

Government of Karnataka

**"ACCESS TO WOMEN'S HEALTH SERVICES"
IN MYSORE DISTRICT (6 TALUKS)**

FINAL REPORT



Sponsored By
KARNATAKA HEALTH SYSTEMS DEVELOPMENT PROJECT
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I. PREAMBLE

Bharath Charitable Cancer Hospital & Institute (BCCHI Trust), 1984, Mysore, has been registered as a Public Charitable Trust is active in the field of cancer detection, creating cancer awareness in the rural areas. Dr. B.S. Ajaikumar, Managing Trustee is the inspiration and guidance to its team of dedicated staff. He is a non-resident Indian, having a well established Cancer Center at Burlington, IOWA, USA, with more than 25 years of experience in the field of Oncology. He has taken it upon himself to reach the remotest of rural areas through the Trust to provide health-screening programs particularly, for women and also for detection of cancer at an early stage. The Trust has been working in Mysore, Chamarajanagar, Mandya, Coorg, Hassan and other neighboring Districts. From 1991 onwards, the Trust has been conducting health screening programs and cancer education in rural areas through lectures, video programs and Cancer education exhibitions. The Trust is also providing financial support for poor cancer patients. It was noticed that anemia, menstrual abnormalities, reproductive tract infection and cancer cervix are the commonest health problems among women especially the rural poor. Hence, the Trust considers reproductive health of women, in addition to downstaging of cancer cervix as a priority area, to improve health status of women.

Aims & Objectives of the Trust :

- Setting up of a Blood Bank
- Conducting Free Health Check Up Camps in rural areas
- Conducting Free Peripheral Clinics in specific locations
- Educating and Training Voluntary Health Workers in rural areas in the field of health care and identifying symptoms of cancer
- Inducting and Training Multi Purpose Health Workers in rural areas
- Providing financial support to poor cancer patients undergoing treatment

In November 1996, a Project Proposal was submitted to Karnataka Health Systems Development Project, seeking financial assistance for carrying out a Project on 'Community Approach to Control of Cancer of Cervix in Mysore District'. The Project was conceived with the idea of utilizing available Government health resources to improve community awareness about Cancer Cervix.

In 1997, the matter was discussed with Karnataka Health Systems Development Project (KHSDP) authorities. The proposal submitted by BCCHI was a five-year program, but KHSDP felt the Project period of 5 years is undesirable. The revised Project was down sized to 2 years confining to six taluks in the old Mysore District i.e., Gundlupet, Chamarajanagar, Yelandur, Nanjangud, T.Narasipura & H.D. Kote. Based on discussions, a revised proposal "Access to Women's Health Services" was prepared and submitted by BCCHI Trust to KHSDP. The revised proposal was a broad based program with a concept of "LIFE CYCLE APPROACH OF WOMEN" for screening, educating and training about various diseases affecting women, their symptoms, early detection and prevention. The program covered women in the age group of 10 – 60 years in old Mysore District.

The Trust would like to place on record its sincere thanks to KHSDP, Government of Karnataka, District Health and Family Welfare Officers of Mysore and Chamarajanagar District, Taluk Medical Officers of the six taluks, Medical Officers and all other Paramedical Staff of Department of Health & Family Welfare, for their cooperation, without which the program would not have been a success.

Our grateful acknowledgement to the Head of the Department and the staff of P&SM of Mysore Medical College and J.S.S. Medical College who have helped the Project by deputing their Interns for the screening programme and Camps.

Our grateful thanks to the Family Planning Association, Mysore Chapter for their intense support and active participation in the Project. It is needless to mention that without their active participation the Project would not have been possible.

Our sincere thanks to all the Resource Faculty Members, who spared their valuable time for sharing their experience and expertise with the trainees during the Training Phase of this Project.

Our sincere thanks to all the NGOs and the Organisations who were actively involved in this Project - J.S.S. Mahavidyapeetha, J.S.S. Community Polytechnic for Women - Mysore, World Vision of India in Gundlupet Taluk, MYRADA/PLAN H.D. KOTE, Fedina Vikasa-H.D.Kote Taluk, Mahila Samukya-Nanjangud Taluk, Mission Hospital of Chamarajanagar Taluk, Jeevan Jyothi Kutumba Abhivrudhi Kendra (CCF)- Nanjungud and Chamarajanagar Taluks, Vivekananda Girijana Kalyana Kendra - Yelandur Taluk. We would also like to acknowledge the service of Mandal Panchayaths in the six taluks.

We would like to convey our sincere thanks to the Deputy Director of Public Instructions, Block Education Officer and other authorities of the Education Department in Mysore District & Chamarajnagar District for their co-operation and excellent support which enabled us to carry out program in the various schools of the districts. We would also like to acknowledge the assistance provided by the Assistant Director, Women & Child Welfare and Child Development Project Officer in Mysore & Chamarajanagar districts who helped us in conducting the survey. We would like to place on record our appreciation of the work carried out by Anganwadi Workers who helped us in organising 'Mother's Meet' for carrying out health education and conducting the 'house to house survey' in Gundlupet, Nanjangud and Chamarajanagar Taluks.

II. PROFILE OF THE DISTRICT

a. Geographical Features :

Mysore District is located in the southern part of Karnataka State. It was known by the name of the State prior to 1973. Mysore city is the headquarters of the District and is known for its gardens and historical monuments. The total geographical area of the District is 11,861 square kilometers spread over 1,641 habitations. The land area of the District is covered by plains as well as lofty mountains, with an average of 800 mtrs. above sea level. The undivided District may be classified as partly maidan and partly Malnad. Thick forests and tall mountainous regions enclosing the western, southern and some parts of eastern district under the taluks of Kollegal, Yelandur, Chamarajanagar, and Heggadadevana Kote are the habitats of wild animal population like elephants and tigers.

b. Climate :

The District is endowed with moderate climate throughout the year. The average rainfall during the year is around 762 mm. Gundlupet, T Narasipura and Chamarajanagar are drought prone Taluks of the District. The average temperature varies from a maximum of around 39⁰ C in April – May to a minimum of around 11⁰ C in December – January of the year.

c. Agriculture :

The district is endowed with perennial flow from the rivers Cavery and Kabini and their tributaries. The major crops grown in the district are Paddy, Ragi, Jowar, Pulses and Oil seeds. The other cash crops grown are tobacco, cotton and sugarcane.

d. Forest :

The District has a rich forest area with 27.2% of the total area being forest, and this in 1991-92 contributed approximately to one-tenth of the total forest area of the State. In terms of forest wealth it is second richest district in the state next to Uttar Kannada. This has made the District a habitat for wild life especially elephants, tigers, panthers, etc. The habitats of elephants, Bandipur and H.D.Kote forests are famous wild life sanctuary which falls within the jurisdiction of the district. Since the district has not yet grown into a major industrial area, it remains by and large free from industrial pollution.

e. Education :

During the year 1992 – 93, there were 2,935 primary and high schools and 87 colleges. The teacher population ratio in the primary and higher secondary works out 1:65 and 1:30 respectively. This is similar to the State average. The literacy rate for the population aged over 6 years in 1991 for the District as a whole was 47.3%, 56.2% for males and 37.9% for females.

f. Population and Economic Level :

The per capita income at current prices, during the year 1991- 92 was Rs.6,500/- as compared to Rs.5,898 for the State. The total population of the District according to the 1991 census was 3,165,018 of which 1,620,624 – males and 1,544,394 – females. Thus, there were 953 females for every 1000 males. More than 2/3 (70.3%) of this population live in the rural areas, while the remaining

29.7% were inhabitants of urban areas. Approximately one-sixths (15.6%) of the population consisted of children below six years. The proportion of scheduled caste population in the district was 18.9% while this percentage was 3.2 for scheduled tribes. In the year 1991, the District as a whole had a density of population of 265 and this figures for the rural and urban areas works out to be 189 and 4392 respectively. Road length in the District during 1991-92 was 72 km per 100 sq.km of geographical area as compared to 63 in the State. Of this road length only 62% was surfaced.

During the year 1991-92, on an average, there was one commercial bank for every 12900. The decennial population growth rate during 1981-91 was 21.92%, 32.14% for urban areas and 18.06% for rural areas. Since the fertility in the rural areas is higher than the urban areas, it clearly indicates that migration contributed to much of the urban growth rate.

A little more than one-thirds (37.4%) of the population was engaged in some occupational activity, and this proportion was higher in rural (40.2%) than urban (30.7%) areas. Two thirds of the population of the District was engaged in agricultural related activities.

g. Health Care Facilities Available In The District :

In order to facilitate the achievement of the goal “Health for all by 2000 AD,” it was envisaged that the population to be covered by a Primary Health Center (PHC) will be reduced to 30,000 in non-tribal areas and 20,000 in tribal areas and hilly terrain's. Further there will be a sub-centre for every 5000 population in the plains and 3000 population living in hilly areas. It was also proposed that there will be a community health centre (CHC) for every one lakh population which will have inpatient facilities and the services of a few selected specialists will also be available. This was to be done by establishing new sub-centres and PHC's and through the up-gradation of some PHC's into CHC's by adding additional personnel and infrastructural facilities. The District has made considerable progress in setting up new rural health institutions, according to the latest national norms.

There are, at present nine Community Health Centers (CHC), 125 PHCs', 50 Primary Health Units (PHU) and 732 Sub – Centers' (SC) in the District. In addition, the District (old Mysore District) also has 52 Dispensaries and Maternity Homes, one Mobile Health Unit and 9 Leprosy Control Units. The PHU is peculiar to Karnataka and is staffed by a Medical Officer, a Lady Health Visitor, a Pharmacist and a JHA(F) and cover a population of approximately 20,000.

This Institution is being phased out and several of the PHUs' have already been converted to PHCs', with the provision of additional manpower and facilities. The number of beds available in all medical institutions in the District is 3,502, out of which 1960 (56%) are in the institutions located in Mysore city, the District headquarters. The people from all over the district and even from adjoining Districts visit these institutions for specialised services. A further analysis reveals that there are considerable intra district variations in the location of medical and health care facilities.

On an average a PHC in the District covers a population of 21,400, again with wide variations among the Taluks comprising the District. While on an average a PHC in Heggadadevana Kote, a tribal taluk, covers a population of 15900, there is one PHC for every 28900 population in Krishnarajanagara and T.Narsipur taluks. There are also tribal taluks of Hunsur and Periyapatna in which the PHCs on an average cater to a much lower population of 18,500. So far as population coverage by a sub-center is concerned, on an average there is one sub-center for 3660 population in the District, the average minimum and maximum in various Taluks of the District being 2,800 in H D Kote and 4,310 in Chamarajanagar Taluks. An examination of the information relating to the number of beds available in all the medical and health institutions in the District reveals that on an average there is one bed for every 970 people. However, most of these beds are attached to the institutions located in Mysore city and if we exclude the institutions located at the District headquarters, population-bed ratio increases considerably to a high of 4220 in Yelandur to a low of 1320 in Gundlupet taluk. The ratio for the other taluks varies and lies between these two figures.

h. Staff Position In Health Institution :

The Junior Health Assistant Female [JHA(F)] is the Key Person of the primary health care system and is primarily responsible for providing services in the vital areas of Maternal and Child Health (MCH), which are essential for the maintenance and promotion of health of the mother and the child and for the sustenance of the family welfare program. An examination of the data indicates that in all these taluks there are several vacancies of JHA(F). One in five post for JHA(F) remain unfilled with maximum vacant post in H.D.Kote (31%) & Gundlupet (25%) in six taluks (Program area).

The situation with respect to JHA(M) is still worse. In almost all the taluks, a large number of positions are vacant, the percentage of vacancies in various taluks range from 15% to 92%. It may be worth noting that T.Narasipur taluk out of a total sanctioned strength of 36 posts, only 3 persons are in position. The other taluk which is having a large number of vacant posts for JHA(M) is H.D.Kote (48%). Since the male workers are by and large responsible for covering the components of community disease control and environmental sanitation, these programmes, in the absence of adequate staff, often remain neglected.

The peripheral workers need continued supervision and guidance for effective and efficient delivery of various health services. Without proper supervision and guidance, no programme would possibly succeed. However, in the District, a large number of supervisory posts both in male and female category are lying vacant.

Out of 89 female supervisory posts in the District, 13 (14.6%) are lying vacant. As regards male supervisory positions, approximately half (41 out of 86) of the sanctioned posts in the District are not filled. In the program implementing area, the highest vacancy of Lady Health Visitor is in H.D. Kote (42%) followed by Gundlupet (20%) taluks.

Vacancies for Senior Health Assistant (SHA)F in Periyapatna was 50%, Kollegal 40% & Gundlupet 32%. In case of SHA(M), the vacancy was higher with more than 65% vacancies in 6 taluks of Gundlupet, Kollegal, Periyapatna, Nanjangud, H.D.Kote & K.R.Nagar. Gundlupet is most affected taluk with 75% vacancy.

The organisation, mobilisation and education of the community on the preventive and promotive aspects of health including family welfare is an important component of the primary health care system. The Block Health Educators (BHE) is specifically trained and equipped and are assigned overall responsibility for planning and implementing the health education programmes in their respective areas. There are 63 sanctioned posts of BHEs in the District out of which approximately two-thirds (62%) are vacant. Almost all the taluks are equally affected by the vacancy position in this cadre. In the Program implementing area the highest vacancy (75%) are in H.D.Kote, Chamarajanagar, Gundlupet taluks and 50% vacancies in T.Narasipura and Nanjangud Taluks.

In the absence of adequate number of trained extension educators, not only health education activities remain neglected, this neglect has adverse effect on the implementation of other health programmes. The promotion and maintenance of the health of the individuals and the communities is not the responsibility of the health department alone. The non-governmental agencies and other sectors of the economy have an important role to play in this direction.

III. OBJECTIVES OF THE PROJECT

- To organize promotion of positive health practices, such as, personal hygiene especially during menstruation, adequate nutrition, etc.
- To conduct screening for & treatment of Reproductive Tract Infections and Sexually Transmitted Diseases.
- To conduct screening and management of Gynecological problems.
- To conduct screening, downstage and treatment of cervical cancer.
- To conduct screening and management of problems associated with on-set of menarche and menopause.
- To conduct screening, downstage and treatment for Breast cancer.
- To study the impact of down - staging of carcinoma of cervix and carcinoma of breast on target population.
- To train the health worker (ANM's, Anganawadi workers, Village level health workers) for early case detection, health education, early treatment and follow-up.
- To conduct I.E.C. activities on menstrual problems, menstrual hygiene, reproductive tract infections (RTI), gynecological problems, carcinoma of the cervix and carcinoma of the breast.
- To set up a population based information system on reproductive tract infections, menstrual problems, cervical cancer and breast cancer.

IV. METHODOLOGY

The target area was six Taluks of undivided Mysore District –

- H D Kote
- Nanjangud
- T Narasipura
- Chamarajanagar
- Gundlupet
- Yelandur

The target population to be covered in the above taluks is 400,000 females in the age group of 10 – 60 years. The duration of the Project was two years from April 1998 - March 2000.

The entire Project was implemented with the concept of “*Life Cycle Approach on Gynecological Problems of Women.*” With emphasis on all the gynecological problems from menarche to post menopausal period.

The entire Project was divided into three phases :

Sl. No.	Phase	Activities	Duration
1	Preparatory	Training of Government health personnel	4 months (Apr 98-July 98)
2	Intervention	Organising camps	16 months (Aug 98 - Dec 98)
3	Evaluation	Follow up of patients and inhouse evaluation	4 months (Dec 99 - March 2K)

V. PREPARATORY PHASE (APRIL 1998 - JULY 1998) :-

- TRAINING OF GOVERNMENT HEALTH PERSONNEL

During the preparatory phase of four months, the following Government Health Personnel were trained :

- Medical Officers.
- Supervisory Staff (Block Health Educators, Lady Health Visitor).
- Junior Health Assistant (F)

The training program were designed and conducted in consultation with KHSDP. Medical Officers, Supervisory Staff and JHA(F) were trained with support of training modules.

MEDICAL OFFICERS 1 DAY	SUPERVISORY STAFF 1 DAY	JR. HEALTH ASST. (F) 3 DAYS
<u>Module Content</u> <ul style="list-style-type: none"> • Project Overview • Menstrual Disorder • Cancer – breast & Cervix • Combined modality Cancer treatment • Reproductive Tract <ul style="list-style-type: none"> - Physiology - Infections including STD • Evaluation 	<u>Module Content</u> <ul style="list-style-type: none"> • Project Overview • Menstrual Problems • Reproductive Tract <ul style="list-style-type: none"> - Physiology - Infections including STD • Cancer Breast – SBE • Cancer Cervix – taking Pap Smear • Role in the Project including survey supervision • Evaluation. 	<u>Module Content</u> <ul style="list-style-type: none"> • Project Overview • Menstrual Disorders • Reproductive Tract infections including STD • Cancer Cervix • Self Breast Examination (SBE) & taking pap smear (Domestic approach) <u>Survey</u> <ul style="list-style-type: none"> • Objective & Orientation. • Pilot survey including pap smear • Format scrutiny • Analysis • Presentation • Group Discussion • Evaluation.
For details refer: Annexure-1(a)	Annexure-2(a)	Annexure-3(a)

The following is the summary of percentage of attendance during the training program :

Percentage of attendance during training program

PERSONNEL	APPROVED POSTS	VACANCY NO. %	POST FILLED	ATTENDED	PERCENT- AGE
Medical Officers	120	-	120	104	87
Block Health Educators	39	24 (62)	15	14	93
Lady Health Visitor	60	07 (12)	53	40	75
Junior Health Assistant (F)	434	95 (22)	339	309	91
Total Man Power trained	653	126 (19)	527	467	89

The total expenditure involved in the above first round of training program was Rs.1,31,501/-.

Re-orientation Training Programmes for Government Health Staff :

We had planned to conduct a re-orientation program for the above staff after we had finished one round of camps, in all the PHCs/PHUs/GAD so that :

- a. We can review the program
- b. Find out what are the draw backs of the program
- c. To get suggestions of how we can make this program more effective and useful to the community.
- d. That they can get a first hand experience of cancer care and other diseases.

We had planned to conduct this re-orientation program in the month of May-June 1999. But unfortunately, due to delay in the approval of the training program, we were able to conduct this program only during second week of August 1999 to the first week of September 1999. The re-orientation program scheduled was planned and discussed in the Taluk Medical Officers Meeting and 15 days prior notice was given before the training program was conducted. The duration of the training program for Medical Officers, Lady Health Visitors, Block Health Educators and Junior Health Assistants (F) was for one day only at Bharath Hospital and Institute of Oncology, Mysore. The training module was prepared in such a way that it included group discussions, lectures and field visits (for pap smears & survey). We had also reviewed their evaluation sheets of previous training program and taken whatever was felt needed for the training and then only the training module was drawn up. (Refer Annexure 1(b) - 3(b) for reorientation module) The following is the percentage of attendance during the reorientation program.

