paid: similar

Clean and usable toilets

Needs a lot of improvement in all cases.

IPP VIII buildings are new and hence a 100% response is expected.

p. 12. Satisfaction with behaviour of staff

IPP VIII scores here near maternity homes and UFWCs.

Calls for training of all staff

Waiting time

Data required on the number of patients, time taken to examine each person - the workload for health staff.

p. 14. There is corruption in all three groups

Steps to be taken to remove corruption

UFWCs - Rs 16/- per injection? to be verified again

For immunization of child - Rs 13/-? at IPP? what immunization?

p. 16. Referrals

A better referral system (with important data) required

p. 17. Refusal of admission

Reasons for refusal?

Nagamma

? Any action taken?

NGO

Any action other than returning money?

The comparable ones are UFWC and IPP Health Centres: No significant differences.

Required improvement of all health care institutions

DSC 23/01.2001

Maternal and Child Health Care for the Urban Poor in Bangalore

Compare only comparable ones.

Page 7. Overall satisfaction.

IPP VIII: Good + Average : 71 + 26

UPWC: " + " = 60 + 39

No significant difference

Free medicines (what kind of medicines? similar?)

IPP VIII: 63%

UPWC: 61%

No significant difference.

p. 8. Money demanded for medicines.

IPP VIII: 3%

UPWC: 4%

Average amount paid.

IPP VIII: Rs 15 | for similar medicines, similar quantities?

UPWC: Rs 30

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Required: Improvement of all health care institutions.

A. RAVINDRA

381, 100 Feet Road,
HAL II Stage, Indiranagar,
Bangalore - 560 008
Tel. No. 5297852.

Evaluation of Bangalore Citizen Report Cards

Public Affairs Centre, Bangalore, has brought out two Report Cards (1994 and 1997) on Bangalore's public services. The main objectives were:

- a) to get a feed back on the services provided by the Public Service Agencies (PSAs)
- b) to rate the performance of the service providers;
- c) to highlight aspects of services that needed improvement.

At the instance of the World Bank, I have undertaken an independent evaluation of the outcome and the impact of the two Report Cards.

I would appreciate your views on the following:

1. Your overall assessment of the role of the Public Affairs Centre.
2. Your familiarity with the Report Cards - its strengths and weaknesses.
3. Your response to Report Cards - action taken following its findings and the impact of such action on service delivery. Examples of action taken.
4. Was there increased civic activism concerning public services - such as asserting the right to demand better services etc., following the RCs?

Disc. held with Sri A Ravindra (ex Chief Sec)
7/7/03

5. What were the problems, if any, faced by the PSAs in implementing changes/reforms?
6. Did you notice any difference in the way PSAs responded to the general public and the poor?
7. A number of improvements have taken place in Bangalore since the two Report Cards were published. To what extent would you attribute such improvements to the impact of the Report Cards? Overall, have Bangalore/its PSAs benefited by this PAC initiative?
8. Can the Report Card approach be replicated in other cities?
9. Future—should the civil society (organizations like PAC) continue with such work? Can the PSAs themselves obtain public feed back and take corrective, action?
10. Any other information/opinion.

Health Services for Poor Women What Should BMP do to Improve Them?

BMP's maternity homes represent the only decentralised set of health facilities in Bangalore that are accessed by relatively low income women and children. A network of outreach centres has now been created through IPP 8 to expand and further strengthen the services of the maternity homes. While this expansion and upgradation of the health facilities for the poor need to be applauded, it is important that careful thought is given to their proper utilisation, maintenance and effectiveness. This note will discuss the system's maladies, concerns about the future of these facilities and present some thoughts on how to address them.

Statement of the Problem

There are two major concerns about the maternity homes and the way they are managed. First, in the view of many observers, their quality of service and responsiveness to patients leave much to be desired. Second, patients complain about the different ways in which payments are extracted from them although services are supposed to be free. If this is true, nothing could be more unjust and inhuman. The patients come from the poorest households that have very few options at their command. They are women in distress who are being ill-treated when they are least able to defend themselves. Since these are mere impressions and allegations about what goes on within the system, it would be unfair to draw any conclusions without a systematic investigation. It is for this reason that PAC undertook a comparative survey of maternity homes, IPP Centres and UFWCs all over the city jointly with several interested NGOs¹. A total of 500 patients and 77 staff of these facilities were interviewed. The major findings were as follows:

- The overall satisfaction of patients was the lowest with the services of the maternity homes. Only a third rated them as good while 71% and 60% considered IPP centres and UFWCs respectively as good.

¹ The NGOs that partnered with PAC in conducting the survey include REDS, MAYA, Sumangali Sevashram and CHC.

This Note is an update on follow up action for improving the health care services provided by BMP.

- Only 39% of the patients of the maternity homes claimed that they received all medicines free as opposed to 63% in IPP centres and 61% in UFWCs. Maternity homes also lead in taking payments for injections. But the staff say that medicines are given free to all patients.
- Cleanliness of toilets is an indication of the standards of hygiene and sanitation. Here, patients rated maternity homes the lowest (43%) in contrast to IPP centres (83%) and UFWCs (61%).
- Maternity homes were rated the lowest also in terms of staff behaviour towards patients. But the gap between them and IPP was much smaller in this case.
- The most distressing finding concerns the prevalence of corruption. While none of the facilities seems corruption free, maternity homes stand out in terms of the severity of the problem. Payments are demanded or expected by staff for almost all services, but most of all, for delivery and seeing the baby. The proportions of people paying bribes vary from one service to another. On the whole 90% of the respondents reported paying bribes for one service or the other at maternity homes at an average of Rs 700 each. The 70% pay for seeing their own babies! One out of two pay for delivery.
- If a poor woman paid for all services, it would have cost her over Rs. 1000 for a delivery. It is reported that a nursing home might give her hassle free and better quality service for Rs. 2000. A rough estimate of the bribes being paid in all these facilities may be between Rs one and two crores annually. A similar estimate based on the finding that 90% of the women pay an average of about Rs 700 at the Maternity Homes would put the total amount of bribes paid at about Rs 1.6 crores. The annual emoluments of the staff at the 30 maternity homes also amount to about Rs 2 crores.
- Most of the staff denies the practice of corruption. They do complain about the constraint of facilities, and shortage of staff, supplies and resources. Doctors emphasized the need to improve the awareness of patients, especially with respect to the need to be regular in their visits

The evidence presented above clearly points to the need to urgently reform the municipal health care facilities for the poor in Bangalore. At the core of the problem is the highly unsatisfactory state of the services of the maternity homes. If the present conditions continue, the newly created IPP centres will also deteriorate and become part of the pool of corruption and

low quality that characterise the system. It will be a great pity if the fresh investments being made for these centres are rendered unproductive by continued apathy while paying lip service to the upliftment of the poor. On the brighter side, reforming the maternity homes should be a manageable task given their relatively small size and the compact population they serve. The Chief Minister's concern for good governance and control of corruption offers a window of opportunity for BMP to design and carry out an agenda of reform. If promptly done, reforms will have a strong demonstration effect.

What Should be Done

It is for the BMP to decide how to deal with the problems posed above. To assist in the process, PAC and several other experts and NGOs working with the urban poor held a discussion to think about the options that might be considered by BMP. A gist of these ideas is given below and can be expanded in light of further discussion.

- A more effective oversight mechanism should be created to monitor the activities of the maternity homes. A board of visitors consisting of 5-7 persons could play this role through quarterly meetings to review the operations, needs and plans of each maternity home. A board can also check and eliminate unnecessary overlaps between the maternity homes and the outreach centres. The board should include 4-5 independent experts and activists concerned about the urban poor and health. A corporator and another official could also be nominated to the board. If a board for each home is impractical, perhaps, a board could cover about 4 homes located in contiguous wards. These boards should report to the Commissioner or his deputy.
- A patients' charter should be created for the maternity homes. It should publicise the services offered, time deadlines and terms of service, fees, remedies in case of problems, patients' rights and duties. This could be the first service of BMP for which a charter could be designed on an experimental basis. Staff should participate in this process and be trained and motivated to implement it.
- Though the services are free, the reality is that the poor women are made to pay for them in a majority of cases. They pay, but have no assurance of quality or rights. Why not move to a system of contributions to a

health fund by the women (some are allergic to the concept of user charges)? The idea is not to recover the full costs of the services, but to let patients share the costs (hence contribution) so that they have a right to receive the services. Norms for the contributions could be published. Delivery is a predictable event and not an emergency. They can save for this event and pay rather than be faced with extortion when in distress.

- The fund thus created should be used for the maintenance and improvement of the facility where it is collected. It will be an incentive for the doctors and staff if the money can be used to improve their facility. Whether a part of the fund could be used to pay a bonus to the staff is a matter for further consideration. Public hospitals in MP are already working on similar lines.
- In the case of the IPP centres, it is imperative that provision be made for the diversification of their management and control. When they revert to BMP, the issue is whether interested NGOs, foundations, teaching hospitals, etc., could be brought in to operate the services with a maintenance grant from BMP. IPP centres have the potential to become community service centres as their infrastructure could be used after office hours for meetings, teaching and even private practice and other services beneficial to the community. If this approach is adopted, the maintenance costs and BMP's burden can be reduced as additional income will be generated by the centres through the use of their facilities. Good NGOs may have an incentive to work along these lines as it will help further their own mission.
- Even if all these actions are taken, there is a need to empower the poor women to demand their rights and to stand up against abuse. The only way to do this is by creating support groups of women in different slums. Some NGOs have already agreed that they will play this role in their areas of work. They have also expressed interest in operating help desks in the maternity homes for patients. Support groups could prepare and brief pregnant women and accompany them on visits to maternity homes. This function properly belongs to the voluntary sector. IPP centres could be used as a base for organising the support group activities.

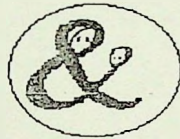


MISSION

MAMTA- Health Institute for Mother and Child a non-Governmental organization along with its founding members believes that young people (especially poor) have the right to enjoy the highest in attainable standards of physical, mental, social and economic health. The major concern was that this right still eluded a majority of them due to their lack of recognition in the society.

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About us



MAMTA Health Institute For Mother and Child

Head office

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M.B. Road

New Delhi-110030

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Telfax:6525466

E-mail: mamta@ndf.vsnl.net.in

Outreach office

#238, Swetha Nilaya

2nd "D" main

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Bangalore-560095

MAMTA's- TEAM FOR OUTREACH BANGALORE PROJECT

Dr. Sunil Mehra (Paediatrician)
Executive Director

Dr. P. K. Goswami, M.Sc. in MCH (UK)
Director (Projects)

Ms. Sukanya Poddar, M.Phil
State Coordinator for Projects, Karnataka State.

Srinivas Sridhar, M.S. Sociology
Programme Officer

Vimala Bellicatte, B.A. D.I. J.
Programme Officer

Meenakshi Devi V., D.C.P.
Programme Associate

Mary Anita S., B.Com.
Programme Associate

Boby Mon M.M., PUC.
Programme Associate

Anand Kumar M., SSLC.
Programme Associate

OUR WORK IN BANGALORE

The overall objective of the project is "To promote a conducive and enabling environment for effective programs related to YRSHR". In Bangalore, we are working with the urban poor of Koramangala and Ejipura slum for the past one year. Before the intervention work, we conducted a need assessment study to understand the community needs on YRSHR issues. Based on the needs, we formulated a project on YRSHR to meet community's expectation with their participation.

The project focuses on young people's reproductive and sexual health and rights. As this is a very sensitive issue, we acted on the suggestion of the community leaders and other stakeholders to take up issues of greater immediacy and concern to the community youths- economic empowerment, public utilities, and others.

Thus the initial months were spent on awareness and sensitization programs on public utility services along with helping the community youths to gain access to these services. This approach helped us to gain entry and establish a rapport with the community. Then slowly, we entered the arena of reproductive and sexual health with various related activities.

Our major activities

Sensitization and awareness

Training

Networking

Advocacy

Information Education and Communication

Strategies

Group work

Linkages

Formation of peer groups

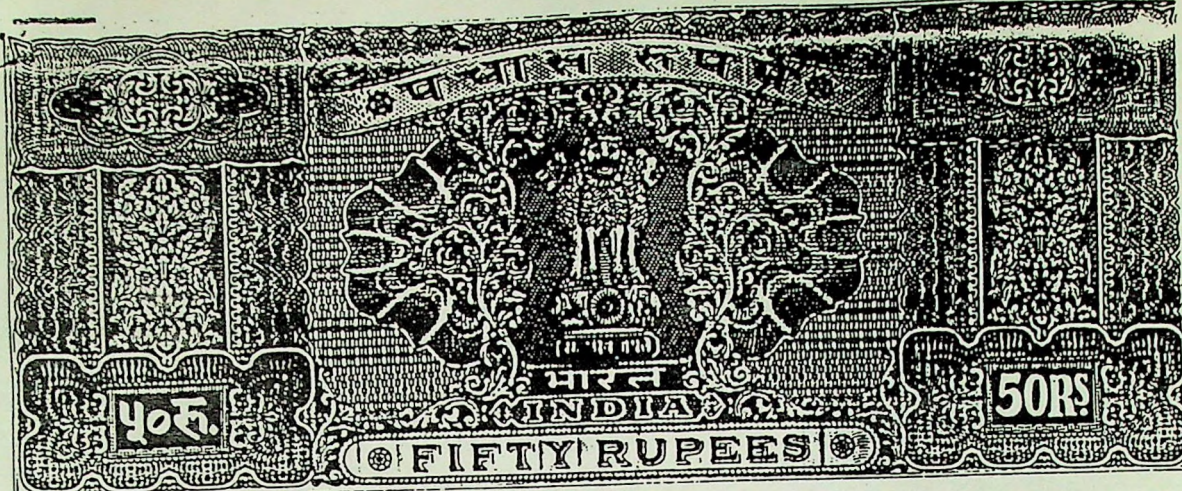
***WE WORK AS A FACILITATOR IN THE COMMUNITY.
WE ENABLE PEOPLE TO TAKE THEIR OWN DECISION.
WE PLACE COMMUNITY PEOPLE AT THE CENTRE STAGE.***

AGENDA

1. Welcome Address by Ms. Sukanya.
2. Introduction by Participants.
3. Brief Presentation on Mamta & its Work by Ms. Sukanya.
4. Objective of the Session by Mr. Srinivas.
5. Open Forum for Discussion by Participants.
6. Vote of Thanks by Ms. Vimala.
7. Refreshments.

LIST OF PARTICIPANTS

1. Mr. Govindraj- Senior Treatment Supervisor, Corporation Dispensary, Neelasandra.
2. Dr. Sampath Krishnan/Mr. Chandar- Community Health Cell, Koramangala.
3. Venkata Ramanappa – Inspector of Police, Adugodi Police Station.
4. Muralidharan - Community Leader, Ejipura.
5. Indira- Dai, Ejipura.
6. Gowri- Dai, Koramangala.
7. Nataraja- Community Leader, Ambedkar Nagar, Koramangala.
8. Dr. Niranjana Shetty – Hemalata Clinic, Neelasandra..
9. P. Bhagyamma - Councillor, Koramangala.
10. M. Zaheeda - Councillor, Neelasandra.
11. Mr. Joe Paul - Associate Director, REDS.
12. Dr. Manjula/Mr. Paramesh- IPP VIII, Koramangala.
13. Mrs. Uma- Principal, Govt. Boys High School, Austin Town.
14. Dr. Dhanalakshmi - Ejipura, Govt. PHU.



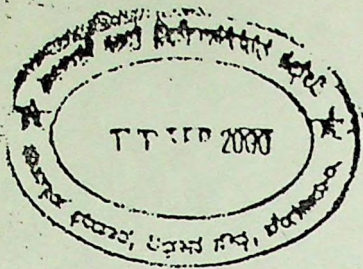
V8-6

AGREEMENT

THIS AGREEMENT is made on this.....18th day of October..... 2000 between the Project Co-Ordinator, IPP-VIII, Bangalore Mahanagara Palike, 12th Floor, Public Utility Building, M.G. Road, Bangalore-560 001 (hereinafter called as FIRST PARTY) and Sumangali seva ashrama..... (hereinafter called as SECOND PARTY) which shall include the successors, executors, legal representatives, heirs etc.,

WHEREAS the first party is the absolute owner of the building having constructed under the Grant-in-aid Scheme of Government of India with World Bank assistance, in the review meeting of India Population Project-VIII held on 28/4/2000 under the Chairmanship of Commissioner, Bangalore Mahanagara Palike, it was decided to handover the Maintenance of Health Centres to non- government organisations in case NGO's with adequate experience and credibility to come forward to take over the management of the health centres. The second party has indicated its willingness to run the health centre at.....C.N.Halli..... in the health accordance with norms prescribed by Bangalore Mahanagara Palike. It is therefore decided by the first party to handover possession of the building to the second party for the purpose of running the Health centre. The second party is required to utilise the building only for the purpose of running of the Health Centre and the functions of the Health Centre shall be as per the norms given by the first party under this Agreement.

The second party has operate the Health Centre strictly in accordance with the terms & conditions of this agreement. This agreement is valid for a period of three years from 1.11.2000 to 30.10.2003



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ಹೆಸರು Semanguli Savayhrama cholumya
ದಿನಾಂಕ 5-12-2000
ವಿಂಗಡಿಸಿದರು.

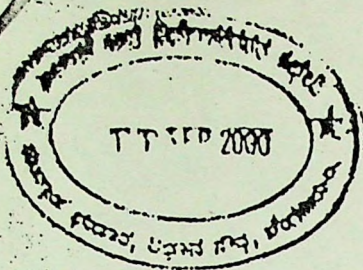
K. Laxman
ಸ್ವಾಮಿ ವೆಂಕಟ

:- 2 :-

THIS DEED OF AGREEMENT WITNESSETH AS HEREUNDER:

1) The first party hereby gives possession of the building which is described fully in the schedule to this agreement of second party for running a Health Centre. The first party will organise Training, IEC, supply of vaccines, Contraceptives etc., just as it does in the case of the other health Centres under the first party. The first party has transferred a list of assets to the second party and the list of assets are fully described in the Annexure-1 to the agreement.

2) The Second party should produce ^①valid registration under the existing regulations to evidence the fact that the Organisation is registered as a Non-Governmental Organisation. The Second party should produce articles of Association/By-laws of the organisation which enables them to operate the Health Centre Project. The Second party should produce articles of Association/By-laws of the organisation which enables them to operate the Health Centre Project. ^②The second party should have persons who are committed for the cause, leadership and adequate support staff to operate the Health centre. ^③The second party should have necessary physical resource base like accessible office space, vehicles, communication facility etc. ^④The second party should have prior experience in community work and community perception initiatives. The second party should also have keen understanding of the issues concerning women and weaker sections of the society. The first party is entitled to resume the building if it is found that the second party does not satisfy the above mentioned conditions.



No. 6006-8 of 50-
ಶಿವರು Sumanant Savayhanna Chalmay
ದಿನಾಂಕ 5-10-2000
ಹೊಗಳರು.

K. Laxman

ಸ್ವಾಮಿ ವಂದನ

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and Education
... 3 ... zone or more of the

- ③ The second party shall utilise the building ~~only~~ for the purpose of running a Health Centre. [The functions of the Health Centre are annexed to this agreement as Annexure-II] The building should be properly maintained and there shall not be any damage to the building. The second party should not handover the possession of the building to any third parties. [The second party should vacate the building if so desired by the first party i.e., Bangalore Mahanagara Palike after receipt of ~~one~~ ^{six} months notice from Bangalore Mahanagara Palike] In any such case, the second party will not be entitled for the value of improvements to the building. At the time of resumption of possession, the second party should handover the building in the same conditions as it was at the time of execution of the agreement. The second party should not put up any additional construction without the approval of the first party. ^{The second party may remove all the improvements made to furniture & fixtures provided therein.}
- ④ The second party should submit monthly and annual reports as prescribed and also Annual Audited Statement of Accounts. The second party should also indicate its source of financing. [The staff that can be appointed by the second party, their qualification and minimum salary is stated in the Annexure-III to this agreement.] The second party will have to meet the expenditure relating to the salary of staff, security & cleaning etc., out of the project funds, till the project comes to an end. Thereafter the second party will have to meet the expenditure from its own funds. The electricity and water charges and other concurrent expenditure will have to be met by the second party even during the project period. ^{Does?} ^{The second party shall}
- ⑤ The second party should maintain all assets handed over by the first party and shall be liable for any damage to the assets handed over by the first party, ^{except} ^{normal wear & tear} excepted. ^{equivalent service.}



-: 4 :-

(2) The parties hereby agree that the agreement is valid only for a period of ~~three~~ years and this agreement can only be extended by mutual consent. If the agreement is not extended, within a period of one month from the date of expiry of this agreement, the second party should handover vacant possession of the building together with all assets and equipments immediately thereafter.

(3) This agreement is only in the nature of a license issued to the second party to run the Health Centre on behalf of the first party ~~and the same is resemble at the pleasure of the first party~~ *to Education*

schedule

IN WITNESS WHEREOF both parties get their hand on this agreement on

First Party

Project Co-ordinator,

India Population Project-VIII,

Bangalore Mahanagara Palike,

Bangalore.

Witness

Project Co-ordinator

N. S. P. 18/10

Bangalore Mahanagara Palike For Sumangali Seva Ashram

Second Party

Sum. Seva Ashram
President
Choluvu, Kanahalli

R.T. Nagar Post,

Bangalore-560037

Phone 333111

Witness:

1)

Address

1)

Address

Health Services for Poor Women What Should BMP do to Improve Them?

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It is for the BMP to decide how to deal with the problems posed above. To assist in the process, PAC and several other experts and NGOs working with the urban poor held a discussion to think about the options that might be considered by BMP. A gist of these ideas is given below and can be expanded in light of further discussion.

- A more effective oversight mechanism should be created to monitor the activities of the maternity homes. A board of visitors consisting of 5-7 persons could play this role through quarterly meetings to review the operations, needs and plans of each maternity home. A board can also check and eliminate unnecessary overlaps between the maternity homes and the outreach centres. The board should include 4-5 independent experts and activists concerned about the urban poor and health. A corporator and another official could also be nominated to the board. If a board for each home is impractical, perhaps, a board could cover about 4 homes located in contiguous wards. These boards should report to the Commissioner or his deputy.
- A patients' charter should be created for the maternity homes. It should publicise the services offered, time deadlines and terms of service, fees, remedies in case of problems, patients' rights and duties. This could be the first service of BMP for which a charter could be designed on an experimental basis. Staff should participate in this process and be trained and motivated to implement it.
- Though the services are free, the reality is that the poor women are made to pay for them in a majority of cases. They pay, but have no assurance of quality or rights. Why not move to a system of contributions to a

health fund by the women (some are allergic to the concept of user charges)? The idea is not to recover the full costs of the services, but to let patients share the costs (hence contribution) so that they have a right to receive the services. Norms for the contributions could be published. Delivery is a predictable event and not an emergency. They can save for this event and pay rather than be faced with extortion when in distress.

- The fund thus created should be used for the maintenance and improvement of the facility where it is collected. It will be an incentive for the doctors and staff if the money can be used to improve their facility. Whether a part of the fund could be used to pay a bonus to the staff is a matter for further consideration. Public hospitals in MP are already working on similar lines.
- In the case of the IPP centres, it is imperative that provision be made for the diversification of their management and control. When they revert to BMP, the issue is whether interested NGOs, foundations, teaching hospitals, etc., could be brought in to operate the services with a maintenance grant from BMP. IPP centres have the potential to become community service centres as their infrastructure could be used after office hours for meetings, teaching and even private practice and other services beneficial to the community. If this approach is adopted, the maintenance costs and BMP's burden can be reduced as additional income will be generated by the centres through the use of their facilities. Good NGOs may have an incentive to work along these lines as it will help further their own mission.
- Even if all these actions are taken, there is a need to empower the poor women to demand their rights and to stand up against abuse. The only way to do this is by creating support groups of women in different slums. Some NGOs have already agreed that they will play this role in their areas of work. They have also expressed interest in operating help desks in the maternity homes for patients. Support groups could prepare and brief pregnant women and accompany them on visits to maternity homes. This function properly belongs to the voluntary sector. IPP centres could be used as a base for organising the support group activities.



PUBLIC AFFAIRS CENTRE

578, 16th B Main, 3rd Cross, 3rd Block,
Koramangala, Bangalore 560 034, India.
Tel / Fax : (080) 5537260/3467, 5520246/5452/53
Internet mail : pacblr@blr.vsnl.net.in

29 November 1999

Dr. Ravi Narayan
Community Health Cell
No.367, Srinivasa Nilaya,
Jakkasandra ist main,
1st Block, Koramangala
Bangalore -560034

Dear Dr. Ravi Narayan,

**Sub: Project on Access to Quality Health Care by the Urban Poor in
Bangalore - Tackling Corruption and Breaking Barriers**

This is further to our meeting in October at our office. We are sorry about the delay in designing a format for the assessment of the quality of health care services being provided by the BMP maternity homes and the IPP(VII) health centres. If you may kindly recall, the proposed assessment was thought of as one of the key strategies for initiating action on the project. As decided in the said meeting, the assessment was to be carried out by the participant organisations and P A C had volunteered to facilitate this process. Enclosed please find some guidelines for the assessment with a note on the sampling design. Actual questions will be framed later. The note has listed all the pertinent issues/themes that need to be covered in the assessment. Please go through the same and suggest changes if any. Two weeks from now, we propose a short meeting to finalise the themes and issues and the sampling design. Thereafter, we can even conduct a one /two day orientation cum training programme for the staff of the member organisations who will actually conduct the field level assessment.

We look forward to your response at the earliest convenience

Best Regards

S. Manjunath
S. Manjunath
Programme Officer

File
PAC →

To: Dr. Ravi Narayan →

Qui
Cc

Guidelines for the assessment of the quality of health care services provided by IPPVIII and Maternity homes of the BMP

Decide sampling design - define respondent ie is the information gathering restricted to feedback from patients or are we also using observers to physically verify at the centre or maternity home?

If only patients who have used the facilities are to give feedback -

Preparation of two separate questionnaires for health centres and maternity homes. Same questionnaire for health centre of corporation and of IPPVIII.

MATERNITY HOMES

SUB HEADS:

General information

Referred from health centre

Referred from urban family welfare centre

by whom

place of residence

Accessibility

Distance from residence

Awareness of facilities that should be available

Staff strength by category ie doctors, nurses, other staff -

Special equipment - ie xray, lab etc

free issue of medicines

Satisfaction rating

Quality of service

Behaviour of staff - all categories

Any other aspect?

*Are all persons attending
Maternity home: 'referred'?*

Are there guidelines for 'referral'?

Dimensions of satisfaction

Time taken to attend/waiting time
Cleanliness, availability of beds

Corruption

Among -Doctors, Nurses, and Other staff
Whether paying, how much paying, to who,
and for What purpose

Other kinds of corruption -

whether they were referred to a private nursing home or clinic instead
of being treated at the maternity home

HEALTH CENTRE

SUBHEADS

General information

Nature of illness/reason for visit
Type of patient
Whether referred and to which hospital
Kind of treatment given

Verification related

Doctors availability
Other staff availability
Time taken to attend/waiting time
Cleanliness/upkeep

On immunization

Existence of days for immunization
Do doctors follow these schedules
Adherence to schedules
Information dissemination on importance of immunization, etc

SATISFACTION RATINGS

Overall service
Behaviour of staff
Other aspects?

Dimensions of satisfaction/service delivery

Same as above in maternity home!

Other topics that can be covered for both maternity homes and health centres wherever applicable

Whether MTP done - if done at health centre!
Whether family planning operation done
Advice given
Whether abortion done - asked for it or was advised to get it done
Referred to private hospital or nursing home?
What reason given?
Kinds of building
Is there a pediatrician?
Is there a staff nurse?
Is there a Lab?
Availability of Lab technician
Do they attend well woman clinics?
Existence of creche
Vocational training for young girls
Link workers - are they link workers, do they know of or any
SHE club membership
Medical check up in school
Has there been improvement in the last 5 years?
Willingness to pay

Staff

What are they expected to do
(job description)?

What has been done/not done? done well - satisfactorily - poorly - not done.
Any reason for not doing it?
Payment to get work done, which they are bound to do? Is it a regular feature or
is it occasional?

Suggested sampling plans

I. Respondents could be

1. only married females
2. married couples jointly - or either spouse

Advantage of choice 1 is that the women are the patients and they would reply. But it is possible that the husband would have influenced decisions or she may not know some of the information!

Advantage of choice 2 is that we get a complete picture in case the woman does not know certain information. The problem could be that the wife is either too shy to talk or not allowed to talk and the husband gives answers that she may not give if asked privately!
A judgement based on situation has to be made.

II. Location of interviews would determine sampling design

1. catch patients at the centre or maternity home
2. household survey

Advantage of first choice is that memory will be fresh and we can get more numbers. Disadvantage would be that they might hesitate to speak the truth at the venue. That could be avoided by taking their address and meeting them at home.

Advantage of choice 2 - people will be more free and give useful information. Disadvantage could be that we have to visit many houses to get sufficient numbers of patients who have used health centres or maternity homes. But, this method would give us an idea of the usage of the centres too.

Those who have used both facilities can be asked to fill in both questionnaires/Interview schedules. It is also possible that there might be people who have used both kinds of health centres. We can have questions put in to check that.

III. The sample size - has to be decided based on the following factors

1. number of maternity homes
2. number of health centres
3. number of urban family welfare centres
4. and the size of the population served by each of the above
5. cost and time constraints

Should we have separately (carefully worded) questionnaire for staff?

- doctors
- nurses ANMs
- link (?) workers

They may not like to be questioned about 'corruption' but one group may talk about corruption in another group!

♦ **India population project**

47

Functions of UFWC

- ♦ Cover a population not less than 50000
- ♦ Motivation for family planning
- ♦ Provide family welfare and Immunization services
- ♦ Health check up of anganwadi and school children
- ♦ Involve community in family welfare and MCH programmes
- ♦ Conduct orientation training for opinion leaders
- ♦ Maintenance of Eligible couple, infant, immunization, ANC and PNC, method wise family planning and stock register and other records.

Tuberculosis

There are 7 DOTS units under NTI. Each unit caters to a population of 5 lakhs and 5-6 centers are established under each unit. Each of these centers are equipped with Lab and x-ray facilities.



PAC PUBLICATIONS

1. **Strengthening Public Accountability : New Approaches and Mechanisms.** *Samuel Paul* Rs. 30 or US\$ 10
2. **A Report Card on Public Services in Indian Cities :A View from Below.** *Samuel Paul.* Rs. 30 or US\$ 10
3. **Public Services for the Urban Poor : A Report Card on Three Indian Cities** *Samuel Paul* Rs. 30 or US\$ 10
4. **Making the Grade : A Guide for Implementing the Report Card Methodology.** *Stephanie Upp* Rs. 30 or US\$10
5. **Public Services and the Urban Poor : A Comparative Assessment Based on Citizen Feedback from Five Indian Cities.**
Sita Shekhar Rs. 30 or US\$ 10
6. **Bringing Transparency into Elections : A Field Experiment**
Suresh Balakrishnan Rs. 30 or US\$ 10
7. **Bangalore Hospitals and the Urban Poor : A Report Card**
Suresh Balakrishnan & Anjana Iyer Rs. 30 or US\$10
8. **Bangalore Municipal Budgets : A Critical Assessment**
Samuel Paul & Sita Shekhar Rs. 30 or US\$ 10
9. **Public Services and the Urban Poor in Mumbai : A Report Card.**
Suresh Balakrishnan & Sita Sekhar Rs. 30 or US\$ 10
10. **Elections to Bangalore Municipal Corporation: An Experiment to Stimulate Informed Choice.** *S. Manjunath* Rs. 30 or US \$10.
11. **Corruption : Who will bell the cat ?. Vikram Sarabhai Memorial Lecture 1997.** *Samuel Paul* Rs. 30 or US \$10
12. **Prometheus Unbound, or Still in Chains : A Report Card on Impact of Economic Reforms on the Private Enterprise Sector in India.**
K. Gopakumar Rs. 50 or US \$15

13. **City Finances in India: Some Disquieting Trends.**
Sita Sekhar & Smita Bidarkar. Rs. 50 or US \$ 15
14. **Voices from the Capital: A Report Card on Public Services in Delhi.**
Sita Sekhar & Suresh Balakrishnan. Rs. 50 or US \$15
15. **Strengthening Public Accountability & Good Governance:**
Proceedings of the International Workshop on Report Cards.
K. Gopakumar. Rs. 30 or US \$ 10
16. **CITY NET: A Study of Neighbourhood Newspapers in Bangalore.**
S. Manjunath, K. Gopakumar & M.M. Srinath. Rs. 30 or US \$ 10
17. **The Member of Parliament's Local Area Development Scheme: An Avoidable Discretion?**
K. Gopakumar, S. Manjunath & M.M. Srinath Rs. 30 or US \$ 10
18. **Benchmarking Urban Services: The Second Report on Public Services in Bangalore.**
Samuel Paul & Sita Sekhar. June 2000. Rs. 50 or US\$15
19. **Monitoring the Quality of Road Works.**
C.E.G. Justo & S. Manjunath Rs. 50 for citizen groups /
Rs. 100 for others or US \$ 50

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KARNATAKA PRIVATE CLINICAL ESTABLISHMENT REGULATION

(ACT) 1995

An Act to provide for the regulation and control of private clinical establishment in the Karnataka State.

Whereas private clinical establishment in the state are run in an unregulated manner and,

Whereas it is expedient in the public interest to regulate them, Hence this Act is to be promulgated.

I. Short Title and Commencement:- 1) This act may be called Karnataka Private Clinical Establishment (Regulations) Act 1995.

2) It shall be deemed to have come into force from the date of

II. Definition:- In this Act unless the context otherwise requires

1) "appointed day means the date specified in sub-section-(2) of of Section-I

2) "Competent Authority" means any persons or persons appointed by the State Government to perform the functions of competent authority under this Act. Different persons or authorities may be appointed to perform different functions of competent authority has been listed in schedule.

3) "Licence" means, a licence granted under the provisions of this Act.

4) "Manager" in relation to a private clinical establishment means the person by whatever name and designation called who is incharge of or is entrusted with the running of private clinical establishment.

5) "Clinical Establishment" means and include all establishment listed in Schedule.

6) "Medical Treatment" means, treatment in modern/medicine or in any other system of medicines like the Ayurvedic, Unani, Homeopathic and the Naturopathy. Wherein preventive & curative aspects are given to people.

7)

"Modern Allopathic Medicines" means the western method of Allopathic medicines obstetrics and Surgery.

...2.

- (8) "A private clinical establishment" means, a clinical establishment which is not owned or sponsored by the State or the Central Government. *Detail in Schedule IV*.
- (9) "Section" means, a section of this Act.
- (10) "Department" means, Department of Health & Family Welfare Services, Government of Karnataka.
- (11) "Forms" means, a form appended to this Act.
- (12) "Schedule" means, a schedule ^{of} this Act.

(13)

- III. 1) "Private Clinical Establishment" to be started on or after of the appointed day shall be established run or maintain in the state except under and in accordance with the terms & Conditions of a licence.
- 2) Provided that a private clinical establishment in existence immediately before the appointed day shall apply for the licence within a period of 2 months from the appointed day. ~~day shall apply for the licence within a period of two months from the appointed day,~~ and pending orders thereon may continue to run and maintain, but subject to the other provisions of the Act.

IV. APPLICATION FOR LICENCE:- Every person determined the establishment to run, maintain or continue to run a private clinical establishment shall make an application to the competent authority in such form and along with such fee as may be prescribed. *Schedule IV*

V. DISPOSAL OF APPLICATIONS:- 1) On receipt of the application under section -IV and after such enquiry as he may deem necessary, the competent authority may by order grant or refuse to grant the licence. Where the licence is refused brief reasons for such refusal shall be given by the competent authority, (*Annexure I*)

2) Every order under sub-section (1) of section-V shall as soon as may be after it is made be communicated to the applicant. Provided that where no such communication is issued before the expiry of 90 days from the date on which the application was made the licence shall be deemed to have been

granted/~~refused~~.

VI. FACTORS TO BE TAKEN INTO ACCOUNT IN DISPOSING OF APPLICATION.

In disposing of the applications under Section (6), the competent authority, shall have regard to the following namely;

(1) Whether the premises housing the clinical establishment is suitable hygienically or otherwise.

(2) Whether the clinical establishment is adequately staffed with ~~max~~ general and also technical personnel.

(3) Such other factors as may be prescribed.

VII. INSPECTION:- 1) The competent authority may at any time inspect a private clinical establishment to satisfy himself that a provisions of the act and the conditions of the Licence are being fully observed once a year. A competent authority made ^{depute} a pure any Class-I officer of the Department as an inspection authority.

2) If as a result of such inspection any defects or deficiencies are noticed by the competent authority may by order direct the Manager to remedy the same within such time as may be specified in the orders. There upon the Manager shall comply with every such directions and make a report to the competent authority.

VIII. STANDARDS:- Every private clinical establishment shall conform to the Standards prescribed in schedules etc., which may be prescribed regarding the technical facilities Nursing and other staff and their qualifications, facilities to be provided to the patients maintenance and ^{like} other matters.

XI. FEES TO BE CHARGED:- Every clinical establishment ^{shall} ~~must~~ make its fees transparent for different procedures and services so that the patient can choose the clinical establishment and also knows ~~when~~ ⁱⁿ advance as to how much expenses ~~xxxxxxx~~ he may incur. Booklets detailing the fees structure in respect of services, clinical procedures and professional fees shall be available.

X. DEFAULTS:- If any private clinical establishment commits default in observing any conditions of the licence or fails to comply with any directions issued under this act, or contravenes any of the provisions of this Act, the competent authority may by order revoke the licence provided that no such order shall be made except after giving the person concerned an opportunity of making the representation against the proposal.

XI. APPEALS:- 1) Any person whose application for licence is refused or deemed to have been refused and any person aggrieved by any other order under this Act may prefer an appeal to the appellate authority. The Director of Health & Family Welfare Services in Karnataka will be the appellate authority for the purpose under this Act.

2) Every such appeal shall be preferred within 30 days from the date of order appealed against is communicated or deemed to have been made. The order of the appellate authority on appeal shall be final.

3) In rare and special cases, the Government may take powers of revision to set right the orders.

XII. PENALTY:- Who ever contravenes any of the provisions of this Act or the terms and conditions of ~~the~~ a licence shall be liable on conviction to imprisonment which may extend to six months or with fine which may extend to ~~ten thousand~~ five thousand Rupees.

XIII. COGNIZANCE OF THE OFFENCES:- No offence under this Act shall be taken cognizance of except on complaint preferred by the competent authority.

XIV. INDEMNITY:- No suit or other legal proceedings shall lie against the State Government or any officers of the State Government in respect of anything which is in good faith done by under this Act.

XV. RULES:- 1) The State Government may by Notification make rules for carrying out the purposes of this Act under various sections.

2) In particular and without prejudice to the generality of the foregoing provisions, such rules may provide for all or any of the following matters namely;

- a) The Standards prescribed to regarding staff Equipment space personnal
- b) Form of the Application
- c) Conditions subject to which ~~the~~ licence may be granted, Licence Fee and Licence fees to be paid annually.
- ~~dx~~ d) Other factors to be taken into account
- e) Fees to be paid ~~to~~ on application and appeals, and.
- f) The fees to be charged for the Medical treatment given, the accommodation and facilities provided.

XVI This Act is applicable to the whole State of Karnataka

XVII Hospital ~~establishment~~ established under special Laws like; Port Trust Hospital, Plantation Labour Act and Pedit Worker Act, Dispensaries and Hospitals run by the statutory bodies, public sector undertakings be exempted from the provisions of this Act.

XVIII Government has the power to exempt any private clinical establishment from the provisions of this Act under special consideration.

XIX Labour Laws are not applicable to the personnel working in the Private Clinical establishment as the private clinical establishment are service oriented and the services come under the essential services Act.

XX If any private clinical establishment under takes training of the para-Medical Personnel, the training programme of the must be started after getting a licence. Training must be followed as per the Government curriculum and duration of the Training. The examination ^{shall be} ~~examine~~ conducted by the Government and the certificate shall be issued by the Government.

SCHEDULE - II

List of the Clinical Establishments which ~~were~~ come under this Act.

ALLOPATHY MEDICINE

- 1) Clinics (One Doctor)
- 2) Laboratories
- 3) Diagnostic Centres
- 4) Scanning Centres (with cat scan facility or without)
- 5) Physiotherapy Centres
- 6) Blood Banks
- 7) Rural Dental Clinics (One Doctor)
- 8) Specialist Dental Clinics
- 9) Polyclinics (Two or more Doctors)
- 10) Super Speciality Hospitals
- 11) Nursing Homes with Inpatient facility
- 12) Hitech Hospitals

INDIAN SYSTEM OF MEDICINE

- 1) Naturopathy Clinic
- 2) Ayurvedic
- 3) Unani
- 4) Homeopathy
- 5) Yoga System

With or Without inpatient facility

- (3) Proper records of communicable diseases they have attended and also inform the concerned authorities about the same.
- (4) They shall maintain the records of the free services they have given for which they claimed exceptions from the customs duty.

~~(5)~~

VI. INSPECTION,--

- (1) Whenever the competent authority inspects the private clinical establishment, he should be provided with all the information required and also access to the records maintained.

RULES TO BE FRAMED UNDER THE PRIVATE CLINICAL ESTABLISHMENT

ACT - 1995

I LICENCING:-

- (1) Each application for the licence to be applied in the Form-A
- (2) Each applicant shall pay the fees prescribed as per schedule. lv
- (3) Each private clinical establishment shall pay the fees annually and get the licence ~~renewed~~ renewed as per schedule. lv
- (4) The Licence will be granted in the Form-B
- (5) Each clinical establishment shall be given licence for a particular services going to be rendered.
- (6) Each application for the licence shall be accompanied by a list of fees they are going to charge for the different procedures they are undertaking.
- (7) Application for amendment in the fee structure to be made to the competent authority with sufficient reasons.
- (8) Improvements or additions to a private clinical establishment will be considered as a fresh case for licensing and separate licence to be obtained incorporating the improvements or additions.
- (9) In case the licence is lost, they the private clinical establishment shall get a duplicate copy of the licence after paying the prescribed fees.

II. STANDARDS TO BE MAINTAINED:-

- (1) Each private clinical establishment shall maintain the standards prescribed regarding the space, personnel, equipment, comforts and services to the patient as per schedule. lv
- (2) Each private clinical establishment shall display the clinical services it is going to offer.
- (3) Each private clinical establishment shall display the names of the specialists rendering the services declared.
- (4) Each private clinical establishment shall not offer curative or preventive services other than the services for which licence is granted.
- (5) Each clinical establishment shall restrict the clinical services to the particular system of medicine and also to the particular Branch of the Medicine for which licence is granted.

- (6) All the technical staff employed by the private clinical establishment should be registered under respective state Council like;

- 1) Karnataka Medical Council
- 2) Karnataka Nursing Council
- 3) Karnataka Dental Council
- 4) Karnataka Pharmacists Council, etc.,

- (7) All para-Medical Staff must possess a qualified recognised Training Certificate.

- (8) There must be sufficient strength of staff for carrying out the General sanitation and other services.

~~(3)~~

III. FEES:-

- (1) Each clinical establishment should display the fee structure it is going to charge for the various procedures it is providing and the fees structure in the following sub-heads must be known to the patient before hand.

- (a) Fee structure for Domestic services (accommodation etc.,)
- (b) ~~The~~ Fee structure for the procedure
- (c) Professional Fees.

- (2) If there is any amendment to the fee structure, the ~~ment~~ must be approved by the competent authority.

IV. SERVICES:-

- (1) In addition to the services for which the licence is granted all private clinical establishment shall render first Aid in all the accident and Medical/legal cases. They shall give evidence in the case called for from the judiciary.
- (2) All private clinical establishment shall implement all the National Health Programme irrespective of caste, creed or Religion.
- (3) All private clinical establishment shall divulge to the patient or near relatives to diagnosis and therapeutic, they are going to do.

V. MAINTAINANCE OF RECORDS:-

- (1) All ~~xxxxxx~~ private clinical establishment shall maintain proper records regarding admission discharge, diagnosis, curative & preventive procedures, investigations, and the fees paid by each patient.
- (2) Paper birth and death registered have to be maintained and within 24 hours all private clinical establishment shall inform the concern authority, about the Birth & Deaths.

S C H E D U L E - I I

to be paid with Private Clinical Establishment

- | | Initial | General Annually |
|--|----------|------------------|
| 1) Cost of Application form R. 100/- | | |
| 2) Clinics (one Doctor) | 250/- | 100/- |
| 3) Laboratories(Clinical) | 500/- | 250/- |
| 4) Diagnostic Centres(Lab Radiology+ consultation) | 1,000/- | 500/- |
| 5) Scanning Centres | | |
| a) With cat scan & Ultra Sonic Investigation facilities | 5,000/- | 2,500/- |
| b) Without cat scan | 2,000/- | 1,000/- |
| 6) Physiotherapy Centres | 500/- | 250/- |
| 7) Blood Banks | 500/- | 250/- |
| 8) Nursing Homes with Beds | | |
| a) Upto 10 beds (minimum) | 1,000/- | 500/- |
| b) 11 to 20 beds | 2,000/- | 1,000/- |
| c) 21 to 50 beds | 3,000/- | 1,500/- |
| d) 51 and above | 5,000/- | 2,500/- |
| 9) Superspeciality Hospitals | | |
| a) Single speciality | 10,000/- | 5,000/- |
| b) With more than one speciality | 15,000/- | 7,500/- |
| 10) (Hitech Hospitals) wherein all specialities as well as super speciality services are given | 20,000/- | 10,000/- |
| 11) Poly Clinics & Consultation Rooms (more than two specialities) | 1,000/- | 500/- |
| 12) Dental Clinics(One Doctor) | 250/- | 100/- |
| Specialist Dntal Clinics | 500/- | 250/- |
| 13) Radiological Centre | 500/- | 250/- |

INDIAN SYSTEM OF MEDICINE

- | | | | |
|-----------------------|---|----------------------------|------|
| a) Naturopathy Clinic | } | With inpatient facility: | |
| b) Ayurvedic | | | |
| c) Unani | } | 100/- | 50/- |
| d) Homeopathy | | | |
| e) Yoga System | } | Without inpatient facility | |
| | | | |
| | } | 50/- | 25/- |
| | | | |

ANNEXURE-I

Competent authorities defined as Karnataka Gazetted Extraordinary part IV 2c (ii) Bangalore dt. 3-11-76 No. 4302 G.O. No. HMA/334/CGF/76 (ii) Class (2) on Section (ii) of Karnataka Regulations Ordinance 1976 (Karnataka Ordinance 23 of 1976 is modified for the present context in the light of HFW, 142 CGF 86, dt. 2-7-86, para 6.

COMPETENT AUTHORITY

I. Corporation Areas:

A) Bangalore City area, Urban District.

- 1) Joint Director(Medical) CHAIRMAN
- 2) Health Officer, City Corporation.. Member
- 3) Deputy Director(Medical
Education) .. Member
- 4) Principal, Jayachamarajendra
Institute of Indian Medicine ... Member
Bangalore
- 5) President, Indian Medical
Association, Bangalore City
Branch. .. Member

B) Mysore City Corporation, Area.

- 1) Divisional Joint Director of ... CHAIRMAN
Health & FW Services, Mysore Div.
- 2) Health Officer, Corporation of ... Member
City of Mysore
- 3) Superintendent, K.R.Hospital, ... Member
Mysore
- 4) Principal, Ayurvedic Hospital, ... Member
Mysore
- 5) President, Indian Medical ... Member
Association, Local Branch,
Mysore.

Contd...2)

C) Hubli Dharwar Corporation Area.

- | | |
|---|-----------|
| 1) Divisional Joint Director of Health
and F.W.Services, Belgaum Division. | CHAIRMAN. |
| 2) Health Officer, City Corporation, Hubli. | Member. |
| 3) Superintendent, K.M.C., Hubli. | Member. |
| 4) Principal, Ayurvedic College
Hospital, Hubli. | Member. |
| 5) President, Indian Medical Association,
Local Branch, Hubli. | Member. |

D) Gulbarga City Corporation Area.

- | | |
|--|-----------|
| 1) Divisional Joint Director of Health
and F.W.Services, Gulbarga Division. | CHAIRMAN. |
| 2) Health Officer, Corporation, Gulbarga. | Member. |
| 3) Superintendent, General Hospital, Gulbarga.
(Dist.Surgeon) | Member. |
| 4) Principal, Unani Medical College, Gulbarga. | Member. |
| 5) President, Indian Medical Association,
Local Branch, Gulbarga. | Member. |

E) Mangalore City Corporation Area.

- | | |
|---|-----------|
| 1) Divisional Joint Director of
Health and F.W.Services, Mysore | CHAIRMAN. |
| 2) Superintendent (Dist.Surgeon),
Wenlock Hospital, Mangalore. .. | Member. |
| 3) Health Officer, City Corporation,
Mangalore. .. | Member. |
| 4) Principal, College of Ayurvedic,
Ayurvedic Section, Kuthubadi, Udupi... | Member. |
| 5) President, Indian Medical Association,
Local Branch, Mangalore. ... | Member. |

contd.... 3)

VI. For all Districts other than Corporation areas and the Bangalore Urban District.

- ✓ 1) Divisional Joint Director of Health and F.W. Services, of the concerned Division... CHAIRMAN.
- ✓ 2) District Surgeon of concerned District. .. Member.
- X 3) District Health and Family Welfare Officer of concerned District. .. Member.
- ✓ 4) President, ^{KMC} Indian Medical Association, Local Branch, concerned District. .. Member.
- C.V.P. 5) Principal, College of Indian Medicine in respective Divisions. .. Member.
 - a) Mysore Division:
-Principal, G.C.I.M., Mysore. ✓
 - b) Bangalore Division:
-Principal, G.C.I.M., Bangalore. ✓
 - c) Belgaum Division.
-Principal, Ayurvedic College, ✓
Belgaum, (Gulbarga) Division. ✓
 - d) Gulbarga Division:
-Principal, Tharanath Ayurvedic College, ✓
Bellary.

NOTE:- Jurisdiction of Division includes revenue districts of Division excluding corporation areas and Bangalore urban district.

Director of Health & F.W. Services.

