## A study on Patients perspective in Tuberculosis Treatment

## INTRODUCTION

Magnitude of the problems caused by tuberculosis in India and world wide is well documented. A number of researches been conducted in search of a solution and number of projects been piloted in effective implementation of Tuberculosis control programme. TB control has been a challenge unmet despite the fact that NTP was in place over three decades and was revised due to global pressure and efforts are continued in disseminating the facts that TB is curable, drugs and vaccines are available for treatment and prevention. According finding of some studies that though the patients knew that TB is curable, requires prolonged regular treatment and irregularity would lead to deterioration and possible death were irregular and discontinued the treatment.

The resurgence of this disease made WHO declare TB a Global emergency in 1993. Tuberculosis is among the most effective and cost effective of all diseases to treat yet it had to be declared as Global emergence. It in India it is estimated that there are about 1440 people die of tuberculosis every day. It is also well known that this disease affects the poor more and it is evident that the poverty status in India is further deteriorated by globalization policies. Is well known that the poor seek help from more that one place due to various reasons and this adversely affect treatment outcome and the patients pocket. Information on health seeking behavior of the patients has already been studied in other parts of India especially in Maharashtra and it is hoped that this study would bring in some more insight in understanding the TB treatment from the patient's perspective.

#### **OBJECTIVES:**

- a. Assess the socio economic status of the patients.
- a. Gain an understanding on the knowledge of the patients on TB
- b. Understand the treatment seeking behavior of the patients
- Understand the impact of the disease on their lives and what adjustment they have to towards

#### METHODOLOGY

Patients who are under treatment and have discontinued treatment would be selected using the cross sectional method from among the urban poor. The interview technique would be in-depth interview by using semi-structured guidelines for eliciting information.

## INTERVIEW GUIDELINE

#### Socio e conomic status

Name, sex, age, occupation, income and educational status of the patient

Assessment of economic status through observation of the type of house and the household things.

#### Information on TB

- What is the name of the disease that you are suffering from and how did you get to know.
- What do you know about this disease
- Why do you think that you got this disease
- Are there any other reasons for people getting this disease
- What do you think are the consequences if the disease is untreated and how long one need to take the treatment.
- Who are affected more by the disease male/ female rich/ poor/ poor young and old why does it affect.
- Do you think this disease is communicable and how one can spread the disease to others?
- How does this disease affect marriage

## Community attitude

- What do your family members feel about you having the disease?
- Do any community members know that you have the disease if yes who and how did they come to know
- What do the community members generally think about this disease
- What do people say is the reason for this disease
- What are the ways people say that one can be cured of this disease

#### Help seeking behavior and experiences

- What were your complaints in the beginning and did you do anything at home and neighborhood.
- When did you seek help (after how long) if sought late reasons

- Where did you seek help form (different places) and who referred you there and what were your experiences.
- Who choice was it to visit a particular place, reasons?
- Name the places you went to before coming to this center in search of help
- Which are places that you visited for treatment or another help in relation to this disease and what where your experience both positive and negative (staff attitude, information given, time spent and the physical setting of the place)
- " If more than one place reasons,
- · How much money you would have spent so far for the following
- a. consultation
- b. investigation
- c. prescription
- d. speed money
- Influence of health education on knowledge about the disease and treatment
- Since how long your are taking treatment from the present place.
- = How did you come to this place?
- What information is given to you by the staff of this center about Tb and treatment
- What life changes have taken place after you came to this center

## Cost of treatment including indirect cost like transport and loss wages

- How much time you need to spend for taking the medicines from the tealth content
- How far is the health center from your place
- do you go to work on that day if gone to work how much money you would have earned
- Does anyone accompany for treatment? if yes, who, and does this affect his/. Her work, in what way
- Do have any experience of giving money to any of the staff or staff demanding form you and why

## Inflaence of atmosphere of the place

- What you like most and least in the present place.
- Who do you like more in this place why and who you don't like and why

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#### OBJECTIVES:

Understanding on the knowledge of the patients on TB

Understand the treatment seeking behavior of the patients \_\_\_\_ men, women, + children a Therir parents

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Patients who are under treatment and have discontinued treatment, would be selected using the cross sectional method from among the urban poor. The interview technique would be in-depth interview by using a semi structured guidelines for eliciting information.

## INTERVIEW GUIDELINE

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#### Information on TB

What is the name of the disease that you are suffering from and how did you know that name name.

What do you think are the consequences if the disease is untreated

What do you think are the remons for the disease. That you got To, are there any other reason. What do you think are the remons for the disease male female rich poor young and old.

#### Treatment seeking behavior

What were your complaints in the beginning and when did you seek help ( after how long) if sought late

Where did you seek help form ( different places) and who referred you there and what were your experiences

If changed places reasons.

Since how long your are taking treatment form the present place and what are your experiences compared

to the other palaces positive and negative. (0) - Did any on accompany you -- what low long apprecinately you spent maited - money spen for treatment - consultation - consultation - consultation

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- Why do you think that you got this disease
- Are there any other reasons for people getting this disease
- What do you think are the consequences if the disease is untreated and how long one need to take the treatment.
- Who are affected by more by the disease male/ female rich/ poor/ poor young and old.
- Do you think this disease is communicable and how one can spread the disease to others.
- Can one get marry if he or she has this disease if no why

## Community attitude

- What do your family members feel about you having the disease.
- Do any community members know that you have the disease if yes who and how did they come to know
- What do the community members think about this disease
- What do people say of the reason for this disease

## Help seeking behavior and experiences

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- Name the places you went to before coming to this center in search of help
- If more than one place reasons.
- Since how long your are taking treatment form the present place
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- How did you come to this place?
- What information is given to you by the staff of this center about Tb and treatment
- What life changes have taken place after you came to this center

## Cost of treatment including indirect cost like transport and loss wages

- How much time you need to spend for taking the medicines from the health center
- How far is the health center from your place
- do you go to work on that day if gone to work how much money you would have earned
- Does anyone accompany for treatment? if yes, who, and does this affect his/. Her work, in what way
- Do have any experience of giving money to any of the staff or staff demanding form you and why

## Influence of atmosphere of the place

- What you like most and least in the present place
- Who do you like more in this place why and who you don't like and why

# INTERVIEW GUIDELINE FOR THE PRIVATE SECTOR INVOLVED IN TB CARE

Name of Institution			
Location (Address)			
Phone #			
Director/ In-charge			
Person Surveyed			
Funding Sources			
Year of Establishment			
No of Staff Members:			
Doctors			
Nurses			
Lab Technicians		v	
Others			
No of Beds			
No of Patients			
No of TB Patients			141
Diagnostic Facilities Av	railable		
Case Finding/ Diagnos  1. When do you ask	sis for the investigations		

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d in Sputum  eme Fatigue  les on Chest  r  intage of patients are from lower/poor economic
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ostic tools are used?
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ou repeat investigations?

8. How many of the patients do you find are co-infected with HIV?
9. What other co-infections are common?
10. What information is given to patients upon diagnosis?
11. What audio-visual aids do you have on TB? How often do/ are they
used and when do you normally use them?
12. Normally, what is the patient's understanding of the disease?
<u>Treatment</u>
13. What are the most commonly prescribed drugs?
14. In your experience, which ones work best?
15. What is the duration of the treatment regiment that you advise? How do you decide this?
16. What percentage of patients responsive to treatment and follow it as prescribed?

17. Of those who are not responsive to treatment, what do you think are the reasons?
18. What exactly is the prescribed regimen (i.e. SCC)
19. What are common side effects of the treatment, and how do patients handle them?
20. What percentage of the patients reports side effects?
21. What do you do to treat the side effects?
22. What are some major challenges in providing treatment?
23. What form of record keeping do you practice? What do you do with the records of patients who have terminated treatment?
24. Do you have a sample to show?
25. How much do you charge for the following:  a) Consultation Rs.  b) Investigation (Sputum/X-Ray) Rs.  c) Prescription Rs.

27. How much does an average course of treatment cost the patient?
28. Does your institution give any concession to the TB patients for the following and how much?  a. consultation %  b. investigation %  c. Prescription %
29. Are you aware of how patients can get assistance in getting medication?
Case Holding/ Follow Up
30. What percentage of patients that you have treated completed treatment?
31. What are the most common reasons they stop?  Financial  Social  Side Effects  Other
32. What do you do when a patient discontinues his/her treatment?
33. What percentage of your patients become resistant?
34. What percentage of patients come with MDR TB?
35. How do you treat these types of patients?

37. When do you decide to refer patients elsewhere?
38. Are there any formal arrangements for referral?
39.Tell me about the level contact and collaboration with any government institutions dealing with TB treatment? Which areas do you focus on? (who approaches who? Reporting, referral, etc.)
40.Please tell me about tell me about the government programs for TB control?
41. How often do you encounter it in practice and how often do you use its services?
42. Any other concerns/questions/comments that you would like to raise?

Thank you for your cooperation

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A study on Patients perspectives in Tuberculosis Treatment and the role of Private Sector in prevention and control of TB

## INTRODUCTION

Magnitude of the problems caused by tuberculosis in India and worldwide is well documented. Resurgence of TB made WHO declare it a global emergency in 1993. Tuberculosis is among the most effective and cost effective of all diseases to treat yet it had to be declared as Global emergence. (WHO)

TB control has been a challenge unmet in India despite the fact that NTP was in place over three decades and was revised due to global pressure. in India it is estimated that about 1440 people die of tuberculosis every day. It is also well known that this disease affects the poor more and it is also evident that the poverty status in India is further affected adversely by globalization policies. Links with Poverty has been explicitly acknowledged in the 1940 health policy and later it was hidden under the category sociological problems. A number of researches have been conducted in search of a solution and a number of projects been piloted for understanding effective implementation strategies in prevention and control of the disease.

It is observed that the prevalence is evenly distributed among both the rural and urban population. It is well kwon that the poor seek help from more that one place due to various reasons and this adversely affected treatment outcome and the patient's pocket. Most people with chest symptoms first approach the private practitioner for help and it is evident that they are not equipped to handle the problem effectively for various reasons. Information on health seeking behavior of the patients has already been studied in other parts of India especially in Maharashtra and it is hoped that this study would bring in more insight in understanding TB treatment from patient's perspective and the role of private sector.

## Problem statement

It is well known that TB is associated with poverty, illiteracy malnutrition and over crowding. Treatment of TB puts on an enormous physical, economical, psychological, and social pressure on the patient particularly the poor patient and his or her family. What bothers most people suffering from TB is their cough, chest pain, fever loss of weight and body ache. It is least of their concerns that they are excreting the bacilli in sputum and are infecting others. There were instances when TB patients said that they just wanted to die due to depression and in other instances the patients had to sell their valuables to pay of for the treatment. It is estimated that on an average a TB patient spends about 5500 rupees for treatment apart from transport and other indirect costs. As TB affect more the young and the adults in the productive age group, the economic loss to the nation is calculated as 1000 corore man-hours.

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Most of the TB patient seeks first help from a private practitioner chiefly because they are easily accessible and available. Normally they approach within two weeks after developing chest symptom and most of them are sent away with cough mixtures. Affordability is a question that arises later during treatment, which is one of the main reasons that force the poor TB patients to become irregular in treatment for some time. Some of the other reasons for discontinuing treatment are; priorities in the family, feeling well, cannot leave work and come for treatment, unavailability of drugs in the center when approached, side effects, staff attitude and distance. Poor nutrition, strong medication and alcohol cause side effects such as nausea and dizziness that prevents a patient from continuing treatment. Finding of a study revealed that patients who stayed beyond 5 kms from the health centers were irregular with treatment. The support available both family and community level to a person suffering from TB for enabling him/her complete treatment is insignificant. Besides these the problem of stigma still persists and has its negative impact. TB patients face rejection by neighbors, employers and coworkers. Young brides who developed symptoms are returned to their homes as unfit to bear children, their dowries forfeited.

As a reslut of these problems many of them become MDR (Multi Drug Resistance) MDR means more a death trap to person who has defaulted treatment. Cost of treating MDR is 100 times more. If dropped from treatment due to this factor, the consequences are that the loss to the family in incalculable and the patient would have transmitted the disease to many other people at least 10 to 15 before their death. It is 30 years since a new drug has been brought into market and the chances in the near future are very remote. Understanding personal experiences of the patients taking treatment, and factors that affect both at family and community level would help in planning an appropriate strategy for effective prevention and control of the disease.

India bears two third of the burden of the problem of TB in the world of which 60 per cent of the TB patients are managed by the private practitioners. In India there are about a million registered doctors who are involved in private practice. There are many others who trained and untrained from non-allopathic system of medicine are also involved in private practice. Attractive monitory benefit has been the driving force behind setting up practice for many of them.

Not much information is available on patient attending the private clinics, the diagnosis procedure, treatment regimen used, adherence to treatment in Karnataka, However the information available of the situation elsewhere shows that most of the private practitioners prefer x-ray to sputum smear for diagnosis which is unnecessary for diagnosing most cases. About treatment though many of them used drugs specified under the short course chemotherapy, they were inappropriate with the combination and duration. A study conducted in Mumbai revealed that the private practitioners have used 80 to 90 combination of the drugs prescribed under SCC. Experience's of a few of the private practitioners who had knowledge of diagnostic procedures, treatment regimens and had a better relationship with the patient which resulted in educating and motivating them have shown better results.

The problems with the private practitioners have been that their knowledge and experience for managing TB is inadequate. Most of the private practitioners from both the system of medicines are dependant on medical representatives for upgrading their knowledge. Many of the private practitioners from non-allopathic system of medicine have learnt allopathy and were practicing independently or under a senior allopathic practitioner. Many of them are not aware existence of public health services for tuberculosis and those who are aware have negative attitude towards the functioning of public health services that prevents them from referring the TB patient there. However some of them do have the compassion to send the patient to the public health service when they discover the inability of the patients to pay for their service. It is understood that stigma attached to the disease prevents some of them from disclosing the diagnosis to their patients.

Health seeking behavior has been studied in many part of the country and it is evident that most of the TB patients first seek help from the private practitioner. It is recommended that the involvement of private sector in RNTCP would be crucial for effective and prevention and control of the disease. Therefore it is important to learn form their experiences, strengths, weaknesses and their perspectives. Here the strengths would

#### Aim:

Conduct a sociological enquiry on the impact of tuberculosis treatment and the to understand the role of private practitioners in prevention and control of the disease.