Personnel	Intimated	Attended	Percentage
Medical Officer	128	115	90
Block Health Educator	14	14	100
Lady Health Visitor	48	39	81
Junior Health Assistant (F)	345	301	87
Total	535	469	88

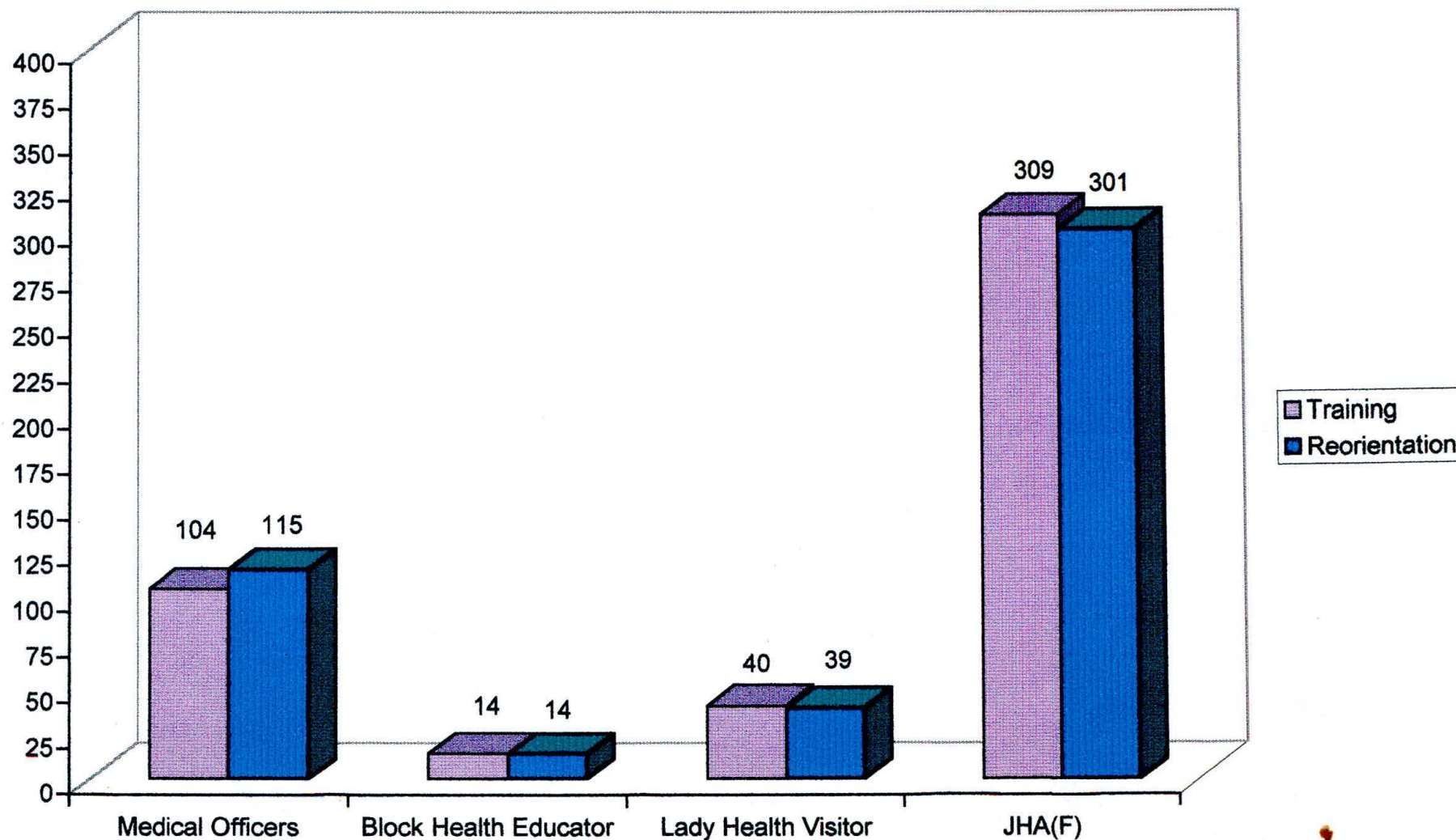
Attendance was better during reorientation training as compared to initial training except in case of JHA(F).

The total expenditure involved in the one day re-orientation training program (second round) was Rs.55,018/- .

For further details regarding training & reorientation to above health personnel refer to Annexure - 4 to 6. A few Health Education Books and Flip Charts have been distributed to all the health staff during re-orientation program.

Apart from this, the Information, Education Communication (IEC), materials (Flip chart-3) prepared, were reviewed. (Refer page 31 for details)

COMPARISON OF GOVERNMENT HEALTH PERSONNEL ATTENDANCE BETWEEN TRAINING & REORIENTATION PROGRAM



During orientation and re-orientation program for paramedical staff, taking of pap smear during field visit was a part of the training program. A total of 632 pap smear were taken by them under the supervision of Lady Medical Officers and staff of BCCHI.

The following are the Pap Smear Reports taken by Paramedical Staff :

Sl. No.	Particulars	Training	Re-orientation
1	Normal	90	11
2	a) Inflammatory Changes	169	290
	b) Inflammatory Changes - suggested biopsy	02	--
3	Dysplasia :		
	a) Mild	12	07
	b) Moderate	01	03
4	Post-menopausal smear	02	--
5	Atropic smear	01	--
6	Acellular	--	17
7	Inflammatory with squamous metaplasia	01	--
8	Reports inconclusive	06	01
9	Repeat Smear	09	10
	Total	293	339

During training period, 293 smears were taken, 90 were normal smear and 13 (4.4%) showed dysplasia. In case of smears taken during reorientation 10 (2.9%), out of 339, showed dysplasia. Overall 23 among 632 smear, showed dysplasia (3.6%).

Health Education and pap smear kits were given to paramedical staff, so that they not only impart health education, but also could take pap smears.

Training of Anganwadi Workers :

1253 Anganwadi Workers of four taluks (H.D. Kote, Nanjangud, Chamarajanagar and Gundlupet) were given training for one day regarding some of the symptoms of diseases (STD, Cancer and Menstrual Problems) and were also trained in "house to house" survey (which could identify symptoms of menstrual problems, RTIs, STDs and cancer of cervix and breast). However, this training program could not be implemented in T.Narasipura and Yelandur taluks, as they boycotted our training program for want of higher DA on par with JHA(F). For details of training refer Annexure - VII (a). For training module refer to Annexure – VII (b).

Teaching Aids used during the Training Program :

- a) Audio Visuals like Overhead Projector, Slide Projector, Television, Flip Charts, Pamphlets.
- b) Group discussion and lectures.
- c) Demonstration (taking pap smears and self breast examination).
- d) Pilot Survey (house to house survey & taking pap smear).

Difficulties encountered during the training program:

Some of the problems encountered during the training program are :

- a) Getting Resource Faculty for training of para medical staff at taluk level for subjects to be covered under the program was quite difficult, as most of the resource persons were not willing to travel long distances and also spend the whole day outside their head quarters.
- b) We have trained anganwadi teachers of four taluks, but we could not train them in two taluks (Yelandur & T.Narasipura), as they boycotted our training sessions, saying that they should also be paid DA on par with what was paid to the para medical staff, as per norms. We had paid them actual TA and Rs.15/- as DA, which was not acceptable in these taluks.
- c) During the first round of training, all the Medical Officers of each taluk were deputed together for training. Though this was not a problem for us, the Medical Officers during the evaluation session informed, that all the Medical Officers of the taluk should not be deputed together for such programs, since it will create a void in the taluk. However, this was rectified during reorientation training program.
- d) The time allocated for training of Medical Officers and Supervisory Staff was found to be inadequate.
- e) The training staff of our Trust had to travel long distances during the training of Junior Health Assistants (Female) which was held at the taluk level for almost two months daily, which was found to be exhausting.
- f) Organising training hall and hygienic food for the trainees at the taluk level.

Evaluation of the Training program by the participants :

All the Government Health staff (100%) felt that the training and reorientation was useful, and new subjects learnt (above 92%). 20% of the Medical Officers felt duration of the training to be increased. The same was suggested by 28% of the Supervisory Staff and 18% by JHA(F). 15% of the Medical Officers suggested better training hall should be provided for the training. The following are some of the participants evaluation and tabulation regarding training and reorientation program.

Participants Evaluation and Tabulation Regarding Training and Reorientation Program

Sl. No.	Description	Medical Officers		Supervisory Staff		Junior Health Assistant(F)	
		Training	Reorientation	Training	Reorientation	Training	Reorientation
	No. of participants	104	115	54	53	309	301
1.	Is the training useful	104	115	54	53	309	301
	Percentage	100	100	100	100	100	100
2.	Did you learn anything new (Yes)	100	115	54	52	309	277
	Percentage	96	100	100	98	100	92
3.	Did it alter / add to present knowledge	96	110	54	52	NA	NA
	Percentage	92	96	100	98		
4.	Most useful session						
a.	All sessions	36	20	20	06	0	06
b.	Combined modality cancer treatment	23	-	NA	NA	NA	NA
c.	Outline of Cancer management	-	29	NA	NA	NA	NA
d.	Group discussion	-	24	-	01	-	44
e.	Cervix and breast cancer including demonstration	11	-	09	11	205	75
f.	Common Gynaec problem	14	11	-	-	-	-
g.	Menstrual problems and RTIs	-	-	12	30	-	93

h	STD	-	-	13	01	46	-
i	Cervix, breast cancer and other RTI	-	-	-	-	43	-
5	Have you any suggestions to improve the training program ? Specify						
a.	More duration	21	18	15	15	25	53
b.	Better training hall	16	06	-	05	-	32
c.	More interaction and less lecture	09	10	-	-	-	-
d.	More audio-visual aids to be used	09	-	11	-	42	15
6.	Quality of Food						
	Very good	02	02	06	03	16	57
	Good	98	79	48	50	226	217
	Average / Satisfactory	01	23	-	-	62	24
	Tasty and hygienic	-	-	-	-	04	02
	Not good	-	09	-	-	-	01
	No answer	03	02	-	-	01	-

For details regarding evaluation of participants refer to Annexure - 17 (a) to 17(c).

VI. INTERVENTION PHASE

The Intervention Phase commenced on August 1998 and was completed by December 1999. The intervention phase comprised of :

- A. Health Education.
- B. Conducting Camps .

A. Health Education :

i) Health Education to Village Women :

To make this program effective, so that common people can make use of this program, health education was being organized one week before the camp at PHC as well as at Sub-Centre level, through 'Mother's Meet', which was being organized by the Anganwadi workers. One staff of our Organization educated the women regarding menstrual problem, personal hygiene, self - breast examination and about symptoms of cancer for about two hours. This had become the hub of our program, as the women, apart from attending camps, motivated other women to attend camps organized by us.

ii) Health Education for School Children :

This Program was initiated because :

- a) Our Project aims at covering the women between the age group of 10-60 years and the School children fall in this age group.
- b) Health Education is very much essential & useful for these girls, as some sensitive questions are not answered by their parents or by their teachers.
- c) During the introduction of the Program, we intimate the school children about the Goal and Objective of this program. We also inform the children to intimate their mothers, sisters and women folk in their villages, to make use of this program. This acts as a propaganda of the program and has been found to be effective.
- d) As the Lady Medical Officer will be screening the girls, the girls can be frank and comfortable and express their doubts and problems quite freely.

We have found from our survey that 65% of females are illiterate, as compared to 62% in the district and even if we distribute pamphlets, it was not that effective. During health education session school children were asked to read the pamphlets to their mother's, sister's and women folks in their villages to make use of this program, as symptoms of health problems are printed in the pamphlets. This created awareness of the program and has been found to be effective. Our experience shows that school children are vital source for creating awareness among the illiterate women and enhancing the effectiveness of the camps.

In this program, we initially started from standard V to Degree classes. An one hour health education was conducted by Lady Medical Officer regarding adolescence, menstrual problems and personal hygiene. Another half an hour was spent on question and answer session. Then class-wise health check-up was done. As this program was conducted by Lady Medical Officers, the students were frank, comfortable and expressed their problems confidentially.

(iii) Training NGO staff and village Level Health Workers :

To make the program effective and to spread the objectives of the program, we have collaborated with the following NGOs :

- MYRADA / PLAN H D Kote Project and Fedina Vikas from HD Kote taluk.
- Mahila Samakya and World Vision of India in Gundlupet Taluk.
- Mission Hospital in Chamarajanagar Taluk
- Jeevan Jyothi Kuthumba Abivrudhi Kendra (CCF) in Nanjangud and Chamarajanagar Taluk.
- JSS Polytechnic for Physically Handicapped, Mysore, in T Narasipura Taluk
- JSS Community Polytechnic Scheme for Women in Mysore, H D Kote and Nanjangud Taluk.
- Vivekananda Girijana Kalyana Kendra in Yelandur Taluk.
- Mysore Medical College.
- JSS Medical College.
- Family planning Association of India (FPAI), Mysore.

NGO's and Self - Help Group members, were trained regarding this program. They (NGOs) have been useful in organizing health education and in arranging camps, in their respective areas of operation.

We have conducted 415 health education sessions for women covering 9,003 women, 12,686 students and 352 self help group members from 10 Non-Government Organizations. The summary of Health Education sessions conducted in six taluks is given in pie chart.

Consolidated Health Education Sessions conducted taluk-wise and month-wise is enclosed in Annexure – VIII (a) & VIII (b). For Details regarding Health Education Sessions conducted taluk-wise refer Annexure -IX (a) to IX (f)

B. Camps :

(i) For Women :

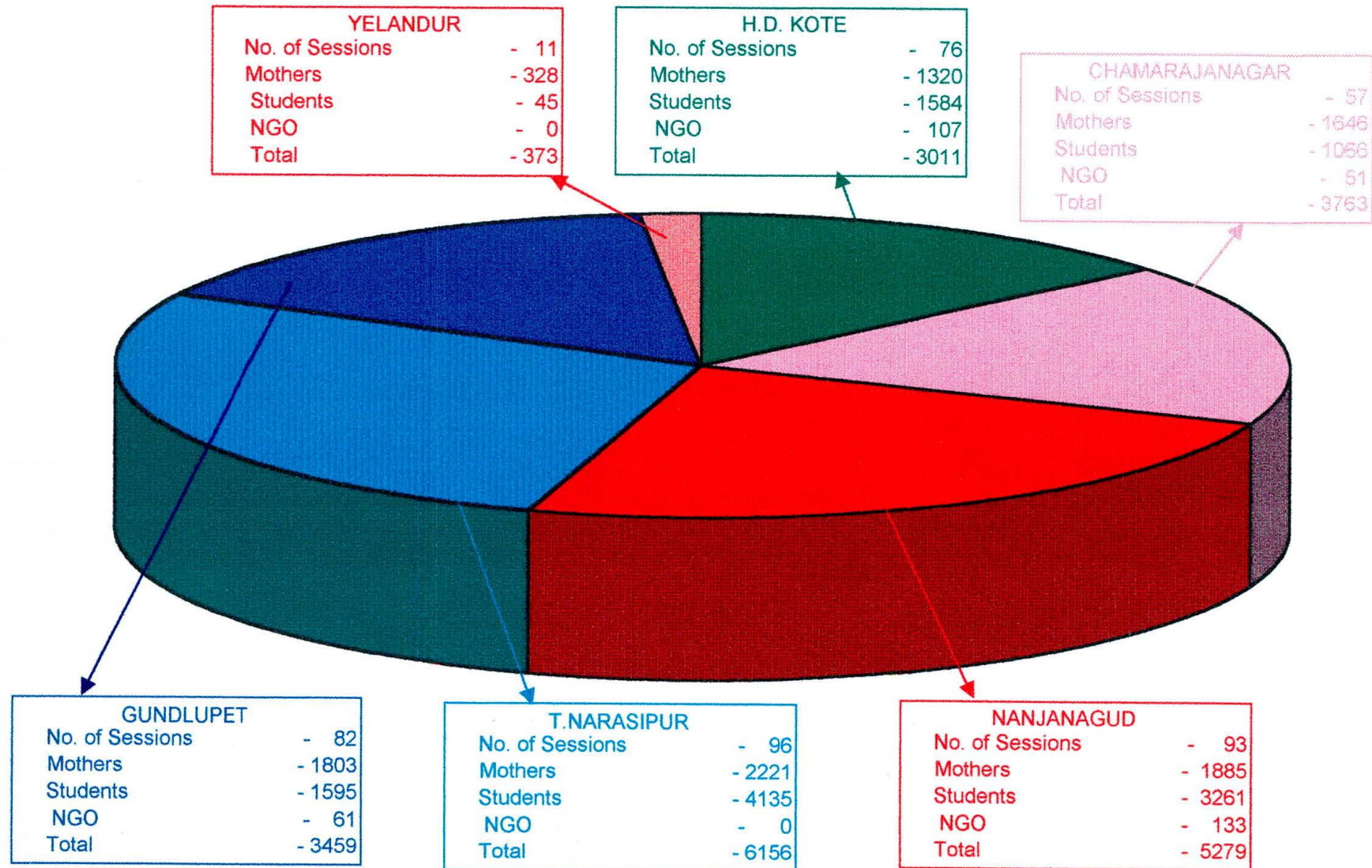
The schedule that was adopted for conducting of camps was that, we allot one day of the week to each taluk i.e.,

Monday	- Gundlupet
Tuesday	- Nanjangud
Wednesday	- H.D.Kote
Friday	- Chamarajanagar
Saturday	- Yelandur & T.Narsipura.

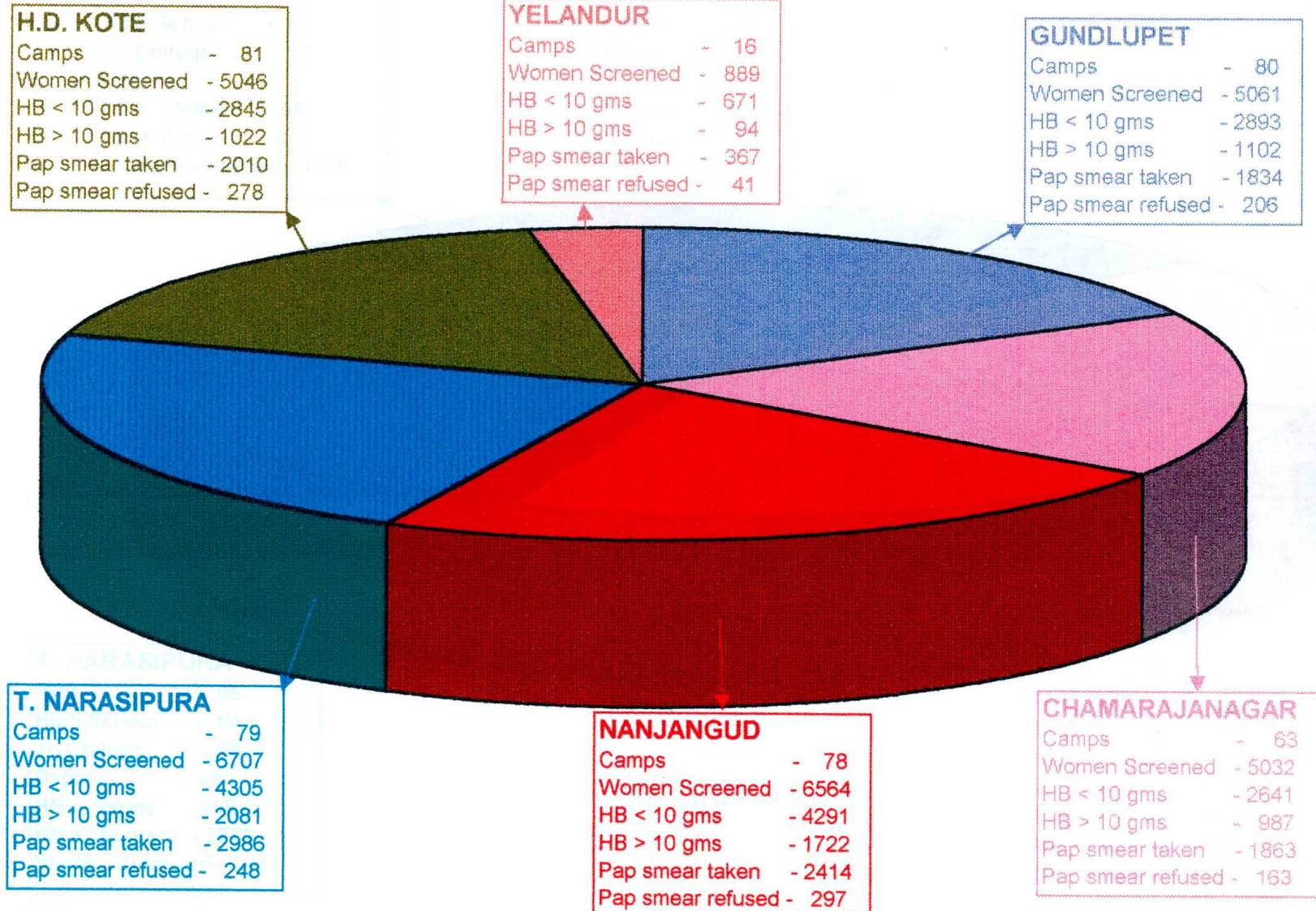
On Thursdays, no camps were conducted as it is "Immunisation day" in all the PHC/PHU and the Govt. staff will be concentrating on that Program. It also helped our staff to review camp work and plan subsequent activities.