SCHEDULE - I

(See Rule 3)

Standards prescribed for the Private Nursing Homes with in-patient facility

A. Staff

1. There shall be available the services of registered medical practitioners as follows;

Bed Strength		Minimum No. of Medical Practitioners
Below 25	...	Two
25-50	...	Four
50 and above	...	At the rate of one for every 20 beds beyond 50 beds

Provided that there shall be available on the premises one registered medical practitioner for attending emergency calls to patients at all times; provided further in a nursing home providing specialist services. There shall be available on call at least one registered medical practitioner possessing recognised specialist qualification in that speciality.

2. There shall be available the services of one or more nurses possessing recognised qualification under the Indian Nursing Council Act, 1947/ Auxiliary Nurse Midwives who have passed the examination conducted by the Department and where in-patient treatment is given; the nurse/Auxiliary Nurse Midwife patient ratio shall not be lower than 1:10.

3. There shall be available the services of para-medical and other staff possessing recognised qualification as follows:-

Category of para-medical staff	Condition on which service of the category shall be available	Minimum No.
i) Pharmacist	If drug store is maintained	One
ii) X-Ray Technician	If X-Ray facility is provided	One
iii) Lab. Technician	If Lab. Facility is provided	One
iv) Physiotherapist	If Physiotherapy facility is provided.	One

4. There shall be available the services of minimum number of attendants to look after patients, ~~cleaning~~ cleanliness and sanitation of the premises at the rate of one attendant for every six beds at all times.

B. ACCOMMODATION

5. The accommodation provided for out-patients and inpatients shall be suitable, adequate and wholesome, provided that minimum accommodation shall be available as follows; and the premises shall be kept clean and hygienic at all times.

Category	Minimum provision
1. Waiting room ..	100 Sq. ft.(9.2 sq (Mtrs.)
2. Examination-cum-prescription room ..	100 Sq. ft.(9.2 Sq.Mtrs.)
3. Operation Theatre ...	225 Sq. ft.(20.7 Sq. Mtrs.)
4. Labour room ...	150 Sq. ft.(13.8 Sq. Mtrs.)
5. Ward ...	60 Sq. ft. per bed (5.6 Sq. Mtrs.)
6. Lavatory ...	One for out-patient addition of one for every 10 beds
7. Duty Doctor's room ...	One
8. Nurse's Station ...	One for each group of beds.

C. FACILITIES

6. The Operation Theatre if provided should be safe and equipped with operation table and instruments, anaesthetic equipment, resuscitation equipment and sterilisation equipment.

7. The Labour room. If provided shall have an obstetric table.

8. Facilities shall be available for routine examination of urine (for albumin, sugar, microscopy) of blood (for Hb% complete blood count) and sputum (for ova, cyst and Microscopy).

9. There shall be available in the premises adequate quantity of life saving drugs such as cortico steroids, vaso pressor, oxygen, antibiotics and I.V. Fluids for emergency use.

10. There shall be available wholesome portable water supply at all times with provision of minimum of 225 litres per patient per day.

11. There shall be available proper lighting and ventilation in the premises.

12. The in-patients shall be provided with minimum furniture and linen as follows:-

For each patient:

Cot with mattress	...	One
Bedside locker	...	One
Chair/Stool	...	one
Stool	...	one
Blanket	...	one
Bed Sheets	...	Two
Pillow with case	...	one
Counterpane	...	One

There shall be available in reserve the following items of linen for each patient.

Bed Sheets	...	Eight
Pillow cases	...	Two
Counterpane	...	One

SCHEDULE - II

(See Rule 3)

Standards for Private Nursing Homes without in-patient facility.

1. There shall be adequate provision in the nursing home for the maintenance of privacy during examination.

2. The premises of the nursing home shall be clean

3. There shall be available the services of paramedical and other staff possessing recognised qualifications as follows:-

Category of Para-medical staff	Condition on which service of the category shall be available	Minimum No.
1) Pharmacist ..	If Drug Store is maintained	One
ii) X-Ray Technicians..	If X-Ray facility is provided	one
iii) Lab. Technician ..	If Lab. facility is provided	one
iv) Physiotherapist ..	If physiotherapy facility is provided.	one

4. The Operation theatre if provided should be safe and equipped with operation table and instruments, anaesthetic equipment, resuscitation equipment and sterilisation equipment.

Module 1

GENERAL STANDARDS FOR THE ESTABLISHMENT OF ALL THE CLINICAL
ESTABLISHMENT

- 1) The person or persons associated with the establishment of the clinical establishment should be a fit and proper person.
- 2) The premises and equipments are reasonable suitable and adequate.
- 3) The premises where the private clinical establishment is actually located should have no communications with any residential quarters of a person not connected with the establishment.
- 4) The general cleanliness of the the premises including sanitary arrangement, furniture and equipment is properly maintained.
- 5) The persons employed to run the clinical establishment are properly qualified trained and sufficient in number as provided in the rules.
- 6) Up to date registers is maintained in which names and addresses and qualifications of all the employees of the establishment are noted.
- 7) Proper accounts are maintained of all receipts and expenditures.

FOR NURSING HOMES

- 1) The floor space provided from each patient shall not be less than 10 sq. mtrs. in a cabin or room, 8 sq. metres. in a cubical and 6 sq. mtrs. in a ward.
- 2) Proper ventilatory, lighting, water supply must be provided.
- 3) Proper arrangements must be there for the safe disposal of the waste products, such as;
 - 1) Biological Waste
 - 2) Used needles, syringes and Dressings.
 - 3) General Waste
 - 4) Human Waste.
- 4) Electric fans to be provided or other means of maxxing cooling should deployed.
- 5) Sufficient number of water closets, Bathrooms, Toilets should be provided.

ment meant for the treatment of male patients and female employees shall be employed in the treatment of Female patients.

- 4) Examination and treatment of Female patients are conducted in the presence of a female agreed by the patients.
- 5) There must be sufficient equipment to carry out the treatment.
- 6) There must be sufficient space for the treatment.

FOR CLINICAL LABORATORIES

- 1) It should be under a properly qualified persons to conduct the test examinations or analysis and the preparation of cultures vaccines, serum or other Biological or Bacteriological products undertaken by the laboratory.
- 2) There must be sufficient space to conduct all the examinations.
- 3) Laboratory must be well equipped with the instruments for carrying out the investigations.
- 4) There shall be facilities to treat emergencies which can occur during any tests.

5x FOR RADIOLOGICAL AND SCANNING CENTRES

- 1) It should be under properly qualified persons to conduct the investigations and report.
- 2) There must be sufficient space for waiting, examination and other infrastructural facilities.
- 3) There shall be sufficient and good equipment in working conditions.
- 4) There shall be facilities to treat the emergencies that can arise during any investigation.

BLOOD BANK

Blood Banks shall run under a licence from the Drugs Controller under the drugs and cosmetics act. It shall follow all the standards prescribed under the Drugs and Cosmetics Act.

DENTAL CLINICS

- 1) It shall be managed by a properly qualified person.
- 2) It should be well equipped.
- 3) There must be facilities for the treatment of emergencies that can arise during the procedures.
- 4) There must be enough space for waiting, treatment and resting.

and Rules

The standards for the clinical establishments which come under the Indian System of Medicines may be obtained from the Director, Indian System of Medicine, Bangalore.

UNDER THE KARNATAKA PRIVATE CLINICAL ESTABLISHMENTS
(REGULATION) ORDER - 1995

FORM ' A '

(See Rule 5(1))

Application for permission to establish, run, maintain or continue
to run a Private Clinical Establishment under Section 5(1)
as per Schedules.

-
1. Name of the Private Nursing ..
Home/Hospital/Clinical Estab-
lishment
 2. Address in full ..
 3. Name, Age and Address of the ..
Manager & Telephone No.
 4. Details of staff:- ..
((i) Regd. Med.Practitioner Sl.No. Name Age Qualifications
KTC.Regn.No.
& its validity
(ii)
(iii) Nurses/ANMs
(iv) Other para medical staff
(v) other staff
 5. Details of accommodation &
equipments available
(i) Accommodation ~~xxxxxx~~
~~xxxxxx~~ (Enclose a plan
of building wherever
possible)
(ii) Operating Theatre
(iii) Equipment
 6. Facilities available
 7. Any other details
 8. Fee (details of Money order/
Cheque/DD).

Place:
Date :

Signature of the Manager

RECOMMENDATION OF THE INSPECTING AUTHORITY

Date:

Signature
Decision of the competent authority

Date:

Signature of the competent
authority with seal.

UNDER THE KARNATAKA PRIVATE CLINICAL ESTABLISHMENT
(REGULATION)

ORDER : 1995

FORM 'B'

See Rule 5 (5)

The private Clinical Establishment described below is
hereby granted permission under the Karnataka Private Clinical
Establishment (Regulation) Order, 1995

1. Name of the Private Clinical
Establishment
2. Address in full
3. Name, Age, Address of the
Manager.
4. Service to be catered

Place:

Signature of the Competent
Authority and Seal

Date :



Swabhimana

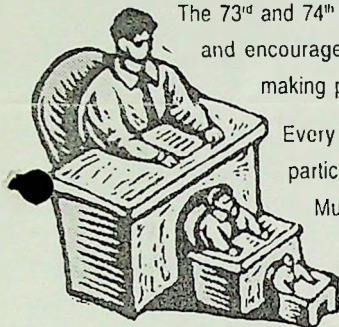
UN10

**A Citizen - Local Government Initiative for a Clean Green
and Safe Bangalore**

Newsletter - June 2001

Volume 10 (Private circulation only)

Let's Know our Corporator



The 73rd and 74th amendment to our constitution is a significant effort to bring local governance nearer to the people and encourage their participation in the process. It also instills a sense of responsibility and gives decision making powers to the people.

Every Municipal area is divided into territorial constituencies known as Wards. People belonging to a particular ward will choose their representative (Councillor / Corporator) by direct elections, so that the Municipality is composed of these elected representatives.

The idea of constituting these municipal bodies is to enable them to function as institutions of self-government. These local bodies have been formulated about seven years ago and they are still to function as vibrant, local governing bodies. This, to a large extent depends on the public participation and the quality of the representatives (councillors) people choose for their ward.

In the case of Bangalore, the city has been divided into 100 wards and there are 100 corporators representing people from the respective wards

The Bangalore Mahanagara Palike is likely to go to polls in the month of November 2001. Public Affairs Centre and Swabhimana in association with the interested and committed groups/individuals in Bangalore are planning to launch an information & communication campaign to ensure greater participation of citizens and help them in making an informed choice so that we elect the corporator who truly represents the majority of the electorate.

This time we are adopting a three pronged approach for the campaign:

- Enhancing the voters' participation by educating and motivating them
- Choose the Right Councillor Programme that aims at providing the electorate with the information about the candidates standing for the election
- Preparing a citizen's manifesto for the city as well as for the wards to send signals to the political parties to field good candidates.

It's time we, the citizens of Bangalore remember that the bad representatives are elected by the good citizens who do not vote. Hence PAC and Swabhimana invites interested groups and citizens of Bangalore to participate in the campaign, and support their drive for meaningful elections. Those interested may contact Poornima DG or Sheila Premkumar @ 5537260 / 5533467 or Govardhan @ 2225515.

Edited by Josephine Joseph and Sheila Premkumar, Swabhimana Core Group

The Publication of this newsletter has been supported by WASTE, Gouda, The Netherlands, under the Urban Waste Expertise Program (UWEP).

7N
(237)

8/6/01

SJC/SDE/HRM/DK

1. Please, for the BMC - local citizen's charter
2. A) get the address of the ward in which you live + the name of your present corporator
3. Get the name of the ward in which you live + the name of the ward in which you live

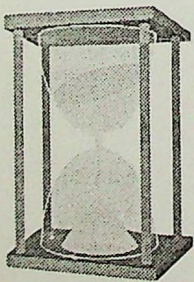
Children's Movement for Civic Awareness (CMCA)

➤ **Namma sundara bengaluru** - In another first of its kind Swabhimana and PAC under the banner of (CMCA) conducted a summer camp in Vijaya Enclave, a residential colony. The children from the colony belonged to various schools and it was important to conduct a summer camp in the colony as the



children are an important factor for motivation in this area. 17 children, both girls and boys from the ages of 12 to 17 were present for the camp. Themes addressed at the camp were the same as those of the camps held last year. They included Wildlife in Bangalore, Trees of Bangalore, Pollution, Waste management, Water and Electricity Conservation, Road Safety, Road quality, Concept and Practice of Civic Clubs and Civic Sense, Effective team work City Heritage and monuments. The children were eager to form the Civic Club and start off the activities with garbage being on the top of the agenda. Let's wish them all the best.

➤ **Civic club update** - Post 'Inspiration 2001', the civic test for school students, many schools expressed their desire to begin civic clubs in their schools. This year the number of schools with the civic clubs will increase from 14 to about 30. Volunteers were called for and a team of 30 volunteers and staff from Swabhimana and PAC are ready to join forces to increase civic awareness in schools through these clubs. While introductory sessions have begun in several schools, many schools begin the *children's movement for civic awareness* in July.



The two issues addressed by all civic clubs this year will be Road Safety and Garbage. In addition to their activities on these two issues, sessions will be held on other topics relevant to Bangalore City.

STRAY DOGS AND BANGALORE CITY

Newspaper dailies give us an excellent update on the various programs taken up with respect to stray dogs; there will always be an ongoing debate in the methods adopted by one party or another.



Swabhimana conducted an independent study in six health wards to ascertain claims. Three wards with dustbins and three dustbin free wards (dustbins removed under Swaccha Bangalore) were selected for the study.

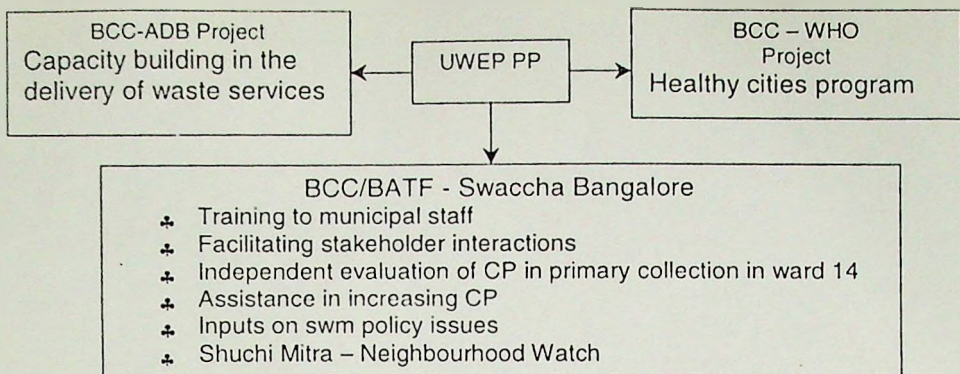
There were no differences in the responses of residents in the various wards. There were stray dogs, though the number in the dustbin free wards were lesser and they claimed it was a problem. But it was noted that residents themselves fed stray dogs and were also aware of others feeding stray dogs. Residents from three wards also claimed they were aware about incidences that occurred in their area with respect to stray dogs.

Why was the response in the dust bin free wards no different from those in the wards with dustbins? If there is no food, there will be no stray dogs - in such a case as nearly 50% of Bangalore is covered under Swaccha Bangalore, atleast 50% should be stray dog free. In these wards not only did the people feed stray dogs but those who were yet to get into the habit of handing their garbage to the push carts, used empty plots and roads to dispose their waste. To a large extent this is seen all over Bangalore.

URBAN WASTE EXPERTISE PROGRAM (UWEP)

The UWEP drew to a close in April 2001 after three years of Integrated Community Based Solid Waste Management. Since its inception, the project has attempted to bring together all the stakeholders around the theme of waste management while achieving one of two goals - expanding doorstep collection and community mobilization to untouched areas in the ward and consolidating on-going schemes for primary collection and transportation of waste. Programmes and workshops have been held for different types of stakeholders in





the community – residents, school students, teachers, owners of shops, hotels and marriage halls etc. The project has created a number of opportunities to aim for improvements in the method of waste management and monitoring of the efficiency of the system in partnership with the municipality. The final goal of the project is to achieve replication with modifications as needed, at other wards and/or city level. This large extent has been achieved because of the linkages established with the BCC.

One of the most important achievements of the UWEP program at Nagapura (Ward 14) has been the links established with all the city-level initiatives on Solid Waste Management where UWEP supported staff of CEE and Swabhimana have functioned as key partners and resource persons. Both the BCC and the pilot project have benefited from these linkages – the former through the experiences and ideas generated and the latter in terms of the recognition of the project that is crucial for replication. For example, the ward 14 experiences have been presented at all important workshops of the BCC.

The second program was health care waste management in ward number 7, Malleshwaram, the Health Care Waste Management Cell of M S Ranmaiah College being the implementing agency.

1. Setting up sub systems (segregation, containment, decontamination, temporary storage) within thirty-one health care settings in ward 7 (nine nursing homes; fourteen specialty an out-patient clinics, six diagnostic centres; two blood banks and twenty general practitioners' clinics). Since the start of the collection program, 940 kilogrammes of sharps and 970 kilogrammes of recyclable plastic waste have been collected.
2. Settings up systems outside (collection, transportation of waste sharps, recyclable waste) the institutions.
3. Leveraging the experience towards establishment of similar



systems outside the project area, in particularly the city of Bangalore (Non-project areas - dispensaries and maternity homes run by the BCC, Dispensaries of Central Government Health Services and select health care institutions (medium sized hospitals, specialty hospitals, Trust hospitals, Nursing homes, etc.). At the close of the UWEP project, the HCWM Cell serves a total of 125 institutions both within and outside the pilot project area, either in the area of waste collection or staff training or both.

4. Currently, the services rendered generate a revenue of Rs 25,000 (Based on the revenues generated in the last six months) per month from collection of user fees and sale of recyclables (chiefly plastic waste) per month. Average recurring expenditure per month for running the system is Rs 20,000 to 22,000 (a comprehensive costing exercise has been initiated in March 2001)
5. Evolving as a resource centre for health care waste in the city, state and country. (Currently the HCWM Cell is empanelled on the resource persons list of the Tamil Nadu State Pollution Control Board)
6. Forming a core group for advocacy endeavours in the city, state and country.
7. Unique experiences are being documented (staggered collection systems - This means that each segregated waste fraction had its collection schedule. This prevents the waste from being mixed up, cost-effectiveness of a simple, integrated waste management process, involvement of stakeholders).
8. Website for the Pilot Project endeavours being launched.
9. Segregation of waste sharps and plastic wastes has now become a habit amongst the health care personnel in the Pilot Project area.
10. The waste handlers now operate under relatively cleaner and safer environments.

Grievance redressal at the engineering ward office

The Commissioner of the Bangalore Mahanagara Palike has introduced some new measures to make the ward offices of the engineering department citizen friendly and more effective in resolving customer grievances. He has directed all local Ward Offices to remain open from 8 a.m. to 9 a.m. to receive complaints from the public. AEES/JES will receive complaints pertaining to their ward in respect of health, engineering, horticultural and revenue departments. **All Resident Associations are requested to advise their members to contact the nearest ward office and make use of this facility.** Details regarding this scheme were published in the order of the Commissioner dated 14/6/01 and also in all the leading newspapers.

The Commissioner has also instructed the ward offices to display the list of tendered works.

Please give us your comments and feedback on the effectiveness of the system.

SOMETHING FOR YOU – CITIZEN'S CHARTER

A citizen's charter provides service standards and published performance measurements.

- Full and accurate information, choice where ever possible and users consulted.
- Service delivery with courtesy and helpfulness
- Good grievance redressal mechanisms
- Value for money

The citizen's charters ready and available at the respective offices at a nominal cost are

- ✶ Karnataka Power Transmission Corporation Limited
- ✶ Bangalore Metropolitan Transport Corporation

What are in the pipeline and to be available shortly are Department of Telecom, Bangalore Mahanagara Palike, Police, Transport Department and Bangalore Water Supply and Sewerage Board.

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Waste Wise - Mr. Anselm Rosario - 525 5543 - msss@vsnl.com

Bangalore Environment Trust - Mr. G Govardhan - 222 5515

CIVIC - Mr. Vinay - 226 4552 - civicblore@vsnl.com

REDS - Mr. Joe Paul - 221 4247 - chamindi@bgl.vsnl.net.in

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BOOK-POST



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Jakkasandra 1st main, 1st block Koramangal
Bangalore 560 034

DRAFT REPORT
FOR INTERNAL USE ONLY

UB 11

MATERNAL AND CHILD HEALTH CARE FOR THE URBAN POOR IN BANGALORE

A USER FEED BACK SURVEY ON THE QUALITY OF CARE

BY

THE PUBLIC AFFAIRS CENTRE IN COLLABORATION WITH
SUMANGALI SEVASHRAM; RAG -PICKERS EDUCATION AND
DEVELOPMENT SCHEME; MOVEMENT FOR ALTERNATIVES FOR
YOUTH AND AWARENESS; CITIZENS ACTION GROUP; AND
COMMUNITY HEALTH CELL

JUNE 2000

To Rm
pt. sh.
JN
3/7/2000
CM
4/7/2000

INTRODUCTION & BACKGROUND

THE IMPORTANCE OF THE QUALITY OF CARE AND CLIENT SATISFACTION IN THE FAMILY PLANNING AND MATERNAL AND CHILD HEALTH SERVICES IN INDIA

Explosive population growth is blamed for all social ills plaguing the human society, including global warming, environmental degradation, racial conflicts, widespread hunger and poverty. One of the main rationales behind the investment of public resources in family planning programmes is the belief that a decline in population growth rate would lead to a faster rate of economic development and thus, would also enhance a country's ability to improve the conditions of its people. This belief is based on the reasoning that a growing population requires increasing resources for such basic services as education and health. Other rationales for investing public resources in family planning programmes include the improvements in maternal and child health (MCH) and the basic human right to have access to the means of regulating one's own fertility.

Conditions that promote high fertility include socio-economic disparities within and among households. There is no unique set of prerequisites necessary for fertility decline to occur. While socio-economic development would ultimately lead to fertility decline and family planning programmes have been shown to decrease fertility even under poor conditions, the best results are obtained when the following conducive conditions exist (Anirudh Jain 1999):

- a. a family planning programme that offers services and information of good quality ;
- b. low infant and child mortality; and
- c. high female literacy and education, at least up to the primary level

Despite government commitment to family planning, resource constraints continue to be a serious impediment to higher quality services at all levels of the delivery system. First of all, basic buildings and infrastructure are underfunded and there are chronic shortages of most basic medicines and supplies. A second set of constraints relates to gaps in program management as reflected in such areas as inadequate staff training, weak supervisory support, the frequent failure to adhere to acceptable standards, limited accountability among program personnel and wide spread corruption. The problems described are clearly not unique to India, but broadly characteristic of health and family planning services in most developing- country settings. As many studies have revealed, poor quality services are reflected in lower levels of client satisfaction, a poor image and general distrust of public sector system and weak commitment among family planning staff.

At the International Conference on Population and Development (ICPD) at Cairo in 1994, consensus was reached on a new agenda for population and development. The ICPD placed the problem squarely in the development context and focussing attention on individual needs instead of demographic targets. Following the ICPD, in India, there have been paradigm shifts in the family planning programme - From a focus in the past on achieving method-specific contraceptive targets, often using coercive means, to provide client-centered quality services. Client satisfaction has become the primary goal with demographic impact a secondary, though important concern.

DIMENSIONS OF THE QUALITY OF CARE IN FAMILY PLANNING AND MCH CARE SETTINGS

The quality of care framework developed by Judith Bruce (1990) has stimulated worldwide interest in research on the quality of services provided by various cadres of health and family planning providers. In this framework, the following program elements are used to assess the quality of care received by clients : accessibility and availability of services; availability of basic facilities and essential supplies; choice of methods; information to users; technical competence; client-provider interaction; continuity of services; and appropriate constellation of services, including treatment for sexually transmitted diseases and MCH care.

These parameters could have been used

In a study by Vera(1993) in Santiago, Chile, it was found that clients considered the most important elements of service quality to be a clean and hygienic place; prompt service; treatment as an equal by service providers; useful information and the opportunity to learn; enough time to consult with the staff; cordial, likable and friendly staff; and access to prescribed medicines. Several Indian studies have reported that the rude behaviour of health staff has been a major reason why women have not liked or used the government health services and compelled them to go to private doctors.

Government health functionaries usually blame the lack of equipment and supplies for the poor quality of their services. Ramasundaram(1994) has however observed that even when equipment and supplies were made available, clients continued to receive poor quality of care. He attributed this to the attitudes of health workers, who showed little respect for clients, particularly if they were poor, illiterate or from lower social strata. Some health workers even believed that because the government provided free services and also gave cash incentives for sterilisation operations, the clients had no right to demand good-quality services !!!!

Given this broad framework of quality concerns, the present study based on user feedback, mainly focuses on the degree of satisfaction of the patients and related aspects such as hygiene, access to basic medicines and supplies and corruption in the maternity homes, India Population Project -VIII health

centres and the Urban Family Welfare Centres operating in the Bangalore Municipal region.

BANGALORE MAHANAGARA PALIKE - HEALTH CARE INFRASTRUCTURE AND SERVICES :

With thirty maternity homes, thirty seven urban family welfare centers (UFWCs) and fifty five health centers funded by the world bank under the India Population Project -VIII (IPP-VIII), the Bangalore Mahanagara Palike(BMP) emerges as the major provider of family planning and maternal /child health (MCH) care services for the urban poor in Bangalore. Further more, there are twenty five dispensaries and some ayurvedic clinics for general ailments under the BMP.

The IPP centres and UFWCs focus mainly on health and nutrition education, antenatal/ postnatal care, family planning, immunization mother and child, nutritional care of children up to the age of five and medical treatment of minor ailments and act as referral units for the maternity homes. Whereas, the maternity homes focus on delivery and Medical termination of pregnancy(MTP) and laboratory tests in addition to providing antenatal/ postnatal care, family planning non-surgical care for children needing specialist attention and minor gynaecological procedures. It must be noted that all the services at all the three facilities are supposed to be provided free of cost.

Are the three groups comparable?

THE INDIA POPULATION PROJECT -VIII

The India Population Project-VIII(IPP-VIII) is a World Bank assisted project and has been in operation in the city of Bangalore since May 1994. The Project envisages expansion of maternal and child health and family welfare services to the hitherto uncovered areas and population groups particularly the urban poor living in slums, through creation of one new health centre each for every 50,000 people. As planned, all the fifty five health centres have been created under the IPP-VIII. The Project also aims to improve the quality of health services being provided by the existing maternity homes of the Bangalore Mahanagara Palike such as delivery, MTP and sterilization etc. for which health centres act as referral units.

The fifty five newly created health centres are presently under the administrative control of the IPP-VIII which makes available the services of doctors, field staff and honorary link workers to the health centres. The Honorary link workers are volunteers residing in the slums, where they motivate mothers to utilise facilities and services for ante natal care, delivery, family welfare, immunization etc.

Are these
financially
available
in UFWs?

Under IPP-VIII, high quality infrastructure including equipment and provision of drugs, and the ongoing training of all the different categories of personnel for skill development in technical areas as well as public communication are already in place. This is expected to significantly improve the quality of family welfare and MCH services for the urban poor in the Bangalore municipal region.

CORRUPTION - A MAJOR BARRIER TO QUALITY CARE FOR THE POOR:

Is a report
available?

Any
evidence?

In 1999, when 46 of the 55 health centres planned under IPP-VIII had been functioning for over little more than a year, the World Bank felt the need to hold consultations with the stake holders/beneficiaries in the targeted slums to ascertain whether the health care needs of the community have been adequately fulfilled. These consultations would also enable to document the problems being faced by the urban poor in accessing the health care services. In view of this, several stakeholder consultations were conducted with health center as the focus. Though the findings from these workshops, according to the respondents, confirm free access to quality health care services at the IPP health centres, the same is not true of maternity homes being run by Bangalore Mahanagara Palike. None of the services like MTP, sterilisation, delivery are being provided free of cost and an " informal /unofficial user fee " (= bribe) was demanded in almost all cases. The desperate condition of the patients and their families in a medical emergency is being exploited to the maximum.

Have we a copy
of
Can we get
a copy?

These experiences also lend support to the findings of a study by the Public Affairs Centre published in May 1998 on " Bangalore Hospitals and the Urban Poor - A Report Card " which revealed that about 89% of the respondents interacting with BMP maternity homes admitted having paid bribes (speed money) to access better services.

In another study by Jagadish . C.Bhatia (1995) on the " Constraints to service quality in Rural Karnataka", all categories of workers have cited the issue of widespread corruption during the in depth interviews and focus group discussions. The Auxiliary Nurse Midwives (ANMs) complained that their bills, arrears, and other claims were inordinately delayed unless they agreed to pay a portion of their claims as " speed money ". Following are some highlights of the comments made by an LHV with more than two decades which is a telling tale of how deep rooted corruption is in the area of public service delivery:

"In the past, although we had much less manpower, logistic support, service prerequisites, housing etc., you will be surprised to learn that we used to work well. However overtime the working standards deteriorated with the gradual erosion in the ethical standards of immediate supervisors and higher officials, which paved the way to the institutionalization of corruption in the health

department. Today, to be corrupt is no longer considered reprehensible. Drugs and equipment in the health facilities are misused without any hesitation. The doctors are interested only in private practice and amassing wealth".

CIVIL SOCIETY INITIATIVE TO TACKLE CORRUPTION AND POOR QUALITY SERVICES AT BMP- MCH CARE SETTINGS:

The Public Affairs Centre (P A C) has been striving to improve the quality of governance in India through its pioneering studies of citizen feedback on public services popularly known as Report Cards, policy research, civil society initiatives, advocacy action and advisory services. Corruption or the "speed money phenomenon" has emerged as a major contentious issue around which several initiatives have been undertaken. For most of these efforts, Bangalore has been

P A C's testing ground to experiment with innovative approaches and creative ideas.

The alarming practice of corruption at BMP maternity homes is a cause of major concern for P A C as with the termination of World Bank assistance in the year 2001, the IPP facilities are going to be integrated with the existing system of the BMP for routine operation and maintenance. The two main concerns arising out of this possibility are about: the state of infrastructure and strong foundation laid by the IPP health centers under the administrative regime of BMP; and the impact of corruption in terms of its potential to invade and corrode the IPP facilities. In order to address these concerns, P A C organised a preliminary consultation on " Access to quality health care by the urban poor in Bangalore - tackling corruption and breaking barriers", in August 1999.

An important strategy more so as an entry point articulated in the ^{workshop} was to carry out a User feedback survey to empirically assess the quality of care, particularly that of the service delivery process at the IPP health centres and maternity homes. The study, if followed by an intensive Media advocacy based on the findings was expected to draw the attention of policy and decision makers on the reform measures required to tackle corruption and improve the quality of family planning and MCH services in the Bangalore Municipal region . Set in this backdrop, the present study has been a collective effort of the Public Affairs Centre, Movement for Alternatives and Youth Awareness, Sumangali Sevashram, Citizen Action Group, Rag pickers Education and Development Scheme and the Community Health Cell, all not-for profit organisations concerned about the quality of governance and public services especially where the poor are involved.

Methodology

This survey was carried out in two phases. The first phase involved getting feedback from slum dwellers that had accessed the services of the Maternity homes, Urban Family Welfare Centres (UFWC) and India Population Project (IPP) Health Centres run by the Corporation of Bangalore. The Report Card methodology was used to collect the feedback. The sample was selected using multi-stage-sampling technique.

Phase I

Twelve maternity homes, and UFWCs were selected and 20 IPP Health Centres were selected based on relevant criteria. 150 patients (women) each for Maternity Homes, and UFWCs and 200 women for IPP Health Centres were selected for the sample. These women gave feedback on the services provided by the three kinds of providers.

Phase II

This was a survey of the three kinds of staff - doctors, nurses, and other staff - from 6 Maternity Homes, 6 UFWCs and 10 IPP Health Centres which yielded responses from 22 doctors, 44 nurses and 22 other staff on various issues related to maternity health care for the poor.

How selected?
Percentage
of responses?

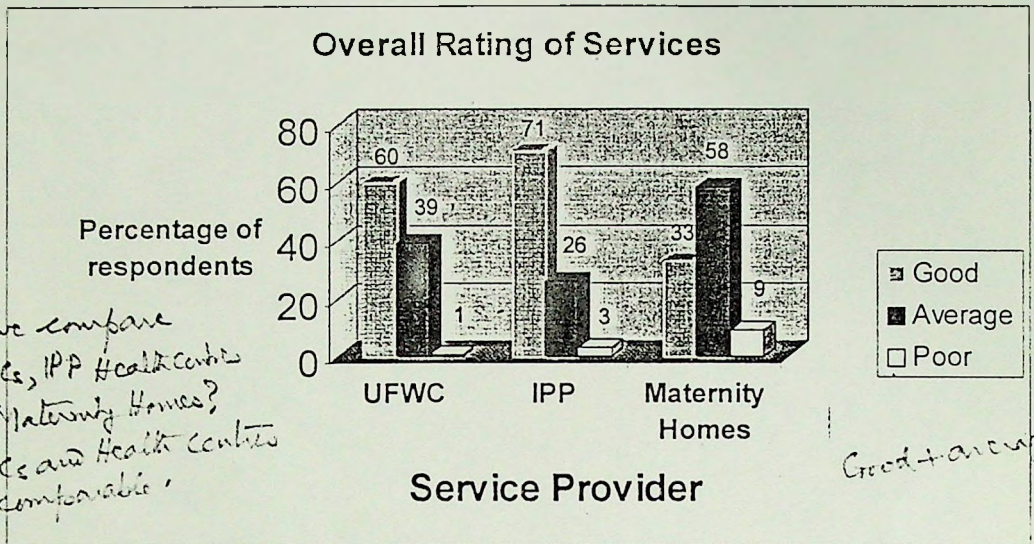
8
61

54

Major Findings

I. Overall Satisfaction with Services

- The overall rating of services provided by Maternity Homes, UFWCs and IPP Health centres by people who visited them is given in the chart below.



- 71% of the users of IPP Health Centres have rated their services as good, while 26% have rated them average. 60% of women who went to UFWCs have rated their services as good while 39% have rated them as average. 58% of the patients of Maternity homes consider the services provided by them as good while 33% say they are average.

Statistical significance: IPP health Centres are on the whole rated better than the UFWCs and Maternity Homes. For similar services provided by all three the rating is the highest for IPP Health Centres and lowest for Maternity Homes.

II. Feedback on Service Delivery

A. On free supply of medicines

- More of the patients that went to UFWCs (73%) and IPP Health Centres (71%) are aware that medicines are to be given free than those who have gone to maternity homes (63%).
- While only 39% of the patients were given the medicine free of cost at the maternity homes, 61% and 63% were supplied the medicines free at the UFWCs and IPP Health Centres.

What kind of medicines?

|| > Money was demanded for the medicines from 11% of the women at the maternity homes while only 4 and 3 % reported being asked to pay money for medicines at UFWCs and IPP Health Centres.

? || > The average amount paid for medicines was higher at Rs 94 at maternity homes than Rs. 30 paid at UFWCs. But the least amount was paid at IPP Health Centres (Rs. 15)

Information related to free supply of medicines

Tablets related aspects	Percentage of respondents saying yes at maternity home	Percentage of respondents saying yes at UFWC	Percentage of respondents saying yes at IPP Health Centre
Whether advised to take tablets	84	94	90
Whether aware medicines are to be given free	63	76	71
Whether medicines given	36	55	60
All	54	39	32
Some	10	6	8
None			
How many of medicines given free			
All	39	61	63
Some	61	39	37
Whether money demanded for medicines	11	4	3
Average amount paid	Rs. 94	30	15
Whether asked to buy medicines from private shops	84	75	80

> All doctors, nurses and other staff at all three types of facilities say free medicines are given to all patients all the time.

B. Feedback on tests done at Maternity homes

Status	Percentage of respondents saying yes/Rs.		
	Scan	Blood test	Urine test
Whether done	8	71	65
Whether informed of result	85	70	76
Whether paid	38	13	7
Average amount paid	176	21	21

- A large proportion of the women had urine and blood tests done at the maternity homes. Scan was done for a smaller 8% of them. Most of them said they were informed of the results in all the cases. Though these tests are supposed to be free of charge, 38% of those who got a scan done, 13% of those who had a blood test done and 7% of those who had a urine test done paid for the test. An average amount of Rs. 21 was paid for the tests and Rs. 176 for the scan.
- *The data indicates the practice of collecting fixed relatively smaller sums for blood tests and urine tests and larger sums for scans at the maternity homes.*

C. Feedback on Hygiene Related Issues

Injection related aspects	Percentage of respondents saying yes		
	Maternity Homes	UFWCs	IPPs
Whether given injections	84	93	93
Use of disposable syringe	52	70	70
Payment for injections	11	07	06
Average amount paid	Rs. 16	Rs. 16	Rs. 14
Hospital facilities related aspects	Percentage of respondents saying yes		
	Maternity Homes	UFWCs	IPPs
Availability of drinking water	83	89	95
Clean & Usable toilets	46	61	83

- older buildings?*
- Many of the women (84%) who visited maternity homes and 93% of those who went to UFWCs and IPP Health Centres were given injections. Of these 11% paid for the injection at maternity Homes, 7% at UFWCs and 6% at IPP Health Centres. An average of RS 16 was paid for the injection at Maternity Homes and UFWCs, and Rs 14 at IPP Health Centres.
 - As in the case of tests a certain sum has been collected for the injection though it is to be given free of charge at all three places.

Is it mandatory
at all 3 places?

Despite use of disposable syringes being mandatory, half the women who went to Maternity homes reported non-usage of disposable syringes. Usage of disposable syringes is more prevalent at IPP Health Centres and UFWCs at 70%.

To the patients
understanding
"disposable"

- > The patients for the Maternity homes corroborate the information given by the staff regarding usage of disposable syringes.
- > In UFWCs 40% of the doctors and 60% of the nurses reported use of disposable syringes - which contrasts with what patients have said.
- > In the case of IPP Health Centres 92% of the doctors and 33% of the nurses said they used disposable syringes. This varies significantly from what is reported by patients.
- > However the staff do point out that even if disposable syringes are not used they do use autoclaves to sterilize the injections.

- > It is to be noted that in the times of the fear of AIDS and other communicable diseases, there is an alarming level of unawareness among the patients on the issue. They have not realised that the syringes used for them are being sterilised and they are not disposable ones. That is what explains the contrast in what the patients reported and what the staff said. In fact, most UFWCs and IPP Health Centres use autoclaves to sterilise the syringes and rarely use disposable syringes.
- > Availability of drinking water is reasonably good at all the three facilities but the IPP tops with 95% patients saying they do have drinking water. But when it comes to clean and usable toilets maternity homes are clearly not as good as IPP Health Centres with 46% and 83% women respectively rating the toilets always clean and usable. The UFWCs are only marginally better than Maternity homes at 61%.

cleanliness vs.
newness

- > All the staff at all three facilities have said there is drinking water available and that toilets are kept clean and usable.

D. Satisfaction with behaviour of staff

	Percentage of respondents always satisfied with behaviour of		
	Doctors staff	Nurses	Other
Maternity Homes	73	73	73
UFWC	83	76	86
IPP Health Centre	95	81	92

having

- Patients are generally quite satisfied with the behaviour of the staff at all the facilities (with 73% of the women reporting being always satisfied and the rest either never or sometimes satisfied). The satisfaction is however significantly greater with the staff of IPP Health Centres. While users of Maternity homes rate all three kinds of staff equally on behaviour, patients at IPP Health Centres and UFWCs find doctors and other staff better behaved than nurses.
- *Behaviour of staff does not figure as an issue for the respondents. Staff at the IPP Health centre are rated the best behaved by the patients.*

E. Waiting time at the facility

Time taken to attend to patients

Maternity home	35 minutes
UFWC	28 minutes
IPP Health Centre	23 minutes

*Work load
Number of patients*

- Patients at the maternity homes have to wait for about 35 minutes to be attended to. The waiting is marginally less at UFWCs at 28 minutes. The wait at the IPP Health centre is the least at 23 minutes.
- *The data on waiting time indicate a certain amount of crowding at the facilities. For a centre that serves a geographically smaller area, the waiting time at the IPP health centres could certainly be brought down.*

Doctors, nurses and other staff at all the three kinds of places have quoted not more than five to ten minutes as the waiting period for patients.

further study needed.

III. Extent of Corruption

- Many of the patients have reported instances where they have paid a bribe for some purpose or another. The various purposes for which they have paid bribes are tabulated below. In general however, it can be said that

- repetition
p. 8
repetition
- > Money was demanded for the medicines from 11% of the women at the maternity homes while only 4 and 3 % reported being asked to pay money for medicines at UFWCs and IPP Health Centres.
 - > The average amount paid for medicines was higher at Rs 94 at maternity homes than Rs. 30 paid at UFWCs. But the least amount was paid at IPP Health Centres (Rs. 15)

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- repetition
- > All doctors, nurses and other staff at all three types of facilities say free medicines are given to all patients all the time.

and family planning are not provided free as they should be even if for some patients is disturbing.

- *At maternity homes even small things like providing hot water, giving an enema, cleaning the room or the patient are not done for as many as 32% of the patients without money changing hands.*

- *When asked how patients express their appreciation almost all the staff at all three kinds of places said they "say thanks".*
- *When asked if there is a practice of receiving gifts or money they mostly said no (with the exception of one doctor and a few other staff)*
- *When asked if they were aware of anyone demanding money for services they all said no! (again with a few exceptions)*

IV. Usage of the Services of Maternity Homes, Urban Family Welfare Centres (UFWC) and India Population Project Health Centres (IPP Health Centre)

Purposes for the visit

Facility → Main purpose of visit↓	Maternity Home	UFWC	IPP Health Centre
Antenatal care	79%	67%	73%
Immunization for child	55%	62%	79%
Delivery	94%		

- *Among the patients who had visited maternity homes, 94% had gone there for their delivery and 79% for antenatal care. Among those who had visited the UFWCs, 67% had gone for antenatal care and 62% for immunization for the child. Of the women who visited IPP Health Centres, 79% went for immunization for the child and 73% for antenatal care.*

- 2) ➤ *The above findings show that maternity homes are more popular among women for antenatal care than the other two providers. This indicates either a lack of awareness among the patients of the availability of these facilities nearer their residences at the IPP Health centres or a reluctance to go to a new place. In either case there is a need to educate the women on the advantages of using the IPP Health Centre.*

there is corruption in various forms in Maternity homes. There is evidence of corruption in UFWCs and IPP health centres as well but not to as great an extent as in Maternity homes.

Purpose for payment	Percentage of respondents who paid	Average amount paid
Maternity Homes		
For medicines	11	94
For scan	38	176
For blood test	13	21
For urine test	7	21
For delivery	<u>48</u>	<u>361</u>
For seeing the baby	<u>69</u>	<u>277</u>
For immunization of mother	<u>13</u>	<u>18</u>
For immunization of child	<u>10</u>	<u>10</u>
For family planning	10	95
For injections	11	<u>16</u> ?
Other reasons	32	
Total		1089
UFWCs		
For medicines	4	30
For injections	7	16
For immunization for child	0	0
Other reasons	2	1
Total		152
IPP Health Centres		
For medicines	3	15
For injections	6	6
For immunization for child	2	<u>13</u> ?
Other reasons	0	0
Total		34

- The level of corruption at Maternity Homes is much higher than that at UFWCs and IPP Health Centres. One of the reasons for this could be that UFWCs and IPP Health Centres do not involve admission. The reason for which bribes are paid by most patients are for seeing the baby(69%) and for the delivery itself(48%). Other services like injections, family planning medicines etc are also provided for payment of bribe but the extent is not so large. As far as the average amounts paid are concerned they are quite large for seeing the baby and for the delivery(Rs.361 and Rs. 277 respectively) while other bribes are smaller in value.
- There certainly is corruption at both UFWCs and at IPP Health Centres, and nominally more at UFWCs for most reasons. However the fact that even services such as provision of free medicines, injections, immunization

the main purpose for visit at UFWCs was Antenatal care and child immunization. The main purpose for visit at IPP HCs was child immunization and antenatal care

- most patients visiting MHs went on own(68%)
- Relatives and friends are chief motivators for visits to UFWCs
- Link workers bring 29% of patients to IPP HCs
- 7% persons refused admission at MHs
- Immunization programs users say they benefit from - mainly pulse polio (over 95%)

GIVING A FACE TO THE NUMBERS!!

Nagamma had a harrowing time at a young age of 19. She went for a delivery to a maternity home expecting to bring home a baby in joy. It turned into a nightmare. Upon arrival in labor the doctor refused her attention unless she was given money. The husband in a panic went and mortgaged her jewelry and paid the doctor Rs. 1000. The rudeness of the doctor added to their misery. Once the money was paid, the doctor conducted the delivery but it was too late. The baby had died.

The nightmare did not end there. The staff would not show the dead baby to the aggrieved parents till some more money was paid. Can Nagamma be blamed if she vowed never to go to a BMP Maternity Home again?

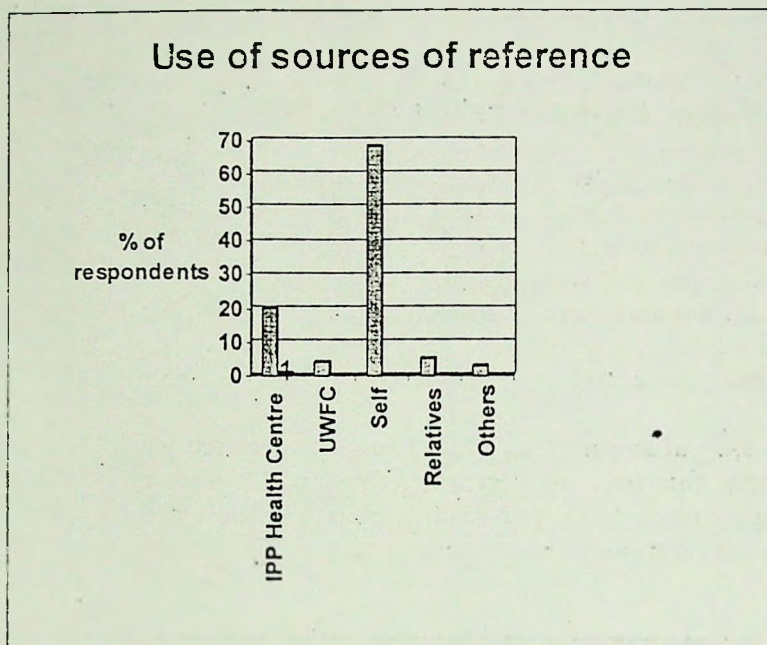
On the brighter side, at another Maternity Home one patient was badgered in to paying a large sum for a delivery. Her family and friends got together under the guidance of an NGO and sat in dharna till the Doctor returned the money! Here's to hoping there are more and more incidents like this in the future!

Major Conclusions

- The study very clearly brings out the distinct differences in service quality between Maternity Homes and IPP Health Centres. While Maternity homes do not score that well on cleanliness and hygiene, IPP health Centres do. Basic medicines that are to be given free are not being given to a large proportion of poor patients at Maternity homes, while at IPP HCs most people get free medicines.
- The differences in quality of service are also indicative of poor discipline and responsiveness among the staff at Maternity homes.
- The practice of corruption is far more entrenched in Maternity Homes than in IPP Health Centres. Bribes are being demanded and paid for almost every service being provided at Maternity Homes.
- The staff are not ready to accept the prevalence of corruption leave alone trying to tackle it.

Referral to Maternity homes by UFWCs and IPP Health Centres

- Patients who had been to Maternity homes were asked who referred them there. The response shows that most of them came there on their own (68%), some were recommended by friends and relatives (8%) while 20% had been referred by IPP Health Centres and 4% by UFWCs.
- Among patients who visited UFWCs and IPP Health Centres, 63% and 64% said they were referred to maternity homes for delivery. Of these 81% and 67% went for their delivery to maternity homes from UFWCs and IPP Health Centres respectively.



- This shows that while a reasonably large proportion of those who visit UFWCs and IPP Health Centres are referred to maternity homes for deliveries, there are still many women who come there on their own. One probable cause could be their familiarity with the maternity homes and therefore the confidence in them. This calls for intensive awareness and motivational campaigns by the IPP staff among slum dwellers.
- The question as to why, when 64% of the patients are being referred to maternity homes from IPP Health Centres, only 67% of them have actually been to maternity homes for delivery is also raised. Is there a block at the maternity homes or are they wary of going there out of fear that they would not get proper treatment?

Other Interesting Findings

- Most users of maternity homes went for delivery (95%)



PUBLIC AFFAIRS CENTRE

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29 November 1999

UB 12

Dr. Ravi Narayan
Community Health Cell
No. 367, Srinivasa Nilaya,
Jakkasandra 1st main,
1st Block, Koramangala
Bangalore - 560034

Dear Dr. Ravi Narayan,

**Sub: Project on Access to Quality Health Care by the Urban Poor in
Bangalore - Tackling Corruption and Breaking Barriers**

This is further to our meeting in October at our office. We are sorry about the delay in designing a format for the assessment of the quality of health care services being provided by the BMP maternity homes and the IPP(VII) health centres. If you may kindly recall, the proposed assessment was thought of as one of the key strategies for initiating action on the project. As decided in the said meeting, the assessment was to be carried out by the participant organisations and P A C had volunteered to facilitate this process. Enclosed please find some guidelines for the assessment with a note on the sampling design. Actual questions will be framed later. The note has listed all the pertinent issues/themes that need to be covered in the assessment. Please go through the same and suggest changes if any. Two weeks from now, we propose a short meeting to finalise the themes and issues and the sampling design. Thereafter, we can even conduct a one /two day orientation cum training programme for the staff of the member organisations who will actually conduct the field level assessment.

We look forward to your response at the earliest convenience

Best Regards

S. Manjunath
S. Manjunath
Programme Officer

File

PAC →

Sub
CE

Guidelines for the assessment of the quality of health care services provided by IPPVIII and Maternity homes of the BMP

Decide sampling design - define respondent ie is the information gathering restricted to feedback from patients or are we also using observers to physically verify at the centre or maternity home?

If only patients who have used the facilities are to give feedback -

Preparation of two separate questionnaires for health centres and maternity homes. Same questionnaire for health centre of corporation and of IPPVIII.

are the two types of centres identical? is structure organization staff facilities

MATERNITY HOMES

SUB HEADS:

General information

Referred from health centre

Referred from urban family welfare centre

by whom

place of residence

Are all persons attending Maternity home: 'referred'?

Are there guidelines for 'referral'?

Accessibility

Distance from residence

Awareness of facilities that should be available

Staff strength by category ie doctors, nurses, other staff -

may be unnecessary

Special equipment - ie xray, lab etc

free issue of medicines

Satisfaction rating

Quality of service

Behaviour of staff - all categories

Any other aspect?