#### **OBJECTIVES:**

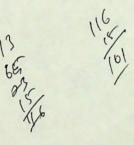
- a. Assess the socio economic status of the patients.
- a. Gain an understanding of patients perception on TB
- b. Understand the treatment seeking behavior of the patients
- c. Understand the impact of the disease and the treatment on their lives and the adjustment they need to make towards this.

## **METHODOLOGY**

Patients under the RNTCP programme implemented through the Health Centers of BMP(Bangalore Mahanagara Palike) would be identified. Information would be collected using in-depth interview and focus group discussion techniques. They would be selected using the cross sectional method from among the urban poor. Likewise the private practioners located in and around the slums of Bangalore would be identified for in depth interviews and if possible a few focus group discussions would be held with them.

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## A study on Patients perspectives regarding TB treatment under RNTCP

## Introduction

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TB control has been a challenge unmet in India despite the fact that NTP was in place over three decades and was revised due to global pressure. In India it is estimated that about 1440 people die of tuberculosis every day. It is also well known that this disease affects the poor more and it is also evident that the poverty status in India is further affected adversely by globalization policies. Links with Poverty has been explicitly acknowledged in the 1940 health policy and later it was hidden under the category sociological problems. A number of researches have been conducted in search of a solution and a number of projects been piloted for understanding effective implementation strategies in prevention and control of the disease.

It is observed that the prevalence is evenly distributed among both the rural and urban population. It is well kwon that the poor seek help from more that one place due to various reasons and this adversely affected treatment outcome and the patient's pocket. Information on health seeking behavior and the patients perspective regarding the treatment has already been studied in other parts of India especially in Maharashtra and it is hoped that this study would bring in more insight in understanding TB treatment from patient's perspective.

#### Problem statement

It is well known that TB is associated with poverty, illiteracy malnutrition and over crowding. Treatment of TB puts on an enormous physical, economical, psychological, and social pressure on the patient particularly the poor patient and his or her family. What bothers most people suffering from TB is their cough, chest pain, and fever loss of weight and body ache. It is least of their concerns that they are excreting the bacilli in sputum and are infecting others. There were instances when TB patients said that they just wanted to die due to depression and in other instances the patients had to sell their valuables to pay of for the treatment. It is estimated that on an average a TB patient spends about 5500 rupees for treatment apart from transport and other indirect costs. As TB affect more the young and the adults in the productive age group, the economic loss to the nation is calculated as 1000 crore man-hours.

Most of the TB patient seeks first help from a private practitioner chiefly because they are easily accessible and available. Normally they approach within two weeks after developing chest symptom and most of them are sent away with cough mixtures. Affordability is a question that arises later during treatment, which is one of the main reasons that force the poor TB patients to become irregular in treatment for some time.

Some of the other reasons for discontinuing treatment are; priorities in the family, feeling well, cannot leave work and come for treatment, unavailability of drugs in the center when approached, side effects, staff attitude and distance. Poor nutrition, strong medication and alcohol caused side effects such as nausea and dizziness also prevents a few patients from continuing treatment. Finding of a study revealed that patients who stayed beyond 5 kms from the health centers were irregular with treatment. The support available both family and community level to a person suffering from TB for enabling him/her complete treatment is insignificant. Besides these the problem of stigma still persists and has its negative impact. TB patients face rejection by neighbors, employers and coworkers. Young brides who developed symptoms are returned to their homes as unfit to bear children, their dowries forfeited.

As a result of these problems many of them become MDR (Multi Drug Resistance) MDR means more a death trap to person who has defaulted treatment. Cost of treating MDR is 100 times more. If dropped from treatment due to this factor, the consequences are that the loss to the family in incalculable and the patient would have transmitted the disease to many other people at least 10 to 15 before their death. It is 30 years since a new drug has been brought into market and the chances in the near future are very remote. Understanding personal experiences of the patients taking treatment, and factors that affect both at family and community level would help in planning an appropriate strategy for effective prevention and control of the disease.

## Aim:

To understand the patients perspective regarding TB treatment provided by the Bangalore Mahanagara Palike under the RNTCP(Revised National Tuberculosis Control Programme) using DOTS (Directly Observed Treatment, Short course) approach.

## **OBJECTIVES:**

- 1. Assess the socio economic status of the patients.
- 2. Gain an understanding of patients perception on TB
- 3. Understand the treatment seeking behavior of the patients
- 4. Understand the impact of the disease and the treatment on their lives and the adjustment they need to make towards this.

#### Methodology

Patients under the RNTCP programme implemented through the Health Centers of BMP (Bangalore Mahanagara Palike) would be identified. Information would be collected using in-depth interview and focus group discussion techniques. They would be selected using the cross sectional method from among the urban poor.

As mentioned a meeting was held with the Medical Officer in -charge of the Tuberculosis control programme with BMP( Bangalore Mahanagara Palike) and gained an understanding of the programme. It is understood that the BMP has 7 TB units and under each TB unit there are 5-6 Microscopic Centers spread around the city. The treatment is provided through about 132 health centers including the health centers of the PPVIII (India Population Project) A visit was made to all the 7 TB units and list of 701 patients who have registered with them during the first quarter that is from January to March 2001 was procured. These are the details about the patients that are available, TB. No. Date of registration, age, sex, Name of treatment center, category, type, status ( new, defaulters, dropout and others. It decided with this information available, to select 100 patients and conduct an in-depth interview for understanding their perspectives.

## Annexure

## INTERVIEW GUIDELINE FOR THE TB PATIENTS

#### Socio economic status

Name, sex, age, occupation, income and educational status of the patient

Assessment of economic status through observation of the type of house and the household things.

#### Information on TB

- What is the name of the disease that you are suffering from and how did you get to know.
- What do you know about this disease
- . Why do you think that you got this disease
- \* Are there any other reasons for people getting this disease
- What do you think are the consequences if the disease is untreated and how long one needed to take the treatment?
- Who are affected more by the disease male/ female rich/ poor/ poor young and old why does it affect.
- Do you think this disease is communicable and how one can spread the disease to others?
- . How does this disease affect marriage

3

5/5

Bea . scar visible / parpule

## Community/ family attitude

- ♣ What do your family members feel about you having the disease?
- Do any community members know that you have the disease if yes who and how did they come to know
- \* What do the community members generally think about this disease
- What do people say is the reason for this disease
- \* What are the ways people say that one can be cured of this disease

## Help seeking behavior and experiences

- What were your complaints in the beginning and what did you do
- Mhen did you seek help (after how long) if sought late reasons
- Where did you seek help form (different places) and who referred you there and what were your experiences.
- Who choice was it to visit a particular place, reasons?
- \* Name the places you went to before coming to this center in search of help
- \* Which are places that you visited for treatment or another help in relation to this disease and what where your experience both positive and negative (staff attitude, information given, time spent and the physical setting of the place)

What symptoms subsided after taking treatment and what symptom continued even after taking treatment

4

- If visited more than one place reasons.
- . How much money you would have spent so far for the following
- a. Consultation
- b. Investigation
- c. Prescription
- d. Speed money

When did you feel better?

s ja

- . Influence of health education on knowledge about the disease and treatment
- Since how long you are taking treatment from the present place.

- . How did you come to this place?
- \* What information is given to you by the staff of this center about Tb and treatment
- What life changes have taken place after you came to this center

## Cost of treatment including indirect cost like transport and loss wages

- . How much time you need to spend for taking the medicines from the health center
- . How far is the health center from your place
- do you go to work on that day if gone to work how much money you would have earned
- Does anyone accompany for treatment? if yes, who, and does this affect his/. Her work, in what way
- Do have any experience of giving money to any of the staff or staff demanding form you and why

## Influence of atmosphere of the place

- What you like most and least in the present place
- \* Who do you like more in this place why and who you don't like and why

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			Yeshw	anthpu	ra TB u	ınit				
SI.No	TB No	Month Reg		Sex	Age	TB Unit	Categori	Тура	Status	Smean
1			Shivanna	m	45	YMCH	2 1	p	n	2+
2	67	2	Kannan	m	45	YMCH	1 3 1	p	n	1+
Ĵ	74	Ż	Hanumantn	m	45 j	PGMH	1 1 1	p	n	1+
4	125	3	Ramu	m	45	TRICH	1	h	ſŧ	2÷
5	143	3	Rammana	m	+5	SRMIT	1	Ģ	n	1+
€	152	3	Murthy	m	45	SRMH	3	p	n	n
7	15	1	Valii	m	46	SPMH	3.	2	n	hiv
8		2	Robert	m	45	SRMH	3	p	n	3+
9			Nagaral	m	1 47	YMCH	1	D	n	n
10			Venugopal	m	47	YMCH	1	p	n	3+
11			Peerkhan	m	48	MRMH	1	p	n	n
12			Muthu	_m	48	Krpura	1	р	n	3+
13			vijaya	m	1 48 1	GNMH	1 1	р	n	n
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îâ			וספטפוט	m	45	Givivin	1. 1	- P	(1	- 11
17			venkalesh	m	45 1	SPALY	1 1	-F	10	3+
18	2		Hanumlah	m	5C	YMCH	3	p	n	2+
19			Magazala	m	50	YMCH	3	2	n	R
20			Narayanswamy	m	50	GNMH	3.	n	n	n
21			Munihanumlah	m	50	YMCH	1 1	p	n	2+
22			Manl	m	50	SRMH	3	p	n	n
23			Hanumantharayas	m	50	PGMH	3	р	n	1+
24			Francis	m	50	SRMH	1	р	n	3+
25			Charles	m	50	SRMH	1	р	n	3+
26			Ramanna	m	50	GNMH	3	р	n	n
27			Amirulian	m	52	PGMH	3	þ	n	n
25		2	N.R.Reddy	m	52	Givinin	3	P.		
29	167	3	Krishnamurthy	m	52	POMH	1	Þ	ñ	1+
30	162	3	Ramanna	- m	53	GNMH	3	p	n	n
- 31	35	1.	Megappa	m	55	YMCH YMCH	3	2	n	1+
. 32	141	3	Javrai	. m				<u> </u>	n	PLUS
33		. 3	Basaooa	m	55	GNMH	3	_ D	n.	n
34		3	Gurumurthy	m	56	SRMH	1 1	p	n	n
35			K.Krishna	m	60	SRMH	3	_ p	n	U U
36	101		Galvappa	m	60	MRMH	1 1	р	n	PLUS
37		3	Maranna	m	60	YMCH	1 1 1	р	D	1+
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49		march	Italn c	m	1 60 1	ctmn	1	P	n'	3+
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- 50	1 15	January	Trastianti giali	414	7.5	Diva	+ -			0.
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54		January	chowdappa	m	50	AGD	3 1	Б	n	n
55		march	Imuniswamy	m	51	snq	1	p	n	1+
56		January	Gundappa	m	52	AGD	3	р	l n	n
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51		february	snanthakumar	m	80	NCD	3	F	n	n
62		march	narayanaspa	m	60	AGD	1 1	<u>-</u> E	n	3+
63		march	lanallah	m	60	sng	3	b B	n	n
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88	44	Feb	SMASHEKAR R	m	54	MVVHC	1	P	n	n
89	76	Mar	SYED UMAR	m	55	YBR	1	P	n	n
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105 105 105 109 110 110 111 112 113 114 115 116 117 119 120 121 122 123 124	123 59 138 138 133 12 35 62 53 136 126 25 99 46 6 8 4 109 15	3 2 2 3 3 1 1 2 2 2 3 5 1 1 2 2 2 3 3 1 1 1 1 2 2 1 1 1 1 1 1 1	PYARCAS SYED UMAR MIJTYUPAJ VENKATESH ATHMALINGAM MOMTHIPIAH SHAFIULLA SHAR KHALEEL AHAMBI NGARAJ KALAPPA VENKOBARAO MM SVVAMY HASIBULLAH RAMACHANDRA E HEERIAH ASLAM GOPAL RAO THIMMARAYAPA MOHAMBO BABU	m m m m m m m m m m m m m m m m m m m	50 50 50 51 52 53 53 54 54 55 55 60 62 62 62 64 65 68	SRMH CMM GMM HCD BPHC AMH HCD SRMH GMH HCD AVHC GMH HCD AVHC GMH HCD AMH AMH HCD AMH	3 1 1 3 1 1 1 3 3 1 1 5 1 1 3 3 1 1 1 3 3 1 1 1 1	P P P P P P P P P P P P P P P P P P P		3+ n 1+ n 1+ n n n 2+ 3- 2+ 2+ 2+ n n
105 105 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123	123 59 138 138 139 12 53 562 53 136 126 25 59 46 8 8 4 109 15 67	3 2 3 3 1 1 1 2 2 3 3 5 1 1 1 2 2 2 3 3 1 1 1 1 1 1 1 1 1 1 1 1	PYARCAS SYED UMAR MUTHUPAJ VENKATESH ATHMALINGAM MOMTHIPIAH SHAFIULLA SHAR KHALEEL AHAMEI NGARAJ KALAPPA VENKOBARAO MM SVAMI HASISULLAH PAMACHANDRA N HEERIBH ASLAM GOPAL RAO THIMMARAYAPA MOHAMED BABU SILLE GOWDA	m m m m m m m m m m m m m m m m m m m	50 50 50 51 52 53 53 54 55 55 60 62 62 65 65 68 70 70	SRMH CMM CMM SMH AMU HCD EPHC AMH SRMH HCD AVHC GMH HCD AWH HCD AMH AMH HCD HCD AMH SRMH HCD HCD HCD HCD HCD HCD HCD HCD HCD HC	3 1 1 1 1 1 3 3 3 1 1 1 1 5 1 1 1 1 3 3 3 1 1 1 1			n n 3   3   4   7   1   1   1   1   1   1   1   1   1
105 105 107 108 109 110 111 112 113 114 115 116 117 119 120 121 122 123 124 125	123 59 138 138 133 12 35 62 53 136 126 20 90 45 6 8 4 109 15 67 69	3 2 2 3 3 1 1 2 2 3 5 1 1 2 2 3 3 1 1 1 2 2 3 1 1 1 1 1 1 1 1	PYARCAB SYED UMAR MIJTPUPAJ VENKATESH ATHMALINGAM MOMTHIPIAH SHAFIULLA SHARI KHALEEL AHAMEI NGARAJ WAN SYVAMY HASIBULLAH ASLAM GOPAL RAO THIMMARAYAPA MOHAMED BABU SILLE GOWDA MALLLAPPA	m m m m m m m m m m m m m m m m m m m	50 50 50 51 52 53 53 54 54 55 55 55 60 62 62 62 62 63 64 65 68 70 70 70	SRMH CMM CMM CMM CMM CMM CMM CMM CMM CMM C	3 1 1 3 1 1 1 3 3 3 1 1 1 3 3 1 1 3 3 1 1 1 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	P P P P P P P P P P P P P P P P P P P		n n 31 3 4 4 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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			LadyV	Vellingt	on TB (	unit				
129	7 1	Jan	Karuna	m	47	D.M.H.	1	p	n	34
1301	15	jan	Venkatakrishna	m	48	LWSTC	1	1 p	n	1 1-
131	51	teb	Nagabhushan	m	49	LVVSTC	j	[ 8p ]	n	
1321	103	mar	ixio.usman	m	49	D.M.H.	3	1 8 .	Tł ·	n
133	23	ján	Niu.isammuna	111	50	V.H. 1	1	PI	<b>\$1</b>	1.
134	42	feb	Joseph	m	50	D.M.H.	1	٦	8	3
135	69 !	190	Chandran	m	59	AGH.C.	3	p	n	n
136	83	mer	Bhaomalah	~	50	DMH	1	p !	n	3.
137	13	ian	Dabh	m	55	LWSTC	1	p	n	1.
138	79	mar	Mariappa	m	58	D.M.H.	1	l a	n	34
139	1	lan	Maniyappa	m	60	D.M.H.	3	p	n	n
140	16	jan	Ram Bhadur	m	60	LWSTC	1	p	n	14
141	37	feb	Seetappa	m	60	D.M.H.	3	1 0	n	п
1421	47 1	feb	Subrayappa	m	60	D.M.H.	1	l g l	n	n