Once the schedule was drawn up in consultation with Medical Officers at Taluk Medical Officers meeting, letters were sent to each Medical Officer 20 days in advance, marking a copy to Taluk Medical Officer and District Health & Family Welfare Officer to depute Lab Technicians for helping in implementing this Program. The Medical Officers were requested to inform the Lady Health Visitors, Block Health Educators and Junior Health Asst.(F) to provide health education at the PHC/PHU and sub centre level, so that the local rural woman could make use of the camp and also if the Junior Health Asst.(F) has identified any health problems of the women, they could be advised to come for the camps.

HEALTH EDUCATION CONDUCTED - TALUKWISE



DETAILS OF CAMPS - TALUK-WISE



For details regarding the findings of health problem in women & students, please refer to Annexure XIV. The most common problem has been Anaemia among women which constitutes 26.44% followed by Leucorrhoea 16.18%.

Referral pattern:

A total of 1721 (4.3%) women were referred to different hospitals from our rural camps. The break-up is as follows:

Sl. No.	Particulars	Nos.
1.	Bharath Hospital & Institute of Oncology and Bharath Diagnostic Centre	685
2.	K.R. Hospital	795
3.	J.S.S. Hospital	184
4.	PHC / Others	57
	Total	1721

At Bharath Hospital & Institute of Oncology (BH & IO) concessions ranging from 30% to 75% were given to patients, depending on their economic status. The details of patients referred to BH & IO is explained under the chapter observation (Page no. 28, 2nd para and also Annexure - 16).

Baby Show :

A total of 107 children participated. Using this (Baby Show) as the platform we have educated the people about this program. For this program we had involved the Anganwadi teachers, Anganwadi Supervisors, Panchayath members, Junior Health Assistants (F), Child Development Project Officer & Medical Officers of 4 PHCs. Two Baby Shows were organized in Nanjangud Taluk – one in Suttur Jathra and the other at Kasba Circle involving 22 centres. For this competition, the children were categorized into 3 batches.

6 months	- 1 year
1 year	- 3 years
3 years	- 5 years

Prizes were given to the winners.

Health check up and deworming for children were done in all the centres where the competition was held. In the final round, Bharath Charitable Cancer Hospital & Institute, Male Medical Officer (1), Lady Medical Officers (2), Paediatrician (1), Govt. Medical Officer (1), Asst. Child Development Project Officer (1) and Anganwadi Supervisors were the judges. All the children were given prizes. A total of 18 children were identified as malnourished (3rd grade) and they were given appropriate treatment.

Survey Report :

We had distributed 'House to House' Survey formats to be surveyed by Anganwadi workers in Gundlupet, Chamarajanagar & Nanjangud taluks. We have received 94,102 household report of 692 villages. This information is computerised. According to the survey findings, it is found that 65% of the women above 10 years are illiterate (have not even attended I Std.). 73% of the girls are getting married before 18 years. Irregular menstruation (Metrorrhagia) is found in 12% of women. Women not taking bath during menstruation constitutes about 10%. About 51% of women have undergone sterilization. 6% of women above 10 years had white discharge. The details of the survey is enclosed in Page No. 32.

Problems encountered during the intervention phase :

- a) Lady Medical Officers : The major drawback in this program has been that we have not been able to get Lady Medical Officers in the initial phase of the Project, though we had advertised thrice in National, State, as well as local newspapers. We had requested the Project Administrator, KHSDP as well as District Health & Family Welfare Officers to depute Lady Medical Officers for these camps but unfortunately, because of the lack of Lady Medical Officers even they have been unable to provide the same to our Project. However, we had a tie up with the Family Planning Association of India, Mysore wherein they deputed their Lady Medical Officers four days in a week to our programs. However we were able to recruit two Gynaecologist w.e.f. march 1999.
- b) Another major problem has been, deputing Government lab technician by the Government PHC/PHU for our Program. The problem is that there were only 2 to 3 lab technicians in each Taluk and it became very difficult for them to allot them for our camps. So far out of 397 camps conducted, only thrice lab technician has been deputed by the Government for our camps. Without lab technician it was very difficult to provide lab facilities to the patients. **However, to over come the problem of lab technicians, we had to appoint two lab technician, in order to make the program more effective and useful to the community, though this involved additional expenditure to BCCHI (Trust).**
- c) In many cases urine examination could not be done as in most of PHCs/PHUs and almost in all sub centres, toilet facilities were not available.
- d) Budget provision for medicines was inadequate, hence only a part of the treatment could be given. Drugs like FS Tablets, paracetamol, deworming tablets were not available in any of the PHC/PHU till September 1999, though we were assured by Karnataka Health Systems Development Project (KHSDP) that enough drugs would be stocked in all the PHCs and PHUs in the program implementing area. The budget provided in our Project towards drugs was consequently found inadequate. After the initial phase of the Project since sufficient funds were not available under this head and we could not provide sufficient drugs at the camps. We had requested for additional funds to be earmarked for this purpose, but unfortunately our request was not accepted and the status quo remained. However the situation eased after

September 1999 in the Project area with supplies of drugs reaching the PHCs/PHUs.

- e) Through it was not envisaged in the Project originally to organise camps at sub centre, to enhance participation of the community in the screening programs, it was decided to organize camps in one sub centre in addition to the PHC/PHU. In rented sub-centre buildings following difficulties were encountered : -
 - i) lack of suitable place for conducting of camps
 - ii) lack of electricity
 - iii) lack of toilets even for collecting urine examination
 - iv) lack of hygienic food for the camp team, resulting in general reluctance on the part of the staff to enthusiastically carry out the camps in the sub centers.
 - v) lack of roads to approach remote sub-centres.
- f) Reluctance on the part of the women for getting pap smear done in the initial phase of the Project.

VIII. OBSERVATIONS :

Though at the beginning of the Project we had apprehension about the extent to which the Objectives of the Projects would be achieved, especially with regard to implementation of a system of health education and awareness, we have been able to achieve most of our Objectives.

It was experienced during the rural camps, health practices in our rural population specially among women and children are not encouraging. They are used to their traditional practices and bad sanitation. Starting from daily habits regarding personal hygiene, brushing their teeth with mud, rangoli powder, charcoal powder, etc., not taking bath and not using hygienic cloth during menstruation, taking bath once or twice a week, defecating in open field, chewing tobacco and "paan", other habits like, smoking, alcohol consumptions in men, lack of sexual hygiene, deliveries conducted in unsafe manner, lack of anti - natal and post - natal care, etc., all account for poor health.

Undernutrition results from the interaction of several factors, all of which have their origin in poverty and ignorance. The main factors are :

1. Poor social economic conditions : These include low income, poor environment, sanitation and poor housing.
2. Parental ignorance and illiteracy : This results in inadequate food being given and prejudice against certain food.
3. Repeated infections : Diarrhoea, respiratory infections and other infections contribute to malnutrition. These infections depress the appetite, consume more energy, cause loss of body weight and lead to malnutrition.
4. Large families : The more mouths there are to feed, the worse is the nutrition intake of woman.
5. Closely spaced families : A spacing of more than 2 years between one child and the next is ideal, both from the view point of breast feeding and the health of the mother and child.

72% of the women who were examined were anemic (Hb<10gm%). Common complaints with majority of them were - generalized weakness, loss of appetite, easy fatigability and more susceptible to infections, etc. The diet they were consuming was not a balanced diet with deficiency in protein, carbohydrates and vitamins. While discussing with women, it was noted that the reasons for not taking balanced diet were poverty, illiteracy, ignorance, food taboos, lack of availability of food stuff, etc. For eg. In one of the village in Gundlupet taluk, when women were told to use drumstick and drumstick leaves in their daily diet, they said : "Drumstick trees are grown in our village like any other tree, but we were not aware about its utility as a part of our diet."

It is found in our study (refer Annexure XIII-a), that anemia (Hb% less than 10) is found highest between the age group of 26-30 years (16.3%) & 21-25 years (13.4%), which we can conclude is the child bearing age of women. It is also found that anaemia is found high in Yelandur taluk (87.7%) as it is a tribal belt. However the sample size was relatively small.

To get over this lack of health information, we have utilized the help of Anganawadi workers and Para medical staff to impart health education during mothers meet, school health programs and other situations like baby shows, immunization day, etc., where women get together. It was found in our interaction with women during the health education sessions that menstrual hygiene was not satisfactory. According to the house to house survey conducted in 692 villages it is found that 9.9% of women (15,233 out of 1,53,658 women surveyed) do not take bath during menstruation. **As an off-shoot of this program, education on menstrual hygiene and distribution of sanitary napkins has been taken up by us, as a Pilot Project.**

Until recently, reproductive tract infections (RTI's) including sexually transmitted infections were not recognized as a problem. Research conducted in India over the last few years to document the reproductive health needs of its people has contributed to making these infections noticeable and given priority in public health agenda. Concern about the spread of HIV epidemic and recognition of the role STI's play in HIV transmission, have been the main problems focussed.

As per the ICPD (International Conference on Population and Development held at Cairo, in September 1994), an ambitious program of action to make reproductive health services universally available and the aim was to "Prevent and reduce the spread of reproductive tract infections (RTIs) and sexually transmitted disease (STDs), including HIV/AIDS and provide treatment for STDs and their complications, such as infertility, with special attention to increasing the ability of girls and women to protect themselves."

RTIs pose grave threats to women all over the world. It includes STD infections related to procedures such as unsafe deliveries and abortion or IUD insertion and infection from exogenous or endogenous organism. Men also experience RTIs, particularly STDs, but the prevalence and the consequences for women are much more severe.

Sexually transmitted diseases (STD) are an important public health problem in India for two reasons. First, the incidence and prevalence of STD is very high, resulting in considerable morbidity, as well as, long term complications such as male and female infertility, pelvic inflammatory disease, ectopic pregnancy, congenital and neonatal infections and death. Secondly the presence of STD's would facilitate the acquisitions and transmission of HIV infection.

STD's are major problems in big cities, industrial towns, pilgrim centers, etc. The estimate of such occurrence is about 5% in cities and 1% in rural areas. In some communities and tribal areas, it is as high as 20%. WHO considers that about 50 million cases of syphilis and 250 million cases of gonorrhoea occur all over the world annually. Each year the number of people at risk is increasing.

As per screening done by us (40,249 during the Project), the number of problems in women with RTI and STD was 7,725 women (19.19%), of all medical problems diagnosed in women, the following are the findings.

Sl. No.	Particulars	Nos.	Percentage
1	Leucorrhoea	6511	84.29
2	Skin lesions	663	8.58
3	Urinary tract infection	447	5.79
4	Pelvic inflammatory disease	82	1.06
5	Ulcers over genitalia	22	0.28
	Total	7725	100.00

White discharge is a common complaint seen in women, but was revealed only after enquiry, as many thought, white discharge to be a normal phenomena. 60 – 70% of women in rural area have this problem. These women were examined and treated during our camp. They have been advised to have regular follow-up in their respective PHC / PHU and in some severe cases, have been referred to major institutions like Cheluvamba Hospital & JSS Hospital. In most of the cases, both partners have been treated.

Apart from this, according to our house to house survey conducted by Anganwadi workers using closed structured questionnaire during the Project period, the findings are as follows :

Sl. No.	Particulars	Nos.	Percentage
1	Leucorrhoea	8733	67.6
2	Itching in private parts	1313	10.2
3	Burning sensation during urination	1717	13.3
4	Ulcers in private parts	575	4.4
5	Pus during urination	575	4.5
	Total	12913	100.0

Gynaecological problems are seen both in women of younger as well as older age, more so in elderly women. A major hazard for both children and mothers are pregnancies that are too early (under 18 years), too late after (30 to 35 years), too many (more than four) and too frequent (spacing less than 2 years).

Ignorance or rather lack of awareness of gynaec problem, shyness and being scared that they would be labeled to have some disease, lack of availability and accessibility to medical service have been major hurdles in the treatment of gynaecological diseases.

The commonest gynaecological problem is vaginal discharge (leucorrhoea – 16.18%) followed by menstrual irregularities (11.18%). Other common problems are dysmenorrhoea, backache, prolapse uterus and infertility. All these cause general ill health and disability in the mother effecting her normal functioning and fertility.

The causes for these problems are multi - factorial and most of these are pregnancy related. If identified early, majority of the problems are preventable. Correct diagnosis and appropriate management is, therefore, very important to improve general health of women and also to prevent complications due to these conditions during further child bearing. The delivery should be conducted by trained personnel like traditional birth attendants or JHA(F). In China a significant reduction in maternal and infant mortality were achieved through the introduction of the 'three cleans' principle – 'a clean surface on which delivery can take place, clean hands of the birth attendant and clean cutting of umbilical cord'. Where woman are identified as high risk, should be referred to a Centre with better facility.

Leucorrhoea is one of the commonest problems seen in women in Gynaec OPD. Right from a teenage girl to woman till she attains menopause, leucorrhoea is a common complaint, more so in women in reproductive age group. Unless detected and treated early leucorrhoea, would contribute a large extent to women's increased morbidity.

Menstrual disorders are frequently seen in gynaecological practice and often affect adolescent girls or perimenopausal women. The common menstrual disorders are Dysmenorrhoea, Menorrhagia, Metrorragia, Amenorrhoea, Premenstrual Syndrome, Dysfunctional Uterine Bleeding, Polymenorrhoea, Oligomenorrhoea.

Pelvic Inflammatory Disease (PID) is a general term used for acute, sub acute or chronic infections of the upper genital tract, cervix, uterus, tubes and ovaries. Pelvic cellular tissues and often with involvement of adjacent organs. Of late, there is an increase in number of cases of PID, commonly seen in age group of 18 to 24 years. PID has increased from 20% to 50% over the past decade in Western Countries (Western L & E Schenbachtal).

Varieties of PID and their incidence are :

Pyogenic	- 45 – 50%
STD	- 40 – 45%
Tuberculosis	- 5%
Others e.g., viral, protozoal, fungal & foreign body	- 5 – 10%

From a recent symposium on PID the conclusion was – (a) Rising incidence in Africa is mainly due to STD and (b) Rising incidence in Asia due to induced abortion and MTPs. The importance of PID over and above its varying symptoms and signs, is because of its sequelae, as we know that PID has a 10 times increased risk of ectopic gestation and 6-60% chance of infertility.

Primary infertility is the inability to conceive even after one year of unprotected coitus. Secondary infertility implies infertility with proven past fertility, including ectopic gestations. The incidence of infertility both primary and secondary varies from 2 – 10% of all married couples. The causes of infertility could be male factor, female factor, or both.

During the screening of women in our camps the findings are that 457 women (1.14%) have gynaecological problems :

Sl. No.	Gynaec Problems	Nos.	Percentage
1	Infertility	319	69.8
2	Prolapse uterus	86	18.8
3	Post Hystectomy problems	52	11.4
	Total	457	100.0

All the infertility cases have been referred to Family Planning Association of India or nearby major hospitals for further evaluation and treatment. Patients with post hysterectomy problems and prolapse uterus have been referred to Cheluvamba and JSS Hospital, Mysore for further management.

During the screening of 40,249 women in our camps, 4,499 women (11.18%) had menstrual problems. The following are the data of menstrual disorders among women screened –

Sl. No.	Menstrual Problems	Nos.	Percentage
1	Dysmenorrhoea	2375	52.79
2	Menorrhagia	1029	22.87
3	Metrorrhagia	714	15.87
4	Oligomenorrhoea	257	5.71
5	Polymenorrhoea	124	2.76
	Total	4499	100.00

Apart from this, data from house to house survey conducted in 692 villages are as follows :

Sl. No.	Particulars	Nos.
1	No. of women above 10 years	1,53,658
2	Irregular menstruation	18,825
3	Menorrhagia	16,089
4	Not taking bath during menstruation	15,233
5	Inter-menstrual bleeding	2,811

It was noticed that leucorrhoea (16.18%) and menstrual disorder (11.18%) were the commonest gynaecological problems encountered. Most of the women with these problems had not received any treatment earlier, as they were unaware of it.

Carcinoma cervix is the commonest malignancy among women in India, as per Indian Council of Medical Research (ICMR) – Population Based Cancer Registry (PBCR) reports. In Western countries cancer of the breast is the commonest. The ratio between breast cancer and cervix cancer in western countries is 3 : 1, whereas in developing countries it is 1 : 3. The high incidence of ca. cervix may be related to early marriage, multiparity, poor local hygiene, STD especially HPV infection and unattended delivery giving rise to higher cervical injury.

The distribution of cancers in different parts of the genital tract is as follows in developed and developing countries :

Genital Cancer	Developed Countries (%)	Developing Countries (%)
Ca. Cervix	60	80
Ca. Endometrium	25 - 30	05
Ca. Ovary	10	10 - 15
Ca. Vulva-Vagina F Tube	1 - 2	1 - 2

Ca. Cervix is more common in rural women and they come for treatment very late, when cure is difficult and expensive. So, the need of the hour is early detection. Cervical cancer can be detected in pre-malignant stage by routine Pap smear done for women over 30 years. Screening reduces the mortality of Ca. Cervix by 60%. The time interval from dysplasia to invasive cancer takes 5 – 10 years.

In this Project 40,249 women were screened and cancer was suspected in 600 women (1.49%).

Sl. No.	Probabilities of Cancer	Nos.	Percentage
1	Lumps in body	216	60.17
2	Abnormal (lump) in breast	259	19.00
3	Abnormal Cervix	60	10.00
4	Post coital bleeding	24	4.00
5	Post menopausal bleeding	41	6.83
	Total	600	100.00

According to the survey findings post coital bleeding was reported in 723 women and postmenapausal bleeding in 1411 cases. Both these symptoms are high risk factors for Ca. Cervix. A total of 11,474 pap smears were taken. Of these 121 smears showed dysplastic changes. These women were referred to BH & IO, Mysore, for further follow-up.

During this Project 873 (7.6%) women refused pap smear which includes 360 women who were menstruating and their pap smear could not be taken. Apart from this, 72 women with prolapse uterus, were referred to major Hospitals. From our prior experience (camps conducted prior to Project period) we have noticed that in rural areas more than 20 to 25% of women refuse Pap smears. We were able to achieve such a high compliance rate due to the training given to Supervisory Staff, JHA (F) and Anganawadi workers, who were able to motivate the women by creating awareness on the advantages of undergoing pap smear.

The following are the details of the pap smear report :

Sl. No.	Particulars	Nos.	Percentage
1	Normal	907	7.90
2	a) Inflammatory changes	9892	86.2
	b) Inflammatory changes - suggested biopsy	15	0.1
3	Dysplasia	121	1.1
	a) Mild - 116		
	b) Moderate -		
	c) Severe - 05		
4	Post menopausal smear	06	0.1
5	Atropic smear	36	0.3
6	Repeat pap smear	431	3.8
7	Reports inconclusive	63	0.5
8	Squamous metaplasia	03	0.0
	Total	11474	100.0

Majority of women had inflammatory changes (86.2%) Dysplasia was reported in 121 women (1.1%). Medical officers and JHA(F) of the concerned PHC/PHU were given details of women with dysplasia to enable proper follow up. The patient themselves were informed by post and home visits were made by project social workers. The women were advised regular follow up with yearly pap smears. The five patients with severe dysplasia were referred to Bharath Hospital & Institute of Oncology, Mysore.