Dimensions of satisfaction

Time taken to attend/waiting time
Cleanliness, availability of beds

Corruption

Among -Doctors, Nurses, and Other staff
Whether paying, how much paying, to who,
and for What purpose

Other kinds of corruption -

whether they were referred to a private nursing home or clinic instead
of being treated at the maternity home

HEALTH CENTRE

SUBHEADS

General information

Nature of illness/reason for visit
Type of patient
Whether referred and to which hospital
Kind of treatment given

Verification related

Doctors availability
Other staff availability
Time taken to attend/waiting time
Cleanliness/upkeep

On immunization

Existence of days for immunization
Do doctors follow these schedules
Adherence to schedules
Information dissemination on importance of immunization, etc

SATISFACTION RATINGS

Overall service
Behaviour of staff
Other aspects?

Dimensions of satisfaction/service delivery

Same as above in maternity home!

Other topics that can be covered for both maternity homes and health centres wherever applicable

Whether MTP done - if done at health centre!
Whether family planning operation done
Advice given
Whether abortion done - asked for it or was advised to get it done
Referred to private hospital or nursing home?
What reason given?
Kinds of building
Is there a pediatrician?
Is there a staff nurse?
Is there a Lab?
Availability of Lab technician
Do they attend well woman clinics?
Existence of creche
Vocational training for young girls
Link workers - are they link workers, do they know of or any
SHE club membership
Medical check up in school
Has there been improvement in the last 5 years?
Willingness to pay

Staff

What are they expected to do
(job description)?

What has been done / not done? done well - satisfactorily - poorly - not done.
Any reason for not doing it?
Payment to get work done, which they are bound to do? Is it a regular feature or
is it occasional?

Suggested sampling plans

I. Respondents could be

1. only married females
2. married couples jointly - or either spouse

Advantage of choice 1 is that the women are the patients[?] and they would reply. But it is possible that the husband would have influenced decisions or she may not know some of the information!

Advantage of choice 2 is that we get a complete picture in case the woman does not know certain information. The problem could be that the wife is either too shy to talk or not allowed to talk and the husband gives answers that she may not give if asked privately!

A judgement based on situation has to be made.

II. Location of interviews would determine sampling design

1. catch patients at the centre or maternity home
2. household survey

Advantage of first choice is that memory will be fresh and we can get more numbers. Disadvantage would be that they might hesitate to speak the truth at the venue. That could be avoided by taking their address and meeting them at home.

Advantage of choice 2 - people will be more free and give useful information. Disadvantage could be that we have to visit many houses to get sufficient numbers of patients who have used health centres or maternity homes. But, this method would give us an idea of the usage of the centres too.

Those who have used both facilities can be asked to fill in both questionnaires/interview schedules. It is also possible that there might be people who have used both kinds of health centres. We can have questions put in to check that.

III. The sample size - has to be decided based on the following factors

1. number of maternity homes
2. number of health centres
3. number of urban family welfare centres
4. and the size of the population served by each of the above
5. cost and time constraints

Should we have separately (carefully worded) questionnaire for staff?

- doctors

- nurses ANMs

- link (?) workers

They may not like to be questioned about 'corruption' but one group may talk about corruption by another group!

Health Services for Poor Women What Should BMP do to Improve Them?

BMP's maternity homes represent the only decentralised set of health facilities in Bangalore that are accessed by relatively low income women and children. A network of outreach centres has now been created through IPP 8 to expand and further strengthen the services of the maternity homes. While this expansion and upgradation of the health facilities for the poor need to be applauded, it is important that careful thought is given to their proper utilisation, maintenance and effectiveness. This note will discuss the system's maladies, concerns about the future of these facilities and present some thoughts on how to address them.

Statement of the Problem

There are two major concerns about the maternity homes and the way they are managed. First, in the view of many observers, their quality of service and responsiveness to patients leave much to be desired. Second, patients complain about the different ways in which payments are extracted from them although services are supposed to be free. If this is true, nothing could be more unjust and inhuman. The patients come from the poorest households that have very few options at their command. They are women in distress who are being ill-treated when they are least able to defend themselves. Since these are mere impressions and allegations about what goes on within the system, it would be unfair to draw any conclusions without a systematic investigation. It is for this reason that PAC undertook a comparative survey of maternity homes, IPP Centres and UFWCs all over the city jointly with several interested NGOs¹. A total of 500 patients and 77 staff of these facilities were interviewed. The major findings were as follows:

- The overall satisfaction of patients was the lowest with the services of the maternity homes. Only a third rated them as good while 71% and 60% considered IPP centres and UFWCs respectively as good.

¹ The NGOs that partnered with PAC in conducting the survey include REDS, MAYA, Sumangali Sevashram and CHC.

This Note is an update on follow up action for improving the health care services provided by BMP.

- Only 39% of the patients of the maternity homes claimed that they received all medicines free as opposed to 63% in IPP centres and 61% in UFWCs. Maternity homes also lead in taking payments for injections. But the staff say that medicines are given free to all patients.
- Cleanliness of toilets is an indication of the standards of hygiene and sanitation. Here, patients rated maternity homes the lowest (43%) in contrast to IPP centres (83%) and UFWCs (61%).
- Maternity homes were rated the lowest also in terms of staff behaviour towards patients. But the gap between them and IPP was much smaller in this case.
- The most distressing finding concerns the prevalence of corruption. While none of the facilities seems corruption free, maternity homes stand out in terms of the severity of the problem. Payments are demanded or expected by staff for almost all services, but most of all, for delivery and seeing the baby. The proportions of people paying bribes vary from one service to another. On the whole 90% of the respondents reported paying bribes for one service or the other at maternity homes at an average of Rs 700 each. The 70% pay for seeing their own babies! One out of two pay for delivery.
- If a poor woman paid for all services, it would have cost her over Rs. 1000 for a delivery. It is reported that a nursing home might give her hassle free and better quality service for Rs. 2000. A rough estimate of the bribes being paid in all these facilities may be between Rs one and two crores annually. A similar estimate based on the finding that 90% of the women pay an average of about Rs 700 at the Maternity Homes would put the total amount of bribes paid at about Rs 1.6 crores. The annual emoluments of the staff at the 30 maternity homes also amount to about Rs 2 crores.
- Most of the staff denies the practice of corruption. They do complain about the constraint of facilities, and shortage of staff, supplies and resources. Doctors emphasized the need to improve the awareness of patients, especially with respect to the need to be regular in their visits

The evidence presented above clearly points to the need to urgently reform the municipal health care facilities for the poor in Bangalore. At the core of the problem is the highly unsatisfactory state of the services of the maternity homes. If the present conditions continue, the newly created IPP centres will also deteriorate and become part of the pool of corruption and

low quality that characterise the system. It will be a great pity if the fresh investments being made for these centres are rendered unproductive by continued apathy while paying lip service to the upliftment of the poor. On the brighter side, reforming the maternity homes should be a manageable task given their relatively small size and the compact population they serve. The Chief Minister's concern for good governance and control of corruption offers a window of opportunity for BMP to design and carry out an agenda of reform. If promptly done, reforms will have a strong demonstration effect.

What Should be Done

It is for the BMP to decide how to deal with the problems posed above. To assist in the process, PAC and several other experts and NGOs working with the urban poor held a discussion to think about the options that might be considered by BMP. A gist of these ideas is given below and can be expanded in light of further discussion.

- A more effective oversight mechanism should be created to monitor the activities of the maternity homes. A board of visitors consisting of 5-7 persons could play this role through quarterly meetings to review the operations, needs and plans of each maternity home. A board can also check and eliminate unnecessary overlaps between the maternity homes and the outreach centres. The board should include 4-5 independent experts and activists concerned about the urban poor and health. A corporator and another official could also be nominated to the board. If a board for each home is impractical, perhaps, a board could cover about 4 homes located in contiguous wards. These boards should report to the Commissioner or his deputy.
- A patients' charter should be created for the maternity homes. It should publicise the services offered, time deadlines and terms of service, fees, remedies in case of problems, patients' rights and duties. This could be the first service of BMP for which a charter could be designed on an experimental basis. Staff should participate in this process and be trained and motivated to implement it.
- Though the services are free, the reality is that the poor women are made to pay for them in a majority of cases. They pay, but have no assurance of quality or rights. Why not move to a system of contributions to a

health fund by the women (some are allergic to the concept of user charges)? The idea is not to recover the full costs of the services, but to let patients share the costs (hence contribution) so that they have a right to receive the services. Norms for the contributions could be published. Delivery is a predictable event and not an emergency. They can save for this event and pay rather than be faced with extortion when in distress.

- The fund thus created should be used for the maintenance and improvement of the facility where it is collected. It will be an incentive for the doctors and staff if the money can be used to improve their facility. Whether a part of the fund could be used to pay a bonus to the staff is a matter for further consideration. Public hospitals in MP are already working on similar lines.
- In the case of the IPP centres, it is imperative that provision be made for the diversification of their management and control. When they revert to BMP, the issue is whether interested NGOs, foundations, teaching hospitals, etc., could be brought in to operate the services with a maintenance grant from BMP. IPP centres have the potential to become community service centres as their infrastructure could be used after office hours for meetings, teaching and even private practice and other services beneficial to the community. If this approach is adopted, the maintenance costs and BMP's burden can be reduced as additional income will be generated by the centres through the use of their facilities. Good NGOs may have an incentive to work along these lines as it will help further their own mission.
- Even if all these actions are taken, there is a need to empower the poor women to demand their rights and to stand up against abuse. The only way to do this is by creating support groups of women in different slums. Some NGOs have already agreed that they will play this role in their areas of work. They have also expressed interest in operating help desks in the maternity homes for patients. Support groups could prepare and brief pregnant women and accompany them on visits to maternity homes. This function properly belongs to the voluntary sector. IPP centres could be used as a base for organising the support group activities.



A
PREMIER
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RESEARCH &
DEVELOPMENT
PLANNING**

Genesis and Growth

The Centre for Symbiosis of Technology, Environment & Management (STEM) is an inter-disciplinary professional research group registered as a society under the Karnataka Societies Registration Act, 1960. STEM was established as a non-profit organization in 1987 at Bangalore, India's 'silicon valley' and the hub of high-tech sunrise industries.

Symbiosis, by way of meaningful interaction and effective co-ordination among the developmental organizations, socio-political groups, bureaucracy and techno-managerial communities, is today recognized as a major tool of sustainable national development. STEM, therefore, makes use of extensive in-depth field surveys, analyses through state-of-the-art computer technology, participative managerial exercises like professional group meetings, seminars and workshops, etc., in preparing specific result-oriented programmes and plans on behalf of its clients.

STEM's clientele includes various Central and State Government departments, administrative bodies and development financing institutions as well as international organizations such as the United Nations, WHO and the World Bank.

STEM has successfully evolved the nucleus of technical know-how for the organization of educational and training programmes, documentation of research and consultancy services, promotion of symbiotic approach towards human settlements, and execution of studies on futurology and forecasting.

Functional Areas

STEM is fully geared to offer professional assistance and services in a range of functional areas, such as Technology, Environment & Management, Applied Social Sciences and Development Planning. Besides, STEM under-

takes Research Studies and conducts Executive Training & Awareness Programmes in a variety of disciplines.

Technology

Implementation of theoretical concepts in development planning becomes faster with the aid of the latest techniques. Projections in futurology, helpful in long-term planning or evolution of scientific norms in streamlining systems, becomes more meaningful with the greater use of these sophisticated tools. The main fields covered are:

- Frontier areas and futurology
- Development and employment
- Infrastructure and human settlements
- Techno-environmental management
- Computer systems

Environment

Fixation of parameters for achieving environment-friendly development has assumed great significance in the context of the on-going controversy between environmentalists and development planners. In-depth analyses of the following areas are relevant for the preparation of effective environmental management plans:

- Conservation and preservation
- Development
- Engineering
- Impact assessment
- Pollution control

Management

Role of professional management has become more pivotal with the advent of the New Economic Policy (NEP). The thrust areas are:

Continued on back cover



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- ✓ *Water Quality Analysis: Phase-1 Villages for Karnataka Integrated Rural Water Supply and Environmental Sanitation Project (KIRWS & ESP).*
- ✓ *NGI Services for Community Participation and Health, Sanitation & Hygiene Education (HSHE) Management for Karnataka Integrated Rural Water Supply & Environmental Sanitation Project for Raichur and Shimoga Districts.*
- ✓ *Preparation of Project Implementation Plan for UP Health Systems Development Project (World Bank Aided).*
- ✓ *Baseline Studies for Strengthening Health Systems in Uttar Pradesh.*
- ✗ *Identification of Safer Zones for Stone Crushing Units in Bangalore Rural & Urban Districts.*
- ✓ *Beneficiary Needs Assessment in Government Health Care Institutions in UP.*
- ✓ *Role of Private Sector in Health Care in UP.*
- ✓ *Health, Sanitation & Hygiene Education (HSHE) Management Consultancy for the Karnataka Integrated Rural Water Supply & Environmental Sanitation Project: (i) Information, Education & Communication (IEC); (ii) Capacity-building (Training); (iii) Monitoring & Evaluation; and (iv) Documentation & Sharing of Experience.*
- ✓ *Concept Paper on Reproductive and Child Health Project II in India.*
- *Upgrading Secondary Level Health Care Facilities in the State of Karnataka.*
 - A Research Study on "Implementation of Existing Environmental Laws in the Management of Industrial Hazardous Wastes in the State of Karnataka - Bangalore as a Case Study".*
- ✓ *Implementation Management of Karnataka Health Systems Development Project (KHSDP).*
 - Pre-Project Activities for Implementation of KHSDP.*
 - Survey of Hospital Equipment in Government Hospitals in Karnataka.*
 - ★ *Survey of Health Care Facilities in Non-government Sector - Karnataka.*
 - Survey of Facilities in Secondary Level Hospitals in Karnataka.*
 - Preparation of Project Formulation Plan for KHSDP (World Bank Aided).*

Preparation of Project Formulation Plan for Karnataka Secondary Level Hospital Development Project (KfW Aided).

Preparation of Project Formulation Plan for Family Welfare Project for Urban Slums: Bangalore (World Bank Aided).

Preparation of Project Formulation Plan for Family Welfare Project for Urban Slums: Facilities Survey & Design.

Motivating Villagers for Formation of Water and Sanitation (WATSAN) Committees at Community Level.

✓ Preparation of Project Formulation Plan for Strengthening of Family Welfare and Maternal & Child Health Services in Karnataka (World Bank Aided).

Andhra Pradesh Health Systems - Facilities Survey (World Bank Aided).

Municipal Services and Solid Waste Management: Bangalore, Hubli-Dharwad and Gulbarga.

Integrated Tourism and Environmental Development of Shravanabelagola, Belur, and Halebid.

Environmental Management Plan for Madras-Mamallapuram Coastal Stretch.

Status of Borewell Hand Pump Installations in Andhra Pradesh.

*✓ Formulation of City Health Project - Bangalore.

*✓ Slum Shelter and Environmental Improvement Programme - Bangalore, Hubli & Gulbarga.

Integrated Infrastructure Planning and Programming - IIPP.

- ✓ A Concept Paper on Slum Development and Upgradation Programme for Class I Cities in Karnataka.

Directory of Indian Building Materials & Products with Information on Nepal & Bhutan - Three Editions: 1994-1995, 1996-1997 & 1998-1999.

Computerisation of Data on Building Products & Producers.

- Housing and Key Building Materials in India: A Long-Term Perspective: 1991-2011

Study on Occupancy of Plots in Sites & Services Schemes in Tamil Nadu.

Study on Building Materials Adoption and Practices in Housing: Urban and Rural Areas of Tamil Nadu.

Topology of Tamil Nadu Veedu - A Profile of Building Space & Materials.

Effective Demand for Housing in Tamil Nadu - Urban & Rural District-wise.

Housing and Land Development Programme (HALDEP) in Three Towns of Tamil Nadu.

Corporate Plan for Housing and Land Development Programme (HALDEP), Karnataka - 1991-2001.

- ✓ Baseline Survey and Beneficiary Needs Assessment - IPP VIII: Bangalore Urban Slums (World Bank Aided).

- ✓ Gender Analysis: Slums in Bangalore.

- ✓ Family Welfare Project for Urban Slums: Facilities Survey & Design.

- ✓ Organization and Management of Water Needs in Bangalore Slums.

Organization Structure: Karnataka Slum Clearance Board.

An Appraisal Study of Delhi Resettlement Colonies.

- ✓ Slum Level Development Programme (SLDP) for Selected Slums in Bangalore.

Five Year Housing and Land Development Programme (HALDEP) for Seven Towns in Karnataka.

Slum Shelter and Environmental Improvement Programme: Bangalore, Hubli & Gulbarga.

Changing Trends in Key Building Materials.

Monographs on Building Products & Producers (36 Issues): A1 - Acoustic and Thermal Insulation; A2 - Adhesives and Sealants; A3 - Admixtures; A4 - Air Conditioning; A5 - Aluminium Alloys; A6 - Asbestos Cement; A7 - Asphalt/Bitumen; B1 - Bricks and Blocks; C1 - Cement; C2 - Concrete; C3 - Construction Chemicals; C4 - Construction Equipment; D1 - Door/Window/Almirah Fittings and Accessories; E1 - Electricals; E2 - Environment-Friendly and Energy-Saving Equipment; F1 - Fencing; F2 - Ferrocement; F3 - Fibre-Reinforced Composite Products; F4 - Fire Protection and Security; F5 - Floors and Floor Finishes; F6 - Foundations; G1 - Glass; G2 - Gypsum; K1 - Kitchen, Bathroom and Sanitary Fittings; L1 - Lifts and Escalators; L2 - Lime; P1 - Paints and Coatings; P2 - Polymers and Plastics; P3 - Precast/ Prefabricated Products; R1 - Roofing Systems; S1 - Steel Alloys; S2 - Stones; T1 - Tiles; W1 - Walls, Partitions, Ceilings and Facades; W2 - Water Supply and Drainage; and W3 - Wood and Reconstituted Wood Products.



Rural & Regional Development and Agriculture

Social Audit for Rural Infrastructure Development Fund (RIDF) Projects of NABARD in Karnataka.

Design of Market Data Analysis for APIB - Case Study of Tumkur District.

Farm Forestry Evaluation and Suggestions to Improve Performance in Karnataka.

● Health, Sanitation & Hygiene Education (HSHE) Management Consultancy for the Karnataka Integrated Rural Water Supply & Environmental Sanitation Project: (i) Information, Education & Communication (IEC); (ii) Capacity-building (Training); (iii) Monitoring & Evaluation; and (iv) Documentation & Sharing of Experience.

Integrated Tourism and Environmental Development of Shravanabelagola, Belur and Halebid.

Identification of User Needs for Setting up of Agro-climatic Planning and Information Bank (APIB).

Study on Agriculture Market Infrastructure & Credit Services in Selected Districts of Karnataka.

Concept Paper on Reproduction and Child Health Project II in India.

● Economics of Tobacco in India - An Overview.

Study on Infrastructure, Market and Prices: Northern Dry Region and Hilly and Coastal Regions of Karnataka.

Preparation of Project Formulation Plan for KHSDP (World Bank Aided).

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✓ Motivating Villagers for Formation of Water and Sanitation (WATSAN) Committees at Community Level.

Waste and Marginal Land Development in Tumkur District.

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Concept Paper on Urban Development Programmes in the West Coast Districts of Karnataka.

Computer Model for Optimum Utilization of Waste Lands.

Role of Agro-based Rural Market: Trade and Transport Interlinkages.

Population and Labour Force Projections for India (1981-2016) by Agro-climatic Zones.

Assessment of Production and Consumption Patterns and Changes for Minor Millets in Karnataka.

Environmental Management Plan for Madras-Mamallapuram Coastal Stretch.



MAJOR RESEARCH STUDIES ON Management, Finance & Project Appraisal

Social Audit for Rural Infrastructure Development Fund (RIDF) Projects of NABARD in Karnataka.

Farm Forestry Evaluation and Suggestions to Improve Performance in Karnataka.

HSHE Management Consultancy for KIRWS&ESP (World Bank Aided).

* Karnataka Municipal Development Project for World Bank Assistance - Rapid Appraisal Reports for 20 Towns.

* Community Participation and HSHE Management for KIRWS&ESP in Shimoga and Raichur Districts.

Financial Feasibility Study for Development of Mysore Mills Compound in Bangalore.

* Implementation Management of KHSDP (World Bank Aided)

Techno-Economic Profile of IT Industry in Bangalore.

Five-Year Integrated Environmental Infrastructure Development and Capital Investment Planning & Programming - Bellary Local Planning Area.

Five-Year Integrated Environmental Infrastructure Development and Capital Investment Planning & Programming - Hubli-Dharwad Local Planning Area.

Integrated Infrastructure Development and Environmental Management for Ankola Town, Karnataka.

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Preparation of Implementation Volume & Setting up of Computer Planning System for IPP IX.

Study on Occupancy of Plots in Sites & Services Schemes in Tamil Nadu.

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Status of Borewell Hand Pump Installations in Andhra Pradesh.

Study on Planning & Social Impact: Exclusive Busway in Anna Salai Corridor.

✓ *Organization and Management of Water Needs in Bangalore Slums.*

Project Identification, Feasibility and Finance Operating Plans for Local Bodies (covering ten cities/ towns).

Corporate Plan for Housing and Land Development Programme (HALDEP) - 1991-2001.

An Appraisal Study on Delhi Resettlement Colonies.

Municipal Finances: Bangalore, Hubli-Dharwad, Gulbarga, Mysore and Mangalore.

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● *Development Plan for Least Urbanised Taluk - Usilampatti.*

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● *Integrated Urban Development Plan and Environmental Improvement of Heritage Towns of Tamil Nadu - Palani.*

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Integrated Development of Small and Medium Towns in Tamil Nadu.

Population Projections for India 2021.

Delphi Study on High-Tech Areas: Robotics and Lasers.

Changing Trends in Key Building Materials.

Long-range Macro-model for Indian Economy.

Approach Paper on Structural Plan for Bangalore.

National Conference on "Strengthening and Implementation of National Law" in collaboration with Environmental Law Institute (ELI), Washington.

Professional Meet on "Techno-Economic Profile of IT Industry in Bangalore".

Professional Meet on "Implementation of Existing Environmental Laws in the Management of Industrial Hazardous Waste in Karnataka - Bangalore as a Case Study".

Professional Meet on "Identification of Safer Zones for Stone Crushing Units in Bangalore Rural & Urban Districts".

Round Table Discussion on "Profit and Pollution Prevention", in collaboration with USIS, Chennai.

Health, Sanitation & Hygiene Education Training Programmes: District Level - 12; Taluk Level - 56; Village Level - 935; State Level - 2; Folk Artists' Programmes; and Environmental Curriculum Development for Teachers.

Executive Development Programme on "Integrated Infrastructure Plan and Programmes - A Five-Year Capital Investment Programme for Large and Medium Towns".

Round Table Discussion on "Environmental Management System in a Global Market Plan" in collaboration with USIS, Chennai.

Executive Development Programme on "Development of Management Systems: Habitat, Infrastructure and Urban Finance".

Executive Development Programme on "Metropolitan Development Systems: Land Management and Resources".

Seminar on "An Objective Review of Implementation of Master Plan in Selected Class I Cities - A Search for Effective Development Process" at Bangalore, Calcutta, Bhopal & Ahmedabad.

Future Studies - "Forecasting Technology Assessment and Perspective Planning".

Professional Meet on "Building Material and Adoption Practices in Tamil Nadu".

A Series of Seminars on "User Needs of Information Bank of Building Materials (IBBM)" - Bangalore, Calcutta and Chennai.

Seminar on "Housing Policies and Programmes - Follow-up to National Housing Policy".

Workshop on "Science and Technology for Achieving Food, Economic and Health Security".

Professional Meet on "Environmental Management Plan - Madras-Mamallapuram Coastal Stretch".

A Series of Workshops on the "Karnataka Health Systems Project".

Professional Meet on "Effective Demand for Housing in Tamil Nadu".

Professional Meet on "Family Welfare Project and Urban Slum Survey Findings for Bangalore Urban Agglomeration".

Workshop on "Identification of Norms and Infrastructure Needs for Secondary Level and Tertiary Level Hospitals".

National Seminar on "City Health Plan" and Workshop on "Preparation of Bangalore City Health Plan".

Decentralized Training Programme: Karnataka Infrastructure - Action Planning and Programming.

Professional Meet on "Housing Financing - Practices and Processes".

Environmental Awareness of Slum Dwellers in Bangalore.

Workshop on "Integration of Education, Research and Industry for National Growth".

Seminar on "Waste Management in Cities".

Seminar on "Agro-climatic Regional Planning".

Orientation Course on "Commercial Accounting Systems" for Karnataka Slum Clearance Board (KSCB).

Professional Review Meeting on "National Urbanization Policy" - Report prepared by NCU.

Since its inception in 1987, STEM has successfully completed a host of prestigious assignments in key areas, sponsored by various Central and State government departments and institutions, and international organizations such as the United Nations and the World Bank. Consequently, a number of well-researched reports on subjects of topical interest were prepared by STEM. In 1996, STEM decided to periodically share this large fund of information, it had accumulated, with development planners, public administrators, technical managers, and other professionals. The *STEM Reporter* was thus conceptualised and the first issue was released in January 1996. Being totally project-centric, the *Reporter* is not brought out as a regular dated periodical. It is more in the nature of an occasional monograph, with each issue focussing on the highlights of one or two research studies falling in one sector. As of June 1999, a total of nine issues of the *Reporter* were brought out:

SR-01/96: *Effective Demand for Housing in Tamil Nadu*

* SR-02/96: *Family Welfare Project for Urban Slums in Bangalore*

SR-03/96: *Environmental Management Plan for Madras-Mamallapuram Coastal Stretch*

SR-04/97: *Feasibility Study and Financial Operating Plan (FOP) for Local Bodies in the State of Tamil Nadu*

* SR-05/97: *Health Care Facilities in Non-government Sector in Karnataka*

SR-06/97: *Indian Building Materials & Products: Directory and Information Bank*

SR-07/98: *Management Consultancy for Health, Sanitation & Hygiene Education (HSHE) for Rural Karnataka*

SR-08/98: *Housing and Key Building Materials in India: A Long-Term Perspective 1991-2011*

SR-09/99: (i) *Industrial HWM in Karnataka: Implementation of Existing Environmental Laws - A Case Study of Bangalore*; and (ii) *Stone Crushing Sector in Bangalore Rural & Urban Districts: Broad Review of Safer Zones, Alternative Enviro-Technological Options*

Copies of *STEM Reporter* are available on request.



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STEM's Research Studies are sponsored or supported by a variety of public / private institutions at the municipal, state, national and international levels:

Government of India : Ministries, Development Organisations, and Financing Institutions

Ministry of Environment & Forests

Ministry of Urban Development

Ministry of Health & Family Welfare

Dept of Science & Technology

Dept of Space/ ISRO/ RRSSC

Building Materials & Technology

Promotion Council (BMTPC)

Agro-climatic Regional Planning Unit

National Bank for Agriculture and

Rural Development (NABARD)

Planning Commission

Indian Human Settlement Programme

(IHSP)

National Housing Bank (NHB)

Housing & Urban Development

Corporation (HUDCO)

Government of the National

Capital Territory of Delhi

Delhi Development Authority (DDA)

Association of Metropolitan Development

Authorities (AMDA)

State Government of Karnataka

Dept of Health & Family Welfare

Dept of Public Health Engineering

Dept of Housing & Urban Development

Dept of Tourism

Dept of Rural Development &

Panchayat Raj/ Project Planning &

Monitoring Unit (PPMU)

Directorate of Municipal Administration

Bangalore Mahanagara Palike (BMP)

Bangalore Metropolitan Regional

Development Authority (BMRDA)

Bangalore Development Authority (BDA)

Mangalore Urban Development

Authority (MUDA)

Mangalore City Corporation (MCC)

Bellary Municipal Corporation

Hubli-Dharwad Municipal Corporation

Karnataka State Urban Planning

Organisation

Karnataka Housing Board (KHB)

Karnataka Slum Clearance Board

(KSCB)

Karnataka Urban Infrastructure

Development and Finance Corporation

(KUIDFC)

Technical Consultancy Services

Organisation of Karnataka

(TECSOK)

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Office of the Deputy Commissioner,
Karwar

Office of the Principal Chief Conservator
of Forests

State Government of Tamil Nadu

Dept of Municipal Administration

Directorate of Town & Country Planning

Tamil Nadu Urban Development Project
(TNUDP)/ PMG

Madras Metropolitan Development
Authority (MMDA)

Pallavan Transport Consultancy Services

State Government of

Andhra Pradesh

Office of the Commissioner of Medical
Services

Municipal Corporation of Hyderabad

Andhra Pradesh Health & Medical,
Housing & Infrastructure Development
Corporation (APMHIDC)

State Government of Uttar Pradesh
Dept of Health & Family Welfare

**International &
Overseas Organisations**

UNICEF

WHO

World Bank

IDRC

HSMI, Rotterdam

IDPAD, University of Amsterdam

Mediconsult Management Sdn. Bhd.,
Malaysia

Kreditanstalt fur Wiederaufbau,
Germany

Environmental Law Institute, Washington

Sani Consultants, Germany

United States Information Services (USIS)

Others

Operations Research Group (ORG),
Baroda

Indian Tobacco Association, Guntur

Tobacco Institute of India, New Delhi

Planning & Design Group (PADGRO),
Chennai

- Research, documentation, analysis and database
- Corporate performance appraisal
- HRD for optimum productivity and performance
- Finance and accounts
- Project formulation

Applied Social Sciences

Provision of basic needs to the economically weaker sections and tackling of population explosion have become important components of Applied Social Sciences. The key focal areas are:

- Demographic analysis and planning
- Economic planning and development
- Community participation and development
- Health and environmental care
- Poverty alleviation and socio-economic appraisal & analysis

Development Planning

Design, planning and implementation are the main inputs of Development Planning. The critical areas include:

- Urban, rural and regional planning
- Policy research and evolution of strategies
- Housing and land development policies
- Human settlement systems
- Agro-climatic regional planning & development

Research Studies

STEM has successfully carried out a host of prestigious assignments in key areas, on behalf of various sponsors, culminating in a

number of well-researched reports on subjects of topical interest. These reports cover a wide spectrum of disciplines such as:

- Health & Environment
- Housing & Slums
- Management, Finance & Project Appraisal
- Rural & Regional Development and Agriculture
- Urban Planning & Technology

Training & Awareness Programmes

STEM has conducted a number of training and awareness programmes for creating managerial resources, in a variety of disciplines, by way of:

- Awareness Campaigns
- Executive Development Programmes
- Professional Group Meetings
- Seminars
- Workshops

Professional Resources

The STEM Society is governed by a Management Council consisting of experienced professionals and functions under its overall guidance. Its day-to-day activities, managed by a multi-disciplinary core staff, are directed, monitored and reviewed by a full-time Executive Director. Besides, STEM has project-specific teams comprising specialist central & zonal co-ordinators, trained multi-lingual field investigators and supervisors, backed by a national network of experienced consultants in a variety of disciplines.

In addition, STEM has excellent facilities for computer-based statistical analysis & evaluation, database management and documentation. ■



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UB16

"MONITORING THE QUALITY OF ROAD WORKS-A CITIZEN'S GUIDE"

Public Affairs Centre is a non-partisan and not for profit organisation dedicated to the cause of improving the quality of governance in India. PAC's focus in this regard is primarily on areas in which the public can play a proactive role in improving governance.

We are very pleased to announce the publication of "**Monitoring the Quality of Road Works - A Citizens' Guide**". This effort was sponsored by the Department of Science & Technology, Government of Karnataka (DST-K). The preparation of the Guide has gone through rigorous review, revision and inputs by technically qualified professionals such as Prof. C.E.G. Justo, Emeritus Fellow and Visiting Professor at the Department of Civil Engineering, Bangalore University.

The Guide is an attempt to demystify the task of monitoring the quality of road works so that civil society can participate in ensuring transparency and accountability in this important area of public expenditure. The Guide has a tremendous potential in enabling road users to play a "watch-dog" role to achieve safe, durable and motorable roads. Citizens and tax payers are the ultimate users and have a right to good quality roads. Rights cannot be divorced from duties. It is in this context, citizen monitoring of the quality of road works which is a culmination of both rights and duties attains critical importance as only they can mount pressure for a positive change.

Information listed in the Guide relating to pothole repair, silting and maintaining drains and countless other matters concerning road conditions can be applied by any person who is concerned about the condition of public works and is willing to make civic authorities perform their jobs properly. The practicability and validity of the Guide was field tested over a period of eight months in Bangalore by a Citizens' Panel comprising eminent civil engineers and representatives of community organizations.

We look forward to a closer coordination between government and civil society in this area and hope that the Guide will help make road quality monitoring a more public and open process in which all stakeholders can be involved.

Copies of the Guide are available for sale at our Centre. If you are interested in acquiring a copy, kindly send a DD in favour of Public Affairs Centre, payable at Bangalore.

The guide is available at the following rates:

Rs.50.00 for Citizen's Groups/Community based organisations (postage extra)

Rs.100.00 for others (postage extra)

US \$50 for sale abroad (inclusive of postage)



THE POWER TO VOTE!

UD 15

Dear Citizens,

URBAN LOCAL BODIES IN KARNATAKA ARE GOING TO POLLS SOON

YOUR PARTICIPATION MAKES A DIFFERENCE.

PROTECT YOUR VOICE, YOUR VOTE !!!!

Remember the distance between you and the Ballot Box is directly correlated to the distance between good governance and anarchy.

"BAD OFFICIALS ARE ELECTED BY GOOD CITIZENS WHO DO NOT VOTE "

Time and again this dictum has been proved true. Too frequently for comfort, with consequences that are disastrous to say the least.

CAN YOU TURN THE TIDE? WE BELIEVE YOU CAN.

THE POWER to bring in effective, competent, efficient, responsive & uncorrupt representatives is in your hands !!!
Should you not be concerned about the quality of elected representatives and the electoral process?

A B C OF VOTING: WHAT YOU SHOULD KNOW

➤ WHO CAN VOTE?

The Representation of People Act, 1950 empowers every citizen of India who is above 18 years with the right to franchise.

➤ HOW?

By first registering yourself to be a voter. Qualifying date to enroll is 1st January of the year of revision of rolls.

➤ HOW DO YOU PROTECT YOUR VOICE, YOUR VOTE?

First, enlist yourself on the voters' list. Second, verify the voters' list **BECAUSE PEOPLE CAN VANISH, SEXES MAY CHANGE , AND THE DEAD CAN COME ALIVE ON THE VOTER'S LIST.**

➤ HOW ARE ELECTORAL ROLLS REVISED?

Intensive Revision :

Electoral rolls(or voter's list) are revised once in five years during which a fresh list of voters is prepared by Election Commission visiting each and every household to enumerate eligible voters. The previous list then becomes null & void. Therefore, it is in your own interest that you cooperate with the enumerators. There are chances that some households would invariably be left out in the process because when enumerators visit a particular house, it may be locked or pet dogs and watchmen would not permit the enumerator's entry. And then enumerators might also make mistakes. In Bangalore, the last intensive revision took place in the year 1995 and another is scheduled for the year 2001.

Summary Revision:

Electoral rolls are periodically updated either annually or just before any Elections. This is called summary revision during which the Election Commission advertises and invites the eligible voters to register themselves and for those who are already on the voter's list to verify the list. **During summary revision the onus will be on the voter to get his/her name included, corrected or deleted from the voters' list.** Three summary revisions were conducted since 1995.

➤ WHICH FORMS TO USE?

USE FORM 6 to include your name; FORM 7 to object to the inclusion of somebody who you are sure is not residing in your locality; FORM 8 to correct details about yourself; FORM 8B to delete the names of those who have passed away or left the city.

➤ WHAT DO YOU DO WHEN SOMEBODY ELSE HAS ALREADY CAST VOTE IN YOUR NAME?

Cast a Tendered vote! You can seek a Tendered Ballot Paper as per Rule 51 of Representation of People's Act from the presiding officer at the polling station. After marking your choice of candidate/party, present your tendered vote to the presiding officer. Do not use the ballot box.

➤ WHAT DO YOU DO WHEN YOUR OFFICIAL DUTIES PREVENT YOU FROM VOTING?

Use Postal Vote. Following Government personnel are entitled to vote by postal ballot—

Voters on election duty : Use FORM 12 or 12B as applicable seven days in advance before the date of poll.

Voters on preventive detention : Send in application to avail this provision within 15 days of announcement of election specifying name, address, electoral roll number and place of detention.

Special Voters : Defence personnel - Use FORM 2 to reach 10 days before the poll.

Service Voters : And their families who are GOI personnel but posted outside India-Use FORM 3.

Contact : Office of Election Commission, State Election Commission or Assistant Revenue Officer, Bangalore Mahanagara Palike of your locality.

ISSUED IN PUBLIC INTEREST BY

PUBLIC AFFAIRS CENTRE

578, 16th B Main, 3rd Cross,

3rd Block, Koramangala,

Bangalore- 560 034.



Whose Vote is it Anyway ?

English, Colour, Video, 16 minutes

Citizen groups are fast emerging as the cutting edge of local governance; resident groups in many cities are today demanding an active and creative role in deciding matters that affect them individually and collectively. The 74th Constitutional Amendment Act of India, provides ample scope for increased citizen involvement in local governance. Lack of information, however, is a major barrier to effective participation. Nowhere is this more evident than in city elections. Most people know very little about their prospective representatives and are often unable to make informed choices. In this scenario, the role of the elected representatives (Municipal Councillors) assumes added significance.

An innovative and radical experiment was conducted in Bangalore for the city Municipal elections held in October 1996. In a move that signals political maturity and civic consciousness, residents of the city tracked down the candidates to seek information from them regarding the eligibility of their candidature. A set of relevant questions were asked: Do you live in this ward? What is your source of income? Do you pay taxes? What is your past record? What are your priorities for the ward? Are there any criminal or corruption charges against you? This novel initiative called 'CHOOSE THE RIGHT COUNCILLOR!' was organised by Public Affairs Centre, Bangalore in association with several local NGOs and Resident Groups. The Programme tested out in eight wards of the city has shown that civil society institutions can respond to the challenge of ensuring transparency and be proactive in the electoral process.

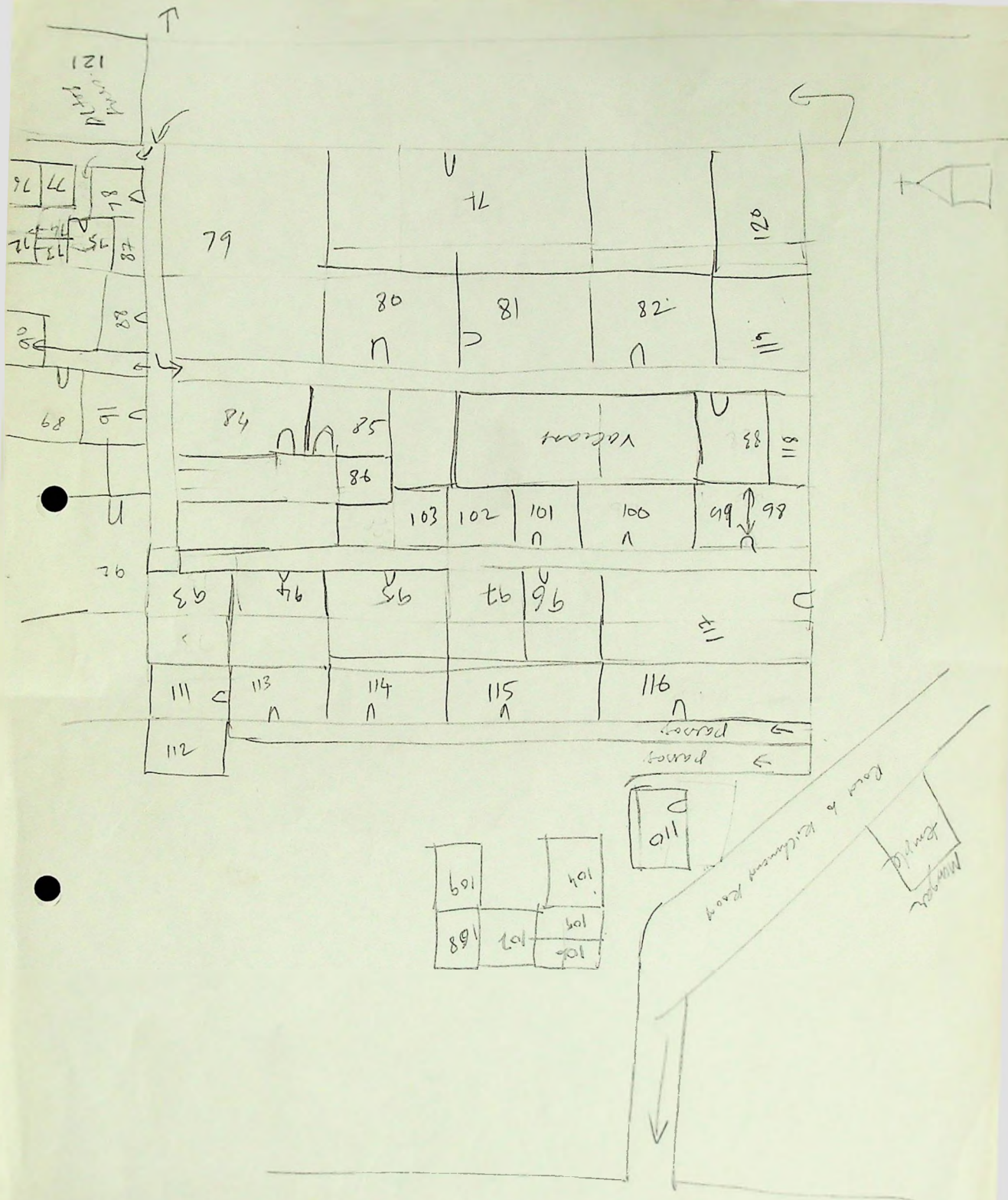
This experiment, for the first time, brought together citizen groups who had not known each other before. It has created a network with potential for initiating further collective action.

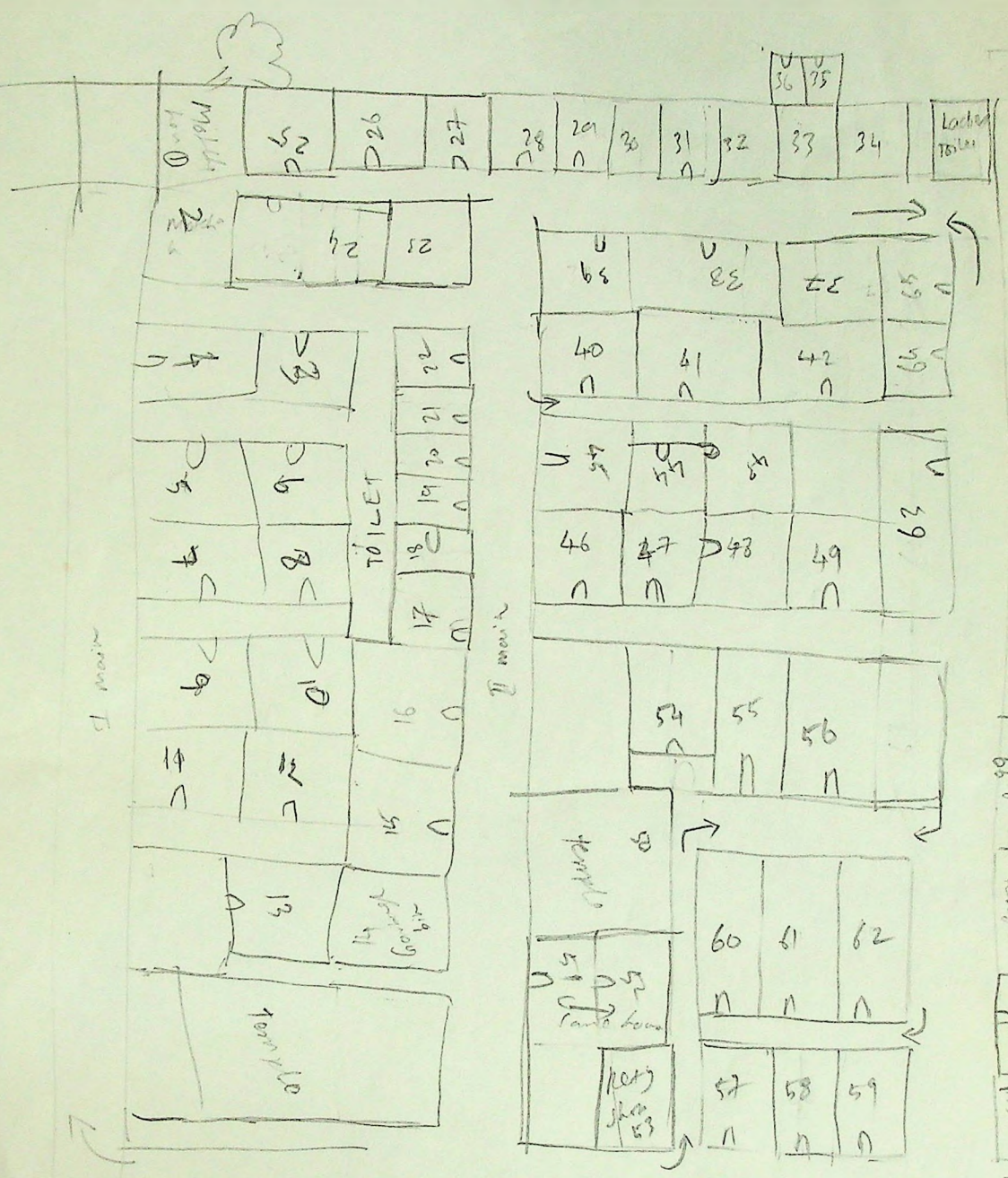
This short film captures the essence of the experiment and provides valuable and interesting insights on its concept, strategy and conduct. It shows how information was collected and disseminated through leaflets and neighbourhood newspapers, aided by the proactive and critical support extended by citizen groups. The film narrates an educative and interesting experience and could be used as an effective advocacy aid to stimulate the ordinary citizens to make informed choices in elections and to encourage organised groups to undertake similar efforts in other parts of the country.

The video film shot in high band U-matic format is of telecast quality; both NTSC and PAL versions are available on request.