			46 and	abo	ve fer	nale				
									Ţ.	
SI No	TE No	Month of Rec		Sex		TB Unit	Cat	Type	Status	Smear
1-7-	144		Lady We						J	
1	38		Stradunnisa	1	70	LWETC	2	р	I F	46
1 3	75	jan	Seethe Lakehn	1	70	CMH	1	80	5   D	6
-	75	mar	Kuppamma		70	CanH	-	60	n	n
		-	Hanumam	na nac	ar IH	unit		-		
1	116	mar	MADAMA	F	16	SRMH	3	ρ	I N	0
5	107		PASUVATHI I	F	48	AMH	1	0	IN	3+
6	121		BEGUM JAN I	F	50	GMH	3	р	IN	n
7 1	31		I HIMAKKA I	F	55	AMH	T I	P	IN	3+
2	71	feb	CHAPPU BAL	F	. 55	SPMH	3	13	I M	n
9	57		KAMAKSHI I	F	1 56	AMH	3	0	IN	n
10	132		VENKATAMMA I	F	58	AMH	1	Р	IN	3+
11	54		HÜNNAMMA I	۲	bU	AMH	1	P	IN	3+
12	135		CHINTHIYAMMA	F	1 80	SPHC	3	0	A!	n
13	101		PUTTAMA I	F	85	SRMH	2	0	0	n
14	34		PARVATHAMMA	F	70	HCD	3	p	N	n
15 1	19		SRIDEVI	F	172	HÜÜ	1	ер	N	n
16	22		HOMALAMMAP	F	. 20	HCD	3	F	N	- P
					1	C 10.0			1	
		1	Jayana	gara 1	B unit					
17	68	I Mai	VAJRAMMA I	F	1 50	MWHC	1	þ	N	1+
18	. 53		NOORJIVANIES		55	JHR	1	35	N N	
19	59		HANUMAMMA	F	80	JNP.	3	60	N	n
20	63		VENKATAMMA	F	60	WG	1	р	N	0
21	12	1 Jan	SORAJAMMA	F	65	YER	3	p	N	п
			Hosai	halli Ti	unit					
23	80	mar	jayamma	ſ	50	khc	1	р	l n	n
24	77	mar	saraswathiurali	Ŧ	70	mrmn	9	р	1 . n	n
		1:							1	
		1.	Neelasa							
25	7	jan	Tajun 1	F	50	AGD	3	L.p	l p	n
20	37	l ien	rosemary	F	60	sime		P	1 n	2+
27	73	mer	logamma	F	50	AGD	3	_=_	1 0	71
28	29		elizabeth	F	53	dml	2	D	l n	2+
29	52		rukmani	F	58	AGD	1	p_	l n	n
JU	5		A. Mary	F	P.O.	NCU	3	ep	l n	n
31	11		rajamma	F	85	ular	3	ap	1 0	п
32	86		iameela	F	65	sna	3	D	l n	n
33	34	feb	chinnamma	F	70	NCD	3	. P	<u>n</u>	n
	-		-		-				1	
1 34	- 00	1	Broadway TE unit	-	1 10					
	23	ian	kairunissa	- 1	48	pwd	1	D	l n	3+
35	3	l jan	jayamary	-	50	ctmh	3	ep	<u>  n</u>	l n
30	76		snakuniia	1	ו סט	DWd	DIV		i n	n
37	105	mar	mumitaz boguir		55	bwd	-1-	P	n	2.
	95	mar	gaialaksmi		90	bsa	1	0	l n	3+
39	51	feb	papamma	_ (	65	bbmh	1_	D	l n	3+
-		-	Sharp day	77 11 1					-	-
1 40	115	1		E Walt		0000			<u> </u>	
		mar	Shanthamma	F	60	SPMH		D	<u> </u>	n
41	121		Sarojabi I	F	80	MRMH		р	R	3+
1 42	85		Giriamma	+	05	TMCH		P	N	п
1 13	- U-	mar	Rudramma	F	SE.	HPH !	1	2	• N	.0.
1	- 00		Hosahalli to Unit i							
44	80	mar	jayamma	1	50	khc	11	P	<u>  n</u>	n
45 1	14	mar	saraswatniura	1 1	10	mrmn	3	P	n	ก

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			19- LadyWe	45 ma		nlt				
SI.No	TB No	Date	Name	Sex	Age	Unit	Cat	Туре	Status	Smea
1	57	feb	Suresh	m	19	stmhl	1	p	n	1+
-2	1 6/ 1	mar	Durgasingn	m	15	IWSIC	1_	l p	n	1+
3	107	mar	(mano)	m	19	INVSIC	i	P	П	1+
4	2 1	jan	Binga Krisinia	10	20	Ginn.	3	M	Ö	n
5	40	for	I I I I I I I I I I I I I I I I I I I	133	20	dmh.	2	IP	0	3:
9	29	2.	Karan Shaday	m	22	lw stc	1	P	n	1+
7	46	feb	Shankar	.77	4.7	VH.	3	ep.	n	n_
8	42 1	feb	Muniralu	m	25	Inviste !	1_	0	n	1+
9	92	mar	Tashi	m	25	stmh	1	0	n	2+
10	62	mar	Murugash	m	26	stmh	3	0		n
11	61	mar	Ganapathisingh	m	27	stmh	3	ep	, n	n
12	27	Jan	Bharath Raj	m	27	stmh	1	_p_	n	3+
13	53	feb	Dinesh	m_	27	stmh	1	p	n	3+
14	82	mar	if.Umesh I	m	28	amn. I	3	р	n	n
15	97	mar	Raju	m	20	cmni	1	I P	п	2+
16	73		Lokesii	01	29	ievsici	3	ah	1)	
11	32	jan	John	m	25	twate	1	ا تا	n	- 11
13	85	mar	Ganash -	m	20	hyete	3	2	n	n
19	71	mar	Somanna	m	29	simp	1_	F	n	3+
20	30	lan	Kumar	m	30	lwstc	3	ap	n	п
21	6	lan	Ganesh	m	30	dmn	2	0	D	3+
22	26	jan	Suresh	m	30	mmh	3	p	п	n
23	18	jan	venkatesh	m	32	stmh	3	ep	n	ก
24	95	mar	Armugam	m	32	lwstc	1	P	n	1+
25	45	feb	[Balasubramanyam]	m	33	V.H. 1	3	ep l	n	n
26	81	mar	[David ]	m	34	amn. I	3	I P	0	п
27	3 1	jan	Ароці Алпа і	m	ĴĴ	amn. i	i	P	n	3+
26	44 1	íeb	Devictionusi	DI	35	ivesici	3	Į į	n	-
20	108	mar	DhonsEnadur	m	35	liwste	1	F	6 1	1+
30	108	mar	Shankar	m	35	V.H.	1	. 2	n	3÷
31	04 1	mar	A.Kumar	m	36	W/sto !	1	P	n	1+
32	84 1	mar	Zelanasha	m	37	dmh	3	en l	n	n
33	74	mar	Shashidar Rao	m	37	I lwstc	3	0	n	n
34	96	mar	JonamDorsle	m	37	cmh	1	l p l	n	1+
35	9 1	ian	Prabhakar	m	38	aghel	3	P	n	n
36	102	mar	[Md.Thavub	m I	40	sumh	3	ep	n	n
37	91 1	mar	Jayaram I	m	40	stmh	1	P	n	3+
38	31 1		Marappa	m	42	I IWSIC I	1	P	n	3+
			Hanumant							
33	36	jálí	RAGAVENDRA	111	iŝ	amin	3	انرا	11	- 0
40	128	maj	ISMAL	m	10	gmh !	1		n	14
51	26	fab	SIDEARAJU	m	30	amh	3	96	n	n
42	49	feb	PAMESH	m	20	hed	1	P	n	3+
43	50	feb	SHANKAR	m	20	hed	1	0	n	1+
44	81 T	feb	VASANTH KUMAR	m	21	hcd	3	ep	n	п
45	5 1		IRAJU	m	21	l hed l	1	0	n	3+
46	1	lan	RAJESH	m	22	amh	3	ap	n	n
47	2	lan	ICHANDREASHEKA	m	22	amh I	3	ep	n	n
48	130		PRASAU	m	22	amni	1	P	n i	3+
49	127	mar	NOOR	m	23	gmn i	3	ρ	n	n
50	40		AZAS	131	24	airiii	1	P	17	3÷
51	72	feb	RUE	777	26	armh	2	60	77	6
52	103	mar	MAGARAJ	m	25	hed	1	90	n	n
53	20	lan	MINESH	m	25	had	3	2	n	n
54	60	feb	GURULINGA	m	26	amh	3	0	n	n
55	113		MURUGESH		26		1		n	3+
56	3 1		VENKATESH	m	25	amh	3	0		n
30	3 1	Jan	IVENNAIESH	m	21	amh	3	0	п	11