685 women with suspected cancer were referred to Bharath Hospital & Institute of Oncology and Bharath Diagnostic Center. Only 106 women came to the hospital in spite of repeated reminders by post, home visit by area JHA(F) and follow up home visit by Project social workers. Out of these, 74 women were investigated as out patients and cancer ruled out. The remaining 32 women had symptoms highly suspicious of cancer and hence were investigated as regular cases (PID). 11 of these patients had non malignant diseases and were treated accordingly. Out of 21 positive cases, 6 patients have taken full treatment and are at present without evidence of cancer. One patient is on treatment. One patient had advanced disease which did not respond to treatment resulting in death of the patient. 13 patients did not take treatment in spite of all efforts made by the social workers. Patients referred from camps were given concessions ranging from 30% to 75%, depending on their economic status. For details of patients refer Annexure - 16.

Menstruation is frequently accompanied by physical and nervous disturbances. It is estimated that only 20% of women are completely free from discomfort during menstruation. The degree of disturbance however depends to a large extent on the individual's outlook towards this physiological process and on her determination not to allow it to interfere with her normal life. Of all the women the young girls (adolescents) at the time of menarche and women around the menopausal age are most disturbed, with physical and emotional disturbances.

Menarche is one of the physiological change seen during adolescence. A change is also noticeable in the social attitude. The physical changes occurring in young girls like, spurt in growth, appearance of secondary sexual characters and menarche demands lot of social adjustments. The age at which menarche occurs is between 11 to 16 years. Menopause is used to denote the physiological and psychological changes during the period when the reproductive organs involute. In fact, menopause is merely an event in the life cycle of the women.

Most women attain menopause between 45 to 50 years. Most of the problems faced during menarche and menopause can be effectively tackled with proper awareness. Women need to be well informed about the mechanisms which produce them, so that they will be better equipped to tackle the problems arising out of these natural changes.

Health education was given to school and college girls, as well as women in the rural areas prior to conducting of Screening Camps. This has also helped in creating awareness about the Project and its advantages.

In the school health program, health education regarding menarche and menstrual problems was given by Lady Medical Officers of the Project. In six taluks

covered by the Project, 120 schools were selected for this program & a total of 12,686 students were imparted health education. The response of the students was overwhelming. Initially the girls were shy and reluctant to hear about sexuality, anatomy and physiology of (female) human body, conception, child birth, menstrual hygiene, etc., but later the response was so much, that we had difficulty in ending the program on time. The strategy of giving empty slips to write down their doubts without mentioning their names changed the situation from silence to queries. About 100 – 150 common queries were answered ranging from general to menstrual disorders, conceptions, menstruation and menopause. As the educators were Lady Medical Officers the students felt comfortable. Based on commonly asked questions a booklet "*Nimma Prashnege Namma Uttara*" was prepared for distributions among schools & students. This would continue to spread awareness about these problems among the students even after the completion of the Project.

Educating girls and using them to create awareness among illiterate women in their families and surroundings has proved beneficial. There was an increase in the attendance in camps, following school health programs.

After health education, all girls underwent general health check – up and hemoglobin estimation. A total number of 10,950 students were screened. Hemoglobin estimation was done for 10,834 girls, out of which 3,120 (29%) had Hb < 10 gms. This incidence of anemia is less than that seen among older women where the incidence is 72%. Anaemia - 3,505 (32%), Dysmenorrhoea - 1,378 (12.6%), ENT problems - 658 (6%), followed by Gastrointestinal system - 510 (4.7%) were the biggest problems among school children.

Breast cancer is a growing disease in our country. It is mainly seen in women above 40 years of age. Only one lump in the breast out of 10 is due to breast cancer. Various risk factors have been identified, of which hormonal factor plays a major role. Familial aggregation may occur in 18% of the cases.

The purpose of screening for breast cancer is early detection, when it is curable. Mortality from breast cancer can be reduced by 25%, by early detection through screening programs. The widely accepted methods are Self – Breast Examination (SBE), clinical breast examination annually and Mammography. Self – Breast Examination does not involve any expenditure or visit to the Hospital. This may easily be done by the woman herself, in the privacy of her home.

Medical officers and paramedical staff were taught the correct methods of self – breast examination with charts and practical demonstrations. During our screening program in villages, all women above 30 years underwent breast examination by Lady Medical Officers' and trained nurses. A total of 259 abnormal breasts(lump) were identified (out of 40,249 women screened). Patients with suspicious nipple discharge were sent for mammography. One patient was found to be positive for breast cancer (according to FNAC report). According to the findings of survey conducted in 692 villages of the Project area by the Anganwadi workers, lump in the breast was noticed in 656 women. The Anganwadi workers were instructed to refer these women to the area PHC, through concerned JHA(F).

Cancer in general is an uncommon disease affecting about 110 women per one lakh population per year, according to the Bangalore Population Based Cancer Registry. Cervix cancer has an incidence of 30 per one lakh population and breast about 15 per one lakh per year. It takes a number of years for a pre-malignant condition like dysplasia (even if severe), to become invasive cancer. This being so, it takes atleast 5 years to study the impact of any program, if not longer, depending on the type of program. It is therefore, too early to study the impact of this Project with regard to affect of down-staging. The earliest changes will be noticed in carcinoma cervix because of the effectiveness of Pap smear in identifying pre malignant condition.

There have been a few positive indicators as follows:

1. Improved acceptability of pap smears – 7.6% pap smear refusal in this Project compared to our own usual refusal rate of 20 – 25% in our Cancer Control Program, which we have been doing in rural areas. This is due to increased awareness created by the health education program.
2. During the Project review on the impact of the Project, in the Medical Officers' Re-orientation, it was reported that women are now coming forward demanding pap smears - a far cry from active refusal earlier.
3. As the Project progressed, the paramedical staff, Anganwadi workers and others associated with the Project, began to appreciate the importance of early diagnosis and these staff came forward for pap smears and breast examination. **A Lady Health Visitor of Gundlupet Taluk noticed a lump in her breast during self breast examination, which was diagnosed as Ca. Breast – stage II and is at present undergoing treatment at Bharath Hospital & Institute of Oncology.**

The entire Government Health Staff of the Project area were first given training in the form of class room lectures, group discussions, bed - side clinics and hands on training in examination procedures, like pap smear and breast examination. Re-orientation was conducted for the entire staff to reinforce the earlier training and to get a feed back, regarding the adequacy of the training program and any practical difficulties they faced in the implementation of health education and screening.

The following points were raised:

- Staff training should be spread out over more time than cramming it into one day.
- More elaborate training was requested in cancer diagnosis and management as most of the staff were well aware of other diseases, whereas, most of the information on cancer was new to them.
- The training program as well as community health education and screening should be an ongoing program as retention and recall of the training given, diminishes over time.

DETAILS OF TRAINING

Sl. No	Designation	Training	Reorientation
1.	Medical Officers	104 (87%)	115 (90%)
2.	Block Health Educators	14 (93%)	14 (100%)
3.	Lady Health Visitors	40 (75%)	39 (81%)
4.	Junior Health Assistant (Female)	309 (91%)	301 (87%)

Apart from this, 1,253 Anganwadi workers in four taluks and 353 self help group members/VLHWs of 10 NGOs' have been trained on the above program. Adequate health education materials have been given to them to create awareness on the above objective and they have been trained to identify the symptoms of disease. Pap smear kits have been given to paramedical staff, so that they can take pap smears and will be able to identify the abnormalities / infections of the cervix.

In order to propagate about this program, different strategies have been used. A few IEC materials were developed by the institution (Bharath Charitable Cancer Hospital & Institute {Trust}).

The following are some of the flip charts and hand books prepared.

SL. NO.	PARTICULARS	LANGUAGE
A.	FLIP CHARTS :	
1.	Ruthu Srava (Menstruation)	Kannada
2.	Swayam sthana parikshe (self breast examination)	Kannada
3.	Garbada Antharanga Enu? Hege? (Cervix cancer & taking pap smear)	Kannada
4.	Lyngika Rogagalu (STD)	Kannada
B.	SMALL HAND BOOKS :	
1.	Evaluation of White Discharge (RTI)	English
2.	Chemotherapy patient information	English
3.	Hand book to Oncology	English
4.	Outline of Cancer Management	English
5.	Nimma prashnege namma uthara (Menstrual Cycle)	Kannada
6.	Cancer Roga (Cancer Disease)	Kannada
7.	Cancer kayaleyannu prathamika hanthadali kandu hedidalli guna padisa bahdudu (Cancer is curable, if detected early)	Kannada
8.	Garbadha Antharanga Enu? Hege? Parikshe? Chikithse?	Kannada

The above books have been distributed among Government Health personnel (medical officers, paramedical staff) during the reorientation program, so that they can use this as health education material. Anganwadi workers were also given these health education materials. Flip charts (Sl.no.1 to 3) & hand books (Sl.No.5 to 8). They can make use of these materials to conduct health education sessions,



at mother's meet, baby show, immunization day, etc., whenever opportunity arises and thus create awareness about some of the health problems in women.

Wall painting on menstrual problem, symptoms of RTI, STD, cancer of breast and cervix has been taken up in some of the PHC/PHU/GAD, under the purview of the Project. Pamphlets of the camps were being distributed one week in advance, in the camp areas using the PHC staff, Anganwadi teachers, Panchayath members and School children.

In order to set-up a population-based information on Reproductive Tract Infections, menstrual problems, cervical cancer and breast cancer, a simple survey format with symptoms of above disease was developed. After this, the Anganwadi Teachers (1,253) of four taluks were trained and house to house survey was conducted in three taluks (Gundlupet, Chamarajanagar and Nanjangud), covering 1,53,658 women above 10 years in 94,102 house-holds.

This entire data is computerised and the data analyzed is as follows :

Findings of survey report under 'Access to Women's Health Services' of Gundlupet, Chamarajanagar & Nanjangud Taluks

Sl. No.	Description	Nos.	Percentage
1	No. of villages surveyed	692	
2	No. of houses surveyed	94,102	
3	No. of female above 10 yrs	1,53,658	
4	Illiterate females	1,00,109	65.2
5	Married women	1,20,703	
6	Marriage below 18 years	87,674	72.6
7	Family planning (Sterilization)	61,681	51.1
8	Irregular menstruation	18,825	12.3
9	Change of pads / day during menstruation		
	a) 2 to 3 times	99,857	
	b) > 4 times	7,519	4.9
10	Days of bleeding during menstruation		
	a) 2 to 4 days	88,481	
	b) > 5 days	16,089	10.5
11	Not taking bath during menstruation	15,233	9.9
12	White discharge with Foul smelling	8,733	5.7
13	Intermenstrual bleeding	2,811	1.8
14	Postmenopausal bleeding	1,411	
15	Itching in private parts	1,313	
16	Ulcers in private parts	575	
17	Burning sensation during urination	1,717	
18	Pus during urination	575	
19	Lump in the breast	656	
20	Lump or nodes in the thighs	655	
21	Lump in arm pits	262	
22	Post coital bleeding	723	
23	Pain during coitus	1232	

This once compiled, will set – up a population based information on RTI, STD, menstrual problems, cancer of the breast and cervix.

The Anganwadi workers is the ideal choice for this kind of survey in an ongoing situation, as she is an “on site” person. However, the JHA(F) is the obvious choice for this kind of survey, as she has basic medical knowledge and can easily be trained for this activity. Moreover, her work description involves house visits, where she is looked upon as a “Health Care Provider.” In this Project initially, we based our survey mainly on JHA(F), who were given extensive training. Unfortunately, interest shown by the JHA (F) was not very encouraging, probably due to work pressure. In comparison, Anganwadi workers showed lot of interest.

The possible reasons for lack of success by JHA(F) is likely to be :

- Each JHA(F) covers a population between 3,000 - 5,000 over a wide area (2 to 6 villages) whereas the area covered by Anganwadi workers is limited to approximately less than 1000 population and one village.
- JHA (F) has so many other responsibilities that she may not be able to spare adequate time for this kind of activity.
- As JHA(F) is traditionally oriented to a therapeutic approach.

This being the ground situation, we changed our strategy and based our survey on the Anganwadi workers.

IX.THE EFFECT OF THIS PROGRAM ON THE COMMUNITY AT LARGE:

The overall response from the community has been quite positive.

- Many of them who were not aware for the need of check up for symptoms of leucorrhoea, cancer, etc., are now aware of the importance of having such symptoms being checked up and evaluated.
- The community of three taluks where survey was conducted gave their co-operation in furnishing the health data, which has been computerized and this will form a database regarding the health problems in that area, which can be used by the Government to analyse the specific areas of health.
- The impact of this Program was felt maximum in the younger age group of the community, where the health education and screening program was conducted at the school and colleges. The booklet brought out "Nimma Prashnege Namma Uthara" is a direct result of the awareness among this age group.
- One indicator on the impact of the Program regarding self breast examination is that one of the para medical staff had come to Bharath Hospital & Institute of Oncology after carrying out self breast examination and finding an abnormality and it was found to be malignant (Ca.Breast II Stage).
- **Another example of the awareness created is that one of the JHA (F) of Thagadur PHC, Nanjangud Taluk trained under this Program has sent thirty six (36) pap smears after the program, which shows a direct impact of the Program.**

These staff deserve to be commended for their effort and needs further support from the Govt. to implement the program in future. A total of 269 pap smears have been taken and submitted by JHA(F) to us for further analysis after the Project was completed.

X. LEVEL OF ACCEPTANCE OF THE PROGRAM DURING FIRST AND SECOND ROUND OF HEALTH CHECK-UP CAMPS :

Bharath Charitable Cancer Hospital & Institute (Trust) has been conducting health screening camps and cancer detection camps from 1991. Organizing health check up camps was not found to be new and our staff were able to organize the camps and mobilize the community in the first round, where health education was given to the community one week in advance.

As compared to the first round the response during the second round was less. The reason for this being :

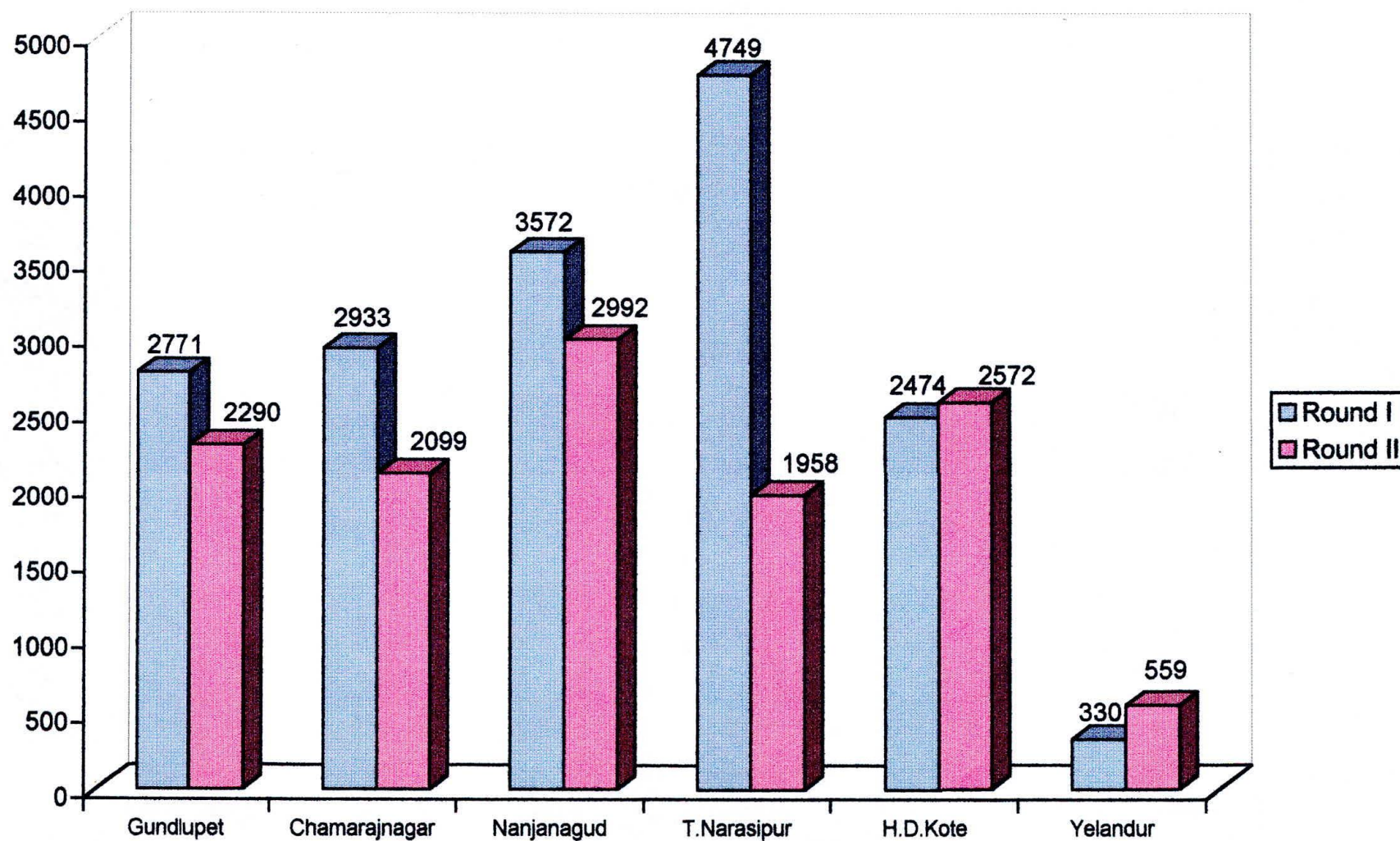
- In rural areas, certain period of the year (e.g. sowing season) is not conducive for conducting camps and this could also be one of the reasons for number being lower in certain camps.
- The time gap between first and second round of camps conducted especially in T. Narasipur taluk was very less (few months), as the implementation phase was 16 months only.
- The same locations were repeated for second round of camps, as discussed in one of the review meetings with KHSDP. But it was found that the acceptance of the program among those who attended the health checkup camps during second round was very encouraging.

Comparison of woman screened taluk-wise between first & second round of health check-up conducted in 6 Taluks

Sl. No.	Taluk	I Round	II Round	Total	Increase (%)	Decrease (%)
1	Gundlupet	2771	2290	5061	-	17.4
2	Chamarajanagar	2933	2099	5032	-	28.4
3	Nanjangud	3572	2992	6564	-	16.2
4	T.Narasipur	4749	1958	6707	-	58.8
5	H.D.Kote	2474	2572	5046	4.0	-
6	Yelandur	330	559	889	69.4	-
	Total	16829	12470	29299	-	25.9

(Refer Annexure XV(a) to XV(f) for details regarding the comparison of patient screened between first and second round of health check-up conducted in 6 Taluks). Refer to bar chart.

COMPARISON OF WOMEN SCREENED TALUKWISE BETWEEN I & II ROUND OF CAMPS



XI. STRATERGIES APPLIED FOR OVERCOMING THE RESISTANCE FROM THE COMMUNITY :

- The main resistance was for the community subjecting themselves for pap smear. This was overcome by educating and counseling the individual women about what is pap smear and how it will be useful to her.
- Another important strategy adopted to overcome the resistance of the community was through health education and counseling to the groups during Mothers' Meet which was conducted prior to the camp.
- Resistance to pap smear was overcome by carrying out the pap smear being taken by the para medical staff at the individual's house. Perhaps, this was the first time that such a method was adopted to overcome the resistance.
- Since most of the screening of women were being conducted inside the premises of PHC/PHU and school building in absolute privacy by Lady Medical Officers, the resistance was largely contained.