For more information contact:

PUBLIC AFFAIRS CENTRE, 578 16B MAIN ROAD, 3RD CROSS. BLOCK 3, KORAMANGALA
BANGALORE 560 034, INDIA . TELEFAX: 5537260, 5520246, 5525452, 5525453





Veterinary House

Temple
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10/15/54

AIRPORT ROAD

ARMY QUARTERS

ARMY QUARTERS



MOBILE HALL	MOBILE HALL
----------------	----------------

5/1

MAIN ROAD

MAIN ROAD

5	3
5	5
7	8
10	9

ON ROAD



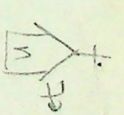
Veterinary Hospital

Temple + vegetable garden

67

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69



Airport Road

Army Quarters

Army Quarters



Main Road

Main Road

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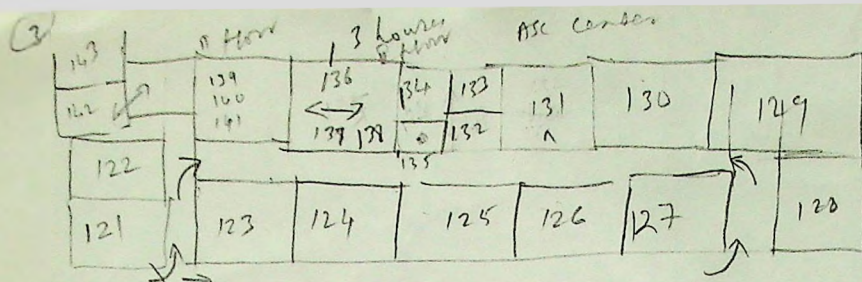
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On Road

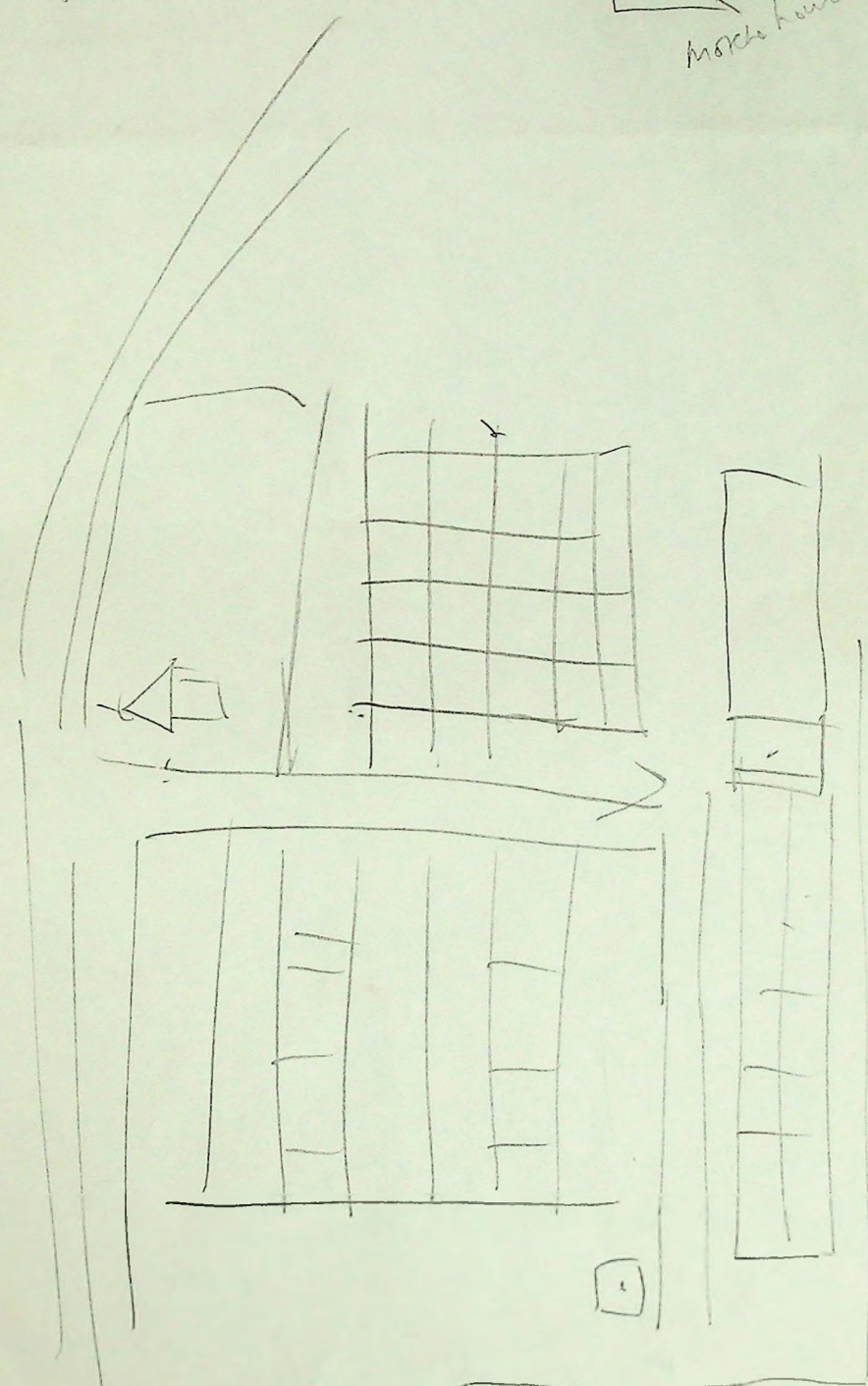


• perry shop

new

alley houses

more houses



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		167					160

VIII MAIN

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


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IV MAIN

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II MAIN

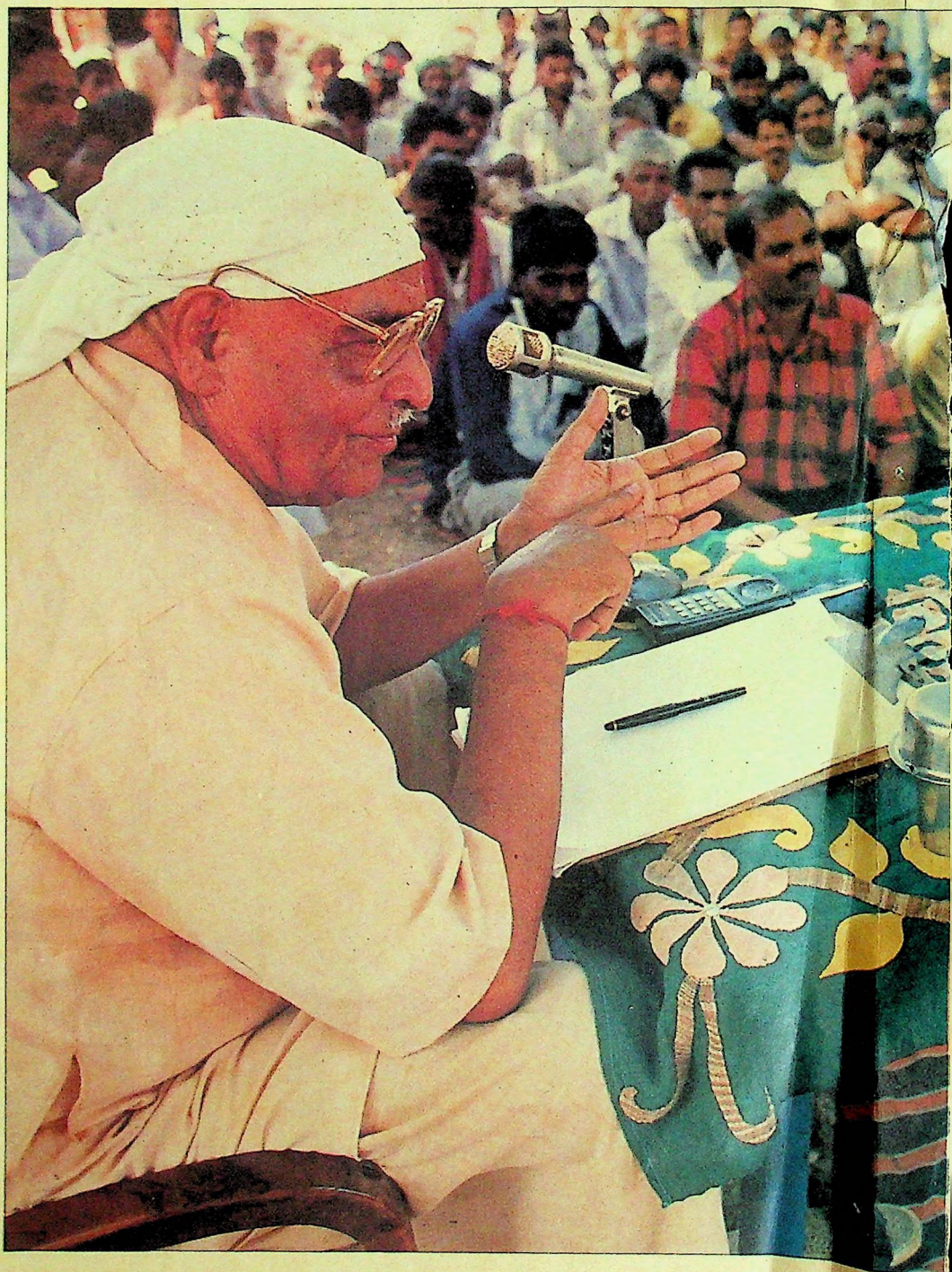
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80 FEET ROAD

Rajendra Nagar





PICS: P. MUSTAFA



JUSTICE OF PEACE AND PROGRESS

Revolutionary veteran of
freedom struggle builds up a
river valley civilisation in
Gujarat. Single-handedly.

■ By R. PRASANNAN

PUNDLI walked nine miles from Chaparia village across the sun-baked hills on the Gujarat-Madhya Pradesh border, carrying a baby in her arms and dragging her three other children along. Her angry father walked ahead with his kinsmen, swearing revenge. Their arrows were still sharp in the quivers in their homes, their spirits as savage as they were in the days when they had hunted for food.

Pundli's estranged husband Kanju and his kinsmen from Nava village too had arrived at the open court of Rangpur that autumn afternoon. The two groups of Rathwa tribals kept away from each other, in deference to the sanctity of the adjacent Anand Niketan ashram, the hermitage of Harivallabh Parikh where vendetta is as out of place as cardinal sins are in heaven.

No one rose as 'Judge' Harivallabh, whom they call Bhai (brother), walked into the court, clad in saffron khadi dhoti and shirt with a white towel tied

**An encounter with Madan Mohan
Malviya at the age of 12 changed
Harivallabh's life.**



PUNDLI AND KANJU

Kanju and the father-in-law affixed their thumb impressions; as Pundli came forward to give hers, Kanju took the baby from her—for the first time in six months.

around his head somewhat like an English judge's wig. The court was but a platform built around four shady trees. The people sat patiently on the rugs spread on the sand as Harivallabh rested his walking stick against the tree and lowered his 70-year-old body into the khadi-draped armchair beside a table which served as his 'bench'.

There were no black-gowned attorneys, no dock, no witness box and no gavel of order, but as Bhai called out, "Where is Pundlibehn?" the crowd of about 500 fell silent. One could now hear the chirping parrots on a nearby tree and the gurgle of the water in the Hirna river, on whose primeval banks Bhai is building a new civilisation of justice and peace.

The case of Pundli and Kanju is as important to building of that civilisation as the schools, houses and hospitals, clothes, seeds and compost gas that Bhai is helping them have. As Kanju and Pundli sat facing the 'bench', her rancour poured forth: Kanju had not bothered to fetch her and the children from the house of her cruel father. At this the judge intervened: "O, Kanjubhai, you have four children; have you undergone the (vasectomy) operation?" Kanju, who was angrily waiting to reply to Pundli's tongue-lashes, shyly replied, "No, Bhai". The judge now addressed the crowd for two minutes on the importance of small family and the hearing resumed.

As it turned out, Pundli's father had got a bank

loan to buy four bullocks, two of which he gave to Kanju to cheat the bank for another loan. When relations soured, the old man asked Kanju for rent on his bullocks. Offended, Kanju asked him for rent on the water pump which he had lent the old man. When Kanju began to beat Pundli for her father's greed, she went home but was not welcome. At this the judge smilingly intervened: "Ah, both of you are rogues. Poor Pundlibehn is the sufferer in your unholy war. Kanjubhai, why don't you fetch her from her house?"

"I didn't take her from her house. We had met at the fair and eloped," replied Kanju. The judge grabbed at that: "Don't you still love her and your children?" Kanju pleaded that he had sent his people to fetch her, but her kinsmen had insisted that Kanju should himself come. The judge talked to both sides and in about 10 minutes he declared: "Neither side shall pay any rent as both have thieved on the government. But Kanju has wronged his wife. He should go and fetch her."

Agreeing that the verdict was fair, the assembled villagers prevailed on the headstrong Kanju to accept it. In five minutes Dalpat Venkar, the only court official, read out a written settlement. Kanju and the father-in-law affixed their thumb impressions; as Pundli came forward to give hers, Kanju took the baby from her—for the first time in six months.

"Harivallabh started the concept of lok adalat long before I mooted the idea on an all-India basis," says P.N. Bhagwati, former Chief Justice.

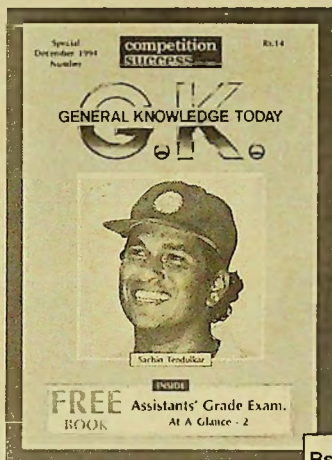
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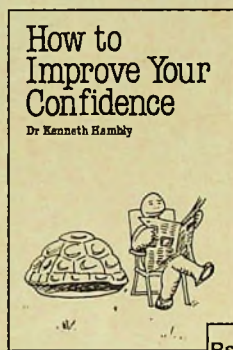


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DAWN OF CIVILISATION

They knew of no law except that of the arrow 45 years ago. Today murder is rare among the 20 lakh tribals in Baroda and Bharuch districts.

The Kanju-Pundli dispute would have started a murderous feud among the two Rathwa clans but for Harivallabh and his open court. The average toll was two murders a day when the young Harivallabh and his wife Prabha had arrived in the area to set up a Gandhian ashram 45 years ago. "They understood no law except that of the arrow," Harivallabh recalls. "Every dispute ended in a murder. The murdered person's relatives would pay back with another murder. All family, clannish and tribal scores were to be settled before their two festivals, Divaasa in the autumn and Holi in the spring; so there was a spate of murders in the preceding weeks. And fresh accounts were opened after the festivals."

The custom prevails even today on the Madhya Pradesh side of the border where Bhai's message of peace is yet to reach. But a murder occurs rarely in the 20,000 square kilometres in Baroda and Bharuch districts of Gujarat where more than 20 lakh Rathwas, Tadvīs, Naiks, Bhils and Dugra-Bhils are civilising themselves, without the agony that accompanies change.

"The state with all its coercive power cannot reach these areas," says the Baroda District Collector Inderjit Gautam. "And if it uses its power, there would be armed revolts and extremist uprisings. Harivallabh has single-handedly built up this machinery of justice which the rest of the country is

now emulating in the form of lok adalats (people's courts)."

In 45 years Harivallabh has settled more than 60,000 cases which means he has averted at least as many murders. It was his success with the open court that gave the idea of lok adalat to his old friend P.N. Bhagwati who, as Chief Justice of India, implemented it throughout the country to reduce the backlog of cases in law courts.

Harivallabh "was the first person to start the concept of lok adalat...", Bhagwati wrote in a message to an Anand Niketan publication, "long before the idea was mooted by me on an all-India basis. (The) adalats which... Harivallabh is holding are real lok adalats because the people participate in the conciliatory and adjudicatory process... If only the experiment... were to be replicated throughout India on a massive scale, we shall be able to... remove, to a considerable extent, the bitterness and strife affecting rural life."

THE man who has virtually built a small river valley civilisation of self-sufficient villages on the upper reaches of the Narmada valley had not even seen a plough in his childhood in Pratapgah in Rajputana where his father was the diwan. Once when he broke his tooth while eating he asked his friend, who was the son of a farmer, why there were

The son of a diwan went to Sabarmati with two servants who were to wash his clothes. He saw Bapuji in loincloth and was ashamed of himself.



PRABHA

It took more than a year for Harivallabh to touch his wife.

stones in rice. The friend joked that his father had grown the rice underground and had no time to sift the stones out. Young Harivallabh believed it!

It was a chance encounter with Madan Mohan Malviya at the age of 12 that changed Harivallabh's life. He accompanied Malviya, who was visiting the diwan, to the nearby villages and was shocked to see the great man touching the untouchables. Malviya did not bother to reply to Harivallabh's questions but gave him a small book on Mahatma Gandhi in which he wrote: "Dear Harivallabh, I hope you will become a social worker when you grow up; this book comes with my blessings."

The book impressed the young mind. Thinking of becoming a disciple of Gandhi, he went to the Sabarmati ashram with two servants who were to wash his clothes. "I saw Bapuji in loincloth and I was ashamed. I sent back the servants." But he still used to leave his plates unwashed. Gandhi, rather cunningly, sent Harivallabh's teacher in the ashram school to pick up the plates. "That shamed me again. I started cleaning the plates."

Bapu wanted Harivallabh to work in Gujarat and sent him to learn Gujarati. (Though his parents were Gujarati Vaishnav, Harivallabh knew only Hindi which was spoken in Pratapgarh.) As the college closed during the Quit India movement, Harivallabh went with a few friends to Karachi where they were

involved in underground politics. The movement took him to Hyderabad, and forgetting Gandhian non-violence, he blasted railway bridges and looted mail wagons. The escape from Hyderabad was miraculous. Harivallabh and two friends donned women's clothes and got into a train.

Bapu condemned the violence and appealed to the underground youth to own up their deeds. Harivallabh went to the police in Ahmedabad and offered to surrender, but insisted on raising the national flag. The young British superintendent agreed to a flag-hoist and surrender. Harivallabh was eventually freed when Gandhi insisted that all nationalists be released before he talked to the Cripps Mission.

During the underground wanderings, Harivallabh had met Mohanlal Parikh who ran a khadi shop in Savarkundla in Saurashtra. Mohanlal wanted his daughter Prabha to marry Harivallabh, who had sworn before Gandhi not to marry until India became free. Harivallabh agreed to a betrothal on two conditions: they would marry only after Independence, and Prabha would go, after the betrothal, to the Wardha ashram for social service training. It was then that he went to jail.

When he learnt on release from jail that Prabha had not been sent to Wardha, he threatened to break the engagement. The girl's parents appealed to Gandhi at Sevagram. Gandhi summoned Harivallabh and told him: "Understand their feelings, Harivallabh. It is difficult for a conservative family to send their daughter to an ashram. Now instead of breaking the engagement, you marry her." The vow, Bapu reasoned with him, had been taken before him and he was now permitting him to break it. Harivallabh and Prabha were married in March 1946, but he refused to touch her hand even at time of the ceremonial joining of hands. After marriage he sent her to Wardha and went to Kasturba ashram at Korba.

It took Harivallabh more than a year to touch his wife. That too, after Gandhi had told her to nurse him when he lay injured in a futile fight to save seven Muslims from a few fanatics.

Harivallabh was travelling on a train to Ahmedabad, a month after Independence, when a few Hindu soldiers of the Ajmer raja dragged seven Muslims out of a compartment. Harivallabh jumped in front of the Muslims and spread his hands out in a protective gesture. He cried out to the other passengers to come out and help him, but a heavy jab on the back of the head with a baton felled him.

By the time Harivallabh was back on his feet, the soldiers had killed six of the Muslims. He rushed towards the seventh man, held him in a tight embrace and declared to the soldiers that they would kill the old man only over his dead body. The soldiers simply pushed him aside, killed the old man and went their way.

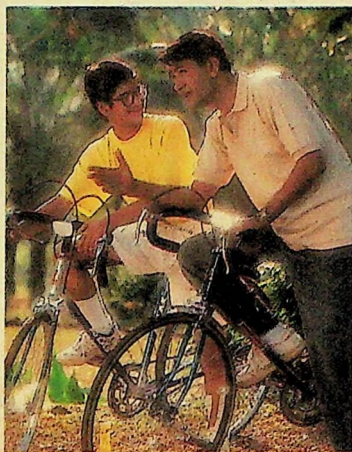
Harivallabh lay bleeding on the platform till someone took him to Korba. Gandhi, who was fasting in Calcutta for communal amity, heard of this

When Harivallabh learnt that Prabha had not gone to Wardha ashram, he decided to break the engagement. Gandhi made him break a vow, instead.

**They say
an organisation
should be judged by
its products.**

**Ours happens to be
the economic progress
of the whole country.**

*"Remember, partner,
the proof of the pudding
lies in the eating."*



IDBI's focus, for the last thirty years, has been on accelerating the growth of every sector of the economy.

It has spearheaded the growth of infrastructure for industry, helped develop entrepreneurship, and promoted institutions that are helping build a healthy and vibrant capital market. And has thus triggered the industrial momentum that has made today's liberalisation process possible.

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- World class balance sheet. Capital adequacy ratio 13.44% Performing assets 92%

The results of these efforts for the country are clear. The results, for IDBI's own bottom line, deserve attention.

For it's grown into the world's tenth largest development bank, with assets of over Rs 34,000 crores. Made the highest net profit — Rs 611 crores — among all Indian banks and financial institutions. And, over the last five years, recorded a compound annual growth rate of 27% in loan sanctions, 21% in disbursements and 30% in profits before tax.



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MARCH OF PROGRESS

Harivallabh has helped the tribals have schools, houses, hospitals, hybrid seeds and compost gas. He has taught them to build dams to make water flow uphill.

and directed Prabha to go to Korba to nurse him. Prabha arrived from Wardha with a friend. "She massaged the back of my neck," Harivallabh recalls. Thus began their married life.

Gandhi also arranged for Harivallabh's treatment at Dinshaw Mehta's nature clinic in Poona. He was cured but the jab on the back of the neck remained a permanent impairment. For many years, long exposure to sun used to make him faint. It was thus that Harivallabh began tying a kerchief on his head in the fashion of the Pathans whom he had seen when he had worked with Khan Abdul Gaffar Khan. Interestingly, when Vinoba launched the Bhoodaan movement, he told Jayaprakash Narayan to adopt Harivallabh's headgear for the Shanti Sena of volunteers.

The honeymoon did not last long. As soon as he recovered, Harivallabh set out for Kashmir where Sheikh Abdullah was fondling secessionist dreams. Harivallabh worked underground again, spying on the National Conference, but went to Delhi after Gandhi's assassination.

The assassinated saint's words rang in his ears again: serve the most miserable section of Indian society. He had heard about the tribals of the Narmada valley and after learning more about them from Balwantrai Mehta, he went to Kosindra in Baroda district along with his wife. From there he

made his foray into the dark world of ignorance and exploitation to set up his Anand Niketan at Rangpur where his three children would be born.

THE young couple who arrived on a bullock-cart in Mota Vata village on the Hirna in a cold evening in 1949 had no idea of the bitterness in tribal society. Harivallabh and Prabha knew virtually nothing of the tribals, whom Mahatma Gandhi had told them to serve. They had heard of those 'savages' from the people of Kosindra village on the forest border where they had stayed for a fortnight in their friend Trikkambhai Patel's house. They had also heard that many of the tribals were being kept as slaves by money-lenders and landlords.

Their first experience in Mota Vata was unnerving. They were greeted with drawn bows. When the tribals saw that Harivallabh was unarmed, the crowd mellowed, but would not welcome him into the village. Later he learnt that the money-lenders, who had heard of his plans at Kosindra, had warned the tribals that he was coming to cheat them of their lands.

"I told them that I had come to help them, but the hunting community had no concept of help or service," says Harivallabh. "I told them that I had come from Gandhiji and Nehru. They had never heard those names. I told them that the landlords and the

At Mota Vata the tribals greeted him with drawn bows. "I told them I had come from Gandhiji and Nehru. They had never heard of those names."

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THE TREE AND THE HOST

For a week in 1949, Harivallabh and Prabha cooked and slept under this tree. Finally Bhagwan the Rathwa (right) invited them into his hut.

usurers were cheating them and that independent India had no place for such cheats. They did not understand what I meant by independent India."

In the end the tribals retired to their huts, leaving the strange visitors out in the cold. After unloading the grain that would see them through a week, the couple sent the cart back to Kosindra and huddled under a tree. For about a week they cooked and slept in the open, with Prabha often talking of the futility of the effort. Harivallabh told her to shut up, catch hold of a few tribal children frolicking in the river and give them an oil bath.

The plight of the couple finally moved a young heart—that of Bhagwan, the Rathwa. One night he asked them to come into his hut saying, "It is not proper for a man and a woman to sleep under a tree". Bhagwan helped them build a small hut outside the village. Slowly the ice melted.

As Prabha bathed the tribal children, washed their clothes and taught the women to keep their huts clean, Harivallabh moved around the village to learn about the tribal culture. Prabha's grindstone was an object of curiosity for the Rathwas who had not seen the grinding of grain. Farming to them meant scattering a few seeds in the open. They did not have the plough, the first tool of civilisation.

The only non-tribals they had seen were the usurers who charged 300 per cent interest. "Unable

to repay the loans, the tribals were losing their land and becoming slave-labourers," says Harivallabh. "There were originally no landlords in this area as the land belonged to the tribals. But the usurers acquired their land and became landlords." The law of the land was that of the arrowhead and the usurer's word.

Harivallabh's first task was to rescue the tribals from slavery. Every night he sat under a tree and told them about the country, the freedom struggle and tales from the mythologies. The tales highlighted such themes as bondage and emancipation, love and sacrifice and the values of social life. As trust developed, he told them to ask the usurers for accounts; they dared not, as an usurer had burnt one of them alive for showing such temerity.

One day Harivallabh sent them to Kosindra to buy writing slates. The landlords on the way told them that Harivallabh would cheat them; they returned angrily. He refused to tell them any story that night and went on a fast. That touched the 'savage' minds; they saw sacrifice. The next day they bought slates. The written word was born in the Rathwa land.



He gave the tribals the two tools of civilisation: the plough and the law. "Harivallabh started the Bhoodaan before me," Vinoba Bhave once said.



ONE UPON RIO

For the first time in the world a government has acknowledged the inherent rights of the aborigines over the forest by giving them 25,000 hectares.

On those slates Harivallabh also wrote each one's accounts with usurers. Then he took up each case, writing to the usurers to appear before the tribal panchayat and explain the accounts. And he persuaded the police, through his friends in the Congress, to file cases of cheating against the usurers.

The struggle was no easy one. The lawless tribal society was plagued by many ills. They kidnapped one another's wives and most such kidnaps ended in a murder which would start a blood feud. They burnt women whom their witch-doctor pronounced as vampires; they had no idea of medicine and left the ill to die.

In short, Harivallabh's task to civilise a savage society. And so in 1949 he crossed the Hirna and set up a small house on a tor at Rangpur which used to be the hunting camp of the raja of Chhota Udepur. This house has now grown into Anand Niketan ashram whose 300 full-time workers and thousands of tribal volunteers have shepherded more than 20 lakh people in 3,300 villages on to the path of enlightenment and progress.

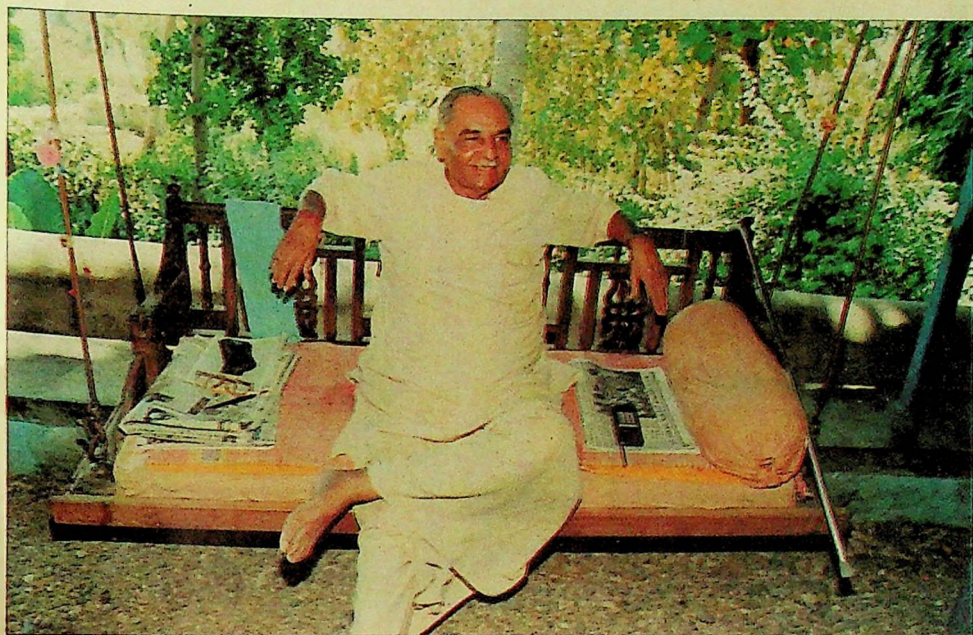
From the beginning Harivallabh's attempt was to give them the two tools of civilisation: the plough and the law. For that he first had to fight the landlords and get back the tribal land. He then showed the tribals the use of the plough in his ashram land.

But the other task was more difficult. The tribals had no law except a fierce clannish code of honour which only fomented the vendettas. Harivallabh told them about Gandhian non-violence but the talk went over their heads. Moreover, they had no faith in the law of the state which came to them in the form of thieving forest officials.

So Harivallabh began touring the villages settling small disputes. The young men who came to the ashram to learn reading, writing and farming would inform him of any altercation in the neighbourhood. "I would then rush on my bicycle to the village and talk to both parties to settle the dispute before it turned into a blood feud," Harivallabh recalls. "Slowly they began to like it. They knew it was better than going to the police and the law courts scores of miles away where they would have to cough up a lot of money." As trust was gained, the 'judge' did not have to go around offering help; people approached him in the ashram, and the open court of Rangpur was born.

A few successes cemented that trust. One of the early fights was with the Thakore of Boriyat, who had invented ingenious forms of taxes (a tax on the hearth, for instance). The villagers, unaware that thakoredom had ended with independence, used to pay up. Harivallabh heard of this and asked the headman, Phatu, not to pay. The Thakore's hooli-

The village forests boast of a thick growth everywhere while the government forests are largely bald expanses.



SOLOMON'S THRONE

Harivallabh works for 18 hours a day, and he rarely leaves the swing sofa till all the day's cases are heard. And Prabha is always at his side.

gans beat up Phatu, and the villagers brought him on a cot to the ashram.

Harivallabh informed the police, but the Thakore had already bought them. He then wrote to the newspapers about the Thakore who was collecting hearth tax and beating up villagers. He also told his friends in the Congress not to protect the Thakore. For the first time in Gujarat, a Thakore was thus arrested.

The incident shamed the Thakore's mother, who wrote to Harivallabh apologising for her son's sins and seeking a solution. She would not agree to her son apologising in the open court of Rangpur, but agreed to a court sitting in her manor-house. Finally the young Thakore, who was on bail, came out, wept in front of the villagers, and agreed to stop the extortion and pay Rs 1,000 for Phatu's medical expenses. "We understood the feelings of the Thakurani," says Harivallabh. "The idea was not to humiliate anyone but to seek justice. The Thakore has since been one of the finest gentlemen in the region."

Fighting the landlords was easier than fighting the evils within the tribal society. One incident that Harivallabh still remembers well is of Ravli, the 'vampire' wife of Ditya of Pandwa village. The witch-doctor, Unkaria, had pointed his finger at her when two babies died in the village. The villagers beat her

up and left her for dead. Ditya complained to the police but the inspector took money from the villagers and advised Ditya to forget his farm and leave the village.

When Ditya approached him, Harivallabh wrote to the village headman requesting the villagers to come to the court. When he found the police hostile, he issued a 'notice' with copies to the newspapers. At the next fortnightly meeting of the court, all the villagers, the complainants, the inspector and his constables were present. The villagers stood their ground: Unkaria, they said, had entered Ravli's stomach and had found the remains of the dead babies there.

Harivallabh took two tumblers, one containing water and the other turmeric powder, covered them with a towel and asked Unkaria which tumbler contained what. Unkaria fidgeted for a while and admitted his inability. The villagers realised their mistake and Harivallabh followed it up with a speech on superstitions. The villagers admitted that they had given the inspector Rs 700 to hush up the case and they agreed to abide by the decision of the open court. The inspector gave the money back, the villagers readmitted Ravli and Ditya into the community and compensated Ditya for his hospital expenses and crop loss.

Such Livingstonian efforts helped dispel many

Anand Niketan has protected the tribals from the agony that accompanies evolution from hunter-gatherer to settled farmer.



SELF-RELIANCE

Anand Niketan's 300 full-time workers and thousands of volunteers have shepherded 20 lakh people in 3,300 villages on the path of self-reliance.

superstitions from the tribal mind. Meanwhile, Harivallabh was persuading landlords to give away their surplus land. When Vinoba Bhave launched his Bhoodaan and Gramdaan movements, he walked about 5,000 km across Gujarat and collected 18,000 acres, mostly in the tribal belt, for distribution among the landless.

"Harivallabh started Bhoodaan before me," Vinoba had commented on a visit to Anand Niketan. While Bhoodaan and Gramdaan were largely failures in the Gangetic plain, they were grand successes in the Narmada valley thanks to the perseverance of Harivallabh and his volunteers. They ensured that the villages established local councils and helped the tribal farmers to wet and plough the dry land. Since its establishment, Anand Niketan has put a premium on scientific farming, horticulture and dairying. New hy-

brid seeds and livestock are reared at the ashram for distribution among the tribals.

ANAND Niketan's main contribution has been that it has protected the tribal folk from the agony of an anthropological evolution from hunter-gatherer to settled farmer. This transformation has been accompanied in most parts of the world by the disintegration of tribal societies and the disappearance of their cultures. Their interaction with the superior technology of the outside world usually have tragic consequences: the outsiders grab their lands; the free-spirited tribes become slum-dwelling industrial workers in towns or slaves of landlords; their women land in the mean streets of life. Harivallabh, on the other hand, has ensured that the tribals were not alienated from their habitat while he catalysed the inevitable transformation in the Narmada valley.

His mass satyagrahas forced the Gujarat government to declare the tribals the owners of 5,000 hectares of forest in 1994; another 20,800 hectares will be theirs next year. This is an achievement that merits universal acclaim. For, this is the first time in the world that a government has acknowledged the inherent rights of the aborigines over the forest, a hot debating point at the Earth Summit held at Rio de Janeiro in 1992.

While the rulers and social workers in other countries are still wracking their brains to make the aborigines administer the forest, Harivallabh has helped form 23 forest protection cooperative societies of tribals. "Another 50 cooperatives will be formed next year when they get the promised 20,800 hectares," says he. "Forest officials have been accusing the tribals of cutting the trees for firewood. The fact is that the tribals have all along been the protectors of the forests which are their habitat."

The difference is perceptible even to the untrained eye. The village forests boast of a thick growth everywhere while the government forests are largely bald expanses. Anyway, Harivallabh's

tribals now do not have to collect even the forest twigs for firewood. About 2.5 lakh houses have installed bio-gas plants with the help of Anand Niketan. "A standard bio-gas plant of four cubic metres would meet the entire cooking needs of a small family and save about 20 grown-up trees a year," says Harivallabh.

APART from being a mission of peace, Anand Niketan is the sole civilising agent in the upper reaches of the Narmada valley. With its help a people who believed that water could not be made to flow up the hills have built 27 check dams to wet the uphill tracts. The tribal women who were cutting twigs from the



Harivallabh has single-handedly built up a machinery of justice where the state cannot reach, says Baroda Collector Inderjit Gautam (above).



No more *khit khit* with my bat.
I wonder how I ever managed
without it.

Vidhya Kini
Housewife



It's really a quality machine.
I've never had a day's problem.
Touch wood.

Seema Chatterjee
Housewife

It washes, rinses, dries...
it really takes the load
off my hands.

Dr Padmashree
Cardiologist



I can wash all my silks, denims
and even bed sheets in it.
They come out absolutely clean.

Monica Dalvi
Housewife

Thank God no hot water or
running water is required.
I can wash clothes at
my convenience.

Jyoti Bajaj
Beautician



Over 8,00,000 women would
love to tell you about their
Videocon Washing Machines.
Here are 5 of them.

India's favourite. Over 8,00,000 people have taken home the unbeatable leader. Every Videocon model incorporates the world-leading Japanese pulsator technology. The V-NA-811 Techno-Clean is India's first, micro computer controlled, programmable and fully automatic washing machine with feather touch controls. V-NA-400T is India's largest semi-automatic washing machine. It handles 22 clothes per wash cycle. Offers 3 wash actions. And has a special water selector and buzzer to remind you the washing is over.

New V-NA-250DX Super-Wash is the most powerful 3 kg semi-automatic in the market. It has a buzzer, rat mesh and comes on castor wheels. The V-NA-200T is India's favourite compact. It's ideal for a small family and handles 12 clothes per wash cycle. And the V-NA-200E is the most economical 3 kg semi-automatic. It takes care of your washing, rinsing and drying in minutes. Over 1000 people bring home a Videocon washing machine everyday. Go on, take one home today and you'll have your own story to tell.



VIDEOCON
BRING HOME THE LEADER

forests are now collecting fallen dry leaves to make leaf-bowls which are sold in the markets of Baroda and other cities. And in true Gandhian style, they are encouraged to spin and weave their own clothes. The young folk are trained in crafts like carpentry, bio-gas plant repairing and mat-making in the ashram.

Harivallabh has no pretensions that his word is law in the region. Law is the general will of the villagers who, he says, are the wise men. He only articulates that will, and catalyses and channelises change. So instead of opposing the controversial Narmada Project, he bargained and got land for all the evacuees. "The evacuees were asked to select the land they liked and establish their community as it had existed in the original place. Even two tribal shrines have been shifted stone by stone," says Harivallabh who had opposed and scuttled all the dam projects which offered only cash for land.

Though he generally shuns honours, Harivallabh's attitude is of cooperation with the state. State agencies often consult him on development programmes and he used to lecture occasionally at the administrative staff college at Mussoorie. Many civil service probationers have spent a fortnight at the ashram for an experience in development administration. Prime Minister Indira Gandhi once offered him a seat in the Rajya Sabha. When he declined the offer, she insisted that he select a worthy tribal youth. Harivallabh nominated Ramsinh Rathwa, an ashram worker's son who had learnt painting and was working at the Junagarh museum.

"His idea is not to fight the state, but to struggle

for a just state order for his tribals," says the Baroda Collector Gautam. "Messages like small family, health, nutrition and bio-energy would have no meaning to the tribals but for his interpretation."

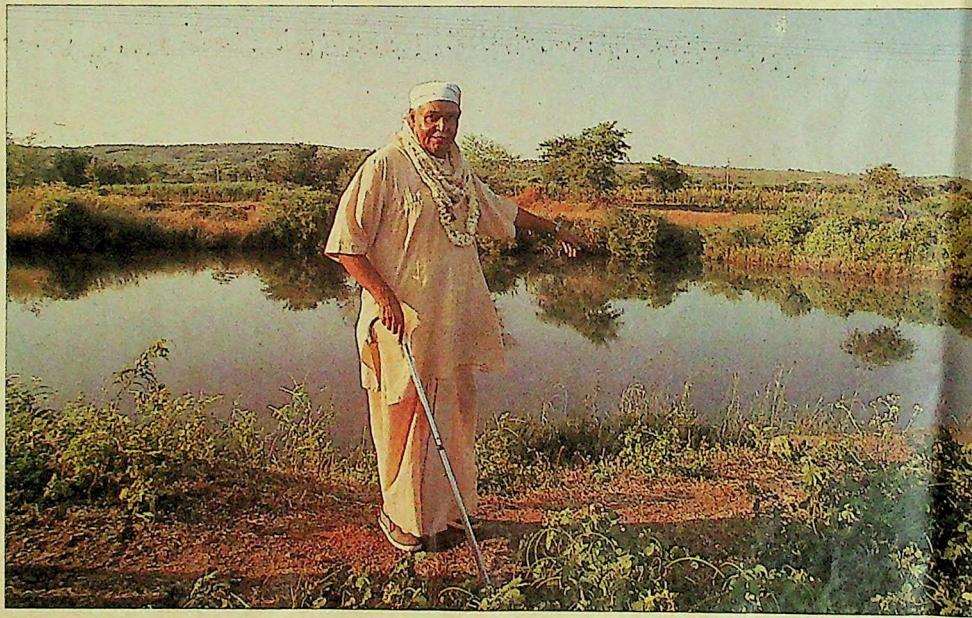
Often, the state uses his goodwill to run its writ. About a year ago, a few tribal villagers objected to a police camp on a hill and gathered with bows and arrows. The police brass was thinking of opening fire when an official contacted Harivallabh. He arrived on the scene, asked the police to retreat, and brought a few elders from other tribal villages to talk to the mob. The tension was defused in a few hours. "If we had used force, that would have been the beginning of Naxalism in the region," says a district official.

At 70, Harivallabh works 18 hours a day. The court usually starts in the afternoon and functions late into the night but he rarely leaves his swing sofa, this Solomon's throne, till all the day's cases are heard. Prabha is always at his side except when she tends to women's welfare activities in Baroda where her younger daughter Tapasi lives. The older one, Yogini, too attends to ashram activities with her husband Nagendra who is now the secretary of Anand Niketan. Son Yogesh is in Australia.

If the sovereign state, as Hegel said, is the march of heaven on earth, Harivallabh Parikh is only helping his people to join that march. If civilisations were built with the plough in the river valleys, they were consolidated for peace by the law-giving Manu and Moses, Hammurabi and Justinian. Harivallabh's justice, too, dwells in peace. ■

COLLECTIVE WISDOM

Harivallabh did not oppose the Narmada Project; instead he bargained and got land for all the evacuees.



SCALES OF LOVE

The open court fosters reconciliation in a spirit of give and take while sustaining tribal values and customs

THERE is nothing that Harivallabh Parikh enjoys more than presiding over his court. It meets twice a month, each meeting deciding the next date. There are no adjournments, posting or prolonged hearings.

No formal complaints, either. Complainants can approach 'Bhai' any time in the ashram. Bhai listens to them and writes to the other party, seeking their attendance at the next court session; if it is a case of prosecution, he keeps the police informed. Usually, after a reconciliation in Bhai's court, the petitioner withdraws the police complaint.

The court assembles around one o'clock and sits till all cases are disposed of. The cases are of a varied nature. Dholia felt aggrieved that, though his father had divided the family land equally, his brother Ranchod got the plot closer to the canal. Thus after years of cultivation, Dholia was poorer than his brother. Ranchod pointed out that the father had given a bicycle to Dholia. After many fisticuffs, Dholia complained to Bhai, who then requested Ranchod and the father to come to his court.

Bhai did most of the talking. He told them that it was not good of brothers to fight. He also pointed out one reason for Dholia's poverty: he had four children. The talk was such that it moved Ranchod's heart. He finally came up with a suggestion. They would cultivate both plots together and divide the harvest equally. Bhai now turned to Dholia: "What about the bicycle? Would you allow Ranchod also to use it?" Pat came the reply from Dholia: "Ranchod can take it as his." Years of enmity were forgotten in half an hour.

Most of the cases are divorce suits. Dinesh Thadvi's plaint was that his wife Bhavna had not stayed with him for more than five days. Bhavna replied that she had stayed for 20 days and run away because he was a non-vegetarian. Besides, he treated her with suspicion and refused to visit his in-laws. She now wanted a divorce.

Bhai requested Bhavna and her father to give Dinesh another chance, but they would not. Dinesh insisted that she return the ornaments that his sister had given her. ("Sometimes if a bride does not have enough ornaments, the groom's side helps, unlike the dowry-hungry city folk," explains Harivallabh.)

The case reached a tie and so Bhai ordered that the jury be formed. Both sides elected two elders to the jury. The four men met under a tree and, after

some haggling, decided that Bhavna's father would return the ornaments and pay about Rs 1,000 to Dinesh. ("He was the aggrieved party in this case," Bhai points out.)

That was not so in Dhani's case. Her husband Vinu had gone to work in Surat soon after their marriage. From there he informed her that he was not interested in her. He also beat her when he came home occasionally. Finally she approached Bhai's court. When his efforts failed, Bhai asked the village elders to advise Vinu; he refused to listen even to his father. Finally the jury decided that Vinu would pay Rs 451 as penalty to Dhani. After she signed the agreement Dhani removed her veil. ("The custom is that all married women should be veiled; the unveiling symbolises her freedom," says Bhai.)

Divorces are followed by settlement of movable



DHOLIA AND RANCHOD

There were ripples of laughter as Dholia opened his shirt and showed where his brother (at the mike) had hit him. Soon, the years of enmity were forgotten.

property. Both sides would furnish a list of articles and gifts exchanged. The lists are read aloud in the court, objections settled and the goods returned on an appointed day.

Landlords, too, have been approaching the open court. For instance, Shankar Patel of Kosindra, a cousin of former chief minister Chimanbhai, complained that Soma Nayak, a tribal, and his wife Kokila had not come to work after taking an advance of Rs 2,500. Soma argued that he had worked for a couple of months and had returned Rs 500. Finally the matter was settled with Soma agreeing to repay Rs 300 for which he had not worked. "This is a reversal

of roles," says Bhai proudly. "The tribals have become so conscious of their rights that the landlords are sometimes the aggrieved party."

Sometimes, Bhai appoints fact-finding commissions. Two Bhil villages had an old feud. Both had their own forestry farms and one group sent its cattle into the other's. The aggrieved party approached the open court. A fact-finding commission of ashram workers reported that 11,000 saplings had been destroyed. Bhai made the offending village to pay damages.

Bhai insists that his machinery of justice is not competitive, but complementary to the state machinery. Cases of physical hurt are usually referred to the police, and Bhai's attempt is mainly to prevent any vendetta that could follow a clash. A tribal couple complained that their son had wandered into a landlord's farm where the watchman chased him. The boy had been missing since. Bhai referred the case to the police, advised the couple not to take the law into their own hands, and asked the landlord and the watchman to help in tracing the boy.

Though the attempt is always to settle disputes amicably and justly, Bhai does not deny the natural bias in favour of the weak, particularly the women. "The tribal customs also help me in this," he says.

"These women are more emancipated than the urban women. There is no stigma attached to a divorce. And the tribal custom is that the father has to take care of the children, except infants, after separation. But if the woman insists on keeping the children, the man has to pay her alimony."

Arranged marriages are a rarity in the tribal society. Boys and girls usually meet at the dance at the weekly market. If a boy likes a girl, he offers her jaggery. If she likes him she takes the jaggery and dances with him. Similarly, if a girl likes a boy, she offers him coconut pieces.

If there is mutual admiration, the couple takes a vow to meet next at an *indh* (a fair around fire, *indh* signifying *indhan* or fuel). At the end of the fire-dance, they run away to the house of a kinsman who will inform the parents.

If the parents do not agree to the marriage, the runaways will send a drummer to inform them that they are going their own way. They will then

request the village headman, the police patel and a *daya* (wise man) to act as the parents and solemnise the union.

These three men will send a drummer around to collect rice, gram and utensils for the runaways, who would by then have built a hut. As they enter it with the gifts, they take an oath on how long they would live together, usually up to the next Holi or Divaasa, the autumn festival. By the appointed day they would have decided whether to stay together or part. Parting at this stage is without alimony.

"I rarely interfere with their customs," says Bhai. "They are a happy people on their own. I have been opposing only the superstitions that harm them, like their blind faith in the witch-doctor. The only custom I opposed was the one that jarred in their free culture. A widowed woman either had to marry her brother-in-law or had to go back to her parents. If the parents rejected her, her condition was miserable. I had to fight for three years on one case to make the people forgo the custom. Now no one can force any woman into anything."

Dhudi would vouch for that. When her husband died in a mine two years ago, the company deposited Rs 50,000 in her name. Soon her brother-in-law began to harass her for the money. When she re-

fused to part with it, the in-laws drove her out, but kept the children.

She approached Bhai. He summoned the in-laws, who accused her of being promiscuous but none of the villagers believed that. "Your eyes are on her money," Bhai scolded the brother-in-law, and the villagers nodded in agreement. But the case had another complication. Dhudi's brother, who had married the dead man's sister, had turned her out of his house. Bhai decreed that he take her back, and persuaded Dhudi's father-in-law to treat her well under his roof, so that they all could benefit from the money.

Bhai takes about 45 minutes to hear a case and settle it. On an average, 15 cases are heard and settled in one sitting. Every settlement is marked by full-throated cries of "Mahatma Gandhi ki jai" and distribution of jaggery for which the court collects ten rupees from the contending parties. As Bhai says, "Settlements are always sweet."

—R. PRASANNAN



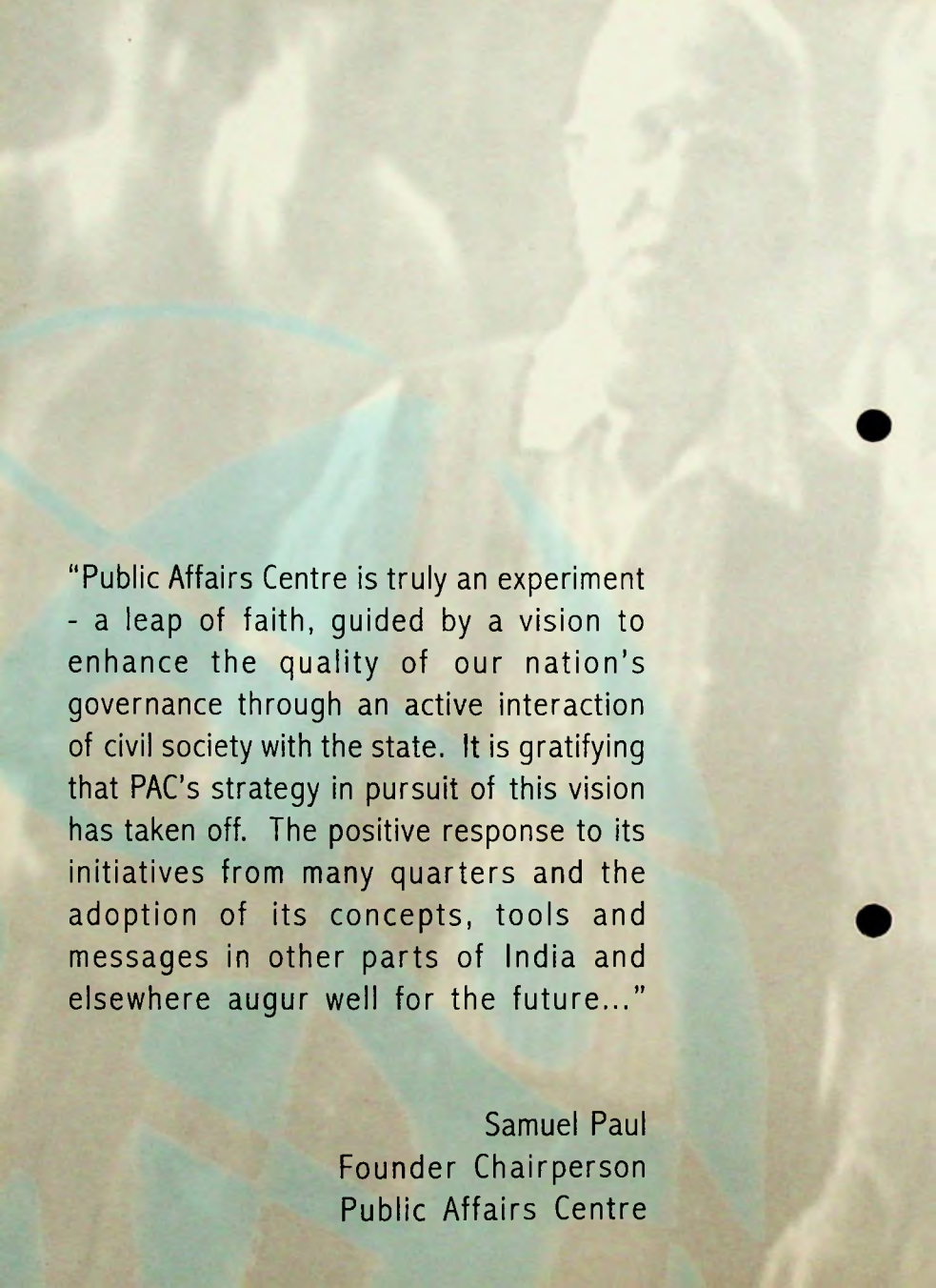
DHANI OUT OF VEIL

There is no stigma attached to divorce and the father has to take care of the children. After signing the divorce settlement, Dhani removed her veil. The unveiling symbolised her freedom.



PAC

Public Affairs Centre



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Samuel Paul
Founder Chairperson
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There is a growing concern that the dominant role of the government in India has not been matched by high levels of public accountability and good governance. This is especially so in relation to public services that matter the most to citizens. It is evident that the quality of governance will improve only when civil society is aware and active in demanding greater accountability and performance from agencies of the state.

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Supplementing the research and action components, PAC also provides Advisory Services and Capacity Building support to public interest groups, government agencies and international organisations. Most of this support has been on strategising emerging options and designing frameworks for improving governance. Some of the initiatives in this regard are :

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Capacity building support to FEDCOT - a large federation of consumer organisations in Tamil Nadu, to undertake a Report Card Study on the Public Delivery System.

National : Support to the Department of Administrative Reforms and Public Grievances, Government of India in designing the National Debate on Responsive Administration.

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HOUSING THE LOW-INCOME POPULATION OF BANGKOK

Yap Kioe Sheng (ed.)

BANGKOK
1991

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The idea for this book developed out of an article which David Satterthwaite asked me to write about Bangkok low-income housing delivery systems for the journal *Environment & Urbanization* (vol.1, no.2); a revised version is included in this book as chapter II. For the article, I based myself on what David Satterthwaite and Jorge Hardoy had written : "perhaps the best way to arrive at a better understanding of how lower-income groups find accommodation in any particular city is to identify different housing sub-markets and the reasons for the development of each sub-market. (...) Perhaps the definition of these housing sub-markets is most usefully undertaken through indicators relating to price for the occupiers, location with regard to employment, housing quality and tenure." (Hardoy and Satterthwaite, 1986: 8). As the point of departure to describe the housing sub-markets in Bangkok, I took a paper which Shlomo Angel, Koos de Goede and Stan Benjamin had written for Habitat, UN Conference on Human Settlements, 1976 and which was later published in *Ekistics* (Vol. no.): "The low-income housing delivery systems in Bangkok".