58         58         feb         SOMASHENAR         m         28         amh         3         p         n         n           59         80         feb         PUTTARAUU         m         28         hcd         3         p         n         n           60         26         jan         KESHAVAMURTHY         m         30         hcd         3         p         n         n           61         36         feb         ieb         ieb         n         30         amh         3         p         n         n           62         ii03         mar         BABU         m         30         smn         i         p         n         n           63         143         iner         vaso         iii         30         smn         i         p         n         2+           64         7         jan         RAU         m         32         amh         2         p         0         1+           65         94         feb         STHYANARAYANA         m         32         amh         1         p         n         1+           67         39         feb         RA				7=			1			-	
S9   S0   Feb   PUTTARAJU	57	23	ian	RAMAGSAMY	m	27	hcd	1	0	n	3+
Second   S	_	_									
SI	-	-	-		-		-			-	-
0.5											
63   143   mar   VASU		_						_			
GA							-				
SE		143	mei						1 2		2+
1		7	lan	[RAJU	m				P		
ST   ST   ST   ST   ST   ST   ST   ST											
SE   33   Ian   PUTTMALAIAH   m   35   Incol   2   0   D   14		-	feb		m						
SS			feh								
70   51   feb   BOREGOVDA	68	33	ian	IPUTTMALAIAH	m		hed		n		
T1	69	38	feb	THALAK KAMAL	m	· manager	amh		٥١	F	1÷
72	70	51	feb	BOREGOWDA	m	35	hcd		P	n	n
73   52   RED     REMPEGOVUDA   M   36   NCC   1   P   N   PLUS   74   117   Mar   AMAJADASTAN   M   36   gmm   2   P   F   2+	71	86	feb	SIDDAPPA	m	36	hcd	3	ep	n	
T4	72	110	mar	ISUNDRESH	m	37	srmh	1	l p	n	2+
10	73	52		IKEMPEGOWDA I	m	1 36	i nca i	1	i p	i n	PLUS
10					m	30	gmni	2	P	ĪĒ	2+
15						_					i n
15								1			
78	77							3			
79   84   64   PUTTASWAMY   m   42   hcd   1   n   n   1+	70			1				4		-	
80   70   feb   SISDDU		81						1	-		14
112 mar   SELVADAS   m   43   srmh   3   p   n   n   n   32   100 mar   SELVADAS   m   44   amh   1   p   n   n   n   33   33   11   Jan   MUNIR AHAMED   m   45   amh   2   p   D   24   34   55   feo   SENVALINGIAH   m   45   amh   1   p   n   34   35   61   feo   SENVALINGIAH   m   45   amh   3   p   n   n   34   36   63   feo   incrisinivan   m   45   amn   3   p   n   n   n   36   63   feo   incrisinivan   m   45   amn   3   p   n   n   n   37   37   38   39   n   n   n   38   39   n   n   n   n   n   n   n   n   n   n   n	-								l n		3+
32 100 mar BALASUBRAMANIA m 44 amh 1 R n n n 83 111 Jan MUNIR AHAMED m 45 amh 2 p D 24 84 55 feb SHIVALINGIAH m 45 amh 1 p n 3+ 85 61 180 MASHAPULLAH m 45 amh 3 p n n n 66 66 66 feb KRISHIVAIN rn 45 amn 3 p n n n 66 66 66 feb KRISHIVAIN rn 45 amn 3 p n n n 67 140 mar Chidambaram m 45 amn 3 p n n n 3+ 3- 3- 3- 3- 3- 3- 3- 3- 3- 3- 3- 3- 3-											
11   Jan   MUNIR AHAMED   m   45   amh   2   p   D   24	-								-	-	
34   55   feb   SHIVALINGIAH   m   45   amh   1   p   n   3+			-	A STATE OF THE PARTY OF THE PAR	-						
S5   S1   T80   Mol.SHAPTULLAH   m   45   qmn   3   p   n   n   n   1			_								
146   166   167   178   178   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179   179							Acres -				
37   140   mai   Chidamaram   m   45   neu   i   p   n   37											
SE											
SE	0/	140	IIIai					1	L P	11	3+
19	22					I D UIT	I may I				
90   54					_		I went I	-			
91 1 Jan VENU						22		_			_
92   35    Feb   RAGAVENDRA						_		_			
93 45 Feb THIMMAREDDY M 24 MAHC 1 D N N N 94 8 Jan CHIKANNA M 25 MAHC 2 D R 34 95 25 Feb IRAHAMAT M 26 SDS 3 D N N N N 95 36 Feb INSAR M 25 YDR 3 D N N N N N N N N N N N N N N N N N N									T.		
94 8 Jan CHIKANNA m 26 MMHC 2 p R 34 95 25 Feb IRAHAMAT m 26 SDS 3 p n n n 95 36 Feb INSAR m 25 YDR 3 p n n 95 37 51 Mar IMANJUNATH m 29 SDS 1 p n n 96 42 Feb INJUNITAN SHIVA III 26 VV3 I J III III 90 71 Mar IMANJUNATH m 29 SDS 1 p n n 101 70 Mar IMANJUNATH m 20 JNR II P n 102 48 Feb INANDA m 20 JNR II P n 101 70 Mar IMANJUNATH m 30 SDS 1 p n 103 33 Feb ISAR m 30 TVK 3 0 n n 104 82 Mar IMJUNITAN M 105 46 Feb DRVVAKUMAR m 30 TVK 3 0 n n 106 55 Mar DILBHADUR m 32 SDS 1 p n 107 78 Mar IMJUNITAN m 32 RAMAN 1 p n 108 28 Feb IRANDAR m 32 RAMAN 1 p n 109 40 Feb IMANJUNATH m 39 RAMAN 1 p n 100 78 Mar IMJUNITAN M 100 SDS 1 p n 101 78 Mar IMJUNITAR M 32 RAMAN 1 p n 105 40 Feb IMANJU M 39 SDS 1 p n 106 107 TP MAR IMJUNITAR M 32 RAMAN 1 p n 107 TP MAR IMJUNITAR M 32 SDS 1 p n 108 28 Feb IMANJU M 39 SDS 3 p n 109 40 Feb IMANJU M 39 SDS 3 p n 109 40 Feb IMANJU M 39 SDS 3 p n 100 43 Feb IMANJU M 39 SDS 3 p n 101 43 Feb IMANJU M 39 SDS 3 p n 101 11 4 JAT IMANJARAM M 11 4 JAT IMANJARAM M 11 40 JAT IMANJARAM M 11 4		-	-					-		1	
95   25   FEB   RAHAMAT   m   26   SDS   3   p   n   n   n   95   36   FEB   NISAR   m   25   YDR   3   p   n   n   97   51   Mar   MANJUNATH   m   25   SDS   1   p   n   n   36   42   FEB   MINISTRIVA   m   26   SVS   1   p   n   n   100   71   Mar   RAHAMAT   m   26   SVS   1   p   n   n   101   TO   Mar   RAHAMAT   m   26   SVS   1   p   n   n   101   TO   Mar   RAHAMAT   m   26   SVS   1   p   n   n   102   15   Jan   RANGIAH   m   30   RSK   2   n   n   n   103   33   FEB   ESAR   m   30   TVK   3   0   n   n   104   82   Mar   MUNIRAJ   m   30   W0   1   p   n   3   105   45   FEB   DRYVAKUMAR   m   32   MWHC   1   p   n   n   106   55   Mar   DILBHADUR   m   32   SDS   1   p   n   1   107   78   Mar   MUKITHAR   m   32   RAMAM   1   p   n   3   108   28   FEB   FEB   RAJAPPA   m   35   YDR   3   p   n   n   109   40   FEB   MARTITHER   m   39   RSK   3   p   n   n   110   43   FEB   SATASHEELA   m   36   SSK   3   p   n   n   111   4   JOHA   SATASHEELA   m   36   SSK   3   p   n   n   111   4   JOHA   SATASHEELA   m   36   SSK   3   p   n   n   111   4   SATASHEELA   m   40   SVR   5   p   n   n   111   74   SATASHEELA   m   40   SVR   5   p   n   n   111   74   SATASHEELA   m   40   SVR   5   p   n   n   111   74   SATASHEELA   m   40   SVR   5   p   n   n   111   74   SATASHEELA   m   40   SVR   5   p   n   n   111   75   SATASHEELA   m   40   SVR   5   p   n   n   111   75   SATASHEELA   m   40   SVR   5   p   n   n   111   75   SATASHEELA   m   40   SVR   5   p   n   n   111   75   SATASHEELA   m   40   SVR   5   p   n   n   111   75   SATASHEELA   m   40   SVR   5   p   n   n   111   75   SATASHEELA   m   40   SVR   5   p   n   n   111   75   SATASHEELA   m   40   SVR   5   p   n   n   111   75   SATASHEELA   m   40   SVR   5   p   n   n   111   75   SATASHEELA   m   40   SVR   5   p   n   n   111   75   SATASHEELA   m   40   SVR   5   p   n   n   111   75   SATASHEELA   m   40   SVR   5   p   n   n   111   75   SATASHEELA   m   40   SVR   5   p   n   n   111   75   SATASHEELA   m   40   SVR   5		45	Feb	THIMMA REDDY	m		-		P		
95   35   Feb   NISAR		8	Jan	CHIKANNA	П	25	I		P		
ST   D1   Mar   MANJUNATH   m   20   SUS   1   p   n   n			Feb	RAHAMAT	m		-		p		n
100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100		36	Feb	INISAR I	m	25	YDR	3	l p	n	n
100   46   Feb   MANDA   10   27   MAR   1   10   10   10   10   10   10   10	97	51	Mar	I HI ANULYAMI	m	25	SUS	1	P	n	n
100		42	řeu	MUNITAN SHIYA	Bi	20	i wa i	+	h	111	17
100   48   Feb   MANDA	99	71	Price	nown !	(ii)	27	JINE !	i	9	n	n
102   15   Jan   RANGIAH   m   30   RSK   2   n   n   n   n   103   33   Feb   ESAR   m   30   TVK   3   0   n   n   n   104   82   Mar   MUNIRAJ   m   30   MvAHC   1   p   n   3   105   46   Feb   DRWAKUMAR   m   32   MWAHC   1   p   n   n   n   106   55   Mar   DILBHADUR   m   32   SDS   1   p   n   1   107   78   Mar   MUKTHAR   m   32   RAMWI   1   p   n   3   108   28   Feb   RAJAPPA   m   35   YDR   3   p   n   n   105   40   Feb   RAJU   m   36   BSK   3   p   n   n   110   43   Feb   Feb   Feb   Feb   Feb   MAJU   m   36   BSK   3   p   n   n   111   4   Junt   Juntatappa   m   40   Junt   3   p   n   n   111   4   Junt   Juntatappa   m   40   Junt   3   p   n   n   111   4   Junt   Juntatappa   m   40   Junt   3   p   n   n   111   112   30   Feb   MUNTATAPPA   m   40   Juntatappa   m   113   34   Feb   MUNTATAPPA   m   40   Juntatappa   114   114   Feb   M		48	Feb		151		I aren !	0	ep	n	_ n
102   15   Jan   RANGIAH   m   30   RSK   2   n   n   n   n   103   23   Feb   ESAR   m   30   TVK   3   0   n   n   n   104   82   Mar   MUNIRAJ   m   30   Wd   1   p   n   3+   105   46   Feb   DRVVAKUMAR   m   32   MWHC   1   p   n   n   n   106   55   Mar   DILBHADUR   m   32   SDS   1   p   n   1+   107   78   Mar   MUKITHAR   m   32   RAMW   1   p   n   3+   108   28   Feb   RAJAPPA   m   35   YDR   3   p   n   n   105   40   Feb   IRAJU   m   36   BSK   3   p   n   n   110   43   Feb   Feb   Feb   Feb   TRAJU   m   36   BSK   3   p   n   n   111   4   John   John   John   35   VVG   3   p   n   n   111   4   John   John   John   35   VVG   3   p   n   n   111   4   John   John   John   36   VVG   3   p   n   n   111   4   John   John   John   36   VVG   1   p   n   111   112   200   Feb   JUNGARAJU   m   40   VVG   1   p   n   111   114   Feb   JUNGARAJU   m   40   VVG   1   p   n   n   n   n   n   n   n   n   n		70	Mar	PAVI	m	26	352	1		n	24
103 33 Feb ESAR	102		Jan	RANGIAH		30		3	-		n
104   82   Mar   MUNIRAJ   m   30   wro   1   p   n   3+     105   45   Feb   DRWAKUMAR   m   32   MWHC   1   p   n   n     106   55   Mar   DILBHADUR   m   32   SDS   1   p   n   1+     107   78   Mar   MUKTHAR   m   32   RAMM   1   p   n   3+     108   28   Feb   RAJAPPA   m   36   YDR   3   p   n   n     109   40   Feb   RAJU   m   38   BSK   3   p   n   n     110   43   Feb			Feb			30	ITVK	3			
105					_		-				
106   55   Mar   DILBHADUR   m   32   SDS   1   p   n   1+     107   78   Mar   MUKTHAR   m   32   RAMM   1   p   n   3+     108   26   Feb   RAJAPPA   m   35   YDR   3   p   n   n     109   40   Feb   IMAJU   m   38   BSK   3   p   n   n     110   43   Feb   SATASHEELA   m   36   VVG   3   p   n   n     111   4   SATASHEELA   m   40   SVR   3   p   n   n     112   30   Feb   ALISTAY   m   40   SVR   3   p   n   n     113   34   Feb   LINGAPA M   m   40   SVR   1   p   n     114   62   Mar   PAVIM   m   40   SVR   1   n   n   n   n     114   62   Mar   PAVIM   m   40   SVR   1   n   n   n   n     115   14   SVR   SVR   SVR   m   40   SVR   1   n   n   n   n   n     114   62   Mar   PAVIM   m   40   SVR   1   n   n   n   n   n   n   n   n   n	-		-	The second secon	m						-
107 78 Mar MUKTHAR m 32 RAMA 1 p n 3+ 108 28 Feb RAJAPPA m 36 YOR 3 p n n 109 40 Feb RAJAPPA m 36 BSK 3 p n n 110 43 Feb PATASHELA m 36 BSK 3 p n n 111 4 don december m 40 WG 3 p n n 111 4 don december m 40 WG 1 p n 112 90 Feb ALBATY m 40 WG 1 p n 113 34 Feb LINGAPA M T 40 WG 1 p n 114 62 May PAYM m 20 MG 1 n n 114 62 May PAYM m 20 MG 1 n n	-		-	to be written as well as we are becoming	THE PART OF	_					
108   28   Feb   RAJAPPA   m   35   YDR   3   p   n   n   n   109   40   Feb   RAJU   m   38   BSK   3   p   n   n   n   110   43   Feb   RAJUSTAPPA   m   40   STR   5   p   n   n   n   111   4   STR			-						-		
109   40   Feb   RAJU   m   38   BSK   3   p   n   n       110   43   Feb   MATASHEELA   III   38   VVG   3   p   n   n       111   4					_	-					
110   43   Feb   DATASHELA   III   35   VVG   3   D   II   II   II   II   II   II											
111 4 Jun INGERTAPPA III 40 JIN 0 P N N 112 30 FEB MUNTHY III 40 WO I P N 113 34 FEB UNGARAM III - 40 VDP 1 0 0 1- 114 62 Mar PAVIM III 40 MWO 1 D D				-					_		
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120	32	l feb	Iravikumar	l m	22	Luip	3	0	d n	n
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122	83	i mar	[kanthara]	m	24	aphe	3	ep	n	n
123	1 6	i nau	itaniau	i w	1 24	mrmn	2	₽ I	1	2+
124	33	feb	Sievakumai	1 15	24	i frent i	1	P	18	2+
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126	87	mar	Idexedibis	m	24	hrh	1	0	n	2+
127	16	Jan	venkataramanan	I m	25	mrmh	1	p	n	n
128	40	feb	lappaji	1 (1)	25	hrm	3	P	n	n
129	لـدا ا	[ mar	prasad	i m	25	mpnc	1	P	117.5	3+
130	70	mer	tháia	im	26	memb	3	ارث	F.	17
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132	74	mar	lmani	m	27	l rmh	1	0	n	1+
133	10	1 Jan	velu	m	28	hahc	3	D	n	n
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130	75	mar	ikaju	į m	JÚ	I tum I	j	i ep i	n	n
130	34	1 56b	venkatesh	1 110	30	memb i	4	P	ñ i	11
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138	57	teb	Raai	1 m	30	brh	2	0	f	1+
139	86	mar	shekar	l m	32	l hrh	1	p	n	2+
140	56	l feb	Ishanthakumar	l m	34	khc	1	P	n	1+
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154	64	mar	liakumar	T (F)	23	sime	7	1 90	n	n
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156	25	jan	saravana	1 m	23	sng	3	P	n	'n
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160	18	lan	Isrinivas	i m	26	l oms	1	0	n	1+
161	75			m	26		1	-		3+
		mar	laswathanarayan	-		oms	1	P	n	_
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169 170 171 172 173 174 175 176 177 178	92 94 9 11 11 50 50 91 39	mer jan jan mer mer mer teb	Nagaraj d'souza raju vankatesh lhari Imohan Ipaul	m m m m m	31 32 32 32 35 37 37 38	simc snq ncd pipp oms uter end simc	3 2 1 1 2 2	ep p p	d n n d	2+ 1+ 3+ hiv
189 170 171 172 173 174 175 176 177 178 179	94 9 11 11 50 50 91 39	mer jan jan mer mer mer teb jan	Naqaraj d'souza raju venketesh hari mohan loaul jxavier		31 32 32 32 35 37 37 38 40	smc sna ncd pipp oms uter end simc	3 2 1 1 2 2 3	ep P P P	d 0 0	2+ 1+ 1+ 3+ hiv n
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169 170 171 172 173 174 175 176 177 178 179 180 161 162 184 185	93 94 9 11 77 59 50 91 39 17 61 62 71 78	mar jan jan mar mar teb jan mar mar mar	Nagaraj disouza raju ivenkatesh hari mohan baul xavier yeneppa poosairingam Dachubandari anend berumal		31 32 32 32 32 35 37 37 38 40 40 40 40 40	sime snq ned pipp oms uter eng sime oms oms ned	3 2 1 1 2 2 3 1 1 1 1 1	ep p p p p p p p p p p p p p p p p p p	d n n n n n n n	2+ 1, 1+ 3+ hiv n
169 170 171 172 173 174 175 176 177 178 179 180 180 180 184 185 186	93 94 9 11 77 59 17 60 61 62 71 78 87	mer jan jan mar mar mer mer teb jan mar mar mer mer	Nagaraj d'souza raju vankatesh hari mohan baul jxavier yeleppa podsalingam Pachubandari lanend berumal iramesn		31 32 32 32 35 37 37 38 40 40 40 40 40 40 40 43 43	sime sna ned pipp oms ter sime oms oms ned ulsr sna sime	3 2 1 1 2 2 3 1 1 1 1 2 2	ep p p p p p p p p p p p p p p p p p p	d n n n n n d	2+ 1. 1+ 3+ hiv n 1+ 2: 3+ 1+ 1+
169 170 171 172 173 174 175 176 177 179 180 161 161 162 184 185 186	93 94 9 11 77 58 50 91 17 60 61 63 71 78 87	mer jan jan mar mar mer mer teb jan mar mer mer mer	Nagaraj d'souza raju ventetest, heri mohan baul xavler yeusppa pousalingam Pachubandari anand berumal ramesn juanickaraj		31 32 32 32 32 35 37 37 38 40 40 40 40 40 40 40 40 40 40 40 40 40	sime sna ned pipp oms uter sna sime oms oms oms oms ned time ned ulsr sna	3 2 1 1 2 2 3 1 1 1 1 2 2	ep p p p p p p p p p p p p p p p p p p	d n n n n n d n n	2+ 1+ 3+ hiv n 1+ 2+ 3+ 1+ 1+