XII. GUIDELINES FOR FUTURE IMPLEMENTATION OF THIS PROGRAM IN OTHER AREAS :

- The time frame for the training program of the Medical Officers and Para Medical Staff should be increased. For Medical Officers it should be for five working days and for the Para Medical Staff it should be for three days.
- Government Nursing Staff should also be included in the Training Program.
- Lab Technicians should be trained to carry out analysis of pap smears.
- Anganwadi teachers should be trained on conducting the survey before the Project is initiated and the data should also be computerized which can be used very effectively while conducting the camp. This should be done in the preliminary phase itself.
- Identify local NGOs who are working in the area of operation and train, collaborate and involve them during the preliminary phase itself, as they will be helpful both in health education, as well as in organizing camps.
- To organize a meeting of elected Panchayath members, to make them aware of the Program, to make the Program become more effective.
- The time allocated for this Program should be longer based on the areas of operation and population coverage.
- To make the Program effective, involving the girl students of High Schools and the lady teachers of such institutions and colleges in the area is very essential. Health education and health check up for them should form the first part of the implementation program, since such students will be able to propagate about the Program in their respective villages.
- Government health infrastructure in the Project area should have sufficient Lady Medical Officers and Lab Technicians.

- Wall painting regarding the symptoms of the diseases should be prominently displayed on outside walls of PHC / other strategic locations in the preparatory phase of the Project.
- Sufficient quantity of basic drugs should be stocked in the PHC/PHU before the implementation phase.
- Health education should be conducted in surrounding villages at least one week in advance before the camp is organized by the Lady Health Visitors/Junior Health Assistant (F) to have better participation from the community in the health screening programs.
- In order to have effective implementation of this Program, Medical Officers and Para Medical Staff should be made compulsorily to report regarding number of health education session conducted, pap smear taken, following up of dysphasia cases, etc. as is being done in case of other national program.
- Involvement of private practitioner during training & implementation phase.
- Even after the Program is completed in a certain area, the concerned PHC/PHU should be made accountable for carrying out the Program as an "Ongoing Program".

XIII. DIFFICULTIES NOTED IN IMPLEMENTING THE PROJECT OBJECTIVES :

- The time period for carrying out this Project was inadequate and perhaps could have been done more effectively with a longer time span.
- Though this Project was to cover 400,000 women in effect, we could cover directly only about 2,15,948 women approximately (survey - 1,53,658, Camps - 40,249, Health education - 22,041). This was achieved with only the team of Bharath Charitable Cancer Hospital & Institute and anganwadi workers. We had envisaged that the Government health infrastructure would also be a partner in carrying out this Program, which would have resulted in covering the target population, but due to various reasons this has not happened.

XIV. ACTION TAKEN TO DISSEMINATE THE INFORMATION GATHERED FROM HEALTH CHECK UP CAMPS :

- a) After every camp, the Medical Officer in-charge of the PHC/PHU concerned was being handed over the details of the camps like number of patients who have attended, number of pap smear taken, number of pap smear refused, number of patients referred to different institutions, etc.
- b) Results of the smears taken particularly where abnormalities were found were intimated to :
 - i) Patient – By post card
 - i) Concerned JHA (F) – By post card
 - ii) Concerned Medical Officers in the Taluk Medical Officers Meeting – through letter

- iii) Copy of the entire report was given to the Taluk Medical Officer for information and follow up.
- c) Quarterly Reports of the activities conducted at the camp were being submitted to Karnataka Health Systems Development Project Office, District Health Office and Taluk Medical Offices of the concerned Taluk and District. A Final Report with all activities will also be presented to the above offices.
- d) Patients who had health problems such as TB, Ca. Cervix and Breast, Prolapse Uterus, Infertility, STD, etc., were referred to specialized centers for further management.
- e) All the data collected pertaining to the health problems in the camps have been fed into the system and has been presented in this report.

XVI. SUMMARY :

Objectives of the Project	Action taken	Remarks
*to organize promotion of positive health practices such as personal hygiene especially during menstruation, adequate nutrition, etc.	Camps were conducted at all the PHCs, PHUs & General Hospital and one sub-center in each PHC & PHU area, so that women would not have to travel for more than 3 kms. A total of 40,249 females were screened in 506 camps (397 general camps + 109 school camps). Haemoglobin estimation was done for 35,488 females. 29% of students and 72% of adult women were anemic. Apart from this 415 health education sessions were conducted in the 6 taluks of the Project area.	Overall, response from the community has been quite positive. Many of them, who were not aware of the significance of symptoms of leucorrhoea, post menopausal bleeding, Pap smear examination, self-examination of breast etc., are now aware of the problems.
* to conduct screening for and treatment of reproductive tract infections and STD.	7725 patients were screened treated & the following is percentage under RTI & STD UTI : 5.8% Pelvic inflammatory disease : 1.0% Ulcers over genitalia : 0.3% Leucorrhea : 84.3% Skin lesions : 8.6	Gynaecological problems were treated during camps.
* to conduct screening and management of gynaecological problems	40,249 women were screened during the health checkup camps and 11.18% were found to be having menstrual problems. Dysmenorrhoea : 52.8% Menorrhagia : 22.9% Metrorrhagia : 15.9% Oligomenorrhoea : 5.7% Polymenorrhoea : 2.7%	Dysmenorrhoea forms a major gynecological problem among the menstrual disturbances.
*to conduct screening, downstage and treatment of cervical cancer	11,474 Pap Smears were taken and examined, 86.2% of these women had inflammatory changes. In 1.1% dysplasia was noted. Abnormal cervix was noticed among 60 women 309 JHA(F), 40 LHV's & 115 Medical Officers were trained on taking pap smear. Kits were given to LMO's, JHA(F) & LHV's 1253 Anganwadi workers were trained on importance of pap smear. Health education covering 9003 women & 352 NGO & VLHWs were oriented on the importance of pap smear and health education kits were given.	Some of the women are coming for Papsmear examination voluntarily, which is a positive step. The profile of the gynecological problems in the rural women has been brought out clearly. The incidence of dysplasia is in conformity with the national incidence.

*to conduct screening and management of problems associated with onset of menarche and menopause	Under school health education 12,686 students from 120 schools were covered. Apart from this, anganwadi teachers and 352 village level health volunteers from 10 NGOs were trained. BCCHI experience showed that school children were a vital resource for creating awareness and to spread information among illiterate women, who account for 65% of the female population. 10,950 girls were screened at various school health checkup camps. 29% of them had Hb<10 gms.	Reproductive health including nutrition education should become a part of the school curriculum. Even lady teachers require training in these areas to teach students.															
*to conduct screening, downstage and treatment for Breast Cancer	Screening for breast lumps was done for all the women who attended the camps (40,249). All the medical and paramedical staff were given training on the concept of self-breast examination. 259 abnormalities (lump) in the breast were noted. Anganwadi workers noticed 656 lumps in the breast.	All female health workers have to be trained about the concept to self-examination of the breast. Mammography facilities should be made available at all district hospitals.															
* to study the impact of downstaging of carcinoma of cervix and ca.breast on target population.	The action taken for downstaging cervical and breast cancer has already been explained.	It takes number of years for cervical dysplasia to manifest as clinically diagnosable Cancer of the cervix. It is too early to study the impact of downstaging of malignancies.															
* to train the health workers (ANM's, Anganwadi workers, village health workers) for early detection, health education, early treatment of follow-up	<p style="text-align: center;">Training Details</p> <table> <tr> <td></td><td>I round</td><td>II round</td></tr> <tr> <td>MO :</td><td>104 (87%)</td><td>115 (90%)</td></tr> <tr> <td>BHE :</td><td>14 (93%)</td><td>14 (100%)</td></tr> <tr> <td>LHV :</td><td>40 (75%)</td><td>39 (81%)</td></tr> <tr> <td>JHA (F) :</td><td>309 (91%)</td><td>301 (87%)</td></tr> </table> <p>The training program consisted of lectures, group discussions, and hands on training in special procedures like pap smears. Flip charts, descriptive booklets, pap smear kits were distributed to the participants. Health education was given to 9003 women, 12,686 school girls, 1253 anganwadi workers & 352 village level health workers</p>		I round	II round	MO :	104 (87%)	115 (90%)	BHE :	14 (93%)	14 (100%)	LHV :	40 (75%)	39 (81%)	JHA (F) :	309 (91%)	301 (87%)	The training program has raised the level of awareness among the medical and paramedical staff. Health education program given to women, school children, anganwadi teachers & VLHWs has raised the health awareness among them.
	I round	II round															
MO :	104 (87%)	115 (90%)															
BHE :	14 (93%)	14 (100%)															
LHV :	40 (75%)	39 (81%)															
JHA (F) :	309 (91%)	301 (87%)															

IV. CONCLUSION :

The extensive and systematic way in which Medical and paramedical personnel and other health associated workers, like NGOs and Anganwadi workers

*to conduct IEC activities on Menstrual problems, menstrual hygiene, reproductive tract infections, Gynaecological problems, carcinoma of the cervix and carcinoma of the breast	Flip charts, descriptive booklets and pap smear kits were distributed to the participants	IEC material developed can be utilized while extending the concept to newer areas while imparting training to paramedical staff.
*to setup a population based information system on reproductive tract infections, menstrual problems, cervical cancer and breast cancer.	Anganwadi teachers conducted a survey to assess the extent of common medical problems faced by women. A simple survey format was prepared for this purpose. 1,53,658 females in 94,102 households in 692 villages were covered. Further, through the trained health personnel, awareness was created in the large section of women population.	Data collected from the survey will form the basis for establishing a comprehensive database of problems of women. Similar institutions may be identified in different parts of the state to impart training including BCCHI.
Evaluation of training given to Medical Officers, Supervisors and Junior Health Assistants (F)	Using a open ended questionnaire having 8 main variables was used as a tool during orientation and reorientation to evaluate training.	100% of health personnel felt that the training was useful, as well as new knowledge learnt (92%). 20% of Medical Officers felt duration to be increased. Same was suggested by 28% Supervisory Staff and 18% of Junior Health Assistant (F).

BCCHI authorities are fully convinced in achieving the Goals of the Project Objectives with the assistance of KHSDF. Further, it may be mentioned that this concept of "Access to Women's Health Services," is one of the main programme of BCCHI which was focussed prior to the Project period, and it will continue even after the Project period is over. The Project has helped in creating the awareness among the rural community over a larger area with renewed interest. It is too early to measure the impact of the Project. However, some of the women are coming for Pap smear examination voluntarily, which is a positive step. The profile of the gynaecological problems in the rural women has been brought out clearly in the Project. The training programme has also moved the level of awareness among the medical and paramedical staff.

ANNEXURE - VI

TRAINING AND REORIENTATION TO JUNIOR HEALTH ASSISTANT (F) WITH PERCENTAGE OF ATTENDANCE

TALUKS	DATE OF TRAINING		JUNIOR HEALTH ASSISTANT (F)			TOTAL ATTEND.	% OF ATTEND.	DATE OF TRAINING	JUNIOR HEALTH ASSISTANT (F)			%
	FROM	TO	APPROVED POST	VACANCY	ATTEND.				TOTAL POSTED	ATTEND.	TOTAL ATTEND.	
H.D.KOTE	05.05.98	07.05.98	90	22	31			21.08.99	62	31 }		
	11.05.98	13.05.98			16			25.08.99		01 }		
	10.08.98	12.08.98			08	55	81	06.09.99		29 }	61	98
GUNDLUPET	14.05.98	16.05.98	80	21	25			18.08.99	60	32 }		
	18.05.98	20.05.98			29			27.08.99		22 }	54	90
	10.08.98	12.08.98			01	55	93					
CHAMARAJ- NAGAR	21.05.98	23.05.98	81	14	34			20.08.99	70	29 }		
	25.05.98	27.05.98			31			28.08.99		26 }	55	79
	10.08.98	12.08.98			02	67	100					
T.NARASIPUR	04.06.98	06.06.98	80	22	28			24.08.99	67	29 }		
	08.06.98	10.06.98			25			25.08.99		28 }		
	10.08.98	12.08.98			03	56	97	06.09.99		01 }	58	87
YELANDUR	11.06.98	13.06.98	23	05	16	16	89	08.09.99	20	13 }	13	65
NANJANGUD	22.06.98	24.06.98	80	11	30			23.08.99	66	29 }		
	25.06.98	27.06.98			25			07.09.99		31 }	60	91
	10.08.98	12.08.98			05	60	87					
TOTAL			434	95	309	309	91		345	301	301	87

ANNEXURE - VII (a)

DETAILS OF TRAINING TO ANGANWADI WORKERS

ANGANWADI WORKERS						
Taluk	Batch	Date of Training	Approved Positions	Vacancy	Attended	Sub Total %
H.D.Kote	I	22.05.98	189		60	160 85
	II	23.05.98			35	
	III	30.05.98			65	
Gundlupet	I	26.05.98	205	03	57	179 89
	II	16.06.98			34	
	III	17.06.98			43	
	IV	18.06.98			45	
Nanjangud	I	06.07.98	510	04	30	456 90
	II	08.07.98			42	
	III	09.07.98			28	
	IV	04.08.98			54	
	V	05.08.98			45	
	VI	05.08.98			42	
	VII	06.08.98			64	
	VIII	06.08.98			35	
	IX	07.08.98			70	
	X	07.08.98			46	
Chamarajnagar	I	14.07.98	516	03	50	458 89
	II	14.07.98			48	
	III	15.07.98			82	
	IV	16.07.98			102	
	V	17.07.98			92	
	VI	18.07.98			84	
Grand Total			1420	10	1253	89

Note : In T.Narasipur & Yelandur Training was not conducted due to boycott by them

ANNEXURE - VII(b)**TRAINING MODULE OF ANGANAWADI WORKERS**

Time	Subject	Resource faculty
9.30 - 10.00 AM	Registration	BCCHI Staff
10.00 - 10.15 AM	Prayer and Welcome	Anganwadi Workers
10.15 - 10.35 AM	Overview of the Program	Bharathi / Harish
10.35 - 12 NOON	Symptoms of the diseases (STD / RTI, menstrual problems, cancer - cervix and breast)	Dr. Manjunath / Mr. Harish
12.00 - 12.45 PM	Explanation of survey format	Harish / Bharathi
12.45 - 1.15 PM	Lunch Break	
1.15 - 3.45 PM	Field visit - Survey	BCCHI team with JHA(F)
3.45 - 4.45 PM	Review & Verification of Survey Format	BCCHI Staff
4.45 - 5.15 PM	Role of Anganawadi Workers in the Program	Bharthi / Harish

ANNEXURE - VIII (a)**Consolidated Health Education Sessions - Taluk Wise**

Sl. No.	Taluk	No. of Sessions	No. of participants			Total
			Mothers	Students	NGO	
1	H D Kote	76	1320	1584	107	3011
	Annexure -IX (a)					
2	Chamarajanagar	57	1646	2066	51	3763
	Annexure -IX (b)					
3	Nanjangud	93	1885	3261	133	5279
	Annexure -IX [c]					
4	T Narasipura	96	2021	4135	-	6156
	Annexure -IX (d)					
5	Gundlupet	82	1803	1595	61	3459
	Annexure -IX (e)					
6	Yelandur	11	328	45	-	373
	Annexure -IX (f)					
	TOTAL	415	9003	12686	352	22041

ANNEXURE - VIII (b)

CONSOLIDATED HEALTH EDUCATION SESSIONS - MONTHWISE

SL NO	MONTH	NO. OF HEALTH EDUCATION SESSION	MOTHERS	NGO	STUDENTS	AT SCHOOL PROGRAM	TOTAL
01	JUL 1998	01	60	--	--	--	60
02	AUG 1998	03	61	--	--	--	61
03	SEP 1998	17	484	--	70	02	554
04	OCT 1998	15	554	39	24	01	617
05	NOV 1998	18	705	22	98	04	825
06	DEC 1998	28	479	26	3567	10	4072
07	JAN 1999	22	432	--	1550	10	1982
08	FEB 1999	22	699	51	407	06	1157
09	MAR 1999	31	972	107	205	05	1284
10	APR 1999	16	540	--	--	--	540
11	MAY 1999	32	680	--	--	--	680
12	JUN 1999	45	876	--	1579	17	2455
13	JUL 1999	43	622	107	1652	20	2381
14	AUG 1999	8	70	--	316	4	386
15	SEP 1999	36	527	--	1742	14	2269
16	OCT 1999	14	316	--	--	--	316
17	NOV 1999	31	500	--	137	8	637
18	DEC 1999	33	426	--	1339	19	1765
TOTAL		415	9003	352	12686	120	22041

ANNEXURE - IX (a)

HEALTH EDUCATION SESSIONS IN H.D KOTE TALUK

SL. NO.	DATE	VILLAGE	NO.OF PARTICIPANTS			REMARKS
			MOTHERS	STUDENTS	NGO	
01	09.09.98	KYATHANAHALLI	36	--	--	MOTHER'S MEET
02	-"	ANNUR	--	50	--	STUDENTS
03	16.09.98	HAMPAPURA	47	--	--	MOTHER'S MEET
04	23.09.98	MADAPURA	27	--	--	-"
05	-"	HYRIGE	20	--	--	-"
06	07.10.98	SHANTHIPURA	24	--	--	-"
07	24.10.98	K.BELTHUR	37	--	--	-"
08	04.11.98	SAGARE	40	--	--	-"
09	11.11.98	DADADHAHALLI	17	--	--	-"
10	18.11.98	ANTHARASANTHE	10	16	--	MOTHER'S MEET & STUDENTS
11	02.12.98	B.MATAKERE	31	--	--	MOTHER'S MEET
12	09.12.98	HEBBALAGUPPE	18	--	--	-"
13	16.12.98	MULLUR	44	--	--	-"
14	23.12.98	N.BELATHUR	10	--	--	-"
15	23.12.98	MAGGE	41	--	--	-"
16	30.12.98	BADAGALAPURA	63	--	--	-"
17	06.01.98	MUTHEGEHUNDI	27	07	--	MOTHER'S MEET & STUDENTS
18	13.01.99	D.B.KUPPE	25	--	--	MOTHER'S MEET
19	-"	BALLE	07	--	--	-"
20	14.01.99	H.D.KOTE	--	88	--	ST.MARYS HIGH SCHOOL
21	-"	H.D.KOTE	--	96	--	VISHWA BHARATHI HIGH SCHOOL & JR. COLLEGE

22	19.01.99	H.D.KOTE	25	187	--	MOTHER'S MEET GOVT. HIGH SCHOOL & JR. COLLEGE
23	13.04.99	N. BEGUR	20	-	-	MOTHERS MEET
24	12.05.99	ANNUR	16	-	-	- " -
25	- " -	K YEDATHORE	8	-	-	MOTHERS MEET
26	19.05.99	KYATHANAHALLI	20	-	-	- " -
27	- " -	ALANAHALLI	15	-	-	- " -
28	27.05.99	HAMPAPURA	22	-	-	- " -
29	- " -	KOLAGALA	11	-	-	- " -
30	09.06.99	MADAPURA	15	-	-	- " -
31	- " -	HYRIGE	15	-	-	- " -
32	16.06.99	MADAPURA	-	42	-	GOVT. HIGH SCHOOL
33	- " -	K BELATHUR	20	-	-	MOTHERS MEET
34	- " -	CHAKKUR	15	-	-	- " -
35	23.06.99	CHIKKANANDI	36	-	-	- " -
36	- " -	PURA	24	-	-	- " -
37	- " -	K. BELATHUR	-	113	-	GOVT. HIGH SCHOOL
38	30.06.99	SARGUR	51	-	-	MOTHERS MEET
39	- " -	THUMBUSOGE	35	-	-	- " -
40	01.07.99	SARGUR	-	225	-	GOVT. HIGH SCHOOL & JR. COLLEGE
41	02.07.99	SARGUR	-	71	-	JSS HIGH SCHOOL
42	- " -	THUMBUSOGE	-	105	-	GOVT. HIGH SCHOOL
43	07.07.99	CHIKKANANDI	-	39	-	- " -
44	- " -	H D KOTE	-	-	107	NGO MYRADA - MAHILA SANGHA LEADERS
45	14.07.99	SAGARE	16	-	-	MOTHERS MEET