In their article, the three authors wrote that these systems deliver "housing solutions daily to satisfy the needs of the low-income people. The (...) system (...) is made of several subsystems: the workers' housing subsystem, the squatters' housing subsystem, the rural commuters' subsystem, the filtered housing subsystem and the public housing subsystem. These again are divided into several types. (...). [A]ltogether they provide housing for all the low-income people in the city. (...) The majority of [the system's] components rely little on planners, engineers and other professionals, receive little attention from government housing agencies. Yet, because of this delivery system, there is no 'housing shortage' in Bangkok. Everybody is housed in one way or the other, and there are no people sleeping in the streets. This system is reliable, and can provide a great number of housing solutions, whenever they are needed."

Fifteen years later, these low-income housing delivery systems are still largely in place, but information about the magnitude of each of the subsystems was and still is not available. This makes it difficult to determine if the relative importance of the each of the subsystems has changed. However, it can be assumed that changes have occurred, as the overall conditions in Bangkok have changed dramatically in the past few years. Probably the most important change of the past years has been the economic development in Bangkok due mainly to a boom in exports, in tourism and in foreign investment.

Thailand's economic growth of the past years which reached levels of over 10 per cent per year, is concentrated in the Bangkok Metropolitan Region. The investors, mainly from Japan, Korea, Taiwan, Hong Kong and Singapore, are attracted by the low wages (the minimum wage in Bangkok is baht 96 or US\$ 4 per day), the tax concessions and the low level of labour organization. As a result, factories mushroom in the urban fringe of Bangkok. Employment opportunities attract labour from the rural areas to Bangkok. The standard of living in Bangkok is much higher than the national average. According to the National Economic and Social Development Board the per capita income in Bangkok in 1986

was US\$ 2,635, against US\$ 779 in the rest of Thailand. Some migrants come only for a part of the year, returning to their village when needed on the farm; others come for a couple of years to earn enough money to make a large investment back home; most come to stay.

The area of Bangkok under the jurisdiction the Bangkok Metropolitan Administration, has over 6 million inhabitants, but due to the rapid economic and demographic growth the urbanized area now extends far into the surrounding provinces. The population of the Bangkok Metropolitan Region is estimated at 8 million inhabitants. The long distances and the traffic congestion make commuting to and from the city centre time-consuming and this affects the poor particularly as they cannot afford the loss of time and the cost of transportation. However, to find affordable housing near employment opportunities is often very difficult. The low-income groups in Bangkok have found various new ways of housing themselves.

Chapter II describes the slums of Bangkok where some 1.2 million people currently are finding accommodation. Slums provide housing at affordable costs and in suitable locations. However, with the rapidly increasing land prices, this housing delivery system is being threatened. One way to preserve housing for low-income groups in the centre of the city is land sharing. Chapter III is a case study of one land sharing project: Soi Sengki. It shows how the different households in a slum have different interests and paying capacities and this determines to a large extent who benefits from a land sharing scheme.

Chapter IV present another solution for slum dwellers under the threat of eviction: resettlement with compensation. The chapter is a case study of Suan Prasid Resettlement Project. With the rapid economic growth in Bangkok, formal low-cost housing has become affordable to larger sections of the population. Chapter V summarizes a study on the role of private developers in the provision of low-cost housing in Bangkok. Despite the increased affordability, home ownership is not likely to be an option for many urban poor. Low-income rental housing may be a more suitable alternative. Chapter VI describes the various forms of low-income rental housing in Bangkok.

- squatter settlements, built without the landowner's permission;
- rental 'squatter settlements' which are built with the consent of the landowner to whom the dwellers pay a nominal rent (and thus not strictly 'squatters');
- boat houses which occupy a permanent location on the canals in the city.

b. Employee Housing Subsystem

This is housing at or near the place of work. The subsystem is divided into five types:

- workplace site houses: wooden houses built with permission from the employer on the factory site and constructed by the workers for themselves and their families using second-hand materials;
- factory site dormitories: usually crowded quarters where a number of young single people share one room, with little space or privacy;
- staff and servant quarters: quarters for maids, gardeners, guards and other staff and their families within middle and high-income residential compounds or in the compounds of public institutions and business premises: the quarters are provided as payment in kind by the employer;
- institutional housing: barrack-type houses built for soldiers, railway workers etc. and their families;
- itinerant construction workers' housing: temporary houses on the construction site built out of the building materials to hand by construction workers for themselves and their families.

c. Filtered Housing Subsystem

These are dwellings created by dividing larger houses (in particular buildings with shops), into small cubicles which are rented to low-income households. This practice is prevalent in the older parts of the city, particularly in Chinatown.

d. Public Housing Subsystem

These consist of walk-up apartment buildings, row houses, single-family units and the like developed by the National Housing Authority (NHA) and other public agencies.

e. Rural Commuters' Subsystem

A considerable number of people live in the peri-urban and rural areas around Bangkok and commute to work in the city by train, car, bus or boat.⁽³⁾

The authors of the report concluded that "...the majority of the system's components rely little on planners, engineers and other professionals, and receive little attention from government housing agencies. Yet, because of this delivery system, there is no

4. See reference 2, p.83.

'housing shortage' in Bangkok. Everybody is housed in one way or another, and there are no people sleeping on the streets. This system is reliable, and can provide a great number of housing solutions, whenever they are needed."⁽⁴⁾

III. RECENT DEVELOPMENTS IN BANGKOK

THIRTEEN YEARS LATER, this system is still largely in place. The lack of information on the size of each of the subsystems in the past and at present makes it difficult to determine changes in the relative importance of each of the subsystems. However, it can be assumed that changes have occurred, because the overall conditions in Bangkok have altered dramatically in the past few years. The most important change is probably the economic growth of Thailand which is due mainly to a boom in exports, tourism and foreign investment, and which is concentrated in the Bangkok Metropolitan Region and surrounding provinces.

This rapid economic growth has two important consequences for the low-income population and its housing conditions. No doubt, low-income households have benefited from the economic growth which must have resulted in an increase in real income for the entire population of Bangkok. However, the rapid economic growth has also increased the demand for land, particularly for hotels, shopping areas, office space and condominiums in various parts of the city, and for factories and housing estates on the urban fringe. This has led to a sharp increase in land prices in the Bangkok Metropolitan Region.

The increase in real income has made it possible for a growing proportion of Bangkok's population to find accommodation in the formal housing market. But the increase in land prices has made it more difficult for the lowest-income groups to find affordable land and housing in the city centre. Informal housing for the urban poor is gradually being pushed towards the urban fringe. This is not a problem for industrial workers who can find employment in the many new factories around the city. However, many low-income households are self-employed or employed in the service sector and small-scale industries which are concentrated in the city centre. They see their housing possibilities increasingly threatened.

IV. SLUMS

IT IS CLEAR from the previous description of squatter housing subsystems that what have been called 'rental squatter settlements' are in fact not squatter housing at all, as the residents occupy the land with the consent of the owner and usually (though not always) pay rent. Nowadays, this subsystem is generally referred to in Bangkok as slums (in Thai: 'salams') which, unfortunately, covers both land-rental slum and squatter settlements. The land-rental slums are by far the most important housing delivery subsystem in Bangkok.

The increase in real income has made it possible for a growing proportion of Bangkok's population to find accommodation in the formal housing market. But the increase in land prices has made it more difficult for the lowest-income groups to find affordable land and housing in the city centre.

3. See reference 2, pp. 79-84.

Since Bangkok's growth is mostly unplanned, many plots of land cannot be easily developed because of their inaccessibility (i.e. a lack of access roads and bridges). As these plots are currently not very valuable, the owners often allow low-income households to occupy the land at a nominal rent or even free of charge. The low-income family and the landowner may sign a contract which allows the former to occupy the land and build a house, but stipulates that the landowner can terminate the lease by giving 30 days notice. Consequently, security of tenure in the slums is low. However, despite this, many slums in Bangkok have been in existence for several decades.

Sometimes the landowner provides a house as well as walkways and electricity and water supplies, but usually the slum dwellers have to build their own houses out of wood, corrugated iron sheets and waste materials. The land is usually unfilled and the houses are built on posts because the plots flood during the rainy season. Slum dwellers may rent out their house or one or more rooms in their house to other families. Families also settle in between the slum houses and, if they do not pay rent to the landowner, may be considered squatters.

Slums are found on private land (65 per cent), on government-owned land (28 per cent) and on land of mixed ownership (seven per cent). Of a total of 383 government-owned slum land parcels, 311 are wholly or partly owned by five major landowners.^[5]

TABLE 1: THE LARGEST PUBLIC LANDOWNERS OF 'SLUMS'

Owner	Number of land parcels
Temples	118 (31%)
Crown Property Bureau	74 (19%)
Royal Irrigation Department	48 (12%)
Treasury Department	37 (10%)
State Railways of Thailand	34 (9%)
Other Agencies	72 (18%)
Total	383 (100%)

What might be termed 'genuine' squatter settlements where land is occupied without the consent of the owner, form only about 16 per cent of the total number of informal settlements in Bangkok: land-rental 'slums' are more consistent with Thailand's system of values which condemns any infringement of private property rights. Squatter settlements are mostly situated along the city's 'klongs' (waterways) which serve as irrigation and drainage canals and transportation routes. The strip of public land along the 'klong' is rarely used and the urban poor, therefore, consider it a suitable place to live.^[6]

Together, slums and squatter settlements house about 20 per cent of Bangkok's six million inhabitants. An analysis of aerial photographs taken in 1974 and 1984 revealed that there were some 632 slums and 108 squatter settlements in Bangkok in 1974, and that their numbers had increased to 845 slums and 175 squatter settlements by 1984. The slums and squatter settlements are, however, growing at a slower rate than the city as a whole, and the share of slum housing in the total number of

7. See reference 5, pp 1-8

residential units decreased from 25 per cent to 18 per cent in the period 1974-1984.^[7]

V. SLUM EVICTIONS

WITH RAPIDLY INCREASING land prices, an increasing number of landowners decide to develop or sell their land. Thai society attaches great importance to avoiding conflict, so landowners often stop collecting rent from the slum dwellers to signal that they intend to terminate the lease contract, although it may take several more years before they actually request the slum dwellers to leave. This gives the slum dwellers time to prepare for the eventual eviction and can be seen as a form of compensation. With the same view to avoiding conflict, many slum communities accept that their stay on the land is only temporary and agree to leave when ordered to do so by the landowner.

If the community does not accept the eviction order, a fire may destroy all or most of the mainly wooden houses in the slum. The standard contract between slum dwellers and landowner stipulates that the lease is automatically terminated if a fire destroys the houses. Moreover, the building regulations of the Bangkok Metropolitan Administration state that structures destroyed by fire cannot be rebuilt within 45 days, in order to allow officials to investigate the causes of the fire. For the landowners, fires are thus an effective means of evicting slum dwellers from their property. Slum dwellers who return to the site to rebuild their houses become virtual squatters on the land they occupied for years.

Aerial photographs show that 150 slums disappeared between 1974 and 1984. A survey conducted by the National Housing Authority to assess the rate of slum evictions in Bangkok revealed that, in the period 1984-1986, more than 5,000 slum households were evicted from 49 (mainly squatter) settlements. In the same period, nine slums (1,500 households) underwent demolition, 12 communities (1,200 households) received a court order to vacate the land, 43 communities (8,000 households) received eviction notices, 10 slums (3,000 households) were situated in expropriation areas and 72 communities (14,000 households) had heard rumours of pending evictions. In 843 of the 1,020 slums, there were no clear signs of eviction.^[8]

8. See reference 5, pp 5, 12.

VI. LAND SHARING

THE REDUCED POSSIBILITIES for renting land in the inner-city, due to the increase in land values, have forced the urban poor to look for new ways of housing themselves. Some slum communities have been able to turn the increased land values to their own advantage. While most slum dwellers still agree to vacate the land after receiving an eviction notice, non-governmental organizations (NGOs) in Bangkok have convinced some slum communities not to give up the land so easily. Emphasizing the

5. PADCO (1987), *The Land and Housing Markets of Bangkok: Strategies for Public Sector Participation*, Volume II, Technical Reports, Bangkok, p 5.10

6. Pornchokchai S. (1988), 'Spontaneous Settlements, Canal Housing: Settlements along Lad Prao Canal', UNCHS-PGCHS International Workshop on Housing, Bangkok.

right of the urban poor to live in the city, these NGOs have introduced a new approach called 'land-sharing'.

Land-sharing is an agreement between slum dwellers occupying a piece of land and the landowner to share that land between them. The slum dwellers agree to vacate the commercially most valuable portion of the land they occupy so that the landowner can develop or sell it. The landowner agrees to sell the other portion of the land to the slum dwellers at a price below its market value. This approach has received the support of the National Housing Authority (NHA) and has succeeded, in a limited number of cases and in a variety of circumstances, in providing land for housing the city's poor. Below are some examples of land-sharing schemes.

The population of Wat Ladbuakaw built their houses on 1.6 hectares of private land. In 1964, the landowner stopped collecting rent and, in 1978, a fire destroyed 500 houses. After the fire, some 300 families rebuilt their houses but the landowner sold the land to a developer who started evicting the residents and offering compensation ranging from 375 to 6,250 baht. About 220 families accepted the offer and left. In 1982, the National Housing Authority (NHA) proposed 'land-sharing' and 0.32 hectares were sold to the NGO at 500 baht per square metre although the market value was 900 baht per square metre. The residents are now paying 455-650 baht per month over a period of five years to the NHA to purchase the land. They have built their own houses on 67 plots ranging in size from 34 to 60 square metres.

The Klong Toey slum was built on land belonging to the Port Authority of Thailand (PAT). When the Port Authority needed land for a container terminal, it began to evict 1,780 families. Following action by the community, supported by local NGOs, and under pressure from the government, the Port Authority agreed to lease 10 hectares in Klong Toey to the National Housing Authority at 0.25 baht per square metre per month for a period of 20 years. The NHA developed a sites-and-services scheme and leased the plots (ranging in size from 60-108 square metres) for 60-1,100 baht per month to the slum dwellers. They built their own houses with loans from two NGOs and with technical assistance from the Royal Thai Army. About 1,080 families have been rehoused in this area.

In 1979, a developer started evicting the 500 families from the Manangkassila slum which had been built on Treasury Department land. The developer offered compensation to the residents of 200 baht per square metre of built-up land. More than 80 families accepted the offer and moved out. The others formed an organization to negotiate better compensation, possibly in the form of land-sharing. In 1982, the landowner agreed to lease 0.67 of the 1.75 hectare site on a yearly basis to the Manangkassila Credit Union Housing Co-operative which was made up of the remaining 198 families. Each family made a down-payment of 700 baht and pays a monthly rent of 0.5 baht per square metre. For the very small plots (20-40 square metres), the NHA designed a two-and-a-half-storey house, of which 150 have been built.

The Crown Property Bureau owns the land where the Rama IV slum is situated. In 1966, fires demolished many houses. The landowner told the residents to vacate the land and leased it to a developer, although not all the inhabitants' lease contracts had

9. Panroj Islam P. and Yap K.S. (1989), 'Land-sharing as a Low-income Housing Policy', *Habitat International*, Vol. 13, No. 1, pp. 117-126.

10. Bangkok Post, 27 April 1989.

11. Angel S. and Yap K.S. (1988), *The Sengki Land-Sharing Project: A Preliminary Evaluation*, Report submitted to the United Nations Centre for Human Settlements (Habitat) in Nairobi (Kenya), Bangkok.

12. See reference 9, p. 122.

expired. When the contracts expired and the developer tried to evict the 700 families, the slum dwellers mobilized political support. The struggle received extensive publicity and backing from local and international NGOs. In 1981, the developer agreed to designate 2.4 of the 8.43 hectares for the construction of four eight-storey buildings for the slum dwellers who were to be given 20-year leases on the flats. However, by 1989, the construction of these buildings had not yet begun.⁽⁹⁾

In 1980, the Crown Property Bureau started evicting the 159 families who lived in the Sam Yod slum. The community organized itself and solicited support from NGOs, politicians and the National Housing Authority. In 1982, one of the NGOs proposed a land-sharing scheme which the residents rejected. In 1986, the NHA prepared a new plan with four-storey buildings to resettle 192 families. This plan was accepted by the landowner and the community leaders. In early 1989, the Crown Property Bureau and the NHA told the slum dwellers to vacate the site for the construction of a shopping complex, a car park and the flats. This will take two years and the slum dwellers will have to find temporary accommodation elsewhere whilst their flats are being built.⁽¹⁰⁾

The land on which the Soi Sengki slum is situated belongs to the King's Property Bureau (KPB) which did not try to evict the slum dwellers, but refused to renew the leases after a fire destroyed the settlement. In 1984, the Bureau agreed to sell 0.6 of the 1.1 hectares to the slum dwellers who formed a co-operative and bought the land in 1987. Having made a downpayment of 20 per cent, the co-operative is now paying the Bureau 75,000 baht a month over a period of five years. A total of 143 households have been selected for the scheme. The plots have been demarcated, but no houses have been built yet; as some of the lowest-income households have difficulty in paying for their plots and other households claim larger plots than those which have been allocated to them.⁽¹¹⁾

Land-sharing represents an interesting approach to securing land for housing the poor but it must be stressed that only in the above six cases were slum communities able to achieve land-sharing, and that in three of the six cases the agreement has yet to be fully implemented. Moreover, many households originally living in these six slum communities could not wait for the outcome of the negotiations and left before an agreement had been reached. In many slums, land-sharing is not possible because the area is too small to partition or the reconstruction of the settlement is too expensive for the slum dwellers.⁽¹²⁾

Land-sharing also tends to ignore the heterogeneity of the slum population. A slum usually houses people renting land, people renting houses and squatters who do not necessarily operate in the same housing submarket. It accommodates households with very different income levels who can afford different forms of housing; some may be able to buy a plot in the scheme, some may already own land or a house on the urban fringe, while others may be too poor to take part in the project or may prefer to rent land.

The developer offered compensation to the residents of 200 baht per square metre of built-up land. More than 80 families accepted the offer and moved out. The others formed an organization to negotiate better compensation, possibly in the form of land-sharing.

VII. RESETTLEMENT

IN VIEW OF the rapidly increasing land prices, landowners nowadays may offer 10,000 baht or more to households which are prepared to vacate their land immediately. Many communities now initially resist such a buy-out and ask for higher compensation. Some have succeeded in obtaining compensation of 40,000 baht per household. This may be sufficient to buy a plot of land on the urban fringe, but it is not usually enough to also finance the construction of a house. A recent example of this kind of resettlement is the Klong Koom Resettlement Project.

Three slum communities with a total of 110 households occupied land belonging to the State Railways of Thailand (SRT). Although located not far from the city centre, the land had not been developed due to a lack of access roads. In December 1988, a new road (Rama IX Road) was opened in the area and this increased land values considerably as the land was now accessible and available for development. The State Railways leased 14 hectares of land to a private developer who planned the construction of shopping villages, hotels, an office condominium, a department store, restaurants and supermarkets at a total estimated cost of 1,500-2,000 million baht.¹³

In October 1988, the State Railways and the developer offered the three communities 8,500 baht per household to vacate the land. The communities rejected the offer and proposed land-sharing but this, in turn, was rejected by the State Railways and the developer. In February 1989, the offer was increased to 10,000 baht per household together with a strip of suburban land running alongside a railway line, 20 metres wide and long enough to resettle all the households. The communities also rejected this offer. They demanded compensation of 40,000 baht per household and requested that the National Housing Authority buy a plot of land which they had identified as affordable and suitably located in Bangkok in the north-east of Bangkok. However, as negotiations continued, more and more households accepted the 10,000 baht compensation and houses were demolished. One of the three communities fell apart when its leader accepted 12,000 baht and left. Soon afterwards, the other families dismantled their houses and moved away. Three families found shelter under a bridge nearby.

The remaining two communities persisted and negotiated compensation of 18,000 baht per household which they used to buy 1.1 hectares of land in Bangkok. In May 1989, the 40 remaining families from Rama IX Road (and 50 other households evicted from slums in Juay Kwan and Pratnunan) resettled on the land which they bought for 375 baht per square metre. The land is cheap because there is no public access to the plot and the existing unpaved road runs over the property of four different landowners: the price of better situated land in that area is about 1,000 baht per square metre. The National Housing Authority prepared a layout plan with 80 square metre plots and raised the access roads. However, to date, the plots have not been filled, there is no proper water supply, no electricity and no drainage.

The families have made a down-payment of 10,000 baht for the land and have received a loan from the National Housing Authority

which they pay back at a rate of 650 baht per month; after two years, a bank will take over the loan. The residents from Rama IX Road have 8,000 baht compensation left for the construction of their houses. This is obviously insufficient and most families have, therefore, built their houses with materials from their former slum settlement.

VIII. INFORMAL LAND SUBDIVISIONS

THE KLONG KOOM Resettlement project resembles the informal subdivisions which are common on the urban fringe of Bangkok. Land subdivisions consist of unfilled plots served by paved or unpaved raised roads, water from a well and electricity. The developer, who may be the original landowner, a broker, the village headman or a business company, usually negotiates with the owners of adjacent plots for free right-of-way to the land in exchange for road access at the edge of their plots. Narrow lanes are thus laid wherever landowners are most co-operative, often resulting in a haphazard road network.

In the late 1960s, land subdivisions gained a bad reputation as developers failed to transfer the plots to the buyers, while others failed to deliver the services which had been promised. In 1972, a decree was issued to curb malpractice in the subdivision and sale of land. In addition, regulations were set requiring minimum plot sizes, wide and properly paved roads, drainage, sewage treatment and public amenities. However, these regulations increased the cost of land subdivisions and pushed their price beyond the means of many households.

Fortunately, many small developers continued to subdivide land in the old manner using a loophole in the decree which exempts a subdivision of nine plots or less from the regulations. The developers obtain one or more land parcels and divide each parcel into nine plots; each plot is then transferred to relatives and acquaintances. Once the new deeds have been obtained, they again submit each plot for subdivision into nine plots until the desired plot size has been achieved. In this way, the subdivider can circumvent the regulations and provide minimum infrastructure such as narrow lanes without proper drainage.¹⁴

For lower middle-income families in Bangkok, informal subdivisions are an important submarket as they provide plots at an affordable price; they are a form of private sector sites-and-services project. The infrastructure conditions in the land subdivisions may not be very different from those in a rental slum with unpaved roads, unfilled land and minimal infrastructure but there is security of tenure because the families own the land. A disadvantage of most informal land subdivisions is their remote location on the urban fringe. However, some are located near industrial areas and provide housing opportunities for factory workers.

As the Bangkok Metropolitan Region is quickly becoming industrialized, the number of factory workers is increasing, particularly in the north and south-east of the city. Due to the high demand, factory worker housing has developed on land sub-

13. *Business*, 1989 90-91, pp. 223-224.

14. See reference 5, pp. 4, 6-7.

divisions in the area. An employee of a factory buys a plot of land in the subdivision and initially lives there on his own. When he discovers the high demand for low-cost accommodation, he adds a row of six to 12 rooms to his house to rent to his fellow factory workers. Most of the structures are single-storeyed, but some are double-storeyed. They are built of wood or cement blocks with each unit usually occupied by a single family and the water supply coming from a deep well.

IX. LOW-COST HOUSING

THERE HAS BEEN rapid growth in Bangkok's private housing market in recent years. Although private developers did not enter the market until the late 1960s, they rapidly increased their production from 18,690 housing units by 1974, to 122,490 housing units by 1984. In the early 1980s, the demand for middle-income housing, particularly in the suburban areas, began to weaken due to rising construction costs, high land prices, high commuting costs and the unavailability of housing finance. To reduce construction costs, developers started to build townhouses and condominiums. However, the market for such units became saturated.⁽¹⁵⁾

In the 1980s, developers moved into the low-cost housing market and produced large numbers of complete land-and-housing units in the outlying suburbs for less than 250,000 baht, despite increased land prices. Most of the houses cost 175,000-200,000 baht with a down-payment of 50,000 baht; monthly repayments are 1,750 baht on a 15-year mortgage loan at 11.75 per cent interest. A significant number of the houses cost 150,000-175,000 baht, with a down-payment of 46,000 baht and monthly repayments of 1,500 baht. Although beyond the means of the lowest-income groups, these houses extend the range of people who can afford to purchase houses and are an important contribution to the housing stock.

According to the National Housing Authority, the private sector houses constructed in 1980 could be afforded by households earning 10,000 baht or more per month. These households formed only 15 per cent of the population of Bangkok in 1980; in other words, private sector housing was unaffordable by 85 per cent of Bangkok's population. In 1987, the private sector was producing housing units which required monthly repayments of 1,500 baht and, therefore, were affordable by households with an income of 6,000 baht per month. Such households now form 55 per cent of the city's population. Many see this development as evidence that, without market restrictions, the private sector is able to produce affordable housing for lower-income groups.⁽¹⁶⁾

However, the low-cost houses produced in 1987 differ markedly from the houses built in 1980. The plots and the floor areas of the 1987 low-cost houses are smaller than those of the 1980 low-cost houses; the 1987 houses are almost exclusively row houses; and the projects are located further away from the city centre. Moreover, several temporary rather than structural factors have contributed to the downward trend. As the banking system experienced high liquidity, the Government Housing Bank offered

17. "Double-digit Growth Again, Economic Review 1989 Mid-Year", Bangkok Post, p.19

mortgage loans at 11.75 per cent. This forced commercial banks to lower their rates from an average of 16 per cent in 1980 and local finance and insurance companies also started to compete in the mortgage loan market. The price of building materials was also relatively low, partly due to the low oil prices.

The situation is now changing again.⁽¹⁷⁾ The arrival of new industry from Japan, South Korea, Taiwan and Singapore and of capital from Hong Kong has increased the demand for offices and high-income housing. This has resulted in a boom in the construction of office buildings and condominiums which has pushed up the price of land and building materials. It is, therefore, likely that the down-market trend in housing construction has been only a temporary phenomenon. Furthermore, many families in Bangkok have a household income of less than 6,000 baht per month and, therefore, cannot afford private sector low-cost housing. They still have to resort to more informal housing solutions such as slums and squatter settlements.

X. CONCLUSIONS

THE INCREASING DEMAND for land in Bangkok is gradually reducing the opportunities for the urban poor to rent land in the more central locations they need for cheap access to jobs or income earning opportunities. Although landowners are still willing to rent land to the urban poor on a temporary basis, these new slums are situated ever further away from the heart of the city and its informal economic opportunities.

For some slum dwellers this is not a serious problem. Because of Thailand's rapidly growing economy, they can now afford to buy a plot of land in an informal subdivision, or even a private sector low-cost house, and to pay the additional transportation costs. Other slum dwellers have not benefited so much from the economic development but, rather than being evicted from the city, they 'played the market' by capitalizing on the high demand for land and by bargaining for a share in the increased land value. This enabled them to buy rather than to rent land in the city, either on the original site (land-sharing) or at an alternative location (resettlement).

Consequently, three new land-and-housing delivery subsystems have developed in Bangkok in recent years:

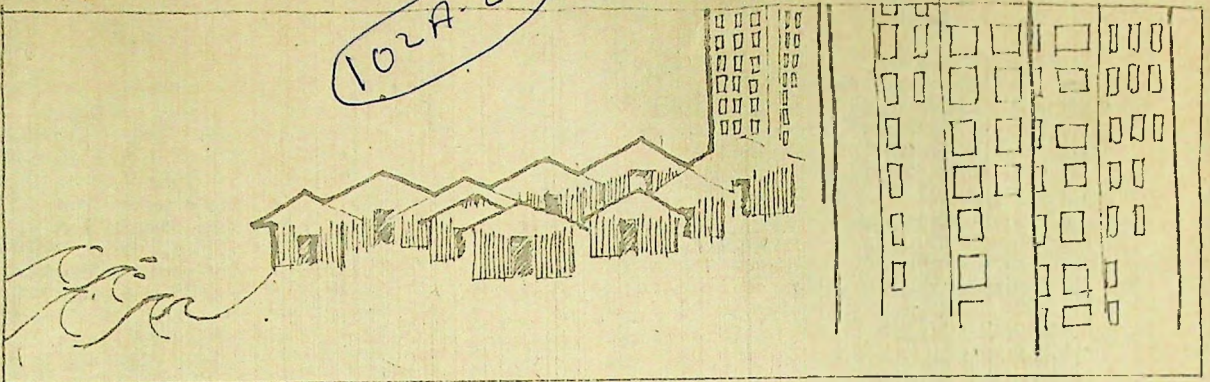
- a subsystem for low-cost land-and-housing units in private sector schemes;
- a subsystem for semi-serviced plots in informal land subdivisions;
- a subsystem for commercially less attractive plots of land for sale rather than for rent, mainly in the suburbs.

The size of these subsystems is small relative to the housing needs of Bangkok's low-income population, and their future is uncertain. For most low-income families in Bangkok, they cannot provide adequate housing. These families will probably continue to live in land rental slums, with ever higher densities and deteriorating housing conditions or they will move to new land rental slums located further from the city.

15. Department of International Economic and Social Affairs (DIESA) of the United Nations (1987). *Population Growth and Policies in Mega-Cities: Bangkok*, Population Policy Paper No. 10, New York, p.27.

16. See reference 5, pp.1-25

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The hutment dwellers of Bombay constitute over 50 % of its population. They are the workers on a daily wage who subsidize the economy of the city with their cheap labour and their zero cost living conditions. Today the Maharashtra government and the Bombay Municipal Corporation have launched a multi-faceted campaign against them. Their motives: to get them off land in Bombay, the builders' paradise. CPDR held a seminar on The Housing Problem and the new Ordinance on Unauthorised Constructions. Given below are excerpts from the papers presented.

HOUSING : Choas? - Blame the victims!

A.R. Desai

THIS PAPER ATTEMPTS TO HIGHLIGHT both the basic features of urban development in India since 1947, and the social implications of this mode of urban development.

The following tables are presented to provide a concrete statistical picture of Indian urban development.

Provisional data from the 1981 Census only confirm the trend of urban development as indicated in the three earlier decades from the data presented above. For instance, of the total population of 684 million in 1981, 23.7 percent lived in urban areas against 20 percent in 1971. Similarly, clustering of urban population in the larger urban centres continues unabated, and, in fact, is being accentuated. Towns with a population of 20,000 and more (i.e. Class I, II and III

towns) which absorbed 82.4 percent of the total urban population in 1971, now absorb 86 percent of the total urban population.

Crucial Features of Urbanisation

Data presented here reveal certain crucial constant features of urbanisa-

tion being carried on by the State through the Five-Year Plans.

Indian society needs a faster rate of urbanisation to enable it to be lifted to a reasonable stage of prosperity. About 77 percent of India's population still lives in the rural areas with agriculture as its main occupation. Rural India is characterised by two extremes: one, a small class of landowners who have cornered the major share of land and related resources, infrastructural and institutional facilities, and who control various organisations and institutions; two, a massive class of dispossessed peasantry increasingly being transformed into landless labourers desperately searching for work and for an escape from their oppressive social, political and cultural conditions.

Due to these unbearable conditions and the lack of alternative sources of livelihood, these pauperised groups of peasantry, landless labourers, artisans and others, are forced to roam from either rural to rural areas or from rural to urban areas, particularly to big cities. This "flight" or "distress" migration is taking place at an increasing rate. The percentage of urban population which

has increased from 17 to 23 of the total population since 1947 is not a symptom of the progressive pull and better living conditions of the cities, but an indication that the planned development of the ruling classes can neither provide employment opportunities nor utilize the massive human labour power available in both rural and urban areas. The incapacity of the State to develop the manufacturing sector and the employment related to it, results in inadequate availability of goods and services necessary to develop an adequate infrastructure of power, transport, sanitation, lighting, health, educational and recreational facilities so necessary for proper city living.

The pattern of urban development is not harmonious or balanced. The rate of growth of the various classes of urban settlements is unbalanced and uneven. The bigger

The central and state governments are pursuing a policy of establishing Metropolitan Regional Development Authorities backed by various complementary institutions which accelerate the process of concentration by consciously evolving huge metropolitan complexes. Similarly, there is a conscious policy of creating new urban centres, including twin cities, port cities, industrial cities, capital cities, etc., thus increasing the concentration of urbanisation. These new urban centres come in for special treatment by public bodies to create costly complex infrastructures that will help the private sector to launch industries. Or sometimes they start capital intensive industries themselves and attract a girdle of private sector enterprises and a complex of various services - transport, shopping, recreational, etc., operated by the private sector with its attendant chase after profits and a

Statistical Profile of Urban Development

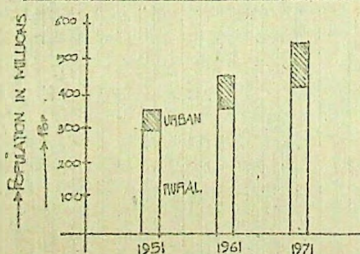
Growth rate of total population (numbers in millions; percentage of total in brackets)

Year	Total	Rural	Urban
1951	361.09	298.65 (83)	62.44 (17)
1961	439.24	360.30 (82)	73.94 (18)
1971	547.37	438.50 (80)	108.79 (20)

Classification of Urban India by Six Classes - 1971

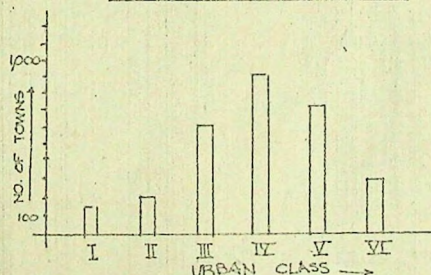
Urban classes (according to population)	No. of towns	Population (in millions)	Ratio to total urban
I - over one lakh	142	57.02	52.41
II - 50,000 - 99,999	198	13.22	12.15
III - 20,000 - 49,999	617	18.88	17.36
IV - 10,000 - 19,999	931	13.10	12.04
V - 5,000 - 9,999	756	5.70	5.24
VI - below 5,000	277	0.97	0.80

FIGURE OF URBAN DEVELOPMENT



the town the faster its rate of growth. Today, of about 3,000 urban settlements only a few cities with populations of over a lakh each, absorb more than 55 percent of the urban population as a whole.

CLASSIFICATION OF URBAN INDIA



comparative neglect of the quality of services provided.

This process of unbalanced urban development with its attendant phenomena characterised as "the crisis of urban

living" can be grasped only if we take note of the fact that it is a product of the economic, industrial and urban policies adopted by the State.

The path of development pursued by the ruling classes has generated a distorted economic development resulting in a concentration of assets in few hands on one side, and pauperisation of the majority on the other, driving them to the tensions of unemployment or underemployment, lumpen activities, begging, garbage collection, etc., thus creating diverse situations with respect to shelter, essential commodities and services.

This class configuration emerging as a direct result of government policies is creating a wierd pattern of urban living which takes on a dual appearance. At one end, an urban sector of the corrupt rich with its dazzling posh localities; at the other end the urban sector for the majority of the urban population, comprising the lower middle class and working

classes, with dilapidated chawls, slum and pavement dwellings. Lacking adequate purchasing power, they cannot afford shelter, amenities, facilities and services even for a basic decent existence.

The inadequate supply of land space and dwelling area for the overwhelming majority of the poor citizens in urban areas classically illustrates the unjust approach both by the government and the private suppliers of these commodities. Most of the land is cornered by the proprietary classes and the State that represents them. They reap enormous profits especially on speculation.

A bitter, desperate and increasingly fierce struggle by the poor for securing a resting place for their tired, emaciated bodies takes place in urban areas. The growth of shanty-towns, slums, hutments, bustees and other such dwellings, many of them on pavements, proliferate from year to year.

Pieces of a jigsaw puzzle

Kannan Srinivasan

THERE IS A GENERAL CLAIM MADE today for "sane urban planning". The earlier thesis that slums were an inevitable consequence of development and that in a generation or two everyone would catch up has been discarded. The new approach is to see victims without villains, save an unenlightened government. With publicity and reason we shall deal with the historical inheritance of poverty, and institutional inadequacies, such as bad planning. How is such planning to be done? Urban specialists answer the question of how to "stimulate housing production"; channelise savings, remove impediments such as rent control, which discourage investment; unfreeze regulated land to permit the buyer and seller alone to make a free choice. Remove the constraints which prevent a free market, and the market will then cater to all this unsatisfied demand - flats for some, serviced sites for others; old buildings will be repaired, and slums will be upgraded. As we all suffer today, it is said, that we shall benefit equally tomorrow with a well-ordered city.

Another argument runs: the city is an "engine of growth", and all depends on the cities. As Bombay

makes the transition to modern city it is necessary and possible for the government to manage the process efficiently. We should look to the state to do something about housing; as for instance, we should expect it to compel the rationalisation of the textile industry.

Both these notions are ultimately false, and have the effect of being diversionary.

THE LAND DEVELOPMENT INDUSTRY

Let us look at land development in the city. Slums look like housing of a sort. But they are only incidentally so, "and under slums", as it is called, a certain stage in the land development industry. Government statistics show only 2% of slum dwellers employed as construction workers, but in this other sense all of them are workers in the construction industry. Slum dwellers are workers where they live. This second means of livelihood is entirely unpaid, but there is no choice, since this is their only chance of shelter.

Slum dwellers must encroach on and develop land; hold it encroached as "vacant non-vacant", to deny development except when it becomes

necessary. The ownership and control of the asset of urban land, by those who will price the land and determine the rent, is a significant means of exploitation. For all of labour produced above that minimum required for life is appropriated by the employers of labour. Value is created by tenants, appropriated by landlords. Slum dwellers cannot avail themselves of the protection of rent control. So most of the city's workers are actually paying full rent, what the market decides to the point of great misery. Rent is an ordinary part of the workman's cost of living is like money paid for food and clothing; but it is also appropriation of surplus value, for the surplus is not all acquired at the workplace by the direct employers of labour. It is also surrendered at the place of residence to their subordinate interests, working through the machinery of the various political parties.

Slum dwellers develop land expensive and labour intensive work by clearing forest or scrub, terracing hillsides, or as in Bombay, reclaiming marshy land (most of Bombay has at one time been under water). Periodic controlled releases of legal construction onto the urban market are made through the periodic clearances of shanty towns. Surplus value is finally extracted when slumdwellers are demolished and uprooted for each new legal development, which channels land into a speculative market: 15,000 flats are produced a year against an annual demand of 45,000.

So 'formal', that is, legal housing production, and the informal illegal section of the industry, depend closely on one another. Landlords and property developers who control the encroachment of land then control the development, the deliberately restricted supply through clearance, and last, the pricing of urban land.

There are very high returns on investment; this is along with films, the manufacture of certain controlled industrial products, and smuggling, the most profitable industry in India. According to a Government estimate, flat prices per square foot on Nepean Sea Road range between Rs. 850 to Rs. 1000,

in Bandra between Rs. 350 to 750 and in Borivali and Kandivali between Rs. 225 to Rs. 400. Yet construction costs have never exceeded Rs. 100 to Rs. 130. One can estimate profit levels of 100% to 1,700% and more, over 3 to 5 years. These are not shelter prices; they are investment prices in a scarce, controlled commodity.

In the last five years, most of the building in Central Bombay has been carried out by Yusuf Patel and Haji Mastan who made their money in smuggling. Similarly, earnings in other industries, taxed and untaxed, are bound to be invested in this most lucrative enterprise. Bombay Dyeing has an interest in "Navarkor" which has used 24 hectares of land to put up 2500 flats in Malad and Goregaon; another 296 hectares of land is to be similarly developed. Tata Housing Development Corporation has announced construction of flats in Parel, priced between Rs. 8 to Rs. 10 lakhs. In an interview on 10th July, The director-in-charge explained that "the Tatas have always sought to provide the basic amenities of life to the citizenry - food, clothing, and now shelter." And more applications have been made in the last 5 years to the Competent Authority (Urban Land Ceiling) for building in Bombay by S.P. Godrej, Sunabai Godrej Foundation, Godrej Soaps, Godrej and Boyce and the Godrej Trust, than by any other group or party. Investors are bound to gain returns which are superior to the manufacturing and service industries in the property market.

WHAT WILL THE STATE DO?

The argument has been made by some that the city is a vehicle of modernization, since, compared to the countryside, income levels are higher, labour is organised and a higher level of welfare prevails. So we must look to the Government to organize facilities and to take rational and equitable decisions.

The Industrial Location Policy for Bombay Metropolitan Region was issued on 27th January, 1977, and has been amended on 25th May, 1977 20th August, 1977 and 28th February, 1979. Definitions of conforming and non-conforming industries, small, medium and large scale, the

requirement for housing labour and penalties for defiance have all been modified repeatedly. Quite apart from this, there have been major exemptions to this policy, such as the two permissions to Tata Thermal Power to expand from 330 MW to 1330 MW. The first was granted by the Janata Government, the second by the Congress (I). Other instances: as a policy decision, the excise duty on power looms was reduced; also the ceiling on licensing requirements has been raised from Rs. 1 to Rs. 3 crore.

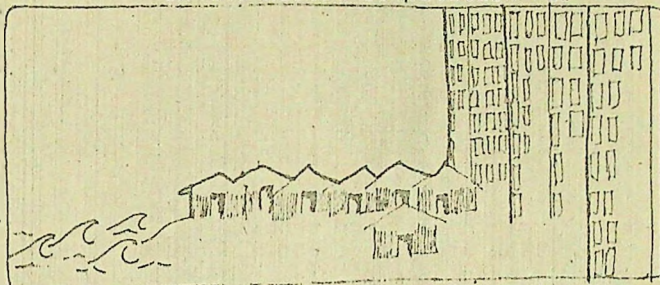
Between December 1969 and September 1981 the number of Bank offices in Bombay increased from 456 to 949; deposits from Rs. 96,392 million to Rs. 555,780 million and advances from Rs. 97,617 million to Rs. 466,679 million. As policy decisions, 45 exemptions from the floor space index norms have been granted, under section 13(4) of the BMRDA Act. Each and every such decision has a direct and inevitable consequence on employment.

We see therefore, the great arbitrariness of the State. It creates employment, yet denies shelter as a right to those who must work in Bombay. The Government's use of its own vacant land shows how much it is a conspirator. It is one of the largest landowners in Greater Bombay. It does not need the Urban Land Ceiling or any other Act of Parliament, to put its vast holdings in Goregaon, Borivali, Worli, and Colaba to public use. Not only does it build flats exclusively for the upper and middle classes, but it deliberately hoards its own vacant land so that the "housing" market, and the profits which depend on curtailed supply, remain undisturbed.

Action by the state is not only required in the market merely to offset certain occasional externalities. Externalities, monopolies and maldistributions of income dominate the main urban markets in land, buildings, and essential services. Urban land gets its market value, so called, not from its physical nature, nor from its owner's outlays. This market value is determined by public and private investment in the area. Investing in property is essentially finding out about, and then influencing

investment and locational decisions. So it is really only knowledge and manipulation of externalities. In Bombay it is specific parcels of development rights under the land use plan required by the Maharashtra and Regional and Town Planning Act 1967 which are traded on the market. It is a regulated private market, in which the market has chosen the regulation.

The ideal efficiency of the free market would seem to require divisibility and interchangeability. But every urban location is unique. It has some inherent monopoly value. In bidding for such a location, as in the market competition for



central city land, public institutions and private companies pay any price, since they are really quite unaccountable to the general public and commercial bidders bid high because of an elastic capacity to increase the price of their own goods and services. Then the monopoly in their trade translates into power in the urban market, limiting greatly the choice of other potential bidders.

The entire complex of economic systems which characterises a developed market, working rules, policing, judicial functions - has not evolved as a set of market conventions, but it has been created by the government. The classes which wanted certain arrangements, such as ownership, contract of limited liability, did not set these up through market methods. From the very beginning they have had to use the mechanism of the state. So, regulation is not simply an exogenous imposition. The framing, the administration and judicial oversight of such laws are, after all, determined by existing class forces. So it is not necessary to consider whether constraints can be removed so that the "buyer and the seller alone" may determine what is opti-

Conspicuous by its absence is any "free choice", leading to social efficiency.

It is therefore an irrelevant choice whether to have "government intervention" in a free market, or to set a monopoly market free, as the state in this respect is not distinct from the market.

The expectation of "efficiency and equity" is really that the cities should make a decision distinct from the rest of the country that the state can be diverted to serve a social purpose without compromising its essential design. But, first, it cannot be shown that this multiplier" is optimum as more jobs may well be created with an alternative investment. Second it is not possible to avoid the object of State action: the intention is relevant. Such spin-off jobs are not created in order to expand employment. The pyramid of labour employed and underemployed, enables employers to pick and choose, to demoralise organised labour because there are so many others. The purpose of this whole pattern of development is to provide markets, raw materials and intermediate manufacturing facilities. It is essential for such an economy that workers here must live at the margin. To the organised labour the comparison is made with the unorganised; and to all the cities' workers, the comparison is made with the rural poor.

Let us look at the much-touted "sites and services" programme. A pilot project, assisted by the World Bank, is now being undertaken. It is meant to become the general solution to Bombay's housing problem. Even a number of progressives see it as a feasible plan. But a serviced sites scheme will not work under the present circumstances. For the first requirement is that the sites should be accessible. But these are at places such as Mulund, Dombivli, Ambarnath, Ulhasnagar, Thana, Vashi, Turbhe, and Panvel. Those who can least afford to commute, must now commute farthest. A second requirement is that it should satisfy the entire demand for shelter. In any situation of scarcity the serviced site holder will naturally increase his meagre over all income, by selling and returning to his old

place.

A stated reason for this policy urged for many third world countries by the IBRD is low wage levels. It is therefore taken as a given truth that those wages cannot be raised. But if the State indeed possessed what is called the "political will" to intervene in land, it could more easily enforce higher wages for workers. Yet in the less tightly controlled, less profitable industries, it has not even ensured the statutory minimum. Why then should we ever expect this State to intervene in the building industry which has the highest profit levels of all and to destroy builders' control over prices - to break it up for the sake of an equitable distribution of urban land?

THE LAW AND THE STATE

The State makes laws, the only purpose of which is to perpetuate the unfree market. In the enactment, the judicial interpretation and the administration by the Govt, there prevails no rule of law, but only the iron rule of the market.

The Urban Land (Ceiling and Regulation) Act of 1976, has been generally misunderstood as being a land acquisition act. So people say: "Let the Govt. implement its own law." But, as the dissenting justice Tulzapurkar asked (in *Maharao Sahib Bhim Singh v/s Union of India* (WP No. 350 of 1977), if

this is meant to distribute land to the poor, why do they come so low in the list of priorities, for allotment after acquisition? "Industry" is first, followed by several others, such as "Public institutions". Exemptions are to be granted to "weaker Sections of the Society" and in "the public interest". Both terms are entirely undefined. In the Act itself "Weaker Section Housing" is defined as 800 sq. ft. and there is no test of income. Such flats have even been built in Malabar Hill.

Exemption is virtually as of right, for when a landowner is refused, "natural justice" will demand that the Govt. has a defined public purpose superior to the landowner's own for the land which is within its purview. And the Government has

none which can be so proven in the terms of the act. Yet, in the last 7 years since the Act came into force, only a controlled trickle of building permissions has issued every year. Virtually the same number of flats have been built annually, before and after the Act, that the private sector would have in any case undertaken.

<u>Year</u>	<u>No. of Flats</u>	<u>Year</u>	<u>No. of Flats</u>
1973-4	13841	1980-81	13000 approx.
1974-5	16667	1981-82	13000 approx.
1975-6	14499	1982-83	13000 approx.
1976-7	16043		
1977-8	13758		
1978-9	12289		

The Act has not frozen development. It has only centralised clearance in one state authority, since all transactions in urban land-vacant, encroached, to be redeveloped-above 500 sq. metres are now subject to government approval. In fact, a certain element of risk and uncertainty may have been reduced by this regulation enabling better planning of investment and productions.

Because of the Rent Control Act, landlords do not improve their buildings. But that does not mean that it curbs private enterprise. Dilapidated buildings serve the market's purpose admirably. If there were no control, landlords would raise rents and throw out tenants who could not pay; as rent is controlled, the working class and that section of the middle class which does not own its accommodation, lives in increasingly broken down buildings. They live in them till they collapse, and each collapse is a fresh release into the market. Controlled rent, in this context, really means controlled collapses. About 200 buildings fall every year, and landlords can anticipate extra-ordinary wind fall profits in the sale of full consumption of floor space index. The horror of people's lives in old buildings is only a side effect.

The Maharashtra Regional and Town Planning Act of 1966 provides for a Development Plan. This plan defines the categories of 'authorised' and 'unauthorised' development. These are in violent contravention of reality. What people can actually afford to build is considered unauthorised in order to deny shelter. By sections 52 to 55 anyone living in a Zopadi can have it summarily demolished. If he tries to rebuild, he can be arrested without a warrant, refused bail, and sent to jail for three years. As with all demolitions, the intent is insecurity and terror. Surplus value is most easily extracted from a working class too harassed to assert its rights.

The same development plan provides for "public housing". Yet the term is so loosely defined that it embraces private housing, including luxury flats and shopping centres. Most of this variety of public housing has been carried out in central Bombay.

On September 11, 1979, Yusuf Patel asked the Govt. for permission to put up the Kedy Co-operative Housing Society and the Patel and Sony Arcade Luxury flats and shopping centres at the junction of Maulana Azad Road and Old Bellasis Road in Nagpada. It is a site reserved for public housing in the Development plan. Yet, on December 1, 1979, the Maharashtra Urban Development Department wrote to Patel that the "Govt. has no objection to allowing the land under reference which is reserved in the development plan for 'public housing' being developed by a Co-op. Housing Society."

But there is a specific B.M.C. resolution (No. 191 of July 18, 1966) which says that "In view of the accepted principle that persons displaced from the city proper should be offered rehousing within the city proper, and the paucity of housing reservation in the city (Viz: 486 acres) no more reservations in the city should be released for co-operative housing."

So, belatedly, on January 7, 1980, exercising its powers under section 154 of the Maharashtra Regional Town Planning Act, the Government issued a circular. Henceforth 'Public Housing' meant 'Private Housing' as well.