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_	-		Broad	Mah J	CB unit					
10	99	mar	Imohin ahamed khan I	m	1 19	pad	3	ep	n	l n
91	10 1	jan	imonin ahamed knan i	រវា	1 19	DWd	J	P	n	l n
02	22	(di)	jawar000	m	1 15	5.000	1	9	10	1 1
U.S	34	feb	ginachalar	D	1 40	الإلسوما	1	5	n	1 21
04	28	teh	ferez	LU.	20	ענוויקק	3	0	n	l n
95	54	teb	sumi kumar	m	21	bwd	1	D	n	1 1+
96	55	teb	ramu	m	21	ctmh	1 1	P	n	1 2+
91	59	160	(somia)	m	1 44	DWG	וחוע	ep i	n	į n
30	92	TING	134 BU KINGE	770	1 66	050	7	0	ñ	1 1
CC.	Q.E.	mar	In con-	T	24	Prive	1 1	P .	n	3+
űű	64	tah	pianiwanp	m	25	I board	3	l en l	n	I n
01	20	เอก	amiadpasha	m	25	pwd	1	D	n	scanty
02	69	teb	sunvass	m	25	ctd	2	P	п	3+
U3	17	Jan	srinvaas	m	1 20	סיים	1 2	PI	n	1 1+
04	, Ga	160	3460 3770	m	20	DEITH	3	Pi	ñ	1 0
05	48	fab	https:/pripl	-	27	1 500	3	90	n	l n
ห์เน	25	feb	hēfi	(I)	28	bbmh	3	0	n	l n
207	71	feb	nvazpashs	m	28	bbmh	2	D		l d
908	2	jan	dars/d/oballappa	m	29	cld	1_	p	_ n	] 3+
พษ	0	ran	เมืองเกเรม	I I I	JU	Domn	3	P	n	1 n
10	27	fab	di Zia	π.	32	бопи	J	1 5	ñ	1 10
44	100	יבוד	chivaram	m	31	burd	1	2 !	n	1 2+
12	11	ian	!saffiuddin	m	35	bbmh	1	0	n	1 1+
13	47	feb	Iraia	W	35	bwd	1	D	n	1 3+
214	4	jan	Iniddi	m	38	bsa	1 1	P	n	1 3+
15	7	jan	inarayan	W	50	DWO	1	PI	n	i n
46	20	165	yedukondalu	700	30	DOTTIN	1	Ē	- 0	1 1
147	101	mat	allohairch	m	30	pwq	1	9		3+
18	20	feb	stzal	m	40	bbmb	3	ep	n	l n
19	36	teb	Ital ahmed	m	40	bsa	1	D	n	1+
20	43	feb	siraj ahmed	m	40	bsa	1	P	n	1 2+
21	45	180	Isturass	m	1 4Ú	osa	1 3	P	n	n
22	52	íoù	กรองเกิดก	_m	40	COTTO	1	P	ñ	31
223	0.3	7000	minidau	m	1 40	l pas	1	2	n	-
224	04	मश	Idandapani	m	40	I bsa	3	0	n	l n
25	96	mar	limiaz	m	40	Ibbmh	1	P	n	3+
226	5	ran	sampangi	m	1 42	bsa	1 1	p	n	1 1+
21	75	160	ibarare	111	1 42	DSa	1	P	- [1	1 1-
228	30	mer teb	hoomedu .	in	1 42	perc	2	5		3+
	7.4		abdit amend		4	provid		D.	. n	-
230	55	feb	sudhir apkini	m	45	board	h1v	10	n	l n
234	1 12	lar.	Yeshwar				-			11
231	12	Jan	Vinod	m	1 19	MRMH		P	n	n
32	04	ieo	ivagarappa	Illi	1 19	1 yillich	1 3	P	11	1 11
33	148	HAIL	Krishna	111	20	Tymoh	1	UP I	- 17	T M
235	111	mar					- 11	n	n	1 1+
235	69		Vaav	m	20	Isimh	1	D I	n	
		feb	Krishna	m		ymch	3	вp	n	n
163	26	jan	Chandra	m	1 21	I gnmh	1 3	I P	n	1 2+
200	1 1	Jan	Chunuci	111	1 22	i ymcir	1 5	ah i	- 11	1 14
140	10	j::::	Shive -	10	1 22	ormh.		00	P.	
-	91	TOT.	Mohan	m		Pomh	.3	<u>  n  </u>	2	1 3+
241	157	mar	Joseph kumar	m	22	vmch	3	P	n	n
242	10	jan	Bettegowda	m	23	ymch	1	P	n	n
43	113	mer	Rain	w	24	I stmp	1 1	P	n	1 3+
44	90	เลก	Idalin	111	1 20	nakci	1 2	10	- 11	1 2+
		Time.		773		· VITTOTT		1 0	12	1 77

46	112	mar	Subramaand	l m	26	simh	1	р	n	3+
47	13	ian	(Mothital	l m	27	MRMH	3	P	n	n
40	171	mar	išnasnikumar	į m	1 27	i ymcn i	1	I P	n	2+
49	18	JEA 1	Basvara	1 177	20	armin	1	1 4	. 0	11
40	57	fab	C Kumar	1.0	! 29	/weh!	3		n	3+
51	77	feb	Nageshrao	m	28	Pamp	3	D	n	2+
52	114	mar	Mamjunath	m	28	srmh	3	D	n	n
53	52	1eb	Imanjunath	l m	1 29	ymch	2	P		n
90	ษับ	mar	iNagarai	m	1 29	srmn	1	į p	n	n
55	33	HINN	IVON.	im	29	I IV'M	2	i P	D	in in
50	99	mar	מבְּתֹבֵי מּ	m	30	Damh	?	ep	n	n
57	56	חבנ	(Babil	l m	1 30	down	3	10	n	2+
59	53	teb	Annoitrao	m	30	vmch	2	D	D	3+
59	73	l fab	Ravi	l m	30	srmh	3	1 p	n	n
บับ	117	mar	ікаји	j m	1 30	į ymen į	1	I P	n	1+
C1	120	mea	i i cm Gair	1 111	30	ymen	3	i p	- 5	Ę.
63	454	_asr	IDon:	1 0	30	armh !	1	! 2	n	1+_
63	159	W3i	Mahash	E	30	vinch	1	10	n	1+
64	131	mar	Venktiah	i m	31	I ymch I	3	IP	n	n
65	170	mar	Arunuchaiam	l m	31	ymch	1	I P	n	1+
מטי	ь	jäti	Havi	į m	1 32	1 ymen j	1	I P	n	n
ů	5	jen i	process contact con	1 70	1 32	i yilidiri	1	Ę	ñ	ñ -
ଜ୍ୟ	75	fab	Damhimar	1 77	22	Damp!		1 2	n	3+
P.O	83	1 feb	Kurumiah	1 m	32	Gultipl	3	0	n	n
70	11	jan	Beemanna	m	35	INRMHI	3	a	n	3+
71	30	jan	Nagaraj	l m	35	dmmh	2	P	D	3+
12	47	100	Man	1 m	1 33	i Pgmn i	2	j p	Ù	j -j+
75	53-	165	Morein	1 771	35	your i	7	1 2	ď	1 10
74	102	mar	Srint/BEX	10	75	ILIDY HIL	_1	! .	n	3+
75	127	war	Arumuam	1 m	35	I vmch I	1	10	n	2+
276	172	mar	Govindanna	m	35	lymch	3	I p	n	l n
77	128	mar	Ravikumar	m	36	ymch	1	I P	n	
70	154	mar	LOKEST	i m	ا غن	SIMO	-1	I P	n	1 2+
73	SS	Trick	UT POR CH	1 10	30	1 30000	7	i op	n	n
80	185	mar	Siguatain	m	33	Pgmb	1	! P.	n	2+
281	1	ian	shanmudam	m	1 40	[vmch]	1	10	n	3+
82_	35	ian	Joseph	l m	40	MRMH	1	I D	n	2+
83	60	teb	Kannan	l m	40	ymch	3	I p	n	1+
84	Öΰ	TED	Narayamswamy	ı m	1 40	i ymcn i	1	! P	n	1 17
205	120	mar	inmanulah	1 70	40	ivii Civa i	1	1 2	T <sub>i</sub>	21
SE	145	war	Beheer shamed	I m	1 41	! ymch!	2	10	D	PLUS
97	40	ian	Munvarpasha	I m	1 42	vmch	1	10	n	1
288	137	mar	Krishna	l m	1 42	SPALY	1	I p	n	1+
289	17	jan	Gajandra	l m	43	srmh	2	I p	D	n
วยบ	109	mar	it taddie	į m	1 43	ymcn i	j	j p	n	n
291	147	THE	Davara	1.70	43	STITUTE	3	ip	n	ñ
223	43	fah	Natesh	Į m	85	! ymah!	3	1 0	1)	n
503	6	ian	Shiyanna	m	1 45	ymch	2	leb	n	2+
94	67	feb	Kannan	l III	45	vmch	3	l ep	n	1+
95	74	leb	JHanumanth	m	45	Pamh	1	1 8	n	1+
90	125	TEIT	IKSUN	1 m	1 45	i ymcn j	1	I P	n	2+
37	143	mar	Rammana	1 10	45	Simil :	1	İP	ii.	10
108	152	mer	Murthy	1 10	1 45	Leamh I	3	10	n.	1. p

							(1)					
19-45 years female												
1	12	Jan	Jayanthi	t	19	LWSTC	3	ер	n			
2	28	l ian	Suith	t	19	ISt.Marthas	1	ер	n	n		
	W. 57	CONTROL PROPERTY.		WW.		eApper agent		******				
4	19	l ian	Sadana	f	20	ISt.Marthas	3	ер	n	n		
5	90	mar	Vijaya	f	20	St.Marthas	2	ер	0	n		
6	34	feb	Sunanda	f	22	D.M.H.	1	р	n	4AFB		
7	80	mar	Salma	f	22	D.M.H.	3	р	n	n		
8	43	feb	Pushpavathv	f	23	LWSTC	3	D	l n	n		
9	21	ian	Pillamma	f	25	ISt.Marthas	1	ep	l n	n		
10 1	41	l feb	Lakshmi	f	25	I D.M.H. I	1	_ n	l n	1+		
12	0.0	المساوي		F	0.0	Company of the Control	STORY A	4/1/		and the second state		
13	93	mar	NaveenaMarga		26	ISI Marthas	1	Р	n	3+		
14	60	jan	Shaeena	f	28	A.G.H.C	3	ĕБ	n	n		
15	59	mar	Chowdamma Kalavathi	f	20	SRMH	1	р	n	1+		
16	68	feb	Wazia	f	30	D.M.H.	3	90	n	n		
17	72	mar	Veena		30	SRMH	3	OD OD	<u>n</u>	n		
18	78	mar	Rathna	-	32	CMH	1	ep	n	n 3+		
TO 1		mar	II ratillia	200	JE	OWN		p	n			
20	100	mai	Shanthamma	ſ	36	PMH	3	ер	l n	l a		
21	76	mai	BhayyaLasinni	1	36	Civiri	1	b	1 0	Positive		
22	77 -	mar	Thayamma	1	36	CIVIH		p	1 0	3+		
23	54	feb	Pushpakuman	1	38	St. wiarrnas	3	ер	i n	n		
24	88	mar	Khalid	f	38	D.M.H.	3	ep	in	n		
25	22	i jan	Susheelamma	T	45	i V.H.	1	ep	in	1+		
26 [	38	feb feb	Mallikamma	f	45	D.M.H.	- 1	ер	l n	n		
O THE TY			District the second	VIII III III III	100	Milliantin			· Smith Spinish	200		
1				Hanum	anthna	gar TB Unit			1			
28	64	feb	ABIDABEE	f	20	GMH	3	ер	N	l n		
29	139	mar	VEENA	f	20	HCD	3	ер	N	n		
30	17	jan	RENUKA	f	20	AMH	3	р	l N	n		
31	21	ian	LAKSHMI	f	21	HCD	1	D	N	1 +		
32	114	mar	IZAREEN TAJ	f	21	I AMH !	1	D	l N	1+		
33	116	mar	INUSARATUNIS	f	22	I GMH !	2	n	I F	1+		
34	131	mar	SHANTHAKUM	f	22	! AMH !	1	p	I N	3+		
20	4.4	F-1	IDUA OVA	-	Marcaniani.	Abdu		The state of the s	T N	and the second		
36	41	feh	MEENA	f	24	I AMH I	1		N	1+		
37	87	feb	Tito management in the		24	AMH !	1	D	N	3+		
36	105	feb	ISRATH SULIA	f	24	GMH I	1	D	N	2÷		
40	113	mar	TASEENA	1	24	GMH	1	D D	N	SAFB		
41	119	mar	CHITRA	f	25	CMH	3	ep	1 N	5/1/3		
42	85	feb	PARVATHI	f	26	GMII	1	P	N	3+		
12	-	100	7.7.471111				e sie-Litterie	-	-			
44	115	(IIai	JABINTAJ	í	26	AMH	1	P	IN	2+		
45	27	jan	MARY USHA	í	27	SRIMH	3	ер	İ ix	- 11		
40	128	mar	BHAGYAMMA	Í	27	GMH	3	р	i N	n		
47 1	92	teb	FATIMA	Í	28	GMH I	3	ер	i N	n		
48	97		ILAKSHMI I	1	28	I AMH I	1	р	I N	1+		
49	147	mar	INASIR AHAME	f	28	I GMH I	3	р	I N	l n		
50	90	feb	LATRIMEY	f	30	GMH	1	ер	I N	n		
52	73	feb	PARVINTAJ	f	35	SRMH	3	ер	l N	n		
53	96	feb	SORAJAMAMA	-	35	AMH	3	ер	N	n		
54	63	feb	ASIYA BEE	f	35	GMH	3	р	N	n		
55	129	mar	OBALAMMA	f	36	I AMH	3	ep	N	n		
56	93	feb	MARY	f	38	GMH	3	D	IN	n		
57	37	feb	IGUNDAMMA	f	40	I AMH	1	р	l N	2+		
58	44	feb	ICHIKALAMMA I	f	40	I AMH I	3	ก	IN	n		
	3.45								er en er en e	. وتعربت من		
60	102	mer	JIRSHATH BEG!	f	45	! SRMH !	2	D	10	1 0		