46	- " -	AGATHUR	10	-	-	MOTHERS MEET
47	- " -	THUMBUSOGE	-	35	-	GOVT. HPS
48	23.07.99	HOMMARAGALLI	-	187	-	GOVT. HIGH SCHOOL
49	04.08.99	AGATHUR	-	24	-	GOVT. HPS
50	09.09.99	HEGGANUR	15	-	-	MOTHERS MEET
51	15.09.99	DADADAHALLI	10	-	-	MOTHERS MEET
52	- " -	DEVALAPURA	20	-	-	- " -
53	22.09.99	B MATAKERE	15	-	-	- " -
54	- " -	KATAVALU	25	-	-	- " -
55	29.09.99	MULLUR	25	70	-	MOTHERS & STUDENTS
56	- " -	KALLAMBALU	18	-	-	MOTHERS MEET
57	27.10.99	BADAGALAPURA	15	-	-	- " -
58	10.11.99	MUTTIGEHUDI	15	-	-	- " -
59	- " -	KADU BEGUR	28	-	-	- " -
60	- " -	BADAGALAPURA	-	14	-	GOVT. HPS
61	17.11.99	D B KUPPE	35	-	-	MOTHERS MEET
62	- " -	BALLE	10	-	-	- " -
63	18.11.99	ANTHARASANTHE	20	-	-	- " -
64	- " -	HOSAHOLALU	20	-	-	- " -
65	19.11.99	KOTHEGALA	15	-	-	- " -
66	- " -	SHANTHIPURA	15	-	-	- " -
67	26.11.99	KOTHEGALA	-	7	-	GOVT. HPS
68	26.11.99	SHANTHIPURA	-	21	-	- " -
69	01.12.99	BECHANAHALLI	15	30	-	MOTHERS & STUDENTS
70	- " -	BIDRAHALLI	40	25	-	- " -
71	08.12.99	HEBBALAGUPPE	26	-	-	MOTHERS MEET
72	- " -	BEDARAHALLI	-	54	-	GOVT. HIGH SCHOOL

73	15.12.99	HEBBALAGUPPE	-	40	-	GOVT. HIGH SCHOOL
74	16.12.99	N BEGUR	25	-	-	MOTHERS MEET
75	- " -	KENCHANAHALLI	15	-	-	- " -
76	24.12.99	KENCHANAHALLI	-	38	-	GOVT. HIGH SCHOOL

TOTAL ...			1320	1584	107	
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ANNEXURE - IX(b)

HEALTH EDUCATION SESSIONS IN CHAMRAJNAGAR TALUK

SL. NO.	DATE	VILLAGE	NO.OF PARTICIPANTS			REMARKS
			MOTHERS	STUDENTS	NGO	
01	04.09.98	THAMMDALLY	23	--	--	MOTHER'S MEET
02	-"	HARVE	32	--	--	-"
03	25.09.98	BAGALLI	36	--	--	-"
04	09.10.98	V. CHATRA	39	24	--	MOTHER'S & STUDENTS
05	-"	HARADANAHALLY	52	--	--	MOTHER'S MEET
06	16.10.98	HALLIKERE HUNDI	35	--	--	-"
07	-"	NAVILUR	85	--	--	-"
08	26.10.98	SANTHEMARHALLY	65	--	--	-"
09	06.11.98	KOTHALAVADI	44	--	--	-"
10	13.11.98	HONGANURU	77	24	--	MOTHER'S & STUDENTS
11	-"	IRRASAVADI	46	--	--	MOTHER'S MEET
12	20.11.98	KAGALAVADI	24	43	--	MOTHER'S & STUDENTS
13	-"	NAGAVALLI	26	15	--	-"
14	27.01.99	CHAMARAJNAGAR	--	339	--	JSS HIGH SCHOOL
15	28.01.99	CHAMARAJNAGAR	--	585	--	GOVT.JR.&DEGREE COLLEGE
16	05.02.99	KOLIPALYA	43	--	--	MOTHER'S MEET
17	12.02.99	GANNAGANOOR	--	--	51	NGO - CCF-SHG MEMBERS
18	19.02.99	BESALAVADI	88	30	--	MOTHER'S & STUDENTS
19	03.04.99	V CHATRA	26	-	-	MOTHERS MEET
20	- " -	HARADANAHALLI	14	-	-	- " -
21	09.04.99	ALLUR	55	-	-	MOTHERS MEET
22	- " -	CHANDAKAVADI	48	-	-	- " -
23	16.04.99	UDIGALA	52	-	-	MOTHERS MEET

24	- " -	THAMMADAHALLI	27	-	-	- " -
25	13.05.99	PANYADAHUNDI	66	-	-	- " -
26	- " -	BENDARAVADI	17	-	-	- " -
27	14.05.99	HARAVE	39	-	-	- " -
28	- " -	MARALURU	22	-	-	- " -
29	21.05.99	SANTHEMARAHALLI	19	-	-	- " -
30	- " -	KEMPANAPURA	20	-	-	- " -
31	28.05.99	KOTHALAVADI	32	-	-	- " -
32	04.06.99	HONGANURU	89	-	-	- " -
33	- " -	IRASAWADI	42	-	-	- " -
34	11.06.99	KUDERU	17	35	-	MOTHERS & STUDENTS
35	- " -	YELAKKUR	26	-	-	MOTHERS MEET
36	18.06.99	UMMATHUR	37	24	-	MOTHERS & STUDENTS
37	25.06.99	HALLIKEREHUNDI	18	50	-	- " -
38	- " -	NAVILURU	29	-	-	MOTHERS MEET
39	- " -	UMMATHUR	-	81	-	GOVT.HIGH SCHOOL
40	- " -	BAGALI	-	18	-	GOVT H.P.S
41	09.07.99	HALLIKEREHUNDI	-	53	-	JSS HIGH SCHOOL
42	- " -	KAGALAWADI	20	-	-	MOTHERS MEET
43	- " -	NAGAVALLI	27	-	-	- " -
44	16.07.99	NAGAVALLI	-	53	-	ST.PHILOMENAS HIGH SCHOOL
45	- " -	KAGALAWADI	-	159	-	T S SUBBANNA PUBLIC SCHOOL
46	23.07.99	HALLIKEREHUNDI	18	50	-	MOTHERS & STUDENTS
47	- " -	NAVILURU	29	-	-	MOTHERS MEET
48	02.08.99	CHAMARAJANAGAR	-	143	-	SEVA BHARATHI KAN. MED. HIGH SCHOOL, JR.COLLEGE

49	03.09.99	CHAMARAJANAGAR	-	158	-	BALARAPATNA HIGH SCHOOL
50	08.09.99	ATTAGULLIPURA	24	-	-	MOTHERS MEET
51	16.09.99	CHAMARAJANAGAR	-	61	-	SEVA BHARATHI ENGLISH HIGH SCHOOL
52	- " -	CHAMARAJANAGAR	-	29	-	SRI RAMACHANDRA TTI
53	18.09.99	GODLIHUNDI	12	-	-	MOTHERS MEET
54	- " -	GANIGANOOR	28	-	-	- " -
55	22.10.99	CHAMARAJANAGAR	40	-	-	- " -
56	07.12.99	BESALAVADI	38	-	-	- " -
57	14.12.99	BISALAWADI	-	92	-	GANGADESHWARA HPS & HIGH SCHOOL

TOTAL . . .			1646	2066	51
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ANNEXURE - IX (c)

HEALTH EDUCATION SESSIONS IN NANJANGUD TALUK

SL. NO.	DATE	VILLAGE	NO.OF PARTICIPANTS			REMARKS
			MOTHERS	STUDENTS	NGO	
01	08.09.98	THAGADUR	27	--	--	MOTHER'S MEET
02	-"	GANDHIASHRAM	70	--	--	-"
03	15.09.98	DASANOOR	30	--	--	-"
04	26.09.98	SUTTUR	22	--	--	-"
05	06.10.98	BELUGULI	22	--	--	-"
06	13.10.98	HOSKOTE	28	--	--	-"
07	23.10.98	HADINARU	25	--	--	-"
08	27.10.98	KUDLAPURA	54	--	--	-"
09	03.11.98	KALALE	71	--	--	-"
10	10.11.98	KASSUVENAHALLI	51	-	--	-"
11	17.11.98	MADUVANAHALLI	22	--	--	-"
12	01.12.98	HURA	42	38	--	MOTHER'S & STUDENTS
13	08.12.98	CHANDRAVADI	22	--	--	MOTHER'S MEETS
14	28.12.98 to 29.12.98	NANJANGUD	--	1170	--	GOVT. HIGH SCHOOL & JR. COLLEGE
15	31.12.98	NANJANGUD	--	--	26	NGO-MAHILA SAMUKYA - VLHW's
16	05.01.99	NANJANGUD	--	96	--	GOVT.SC/ST HIGH SCHOOL
17	11.01.99	NANJANGUD	--	130	--	J.S.S. JR. & DEGREE COLLEGE
18	04.02.99	NANJANGUD	--	42	--	GOVT.JR.COLLEGE
19	09.02.99	VALLAGHERE	41	--	--	MOTHER'S MEET
20	16.02.99	HEMMARAGALA	10	108	--	MOTHER'S MEET & STUDENTS
21	09.03.99	YALAHALLI	33	--	--	MOTHER'S MEET

22	11.03.99	HADYA	--	--	47	NGO-CCF-SHG MEMBERS
23	13.03.99	HADYA	--	--	60	-"
24	16.03.99	MARALLUR	56	--	--	MOTHER'S MEET
25	16.03.99	YACHGALLI	27	--	--	-"
26	19.03.99	YEDIYALA	46	--	--	MOTHERS MEET
27	26.03.99	HULLAHALLI	46	--	--	-"
28	26.03.99	HEGGADAHALLI	67	--	--	-"
29	30.03.99	HARAVE	53	--	--	-"
30	-"	MALLKUNDI	18	--	--	-"
31	06.04.99	KIRUGUNDA	24	-	-	-"
32	- " -	SONAHALLI	15	-	-	-"
33	04.05.99	HEDATHALE	33	-	-	-"
34	11.05.99	DEVANUR	16	-	-	-"
35	- " -	BADANAVALU	21	-	-	-"
36	18.05.99	THAGADURU	20	-	-	-"
37	- " -	KARAPURA	20	-	-	-"
38	25.05.99	DASANURU	10	-	-	-"
39	- " -	KONANURU	10	-	-	-"
40	08.06.99	SUTHUR	10	-	-	-"
41	- " -	SARGUR	10	-	-	-"
42	15.06.99	BELAGULLI	15	-	-	-"
43	- " -	ESHWARAGOWDA- NAHALLI	12	-	-	-"
44	- " -	SARGUR	-	21	-	GOVT. HPS
45	22.06.99	HOSKOTE	16	66	-	MOTHERS & STUDENTS
46	- " -	THUMBUNERALE	22	-	-	MOTHERS MEET
47	06.07.99	HADHINARU	10	61	-	MOTHERS & STUDENTS
48	- " -	HADHINARU MOLE	21	-	-	MOTHERS MEET

49	- " -	HOSKOTE	-	66	-	SRI GURUMALLESHWARA HIGH SCHOOL
50	13.07.99	HADINARU	-	56	-	GOVT. HIGH SCHOOL
51	- " -	KUDULAPURA	30	-	-	MOTHERS MEET
52	- " -	MELLAHALLI	25	-	-	- " -
53	20.07.99	NANJANGUD	42	-	-	- " -
54	- " -	KUDALAPURA	-	67	-	GOVT.HIGH SCHOOL
55	03.08.99	KALALE	15	-	-	MOTHERS MEET
56	- " -	KERALAPURA	15	-	-	- " -
57	14.08.99	KESUVINAHALLI	25	-	-	- " -
58	- " -	SURALLI	15	-	-	- " -
59	17.08.99	KESUVINHALLI	-	87	-	GOVT. HIGH SCHOOL
60	01.09.99 to 02.09.99	NANJANGUD	-	468	-	- " -
61	- " -	HEMARAGALA	20	100	-	MOTHERS & STUDENTS
62	02.09.99	YEDIYALA	18	-	-	MOTHERS MEET
63	07.09.99	HEMARAGALA	-	131	-	GOVT. HIGH SCHOOL,
64	- " -	THAYURU	25	-	-	MOTHERS MEET
65	- " -	NAGARALE	21	-	-	- " -
66	14.09.99	VALAGERE	22	-	-	- " -
67	- " -	ARATHALE	25	-	-	- " -
68	21.09.99	NERALE	32	-	-	- " -
69	- " -	DODDAKAVALANDE	12	-	-	- " -
70	28.09.99	MARALURU	20	-	-	- " -
71	- " -	YACHAGALLI	20	-	-	- " -
72	25.10.99	HALLARE	35	-	-	- " -
73	- " -	HAGGINAVALU	15	-	-	- " -
74	26.10.99	KIRUGUNDA	32	-	-	- " -

75	- " -	SOMAHALLI	12	-	-	MOTHERS MEET
76	16.11.99	YALAHALLI	40	-	-	- " -
77	23.11.99	DUGGAHALLI	-	14	-	GOVT. HPS
78	25.11.99	HULLAHALLI	28	-	-	MOTHERS MEET
79	- " -	HEGGADAHALLI	20	-	-	- " -
80	26.11.99	MADUVINAHALLI	25	-	-	- " -
81	- " -	HOSAVEEDU	18	-	-	- " -
82	03.12.99	HEGGADAHALLI	-	93	-	GOVT. HPS & HIGH SCHOOL
83	07.12.99	MADUVINAHALLI	-	59	-	- " -
84	10.12.99	HURA	25	-	-	MOTHERS MEET
85	- " -	MALLAKUNDY	20	-	-	- " -
86	11.12.99	CHANDRAVADI	30	-	-	- " -
87	- " -	HARADHANAHALLI	35	-	-	- " -
88	- " -	HULLAHALLI	-	152	-	GOVT. GIRLS HIGH SCHOOL
89	- " -	HULLAHALLI	-	68	-	JSS HIGH SCHOOL & JR. COLLEGE
90	17.12.99	MALLAKUNDY	-	46	-	GOVT. HPS,
91	29.12.99	HULLAHALLI	-	122	-	SRIKANTESHWARA GIRLS HIGH SCHOOL
TOTAL			1885	3261	133	

HEALTH EDUCATION SESSIONS IN T NARASIPURA TALUK

SL. NO.	DATE	VILLAGE	NO.OF PARTICIPANTS			REMARKS
			MOTHERS	STUDENTS	NGO	
01	03.12.98	GARGHESHWARI	17	--	--	MOTHER'S MEET
02	-"	KERGASUR	23	--	--	-"
03	04.12.98 to 05.12.98	T.NARSIPURA	--	487	--	GOVT.HIGH SCHOOL
04	07.12.98 to 10.12.98	T.NARSIPURA	--	800	--	VIDHYODAYA HIGH SCHOOL , JR. & DEGREE COLLEGE
05	11.12.98	BANNUR	--	421	--	G.V.GOWDA GIRLS HIGH SCHOOL & JR. COLLEGE
06	-"	BANNUR	--	50	--	LIONS HIGH SCHOOL
07	12.12.98	KUPYA	47	--	--	MOTHER'S MEET
08	-"	KEMPIAHNAHUNDI	27	--	--	-"
09	14.12.98	BANNUR	--	133	--	VIVEKANANDA HIGH SCHOOL&JR.COLLEGE
10	-"	BANNUR	17	175	--	MOTHER'S MEET/GOVT. JR. & DEGREE STUDENTS
11	18.12.98	BANNUR	17	276	--	MOTHERS MEET & GOVT. HIGH SCHOOL
12	19.12.98	RANGASAMUDRA	33	17	--	-"
13	19.12.98	THUMBALA	27	--	--	MOTHERS MEET
14	01.01.99	MADAPURA	17	12	--	MOTHER'S MEETS & STUDENTS
15	-"	HEMMEGE	30	--	--	MOTHER'S MEET
16	08.01.99	CHIDRAVALLI	57	--	--	-"
17	-"	NERGYATHANAHALLI	42	--	--	MOTHER'S MEET
18	22.01.99	KAVERIPURA	30	--	--	-"
19	-"	BANAVE	25	--	--	-"

20	30.01.99	T.N.PURA	12	--	--	-"
21	-"	HOSATHIRAMAKUDALU	24	--	--	-"
22	06.02.99	MUGUR	30	80	--	MOTHER'S MEET & STUDENTS
23	-"	KURBUR	45	--	--	MOTHER'S MEET
24	13.02.99	VYSARAJAPURA	42	97	--	MOTHER'S MEET & STUDENTS
25	-"	SOSALE	40	--	--	MOTHER'S MEET
26	20.02.99	MALANGI	07	50	--	MOTHER'S MEET & STUDENTS
27	-"	T.DODDAPURA	31	--	--	MOTHER'S MEET
28	27.02.99	BANNUR	60	--	--	-"
29	06.03.99	THALAKADU	71	--	--	-"
30	-"	HALETHALAKADU	30	--	--	-"
31	-"	MUDUKUTHORE	42	--	--	-"
32	10.03.99	THURUGANUR	15	77	--	MOTHER'S MEET & STUDENTS
33	-"	C.HALLI	06	44	--	-"
34	12.03.99	KAYAMBALLI	36	--	--	MOTHER'S MEET
35	-"	BENAKANAHALLI	12	42	--	MOTHER'S MEET & STUDENTS
36	17.03.99	KODAGALLI	36	--	--	MOTHER'S MEET
37	-"	GADIJOGIHUNDI	36	--	--	-"
38	20.03.99	RANGASAMUDRA	28	--	--	-"
39	-"	THUMBALA	21	--	--	-"
40	24.03.99	YACHENAHALLI	48	--	--	-"
41	-"	ATHAHALLI	24	--	--	-"
42	31.03.99	MUTHALAVADI	48	--	--	-"
43	-"	KARGALLI	16	--	--	-"
44	07.04.99	K G KOPPAL	29	-	-	MOTHERS MEET

45	17.04.99	B BETTAHALLI	60	-	-	- " -
46	- " -	BASAVANAHALLI	22	-	-	- " -
47	21.04.99	DODDAMALAGUDU	59	-	-	- " -
48	- " -	KADAKOTHANAHALLI	55	-	-	- " -
49	15.05.99	KUPYA	23	-	-	MOTHERS MEET
50	22.05.99	RANGASUMDRA	10	-	-	- " -
51	- " -	THUMBALA	20	-	-	- " -
52	29.05.99	MADAPURA	18	-	-	- " -
53	05.06.99	CHIDRAVALLI	15	-	-	- " -
54	- " -	NARAGYATHANAHALLI	13	-	-	- " -
55	19.06.99	KAVERIPURA	19	-	-	- " -
56	- " -	CHIDRAVALLI	-	96	-	GOVT. HIGH SCHOOL
57	06.09.99	TALAKADU	-	127	-	- " -
58	09.09.99	TALAKADU	-	37	-	GOVT. PU COLLEGE,
59	- " -	TALAKADU	-	143	-	T S SUBBANNA PUBLIC HIGH SCHOOL
60	10.09.99	T N PURA	40	-	-	MOTHERS MEET
61	17.09.99	TALAKADU	30	200	-	MOTHERS & STUDENTS
62	- " -	MUDUKUTHORE	15	-	-	MOTHERS MEET
63	20.09.99	T. MALANGI	-	57	-	GOVT. HIGH SCHOOL,
64	- " -	KETHUPURA	15	105	-	MOTHERS & STUDENTS
65	- " -	SOMANATHAPURA	20	-	-	MOTHERS MEET
66	27.09.99	KETHUPURA	-	56	-	GOVT. HIGH SCHOOL,
67	04.10.99	KAYAMBALLI	12	-	-	MOTHERS MEET
68	- " -	BENAKANAHALLI	15	-	-	- " -
69	11.10.99	BANNUR	40	-	-	- " -
70	21.10.99	KODAGALLI	25	-	-	- " -
71	- " -	MADIGALLI	20	-	-	- " -