Armed as he is with the blessings of four successive government and Congress (I) and Congress (S) and Janata Ministers of Housing and Urban Development, Patel has put up many such buildings. Some others are "Seby Baug", a 20-storey block next to the Anjuman-i-Islam Girls' High School, the three-block "Bustan Apts" further down Bollaia Road. Yet further down, "AM POTIA APTS"; Naval Tugh Apartments at 23, YMCA Road; among others on Nair Road, the block curiously named Shirin Villa; or on Tardeo Road, the Soonawalla Building Complex. This pattern is repeated over and over. It is apparent to anyone who visits the area around Bombay Central Station. Old buildings are being demolished in an area extending from Nair Road, to Tardeo to Grant Road and Byculla Bridge. Plots are "cleared" by harassing and intimidating the residents; communities of lower and middle class families are broken up. Hotels, luxury apartment buildings with car parks are put up: "redevelopment" in terms of the Act.

The Bombay Municipal Corporation Act, 1888, contains provisions for demolitions in Sections 314, 354A, and 378A. As the law stands today, this is an unfettered right to demolish, even where demolition violates the right to life. The exercise of the Municipal Commissioner's power denies the right to shelter. Though section 354 and 354 RN of this very Act confer the authority to set up housing schemes for the poor, to acquire land or buildings and to order construction, this is only read as a discretionary power. The power to demolish is not read as a code with the obligation to provide shelter. This is a law uninformed by natural justice.

The Maharashtra Slum Areas (Improvement, Clearance and Redevelopment) Act claims to "make better provision for the improvement and clearance of slum areas in the state and their redevelopment for the protection of occupiers from eviction and distress warrants." When the competent authority requires removal for the sake of "improvement", he may as far as practicable offer alternative accommodation. But he is not under an absolute obligation to do so, and nothing in

the law says that the accommodation must be convenient or nearby. If the occupier does not leave, even this offer expires and the officer is to use all necessary force to throw him out. The preamble of a law is held to be primary.

so the spirit of the MSIA Act of 1973 should be apparent: "existing slums are becoming a source of danger to the health, safety and convenience of the slum dwellers, and also to the surrounding areas, and generally a source of nuisance to the public."

The Maharashtra Vacant Lands (Prohibition of Unauthorised Occupation and Summary Eviction) Act 1975 was brought in because "the number of unauthorised occupants on vacant lands in the urban areas in the State was rapidly increasing and was causing grave danger to the public health and sanitation, and peaceful life of the inhabitants of such areas." Severe penalties are levied for occupying vacant land; and those who came after 1976 are to be summarily evicted. And, finally, there is the Maharashtra Housing and Area Development Authority Act 1976 which is for "planning and development of certain areas in a balanced manner, with sufficient attention to ecology, pollution, overcrowding and amenities required for leading a wholesome life ...". It contains powers for "housing, repairing and reconstructing dangerous buildings and carrying out work in slum areas", powers for land acquisition, demolition and eviction; but no right to any shelter.

WHO PAYS FOR BOMBAY?

The Municipal Corporation of Greater Bombay has the largest budget of any municipality in India, larger in fact than several states. The budget estimates for 1983-84 are Rs. 384.28 crore income and Rs. 356.04 expenditure. Budget "A" is the principal budget. Its basic components are octroi, a consumption tax levied on many goods entering Bombay, and the general tax, which is a property tax. The estimated total income (of 'A') for 1983-84 is expected to be Rs. 208.4398 crore. Out of that, General tax is Rs. 39 crore and Octroi Rs. 124 crore. This ratio of property to octroi has been changing; over the years there is a distinct trend.

TABLE

Net Octroi Collec- tion	General Tax Revenue
70-1	15.05
71-2	17.88
72-3	19.40
73-4	21.65
74-5	24.51
75-6	28.06
76-7	43.61
77-8	49.51
78-9	54.93
79-80	65.73
80-1	73.50
81-2	-
82-3	-
83-84	124.00
	39.00

Octroi is levied on 60 classes of goods: by weight ad-valorem, number, literage and even length (film). By weight, 22 items contribute 7.41% of Octroi, and thirty-two value-added items contribute 89.69% of the Octroi income. Some of the items by weight are:- grain, flour, pulses, cereals, sugar, gur, tea, coffee, Shikakai, paper, washing soda, tamarind powder, charcoal and molasses.

Some of those by value: Pickles, biscuits, dahi, cream, electric bulbs, soap, polishes, spoons, needles, locks, plates, glassware, tobacco, jute, leather goods, sewing machines.

The B.M.C. has assumed that property is an in-elastic source of revenue, and that it has taxed to the maximum statutory percentage possible on Octroi. It intends to switch an increasing number of items from taxation by weight to taxation by value. Since last year we have all been paying this enhanced tax on a variety of goods, including sugar, vanaspati, tea, coffee, washing and caustic soda and paper, various industrial products which go into the small scale sector; and petrol, diesel and kerosene which have been switched to weight. Last year this shift is meant to have earned Rs. 12 crores. This year it is expected to be Rs. 22 crores. In the property taxes, the residential component of Rateable value is Rs. 61 crore (44%), the commercial sector is Rs. 36 crore, the industrial is Rs. 16 crore (11%). Twenty-six per cent of the Rate-

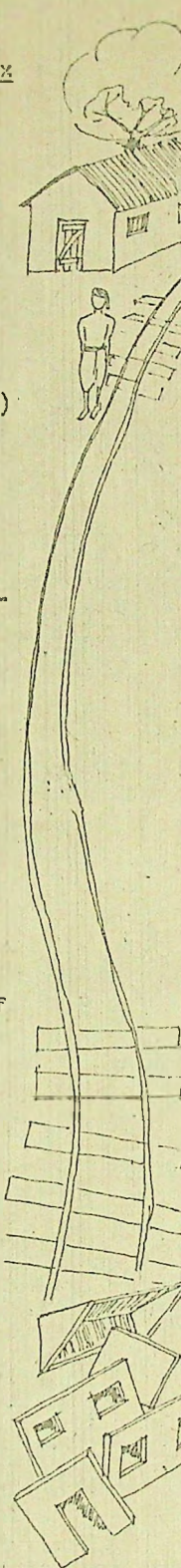
able value is collected.

What is the consequence of all this? The whole question of corruption in Octroi is essentially a diversion. Property taxes are progressive; consumption taxes with this particular composition inherently regressive. The burden is most disproportionately borne; and this will increase from year to year. More and more items of mass consumption will slip on to the list for value taxation. Those who pay the largest portion of their income are those who can least afford to pay.

How are property taxes levied? Up to 26% of the rateable value is charged. No property in the city has been reassessed in the last 4 decades. Apparently the valuation base is: land value at the time of purchase plus building value at time of erection plus 7 per cent capitalisation. So the yield is close to constant. New properties are assessed by a ratio. "Reasonable rent" for residential properties is multiplied 2 times for office buildings, 1.5 times for shops and hotels.

As a result, we have such under-valuing of property. The various textile mills are assessed at a value of Rs. 2 to Rs. 4 lakhs each; a very large cigarette factory in Central Bombay is assessed at Rs. 27,000/- and a silk mill Rs. 2800/-. One of the large industrial houses engineering unit in the Western suburbs has been assessed at Rs. 1 per square metre which makes it Rs. 86,000/-. A tractor manufacturing unit, Rs. 1.17 lakh, a JNC Pharmaceutical company, Rs. 68,000/- (at 75 p. per sq. m.).

The further consequence of linking commercial and industrial properties to this absurd ratio of residential value is this. Houses alone pay 44% of all property tax, an unusually high figure for any municipality. Banks, offices and shops make up 20% of total RV: all hotels, 1.6%; cinemas 0.7%. All workshops, refineries and factories together are 6%. This excludes textile mills, which are assessed at no more than 1.6% of the rateable value for Bombay. Even the industrial chawls alone have contributed nearly twice



that at 3% of total property taxes. That tax is linked to the rent they pay.

Even this fraction the mills do not pay. The half-yearly demand from the textile mills is Rs. 58 lakhs out of which, as of February 16, 1983 (the budget speech) only Rs. 45 lakhs had been paid. No penalty has been levied on any mill, nor has any property been attached.

The capacity installed by the B.M.C. for the mills is charged at Rs. 15 crore a year. On representation from the Mill Owners Association, the mills are to be charged at 25% of average consumption. In the exercise of his discretion the Municipal Commissioner had agreed that they may pay only 50% on service of bills, and the balance in 4 instalments after the strike is over, and normal conditions are deemed to be restored. Out of a normal recovery of Rs. 15 crores, less than 3 crores is expected. I do not think that even the B.M.C. Act can truly be said to confer such an unfettered discretion to waive taxation.

Taxation should at the minimum, pay for the cost of services provided. This is not true of the property taxes. A recommendation made by the B.M.C.'s own budget consultants was that industrial properties be revalued 4 times to 63 crores, and commercial properties be revalued 3 times to Rs. 108.30 crore (residential revaluation is not analysed). This was worked out using a "real estate price index based on a sample survey of builders, real-estate brokers and occupants of properties." Attentively an attempt could be made to find out what the market could bear, by taking the market value of land and buildings. Certainly there would be no need to ever abolish all rent controls in the city. Commercial and industrial properties alone could be free from it, by amending section 134 (1) of the Bombay Municipal Corporation Act, and section 10 of the Bombay Rent Control Act. It is an entirely irrelevant consideration that the houses of the rich are not taxed more. The essential sectors are commerce

and industry. And, since the classification between residential, commerce and industry is prima facie valid (unlike classification by locality or flat size) it should be upheld by any court of law. This is a very modest proposal for rationalisation of taxation, "within the existing system". It is very obvious that octroi collected at Nakas all around Bombay, is a very inefficient tax. So with property as a base, we should have elasticity, convenience, economy and equity in raising resources.

How remote this is from the realm of possibility can be shown with an instance. It is proposed (Budget Speech February 16, 1983, para 12 (iii)) to raise Rs. 10 crore for budget 'A', by increasing the fines and licence charges on hawkers, in order to make up the short fall from the mills and other property taxes.

Yet another instance. The BMC is vigilant about hawkers. Yet the Road Transport Officer shows 72,587 more motor vehicles in Greater Bombay than the Corporation has counted (220,057). The wheel tax by statute is leviable without discretion. Yet only 26% of it was collected from all the city's cars, lorries and motor cycles; Rs. 1.83 crore instead of Rs. 7.04 crore by the BMC's own figures.

We have known that workers' wages subsidise production. But now we see that in every sense they pay for the city. We need not here draw conclusions about the parasitic nature of a system which finds itself unable to tax land and property.

WHAT CAN BE DONE

Choices are open to Third World Cities. Adequate and hygienic human living conditions are entirely possible. They are within the resources of the municipalities. High cost shelter is too expensive for the poor in poor countries. By contrast, low-cost shelter is replicable, and can therefore become the general pattern. Cheap local materials can be used; so too, local skills in carpentry, cottage industry, metal work,

weaving, thatching, plastering. With such local self-sufficiency, national priorities can be more rational; cement and steel can go to dams, and other major projects.

But this will then become no more than part of the general argument that Third World Cities must re-orient their priorities. It is always said 'if they have the political will to do so.'

"Political Will" is a euphemism. If there is an absence of an organised public pressure, surely it is because some interests are more organised. Then, to say that the general public, or those who are denied rights should "organise" does not tell us this. If a certain control over priorities and resources is so vital to class interest why would that class ever peaceably suffer change?

There is no shortage of land.

KANNAN SRINIVASAN

EVEN IF ALL THE PEOPLE WHO lived in slums and on pavements were to be provided with houses, there would still be some vacant land left over in Bombay. And this is according to the government's own estimation.

A survey was carried out by the Urban Development Revenue Department in January 1980 to ascertain how much land would be required to rehabilitate those who have occupied land which is considered essential for public welfare purposes.

The survey showed that the vacant land available, owned by the Housing Board, private landlords and some trusts and associations, could accommodate about 12,17,532 huts and 6 lakh people. Whereas in Bombay, only 4.7 lakh people live in slums and on pavements.

Of the vacant land available, that owned by a few landlords is estimated to total 1432.9 hectares. This alone can accommodate more than 12,400 tenements. In Borivli and Dahisar, Vikalal and Co.; J.C. Pereira at Kandivli; F.E. Dinshaw at Malad; Byramjee Jeejeebhoy at Poisar and Pahadi; and Shamrao Velkar at Gorai together own 849.6 hectares of land, which can accommodate 424,800 tenements.

Secondly, 87,600 tenements can be built in Andheri district on the 183.2 hectares owned at Mogra, Kandivli, Oshivara, Madh Island by Byramjee Jeejeebhoy, Nagardas Bhuvra and M. Morse. In Kurla district, 400 hectares of vacant land are available on which about

2 lakh tenements can be accommodated.

In Borivli district, 812.8 hectares; in Andheri district, 150.8 hectares; and in Kurla district, 45.6 hectares are owned by the State government and the Housing Board. On this vacant land, 50,51,62 tenements can be built.

This is only a moderate estimate. (For eg., the land available with private landlords is estimated at 1433 hectares, but the law suits pending in court to seek exemption under the Urban Land Ceiling Act cover a total of 2953 hectares). Even this estimate excludes land reserved for industries under the Development Plan.

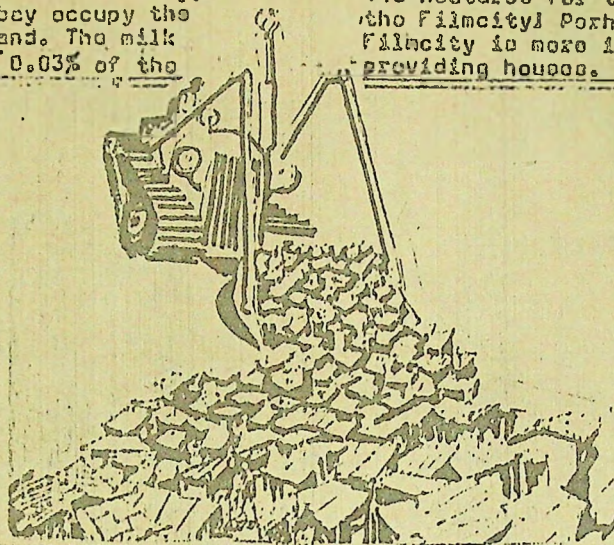
Secondly, marshy land which cannot be used supposedly, is also excluded from this estimate. The industrialist Godrej has brought thousands of hectares of land under this category and succeeded in getting exemption under the Urban Land Ceiling and Development Act. Thirdly, land is also kept under reservation for vague and sometimes false purposes. No valid reason can be given for reserving land for defence purposes at Colaba, for instance. This land if utilized, can accommodate the majority of pavement dwellers. In the same manner, land occupied by the racecourse at Mahalaxmi and the Wellington Club as well as by the Raj Bhaven can be cited as improper uses of precious land. Even if the land kept reserved under the blanket term 'public welfare' were to be excluded, the land available in the city would amount to 9577 hectares. This

was reported by the Keshwani Commission in 1977.

The government's priorities in utilising land owned by it can be well exposed by the example of Aarey Milk Colony. This colony covers 1370 hectares of land and most of it is vacant. Incidentally, all the slums in Bombay occupy the same amount of land. The milk supplied by Aarey is 0.03% of the

total milk supplied by the Schomo for Milk Production for entire Bombay. This white elephant consumes 15.3 lakh litres of water, which could satisfy the needs of 1.3 lakh people in Bombay. And, from this land, the Government has allotted 710 hectares for the construction of the Filmcity! Perhaps building a Filmcity is more important than providing houses.

Demolishing the Right to Life



P.A. Sebastian

IT WAS UNAUTHORISED - AKASHDEEP, near Grant Road Station. It crashed onto the railway tracks, killing many. Akashdeep's is not an isolated case. There are thousands of buildings in Bombay which have been constructed against the rules and regulations of the Bombay Municipal Corporation. But the authorities turn a blind eye towards them because they are constructed and maintained by powerful sections of the society which have their own lobbies in the ruling hierarchy.

See the contrast:

On June 6, 1983, the government of Maharashtra promulgated an Ordinance to deal with the "unauthorised development" and "large scale formation of slums, on both public and private lands." A few days later the issuance of the Ordinance the police swooped down on the slum dwellers at Cuffe Parade and Nariman Point and arrested one hundred and twenty people without warrant; their crime - they did not own or possess land.

This new Ordinance was by way of an amendment to the Maharashtra Regional and Town Planning Act (MRTP Act). The statement of objects and reasons for the amendment states that what are required to deal with large scale formation of

slums are "deterrent penalties" and "speedy powers for demolition, discontinuance and removal."

The penalty for "unauthorised development", so-called, has been increased from a fine to a three-year term of imprisonment. Therefore, it automatically becomes a cognizable offence. Which means that any policeman may arrest without warrant. The offence has also been made non-bailable. Obstructing demolitions in any way will now carry a one-year term of imprisonment and a fine of one thousand rupees.

The term "development" in the Act has been re-defined to include reclamation since, in the suburbs, slum-dwellers reclaim marshy land to erect their huts. The scope of illegal development which can be penalised has been extended from three years to seven.

Sec. 21 of the Act provides for development plans for regions, cities and towns in Maharashtra state. These development plans are nothing but land-use maps. The land-use map for Bombay indicates, for instance, where roads, parks, schools and hospitals should be built. Any construction which is not in accordance with this land-use map will be unauthorised

development. Consequently all the structures in the slums and on the pavements are "unauthorised development".

The Ordinance claims that the authorities are not sufficiently armed to deal with "unauthorised development" although powers to deal with such development exist under various legislations such as the Bombay Municipal Corporation Act, the Vacant Lands Act, the Bombay Police Act and the Slum Areas Act.

Who live in slums?

Who are the people who live in slums? Are they criminals? Why do they live in slums? Is it because of some perversity in their character?

The people in rural India migrate to urban centres for the same reasons for which they did during the British rule: the usurpation of their land by landlords, the destruction of handicrafts and village industries and the lack of industrialisation in the rural areas which would absorb the persons displaced from their traditional employment.

The industrial centres require the existence of cheap labour. The impoverishment of villages and the existence of destitute labour in urban centres are the natural consequences of the economic development which India follows today.

There is no law in India which compels employers to their employees with accommodation. Most of the people who live in slums are workers employed in industries in and around the city of Bombay. About half of the Class IV employees of the Municipal Corporation of Bombay and about half of the police constables in the city live in slums. When a slum was demolished last year it was found that almost all the residents of that slum were Municipal workers. A journalist drew the attention of the Municipal

Commissioner to this fact. The response of the Commissioner to this was revealing: he said he would issue a circular to all the employees of the Municipal Corporation that no Municipal employee should henceforth live in slums!

Mr. Ribeiro, the Commissioner of Police, has reportedly said that he apprehended that, when ordered to demolish slums, policemen may sympathise with the slum dwellers and may disobey the order of demolition because many of the police-

men lived in slums. The story of the Mayor of Bombay (former) who lost an expensive suit of clothes when huts on the pavement before his house were demolished, as the dhobi who washed his clothes lived in one of these huts, is now well known.

If we go around Bombay it can be seen that the domestic servants in the posh buildings are sleeping on the pavements. Therefore it is obvious that the slum dwellers and pavement dwellers are essential to the city as it is today. Still, why do the authorities wage a war against the slum and pavement dwellers? Do they really intend to throw out about four million residents of the slums from the city? Or do they really mean to arrest all these four million people under the new law? No. If the authorities carry out their policy in right earnest, the industries in Bombay will suffer seriously.

Therefore, the only explanation which can be given for the tenacity of the authorities in demolishing slums is that they want to terrorise the hapless people who are constrained to live in slums and to keep them at subsistence level so that they can never raise their voice against the injustice perpetrated on them. This would enable the authorities to deter new migrants from coming to the city as well.

There is enough land.

It is said that there is no land in Bombay. Is this true? The gross area of Bombay is about 43,000 hectares of which about 12,000 hectares form residential areas. The estimate of vacant land available for accommodation varies between 3,000 hectares and 10,000 hectares.

Approximately four to seven million people in slums live in about 8,00,000 dwelling units. The total area which these dwelling units would require at the rate of 15 sq. metres per unit is as little as 1,200 hectares. In fact the total area required for all of Bombay's 1.7 million dwelling units (calculated at the rate of 35 sq. metres per unit) is less than 6,000 hectares.

The population of Greater Bombay will be of the order of 15 million in the year 2000 A.D. The number of dwelling units at that time would be around three million. At 40 sq. metres per unit the total residential requirement in the year 2000 A.D. would be 12,000 hectares which is equal to the total residential area available within

the city today. The only conclusion from a consideration of these figures which can be reached is that there is sufficient land for housing in Bombay. But the problem is not simply one of finding the land but of finding the institutional devices for delivering residential land to those who are in need of it, on terms which are fair and reasonable.

What has the government done in this respect? There are many legislations which empower the state government to acquire and allot land in public interests: the Land Acquisition Act, 1894, the Maharashtra Slum Areas (Improvement, Clearance and Redevelopment) Act, 1971, the Maharashtra Housing and Area Development Act, 1976, and the Urban Land (Ceiling and Regulation) Act, 1976. All these legislations are languishing in the statute books. They were intended not for implementation but for hoodwinking the masses.

It must be noted that 91 parties account for more than half the land which can be declared surplus and acquired under the Urban Land Ceiling Act, of whom just 27 account for over one third of this land. This will show who calls the tune when it comes to the planning of the city.

Demolitions and the Constitution.

Article 21 of the Constitution declares that no person shall be deprived of his life or liberty except according to procedure established by law. It has been laid down by the Supreme Court that the procedure established by law must be fair and just.

Most of the people who live in the slums of Bombay do not legally own or possess any land anywhere in India. If they can be evicted or thrown out from the city because they do not have land of their own, they can be thrown out from anywhere else in the country for the same reason - a precedent is set for this in Bombay. And it is axiomatic that no living thing can survive without a place to sleep. Even snakes have holes to live in; birds have tree tops to perch on. But there are four to seven million people in Bombay who are denied, legally, even holes. Then where do they live? How do they realise their right to life guaranteed by the Constitution of India? This will effectively mean depriving the slum dwellers of their right to life. It will also mean

that only those who have properties can avail themselves of their right to life.

Then what happens to Article 14 of the Constitution which guarantees equality before the law and the equal protection of the laws? Can Indian citizens be classified as propertyless and propertyless to decide their right to life? Did those who framed the Indian Constitution envisage that such a classification was just and fair?

The Universal Declaration of Human Rights, 1946, from which the Indian Constitution copied the Fundamental Rights and Directive Principles, has recognised right to shelter as one of the human rights. Can India, which claims to be the largest democracy in the world, deny this basic human right to her citizens?

The right to life guaranteed by the Constitution is a right to lead one's own life with human dignity. It is well accepted that one can lead his life with dignity only under certain circumstances. We may not be able to force the government to provide every citizen with certain necessities of life. But we must be able to stop the government if the government tries to deprive the people of whatever meagre necessities of life they do have.

In the sixth Five Year Plan, the Planning Commission has defined the poverty line at a monthly income of Rs. 88 per capita at 1977/80 prices. Today this works out to approximately Rs. 135. A family unit of five members, according to this calculation, needs an income of Rs. 456 per month to be living at the poverty line. The High Power Steering Group for Slums and Dilapidated Houses calculated that the average income per month per household was Rs. 419. They also said that the average monthly income of a worker in a slum was only Rs. 285. The only shelter which such an income can afford is obviously a slum or a pavement dwelling.

Nobody may have a fundamental right to live in a particular place whether it is a slum or pavement. But everybody has a right to live somewhere. And this place must be a place which is near the place of work. If people are dumped in a remote place where there is no work for them, they will have to starve to death which will again be a violation of their right to life.

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UNCRD newsletter

United Nations Centre for Regional Development Nagoya Japan

URBAN DEVELOPMENT AND HOUSING UNIT (UDHU)

Metropolitan Metamorphosis Conference in Nagoya

Three hundred participants from nineteen countries and one territory, and from World Bank and UN/DTCD attended the Nagoya International Conference on Metropolitan Metamorphosis and Development which was held on 20-26 October 1988, in Nagoya City, Japan. The conference was organized by UNCRD, the City of Nagoya, the Eastern Regional Organization for Planning and Housing (EAROPH), and the Japanese Society for Planning and Housing (JASOPH), with the support of the Ministry of Construction, Government of Japan.

Participants discussed the rapid growth and development of today's metropolises and the major changes that have taken place within them. Through an examination of the metamorphosis of these metropolitan areas from a development perspective, attempts were made to formulate guidelines which could be useful in assisting metropolitan planning and management in the 21st century. The results of this conference should be of particular interest in developing countries, where most of this metropolitan growth is expected to take place.

The conference was divided into two parts; the first of which was the Eleventh Congress of the EAROPH, which lasted from 20 to 23 October. The congress, revolving around the theme "Plans, Projects, and Programmes in Managing Metropolitan Metamorphosis and Development," was to conduct an analysis of metropolitan case studies based on the professional expertise and experience of EAROPH members. Following opening speeches and keynote addresses from Radinal Mochtar, Minister of Public Works, Government of Indonesia, and Takeyoshi Nishio, Mayor of Nagoya City, participants undertook two days of discussions on twenty-nine presentations on selected themes. The third day was comprised of a panel discussion, "The Challenges Ahead: Call for a New Generation of Planning Tools, Appropriate Technologies and Participatory Systems," followed by an open forum, "Towards the Creation of Urban Amenities -- Waterfront Development."

The second part of the conference was a UNCRD International Expert Group Meeting with the theme of Implementing Issues, Strategies, and Policies in Managing Metropolitan Metamorphosis and Development:

An Assessment of a Strategic Areal Development Approach. This meeting was designed to analyse metropolitan policies from the standpoint of planning and implementing agencies, introducing the Nagoya City experience and a number of examples from developing countries which are taking part in an ongoing UNCRD project.

After three days of intensive deliberations during which, in addition to the presentation of nineteen papers, a panel discussion, "Managing Metropolitan Metamorphosis and Development: Charting New Horizons for Strategic Areal Development" was conducted, a Conference Declaration was drafted. At the closing session of the conference this declaration was discussed in detail by the participants. The final draft was then unanimously adopted.

The full text of the Nagoya Declaration 1988 is as follows:

Recognizing the immense problems and opportunities which arise from continuing metropolitan metamorphosis due to population increase and rapid social and economic changes, and recognizing also the substantial tasks which lie ahead in searching for better and more appropriate solutions, this conference:

- (1) Calls on all governmental and nongovernmental bodies and the professionals in related fields, to actively promote international understanding and cooperation and the exchange of information and experiences aimed at the upgrading of the quality of life in our cities;
- (2) Recognizes the continuing shortage of adequate professional resources to manage and plan for metropolitan development, and declares its support for the further development of institutions for continuing education, technical training, research, seminars, and conferences at an international level; and for the sharing of information on methodologies and results of innovative and useful metropolitan development projects;

(Continued on page 2)

UDHU

Metropolitan Metamorphosis

- (3) Declares its support for the strengthening of international and national institutions such as UNCRD, the EAROPH, and the JASOPH in their works on metropolitan development;
- (4) Declares its support for the early establishment by the City of Nagoya of a Nagoya centre for metropolitan studies, which could become a model for similar research centres in other cities dedicated to researching and resolving the problems of world metropolises; and calls on all governments and international institutions including EAROPH and UNCRD to lend their full support to such a centre;
- (5) Calls for the establishment of an international metropolitan development fund as a means of further advancing the goals and recommendations of this conference to support programmes of technology exchange and mutual assistance; and
- (6) Congratulates EAROPH for the establishment of an educational fund for the purpose of providing continuing professional education, and calls on all governmental and nongovernmental bodies in the EAROPH region to lend their further support to this fund.

Selected papers from this conference are currently being edited at UNCRD for inclusion in forthcoming publications; principally, the Autumn 1989 issue of *Regional Development Dialogue (RDD)*, "Metropolitan Metamorphosis and Development," guest edited by Peter Hall, Professor of Geography, University of Reading, U.K.

Participants: Stephen Hains, Stephen Hamnett, Donald Jack Hopgood, Malcolm M. B. Latham, and Andrew Young (Australia); Nazrul Islam (Bangladesh); John E. Cox (Canada); Dai Fu-Dong, Liu Xiao-Shi, Weng Zhi-Xiang, Yu Min-Fei, Zhao Shi-Xiu, and Zong Lin (China); Peter Runkel (Federal Republic of Germany); Kenneth Wai-Kai Kwok and Reginald Yin-Wang Kwok (Hong Kong); Jamal H. Ansari, K. S. Bains, K. K. Bhatnagar, K. P. Bhattacharya, S. K. Chandhoke, C. S. Chandrasekhara, Satya Roy, Nayan S. Saini, Syamal K. De Sarkar, Bratish Sengupta, and A. Thaha (India); Soenarjono Danoedjo, Noersaijidi M. Koesoemo, Radinal Moochtar, and Sutikni Utoro (Indonesia); Pierluigi Crosta and Armando Montanari (Italy); Eiichiro Adachi, Toshio Asano, Teru Fukui, Kiyotaka Hayashi, Yoshitsugu Hayashi, Masahiko Honjo, Takashi Inoue, Akira Kato, Shogo Kawakami, Toshio Kitahara, Keisuke Kiuchi, Tadao Kobayashi, Hirohide Konami, Masateru Kuroda, Mitsuyoshi Maeda, Kazuo Majima, Hiroshi Mimura, Yasuo Miyakawa, Kenji Mizutani, Haruo Nagamine, Tadashi Naka, Ken Nakagawa, Takeyoshi Nishio, Yasuo Nishiyama, Motojiro Sato, Tetsuo Seguchi, Shuji Shimoda, Reiji Suzuki, Hiroshi Takebayashi, Tadashi Ushijima, and Shiro Yokoi (Japan); K. C. Leong, Ong Hong Fong, Khalid

Ruslan, and Lakhbir Singh Chahl (Malaysia); John Duthie (New Zealand); A. Sattar Sikander (Pakistan); Nathaniel von Einsiedel (Philippines); Myong-Chan Hwang, Lee Hwa-Young, and Chung-Sup Yoon (Republic of Korea); Tan Lien Seng (Singapore); Nettikumarage Don Dickson and Lalith Lankatillake (Sri Lanka); Sunthad Somchevita and Wiwat Sangtian (Thailand); Peter Hall (U.K.); Meyer S. Frucher and Frank Schnidman (U.S.A.); Michael M. Cernea (World Bank); and Zhong Shukong (UN/DTCD). Chief coordinator: Hidehiko Sazanami, UNCRD Director; coordinator: Hideaki Hoshina, Physical Planner; assisted by Monte Cassim, Research Associate; Nobuaki Goshima and Itsuaki Ozeki, Associate Experts; and Yoshifumi Muneta and Shovan Kumar Saha, United Nations Research Fellows.

List of Papers

Part I:

- Ansari, Jamal H.
Metropolitan Metamorphosis in India and Evolution of Planning Responses
- Bhatnagar, K. K.
Planning for the National Capital Region: The Indian Experience
- Bhattacharya, K. P.
Metropolitan Metamorphosis and Development -- Observations on Calcutta: The Need for Appropriate Planning and Management
- Cernea, Michael M.
Metropolitan Development Compulsory Population Relocation: Policy Issues and Project Experiences
- Chandhoke, S. K.
Social Planning for the Development of a Metropolis: A Case Study of Delhi
- Dai Fu-Dong
Strategic Guidelines and Urban Investments: Shaping Metropolitan Metamorphosis and Development in Shanghai
- Danoedjo, Soenarjono
The Role of the Structure Plans and the Evaluation of Urban Development Programmes and Projects in the Metamorphosis and Development of DKI Jakarta
- Dickson, Nettikumarage Don
Strategic Planning Efforts in Managing the Metamorphosis and Development of the Colombo Metropolitan Area, Sri Lanka
- Duthie, John
The Performance of the Master Plan and District Planning Schemes in Shaping the Metamorphosis and Development of Auckland

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Metropolitan Metamorphosis – Papers Presented

Einsiedel, Nathaniel von
The Impact of the Light Rail Transit (LRT) on
Metro Manila's Growth and Development

Hains, Stephen
A Planning Profile of the City Adelaide, with
Reference to the Effects of the North-East
Guided Busway

Hamnett, Stephen
Metropolitan and City Planning in Australia in
1988: An Overview

Hwang, Myong-Chan
Metropolitan Metamorphosis in Seoul: Viewed
Against Four Decades of National Development

Islam, Nazrul
Metropolitan Metamorphosis: The Impact of
Major Urban Development Projects in Dhaka,
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Koesoemo, Noersaijidi M. and Soehadi
The Metamorphosis of Metropolitan Jakarta and
Its Strategy Towards Future Development

Kwok, Kenneth Wai-Kai
Shaping the Growth of the Hong Kong Metropolis

Kwok, Reginald Yin-Wang
Planning for Metropolitan Transportation of
Hong Kong: Impacts of Infrastructural Redevel-
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Latham, Malcolm M. B.
The Development and Metamorphosis of Canberra
as Australia's National Capital

Lee Hwa-Young
Metamorphosis and Development of Seoul: Focus
on Developments of South Seoul and the Olympic
Facilities

Liu Xiao-Shi
The Impact of Transportation Development Proj-
ects on the Transformation of Urban Areas in
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Moochtar, Radinal
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Nishio, Takeyoshi
Metropolitan Development in the Great Turning
Age of Socioeconomic Factors

Ong Hong Fong
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New Horizons in Urban Project Planning and Man-

agement in Metropolitan Regions in Developing
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Schnidman, Frank
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Wiwat Sangtian
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Young, Andrew
Immigration: A Commitment to Australia -- A
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Yu Min-Fei
Spatial Characteristics of Environment Styles
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Zong Lin
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Metropolitan Metamorphosis – Papers Presented *(Continued from page 3)*

Chahl, Lakhbir Singh

Revitalizing the Harbour Front Area of Central Georgetown in Penang: A Collection and Analysis of the Socioeconomic and Physical Inventory of Assets

Chandrasekhara, C. S.

Integrating Tradition with Modern Metropolitan Needs in Strategic Areal Development Projects and Programmes: An Evaluation of Its Potential in the Indian Context

Cox, John E.

Ottawa-Carleton Regional Transit: A Cost-Effective Transformation of Traffic Patterns

Crosta, Pierluigi

An Evaluation of Milan's Strategic Areal Development Plan Experience in the Context of Metropolitan Development and Conservation

Frucher, Meyer S. and McMillan, Jon

Lessons Learned from the Case Experience of Battery Park City

Hall, Peter

A Conceptual Framework for Strategic Areal Development in Managing Metropolitan Metamorphosis and Development: From a Global and Historical Perspective

Kuroda, Masateru

Future Perspective on the Metropolises in the Context of National Development

Lankatillake, Lalith

Integrating Urban Livelihoods and Environmental Concerns into the Million Houses Programme (MHP) Settlement Areas in Colombo

Mimura, Hiroshi

The Integration of a Conservation Ethic into Managing Metropolitan Metamorphosis and Development: An Evaluation of Strategic Areal Development Approaches in Kyoto

Montanari, Armando

Development and Territory in Southern Europe: Growth of the Large Metropolitan Areas, the Housing Shortage, Local Policy, Self-Building, and Illegal Housing (1984-85)

Nakagawa, Ken

Future Policies for Urban Development in Nagoya City

Runkel, Peter

Experiences from Implementing the *Bebauungsplan* in the Federal Republic of Germany

Santiago, Asteya

The Subdivision-Based Approach for Developing Central Business and Commercial Districts in Metro Manila: The Case of Makati

Sazanami, Hidehiko

The Challenges of Implementing Strategic Areal Development in the Contemporary Asian Metropolitan Context

Shimoda, Shuji

Perspective for New Isewan Bay Metropolitan Region and Aichi Prefecture in the 21st Century

Sunthad Somchevita

Preserving for Posterity the Heart of a Metropolitan Area in Bangkok: Lessons Learned Through the Development and Conservation of Rattanakosin Island; and Appendix

Utoro, Sutikni

Homes, Jobs and Mobility: An Evaluation of KIP in Bandung in the Light of Future Challenges

Yokoi, Shiro

The Financing of Areal Development Projects in Developing Countries: The Role of Private Banks

Yoon, Chung-Sup

The Eulchi-Ro 2nd Street Civic Centre Urban Renewal Project in Seoul: Evaluation of the Planning Tools, Technical Standards and Participatory Systems Employed

Zhao Shi-Xiu

Policies and Measures for the Development of Large Cities in China



Panel Discussion during Part II of International Conference

UDHU

Improving the Metropolitan Environment

The major objectives of the research-cum-training project on Improving Metropolitan Living Environments by Strengthening Housing Sector Activities are as follows:

- (1) To understand the prevailing mechanisms for improving metropolitan living environments in developing countries, and evolve new strategies for strengthening their performance in a sustained manner.
- (2) To assess the overall performance of the housing sector in achieving such improvements through an evaluation of: (a) The operational practices and technical performance of selected housing projects from the current housing programme in the metropolis under study (first year); (b) the performance of the housing sector against the background of social and economic change in the metropolises under study (second year); and (c) the performance of housing policies and programmes in the metropolises under study with a view towards strengthening them (third year).
- (3) To provide housing administrators concerned with the metropolises under study: (a) An international forum for the exchange of experiences and generation of innovative perspectives for improving metropolitan living environments in developing countries (international training seminars); and (b) a national forum where the above experiences and prescriptions can be reviewed and assessed in terms of their implementation possibilities in the metropolises concerned (country seminars).
- (4) To strengthen the human resource capacities for managing metropolitan living environments through the development of practical training exercises, based on the findings of this three-year project.

Commencing with an outline of the broad trends of the metropolitan housing programmes over the past decade, the study will focus on the current housing programmes in Asian developing countries. Two representative projects will be selected for study in each metropolis, one of them directed at the low-income groups (0-20th income percentile), and the other at middle-income groups (21st-60th income percentile).

Based on an understanding of the operational practices and technical performance of each housing project selected, the study teams will discuss how improvements can be made over time to enhance the living environment of the project beneficiaries. In this regard, country study teams will consider the processes by which housing improvements are made at different levels of society, the factors that facilitate such processes, and how they may be

strengthened and introduced into housing project design and planning for low- and middle-income groups.

Finally, this phase of the study will attempt to draw lessons of general relevance in applying these project-based findings to the overall improvement of metropolitan living environments.

Ten metropolises have been selected for study: Bangkok, Beijing, Colombo, Dhaka, Delhi, Jakarta, Karachi, Kuala Lumpur, Metro Manila, and Seoul.

Country study teams will be organized within implementing housing agencies in each of these metropolises. Each team will be comprised of a high-level policymaker and two senior officers having considerable field and policy formulation experience.

The findings of each study team will be presented at the international housing training seminars planned to be held at UNCRD during the three years of the project. The first International Training Seminar on Improving the Operational Practices and Technical Performance of Selected Housing Projects will be held on 13-25 March 1989 in Nagoya.

Following the discussions and recommendations at these seminars, study team members will return to their respective countries to further refine and finalize their study reports. The finalized study reports will constitute the basis for discussion at the annual country seminars.

UNCRD hopes to organize three to four country seminars annually in selected countries to present the final country study reports to a wider national audience of administrators, academicians, and allied professionals.

For further information, contact: Hidehiko Sazanami, UNCRD Director or Monte Cassim, Research Associate.



INFORMATION SYSTEMS UNIT (ISU)

Integrating IS/IT in Local/Regional Planning

On 31 October-4 November 1988, thirty-six participants from nine countries and from other United Nations specialized agencies and international, regional, and nongovernmental organizations met in Singapore at an expert group meeting organized by UNCRD and the Asian Mass Communication Research and Information Centre (AMIC) and cosponsored by the National Computer Board (NCB) of Singapore. The theme of the meeting -- integrating information systems/technology (IS/IT) in local/regional planning -- was elaborated on by the keynote speaker, Tan Chin Nam, Chairman of NCB, in his address, "IT and Global Economic Linkages."

In the context of Singapore, because of the small size of our country, the word 'regional' has an obvious international connotation....IT plays an important role in supporting this business globalization aspect of regional development. IT is, in fact, a critical element of the infrastructure supporting the coordination of business operations on a global scale. The kind of global business scenario which I have described would be impossible without a corresponding IT infrastructure. Government has a meaningful role to play in developing the information infrastructure to support the globalization of business.

UNCRD is pleased to present here the conclusions and recommendations of the meeting:

CONCLUSIONS

All participants represented at this meeting expressed a clear commitment to the use of IS/IT in local and regional planning. However, this commitment takes many different forms, from national-level systems to support macroeconomic planning to local-level community systems incorporating villager input into project identification and implementation. With the exception of, perhaps, Singapore, the degree of commitment of the managerial/technical elements within the governments exceeds the commitment of the political components. This creates problems of resource allocation and justification for most IS initiatives within the public sector.

Although all governments have embarked on IS/IT programmes, central coordination and control is minimal. In most countries, this has led to problems with current applications, however, as the use of IS/IT diffuses within the government serious technical compatibility, and data-sharing problems may arise.

Within the proposed typology of transaction, information management, and decision support systems (DSS), most of the current systems in the govern-

ments fall into the first two classes. However, many decision support applications may have been undertaken without widespread dissemination of the use of DSS concepts for forecasting.

The degree to which IT impacts on planning effectiveness may be largely controlled by the nature and quality of data. Data management should focus on guaranteeing a valid representation of the social, economic, and environmental conditions which form the basis of planning. Top-down technocratic definition of the data needed to meet information requirements should be avoided. Data management processes which encourage representation of the social groups directly impacted by planning should be encouraged. Care must be taken that technocratic definition of data requirements do not systematically eliminate unique and site-specific development considerations which may have the most impact on the local population, or eliminate the needs of those elements of society, such as women, whose direct input to formal governmental planning may be limited.

RECOMMENDATIONS

The expert group meeting recommended the following action:

- (1) Appropriate technology and methodology should be developed in a participatory manner to aid local villagers in systematically identifying development needs within their community. The use of appropriate technology would allow the villagers to better communicate their ideas and needs to the government technocrats responsible for delivery of services.
- (2) Over the last five years, UNCRD has organized two international seminars and two expert group meetings on IS/IT. These seminars and meetings have resulted in a large number of papers, which should now be reviewed and analysed for major themes, such as implementation guidelines in the use of IS/IT in local and regional planning.
- (3) Communication materials on the use of IS/IT in local and regional planning should be developed. Those materials should focus on explaining IS/IT to the planner and to the policy-making and political elements the planner supports.
- (4) Discussion during the meeting has revealed a number of free or low-cost software packages which can be implemented and used in local and regional planning. UNCRD or its designated counterpart international organization (IO), intergovernmental organization (IGO), or nongovernmental organization (NGO) should act as a

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Integrating IS/IT

clearinghouse for freeware, review operational packages, and investigate a data base of professional resources in IS/IT for support of local and regional planning.

- (5) While holding four meetings on IS/IT, UNCRD has reached many planning professionals who are interested in using IS/IT. The UNCRD or its designated counterpart IO/IGO/NGO should develop a network of these professionals to diffuse information about IS/IT between national governments.
- (6) Recognizing the training requirements for purposes of integrating IS/IT in development planning, UNCRD, in collaboration with concerned UN agencies, should give priority attention to identify these training needs and take appropriate measures to implement them, taking into consideration existing resources and facilities in countries in the region.
- (7) UNCRD should assist planning agencies in the identification of appropriate technology, implementation, and training in the IS/IT field.

Participants: N. Seshagiri (India); Roslan Zaris, Frank van Steenberg, Moehammad Budiman, and Peter Gardiner (Indonesia); Nik Ibrahim bin Nik Mahmood, Abdul Rahman bin Jamal, and Mohd. Yunus Tamin (Malaysia); Daisy Elena F. Año and Rachel Polestico (Philippines); Claud Burril, Chan Foo Tuck, Hing Ai Yun, Kanapaty Pelly P., Faridah Khoo, Kenneth Kraemer, Lee Kwok Cheong, Lim Kah Aih, Lim Siew Bee, Lim Swee Say, Loh Chee Meng, Christine Tan, and Wong Seng Hon (Singapore); R. B. Morapaya (Sri Lanka); Kitisak Sinthuvanich and Mana Sithikornkul (Thailand); Michael Batty (U.K.); Jerry C. Coiner and Joyce J. Elam (U.S.A.); Khalid Shams (APDC); Erasmus D. Monu (IIRR); Koto Kanno and Delia E. Torrijos (UNESCO); Colin MacAndrews (UNDP/World Bank Project); and Chin Saik Yoon and Maria Ng Lee Hoon (IDRC). Benjamin V. Lozare, AMIC Joint Deputy Secretary-General; and Hidehiko Sazanami, UNCRD Director and J. S. Edralin, Information Systems Planner, coordinated the meeting.

List of Papers

- Año, Daisy Elena F.
Use or Potential of Information Systems/Technology in Regional Planning in the Philippines
- Batty, Michael
Informative Planning: The Intelligent Use of Information Systems in the Policy-Making Process
- Coiner, Jerry C.
Information Systems Applications in Regional Planning

Elam, Joyce J.
Critical Success Factors in Developing and Using Optimization-Based Decision Support Systems in Local/Regional Development Planning in Developing Countries

Kitisak Sinthuvanich
Information System for Rural Development in Thailand

Lee Kwok Cheong
The Computerization of the Singapore Civil Service

Monu, Erasmus D.
Delivering Relevant Development Information to the Rural Poor

Morapaya, R. B.
Regional Planning Situation Report on Sri Lanka

Nik Ibrahim bin Nik Mahmood
Information Systems and Technology for Regional Planning in Malaysia

Patel, Nitin and Shams, Khalid
New IT Applications for Decentralized Development in Asian and Pacific Countries

Polestico, Rachel
Community Information and Planning System

Rahman bin Jamal, Abdul
Integrating Information System/Information Technology in Regional Development Planning in Malaysia: A Quick Review

Raman, K. S.
Application of Information Technology in Small and Medium Enterprises in Singapore

Roslan Zaris, Dading Sugandhi, and Gardiner, Peter
Development of an Urban and Regional Planning Information System: A Case Study

Seshagiri, N.
The Role of Information Systems in Development Planning in India: A Case Study of DISPLAN on NICNET

Yunus Tamin, Mohd.
SETIA: An MIS Tool Promoting Development in Malaysia



ENVIRONMENTAL PLANNING AND MANAGEMENT UNIT (EPMU)

Solid Waste Management Seminar

The International Expert Group Seminar on Solid Waste Management in the Context of Metropolitan Development and Management in Asian Countries was held on 5-9 September 1988 in Beijing. This seminar was designed to support research into the growing problems of solid waste disposal and resource recovery in large Asian cities, and to initiate discussion of common issues faced by these cities, with possible solutions.

The seminar was jointly organized by UNCRD, the Chinese Research Academy of Environmental Sciences, and the Academy of Urban Construction. The organizers had further resource support from the Natural Science Fund of China, the Ministry of Urban and Rural Construction and Environmental Protection, and the National Environment Protection Agency of China. The meetings were held at the Chinese International Center for Economic and Technical Exchange.

Discussion sessions were broken up into three groups. Group I on Policy Issues on Solid Waste Management (SWM) in the Context of Rapid Urbanization in Asian Metropolises discussed SWM problems and issues in various Asian cities. The following recommendations were made:

- (1) Further comparative analysis should be done under the initiative of UNCRD, on SWM practices in Asian cities in the context of rapid urbanization and its associated social and economic changes.
- (2) The compendium of facts and figures on the state of the art of SWM in Asian metropolises should be extended and refined through collaboration with managers and researchers in the respective countries and metropolises.
- (3) Detailed case studies on SWM should be undertaken at least in three locations, e.g., one in China and two in other Asian metropolises. The case studies should not only analyse the technical aspects of SWM, but also assess its institutional and organizational arrangements and financial aspects.

Group II focused discussion on the theme of Promoting Resource Recovery in Asian Metropolises. It concluded that solving waste production and recycling problems is both an individual and a societal responsibility. It involves changing people's lifestyles to produce less waste and recycle more materials, manufacturing and using less harmful materials, and cooperating for global environmental improvement.

Promoting recovery and recycling in every way was said to be integral to municipal SWM. This entails better coordination of the actions of individuals, enterprises, institutions, community groups, and government authorities.

Public cooperation was said to be the keystone of effective waste recycling. Environmental education for a global environmental ethic must reach every citizen and must include specific attention to the problems of SWM.

Cities should carefully examine the range of appropriate options available to them, based on an understanding of local, regional, and national economies, and the resources for social and administrative organization.

Group III discussed various issues related to Manpower Development and Public Education for Improving SWM in Asian Metropolises. Two categories of recommendations were given by the group:

(1) Training/Manpower Development

- A strategy for manpower development and improvement should be formulated for urban SWM, taking into account maximum utilization of existing training programmes and facilities in the country and overseas.
- Regular training courses on technical aspects of SWM should be provided at the national level for participants from provincial and local governments.
- At the local government level, efforts should be made to provide training opportunities for junior technical personnel, including periodic training courses using local resource persons.

(2) Public Education

- A section, division, or unit of public affairs should be established (or its capability enhanced if it already exists) within the department of cleansing or SWM at the local government level to promote public education activities.
- Local governments should coordinate public education activities carried out by various nongovernmental organizations (NGOs) and community groups.
- The cleansing or SWM department should promote awareness and training of key persons, such as politicians and community leaders in order to gain their understanding and support.

A major issue that arose in every session was the extent to which the capital-intensive approaches of affluent cities are appropriate for Chinese cities. The debate can be illustrated with reference to incineration of urban wastes.

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Solid Waste Management Seminar

The social issues that received the most attention were those relating to the activities of poor people who make a living by gathering wastes from the streets and garbage dumps. There were differences of opinion about the waste pickers among the Chinese participants. Some thought that they represented a social problem that the city governments must address, and others argued a *laissez-faire* position. Foreign participants, and especially those who had referred to pickers in specific cities (Manila, Bangkok, Bombay, Colombo) were asked about current policies towards garbage pickers in these cities.

During the day's field trip to two dump sites and a transfer station, participants were able to see the waste picking phenomenon for themselves.

Regarding recycling as a component of SWM, it was thought that all cities represented could improve on recycling, even those Japanese cities that have gained a high degree of public and private enterprise cooperation in source separation. No one wants to see people having to "unscramble" mixed and contaminated wastes, such as occurs in dump picking. But cities like Shanghai and Guangzhou reported that, because of changing policies of waste collection companies and rising standards of living, the past traditions of voluntary waste separation are declining. It was felt that considerable attention will have to be given to public education on the need for source separation and recycling in the future.

The training of municipal staff, their status, working conditions, and pay were other topics of discussion. Most Asian cities would like to improve training and conditions, but lack the resources to make significant changes in current practices.