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				Jayana	gar TB	Unit		1		
61 1	5	Jan	ISAVITHA I	f	20	BSK	3	ер	N	n
62	24	Feb	IVEERA I	1	1 20	I JNR	3	D	N	SLO
63	26	Feb	IUMA I	1	20	SDS	3	P	N	n
64	39	Feb	IBHAVYA I	1	23	RSK	3	D	N	п
65 I	49	Feb	SHANTHA I	1	23	SDS	1	l p	N	1+
66	73	Mar	SHASHIKALA	1	23	JNR	1	D	N	Jan
and the same			1 m	ni c	THE REAL PROPERTY.		-	S. Canada app. A.		- In-
68	38	Feh	RITTANA	ſ	1 25	YRR	3	2	N	n
60	50 -	Feb	SHAKILA	1	25	909	1	p	N	1+
70 T	80	Mar	D.RAMA	1	25	IND	1	P	N	2+
71	95	Mar	RESHMA	1	26	MMHC	1	00	N	n
72 1	17		PANIMABANU !	- :	32	YDR	3		N	0
73		Fob	ZEENATH BEOUM	1	-	JNR	1	P 3	N	24
74	13	Jan	+ +		33		3		N	_
17 1	18	Feb	MANGALAMMA		ئت	YDR	1 3	j p	14	0
70			THE RESERVE OF THE PARTY OF		1	2011	The same		1 11	
70	iń	Jun	RAJAMWA	_ (	36	BSK	i	ер	N	1 0
77	Ó	Jan	AKTHAR JAN	į_	4Ú	JNR	j	ep	i N	n
76 i	52	Lep Tep	ANUSYYAMMA	1	45	ARK	3	ab	N	<u>n</u>
79 j	53	Mar	IPADAMMA I	1	45	SUS	3	1 P	<u>N</u>	n
	7.7	10000000		Hosan			107	A STATE OF THE	Towns or the last	
80	79	mar	jiatna j	1	1 20	ngnc	1 3	і ер	n	l n
81	90	mar	lmadhu l	t	21	mphc	3	ep	l n	l n
82	51	feb	bhagyalakshmi	f	21	mh	1 1	P	n	l n
					N S		3		William .	
84	94	mar	varalakshmi	f	21	hrh	1 1	l p	n	1+
85	62	mar	Ivanitha	f	22	mmh	1	p	n	1+
86	64	mar	anlanli	f	24	rmh	3	p	n	n
87	92	mar	Igeetha	f	24	apho	2	D	d	3+
88	91	mar	Ichandrakala	f	25	rmh	3	ев	n	l n
80	9	Jan	liudna	F	25	crd	3	D	n	n
90	17	Jan	Itulasiamma	f	25	mmh	1	n	n	l n
90 1	144	l dan	masiamina		1 23	1 111111111	THE PERSON NAMED IN	400000000000000000000000000000000000000		1 11
The second second										
02 1	27	los	livetone	f	25	Lebo	1 2		1 4	1 6
92	27	Jan	liyefana	f	25	khe	2	p	d	n
63	03	mar	saraswathi	f	25	apho	1 1	p	n_	3-
94	<u>03</u>	mar feb	saragwathi nagamma	f	25 30	aphc ghc	1 3	p op	ת	3±
94 95	93 30 49	mar feb fob	saraswathi	f f	25 20 30	apho gho mah	3 2	p op op	n n	3-
93   94   95   98	93 30 49 1	mar feb fob Jan	saraswathi nagamma sudha	£	25 20 30 30	aphe ghe mah mh	1 3 2 1	op op p	n n c	3± n ::
94 95 96 96 87	93 30 49 1	mar feb fob Jan Jan	saraswathi nagamma sudha rani.s	£	25 30 30 30 30	apho gho mah	1 2 1	p op op	n n	3± n 11 1±
93   94   95   98	93 30 49 1	mar feb fob Jan	saraswathi nagamma sudha	£	25 20 30 30	aphe ghe mah mh	1 3 2 1	op op p	n n c	3± n :: 1± 3:
94 95 96 96 87	93 30 49 1	mar feb fob Jan Jan	saraswathi nagamma sudha rani.s	£	25 30 30 30 30	aphe ghe anh mh manh	1 2 1	op op p	n n o n	3± n :: 1± 3:
94 95 96 96 87	93 30 49 1	mar feb fob Jan Jan	saraswathi nagamma sudha rani.s	£	25 30 30 30 30	aphe ghe anh mh manh	1 2 1	op op p	n n o n	3± n 11 1±
93   94   95   98   97   90	93 30 49 1 2 47	mar feb fob Jan Jan feb	seracwathi nagamma sudha rani.s sunanda	f f f	25 30 30 30 30 30	apho gho mah mh manh manh	2 1	p op op p	n c n n	34 n 11 1+
93 94 95 96 97 90	93 30 49 1 2 47	mar feb fob Jan Jan feb	saraswathi nagamma audha rani.s sunanda	F 1	25 30 30 30 30 30 30	apho gho mah mh manh manh manh	1 2 1 1	op op p	n c n n	3 - n :11 1 + 3 : 1 +
93 94 95 96 96 97 90 100 101	93 30 49 1 2 47 76 14	mar feb fob Jan Jan feb mai feb	saraswathi nagamma oudha rani.s sunanda yeliannia ikannarima muniyamma		25 30 30 30 30 30 30 40 45 45	aphe ghe min min min min min min min min min	1 1 1 1 3 2	p op op p p p	n c n n n	3 · n · ii · 1 · · · · · · · · · · · · · · ·
93 94 95 96 97 90 100 101 102 103	93 30 49 1 2 47 76 14 52	mar feb fob Jan Jan feb mar feb	saraswathi nagamma sudha rani.s sunanda yeliannna ikannarima muniyamma pnayani		25 30 30 30 30 30 30 40 45	aphe ghe anh mh manh manh manh indic ighe mh	1 2 1 1 1 3 2 3	ep ep	n n o n n n	34 n 11 14 24 1+
93 94 95 96 97 90 100 101 102 103 104	03 30 49 1 2 47 76 14 52 5	mar feb fob Jan Jan feb mai feb mai feb jan jan	saraswathi nagamma sudha rani.s sunanda yelianuna kannanma muniyamma jonavani naseema tabast		25 30 30 30 30 30 30 30 40 45 45 45 45	aphe ghe ghe mit mit mit mit mit mit mit mit mit mit	1 3 2 1 1 1 3 2 3 3 3	op op op p p p ep ep	n n o n n	3- n 11- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-
93 94 95 96 97 90 101 101 102 103 104 105	93 30 49 1 2 47 76 14 52 5 20 47	mar feb fob Jan Jan feb mai feb mai feb jan jan feb	saraswathi nagamma sudha rani.s sunanda iyeliamma ixamamma muniyamma pnavani naseema tabasq		25 30 30 30 30 30 30 30 40 45 45 45 21	aphe ghe mh mh mmh mmh mehe ighic mh crd oms AGD	1 3 2 1 1 1 3 2 3 3	P OP OP OP P P OP P OP P OP OP OP OP OP	n n n n n n n n n n n n n n n n n n n	31- n 11- 11- 11- 11- 11- 11- 11- 11- 11-
93 94 95 96 97 90 100 101 102 103 104	03 30 49 1 2 47 76 14 52 5	mar feb fob Jan Jan feb mai feb mai feb jan jan	saraswathi nagamma sudha rani.s sunanda yelianuna kannanma muniyamma jonavani naseema tabast		25 30 30 30 30 30 30 30 40 45 45 45 45	aphe ghe ghe mh mh mmh mmh minch inghe mh cra oms AGD	1 3 2 1 1 1 3 2 3 3 3	op op op p p p ep ep	n n o n n	31- n 11- 11- 11- 11- 11- 11- 11- 11- 11-
93   94   95   96   97   90   100   101   102   103   104   105   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106   106	93 30 49 1 2 47 76 14 52 5 20 47 76	mar feb fob Jan Jan feb mar feb jan jan feb mar	saraswathi nagamma sudha rani.s sunanda iyeliamma ikamamma imuniyamma innayani inaseema tabast ingaveni ilatha		25 20 30 30 30 30 30 40 45 45 45 21 21	aphe ghc ghc ghc mh mh mmh mmh minnh minch ighe mh cra oms AGD ulsr	1 3 2 1 1 1 3 3 3 1 1 1	P op op p P P ep ep ep		3: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1
93   94   95   96   97   90   101   102   104   105   106   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108   108	93 30 49 1 2 47 76 14 52 5 20 47 76	mar feb fob Jan Jan feb mar feb mar	saraswathi nagamma oudha rani.s sunanda iyelianuna ikannarinna imuniyamma ipnavani naseema tabast ingaveni latha		25 30 30 30 30 30 30 40 45 45 45 21 21 23	aphe ghc ghc mh mh mmh mmh minit inghe mh cra oms AGD ulsr	1 1 2 2 1 1 1 1 3 2 2 3 3 3 1 1 1 1 1 1	P OP OP OP P P OP OP OP OP OP OP OP OP O		3: n 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:
93   94   05   96   07   90   101   102   103   104   105   106   108   109	93 30 49 1 2 47 76 14 52 5 20 47 76 74	mar feb fob Jan Jan feb mar feb jan jan feb mar mar	sarawathi nagamma sudha rani.s sunanda yelianuna ikamarima muniyamma pnayani naseema tabast ingayeni latha loadmayathy usha narayan		25 30 30 30 30 30 30 40 45 45 45 21 21 21 23	aphe ghe ghe mh mmh mmh mmh mmh mmh mmh mmh mmh mm	1 3 2 1 1 1 3 2 3 3 3 1 1 1 1 1 1 1 1 1	p op op op p p p ep ep ep		3: n 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:
93   94   95   96   97   90   101   102   103   104   105   106   108   109   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110	93 30 49 1 2 47 76 14 52 5 20 47 76 74	mar feb fob Jan Jan feb mar feb jan jan feb mar mar	sarawathi nagamma sudha rani.s sunanda yelianuna ikamanima imuniyamma inaseema tabast ingaveni latha ladmavathy usha narayan kausalya bai		25 30 30 30 30 30 40 45 45 45 21 21 23	aphe ghe ghe mh mmh mmh mmh mmh cra oms AGD ulsr kdh sime sime	1 1 2 2 2 1 1 1 1 1 3 3 1 1 1 1 3 3 2 2 1 3 3 1 1 1 1	ep p p op p p p p ep ep p p p p p ep p p p		3± n 1± 3: 1+ n n n n n+ 1+
93   94   95   96   97   90   100   101   105   106   109   110   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111	93 30 49 1 2 47 76 14 52 5 20 47 76 74 97 14 36	mar feb fob Jan Jan feb mar feb mar mar mar feb	sarawathi nagamma sudha rani.s sunanda iyeliamma ixamamma imuniyamma inavani naseema tabasi ingaveni latha loadmavathy usha narayan kausalya bai loadma		25 30 30 30 30 30 30 40 45 45 45 21 21 21 23	aphe ghe ghe mh mmh mmh mmh mche inghe mh cra oms AGD ulsr kdh sime sime sime	1 3 2 1 1 1 3 2 3 3 1 1 1 1 1 1 1 1 1 1	P OP OP OP P P P OP OP OP OP OP OP OP OP		3- n 11- 14- 3: 14- 16- 17- 18- 18- 18- 18- 18- 18- 18- 18- 18- 18
92 94 95 96 97 98 97 98 98 98 98 98 98 98 98 98 98 98 98 98	93 30 49 1 2 47 76 14 52 5 20 47 76 74 97 14 36 26	mar feb fob Jan Jan feb mar feb mar feb mar feb mar feb	saraswathi nagamma sudha rani.s sunanda iyeliamma ixamamma imuniyamma imavani naseema tabasi ingaveni latha loadmavathy lusha narayan ixausatya bai loadma loadma		25 30 30 30 30 30 30 40 45 45 45 21 21 21 23	aphe ghe min min min min min min min min min min	1 3 2 1 1 1 3 2 3 3 1 1 1 1 1 1 1 1 1 1	P OP		3- n 11+ 1+ 11- 11- 11- 11- 11- 11- 11- 11-
93 94 05 96 97 90 100 101 102 103 104 105 106 108 1108 1109 1110 1111 112 113	93 30 49 1 2 47 76 14 52 5 20 47 76 74 97 14 36 26 72	mar feb fob Jan Jan feb mar feb jan jan feb mar mar jan jan jan mar	sarawathi nagamma sudha rani.s sunanda iyelianuna ikamarima muniyamma pnavani naseema tabasi ngaveni latha loadmavathy lusha naravan kausalya bai loadma pramila shameemunisa		25 30 30 30 30 30 30 40 45 45 45 21 21 23 25 28 28	aphe ghe ghe mh mmh mmh mmh min inghe inghe mh cra oms AGD ulsr kdh sime sime sime NCD NCD	1 2 2 1 1 1 1 3 3 3 1 1 1 1 1 1 1 1 1 1	P OP		3- n 11- 12- 11- 11- 11- 11- 11- 11- 11- 11-
93 94 95 96 97 98 97 98 97 98 98 98 97 98 98 98 97 98 98 98 98 98 98 98 98 98 98 98 98 98	93 30 49 1 2 47 76 14 52 5 20 47 76 74 97 14 36 26 72 30	mar feb fob Jan Jan feb mar feb mar feb mar feb mar feb	saraswathi nagamma sudha rani.s sunanda iyeliamma ixamamma imuniyamma imavani naseema tabasi ingaveni latha loadmavathy lusha narayan ixausatya bai loadma loadma		25 30 30 30 30 30 30 40 45 45 45 21 21 21 23	aphe ghe min min min min min min min min min min	1 3 2 1 1 1 3 2 3 3 1 1 1 1 1 1 1 1 1 1	P OP		3- n 11- 12- 11- 11- 11- 11- 11- 11- 11- 11-
93 94 95 96 97 98 97 98 97 98 98 98 98 98 98 98 98 98 98 98 98 98	93 30 49 1 2 47 76 14 52 5 20 47 76 74 97 14 36 26 72 30	mar feb fob Jan Jan feb mar feb jan jan feb mar mar jan jan jan mar	saraswathi nagamma sudha rani.9 sunanda yelianuna ikannarima imuniyamma inaseema tabast ingaveni latha loadmavathy lusha narayan ikausalya bai loadma ibramila shameemunisa inagarathnamma		25 30 30 30 30 30 30 40 45 45 45 21 21 23 25 28 28	aphe ghe ghe mh mmh mmh mmh min inghe inghe mh cra oms AGD ulsr kdh sime sime sime NCD NCD	1 2 2 1 1 1 1 3 3 3 1 1 1 1 1 1 1 1 1 1	P OP		3- n 11- 12- 11- 11- 11- 11- 11- 11- 11- 11-
93 94 95 96 97 98 97 98 97 98 98 98 97 98 98 98 97 98 98 98 98 98 98 98 98 98 98 98 98 98	93 30 49 1 2 47 76 14 52 5 20 47 76 74 97 14 36 26 72 30	mar feb fob Jan Jan feb mar feb jan jan feb mar mar jan jan jan mar	sarawathi nagamma sudha rani.s sunanda iyelianuna ikamarima muniyamma pnavani naseema tabasi ngaveni latha loadmavathy lusha naravan kausalya bai loadma pramila shameemunisa		25 30 30 30 30 30 30 40 45 45 45 21 21 23 25 28 28	aphe ghe ghe mh mmh mmh mmh min inghe inghe mh cra oms AGD ulsr kdh sime sime sime NCD NCD	1 2 2 1 1 1 1 3 3 3 1 1 1 1 1 1 1 1 1 1	P OP		3- n 11- 12- 11- 11- 11- 11- 11- 11- 11- 11-
93 94 95 96 96 97 97 97 97 97 97 97 97 97 97 97 97 97	93 30 49 1 2 47 76 14 52 5 20 47 76 74 97 14 36 26 72 30	mar feb fob Jan feb mar feb jan jan feb mar mar ian feb jan jan	saraswathi nagamma sudha rani.9 sunanda yelianuna ikannarima imuniyamma inaseema tabast ingaveni latha loadmavathy lusha narayan ikausalya bai loadma ibramila shameemunisa langarathnamma		25 30 30 30 30 30 40 45 45 45 21 21 23 25 28 28 30	aphe ghe mh mmh mmh mmh crd oms AGD ulsr sime sime NCD NCD	1 3 2 2 1 1 1 3 3 3 1 1 3 3 1 1 3 3 1 1 3 3 1 1 3 3 1 1 3 3 1 1 3 3 3 1 1 3 3 1 1 3 3 1 1 3 3 1 1 3 3 3 1 1 3 3 1 1 3 3 3 1 1 3 3 3 1 1 3 3 3 1 1 3 3 3 1 1 3 3 3 1 1 3 3 3 1 1 3 3 3 1 1 3 3 3 1 1 3 3 3 1 1 3 3 3 1 1 3 3 3 1 1 3 3 3 1 1 3 3 3 1 1 3 3 3 1 1 3 3 3 3 1 1 3 3 3 3 1 1 3 3 3 3 1 1 3 3 3 3 1 1 3 3 3 3 1 1 3 3 3 3 1 1 3 3 3 3 1 1 3 3 3 3 1 1 3 3 3 3 1 1 3 3 3 3 1 1 3 3 3 3 1 1 3 3 3 3 1 1 3 3 3 3 1 1 3 3 3 3 1 1 3 3 3 3 1 1 3 3 3 3 1 1 3 3 3 3 1 1 3 3 3 3 1 1 3 3 3 3 1 1 3 3 3 3 3 1 1 3 3 3 3 3 3 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	P OP		3+ n 1+ 3+ 1+ 1+ n n n n 1 3+ 1+ 1+ 1+ n n n n 1 3+
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1 124	89 53	mar	ammu	f	19	bwd	1	р	n	3+
1 126	14	feb	shilaia	f	20	bwd	3	ep	n	n 2+
127	76	ian	lasha Ishabana	f	20	bwd	1	o o	n	3+
1 128	83	mar	nacamani	f	20	bwd	1	D	n	2+
1 170	97	mar	usha	F	20	bund	1	n	n	3+
130	08	mar	habseeda	Ŧ	20	fourt	1	n	n	3+
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132	37	feb	manjula	f	22	bwd	3	92	n	п
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i 140 i	88	PTUAL	manhamma	í	25	bwd	2	0		ri i
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146	107	mar	carolinamary	f	29	bwd	1	ep"	n	n
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148	35	feb	lakshmi	f	30	Itd	3	g	n	n
149	86	mar	Ishaheen	_ f	30	dimh	3	p	n	ก
150	49	feb	violet	f	32	bwd	3	ep	n	n
151	60	feb	Itaiunissa	f	32	bsa	h1v	D	l n	n
152	79	mar	mary	f	34	bwd	3	ep	n	n
154	82	mar feb	Isamna I	f	35	bwd	3	en n	n	n
			I SHIT I A SHITT			100	CONTRACTOR	COLUMN CONTRACTOR	(de	
156	81	mer	varalkshmi	f	40	bwd	3	ep	n	n
157	18	jan	kaliunbaa	į	40	bwd	1	p	n	3+
158	73	fob	[krishnaveni	-	45	bwd	3	P	n	n
150	104	mar	lajunisou	1	45	bwd	3	р	n	p.
ÿ.			Yas	hwanti	iapura "	TB unit				
100	71	feb	Rhida	f	13	3RMi i	3	- ap	N	í÷
101	140	mar	Scivi	1	18	SRIVIH	1	ÿ	N	2+
162	76	leb	Raijal	1	20	PGIVIH	1	þ	i in	ÎΤ
									New York	to a string
104	123	mar	Jayamma	Í	2ŭ	YMCH	3	р	N	3+ D
1 166	164	mar	Thara   Padmavatrhi	1	20	PGMH	3	i p	1 14	n Bath
1 167 1	103	mar	Kalivamma	1	23	YMCH	1	P	N	2+
1 168	108	mar	(Pratiba	f	23	YMCH	1	l p	IN	3+
1 169 1	135	mar	Geetha	f	23	SPALY	1	p	N	2+
1 170	140	mar	lLakshmi	f	23	MRMH	3	D	L N	n
1 172	119	mar	Janaki	f	26	PGMH	1	p	N	2+
173	99	mar	Haseenabanu	f	28	GNMH	3	D	N	n
174	166	mar	Pushpa	f	28	PGMH	1	0	N	2+
175	122	mar	Zarinabegum Pushpayathi	f	30	YMCH	3	l ep	I N	
176	82	mar feb	Sairabi	F	30	GNMH	3	ep p	N	n 2+
179	130	mar	Rathnamma	f	30	YMCH	3	l p	N	n
180	161	mar	Baby		30	GNMH	1	р	N	1+
131	87	mar	Jayamma	f	32	YMCH	3	p	N	3÷
132	143	mar	Jalaja	F	33	YMCH	3	cp	N	מ
183	156	mar	Ngamani	-1	38	YMCH	3	έβ	N	- 11
104	158	mar	Nagamma	f	36	YMCH	1	Р	N	1+
185	72	lep_	JAYALAKShivil		39	SRIVIH	3	P	14	11
iôô	100	गावा	Dissy		1 42	GNMH	3	P	N	fl milion
1 107 1	154	mai	Silakila	1 1	1 44	ivirxiviri	1 1	P	I N	PLUS
1 188 1	80	ieb	(Lainnamma		45	GNMH	2	P	D	n 3+
1 189 1	110	mar_	Ivanaiamma	1 1	45	YMCH	1 1	<u> </u>	IN	1+