72	29.10.99	DODDAMALAGUDU	10	-	-	- " -
73	12.11.99	B BETTAHALLI	25	-	-	- " -
74	- " -	BASAVANAHALLI	20	-	-	- " -
75	15.11.99	B BETTAHALLI	-	9	-	GOVT. HPS
76	20.11.99	MUGUR	30	-	-	MOTHERS MEET
77	- " -	HEGGADAHALLI	15	-	-	- " -
78	- " -	KOTHEGALA	20	-	-	MOTHERS MEET
79	29.11.99	KOTHEGALA	-	24	-	GOVT. HPS
80	03.12.99	HEGGUR	20	-	-	MOTHERS MEET
81	- " -	K G KOPPAL	25	-	-	- " -
82	06.12.99	SOSALE	30	-	-	- " -
83	- " -	VYASARAJAPURA	12	-	-	- " -
84	10.12.99	K.G.KOPPAL	-	82	-	GOVT. HPS & HIGH SCHOOL
85	- " -	HEGGUR	-	102	-	- " -
86	13.12.99	THURUGANOOR	40	-	-	MOTHERS MEET
87	- " -	C HALLI	30	-	-	- " -
88	22.12.99	C HALLI	-	70	-	GOVT. HIGH SCHOOL
89	- " -	THURUGANOOR	-	57	-	GOVT. HPS & HIGH SCHOOL
90	31.12.99	BANNUR	-	86	-	GOVT. HIGH SCHOOL,
91	- " -	BANNUR	-	104	-	GV GOWDA HIGH SCHOOL
92	- " -	BANNUR	-	19	-	LIONS HIGH SCHOOL

TOTAL			2021	4135	--
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ANNEXURE - IX (e)

HEALTH EDUCATION SESSIONS IN GUNDLUPET TALUK

SL. NO.	DATE	VILLAGE	NO.OF PARTICIPANTS			REMARKS
			MOTHERS	STUDENTS	NGO	
01	31.07.98	SOMANAHALLY (SC)	60	--	--	MOTHER'S MEET
02	07.09.98	BELAWADI (SC)	22	--	--	"-
03	14.09.98	SHIVAPURA (SC)	13	--	--	"-
04	"-	SHIVAPURA 2ND CENTRE	27	--	--	"-
05	21.09.98	BACHALLY (PHC)	52	--	--	"-
06	"-	BACHALLY	--	20	--	GOVT. HIGH SCHOOL
07	05.10.98	KODOSOGI	27	--	--	MOTHER'S MEET
08	"-	DEEPAPURA	23	--	--	"-
09	17.10.98	GUNDLUPET	--	--	39	NGO-WORLD VISION -VLHW's
10	22.10.98	THERAKANAMBI	38	--	--	MOTHER'S MEET
11	02.11.98	PADAGURU	49	--	--	"-
12	"-	KELSUR	42	--	--	"-
13	09.11.98	KABBALLI	40	--	--	"-
14	"-	MUDGHUR	38	--	--	"-
15	12.11.98	MANGALA	--	--	22	NGO -MISSION HOSPITAL -VLHW's
16	16.11.98	S.BEGUR	64	--	--	MOTHER'S MEET
17	"-	KOTEKARE	44	--	--	"-
18	28.01.99	BARGI	10	10	--	MOTHER'S MEET & STUDENTS
19	"-	HONGALLI	19	--	--	MOTHER'S MEET
20	29.01.99	BELLACHAVADI	42	--	--	"-
21	"-	BERATHANAHALLY	40	--	--	MOTHER'S MEET
22	03.02.99	MADAPATNA	11	--	--	"-
23	"-	DADDADAHALLI	25	--	--	"-

24	10.02.99	HEGGADAHALLI	20	--	--	"-
25	"-	HASGULLI	25	--	--	"-
26	15.02.99	ALATHUR	45	--	--	"-
27	"-	MACHALLI	19	--	--	"-
28	17.02.99	BANNITHALAPURA	17	--	--	"-
29	"-	VEERANAPURA	46	--	--	"-
30	22.02.99	NENEKATTE	54	--	--	"-
31	05.03.99	KAGGALADHA HUNDI	41	--	--	"-
32	"-	GOPALAPURA	03	33	--	MOTHER'S MEET STUDENTS
33	15.03.99	HANGALA	33	09	--	"-
34	"-	KALEGOWDANAHALLI	32	--	--	MOTHER'S MEET
35	22.03.99	MANGALA	29	--	--	"-
36	"-	ELACHATTI	19	--	--	"-
37	05.04.99	HUNDIPURA	17	--	--	"-
38	- " -	BELAVADI	17	--	--	"-
39	07.05.99	BACHAHALLI	18	--	--	"-
40	- " -	ANKAHALLI	23	--	--	"-
41	10.05.99	KODASOGE	10	--	--	"-
42	- " -	DEEPAPURA	9	--	--	"-
43	17.05.99	THERAKANAMBI	28	--	--	"-
44	- " -	KANDEGALA	24	--	--	"-
45	31.05.99	SOMAHALLI	24	--	--	"-
46	- " -	RANGANATHAPURA	36	--	--	"-
47	07.06.99	BOMMALAPURA	21	--	--	"-
48	- " -	SHIVAPURA	49	--	--	"-
49	14.06.99	PADAGURU	12	60	-	MOTHERS & STUDENTS
50	- " -	KELASURU	20	--	--	MOTHER'S MEET

51	21.06.99	PADAGURU	--	61	--	GOVT.HIGH SCHOOL
52	- " -	KABBALLI	16	151	--	MOTHERS & STUDENTS
53	- " -	MUDUGURU	32	--	--	MOTHERS MEET
54	28.06.99	S BEGUR	11	--	--	-"
55	- " -	KOTEKERE	27	--	--	MOTHERS MEET
56	29.06.99	GUNDLUPET	--	366	--	NAGARATHNAMMA HIGH SCHOOL
57	- " -	-"	--	59	--	GOUTHAM JR.COLLEGE
58	- " -	-"	--	31	--	MADDANESHWARA HIGH SCHOOL
59	30.06.99	-"	--	305	--	DODDAHUNDI BOGAPPA HIGH SCHOOL & JR. COLLEGE
60	05.07.99	BERGI	13	--	--	MOTHERS MEET
61	- " -	S.BEGUR	--	70	--	GOVT.HIGH SCHOOL & JR. COLLEGE
62	12.07.99	HONGALLI	--	27	--	GOVT. HPS
63	- " -	BELACHAVADI	10	--	--	MOTHERS MEET
64	- " -	BERATANAHALLI	21	--	--	MOTHERS MEET
65	19.07.99	HORIYALA	23	60	--	MOTHERS & STUDENTS
66	- " -	C V PURA	29	--	--	MOTHERS MEET
67	- " -	BELACHAVADI	--	26	--	GOVT. HPS
68	24.07.99	AREPURA	27	--	--	MOTHERS MEET
69	- " -	RANGUPURA	34	--	--	- " -
70	27.07.99	GUNDLUPET	--	197	--	JSS JR. & DEGREE COLLEGE
71	29.07.99	YEDAVANAHALLI	23	--	--	MOTHERS MEET
72	- " -	VANAKANAPURA	14	--	--	- " -
73	31.08.99	HORIYALA	--	62	--	JSS HIGH SCHOOL
74	23.10.99	ALATHUR	18	--	--	MOTHERS MEET
75	- " -	MANCHAHALLI	27	--	--	-"

76	12.11.99	NENEKATTE	26	--	--	-"
77	13.11.99	DADADAHALLI	21	--	--	-"
78	- " -	MADAPATNA	19	--	--	-"
79	19.11.99	NENEKATTE	--	25	--	GOVT. HPS
80	20.11.99	MADAPATNA	--	23	--	-"
81	- " -	HOSAGULLI	20	--	--	MOTHERS MEET
82	- " -	HEGGADAHALLI	15	--	--	-"

TOTAL			1803	1595	61
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ANNEXURE - IX (f)

HEALTH EDUCATION SESSIONS IN YELNDUR TALUK

SL. NO.	DATE	VILLAGE	NO.OF PARTICIPANTS			REMARKS
			MOTHERS	STUDENTS	NGO	
1	31.08.98	KUMARANAPURA	12	--	--	MOTHER'S MEET
2	-"	GANIGANOOR	30	--	--	-"
3	-"	GUMBALLI	19	--	--	-"
4	26.06.99	YELANDUR	50	-	-	MOTHERS MEET
5	- " -	AMBLE	37	-	-	- " -
6	03.07.99	GUMBALLI	62	-	-	- " -
7	- " -	B R HILLS	16	-	-	- " -
8	10.07.99	DUGATTI	19	-	-	- " -
9	- " -	HONNURU	43	45	-	MOTHERS & STUDENTS
10	17.07.99	AGARAMAMBALLI	25	-	-	MOTHERS MEET
11	- " -	MALLIGENAHALLI	15	-	-	- " -
TOTAL			328	45	-	

ANNEXURE - X(a)

**SUMMARY OF CAMPS CONDUCTED FOR WOMEN - TALUK WISE, ALONG WITH DETAILS OF INVESTIGATIONS CONDUCTED
BETWEEN JULY 1998 TO DECEMBER 1999**

TALUK	NO. OF CAMPS HELD	NO. OF PATIENTS SCREENED	HB<10	HB>10	PAP SMEAR TAKEN	FNAC TAKEN	NO. OF PATIENTS REFERRED				PAP SMEAR REFUSED	VAGINAL SWAB	URINE INVT.	URINE SUGAR POSITIVE	URINE ALBUMIN POSITIVE
							BHIO	KRH	JSS	OTHER					
GUNDLUPET ANNEXURE-11(a)	80	5061	2893	1102	1834	66	93	154	45	10	206	03	267	09	21
CHAMARAJANAGAR ANNEXURE-11(b)	63	5032	2641	987	1863	66	132	100	30	12	163	14	226	08	28
NANJANGUD ANNEXURE-11(c)	78	6564	4291	1722	2414	62	151	176	31	07	297	73	538	18	13
T.NARASIPURA ANNEXURE-11(d)	79	6707	4305	2081	2986	56	172	204	46	09	248	94	656	34	27
H.D. KOTE ANNEXURE-11(e)	81	5046	2845	1022	2010	39	125	136	26	19	278	37	458	17	16
YELANDUR ANNEXURE-11(f)	16	889	671	94	367	12	12	25	06	00	41	11	105	02	14
TOTAL	397	29299	17646	7008	11474	301	685	795	184	57	1233	232	2260	88	119

ANNEXURE - X (b)

**SUMMARY OF NO. OF CAMPS CONDUCTED - MONTHWISE ALONGWITH DETAILS OF INVESTIGATIONS
CONDUCTED BETWEEN JULY 1998 TO DECEMBER 1999**

SL. NO.	MONTH	NO. OF CAMPS HELD	NO. OF PATIENTS SCREENED	HB<10	HB>10	PAP SMEAR TAKEN	FNAC TAKEN	NO. OF PATIENTS REFERRED				PAP SMEAR REFUSED	VAGINAL SWAB	URINE INVT.	SUGAR +VE	ALBUMIN +VE
								BHIO	KRH	JSS	OTHER					
1	JULY 1998	01	114	--	--	36	01	02	--	--	--	--	--	--	--	--
2	AUGUST 1998	17	972	73	19	170	04	12	01	02	--	06	--	--	--	--
3	SEPTEMBER 1998	25	1864	324	692	535	23	43	11	02	08	36	--	--	--	--
4	OCTOBER 1998	26	2216	885	379	788	17	82	08	04	03	180	--	--	--	--
5	NOVEMBER 1998	28	2172	991	350	753	32	62	03	19	04	63	--	--	--	--
6	DECEMBER 1998	14	1147	326	493	545	13	41	01	02	--	70	--	--	--	--
7	JANUARY 1999	12	1153	589	402	539	14	19	07	04	04	23	--	--	--	--
8	FEBRUARY 1999	33	3145	1839	1256	1603	49	101	50	19	05	89	--	--	--	--
9	MARCH 1999	28	3109	2175	904	1465	38	98	104	24	01	97	02	07	--	--
10	APRIL 1999	22	1814	1339	454	776	27	50	59	17	3	103	--	89	12	34
11	MAY 1999	28	1897	1491	386	737	13	27	50	18	1	97	5	93	7	28
12	JUNE 1999	34	2404	1799	548	916	27	34	102	28	1	119	12	192	8	37
13	JULY 1999	29	1916	1728	187	752	22	32	109	17	7	93	36	290	7	16
14	AUGUST 1999	10	985	734	251	331	11	9	71	2	2	31	23	181	9	2

15	SEPTEMBER 1999	26	1282	972	306	422	8	18	59	11	--	57	22	518	19	1
16	OCTOBER 1999	19	969	836	130	379	2	23	51	3	13	46	34	361	9	--
17	NOVEMBER 1999	22	1002	561	98	319	--	9	45	7	4	51	3	194	4	1
18	DECEMBER 1999	23	1138	984	153	408	--	23	64	5	1	72	95	325	13	--
TOTAL		397	29299	17646	7008	11474	301	685	795	184	57	1233	232	2250	88	119

ANNEXURE -XI(a)

CAMPS HELD BETWEEN JULY 1998 - DECEMBER 1999 IN GUNDLUPET TALUK

SL NO	DATE	CAMP	NO. OF PATIENTS SCREENED	HB<10	HB>10	PAP SMEAR TAKEN	FNAC TAKEN	NO.OF PATIENTS REFERRED				PAP SMEAR REFUSED	VAGINAL SWAB	URINE INVST.	URINE SUGAR +VE	URINE ALBUMIN +VE
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	31.07.98	GUNDLUPET (GH)	114	--	--	36	1	2	--	--	--	--	--	--	--	--
2	10.08.98	SOMHALLY (SC)	166	--	--	17	--	--	--	--	--	--	--	--	--	--
3	-"	RANGANATHPUR (PHU)	35	--	--	--	--	--	--	--	--	--	--	--	--	--
4	17.08.98	KAGGALADAHUNDI(PHU)	43	--	--	7	1	--	--	--	--	--	--	--	--	--
5	-"	GOPALAPURA (SC)	40	--	--	2	--	--	--	--	--	--	--	--	--	--
6	24.08.98	HANGALA (PHC)	23	--	--	7	--	1	--	--	--	--	--	--	--	--
7	-"	KALLEGOWDANA HALLI (PHU)	62	--	--	19	1	2	--	--	--	1	--	--	--	--
8	07.09.98	MANGALA (PHC)	57	--	--	5	--	--	--	--	--	--	--	--	--	--
9	-"	YELACHATTI (SC)	18	--	--	10	--	--	--	--	--	--	--	--	--	--
10	14.09.98	HUNDIPURA (PHC)	89	23	59	25	--	--	--	--	--	5	--	--	--	--
11	-"	BELAWADI (SC)	52	06	43	11	--	--	--	--	--	3	--	--	--	--
12	21.09.98	BOMMALAPURA (PHC)	47	21	16	17	--	2	--	--	2	--	--	--	--	--
13	-"	SHIVAPURA (SC)	88	31	30	28	--	2	--	--	1	--	--	--	--	--
14	05.10.98	BACHALLY (PHC)	33	23	10	09	1	1	--	--	--	4	--	--	--	--
15	-"	ANKANAHALLY (SC)	45	44	--	16	--	1	--	--	--	12	--	--	--	--

16	12.10.98	KODASEGE (GAD)	92	30	34	27	1	3	--	--	--	17	--	--	--	--
17	"-	DEEPAPURA (SC)	91	--	--	49	--	--	--	2	--	3	--	--	--	--
18	26.10.98	THERAKANAMBI (PHC)	64	--	--	26	1	1	1	--	--	--	--	--	--	--
19	"-	KANDEGALA (SC)	29	--	--	7	--	--	--	--	--	5	--	--	--	--
20	09.11.98	PADAGUR (PHC)	69	34	25	20	2	2	--	--	--	5	--	--	--	--
21	"-	KELSUR (SC)	51	--	--	10	--	1	--	13	--	1	--	--	--	--
22	16.11.98	KABBALLY	39	24	13	19	1	--	1	--	--	1	--	--	--	--
23	"-	MUDUGUR	60	--	--	17	--	--	--	--	--	--	--	--	--	--
24	23.11.98	S.BEGUR (PHC)	81	66	7	20	--	--	--	--	--	--	--	--	--	--
25	"-	KOTAKERE (SC)	67	54	9	15	1	2	--	--	--	1	--	--	--	--
26	01.02.99	BARGI (PHC)	115	42	72	46	5	1	--	--	--	2	--	--	--	--
27	"-	HONGALLI (SC)	75	70	5	38	--	1	--	--	--	3	--	--	--	--
28	03.02.99	BELACHAWADI (PHU)	77	72	4	41	2	1	--	1	--	--	--	--	--	--
29	"-	BERATHANAHALLY (SC)	83	07	76	45	-	1	--	5	--	--	--	--	--	--
30	08.02.99	HORIYALA (PHC)	64	61	2	38	1	--	1	--	--	7	--	--	--	--
31	"-	CHENNAVADEYANAPURA(SC)	80	14	65	21	1	1	--	--	3	5	--	--	--	--
32	10.02.99	MADAPATNA (PHC)	75	51	21	53	3	4	2	--	--	1	--	--	--	--
33	"-	DADADAHALLY (SC)	29	7	22	7	--	--	1	--	-	3	--	--	--	--
34	15.02.99	HEGGADAHALLY (PHC)	76	57	14	40	--	4	--	--	--	7	--	--	--	--
35	"-	HASAGULLI	112	60	52	35	--	1	--	--	--	3	--	--	--	--

36	17.02.99	ALTHUR (PHC)	70	49	21	40	--	5	7	5	--	--	--	--	--
37	"-	MANCHANAHALLY (SC)	67	52	13	45	4	4	--	01	--	04	--	--	--
38	22.02.99	BANNITALAPURA (PHC)	100	78	20	56	--	4	2	--	--	6	--	--	--
39	"-	VEERANAPURA (SC)	45	40	5	18	--	--	--	1	--	--	--	--	--
40	24.02.99	NENEKATTE (PHC)	148	75	73	76	4	3	3	--	--	--	--	--	--
41	15.03.99	KAGGALADAHUNDI (PHC)	48	44	4	24	2	1	--	--	--	1	--	--	--
42	"-	GOPALAPURA (GAD)	39	32	7	18	1	--	3	--	-	4	--	--	--
43	22.03.99	HANGALA (PHC)	135	115	20	60	4	1	7	--	--	--	--	--	--
44	"-	KALEGOWDANAHALLI	36	23	12	19	--	2	2	--	--	3	--	--	--
45	05.04.99	MANGALA (PHC)	64	42	22	20	3	2	14	--	--	12	--	--	--
46	"-	YELACHATTI (SC)	41	32	9	18	1	2	3	--	--	5	--	1	1
47	12.04.99	HUNDIPURA (PHC)	45	38	7	13	1	2	8	--	2	7	--	3	1
48	"-	BELAWADI (SC)	91	72	19	45	4	4	2	--	--	1	--	2	--
49	10.05.99	BACHAHALLI (PHC)	65	52	13	20	--	--	2	1	--	3	--	8	2
50	"-	ANKAHALLI (SC)	26	17	9	9	--	--	2	4	--	1	--	--	--
51	17.05.99	KODASOGE (GAD)	102	83	14	49	2	1	--	4	--	3	--	7	--
52	"-	DEEPAPURA (SC)	17	11	5	3	--	--	1	1	--	--	--	--	--
53	24.05.99	THERAKANAMBI (PHC)	32	25	7	17	1	--	1	--	--	--	--	1	--
54	"-	KANDEGALA (SC)	33	26	7	11	--	1	3	1	--	3	--	1	--
55	07.06.99	SOMANAHALLI (GAD)	139	117	22	55	2	3	--	--	--	7	--	6	--