The research capabilities of large Japanese cities were the envy of all other cities represented. Some Chinese cities are also much better able to undertake research on a range of waste management topics than other poor Asian cities. The workshop participants agreed that further exchange of information and collaboration in the design of research studies would be beneficial to all large Asian cities. UNCRD continues to support and encourage such collaboration.

The workshop participants consisted of invited experts from China and other Asian countries. There were seventy-five delegates altogether, and over 100 participants at the workshop.

Invited experts: Christine Furedy (Canada); Liu Hongliang, Shi Qing, Shi Yang, Wang Baoxiang, Yao Jinlong, and Zhang Ze Lu (China); C. D. Kotnis (India); Sukehiro Gotoh, Yoshikazu Kawashima, Haruo Matsumura, Shofu Miyashita, Motoo Shindoh, Yasuji Suzuki, and Hitoshi Terashima (Japan); Abdul Ghani Mohd. Rais and Hisashi Ogawa (Malaysia); Benjamin Cervantes Gabriel and Bindu N. Lohani (Philippines);

Loh Ah Tuan (Singapore); N. S. Jayasundera (Sri Lanka); and Guenter Tharun and Somchitt Trivichien (Thailand). Chief coordinator: Hidehiko Sazanami, UNCRD Director; assisted by Kenji Oya, Programme Specialist, and Satoru Kunieda, Hiroshi Mizoguchi, and Itsukazu Suzuki, Associate Experts.

List of Papers

Furedy, Christine

Social Consideration in Solid Waste Management in Asian Cities

Gabriel, Benjamin Cervantes

A Case Study on Improving Solid Waste Management in the Context of Metropolitan Development in Metro Manila

Ghani Mohd. Rais, Abdul

Solid Waste Management: City Hall of Kuala Lumpur, Malaysia

Gotoh, Sukehiro

Issues and Factors to be Considered for Improvement of Solid Waste Management in Asian Metropolises

Jayasundera, N. S.

Case Study of Solid Waste Management in the City of Colombo

Kawashima, Yoshikazu and Miyashita, Shofu

Solid Waste Management: The Case of Nagoya, Japan

Kotnis, C. D.

Case Study: The State of the Art of Solid Waste Management in Bombay

Liu Hongliang

Suggestion for the Urban Refuse Treatment Programme Through an Ecological Engineering Way: Feasibility of Technologies and Design of National Environmental Refuse-Park in a Northern Suburb of Beijing

Loh Ah Tuan

Solid Waste Management in Singapore: A Case Study

Lohani, Bindu N.

Solid Waste Management in Asian Metropolises: Problems and Opportunities for Resource Recovery and Management

Ogawa, Hisashi

Selection of Appropriate Technology for Solid Waste Management in Asian Metropolises

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Solid Waste Management Seminar

- Shi Qing
Treatment and Disposal of Solid Wastes with Comprehensive Technology in China
- Shi Yang
The Status Quo of Municipal Solid Waste in Beijing and Measures that Should henceforth be Taken
- Shindoh, Motoo and Suzuki, Yasuji
Solid Waste Management in Kitakyushu City
- Somchitt Trivichien
Case Study on Composting of Municipal Solid Waste in Bangkok
- Takimura, Akira
Waste Management and Protection of the Urban Environment
- Tanaka, Masaru and Matsumura, Haruo
Policy Options for Promoting Resource Recycling in the Asian Developing Countries
- Terashima, Hitoshi and Matsumoto, Yasuyuki
Public Cleansing Services in Tokyo
- Tharun, Guenter
Approaches to Manpower Development in the Field of Solid Waste Management in Asian Metropolises
- Wang Baoxiang and Hao Zhongliang
The Existing Problems and Countermeasures of Solid Waste Disposal in Chinese Cities
- Yagi, Yoshio
Waste Management in Japan
- Yao Jinlong
Exploring the Utilization of Urban-Waste Resources
- Zhang Ze Lu
A Study on the Management of Solid Wastes in Shanghai



River/Lake Basin Workshop

The Second Expert Group Workshop on River/Lake Basin Approaches to Environmentally Sound Management of Water Resources: Focus on Policy Responses to Water Resources Management Issues and Problems will be held on 16-25 January 1989, in Bangkok and Hat Yai, Thailand. The workshop is jointly sponsored by UNCRD, the International Lake Environment Committee (ILEC), the United Nations Environment Programme (UNEP), and the National Environment Board (NEB), Government of Thailand, in association with Chulalongkorn University, Bangkok and the Prince of Songkla University, Hat Yai.

The workshop is designed to:

- (1) Review the findings of the second-year case studies and related resource papers undertaken by collaborating institutions and experts;
- (2) Examine strategies and approaches to water resources development and management in river/lake basin contexts, with special focus on the institutional and organizational arrangements within which management strategies and policy instruments are formulated and implemented; and
- (3) Suggest an operational framework for developing curricula and materials that can be adopted by developing countries for training development planners and water resources managers.

Discussion at the workshop will focus on the following questions:

- (1) What policy actions have been taken to respond to the water resources management issues and problems (particularly those delineated and analysed on the basis of the first-year's case studies) in terms of management strategies, policy tools and instruments for putting the strategies into effect, and institutional and organizational arrangements for policy formulation and implementation?
- (2) How and to what extent has environmental and social assessment information been reflected at the various stages of water resources development and management (both at the stages of plan formulation and implementation)? What procedures and mechanisms were adopted?
- (3) What institutional and organizational arrangements have been adopted to facilitate the integration of land-use decisions with water resources management?
- (4) How and to what extent have conflicts associated with water use and allocation been mitigated and resolved? What strategies and policy tools were used?

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REGIONAL DISASTER PREVENTION UNIT (RDPU)

Second Research/Training Seminar

The Second International Research and Training Seminar on Regional Development Planning for Disaster Prevention was held on 27-29 July 1988, in Nagoya and Shimizu, Japan. Organized by UNCRD and cosponsored by the Institute for Social Safety Science, Japan, and the Earthquake Engineering Research Institute, U.S.A., the seminar aimed to promote disaster countermeasures in metropolitan contexts, as well as to strengthen community resistance to natural disasters and to create safe residential environments in developing countries.

Participants were divided into groups for discussion of issues organized around the following themes:

Theme I: Preparedness Planning and Management (Pre-Disaster Measures)

Issue 1: Policy problems in earthquake prediction

Issue 2: Public and private preparedness

Issue 3: Earthquake vulnerability/damage estimation

Theme II: Emergency Planning and Management (Mid-Disaster Measures)

Issue 4: Fires resulting from earthquakes

Issue 5: Short-term emergency responses

Theme III: Rehabilitation and Reconstruction (Post-disaster Measures)

Issue 6: Longer-term recovery

The seminar consisted of two days of wide-ranging deliberations, followed by a round-up session. An Open Forum on Urban Hazard Reduction was held on the third day. A field visit took place after the Forum which allowed participants to learn more about countermeasures against the Tokai earthquake at the Operations Room of the Shizuoka Prefectural Government.

Participants: Gharib M. Hamada (Egypt); Anand S. Arya (India); Dradjat Hoedajanto (Indonesia); Aliakbar Moinfar (Iran); Masanori Hamada, Haruo Hayashi, Kunihiro Hirai, Ikuo Hori, Hirokazu Iemura, Shigeru Itoh, Eiichi Itoigawa, Toshikatsu Iwami, Hideki Kaji, Hiroyuki Kameda, Noritaka Katatani, Tsuneo Katayama, Kazuhiko Kawashima, Masami Kobayashi, Shigeaki Kobayashi, Tetsuo Kubo, Yoshio Kumagai, Katsuhiko Kuroda, Michio Miyano, Tohru Miyazawa, Toshio Mochizuki, Shuji Mukunoki, Hitomi O. Murakami, Masaya Murakami, Yoshiteru Murozaki, Masatake Naganoh, Itsuki Nakabayashi, Yoshiteru Nojima, Yujiro Ogawa, Tatsuo Ohmachi, Ryutaro Ohsawa, Keiichi Okamoto, Takashi Saitoh, Tadanobu Sato, Ai Sekizawa, Akenori Shibata, Yasuo Shioji,

Shunsuke Sugano, Toshiro Sugiyama, Tsutomu Takeda, Isao Tsukagoshi, Shigeki Unjoh, Susumu Yasuda, and Hiroaki Yoshii (Japan); Felipe Lara-Rosano (Mexico); Gianfranco Ottazzi (Peru); Satyendra P. Gupta (Thailand); Ahmet Emin Aktan, Haluk M. Aktan, Thalia Anagnos, Eileen Baumgardner, Frank T. Blackburn, Patricia A. Bolton, R. D. Borchardt, Frank W. Borden, Juliet Carrara, Mehmet Celebi, Oris H. Degenkolb, Richard K. Eisner, Paul J. Flores, Edward S. Fratto, Terence P. Haney, Glenn O. Johnson, Fredrick Krimgold, Randolph Langenbach, Le Val Lund, Shirley Mattingly, Jack F. Meehan, Robert A. Olson, Jane Preuss, Henry R. Renteria, Christopher Rojahn, Richard J. Roth, Jr., Charles Scawthorn, Guna Selvaduray, Anselm Smolka, Paul Somerville, Kathleen J. Tierney, Thomas Tobin, Susan K. Tubbesing, Loring A. Wyllie, Jr., and Arthur J. Zeisel (U.S.A.); and Vladimir Mihailov (Yugoslavia). Chief coordinator: Hidehiko Sazanami, UNCRD Director; assisted by Jun Izumi, Research Associate.

List of Papers

Issue 1:

Borchardt, R. D.

Criteria for the Issuance of Public Warning Based on Short-Term Earthquake Predictions Near Parkfield, California, U.S.A.

Flores, Paul J.

Policy Implications of Earthquake Reduction

Hori, Ikuo

Seismic Microzoning and Aseismic Design

Kawasaki City

A Phased Evacuation System

Mattingly, Shirley

Policy Problems of Earthquake Prediction: Local Government Policy Issues

Mihailov, Vladimir

Seismic Risk Reduction Through Urban Planning

Moinfar, Aliakbar

Earthquake Prediction Abilities in the Iranian Plateau

Mukunoki, Shuji

Japanese Earthquake Countermeasures: Directions Now and in the Future

Okamoto, Keiichi

Earthquake Measures in Urban Policy

Somerville, Paul

Prediction of Damaging Earthquakes in Urban Areas: An Inverse Problem

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Sugiyama, Toshiroh
Countermeasures Against the Anticipated Tokai
Earthquake: The Case of Shizuoka Prefecture

Yoshii, Hiroaki
Social Impacts of Earthquake Warnings

Issue 2:

Eisner, Richard K.
The Role of Regional Coordination in Public and
Private Preparedness: Earthquake Preparedness
in California

Fratto, Edward S.
Earthquake Vulnerability and Estimation of
Damage "User Needs"

Hamada, G. M.
Impact of Earthquakes on Oil Wells in the Suez
Gulf

Hayashi, Haruo
Help Needed and Help Provided: The Case of the
Nihonkai-Chubu Earthquake, 1983

Langenbach, Randolph
The Problem of Historic Preservation in Seismic
Areas

Miyazawa, Tohru
Company Preparations for the Tokai Earthquake

Ogawa, Yujiro
Protection of Cultural Inheritance from Urban
Disaster

Ohmachi, Tatsuo
A Strategy for Japanese Earthquake Preparedness
Planning

Olson, Robert A.
Preservation in Peru: Impacts of the Brady-
Spence Prediction

Preuss, Jane
Assessing Vulnerability and Reducing Damage
from Tsunami

Roth, Jr., Richard J.
Insurance Experience and Exposure Regarding a
Large California Earthquake

Saitoh, Takashi
Disaster Preparedness in Minato Mirai 21

Shioji, Yasuo
Disaster Preparedness Activities of the Keihin
Designated Area Disaster Preparedness Confer-
ence

Tobin, Thomas
Public and Private Earthquake Hazards Reduction
in California

Issue 3:

Aktan, Ahmet Emin
Seismic Vulnerability Evaluation and Upgrading
of RC Buildings

Aktan, Haluk M.
Nonbuckling Slip Braces for Seismic Rehabilita-
tion

Anagnos, Thalia
A Methodology for Rapid Visual Identification
of Seismically Hazardous Buildings in the
United States

Celebi, Mehmet
Seismic Monitoring of Structures: A Necessary
Element of Urban Earthquake Hazard Reduction
Programmes

Degenkolb, Oris H.
Estimation of Earthquake Vulnerability/Damage

Gupta, Satyendra P.
Earthquake Vulnerability of Developing Asian
Countries

Hoedajanto, Dradjat
Simple Model for Shear Response of RC Panels

Iemura, Hirokazu
Innovative Dynamic Control of Structures

Kameda, Hiroyuki and Nojima, Nobuoto
System Aspects of Urban Seismic Disaster

Katatani, Noritaka
Current Computer Utilization in Prediction
Methods

Kobayashi, Masami
What of Design Safety in Urban Structures?

Kubo, Tetsuo
Evaluation of Seismic Performance and Retrofit
of Reinforced Concrete Buildings in Japan

Kuroda, Katsuhiko
Land-Use Planning Under Natural Hazard Risks

Lara-Rosano, Felipe
Evaluation of Earthquake Resilience of Network
Systems: A Fuzzy Sets Approach

Lund, Le Val
San Fernando Earthquake: February 9, 1971 --
Water Lifeline -- Lessons Learned; and

Whittier-Narrows Earthquake: October 1, 1987 --
Water Lifeline Systems

Meehan, Jack F.
School and Hospital Vulnerability and Rehabili-
tation

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Papers Presented

Miyano, Michio
On the Characteristics of Human Casualties Due to Earthquakes

Murakami, Hitomi O.
A Diagnostic Assessment of Comprehensive Seismic Risk for Household Units

Murakami, Masaya
Seismic Capacity of Existing Medium- and Low-Rise Reinforced Concrete Buildings and Damage Due to Prior Earthquakes in Japan

Naganoh, Masatake
A Study of Disaster Prevention Planning in Big Cities: Some Problems of Earthquake Prevention Planning in the Littoral Districts Development Project

Ottazzi, Gianfranco
Shaking Table Tests of Improved Adobe Masonry Houses

Rojahn, Christopher
Damage Estimation for Existing Buildings

Sato, Tadanobu
Systematization of Databases Related to Natural Disaster Science

Shibata, Akenori
Assessment of Earthquake Hazards in Miyagi Prefecture

Yasuda, Susumu
Countermeasures Against Liquefaction for Urban Facilities

Zeisel, Arthur J.
Earthquake Loss: Estimation Methods

Issue 4:

Baumgardner, Eileen
Hazardous Material Risk: Current Planning and Earthquake Hazard Reduction

Blackburn, Frank T.
Earthquake Preparedness in the City of San Francisco

Borden, Frank W.
Status of Earthquake Planning for Los Angeles Fire Department

Itoigawa, Eiichi
Stochastic Model for Fire Spread in Urban Areas Based on Firebrand Effects

Kobayashi, Shigeaki
Earthquake Damage to Hazardous Materials Facilities

Kumagai, Yoshio
A New Simulation Model for a Post-Earthquake Urban Fire Corresponding to Any Wind Condition: A Winds-Puff

Mochizuki, Toshio
Dangerous Factors in Living Environments Relating to Human Casualty

Scawthorn, Charles
Fire and Hazardous Materials Following Earthquake: U.S. Perspectives

Takeda, Tsutomu
Estimate on Fire Outbreak in Case of Earthquake

Tsukagoshi, Isao
Fire Protection of Wood Frame Building and Fire Spread Between Buildings

Issue 5:

Carrara, Juliet
Potential Hazards and Resources Colleges, Universities and Research Centres Pose for Surrounding Areas

Haney, Terence P.
California Earthquake Response Planning

Hirai, Kunihiro
Rescue by Sea

Iwami, Toshikatsu
Real-Time Information System for Seismic City Fire

Kringold, Fredrick
Issues of Emergency Response to Urban Earthquake Disasters

Murozaki, Yoshiteru
Voluntary Activity in Emergency Response and Recovery

Nojima, Yoshiteru
Development of Comprehensive Information System for Urban Disaster Management (CISUDIM)

Ohsawa, Ryutaro and Iwata, Takashi
Seismic Risk Mitigation System for City Gas Pipeline Network

Renteria, Henry R.
Governmental Response to the Earthquake Problem

Sekizawa, Ai
A Systematic Approach for the Optimum Fire Fighting Operation Against Multiple Fires Following a Big Earthquake

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RDPU

Papers Presented

Selvaduray, Guna
Hazardous Materials Issues in Earthquake
Emergency Response

Issue 6:

Arya, Anand S.
Repair and Strengthening of Earthquake Damaged
Buildings: A Component of Long-Term Recovery
Programmes

Bolton, Patricia A.
Social Factors in Housing Recovery in Urban
Earthquakes

Johnson, Glenn O.
Pre-Event Planning for Earthquake Reconstruc-
tion: An Umbrella for the Future of Our Cities

Kawashima, Kazuhiko
Post-Earthquake Repair Methods of Highway
Bridges in Japan

Nakabayashi, Itsuki
Recovery of Livelihood Following Earthquake and
Fire in Recent Japan

Smolka, Anselm
Earthquake Insurance: Data Requirements for
Managing the Catastrophe Risk

Sugano, Shunsuke
Seismic Capacity and Response of a Reinforced
Concrete School Building in Mexico City, Which
Suffered the Earthquake of 1985

Tierney, Kathleen J.
Earthquake-Generated Hazardous Materials Re-
leases: Research and Policy Issues

Tubbesing, Susan K.
Social, Psychological, and Public Policy Issues
During Post-Earthquake Recovery and Reconstruc-
tion

Unjoh, Shigeki
Evaluation of Seismic Vulnerability of Highway
Bridges in Japan

Wyllie, Jr., Loring A.
Repair and Strengthening of Buildings for Good
Performance in the Next Earthquake

INDUSTRIAL DEVELOPMENT UNIT (IDU)

Industrial Estates Research

A Research Project on Industrial Estates and Region-
al Development in Developing Countries: Implica-
tions for Policy and Planning was recently launched
by UNCRD. The objectives of the research are to:

- (1) Elicit information from developing countries on
their experiences in the field of industrial
estates development, and prepare a comparative
analysis based on these experiences;
- (2) Examine in depth the extent to which industrial
estates have been relevant to the attainment of
national and regional objectives;
- (3) Recommend methods of cooperation and integra-
tion of efforts at local and regional levels in
achieving efficiency and effectiveness in in-
dustrial estates development in relation to
regional and national development; and
- (4) Discuss lessons learned from industrial estates
development experiences and formulate recommen-
dations for future policy-making and planning
for regional development in Asian countries.

The study will analyse the following:

- (1) General overview of government policies on in-
dustrial location and on industrial estates
development in relation to industrialization
efforts;

- (2) Government regulations and requirements: In-
centives and support;
- (3) Planning and development considerations: Loca-
tional, provision of physical facilities,
design, and construction;
- (4) Operation and management aspects: Issues and
problems;
- (5) Consequences or effects in terms of socio-
economic and physical/environmental impacts --
national, regional, and local, in particular,
regional development performance as a result of
industrial estates; and
- (6) Policy implications for future action.

The project will consist of country case studies to
be prepared by scholars/researchers from selected
universities or research institutions in Indonesia,
Japan, Malaysia, Philippines, Republic of Korea,
Singapore, and Thailand. The inclusion of Japan and
the Republic of Korea as case studies would provide
some lessons for comparison with experiences in the
ASEAN region. Results of the study will be pre-
sented at the Expert Group Meeting on Industrial
Estates and Regional Development in Developing Coun-
tries: Implications for Policy and Planning, to be
held in Bangkok on 22-26 August 1989. Coordinator:
Josefina M. Ramos, Regional Development Planner.

INDUSTRIAL DEVELOPMENT UNIT (IDU)

Pacific Rim Conference

The first International Conference on Comparative Regional Development Studies in the Pacific Rim was held on 10-17 July 1988. It examined the issues relating to the transformation of the structure of local industries in the Pacific Rim countries.

The conference consisted of two symposia, two experts' group workshops, and one forum, held in Gifu, Nagoya, and Tokyo (see *Newsletter*, no. 26, July 1988). The purpose of the conference was to enhance mutual understanding of economic issues in the Pacific Rim nations.

The conference presented case studies of representative urban areas of the U.S. Comparisons were drawn with respective regions in Japan, focusing on the implications of the revitalization of local economies, the future of Japan-U.S. economic relations, and trends towards the internationalization of entrepreneurial activities. Also presented were interim reports prepared by the ASEAN Study Teams for the UNCRD Research Project on Industrial Transformation and Regional Development: Challenges Facing ASEAN Countries.

Partial List of Papers

Glickman, Norman

The International Economy and the American Sunbelt

Harrison, Bennett

Reassessing the "Massachusetts Miracle": The Sources and Patterns of Employment and Economic Growth in the Revitalization of a "Mature" Region

Markusen, Ann

Bowing Out, Bidding Down and Betting on the Basics: Midwestern Responses to Deindustrialization in the 1980s

Rodwin, Lloyd

Introduction of the Symposium Objectives and Overview of the American Experience

Sassen, Saskia

The New Finance and Business Service Economy: New York City

Thurow, Lester

Deindustrialization and Regional Economic Transformation

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TNCs in the ASEAN Region

Following the launching of the Research Project on Transnational Corporations in Southeast Asia, an expert group meeting was held in Manila on 14-16 December 1988. The meeting discussed in general, industrialization policies and transnational corporations (TNCs) in Indonesia, Malaysia, Philippines, Singapore, and Thailand. In addition, a draft survey questionnaire was prepared to be used for an in-depth analysis of TNCs concerning government policies, management practices, personnel policies, structure of TNCs, and impacts on technology transfer, management system, employment, and sociocultural and political impacts.

The urban economy and employment structure in Southeast Asia, particularly in large cities, have over the past three decades been affected by the proliferation of TNCs, growing industrialization, and the increasing interdependency of economies. Southeast Asia has been one of the fastest-growing areas and, therefore, its management capacity and its interactions with TNCs are of tremendous interest to other developing countries.

Generally, the implementation of industrialization policies in Southeast Asia can be divided into five groups, namely: General investment promotion, protection and control, export promotion, industrial decentralization, and other related measures. The meeting discussed these policies as an introduction to a more detailed analysis of TNC operations in the five countries.

The final report is expected to be presented at the Expert Group Meeting on Transnational Corporations in the Urban Regions of Southeast Asia: Issues in Transfer of Technology and Management to be held in Bangkok on 22-26 August 1989.

Participants: Ahmad D. Habir (Indonesia); Yasutomo Morigiwa (Japan); Goh Ban Lee (Malaysia); Casimiro Miranda, Jr. (Philippines); Habibullah Khan (Singapore); and Waranya Patarasuk (Thailand). For further information, please write to: Hidehiko Sazanami, UNCRD Director or Josefina M. Ramos, Regional Development Planner and Project Coordinator.

UNCRD's Seven Operational Units

UNCRD recently reorganized its programmes into seven major operational units. The seven operational units provide a framework within which UNCRD can identify, design, and manage research and training projects. These units include: (a) Urban Development and Housing Unit (UDHU); (b) Regional Development and Management Unit (RDNU); (c) Environmental Planning and Management Unit (EPNU); (d) Regional Disaster Prevention Unit (RDPNU); (e) Information Systems Unit (ISU); (f) Social Development Unit (SDU); and (g) Industrial Development Unit (IDU).

REGIONAL DEVELOPMENT AND MANAGEMENT UNIT (RDPU)

Urban/Regional Linkages in Asia

UNCRD has recently launched a research project to examine the nature and implications of a major emerging trend in Asian metropolitan regions, i.e., the rapid expansion of metropolitan regions covering extensive areas and forming extensive zones of mixed rural and urban activities and land use. These regions, characterized by intensive rural-urban interaction, also exhibit a growing tendency towards blurring the neat rural-urban distinction. The emerging developments have important implications for employment promotion and poverty alleviation as well as for industrialization and regional economic growth. These developments also raise important policy questions, in particular, planning for regional development.

The proposed research has three principal objectives, namely:

- (1) To analyse the emerging trends in labour markets and employment in "mega-urban" regions in selected countries from different subregions in Asia (especially in relation to demographic and land-use change and economic growth);
- (2) To survey and analyse urban/regional linkages in terms of labour force movement, commodity flows, and information; and
- (3) To examine the implications of these developments for regional planning and, in particular, policy challenges for local, regional, and national governments.

The study will focus on:

- (1) Utilizing census and labour force surveys to establish national trends in labour markets and employment for the last two decades or so. Particular attention will be paid to gender and occupational changes in terms of urban-rural divisions;
- (2) Utilizing census and labour force data to establish the main features of shifts in the structure of labour markets and employment in the "mega-urban" regions;
- (3) Utilizing available information to examine the emerging trends in the regional economy through analysis by sector (agriculture, industry, and services), with particular attention on transport. Questions such as what are the emerging linkages between agriculture and nonagriculture, what has been happening to industry in these regions, and what are the emerging trends in female employment, will be examined;
- (4) Examining the major emerging linkages between the city and regional economy and their impact

on the process of industrialization and employment generation;

- (5) Evaluating the factors which promote and foster (or hinder) labour market and employment interactions between the city and regional economy, and examining the implications of these for industrialization and regional development; and
- (6) Clarifying the challenges for national, regional, and city/local governments arising from the emerging urban/regional linkages.

During the first phase of the project, case studies of regions centring around or located between some of the following cities will be undertaken: South-east Asia (ASEAN): Jakarta/Bandung (Indonesia); Kuala Lumpur/Penang (Malaysia); Manila (Philippines); and Bangkok (Thailand). South Asia: Lahore (Pakistan); and Colombo (Sri Lanka). East Asia: Pusan/Southeastern Coastal Region (Republic of Korea).

This phase of the project will focus on examining various characteristics, recent developments and emerging issues on rural/regional employment linkages, and trends in labour markets. State-of-the-art surveys on the selected regions will be conducted by focusing on most of the issues raised above.

Several experts on urbanization and industrialization will also be commissioned to prepare analytical papers dealing with various conceptual issues on the subject from a comparative perspective.

Phase I results will be presented at the Expert Group Meeting on Emerging Urban-Regional Linkages in Asia, to be held on 16-19 August 1989 in Bangkok.

Coordinator: Wilbert Gooneratne, Senior Economic Planner.



SOCIAL DEVELOPMENT UNIT (SDU)

Social Dimensions of Industrialization

The first meeting for planning the design of UNCRD's Research Project on the Social Dimensions of Industrialization in ASEAN Countries: Implication for Regional Development Policy and Planning was convened by UNCRD, on 25-27 August 1988, with the collaboration of the University of the Philippines (UP) at Los Baños. The meeting was held at the Chancellor's Office and the University Guest House, College, Laguna.

The objective of this research project is to examine the social changes resulting from the industrialization process in metropolitan regions in ASEAN countries, and the impact of this process on the living conditions and life-styles of those directly or indirectly involved, and on society in general.

The purpose of this meeting was to delineate the focus and scope of the research to be undertaken, as well as to discuss the approach and methodology that will be used. After presentation of preliminary papers and discussions, guidelines for the country case studies were drawn. It was agreed that the

scope of the research should consist of a general description of industrialization focusing on the manufacturing sector, and that the methodology to be used should include both available secondary materials and interviews with key informants.

Research currently under way will be completed by the end of May 1989. Deliberation on these studies and on commissioned theoretical papers will take place at the Expert Group Meeting on Social Dimensions of Industrialization in ASEAN Countries, to be held in Bangkok on 22-26 August 1989.

The meeting was attended by the following research team members: Azizah Kassim (Malaysia); Ledivina Vidallon-Cariño (Philippines); Peter S. J. Chen (Singapore); and Suntaree Komin (Thailand). Corazon B. Lamug, Director of Research, UP Los Baños attended the first day's deliberations. Riga Adiwoso Suprpto, research team member from Indonesia, was unable to attend the meeting. For information, please contact the UNCRD Director or Chakrit N. Padungkarn, Deputy Director and Project Coordinator.

Seventeenth International Training Course at UNCRD

Aimed at an interdisciplinary regional development approach, UNCRD's Seventeenth International Training Course in Regional Development Planning will be held in Nagoya from 3 April to 1 June 1989. The course is designed for mid-career and senior government officials, professionals, practitioners, and researchers involved in local and regional development planning, research, and training.

The subject areas covered in the course include: The meaning of development; regional development theories, concepts, and approaches; the regional planning process; economic, social, and demographic analysis; planning for strategic sectors; land-use planning; environmental planning; planning for

disaster mitigation; regional social planning; local-level planning; regional plan and budget interfacing and coordination; project planning, management, and evaluation; and lessons from the Japanese experience. These themes are elaborated throughout the course using various instructional methods, such as formal lectures, group discussions, problem-solving exercises, study tours, and workshops. In addition, participants are exposed to a computerized simulation/game exercise that enables them to comprehend the regional development planning process systematically through cycles of simulated plan formulation and negotiated decision making. This year's training course coordinator is Wilbert Gooneratne, Senior Economic Planner.

River/Lake Basin Workshop

(Continued from page 10)

- (5) What mechanisms have been adopted to facilitate local community participation in the process of water resources management?
- (6) What have been the major anticipated and unanticipated consequences -- economic, social, and political -- of the water resources management policy efforts?

The workshop will be organized into two parts: Part One on Policy Responses to Water Resources Manage-

ment Issues will be held on 16-21 January 1989 in Bangkok; and Part Two on In-Depth Review of Strategies and Approaches to Water Resources Management: Focus on the Songkla Lake Basin of Thailand will be held on 23-25 January 1989 in Hat Yai, Thailand.

Chief coordinator: Hidehiko Sazanami, UNCRD Director; coordinator: Md. S. I. Khan, Environmental Management Planner; assisted by Kenji Oya, Programme Specialist; and Hiroshi Mizoguchi and Itsukazu Suzuki, Associate Experts.

STRATEGIC ASSISTANCE PROGRAMME

China Study

Phase I of UNCRD's China Regional Development Strategies Study project was concluded with the third training seminar held in Wuxi in September 1988. The primary purpose of the study was to develop teaching materials and conduct training seminars on the socioeconomic, spatial, and physical aspects of planning, as well as the managerial aspects of enterprises. The study focused on Wuxi region, including one city and three counties in Jiangsu Province. This phase of the project aimed at upgrading planning skills through a systematized approach to knowledge and information.

The first training seminar was held in August 1986 in Wuxi. The development experience of Japan and a profile and future perspective for the Wuxi region were discussed. This was followed by joint field investigations in Wuxi region and in selected cities along the Pacific coast of Japan. An interim meeting was held at UNCRD in June 1987, to outline teaching materials on data reliability and appropriate techniques.

A second training seminar was held in August 1987 in Wuxi. The findings of field investigations were discussed, and principles, basic approaches, and policy measures were identified. Structural models and evaluation criteria were formulated on the basis of these findings.

The report on Wuxi's development strategies was finalized at a second interim study meeting.

Phase II is now under way, with requests from the Government of the People's Republic of China to expand the scope of the project to the national level.

Chief coordinator: Hidehiko Sazanami, UNCRD Director; coordinators: Hidenki Hoshina, Physical Planner and Toshihiro Yogo, Agricultural Planner; assisted by Takeshi Arai, Research Associate; and Shi Shi-min and Zhao Hui, United Nations Research Fellows.

Pacific Islands – Training Courses

UNCRD and the Republic of the Marshall Islands will jointly conduct Training Courses on Sectoral Development Planning and Implementation, and on Local Government Planning and Financial Management on 7-24 February 1989 in Majuro. The training courses are aimed at middle- and senior-level sectoral development planners/administrators and local government officials.

The Training Course on Sectoral Development Planning and Implementation aims primarily at familiarizing participants with overall development planning issues in the Marshall Islands, and at providing training in the area of project planning and management. The course on Local Government Planning and Financial Management is designed to meet current training needs at the local government level and covers topics relating to plan formulation, project planning and management, and programming/budgeting. In addition, a work programme for the formulation of local government plans during the 1989-90 period will be identified.

Chief coordinator: Hidehiko Sazanami, UNCRD Director; assisted by Roswitha Newels, Associate Researcher.

Pacific Islands – Research

The objective of the first phase of this operational research project was to elaborate a comprehensive and rigorous subnational planning model for island economies with its supporting regional accounts or data base.

Initially, UNCRD conducted empirical studies on the institutional structure, the instruments, and the procedures for subnational planning in four selected Pacific island countries, namely, Federated States of Micronesia, Marshall Islands, Solomon Islands, and Vanuatu.

A first expert group meeting on this project was conducted at UNCRD on 18-22 July 1988, to discuss the design of an operational planning model for resource allocation for subnational development in Pacific island countries. It was agreed to elaborate the economic relationships in the rural and urban sectors of small island economies in the Pacific as a basis for formulating a Regional Economic Model for Island Countries (REMIC).

The project's second expert group meeting, convened at UNCRD on 5-9 December 1988, focused on: (a) Reviewing the REMIC model; (b) issues affecting the model's practical application; and (c) discussing a proposal for training in subnational planning systems. It was recommended that the second phase of this project should provide for the preparation of training materials (including relevant case studies and teaching aids) for a phased delivery of training in subnational planning and implementation. It was stressed that the approach of the REMIC model should be emphasized, and that a pilot training series should be conducted for purposes of testing both the REMIC model and training materials prepared.

(Participants list, page 19, col. 1)

STRATEGIC ASSISTANCE PROGRAMME

Symposium on Technology

UNCRD and the Economic Commission for Africa (ECA) are sponsoring a regional Symposium on Technology Development and Transfer for Rural Development to be held in Arusha, United Republic of Tanzania, on 27 February-3 March 1989. The symposium is organized in collaboration with the Centre on Integrated Rural Development for Africa (CIRDAFRICA), Arusha.

The symposium is designed to provide a forum for policymakers, planners, and researchers to deliberate on the role of technology in rural development and the appropriate mechanisms for the transfer, development, and diffusion of technologies for accelerating rural development and uplifting the quality of rural life in Africa. The symposium will also examine the role of subnational strategies in the development and transfer of technology.

Discussions at the symposium are expected to revolve around the following major issues:

- (1) The main features and impact of past technology policies on the rural economy and society;
- (2) The technology and food and agriculture crisis in Africa;
- (3) National- and subnational-level frameworks for technology development and transfer; and
- (4) The role of indigenous technical knowledge.

Participation is expected from planners, policymakers, and academicians from Eastern and Southern Africa. Several staff members from UNCRD, ECA, and CIRDAFRICA will also attend the symposium. For details, please contact the UNCRD Director or Wilbert Gooneratne, Senior Economic Planner and Symposium Coordinator.

Pacific Meeting Participants

(Continued from page 18)

Participants: E. Klaassens, W. I. Morrison, and A. van Westen (Federated States of Micronesia); H. M. Gunasekera (Marshall Islands); S. Tabriztchi (U.S.A.); Augustine Garae (Vanuatu); A. Toda (JICA, Japan); and Peter B. Corbin (UN/DTCD).

For further information, contact Hidehiko Sazanami, UNCRD Director or Roswitha Newels, Associate Researcher.

Reviving Local Self-Reliance

An International Seminar on Reviving Local Self-Reliance: Challenges for Rural/Regional Development in Eastern and Southern Africa will be held in Arusha, United Republic of Tanzania, on 21-24 February 1989. The seminar is being organized in collaboration with the Centre on Integrated Rural Development for Africa (CIRDAFRICA) based in Arusha. The seminar will take place at the Arusha International Convention Centre in Arusha city.

The seminar is being convened to provide a forum for discussion of the case studies and concept papers prepared under the UNCRD Research Project on Local Strategies and Rural/Regional Development in Eastern and Southern Africa, launched in 1987, as the second phase of the UNCRD African research project (see the July 1988 issue of the *UNCRD Newsletter*, no. 26). The seminar is also intended to provide a forum for policymakers, planners, researchers, and representatives of development agencies and nongovernmental organizations (NGOs) to exchange ideas and experiences on the vital question of promoting local self-reliance for accelerating rural/regional development in Eastern and Southern Africa.

The principal objectives of the seminar are:

- (1) To assess the importance and spread of different types of local strategies and responses adopted by rural populations in different countries of Eastern and Southern Africa, and to examine, in detail, their multiple dimensions, including the contribution they make to the local economy and society;
- (2) To examine the implications of such self-reliant local strategies for rural and regional development; and
- (3) To identify appropriate roles and mechanisms of support by the state, regional, and local governments, international development agencies, and NGOs.

Participants in the seminar will be mostly from Eastern and Southern Africa and will consist of a broad spectrum of experts drawn from among policymakers, planners, and scholars involved in or working on issues related to rural/regional development and planning. In addition, representatives from selected international organizations, bilateral agencies, and NGOs will also be invited to attend the meeting. For further information, please contact: Hidehiko Sazanami, UNCRD Director or Wilbert Gooneratne, Senior Economic Planner and Project Coordinator.

UNCRD Staff News

Departure

After almost nine years as Development Administration Planner at UNCRD, G. Shabbir Cheema took a joint appointment last August as Research Associate at the Population Institute of the East-West Center, and as Associate Professor of Urban and Regional Planning at the University of Hawaii.

During his period of service at UNCRD, Cheema coordinated several cross-national research projects on various aspects of urban and regional development policy and administration, the results of which have been published and disseminated by and for UNCRD. Cheema also participated as part of the teaching staff for UNCRD's annual International Training Course in Regional Development Planning, coordinated country-specific training and research programmes in Indonesia, Malaysia, Pakistan, and the Pacific island countries, and provided advisory services to developing countries.

UNCRD staff and friends extend Cheema and his family best wishes for a successful future.



Md. S. I. KHAN

Md. Sayeedul Islam Khan (Bangladesh) joined UNCRD in November 1988 as Environmental Management Planner. Khan did his B.Sc. in Civil Engineering from the Bangladesh University of Engineering and Technology, Dhaka in 1963, and Doctor of Science degree in Civil Engineering from Nagoya University, Japan in 1980. He worked as Planning and Design Engineer in the Bangladesh Water Development Board from 1963 to 1970, and then joined Rajshahi Engineering College where he worked as Associate Professor. Khan obtained a scholarship from the Ministry of Education, Government of Japan, and pursued advanced research and higher studies from 1976 to 1980. Upon completing the doctorate degree, Khan returned to Bangladesh, where he worked as consultant and was involved in several water resource and rural development projects financed mainly by the Asian Development Bank (ADB) and the Japan International Cooperation Agency (JICA), until he joined UNCRD.

New Staff



Hideki KAJI

Hideki Kaji (Japan) joined UNCRD's expert staff as Senior Disaster Management Planner in September 1988. He is Professor at the Institute of Socio-economic Planning, University of Tsukuba, Japan. Kaji received a B.Eng. degree in 1965, a M.Eng. degree in 1967, and a Doctor of Engineering degree in 1970 from the Tokyo Institute of Technology. He served as researcher at the Building Research Institute, Ministry of Construction from 1972 to 1974, as Associate Professor at the Tokyo Institute of Technology from 1974 to 1978, and as Associate Professor at the Asian Institute of Technology (AIT), Bangkok from 1978 to 1981. Kaji is seconded by the Government of Japan.



Ananda KUMARA

K. K. U. Ananda Kumara (Sri Lanka) recently joined UNCRD's Industrial Development Unit (IDU) as a United Nations Research Fellow. He has a B.Sc. (Hons.) in Science, a Post Graduate Diploma in Statistics, and a M.Eng. (Industrial Engineering and Management). Currently, he is a doctoral candidate at the Tokyo Institute of Technology. Kumara worked as lecturer at the University of Kelaniya, Sri Lanka. Prior to joining the university, he served in managerial and consultancy positions in several private international organizations. His current research interests are in organizational and employee performance, with emphasis on the Japanese work environment and its transferability to developing economies.

UNCRD Staff News *(Continued from page 20)*

Shigeto Moto (Japan) joined UNCRD as Associate Expert in November 1988, on secondment from the Kagoshima Prefectural Government. Moto is a graduate in Economics from Saga University. He has served in the Secretariat of the Personnel Administration Committee, the International Exchange Division, the Planning Division, and the Social Welfare Section of Oshima Branch Office in Kagoshima Prefecture. He also served in the Accounts Section of the Saga Prefectural Police Department. He will be assisting the Regional Disaster Prevention Unit (RDPU) during his stay at UNCRD.



Shigeto MOTO



Kazuhiko NAKAZAWA

Kazuhiko Nakazawa (Japan) joined UNCRD as Associate Expert in November 1988, as part of the Regional Disaster Prevention Unit (RDPU). Nakazawa is a graduate in Architecture from the Science University of Tokyo. In 1980, he joined the Tokyo Fire Department through which he has served at various fire stations in the city. In 1984-85, Nakazawa undertook studies in disaster prevention planning in urban regions at the University of Tsukuba as part of his job training with the Tokyo Fire Department. He is on secondment from the Disaster Prevention Planning Division of the Tokyo Fire Department.

Aya Okada (Japan) joined UNCRD as a United Nations Research Fellow in January 1989. She is mainly assisting UNCRD's Social Development Unit (SDU) in research projects on social development issues in developing countries. Okada has just completed a M.Phil. degree in Development Studies at the Institute of Development Studies (IDS), University of Sussex, U.K. Prior to this, she worked for the International Development Center of Japan (IDCJ) in Tokyo. She also has a B.A. in International Relations from Tsuda College in Tokyo.



Aya OKADA



Vincent L. ROTGÉ

Vincent L. Rotgé (France) joined UNCRD as a United Nations Research Fellow in January 1989 under the Urban Development and Housing Unit (UDHU). He holds a professional diploma (D.P.L.G.) in Architecture from the École Nationale Supérieure des Beaux-Arts, Paris, and a master's degree in Environmental Design from Yale University, where he studied under a French Foreign Office Scholarship and received a Yale University Christopher Tunnard Memorial Scholarship award in the field of urban planning and development. He also holds a M.Phil. degree in Geography and Development Studies from the École des Hautes Études en Sciences Sociales, Paris. Rotgé worked as project specialist for a nongovernmental organization in England, and as an architect for the Andrault et Parat Architects in Paris.

UNCRD Staff News

(Continued from page 21)



Shovan Kumar SAHA

Shovan Kumar Saha (India) joined UNCRD as a United Nations Research Fellow in July 1988. He is involved in the activities of UNCRD's Urban Development and Housing Unit (UDHU). Saha has a bachelor's degree in Architecture from the University of Delhi, and a diploma in Town and Country Planning from the School of Planning and Architecture, New Delhi, where he specialized in Urban and Regional Planning. Saha has worked for both the government and private sectors in a variety of architectural and planning projects. He is currently on leave from the School of Planning and Architecture, New Delhi, where he is Assistant Professor of Planning.



SHI Shi-min

Shi Shi-min (China) joined UNCRD as a United Nations Research Fellow in October 1988. He obtained a B.A. degree (Economics) from Henan University in 1977. In 1982 he came to Japan, where he took up studies at the Department of Economics, Nagoya University. He recently completed the academic requirements for the doctorate course in Business Administration. He is assisting in UNCRD's China Regional Development Strategies Study Project.

UNCRD Calendar of Events

Second Expert Group Workshop on River/Lake Basin Approaches to Environmentally Sound Management of Water Resources (jointly sponsored by UNCRD, ILEC, UNEP, and Thailand National Environment Board) 16-25 January 1989 Bangkok and Hat Yai

Training Courses on: 7-24 February 1989 Majuro, Marshall Islands
(1) Sectoral Development Planning and Implementation; and
(2) Local Government Planning and Financial Management

Second Expert Group Meeting on Industrial Transformation and Regional Development in the Pacific Rim (jointly sponsored by UNCRD and the Organizing Committee for the International Conference on Comparative Regional Development Studies in the Pacific Rim) 14-17 February 1989 Singapore

International Seminar on Reviving Local Self-Reliance: Challenges for Rural/Regional Development in Eastern and Southern Africa 21-24 February 1989 Arusha, United Republic of Tanzania

Symposium on Technology Development and Transfer for Rural Development (in collaboration with Economic Commission for Africa) 27 February-3 March 1989 Arusha, United Republic of Tanzania

UNCRD

Calendar of Events

International Training Seminar on Improving the Operational Practices and Technical Performance of Selected Housing Projects	13-25 March 1989	Nagoya
International Workshop on Urbanization and Population Distribution Policies in Asia (in cooperation with East-West Center)	26 March-1 April 1989	Honolulu
Country Training Workshop on Local Social Development Planning	March-April 1989	Manila
Third Expert Group Seminar on Regional Development Planning for Disaster Prevention	April 1989	Tokyo
Seventeenth International Training Course in Regional Development Planning	3 April-1 June 1989	Nagoya
Country Seminar on Strengthening Provincial Planning in Sri Lanka: Challenges for Regional Development	June-July 1989	Colombo
Expert Group Meeting on Emerging Urban-Regional Linkages in Asia	16-19 August 1989	Bangkok
Expert Group Meeting on Social Dimensions of Industrialization in ASEAN Countries	22-26 August 1989	Bangkok
Expert Group Meeting on Transnational Corporations in the Urban Regions of Southeast Asia: Issues in Transfer of Technology and Management	22-26 August 1989	Bangkok
Expert Group Meeting on Industrial Estates and Regional Development in Developing Countries: Implications for Policy and Planning	22-26 August 1989	Bangkok
International Conference and the Third Expert Group Meeting on Industrial Transformation and Regional Development: Challenges in an Era of Global Interdependence	September 1989	
International Seminar on Integrated Water Management in Urban Areas (jointly sponsored by UNCRD, Nagoya University, UNESCO, and Ministry of Education, Government of Japan)	Autumn 1989	Nagoya
International Training Seminar on the Application of Geographic Information Systems to Regional Planning	3-6 October 1989	

(Continued on back page)

Recent UNCRD Publications

Periodicals

Regional Development Dialogue

(Annual subscription rate (1989): US\$50 - Developed countries; US\$30 - Developing countries)

Vol. 9, no. 3, Autumn 1988

"Innovative Planning Strategies for Metropolitan Development and Conservation," edited by John P. Keith and M. W. J. G. Mendis

Vol. 9, no. 4, Winter 1988

"Employment, Livelihoods for the Urban Poor in Asia: Issues and Strategies in Metropolitan Planning," edited by Yue-man Yeung

Special Issue 1988

"Regional Development Policies and Planning in Africa," edited by R. A. Obudho.

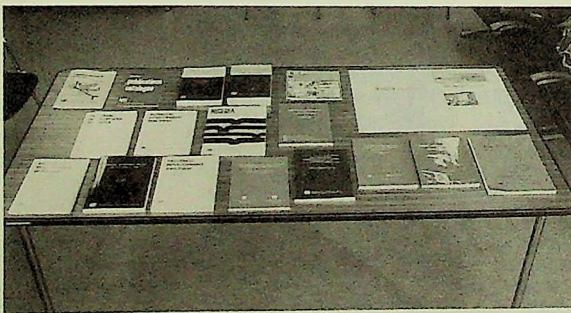
Vol. 10, no. 1, Spring 1989

"Financial Structure and Management of Asian Metropolises: Issues and Responses," edited by G. Shabbir Cheema. (forthcoming)

UNCRD Bulletin, 1988-89

Books

Planning for Crisis Relief: Towards Comprehensive Resource Management and Planning for Natural Disaster Prevention. 4 vols. Vol. 4: Plan-



UNCRD's Publications for 1988

ning and Management for Prevention and Mitigation from Natural Disasters -- Japanese Experiences. 1988. (US\$20 for developed countries; US\$15 for developing countries)

Training Modules: Local Social Development Planning. 2 vols. Vol. 1: *Perspectives*; Vol. 2: *Techniques*. 1988 (One set, US\$30 for developed countries; US\$20 for developing countries)

Meeting Reports

"Innovative Planning Strategies for Metropolitan Development and Conservation." International Seminar. Kyoto, Japan, 14-17 November 1988 (US\$4)

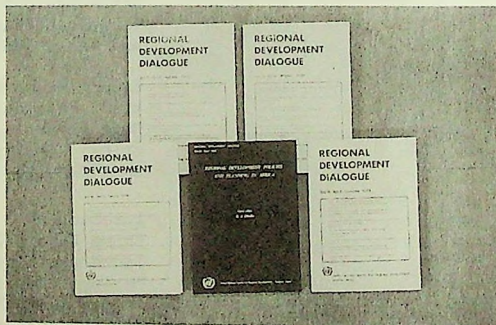
"Eastern Africa Rural Development Experience: Strategies in Local-Level Development." Report of the Proceedings of an International Seminar, Nairobi, Kenya, 30 June-3 July 1987. 1988 (US\$4)

"Report of the International Symposium on Local Social Development, Yokohama, Japan, 22-26 March 1988." 1988 (US\$4)

Working Paper Series

WP88-1 Tilak, Jandhyala

"Educational Finances in South Asia." 1988 (US\$2)



Regional Development Dialogue, 1988 and Special Issue

UNCRD Calendar of Events (Continued from page 23)

International Hillside Cities Conference (jointly sponsored by UNCRD and the City of Nagasaki)

4-7 November 1989 Nagasaki

Seminar on Regional Planning in the Federal District of Brasilia

6-10 November 1989 Brasilia

BDA'S ROLE IN CREATING CLEAN CITIES

Mrs Almitra H Patel, 50 Kothnur, Bangalore 560077
Member, Supreme Court Committee for Solid Waste Management in Class 1 Cities

>> The best way to keep streets clean is not to let them get dirty in the first place.

>> The best way to minimize dumping problems is to treat waste as wealth and recycle as much as possible. Done since Vedic times, it is now being forgotten.

These solutions are spelt out in India's latest national policy for handling garbage.

The Ministry of Environment has issued, in September 2000, India's first "Municipal Solid Waste (Management & Handling) Rules 2000" under our Environment Protection Act. Some highlights:

It applies to all towns and cities over 20,000 population.¹

All their local Solid Waste Management (SWM) Plans will now have to be framed in conformity with these Rules.

There is a special role spelt out for Development Authorities in Schedule III :

"Site Selection"

1. In areas falling under the jurisdiction of "Development Authorities", It shall be the responsibility of such Development Authorities to identify the landfill sites and hand over the sites to the concerned municipal authority for development, operation and maintenance.

Elsewhere, this responsibility shall lie with the concerned municipal authority."

"7. The landfill site shall be large enough to last for 20-25 years."

"9. A Buffer Zone of No-Development shall be maintained around landfill site and shall be incorporated in the Town Planning Department's land-use plans."

"2. Selection of landfill sites shall be based on environmental issues². The State Urban Development Dept shall co-ordinate with the concerned organizations for obtaining the necessary approvals and clearances."