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			Neelasandra T	B unint			1 24 -	1		1
190	3	January	Divya	FI	20	NCD	1111	ep	n	IN
191	79	march	l kavitha	F	20	ulsr	iti	ep	n	n
192	22	January	anga	F	20	IAGD	11	p	n	1+
193	54	Imarch	Inirmala	F	21	sna	iii	In	п	In
194	1	January		F	21	NCD		lp	IN	13+
195 I	20	January	inaseema tabasi	F	21	oms	iii	lo	In	In
196	47	Ifebruary	Ingaveni	F I	21	AGD	11	р	n	3+
197	76	Imarch	latha	F	23	lifer	11	n	In	1+
198	67	Imarch		F		simo	II.	p	n	1+
100	74	march		F !	25	kdh	!!	2	n	11+
200	97	Imarch	lusha narayan	ļF ļ	25	sime	1!	p	n	11+
201	14	January	kaucalya bai	F	25	sjmo	III and	ер	n	n
202	36	Ifebruary	Ipadma	F	29	simo	III	ср	n	n
203	26	January	pranila	E.	28	NCD	11	a	n	2:
204	72	march	shameemunisa	5		NCD	liii 🗼	ep	ū	ñ
205	30	february	nagarathnamma	F	30	NCD	ii	P	ñ	13+
206	3ô	lebruary	Sitakila	F	30	simo	li	ρ	10	11+
207	65	marcii	ikasihuri	iF i	30	sng	iiii	ip	m	in
208	44	ifebruary	ikaladevi	Fi	32	jami	fili	iep	n	in
209 I	48	tebruary	isnananaz	F I	32	ast	Jili	iep	in	n
210	62	march	muben sultan	IF I	35	NCD	[111	IEP	IN	N
211	84	Imarch	lcicilia	IF I	35	INCD	iii	lep	[n	n
212	83	Imarch	Iregina	IF I	39	INCD	lili	lep	In	n
213	10	January	Ichandramathi	IF I	42	INCD	lili	lep	In	In
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Same I			0-5	FEMA	LE					
						free no	2-19-19	1000	35 6 6 9	-3-88V
SI.No	TB No	Month of Reg		Sex	Age	TB Unit	Category	Туре	Status	Smear
			Yesh	wanth	oura	and the second				
1	61	2	Ashwini	F	5	ymch	3	ер	n	- 15
2	37	1	Ayesha Fatim	a f	5	mrmh	3	ер	n	7 . 74 . 7
1	102 100 100				11.00	(MCDINACI) INC.			2 1303	CO WATER
				manthr		1				Nine and
3	85	2	kousalya	ſ	4	hed	3	р_	n	хгау
			haraa	lway TE	1 Init					
4	58	- 2	bharathi	f I	4	ctmh	3	р	n	
4	50		Hosaha		_	Cullin				20-
5	18	1	livothi	f	5	mrmh	3	p	n	
	10			5 MAL		Ţ				
			Neeias							-
6	40	2	selvakumar	l m l	3	ast	looseil	ер		7 - 1
					-					
			Borac	lway Ti	3 Unit				3 - 1	
7	33	2	kiran	mi	3	ctmh	3	р	i n	
8	70	2	sved tafio	m	4	bbmh	3	р	n	
									_ %	
						a TB Un			- F	41.
9	36	11	Sannanullah	m	2.6	MRMH	3	ер	n	n
			· /	!!!						
						n TB Un			1 1	A 77 19
10	56	2	Vinyaka	m	5	it.Marth	3	ер	n	
				! .		T-10	**		-	
1		2		1		ar TB U			1 7 7 7	
11	წწ	2	DEPAK	m	1.6	AMH	3	р	n	VDAY
12	79 82	2	PRASHANTH	m	3	HCD		p	n	XRAY
14	76	2	ROBERT	1	3.6	AMH	3	р	n	XRAY
15	111	3	SURYA	m	4	SRMH	3	ep	n	XRAY
13		3	JOURTA		4	SKIVIE	3	eh_	11	ANAT
	German 1				and the				a umbrid	-
			Sex	total	ер	pul	selected			1 1 5 1 1
	of E-July		female	5	2	3	5			- 6-11 3
			male	10	4	8	10			
			Totai	15	6	8	15			

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119			i		ĺ	1	to the party	1-1-14		
						ura TB U				
Sl.nd		Month Reg	Name	Sex	Age	TB Unit	Category	Туре	Status	Smear
1	63	feb	Shilpashree	f	9	YMCH	3	D	n	
2	62	feb	Elizabeth	f	11	YMCH	3	D	n	
_3	97	mar	lAnitha	f	15	PGMH	3	eo	n	n
	142	mar	Lakshmi		17	MRMH	3	P	n	n
5	160	mar	Paryaphanu	f	4 3.7	DGWH	_	eb.	n	n
8	132	mer	Munirathna	f	19	YMCH	3	P	n	n
-	188	mar	Manjula	-	13	POMH	1-61	ũ	- 0	1:
00000	-						00000000		ALL MARKS	
9	ijē	mar	Sugna	Í	Ιō	GNIVIH	3	ер	n	i i+
			1	Lad	v Wel	lington				
10	70	mar	Mangala	f	9	I SRMH I	1	P	n	3+
11	49	feb	Nodiva	f	11	A.G.H.C.	2	D	D	3+
12	35	feb	Sumava Banu	f	14	D.M.H.	1	ep	n	n
13	52	feb	Selvi I	f	14	ILWSTC	3	60	n	
14	86	mar	Sudba	f	14	DMH	3	en	l n	n
15	10	jan	Leens	f	15	I MMH I	1	2	n	3+
CHIEFE !	33883	**************************************	SERVICE SERVICE	and the same	-	2010/01/03	3528 5535	100000	SUBSER	35 F 16 F 16 F 16 F 16 F 16 F 16 F 16 F 1
17	25	ian	Naziva	f	17	V.H.	3	ap	n	П
18	6	jān	Gulnaz	1	17	P.M.H	3	ρ	11	n
19	33	feo	Ayesna Azmatni	f	17	AGHC	1	p	n	2+
20	83	mar	Reena	ř	18	it.Martha	3	ep	n	-
21	89	mar	Kanchana	f	18	I D.M.H. I	1	P	n	1+
22	5	ian	Banu	f	18	I D.M.H. I	3	P 46	n	n
		Jun	1							
10"				Han	umar	tnagar				
23	83	feb	PRIYANKA	f	6	HCD	3	D	n	XRAY
1				ter cetete					PER SHAP	APPLICATIONS
25	104	mar	PAPVATHI	f	12	HCD !	3	90	n	n.
26	89	feb	SALMA	f	15	GMH	1	p .	n	3+
27	142	mar	SYEDULLAH BE	f	15	AWH	3	p	п	п
26	40	feb	SUNITHA BAI	f	10	Alviri	1	ÿ	fi -	3÷
29	124	mar	GULIVAZ	f	lô	Giviti	100	р	ņ	3+
30	24	jan	VANAJAKSHI i	ŕ	17	HCD	1	р	n	1+
									L.,	
	-				avana	-				
31	20	feb	lusha	MANAGES .	7	YDR	3	P	0	n 000000
33	72	mar	NAGAVEN	1	14	YDR	1	D	п	956555555
34	31	1eb	MANAH A	1	15	KSI.	3	0	n	п
35	75	Laber 120	SHAMAI A	1	15	PEMAND I	1	n	n	n
36	74	mar	INOTEMA I	1	18	DEMAND !	1	2	n	n
37	79	TIGE	איזבנטיי	1	17	WC	3	60	n	77
38	07	ilidi	SADINA	1	18	MATIC	3	ρ	- 0	11
38	āi	Mai	MASTREE	ï	16	JEN	3 .	p	- 11	11
					10	5,11	7016 7 7			163

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		(A) (A) (A)	42/4/2000/00/00/00/00	445 144	1	4.00		Sec. 1.	2500	1900
41	15	Jan	kamala :	4	12	mrmh	3	en	n	n
12	S5	mar	pavidira	-	1 15	ord	1	p	n	3+
43	12	Jan	meena	f	1 15	rmh	2	ěβ	ñ	8
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45	37 i	feo	sujatna	Î	1 17	cra	2	ер	n	n
48	36	teo	кага 1	T	18	mpnc	3	ер	n	i n
47	60	mar	[mariakavitha	f	1 18	mrmh	1 1	l ep	n	l n
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52	81	mar	balkina	f	3	NCD	loose j	1		
_53	95	mar	mary josphine	ſ	13	Sinic	111	ėp	n	n n
54	57	mar	jaivya	f	15	sng	or or first	р	n	j 3+
55	92 j	mar	[sujatha ]	İ	1 17	sng	1 111	р	n	l n
	200									22000
57	53	mar	ashwathamma	f	1 18	bipp		p	n	3+
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58	102	fah	farbeen	f	1 6	bsa	ili	0	n	1 4
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81	32	feb	swathi		11	otmh	<u> </u>	P	n	-
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SI.No	TB No	Month of Reg	Name	Sex	Age	TB Unit	Cat	Туре	Status	Smea
1	104	3	Sajad	1 m	1 12	D.M.H.	3	p	N	n
2	85	3	HarishKumar	m	14	D.M.H.	3	ep	N	n
3	17	1	Anada	m	16	LWSTC	3	p	N	. 0
4	20	1	Anthonyvinod	l m	17	St.Martha	3	p	N	n
_5	55	2	TenzinButi	m	17	St Martha		p	N	3+
8	98	3	Shiva	m	18	D.M.H.	1	р	N	1+
7	99	3	ShashiKumar	j m	18	D.M.H.	1	P	N	2+
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10	13	1	SRINIVASA	! m	13	AMH	3	ep	N	n
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A Study on patient perspectives of TB treatment under RNTCP in Bangalore Mahanagara Palike Since the study is focused on the lover, there is no the need to assess the socio-economic status of policints of the fortients of the things as one of the objectives of the study, even though we many get information on occupation, income and educational status. The objectives may be Primary Objective: Gain an understanding of patient forception on The treatment, among the urban, for women people. Secondary Objectios: Zinderstand their tratment seeking behaviou. Understand the impact of the disease and their treatment on heir lives and the adjustments they need to riske. Methodology Since there are enough partients and interpretation will be more easy, of ful many to be wilder, Adopt we may select only new cases, aged 14-45 years. Adopt trandom selection of 100 patients: Among them analysis married; husband diving; employed funenfloyed; children separated / divoced flushand died. Questionnane Get full details of the undividual (Personal) 11 9 23 13 197 197

! Knowledge about the disease What is the name of the dise are for which you are getting treated? · What do you know about this disease? · who are more affected by the disease? male/female; with/pow; children/adults/old feegle. > Any reason why they are affected ouse? · How is the disease ofread? 2. Help seeking behaviour · How did you find out that you had this disease? · What were your intal emplaints? What did you do? · What made you seek treatment? When ? Where ? Namate your experience). · How long have you been taking treatment from the scentre? · How long have you to take the treatment? · What symptoms have subsided? What symptoms are fermiting? · How do feel generally now? what would happen if the disease sets not completely treated?

If there was delay in seeking treatment, the treasons? 3. tamily · Does this disease affect your married life? family life? · What do your family members feel about your having this diverse? He they suffertive of your treatment? What are the changes you had to make? · Do you have a child less than 2 years old? Do you treastfeed the bely? of you stoffed breast feeding, why? · Does any of your family have this disease? What has he or she done 4. Community " Do the members of the community know that you have this disease?

· Did you have to discontinue treatment at the centre? Why? " Would you be commend your relative / friend to attend this centre, if he/she had the disease?

Any suggestion for improvement? 9. Any other malter

# A study on Patients perspectives regarding TB treatment under RNTCP in Bangaiore Mahanagara Palike

#### Introduction

W 1993

Magnitude of the problems caused by tuberculosis in India and worldwide is well documented. Resurgence of TB made WHO declare it a global emergency in 1993. Tuberculosis is among the most effective and cost effective of all diseases to treat yet it had to be declared as Global emergence. (WHO)

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TB control has been a challenge unmet in India despite the fact that NTP was in place over three decades and was revised due to global pressure. In India it is estimated that about 1440 people die of tuberculosis every day. It is also well known that this disease affects the poor more, and it is also evident that the poverty status in India is further affected adversely by globalization policies. Links with Poverty has been explicitly acknowledged in the 1940 health policy and later it was hidden under the category sociological problems. A number of researches have been conducted in search of a solution and a number of projects been piloted for understanding effective implementation strategies in prevention and control of the disease.

It is observed that the prevalence is evenly distributed among both the rural and urban population. It is well knon that the poor seek help from more that one place due to various reasons and this adversely affected treatment outcome and the patient's pocket. Information on health seeking behavior and the patients perspective regarding the treatment has already been studied in other parts of India especially in Maharashtra and it is hoped that this study would bring in more insight in understanding TB treatment from patient's perspective.

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#### Problem statement

It is well known that TB is associated with poverty, illiteracy malnutrition and over crowding. Treatment of TB puts on an enormous physical. economical, psychological, and social pressure on the patient particularly the poor patient and his or her family. What bothers most people suffering from TB is their cough, chest pain, and fever loss of weight and body ache. It is least of their concerns that they are excreting the bacilli in sputum and are infecting others. There were instances when TB patients said that they just wanted to die due to depression and in other instances the patients had to sell their valuables to pay of for the treatment. It is estimated that on an average a TB patient spends about 5500 rupees for treatment apart from transport and other indirect costs. As TB affect more the young and the

adults in the productive age group, the economic loss to the nation is calculated as 1000 crore man-hours.

Most of the TB patients seeks first help from a private practitioner chiefly because they are easily accessible and available. Normally they approach within two weeks after developing chest symptom and most of them are sent away with cough mixtures. Affordability is a question that arises later during treatment, which is one of the main reasons that force the poor TD patients to become irregular in treatment for some time. Some of the other reasons for discontinuing treatment are; priorities in the family, feeling well, cannot leave work and come for treatment, unavailability of drugs in the center when approached, side effects, staff attitude and distance. Poor nutrition, strong medication and alcohol caused side effects such as nausea and dizziness also prevents a few patients from continuing treatment. Finding of a study revealed that patients who staved beyond 5 kms from the health centers were irregular with treatment. The support available both family and community level to a person suffering from TB for enabling him/her complete treatment is insignificant. Besides these the problem of stigma still persists and has its negative impact. TB patients face rejection by neighbors, employers and coworkers. Young brides who developed symptoms are returned to their homes as unfit to bear children, their downies forfeited.

As a result of these problems many of them become MDR (Multi Drug Resistance), MDR means more a death trap to person who has defaulted treatment. Cost of treating MDR is 100 times more. If dropped from treatment due to this factor, the consequences are that the loss to the family in incalculable and the patient would have transmitted the disease to many other people at least 10 to 15 before their death. It is 30 years since a new drug has been brought into market and the chances in the near future are very remote. Understanding personal experiences of the patients taking treatment, and factors that affect both at family and community level would help in planning an appropriate strategy for effective prevention and control of the disease.

#### Aim:

To understand the patient's perspective regarding TB treatment provided by the Bangalore Mahanagara Palike under the RNTCP (Revised National Tuberculosis Control Programme) using DOTS (Directly Observed Treatment, Short course) approach.

#### OBJECTIVES:

## Primary

1. Gain an understanding of the patient perception on TB Treatment, among the urban poor people.

### Secondary

- 1. Understand the treatment seeking behavior
- 2.Understand the impact of the disease and their treatment on their lives and the adjustment they nee to make.

## Methodology

Patients under the RNTCP programme implemented through the Health Centers of BMP (Bangalore Mahanagara Palike) would be identified. Information would be collected using in-depth interview technique. They would be selected using the cross sectional method from among the urban poor.

As mentioned a meeting was held with the Medical Officer in —charge of the Tuberculosis control programme with BMP (Bangalore Mahanagara Palike)—and gained an understanding of the programme. It—is understood that the BMP has 7 TB units and under each TB unit there are 5-6 Microscopic Centers spread around the city. The treatment is provided through about 132 health centers including the health centers of the IPPVIII (India Population Project), a visit was made to all the 7 TB units and list of 782 patients who have registered with them during the first quarter that is from January to March 2001 was obtained.

Following are the details that were available about the patients: TB. No., Date of registration, age, sex, Name of treatment center, category, type, status (new, defaulters, dropout and others). The information was fed into the computers and using the Microsoft Excel programme the data was sorted using the following three key variables: age, sex and type. The data was further sorted according to age, which was divided into, to four categories viz; 0-5 years, 6-18 years, 19 - 45 years and 45 years and above. From this category every eighth person was selected applying a simple random technique. 97 patients' names were selected and added 14 patients from the 0-5 categories making the final list of patient selected for the study to 111. It

was decided to select all the 14 children below the age of 6 years to cover under the study as the number available after applying sampling technique before would too less to represent.

## Guideline for the interview

- 1. Knowledge about the disease
- What is the name of the disease for which you are/ were getting treatment?
- What do you know about this disease?
- Who are more affected by this disease male/ female.; rich/poor; children/ adult/ old people.
- \* Any reason why they are affected more
- \* How is the disease spread?
- 2. Help seeking behavior
- \* How did you find out that you had this disease?
- \* What were your initial complaints? What did you do?
- \* What made you seek treatment? When? Where?
- \* Narrate your experience
- \* If there was delay in seeking treatment what were the reasons?
- \* What made you come to this centre?
- \* How long have you been taking treatment from this centre?
- \* How have you to take treatment?

*	What symptoms have sub	osided? What symptoms are persisting	?
*	How do you feel general	ly now?	
*	What would happen if the	e disease not completed treated?	
3.	Family		
*	Does this disease affect y	rour married life? Family life?	
*		ers feel about your having this disease gard to treatment? What are the change	
*	Do you have a child less breastfeeding why?	than 2 years old? Do you breastfeed t	he baby? If you stopped
*	Does any of your family	have this disease? What has he/ she ha	s done about it?
4.	Community		
*	Do the members of the co	ommunity know that you have this disc	ease?
*	What do the community	members think about this disease?	
*	What support you get fro	m the community member with regard	I to your treatment?
*	Do they accept you as me	ember of the community? Whole heart	edly grudgingly
*	Do you know of any other he /she done about it?	er <del>mem</del> ber of the community having	this disease? What has
5.	Economic		
*	How much money have y	on spent for the following;	
*	a. Consultation	b. investigation	c. medicines

×	Others specify
*	How did you get the money for the treatment?
*	Family income sufficient; borrowing (from whom)
*	Has any of the staff of the center demanded money? Taken money?
6.	Work and treatment
*	Have been away from work because of this disease? (During treatment)
*	If yes, for how long?
*	Are you able to continue the work s before the symptoms started?
*	Does the treatment affect your work? Rejection by employer? Co-worker?
7.	Distance and time
*	How far is the health center from your place?
林	How do you go to the centre?
*	Does any one accompany you when you go for treatment? Does it affect his/ her work?
8.	Satisfaction
*	What did your like best in the centre? Why?
*	What did you like least in the centre? Why?
*	Was the staff courteous? Very much to some extent not at all not at all

- \* Were there any side effects? Were they attended to?
- \* Did you have to discontinue treatment at this centre? Why?
- Would your recommend your relative/ friend to attend this centre if he/she had this disease?
- \* Any suggestion for improvement?
- 9. Any other matter