¹ Every Municipal Authority shall be responsible for the implementation of these rules and for infrastructure development for collection, storage, segregation, transportation, processing and disposal of municipal solid wastes.

The DM or DC of each district has overall responsibility for enforcement of the Rules within it.

For metropolitan cities (over 10 lakh population), the Secretary Urban Development of the State / UT has overall responsibility.

The State Pollution Control Board will grant authorization for setting up waste processing and disposal facility including landfills, and will monitor air and water quality and compost quality.

² Selection of landfill sites shall be based on examination of environmental issues ... away from habitation clusters, forest areas, water bodies, monuments, National Parks, Wetlands, places of important cultural, historical or religious interest.

Prior approval of airport or airbase authorities is necessary if the site is to be located within 20 km of an airport or airbase.

BDA's Immediate Tasks

- 1, **Procuring a site as per MSW Rules for its CMCs, to be shared perhaps with newly-added areas of the BCC, is the single most important and immediate task of the BDA.**

Since such sites may lie in or near former or existing villages, it is very important to win their confidence. Villagers nearest to a waste processing or disposal should be made members of a site-management committee since they know the local conditions and solutions best and must have a forum for problem-solving.

Based on "Polluter-Pays" principles, the villagers should receive some benefit from others' waste being dumped near them. The municipalities / CMCs that use a site should pay for compost which can be supplied to the villages, perhaps one ton per year or season, per family or per acre of cultivated land nearby. This will not only ensure production of a quality product, it will also promote the marketing of compost which is such an important aspect of waste-processing operations.

- 2, **BDA can learn from the Swachha Bangalore experience and provide, in each of its existing & future layouts, enough space for the following facilities:**

(a) **Enough space at each Ward Office or Block Office for secure parking of doorstep - waste - collection vehicles, repairs and supplies**

(b) **Earmarked space for dry-waste-sorting and collection by waste-pickers.** Since this role is left to the informal sector, their collected dry wastes will surely spill over onto prime space like footpaths or vacant sites, causing civic conflict and hardship to the poor if designated spaces are not earmarked in advance for their activities. (e.g. Pimpri-Chinchwad has provided this under the corner of a flyover).

(c) **BDA must earmark spaces (a little away from dense habitation zones) for decentralised composting, which is the most cost-effective way to minimise transport costs and manage segregated wet waste.**

(d) **BDA must earmark zones for waste-recycling industries, to encourage legitimate eco-friendly operations that can save a growing city from being buried in future pollution,**

- 3, **BDA must provide adequate and suitable spaces in its areas for the planned management of special wastes:**

(a) **space in markets for garbage-take-away lorries or tractor-trailers to park,**

(b) **space for managing wastes from decentralised-slaughtering practices**

(c) **space for installing a common hospital-waste-processing site,**

- (d) spaces for cremating both humans and dead animals,
- (e) space to dispose of inert wastes like debris, construction & demolition wastes,
- (f) arrangements for transporting hotel/ kalyan mantapa food wastes to piggeries and veg-fruit-market wastes to cattle or sheep farms or to composting sites,
- (g) space for collection and temporary drying of useful fuel-wastes like coconut-shells, sugarcane-juice-stall wastes, garden wastes
- (h) Zoning space for relocating existing piggeries and cattle-sheds in their territory away from areas planned for new urbanisation, to prevent the mistakes of the past that the BCC has to live with. This politically sensitive issue must be thoughtfully handled to accommodate the needs of all sections of society.

4, Zoning of hawking zones especially for street - food vendors, is absolutely vital for good waste-management in newly-formed urban areas. BDA simply cannot dodge this sensitive issue and pass the buck to future residents who will have uniformly NIMBY attitudes ("Not In My Back Yard").

5, Zoning of high-density affordable housing is even more important, so that the working poor upon whom civic life depends can house themselves without creating new slums. Areas must be either designated or permitted where densities of 300 families per acre are allowed, in tiny row-house plots with minimal set-back and lanes just wide enough for three-wheelers.

The poor need not and should not be provided low-cost housing. They should merely be enabled to invest their own resources in their own low - cost progressively - upgraded homes, once land-tenure is assured on small sites with affordable building rules. Trunk Infra - structure must reach these sites first: power, water, drainage (see 7 below)

6, Zoning of adequate housing for migrant labour engaged in construction of BDA projects like ring roads, flyovers and bridges, as this labour often stays back and its unplanned housing needs form the seeds of future slums.

7, Building bye-laws for group / apartment housing that mandate the recycling of liquid wastes. Spaces must be provided for decentralised sewage-management. Otherwise cities will never be free of sewage in open storm-water drains even in new areas.

8, BDA must help strengthen the finances of CMCs by prompt handing-over of their BDA layouts to CMCs as soon as 50% occupancy is reached, so that the CMCs can start collecting property taxes etc from them. Presently BDA holds on to these areas till its last few sites are sold, but meanwhile the burden of servicing BDA colonies without any income from these layouts falls unfairly on the CMCs.

9, BDA must plan ahead for clean layouts. Their sale deeds must insist on citizen cooperation in dry-wet waste separation at the household and shop/market level. Sale deeds must require those purchasing ground-floor commercial spaces to take full responsibility for the day-and-night cleanliness of their respective frontages (upto the road centre, as at Chandigarh).

10, Finally BDA (or any Development Authority or Improvement Trust) must take full ownership and responsibility for waste-management in an inhabited area under its own control from day one, until the area is handed over to any other local body.

11, Cleaning services, if contracted out, must be given only to professional service - providers who do this for a living. Only such schemes are viable long-term. (Hosamani and Mewa Lal will provide examples of this later.) Chennai's 7-year contract to Onyx for 3 out of 10 wards is another good and viable example. Soft loans repayable in 5-7 years or the expected duration of BDA control, may need to be made available for this.

12, "Pilot projects" that are obviously unviable, unsustainable and non-replicable even at inception, because they require grant funding for both capital as well as operating expenses, must be avoided at all costs. They are a criminal waste of national or international resources. Worse, they deceive new residents into a false sense of security that conservancy services for them are permanently in place. Exorbitantly expensive solutions, costing lakhs of rupees for a few thousand families, force them to get locked into unaffordable options that are inherently doomed to fail. BDA will thus create filthy layouts, not clean ones.



**Planning Commission
(Housing, U.D. & Water Supply Division)**

DRINKING WATER SUPPLY & SANITATION

Drinking water supply and sanitation is not only a basic necessity of life, but also crucial for achieving the goal of "Health for All". The Ninth Plan envisages to provide potable drinking water to every settlement in the country, besides taking all possible measures for rapid expansion and improvement of sanitation facilities in urban as well as rural areas. This would be achieved through an appropriate mix of Central and State investments, institutional finance, strengthening of operation and maintenance system and more importantly the involvement of communities at various stages viz., planning, implementation, operation and maintenance. The Ninth Plan outlay for water supply and sanitation sector is Rs 39538 crore - Rs. 30024 crore under State and UT Plans (Rs.12264 crore for rural and Rs.17760 crore for urban) and Rs. 9514 crore under Central Plan (Rs.8650 crore for rural and Rs.864 crore for urban).

URBAN WATER SUPPLY & SANITATION

As per the report received from the State Govts. through the Ministry of U.D. & PA, the urban population having access at the beginning of the Ninth Plan to drinking water supply and sanitation facilities were 90% and 49% respectively. However, the service levels of water supply in most of the cities and towns are far below the desired norm, particularly the smaller towns. The coverage figures are based on average supply level and therefore does not truly reflect the inter-state and regional disparities within the States and even within the city itself. The poor, particularly those living in slums and squatter settlements are generally deprived of basic facilities. Similarly in the case of urban sanitation, though about 49% of the population had access to sanitary excreta disposal facilities, only 28% had through sewerage system and the balance 21% through low cost sanitary latrines. Even where sewered, the same are partial and without adequate treatment facilities in most of the cases. In the case of solid waste disposal, only about 60% of the generated waste is collected and disposed off every day. Of this, only 50% is disposed sanitarly. Separate arrangements for safe disposal of industrial, hospital and other toxic and hazardous wastes are generally non-existent.

General Problems of Urban Water Supply & Sanitation

- many UWSS providers are not financially viable and are unable to maintain services without extensive subsidies;
- existing UWSS Services fall short of full coverage of population and are often of low quality due to insufficient funding of O&M. Percentage of revenue generation to O&M cost in the cities of Calcutta, Delhi, Nagpur, Pune, Ludhiana, Lucknow and Kanpur in March 1998 were only 14, 43, 48, 49, 40, 50 and 78 ; and
- environmental degradation - the resource, as it is currently used, is increasingly insufficient and over-exploited.

These problems are because most UWSS managers lack the necessary management skills, autonomy and accountability for their performance.

Recommended Strategy for improvement

- democratic decentralisation through municipalization of responsibility;
- commercialisation and private participation in service provisions;
- market oriented financial systems, including developing of direct access to capital markets through bond issues, new forms of financial intermediation and leveraging public resources.

Requirement of Funds

	(Rs. crore)	Source
Drinking Water Supply - 100% Coverage.	26301	As assessed by W.G. for the 9 th Plan.)
Sewerage and sewage Treatment, low cost	- Short-term 40207) Plan(5 Yrs))	National Mission on Environmental Health and Sanitation(1995)
Sanitation, Solid Waste Management, Surface Drainage, industrial waste Management etc.	- Long-term 177300) Plan(2025 AD)	

RURAL WATER SUPPLY & SANITATION

As per the reports received from the State Govts. through Deptt. of Drinking Water Supply, out of 14.31 lakh identified habitations in the country, 11.63 lakh have been covered and 2.33 lakh "Partially Covered" leaving 0.34 lakh "Not Covered" habitations as on 1.4.1999. However, as per the Action Plan received recently from States by the Deptt. of Drinking Water Supply, these figures have been updated as 0.38 lakh NC, 2.68 lakh PC and 11.25 lakh fully covered habitations. Of these, about 1.69 lakh habitations are having water quality problems. In terms of population, about 87.5% rural population had access to water supply facility. As regards rural sanitation, the population coverage is comparatively very low at about 16% with low cost sanitary latrines, which includes coverage through private initiatives as well as the Government intervention.

General Problems of Rural Water Supply

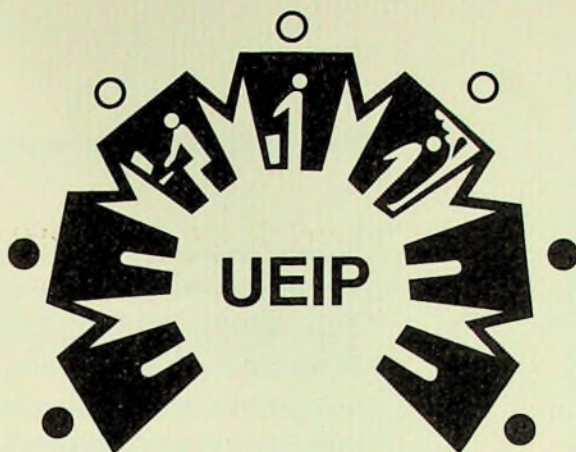
- Depletion of groundwater table due to over exploitation of ground water for agriculture.
- Sources go dry, particularly due to deforestation.
- There is at present no links with watershed development or forestry programmes at the field level.
- Heavy emphasis on new construction and poor attention to maintenance.
- There is not much community involvement - programme is supply -driven.
- Most of the States are not willing to charge for water .
- Neglect of Traditional Water Management Strategies.
- Increasing incidence of Quality problems.

Recommended Strategy for Improvement

- Sufficient funds need be provided, especially for repairs and rehabilitation.
- Water to be managed as an Economic Good.
- Operation and Maintenance to be decentralised to Panchayat Level.
- The Community to Own and Manage the systems - People should share cost.
- Greater use of surface and sub-surface water through rain water harvesting.
- There should be some legislative control on over-exploitation of groundwater.
- Top most priority be given to recharge schemes through watershed approach.

Requirement of Funds

In the Action Plan prepared by the Department of Drinking Water Supply based on the information received from the State Governments to provide water supply to all the "Not Covered", "Partially Covered" and Quality Affected" habitations including rural schools, operation and maintenance of assets created etc, a huge requirement of Rs. 43900 crore has been projected for five years from 1999-2000 onwards. This requirement is based on the guesstimate . Of this, Rs.29900 crore is meant for coverage of all the NC and PC habitations, Rs.13500 crore for quality affected habitations and Rs.500 crore for other support activities. This requirement appears to be on very much high side and needs to be critically examined .



INTEGRATED URBAN ENVIRONMENT
IMPROVEMENT PROJECT

Collective efforts for better environment

“INTEGRATED URBAN ENVIRONMENT IMPROVEMENT PROJECT”

Quality of life in an urban setting can only be improved by a sustainable programme for environment management. In an attempt to bring about better management of Civic Amenities in the newly developed areas in Bangalore city, the BDA has launched an innovative scheme involving the residents of these layouts, NGOs and the concerned Government bodies. This Project titled '**Integrated Urban Environment Improvement**' is aimed at developing environment management plans for the four BDA layouts of Brindavan (HBR), Kalyan Nagar (HRBR), Bhuvanagiri (OMBR), Kasturi Nagar (East of NGEF) and some neighbouring areas. This is a pilot project being implemented with assistance from the **Norwegian Agency for Development Cooperation (NORAD)**. The project is being implemented by the BDA in co-ordination with NGOs such as CEE, TERI, Waste Wise, TIDE, Residents groups / associations, etc.

Broadly this project comprises : An Integrated Management Plan for Waste Utilization and Disposal, Preparation of Geographic Information System , Open Spaces and Community Spaces Management.

PROJECT MANAGEMENT :

The Karnataka State Council for Science and Technology has been identified by the Government of Karnataka as the agency for overseeing the implementation of this project. All important decisions relating to the project are taken by an Apex Committee and a Project Implementation Committee will oversee the implementation of the project.

ORGANISATIONS INVOLVED :

Bangalore Development Authority (BDA) is the principal, planning and development agency for the Bangalore Metropolitan Area.

Centre for Environment Education (CEE) is a national institution set up in 1984 as a Centre of excellence in the field of environmental education by the Ministry of Environment and Forest, Government of India. CEE South, the southern regional cell functions from Bangalore.

Tata Energy Research Institute (TERI) is a registered non-profit research organisation set up in 1974 involved in energy conservation and environment management programmes. Its regional cell functions from Bangalore.

Mythri Sarva Seva Samithi is a non-profit organisation involved in social and economic assistance programmes for waste retrievers and street children.

Waste Wise is a Solid Waste Management Project promoted by Mythri.

Technology Informatics Design Endeavour (TIDE) is not for profit society devoted to promoting sustainable development through technological interventions.

Cooperation from other NGOs and Government agencies will also be sought to implement the project.

Community Participation:

The core strength of the project lies in community participation without which it would not be possible to sustain the benefits beyond the project period.

Community participation is envisaged through resident bodies, clubs, mahila mandalis, etc. Over a period of time it is hoped that community would become self-sufficient to manage the local environment.

Project Activities:

Solid Waste Management (SWM) :

- * Evolving a better system of SWM in the layouts by involving the residents, NGOs and concerned Government agencies.
- * Community based projects like composting of segregated wet waste.
- * Educational and training programmes for various target groups.

Geographic Information System :

- * Development of a computer based information system that combines both geographic (map) and attribute data elements, to facilitate spatial analysis.
- * Design and development of user friendly software applications for maintenance of services, for multiple users such as residents, civic authorities, NGOs, etc.

Management of open spaces :

- * Development of parks, open spaces in the project area.
- * Development of shrubs plantations along medians and lands beneath high tension line as green gardens.
- * Propagation of alternative methodologies for water harvesting and supply systems and other conservation measures.

**For further information on the project
you may contact :**

Commissioner,
Bangalore Development Authority
T. Chowdaiah Road,
Bangalore - 560 020.
Ph. 3360843
Fax 3345799

**Centre for Environment Education
Southern Regional Cell,**
143, 'Kamala Mansion'
Infantry Road,
Bangalore - 560 001
Ph. 2869094, 2869907
Fax 2868209

Tata Energy Research Institute (TERI)
2nd Floor, L.N. Complex,
10/1, Palace Road,
PO box 154,
Bangalore - 560 052
Ph. 2255722, 2257009, 2250548
Fax 2255760

Technology Informatics Design Endeavour (TIDE)
23, West Park Road,
Malleswaram,
Bangalore - 560 003
Ph. 3315656
Fax 3344555

Waste Wise
373, 100 ft. Road,
HAL 2nd Stage,
Indiranagar,
Bangalore - 560 008
Ph. 5255543
Fax 5561250

Main Identity

From: "Pervin Jehangir" <pjehangir@rediffmail.com>
To: "subhash shah" <tralux@vsnl.com>
Sent: Tuesday, June 17, 2003 5:51 PM
Attach: background paper on national HR workshop.doc
Subject: Fw: 4 messages

----- Original Message -----

From: pervin
To: zia haseebhov
Sent: Tuesday, June 17, 2003 4:53 PM
Subject: 4 messages

1)

Dear Friends:

PUKAR (Partners for Urban Knowledge Action & Research) and The Bombay Paperie invite you to "Squatter Cities", a public lecture and discussion with journalist ROBERT NEUWIRTH, on examining the various perceptions, political conditions, and people's experiences slum and squatter settlements in different cities throughout the world.

ROBERT NEUWIRTH is a freelance journalist and writer from New York. He is currently working on a book on the everyday life of slum and squatter settlements in different parts of the world. He has lived in slums in Nairobi, Rio de Janeiro, Istanbul, and he presently lives in Sanjay Gandhi Nagar in Goregaon East, in Mumbai. He has been a staff reporter on daily newspapers and weekly news magazines, and his work has published in the Village Voice, New York Times, New York Daily News, Wired Magazine, and The Nation. He is a contributing editor to City Limits (<http://www.citylimits.org/>). He has also taught inmates at Raiker's Island Jail as a Professor at City University of New York. His forthcoming book, for which he received a grant from the Macarthur Foundation, will be published in 2004 by Routledge.

The discussion will be moderated by DEVIKA MAHADEVAN, who works with SPARC (Society for the Promotion of Area Resource Centres) on documentation activities. She studied at Brandeis University and the London School of Economics (LSE) and is from Mumbai.

Date:
 SATURDAY 21 JUNE 2002
 6.00 p.m. to 8.00 p.m.

At:
 The BOMBAY PAPERIE
 Mezzanine Floor, Soonawalla Building
 59, Bombay Samachar Marg
 Opposite the Stock Exchange
 Fort, Bombay 400001

do you need background papers (attach ment)?

(LIB)

2)

*TM
 18/6*

A Satyagraha in form of an indefinite Dharna has started at the Gandhi Vidya Sansthan, Varanasi from 16th June, 2003 in protest of illegitimate appropriation of the institute. About 150 persons participated in a

peaceful Satyagrah that aims at saving the Gandhian Institute of Studies, Varanasi from the jaws of ideological terrorism of the Sangh Parivaar. The first day saw a substantial police force on the grounds of the campus but they appeared tentative regarding the matter and their role in it. The Satyagrahis gave full co-operation to the administration in maintaining peace and order and pursued their agitation in truest spirit of the Gandhism in defence of which they were fighting.

The agitationists view this battle not as just another one but part of a larger struggle of increasing ideological terrorism of the Sangh Parivaar, and a systematic and systemic uprooting of Gandhian thought and practice.

Backdrop of the Matter

Gandhian Institute of Studies, Varanasi, located in the precincts of Sarva Sewa Sangh, was founded by Jaya Prakash Narayan in 1960 to promote research in Gandhian thought and its practice. In a travesty of laws of land, the institute has been appropriated by handful of people, some of whom are in no way related to the Institute.

Some facts about the institute that are pertinent to the matter are as follows:

1. The institute is located on the land of Sarva Sewa Sangh and not on that of government
2. The buildings and other assets of the institute were developed by U.P. Gandhi Smarak Nidhi and funds solicited by JP for the purpose.
3. The institute is an autonomous body of which the registration has been renewed
(Renewal no. 803,2003; File no. 2.11137, Dated 31/01/2003)
4. Due to political pressure and manoeuvring a letter had been issued from Registrar Office Lucknow for rescinding its registration renewal
5. The institute incumbents had lodged a petition against the above at Allahabad High Court.
6. A stay order was issued by the court on the issue of rescinding the registration renewal of the institute
(Order no 23650, 2003, Dated 23/05/2003)
7. Even before this, some people had advanced a petition for dissolving the

Society of the institute at the Fourth Additional District Court. The High

Court issued a Stay Order against this of which the details are:

Order No. 13628, 2003 Date 22/4/2003

8. Prof. Kusumiata Kedia, who declares herself to be the Executive Director of the institute was suspended and later dismissed from the Institute on grounds of lack of discipline, breach of duty and activities detrimental to the Institute's spirit, mission and existence.

9. ICSSR (Indian Council for Social Sciences Research) had been that giving grants to the institute since 1977 has been stopped doing so since 1999.

But funds have been arranged from some alternative sources and thus the demand of the Satyagrahis is that the all hindrances towards the smooth functioning of the institute (like lock-out etc) be removed and people indulging in such illegal and unrighteous activities be directed out of the Institute campus.

Action committee against terrorism

Dear Friends,

A year has passed for Shaheed Navlin's brutal killing, who fought for justice and rights of the adviasis and marginalized. She has set an example before us by sacrificing her life for the above cause and we should not forget the same and let it go waste.

To remember her sacrifice, the above committee has organized a public meeting on 19th June, 2003 at which the well-known writer Vijay Tendulkar, Trade unionist Shri. Gajanan Khatu and Vivek Monteiro will address the gathering.

Your presence will give motivation and strength to the activists who are in struggle for the downtrodden and the marginalized. Please come in large numbers to condemn terror tactics of the land /builder lobby.

Venue: Jadeja Hall, Nallsopara (W) Behind Nagarpalika Office.

Time: 4 p.m.

Tel: 95250 2402555

In Solidarity

For Action Committee Against Terrorism

4)
13th June 2003

Dear Friends,

Sub: National Human Rights Education Workshop

Greetings from IHREC and DRTC

In lieu of the United Nations Decade for Human Rights Education ending in 2005 and recognizing the importance of human rights education, IHREC, The International Human Rights Education Consortium

along with DRTC, Documentation Research and Training Centre (Justice and Peace Commission) is conducting a five-day residential "National Human Rights Education Workshop" in Mumbai from the 10th of October to 14th of October 2003. The theme for this workshop is "Human Rights education and training for educators at the non-governmental level".

Enclosed are the details about the Workshop. The format of the registration form is also enclosed. Kindly fill in the details (preferably on a separate sheet of paper) accordingly and mail it to us along with the registration fees latest by 31st July 2003. The registration fees have to be paid either by way of a demand draft or money order drawn in favour of "Justice and Peace Commission". Since we aim to limit the number of participants to 50, kindly apply at the earliest.

We would be glad to provide any further information on this program. You can contact us via email (drtc@vsnl.com) or write to us at the above mentioned address. Our contact numbers are: Telephone number-91-22-26750955/ Telefax-91-22-26749023

We request you to forward this information to all your partner organizations, individual groups who may be interested in participating in this workshop.

Best wishes,

Aliwyn D'silva

Director

MANUAL
of
Socio-economic Status Scale
(Urban)



B. KUPPUSWAMY

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MANUAL
of
Socio-economic Status Scale
(Urban)

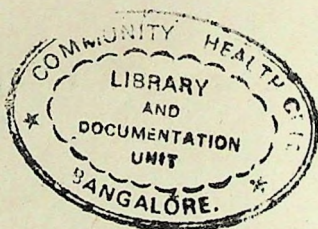
B. KUPPUSWAMY

MANASAYAN

32, Netaji Subhash Marg, Delhi-6.

1962

- ★ Introduction
- ★ Measuring Socio-economic Status : A Review
- ★ Standardising the Scale
- ★ The First Draft
- ★ Determining Weightage
- ★ Using the Scale
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Introduction

The importance of the knowledge about the social environment of the individual is being increasingly realised by research workers in the fields of social sciences. Economists realised long back the importance of the socio-economic background of the individual in determining his economic behaviour. Psychologists know well that there is high positive correlation between intelligence and occupation. Educational research has shown that the aspirations as well the achievements of a pupil are related to the group or the class to which he belongs or with whom he identifies himself. Sociological researches have probed into the relationship of behaviour, like adoption of new practices, with factors in the socio-economic environment of the individual.

The increasing importance of the knowledge of the social background of the individual shows the need for measuring this variable in the last decade or two. Attempts have been made to estimate the socio-economic status of an individual. These attempts are based on three assumptions :

- (a) that there is a class structure in society,
- (b) that status positions are determined mainly by a few commonly accepted symbolic characteristics, and
- (c) that these characteristics can be scaled and combined using statistical procedures.

Most of the indices have been developed in the United States of America for application primarily to the contemporary urban industrial class structure of that country where a good deal of research regarding stratification has been made in the recent decades.

Many variables have been identified in relation to social prestige. We know that in this country social prestige is attached to the

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amount of the income as well as the source of income. In an office or a factory a man earning twenty-five rupees or fifty rupees more than another feels that his prestige is higher. The source of income is also a very important factor. The man who gets an income from the property he has inherited feels that he has higher prestige than a person who has acquired his own property. A third source of prestige is on the basis of whether a person is paid daily 'wage', weekly 'wage' or monthly 'salary'. The difference between the two words 'wage' and 'salary' is indicative of this.

Similarly prestige is associated with occupation. The cooly, the ditch digger and the barber have very low status. Even the plumber and carpenter who are skilled workmen are having a low social prestige. On the other hand the physician, the engineer, the lawyer have high social prestige. (4).

The lower the education one has, the lower the prestige. The person who finishes his technical education as a carpenter or electrician does not command as much prestige as a person who has had the M. A. Degree or the B. E. Degree.

In every society, titles, membership of some voluntary organizations, type of house in which a person lives, the area in which the house is situated, the ownership of electric fans, radio etc. all add to the social prestige.

Measuring Socio-Economic Status : A Review

There have been several attempts to develop scales to measure prestige. Long ago Taussig (9) tried to build up a scale on the basis of income. Others used standard of living. Occupation was also used as a basis. Cattell (2) found that social prestige had .97 correlation with I. Q, .93 with income, .87 with years of education and .85 with birth restriction. He also divided the various occupations into ten groups and assigned to the following five classes : Upper (7%), Upper Middle (25%), Middle (36%) Lower Middle (25%) and Lower (7%). Cantril (1) found the following distribution on the basis of social class identification : Upper 4.9%, Upper Middle

10.5%, Middle 65.8%, Lower Middle 11.1% and Lower 7.7%. Sims (7) first used 23 items like education of parents, occupation of parents, possession of telephone, books etc. He later (8) modified and gave a list of 42 occupations and the subject was asked to respond to each occupation. Warner and his associates (10) used four variables-occupation, source of income, type of housing and neighbourhood. Hollingshead (3) used three indications, viz. residential address, occupation and education.

Standardising the Scale

The present scale was standardised primarily for use in socio-economic investigations in Urban parts of India. The need of standardised scale was being badly felt by research workers in social sciences in India. The scale was prepared mainly to provide a simple instrument which could be used without spending much time and effort and to obtain a correct measure of socio-economic status of a person.

The First Draft

While preparing the draft of the Scale, attention was paid to the minimum variables to be kept in the scale. Experience of the author showed that the three important variables contributing to the socio-economic status in urban areas are : education, occupation and income. So these variables were selected for the scale.

Each variable was scaled on a 7 point scale, by providing equal weightage to the different variables and by assuming equal interval between the different points of the scale. The 21 items (7 points for each of the three variables) are shown in Table 1.

To begin with, an arbitrary weightage of 7 to 1 was given to each of the items in each of the three variables. Thus the total score ranged from 3 to 21. The social classes were divided into the five following groups :—

- I. Upper
- II. Upper Middle
- III. Lower Middle
- IV. Upper Lower
- V. Lower

TABLE 1

Preliminary weights of the Scale Items

A. Education	ITEMS	PRELIMINARY WEIGHTAGE
1. Professional degree, Master's degree and above	...	7)
2. B. A. or B. Sc. degree	...	6
3. Intermediate or Post-high school diplomas	...	5
4. High School or its equivalent	...	4
5. Completion of full course of elementary education or middle school	...	3
6. Literacy or going to elementary school for a few years	...	2
7. Illiterate	...	1
B. Occupations		
1. Higher Professions like engineering, medicine, law, administration etc.	...	7
2. Semi-Profession	...	6
3. Clerk, Shop keeper, farm-owner etc.	...	5
4. Skilled work	...	4
5. Semi-skilled work	...	3
6. Un-skilled work—domestic-servant, farm labourer, casual labourer etc.	...	2
7. Unemployed dependant, beggar, vagrant	...	1
C. Monthly Income		
1. Above Rs. 1000	...	7
2. Between Rs. 750 and Rs. 999	...	6
3. Between Rs. 500 and Rs. 749	...	5
4. Between Rs. 300 and Rs. 499	...	4
5. Between Rs. 101 and Rs. 299	...	3
6. Between Rs. 51 and Rs. 100	...	2
7. Below Rs. 50	...	1

Determining Weightage

On the basis of the author's clinical experience the scale was tried. It was found that the weightage for the professional group was not satisfactory. The gap in status between the semi-professional people and the professional people was not adequately represented by the weights of 6 and 7 respectively. So the weightage for the occupational groups was revised, giving 10 for the professional group and retaining the rest.

It was also found that uniform weightage for the seven income groups was not satisfactory. So the weightages for the first three groups were changed from, 7, 6 and 5, to 10, 8 and 6 respectively. As far as the educational groups were concerned it was found that no change was necessary. The revised weightage for the various items was modified and appear in Table 2.

The author then requested two highly experienced voluntary social workers to try the scale. They took up a concrete individual, gave the social status of the individual and then gave the education, occupation and income of the person. It was found that the scale worked quite satisfactorily for all the groups except the first two viz., the upper middle and the upper. As a result of this the weightage for the top two income groups were changed from 8 and 10 to 10 and 12. Thus on second revision, the weightages became 12, 10 and 6 for the top three income groups while the weightages for the last four groups remained as in the original. It was found that there was no necessity to change the weightages for the education groups and the occupation groups. The final weightage appears in Table 3.

Data were obtained from a club admitting only members with high social prestige. The scale was also applied to the parents of 120 children studying in Middle Schools and 300 children studying in High Schools of Mysore city, and to 203 radio-owners in the same city. The data from these sources are given in Table 4.

Thus it has been shown that each of the three variables contributes in a significant manner to the total score and that it is not possible to eliminate any one of the variables, however modest its

TABLE 2

Revised weightage of the Scale Items

ITEMS	WEIGHTAGE
A. Education	
1. Professional degree, Master's degree and above	7
2. B. A. or B.Sc. degree	6
3. Intermediate or Post-high school diplomas	5
4. High School or its equivalent	4
5. Completion of full course of elementary education or middle school	3
6. Literacy or going to elementary school for a few years	2
7. Illiterate.	1
B. Occupation	
1. Higher Profession like engineering, medicine, law, administration etc.	10
2. Semi-professions	6
3. Clerk, Shop-owner, farm-owner etc.	5
4. Skilled work	4
5. Semi-skilled work	3
6. Un-skilled work—domestic-servant, farm labourer, casual labourer etc.	2
7. Unemployed dependent, beggar, vagrant	1
C. Monthly Income	
1. Above Rs. 1000.	10
2. Between Rs. 750 and Rs. 999.	8
3. Between Rs. 500 and Rs. 749.	6
4. Between Rs. 300 and Rs. 499.	4
5. Between Rs. 101 and Rs. 299	3
6. Between Rs. 51 and Rs. 100.	2
7. Below Rs. 50	1

TABLE 3

Final weightage of the scale items

ITEMS	WEIGHTAGE	
A. Education		
1. Professional degree or Hons, M. A. and above	...	7
2. B. A. or B. Sc. Degree	...	6
3. Intermediate or Post-High School Diplomas	...	5
4. High School certificate	...	4
5. Middle School completion	...	3
6. Primary school or literate	...	2
7. Illiterate	...	1
B. Occupation		
1. Profession	...	10
2. Semi-Profession	...	6
3. Clerical, Shop-owners, Farm-owners etc	...	5
4. Skilled worker	...	4
5. Semi-skilled worker	...	3
6. Unskilled worker	...	2
7. Unemployed	...	1
C. Income		
1. Above Rs. 1000 per month	...	12
2. Between Rs. 750 and Rs. 999	...	10
3. Between Rs. 500 and Rs. 749	...	6
4. Between Rs. 300 and Rs. 499	...	4
5. Between Rs. 101 and Rs. 299	...	3
6. Between Rs. 51 and Rs. 100	...	2
7. Below Rs. 50	...	1

contribution may be. It appears as its education contributes the least and occupation the most because at higher levels occupation involves education.

Using the Scale

As has been discussed earlier, the scale can be used by collecting information on the socio-economic variables regarding an individual or his father and then completing the Score Card with the help of the information collected. The use of the two instruments is explained here.

The Inventory

Both forms* can be used as self-administering forms in the case of literate persons. Form A may be used as a schedule to be completed by the investigator by asking questions especially in the case of illiterate persons. As will be seen Form B requires the students in schools and colleges to fill up the particulars regarding their parents or guardians. The Inventory is self-explanatory. The various items relating to education, occupation and income may be completed. Need to give correct responses may be emphasized.

The Score Card

The Score Card summarises the information obtained in the Inventory for purpose of finding out the status score of the individual. The various categories may be carefully completed in the Score Card.

Education

With respect to education categorization depends upon the length and type of education. In the top category post-graduate education as well as high grade professional education are put together. The lower grade professional education which is post

*There are two forms of the Inventory. Form A is meant for adults who are either earning or who are out of employment. Form B is meant only for students. Research workers interested in measuring Socio-economic status of students may use Form B.

TABLE 4

The Distribution for the five groups on the Revised Scale

	Parents of middle school children					Parents of high school children		Club Members		Radio owners	
	1 (a)*		1 (b) *								
Socio-economic status	F	%	F	%	Socio-economic status	F	%	F	%	F	%
I	2	1.7	17	5.7	I	2	1.0	16	34.0	7	3.4
II	29	24.2	55	18.3	II	53	26.5	27	57.5	49	24.2
III	54	45.0	114	38.0	III	90	45.0	4	8.5	94	46.3
IV	33	27.5	105	35.0	IV	51	25.5	0	0	50	24.6
V	2	1.7	9	3.0	V	4	2.0	0	0	1	0.5
Total	120	100.2	300	100.0	—	200	100.0	47	100.0	203	100.0

* Middle School children were taken from two groups separately, signified by (1 a) (1 b).

F=Frequency

high school will be put in the third category.

Those who have education in old type Sanskrit or other language Institutions will be categorized depending upon the duration of the course. For example the person who has passed the Vidwan Examination may be put in the fourth category. Additional qualifications will entitle him to go into higher categories.

Occupation

Here the problem of categorization involves many complications. The lowest category consists of persons who are unemployed irrespective of their general and professional education or training.

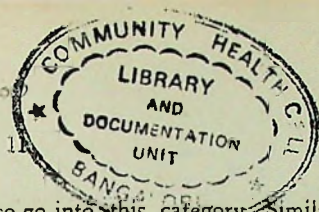
All persons who are doing work which involves neither education nor training will come into this category e. g, watch-man, peon, cooly, domestic servant etc.

To the semi-skilled group belong all those persons who need some training to do their routine jobs efficiently e.g. Factory or Workshop Labourer, Laboratory and Library Attender, the car cleaner etc. The petty shop-keeper may also be put into this category because he cannot pursue his occupation, without some training regarding where to purchase, how to purchase and how to sell.

The skilled workers are those with a long training in a rather complicated work. The mason, the carpenter the mechanic, the radio serviceman, the engine driver, the car driver, the telephone or telegraph operator, all come into this category.

In the next group we have persons with some training in arithmetic and probably also in reading and writing. The work here is also essentially of a repetitive nature. The clerk, the typist, the accountant are typical of this group of workers. They must have some general education and some training. The elementary school teacher also comes into this group. The shop-keeper as well as the farm owner comes into this category. They cannot continue in their occupation unless they know how to keep accounts and look after the routine management. Many of Railway occupations like

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Station Master, Guard etc., also go into this category. Similarly the news correspondent, the salesman and the insurance agent may also be put into this category so long as they operate at the routine level. If they show greater initiative, they move into higher categories.

The Semi-professional group consists of occupations which involve post-high school or college education. They may also involve lower grade professional training. But the jobs are essentially of a routine nature. We might put into this group not only mechanical and electrical engineers of the technological institutions, but also the High School Teachers, the Lecturers in the College, the Junior Administrators the Junior Medical practitioners, Insurance Inspectors, Commission Agents, Musicians, the Research Assistant etc.

Finally, we have the professional group. This group is involved in decision making processes and in laying down policies and in executing them. They also imply creative work. Most of them have very high general as well as professional education. But this may not be always necessary. Historically as well as even in contemporary life we have seen many men who have risen to high eminence in the military, business, and administrative fields with hardly any general or professional education. But all of them involve high organizational ability controlling a large number of human beings. Many professions also involve dealing with vast sums of money. To this category belong the doctors, senior administrative officers, senior lecturers, Readers and professors, Principals of Colleges, Advocates, Engineers, Planters owning or managing large estates, expert Musicians, Newspaper Editors, Auditors, Architects, Managing Directors of industrial and business firms, Bank Managers etc.

Income

It must be recognized that while it is easier to obtain exact information regarding education and occupation, it is rather difficult to get exact information regarding income. On the other hand

the categories are very clear because they involve members. The only safety is that the items are broad so that slight errors will not greatly affect the weightage on this variable and much less the final S.E.S. score.

The appropriate weightage Scores given against the items may be encircled for each category. The scores may then be entered in the last column. Addition of these three scores will give the final score which determines the status category. The corresponding Status category out of the five categories of the Scale appearing at the end of the Card may be encircled and may also be put in the relevant box on the top of Score-card.

A detailed analysis of the members of the club, the radio owners and parents of the school children showed that the second income group ranging from Rs. 500 to Rs. 999 was not discriminating sufficiently, consequently a change was made as shown in Table 3. Thus we find that there was no revision in weightage for education groups, one revision in weightage for the occupation groups and two revisions for the income groups.

The Scale

The final form of the Socio-economic Status Scale (Urban) contains 7 items in each of the 3 variables. The scale can be used by collecting information about an individual's socio-economic background in a specially devised Information Inventory. Then the score card can be completed and the status score of the individual can be worked out. The scale on the basis of the total score is as follows :

26-29	I
16-25	II
11-15	III
5-10	IV
Below 4	V

It is assumed that the difference between categories is more significant than differences within each category. It is further assumed that the weighted scorers of the three variables could be added in order to get the final score for socio-economic status. It

is also assumed that education, occupation, and the income are the three essential variables which determine the socio-economic status in a modern society. The merit of the present scale appears to be its objectivity. Social prestige is now defined in an operational manner and the variables selected are capable of being objectively ascertained. Of course it must be realized that the income variable is not so easily ascertained. Depending on circumstances there may be an over or an under-estimation. However, since the income groups are broad, error in estimation may not affect considerably the income score itself and hardly the total score. This is one of the merits of the scale proposed.

Validity of the Scale

Several methods were used to test the validity of the scale. These are discussed below :

(a) *Matching against outside criterion*

The validity of the scale was tested by requesting several teachers and students in the University campus to give the class estimate of the persons they know well and then the actual education, occupation and income were ascertained and the class estimate given on the basis of the socio-economic status scale. It was found that the scale worked satisfactorily for the social classes.

(b) *Distribution patterns*

The scale was given to two research students for application to the families of the children they were studying. It was found that the parents of children studying in the high schools and middle schools gave a normal probability distribution as far as socio-economic status was concerned. Further the proportions are more or less the same in the two distribution. Similarly the distribution of the radio owners is fairly normal. The data appears in the Table 4.

From the above table we find that the distribution in all the groups except the club members is according to normal probability curve. The fact that nearly 92% of the members of the club belong

either to the I (Upper) or II (Upper Middle) categories is very significant. This is an indication of the validity of the scale.

It is very significant that there is a close correspondence between the distribution of the socio-economic status of the individuals owing radio sets in Mysore city and the distribution of the status of the parents who send their children to the middle schools and high schools. Probably a study of the distribution of SES among the parents of the primary schools will show a different distribution. It may be hypothesized that the proportion in the V category (Lower-Lower) will increase.

(c) Comparision of dichotomous groups

A heterogenous group of twenty persons were interviewed. Each person was asked to indicate the names or the initials of three persons, who, in his estimation, had very high status in society. Then he was asked to give the names or initials of three persons who held, in his opinion, the lowest status in society. After obtaining the names or initials of these six persons, the rater was asked to give the occupation, education and income of each person. In this manner information was obtained regarding 93 persons. 44 being of 'very high' status and 49 of 'very low' status.

The data of these two dichotomous groups was scored in accordance with the categories used earlier. The only difference was that the weightages given were not used. Instead the arbitrary weights from 7 to 1 with which the investigation started, were used.

Means of these scores for each of the three variables were computed for the high as well as the low group. The means and the differences between them are given in Table 5.

The mean differences, which are highly significant, show the discriminating power of the categories. However, the mean differences suggest that income might be the variable that distinguishes the two groups more than the other two variables, occupation and education.

TABLE 5

Variable, Means and Mean Differences for the two groups

Variable	Mean for high group	Mean for low group	Mean difference
Occupation ...	5.27	2.43	2.84
Education ...	5.93	2.82	3.11
Income ...	4.98	1.84	3.14

In order to ascertain the appropriate weights for each of the three variables, a discriminant function analysis was made. (II) As a result of this it was found that 5, 1 and 3 are the weightages of the three variables-occupation, education and income-determining the dichotomy. Next an attempt was made to determine the extent to which each variable contributes to class affiliation. It was found that 64% was from occupation, 14% from education and 22% from monthly income. Next an attempt was made to find out if there will be a significant loss in forecasting efficiency if information regarding education, which contributes the least, is eliminated. It was found that when all the three variables are used the multiple biserial R is .885 while it is .733 when income is eliminated, .742 when education is eliminated and .667 when occupation is eliminated. The partial correlations substantiated the above conclusion ($r_{1.23}=.534$, $r_{2.13}=4.78$ and $r_{3.21}=.488$).

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(2) The Corporation may, in the execution and for the purposes of any works beyond the limits of the Corporation sanctioned by the Government exercise all the powers which it may exercise within the city throughout the line of country through which conduits, channels, pipes, lines or posts and wires and the like run, and over any lake or reservoir from which a supply of water for the use of the Corporation is derived and over all lands at a distance not exceeding two kilometers beyond the high-water level of any such lake or reservoir, and over any lands used for sewage farms, sewage disposal tanks, filter and other works connected with the drainage of the city.

255. Provision for removal of filth.—(1) The Commissioner shall.—

- (i) provide or appoint in proper and convenient situations, depots or places for the temporary deposit of rubbish and filth and for the final disposal of filth and carcasses of animals;
- (ii) provide dust-bins for the temporary deposit of rubbish;
- (iii) provide vehicles or other suitable means for the removal of carcasses of animals; and
- (iv) provide covered vehicles or vessels for the removal of filth.

(2) The Commissioner shall make adequate provision for preventing the deposits, places, dust-bins, vehicles and vessels referred to in sub-section (1) from becoming sources of nuisance.

256. Public notice ordering deposit of rubbish and filth by occupier.—(1) The Commissioner may by public notice, direct that all rubbish and filth accumulating in any premises in any street or quarter of the city specified in the notice shall be collected by the owner or occupier of such premises, and deposited in a box or basket or other receptacle of the kind specified in such notice to be provided by such owner or occupier and kept at or near the premises.

(2) The Commissioner may cause public dust-bins or other convenient receptacles to be provided at suitable intervals and in proper and convenient situation in any street or quarter in

respect of which no notice issued under sub-section (1) is for the time being in force, and may by public notice direct that all rubbish and filth accumulating in any premises, the entrance to which is situated within fifty meters of any such receptacle shall be collected by the owner or occupier of such premises and deposited in such receptacle.

257. Removal of rubbish and filth accumulating in large quantities on premises.—When any premises are used for carrying on any manufacture, trade or business or in any way so that rubbish or filth is accumulated in quantities which are, in the opinion of the Commissioner, too considerable to be deposited in any of the methods prescribed, by a notice issued under Section 256, the Commissioner may.—

- (a) by notice require the owner or occupier of such premises to collect all rubbish and filth accumulating thereon, and to remove the same at such times, in such carts or receptacles, and by such routes as may be specified in the notice to a depot or place provided or appointed under Section 255; or
- (b) after giving such owner or occupier notice of his intention, cause all rubbish and filth accumulated in such premises to be removed, and charge the said owner or occupier for such removal such periodical fee as may, with the sanction of the Standing Committee, be specified in the notice issued under clause (a).

258. Provision for daily cleaning of streets and removal of rubbish and filth.—The Commissioner shall provide.—

- (a) for the daily surface-cleaning of all public streets and the removal of the sweepings therefrom; and
- (b) for the removal of.—
 - (i) the contents of all receptacles and depots and the accumulations at all places provided or appointed by him under Section 255 for the temporary deposit of any of the things specified therein; and

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- (ii) all things deposited by owners or occupiers of premises in pursuance of any notice issued under Section 256.

259. Rights of property of Corporation in things deposited in receptacles.—All things deposited in depots or places provided or appointed under Section 260 shall be the property of the Corporation.

260. Directions as to removal of rubbish and filth and preparation of compost manure from rubbish and filth.—In cases not provided for by any notice issued under Section 256, the Commissioner shall lay down:—

- (a) the hours within which rubbish and filth may be removed;
- (b) the kind of cart or other receptacle in which rubbish and filth may be removed; and
- (c) the route by which such carts or other receptacles shall be taken.

261. Maintenance of establishment for removal of rubbish and filth.—(1) The Corporation shall maintain an establishment under the control of the Commissioner for the removal of rubbish and filth from privies which are not connected with a public drain.

(2) The Corporation shall, if so required by the Government make provision for the preparation of compost manure from rubbish and filth.

262. Prohibition of the practice of employing persons for carrying night-soil as headload.—(1) Notwithstanding anything contained in this Act or in any other law, custom, usage, agreement or practice to the contrary, and save as provided in sub-section (3), no person shall employ or allow himself to be employed for wages or salary for carrying night-soil as headload or by the manual handling thereof.

(2) Any person who contravenes the provisions of sub-section (1) shall be punished with fine which may extend to twenty-five rupees and with further fine which may extend to five rupees for every day on which such offence is continued, after the date of the first conviction and if any person is convicted for the fifth time of an offence for the contravention of the provisions of

sub-section (1) he shall be punished with imprisonment for a term which may extend to three months or with fine which may extend to three hundred rupees, or with both.

(3) Nothing in this Act shall apply to any person who employs or allows himself to be employed for carrying night-soil as headload or by the manual handling thereof in any hospital, clinic, nursing home or other similar institution or as a member of any organisation engaged in social service or to any person who himself carries or collects night-soil for the preparation, use or manufacture of manure.

263. Prohibition against accumulation of rubbish and filth on premises, etc.—(1) No person who is bound by any notice issued under Section 256 or Section 257, as the case may be, to collect and deposit or remove rubbish or filth accumulating on any premises shall allow the same to accumulate for more than twenty-four hours.

(2) No person shall deposit any rubbish or filth otherwise than as provided in a notice issued under Section 256 or 257 as the case may be.

(3) No person shall, after due provision has been made under Sections 255 and 258 for the deposit and removal of the same:—

- (a) deposit the carcasses of animals, rubbish or filth in any street or in the verandah of any building or on any unoccupied ground alongside any street or any public quay, jetty or landing place or on the bank of a water course or tank; or
- (b) deposit filth or carcasses of animals in any dustbin or in any vehicle not intended for the removal of the same; or
- (c) deposit rubbish in any vehicle or vessel intended for the removal of filth except for the purpose of deodorizing or disinfecting the filth.

(4) No owner or occupier of any premises shall keep or allow to be kept for more than twenty-four hours otherwise than in a receptacle approved by the Commissioner, any rubbish or filth on such premises or any place belonging thereto or neglect

to employ proper means to remove the rubbish or filth from or to cleanse such receptacle and to dispose of such rubbish or filth in the manner directed by the Commissioner or fail to comply with any requisition of the Commissioner as to the construction, repair, paving or cleaning of any privy on or belonging to the premises.

(5) No owner or occupier shall allow the water of any sink, drain or privy or the drainage from any stable or place, or any other filth to run-down on or to be put upon, any street or into any drain in or alongside of any street, except in such manner as shall prevent any avoidable nuisance from any such filth soaking into the wells or ground at the side of the said drain.

264. Contribution from person having control over places of pilgrimage, etc.—Where a mosque, temple, math or any place of religious worship or instruction or any place which is used for holding fairs, festivals or other like purposes in the city or in its neighbourhood, attracts on particular occasions, a large number of persons, the Commissioner shall make special arrangements whether permanent or temporary which may be necessary in the interest of public health, safety or convenience and require the trustee or other person having control over such place to make such recurring or non-recurring contribution to the funds of the Corporation as the Government may determine.

CHAPTER XIV Streets

265. Vesting of public streets and their appurtenances in Corporation.—(1) All public streets in the Corporation reserved under the control of the Government, with the pavements, stones and other materials thereof and all work materials, implements and other things provided for such streets, all sewers, drains, drainage works, tunnels and culverts whether made at the cost of the Corporation fund or otherwise, in or alongside or under any street, whether public or private, and all works, materials, implements and other things appertaining thereto and all trees not being private property growing on public streets or by the side thereof, shall vest in the Corporation.

(2) The Government may, after consulting the Corporation, by notification withdraw any such street, sewer, drain, drainage work, tunnel, culvert or tree from the control of the Corporation.

266. Maintenance and repair of streets.—The Corporation shall cause the public streets to be maintained and repaired and may make all improvements thereto which are necessary or expedient for the public safety or convenience.

267. Powers of authorities in regard to streets.—(1) The Commissioner may, subject always to such sanction as may be required.—

- (a) layout and make new public streets;
- (b) construct bridges and subways;
- (c) turn, divert, or with the special sanction of the Corporation and the Government permanently close any public street or part thereof;
- (d) widen, open, extend or otherwise improve any public street.

(2) Reasonable compensation shall be paid to the owners and occupiers of any land or buildings which are acquired for or effected by any such purposes.

(3) In determining such compensation, allowance shall be made for any benefit accruing to the owner or occupier