56	-"	RANGNATHAPURA (PHC)	56	41	12	22	--	--	4	--	--	4	--	3	1	1
57	14.06.99	BOMMALAPURA (PHC)	60	34	26	19	1	1	5	1	--	4	--	3	--	1
58	-"	SHIVAPURA (SC)	62	47	15	19	--	3	3	--	--	2	--	5	--	1
59	21.06.99	PADAGURU (PHC)	62	52	7	16	--	1	3	--	--	3	1	2	--	2
60	-"	KELSUR (SC)	33	29	4	2	--	--	2	--	--	6	--	1	--	--
61	28.06.99	KABBALLY (PHC)	128	110	17	52	4	--	2	--	--	6	1	3	1	2
62	-"	MUDUGUR (SC)	52	45	7	15	1	--	10	--	--	2	--	3	--	--
63	05.07.99	S.BEGUR (PHC)	45	45	--	21	--	--	5	--	--	1	--	3	--	--
64	-"	KOTEKERE (SC)	46	25	21	17	4	1	1	--	--	1	--	1	--	--
65	12.07.99	BARGI (PHC)	31	31	--	11	--	1	6	--	--	--	--	12	--	--
66	-"	HONGAHALLY (SC)	41	37	4	9	--	--	3	--	--	2	--	17	--	--
67	19.07.99	BALACHAVADI (PHC)	52	48	4	20	--	1	--	1	--	1	--	2	--	--
68	-"	BERATANAHALLY (SC)	34	34	--	4	--	--	2	--	--	--	--	6	--	--
69	09.08.99	HORIYALA (PHC)	80	53	27	28	--	2	8	01	--	3	--	05	--	--
70	-"	CHENNAVADAYANAPURA(SC)	148	128	20	53	2	--	8	--	--	1	--	61	1	--
71	16.08.99	G.HOSPITAL, GUNDLUPET	96	72	24	33	3	3	9	--	--	5	--	29	2	--
72	23.10.99	BANNITHALPURA (PHC)	43	38	5	11	--	6	3	--	--	2	--	15	--	--
73	-"	VEERANAPURA (SC)	53	48	5	17	--	1	1	--	--	4	--	22	--	--
74	30.10.99	ALATHUR (GAD)	43	36	7	7	--	1	--	1	--	6	--	--	--	--
75	-"	MANCHAHALLY (SC)	22	22	--	11	--	--	1	1	1	1	1	7	--	--

76	19.11.99	NENEKATTE (GAD)	66	64	2	23	--	1	4	--	1	--	--	--	--	--
77	20.11.99	MADAPATHNA (PHC)	39	--	--	13	--	1	3	--	--	--	--	--	--	--
78	-"	DADADAHALLY (SC)	41	39	2	2	--	1	3	--	--	1	--	22	--	--
79	27.11.99	HOSAGULLI (PHC)	25	22	3	5	--	--	1	--	--	1	--	6	--	--
80	-"	HEGGADAHALLY (SC)	19	17	2	5	--	--	1	1	--	1	--	10	--	--
TOTAL			5061	2893	1102	1834	66	93	154	45	10	206	03	267	09	21

ANNEXURE - XI(b)

CAMPS HELD BETWEEN JULY 1998 - DECEMBER 1999 IN CHAMARAJANAGAR TALUK

SL. NO.	DATE	CAMP	NO. OF PATIENTS SCREENED	HB<10	HB>10	PAP	FNAC	NO.OF PATIENTS REFERRE				PAP	VAGINAL	URINE	URINE	URINE
						SMEAR TAKEN		BHIO	KRH	JSS	OTHERS	SMEAR REFUSED	SWAB	INVST.	SUGAR +VE	ALBUMIN +VE
	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	14.08.98	ATTAGULIPURA (SC)	21	21	--	05	--	--	--	--	--	01	--	--	--	--
2	"-	KOLIPALYA (SC)	80	42	--	15	01	--	--	--	--	01	--	--	--	--
3	21.08.98	CHAMARAJNAGAR (GH)	69	--	--	12	--	01	--	--	--	--	--	--	--	--
4	28.08.98	PANNAYADHUNDI (PHC)	82	--	--	13	--	04	--	01	--	--	--	--	--	--
5	"-	BENDRAVADI (SC)	74	--	--	11	--	02	--	01	--	01	--	--	--	--
6	04.09.98	HARAVE (PHC)	60	--	--	26	--	04	03	--	01	03	--	--	--	--
7	"-	MALIYUR (SC)	48	--	--	19	--	02	--	--	--	--	--	--	--	--
8	11.09.98	UDIGALA (PHC)	31	06	21	04	01	--	--	--	--	01	--	--	--	--
9	"-	THAMMADAHALLY (SC)	99	--	--	38	--	05	--	--	03	--	--	--	--	--
10	18.09.98	ALUR (PHC)	141	32	68	35	03	05	--	--	--	--	--	--	--	--
11	"-	CHANDAKAWADI (SC)	103	21	37	21	04	02	--	--	--	--	--	--	--	--
12	25.09.98	KUDERU (PHC)	40	05	35	14	--	--	--	--	--	09	--	--	--	--
13	"-	YELAKUR (SC)	56	--	--	19	03	--	--	--	--	--	--	--	--	--
14	09.10.98	UMATHUR (PHC)	112	35	61	47	--	06	--	--	--	07	--	--	--	--
15	"-	BAGALLI (SC)	91	--	--	34	01	04	--	01	--	05	--	--	--	--

16	16.10.98	V.CHATRA (PHC)	125	105	09	32	01	09	--	--	01	08	--	--	--	--
17	-"	HARADANAHALLY (SC)	155	--	--	55	02	05	01	--	--	09	--	--	--	--
18	23.10.98	HALLEKERE HUNDI	95	60	15	38	01	09	--	--	--	02	--	--	--	--
19	-"	NAVELLUR	118	85	01	42	--	07	01	--	--	--	--	--	--	--
20	06.11.98	KEMPANAPURA	67	--	-	20	--	02	--	--	--	03	--	--	--	--
21	-"	SANTHEMARAHALLY	73	48	16	25	03	--	--	03	01	--	--	--	--	--
22	13.11.98	KOTHALAWADI	25	11	11	12	--	02	--	--	--	--	--	--	--	--
23	-"	KELIGERE	39	--	--	16	--	01	--	01	02	--	--	--	--	--
24	20.11.98	HONGANUR	238	181	24	87	02	03	--	--	--	13	--	--	--	--
25	-"	ERASAWADI	119	--	--	26	--	05	--	--	--	05	--	--	--	--
26	27.11.98	KAGALAWADI	203	171	18	104	02	04	01	--	--	--	--	--	--	--
27	-"	NAGAVALLY	156	--	--	40	08	04	01	01	--	--	--	--	--	--
28	12.02.99	BEDAGULI (PHC)	31	31	--	14	--	--	--	--	--	04	--	--	--	--
29	-"	KOLIPALYA (SC)	75	14	60	50	03	01	--	--	--	02	--	--	--	--
30	19.02.99	GANGANOR (PHC)	86	56	30	45	--	04	--	--	--	02	--	--	--	--
31	-"	GODLIHUNDI (SC)	39	31	07	19	--	--	--	--	--	--	--	--	--	--
32	26.02.99	BESALAWADI (PHC)	190	129	61	90	07	08	07	--	02	--	--	--	--	--
33	-"	B.G. HALLY (SC)	67	40	27	27	01	01	05	02	--	--	--	--	--	--
34	09.04.99	V. CHATRA (PHC)	55	36	18	3	1	3	2	--	--	3	--	1	1	--

35	-"	HARADANAHALLY (SC)	26	19	7	12	--	--	--	--	--	3	--	--	--	--
36	16.04.99	ALUR (PHC)	80	60	20	38	2	1	3	6	--	4	--	13	1	6
37	-"	CHADAKAVADI (PHC)	114	73	32	48	--	1	1	--	--	1	--	3	--	3
38	23.04.99	UDIGALA (PHC)	94	60	32	33	1	--	15	--	1	7	--	4	--	3
39	-"	THAMMADALLI	24	17	7	10	1	1	--	--	--	2	--	2	--	--
40	14.05.99	PANYADAHUNDI (PHC)	149	119	29	60	2	2	--	--	--	4	--	5	2	1
41	-"	BENDRAVADI (SC)	104	77	27	34	--	2	1	1	--	4	--	4	--	--
42	21.05.99	HARVE (PHC)	115	74	39	54	--	2	2	--	--	1	--	5	1	1
43	-"	MALIYUR (SC)	53	41	12	24	1	--	1	1	1	1	--	7	--	1
44	28.05.99	KEMPANAPURA (SC)	75	61	14	23	2	1	1	--	--	3	--	5	--	2
45	-"	SANTHEMARHALLY (PHC)	54	39	14	17	1	--	3	1	--	7	--	3	--	--
46	04.06.99	KOTHALAVADI (PHC)	124	89	35	66	3	3	4	7	--	2	--	11	--	5
47	-"	KEELAGERI (SC)	28	25	3	13	1	--	1	--	--	2	1	1	--	--
48	11.06.99	HONGANUR (PHC)	188	115	73	75	1	4	8	1	--	5	--	5	--	--
49	-"	IRASAVADI	103	90	13	41	--	1	2	--	--	4	--	9	--	3
50	18.06.99	KUDERU (PHC)	89	55	31	36	1	1	2	2	--	2	--	21	--	2
51	-"	YELAKUR	26	23	2	12	1	--	2	1	--	--	--	1	--	--
52	25.06.99	UMMATHUR (PHC)	71	59	12	29	1	2	2	--	--	2	--	--	--	--
53	-"	BAGALI (SC)	17	15	2	--	--	--	4	--	--	3	--	4	--	--

54	09.07.99	HALLIKEREHUNDI (PHC)	40	33	7	14	--	--	1	--	--	1	--	21	1	1
55	-"	NAVILURU (SC)	18	16	2	2	--	2	2	--	--	--	--	--	--	--
56	16.07.99	KAGALAWADI (PHC)	72	69	3	25	1	1	1	--	--	8	--	5	--	--
57	-"	NAGAVALLI (SC)	46	46	--	18	3	--	6	--	--	1	11	9	--	--
58	18.09.99	BEDAGULI (PHC)	26	19	7	4	--	--	--	--	--	--	--	--	--	--
59	-"	ATTAGULIPURA (SC)	95	73	22	39	--	2	6	--	--	8	--	35	--	--
60	25.09.99	GANIGANUR (PHC)	17	13	4	5	--	--	1	--	--	1	--	6	--	--
61	-"	GODLIHUNDI (SC)	20	13	6	2	--	--	1	--	--	--	--	13	--	--
62	29.10.99	C'NAGAR (GH)	87	78	9	38	--	2	9	--	--	7	2	26	2	--
63	14.12.99	BESALAWADI (PHC)	14	10	4	6	--	1	--	--	--	1	--	7	--	--
TOTAL			5032	2641	987	1863	66	132	100	30	12	163	14	226	08	28

ANNEXURE -XI[c]

CAMPS HELD BETWEEN JULY 1998 - DECEMBER 1999 IN NANJANGUD TALUK

SL NO	DATE	CAMP	NO. OF PATIENTS SCREENED	HB<10	HB>10	PAP SMEAR TAKEN	FNAC TAKEN	NO.OF PATIENTS REFERRED				PAP SMEAR REFUSED	VAGINAL SWAB	URINE INVT.	URINE SUGAR +VE	URINE ALBUMIN +VE
	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	11.08.98	NANJANGUD (GH)	17	--	--	06	--	--	--	--	--	01	--	--	--	--
2	18.08.98	HEDATHALE (PHC)	83	--	--	21	01	--	--	--	--	--	--	--	--	--
3	08.09.98	DEVANUR (PHC)	172	06	110	43	03	04	03	01	01	08	--	--	--	--
4	15.09.98	THAGADUR (PHC)	165	40	111	38	05	06	03	01	--	--	--	--	--	--
5	22.09.98	DASANUR (PHC)	182	68	60	46	--	--	--	--	--	--	--	--	--	--
6	06.10.98	SUTHUR (PHC)	143	27	83	45	--	05	01	--	--	13	--	--	--	--
7	13.10.98	BEELAGALLI (PHC)	178	90	50	72	02	10	--	--	02	17	--	--	--	--
8	20.10.98	HOSKOTE (PHC)	68	60	02	08	01	02	--	--	--	03	--	--	--	--
9	27.10.98	HADINARU (PHC)	113	67	27	42	01	03	--	--	--	09	--	--	--	--
10	03.11.98	KUDLAPURA (PHC)	127	68	09	34	01	03	--	--	01	08	--	--	--	--
11	10.11.98	KALALE (PHC)	170	86	56	48	04	09	--	--	--	06	--	--	--	--
12	17.11.98	KESUVINAHALLY (PHC)	67	26	29	32	01	02	--	--	--	02	--	--	--	--
13	24.11.98	MADUVINAHALLY (PHC)	45	40	05	22	--	02	--	--	--	04	--	--	--	--
14	08.12.98	HURA (PHC)	116	41	67	69	01	05	--	--	--	01	--	--	--	--

15	15.12.98	CHANDRAWADI (PHC)	114	30	77	62	03	06	--	--	--	06	--	--	--	--
16	09.02.99	NAGARLE (GAD)	48	43	04	30	--	03	--	02	--	06	--	--	--	--
17	-"	THAYUR (GAD)	112	24	86	30	01	05	--	--	--	02	--	--	--	--
18	16.02.99	VALAGERE (PHC)	112	66	46	75	03	06	01	--	--	09	--	--	--	--
19	23.02.99	HEMMARAGALA (PHC)	105	75	30	62	02	06	06	--	--	--	--	--	--	--
20	02.03.99	D. KAVALANDE (GAD)	119	61	58	51	--	07	01	--	--	--	--	--	--	--
21	-"	NERALE (GAD)	84	64	20	33	03	03	01	--	--	08	--	--	--	--
22	13.03.99	HULLAHALLY (PHC)	25	19	06	12	02	02	02	--	--	--	--	--	--	--
23	16.03.99	YALAHALLY (GAD)	101	89	12	55	01	02	--	04	--	03	--	--	--	--
24	19.03.99	MARALLUR (GAD)	154	150	03	78	--	05	--	--	--	11	--	--	--	--
25	-"	YACHAGALLI (PHC)	75	62	13	36	01	02	--	--	--	03	--	--	--	--
26	23.03.99	YEDIYALA (PHC)	151	115	36	65	--	02	04	--	--	03	--	--	--	--
27	30.03.99	HULLAHALLI (PHC)	160	124	35	57	03	05	11	--	--	01	--	--	--	--
28	-"	HEGGADAHALLI (SC)	163	110	53	76	--	03	07	--	--	06	--	--	--	--
29	06.04.99	HALLARE (PHC)	165	137	28	55	1	3	2	--	--	11	--	--	--	--
30	-"	MALLAKUNDI (SC)	75	58	17	35	2	1	1	--	--	5	--	--	--	--
31	13.04.99	KIRGUNDA (PHC)	113	88	25	42	3	3	1	1	--	3	--	3	2	2
32	-"	SONALLI (SC)	50	48	2	8	--	1	1	--	--	4	--	--	--	--
33	11.05.99	HEDATHALE (PHC)	88	62	23	27	1	--	--	--	--	4	--	--	--	--

34	-"	VEERANAPURA (SC)	46	41	5	11	--	1	1	--	--	6	--	--	--	--
35	18.05.99	DEVANUR (PHC)	52	42	9	20	--	1	1	02	--	01	--	02	--	02
36	-"	BADANAVALU (SC)	77	54	23	30	--	--	1	--	--	4	--	--	--	--
37	25.05.99	THAGADURU (PHC)	108	79	28	45	1	5	6	--	--	7	1	6	1	2
38	-"	KARAPURA (SC)	107	89	18	50	--	1	2	--	--	3	--	3	--	1
39	08.06.99	DASANUR (PHC)	29	18	10	12	--	--	--	1	--	4	--	5	1	--
40	-"	KONANUR (SC)	121	109	12	64	2	1	3	--	--	3	--	5	1	--
41	15.06.99	SUTHUR (PHC)	73	51	22	27	--	--	2	4	--	7	1	6	--	1
42	-"	SARGUR (SC)	50	43	6	10	--	1	--	--	--	4	--	6	1	--
43	22.06.99	BELAGULI (PHC)	40	--	--	4	--	--	1	--	--	1	--	--	--	--
44	-"	ESHWAREGOWDANA- HALLY (SC)	97	70	27	60	--	--	5	2	--	1	--	17	--	1
45	06.07.99	HOSAKOTE (PHC)	44	33	11	13	--	1	--	--	--	1	--	4	--	1
46	-"	THUMMENRALE (SC)	65	52	13	29	1	3	3	3	--	3	--	6	--	--
47	13.07.99	HADINARU (PHC)	108	98	10	38	2	3	4	3	--	3	1	2	1	--
48	-"	HADINARUMOLE (SC)	63	63	--	12	--	--	1	1	--	9	--	--	--	--
49	20.07.99	KUDLAPURA (PHC)	14	14	--	4	--	--	--	--	--	--	1	--	--	--
50	-"	MELLAHALI (SC)	52	50	2	17	--	1	4	--	--	3	1	29	--	--
51	03.08.99	NANJANGUD (GH)	175	115	60	61	1	1	7	--	1	5	11	19	1	1
52	10.08.99	KALALE (PHC)	136	107	29	37	1	--	25	--	--	4	1	5	1	--

53	-"	KERALAPURA (SC)	106	70	36	28	--	--	4	--	--	3	8	40	--	--
54	17.08.99	KUSUVINAHALLY (PHC)	69	51	18	36	3	3	2	--	--	4	--	3	1	1
55	-"	SURALLI (SC)	84	67	17	24	--	--	1	--	--	2	--	--	--	--
56	07.09.99	HEMMARAGALA (PHC)	21	15	6	9	1	--	--	--	--	--	--	10	--	--
57	08.09.99	HEDIYALA (PHC)	53	40	13	21	2	--	3	--	--	4	4	20	--	--
58	14.09.99	NAGARLE (GAD)	39	28	10	21	--	--	--	1	--	3	1	22	1	--
59	-"	TYAYUR (GAD)	74	49	25	23	--	--	1	--	--	3	--	39	--	--
60	21.09.99	VALAGERE (PHC)	28	24	4	4	1	4	--	--	--	2	--	15	--	1
61	-"	HARATHALE (SC)	74	60	14	30	--	--	2	--	--	--	--	34	1	--
62	28.09.99	NERALE (PHC)	74	65	9	24	1	2	2	--	--	3	1	31	--	--
63	-"	D.KAVALANDE (GAD)	23	21	2	2	--	--	--	--	--	--	--	9	1	--
64	05.10.99	YACHAGALLY (PHC)	30	26	4	10	--	--	1	--	--	--	--	11	--	--
65	-"	MARALUR (GAD)	41	38	3	12	--	--	3	--	--	2	--	16	--	--
66	26.10.99	HALLARE (PHC)	42	37	5	10	--	1	3	--	--	2	--	20	--	--
67	-"	HAGGINAVALU (SC)	70	51	19	29	--	--	4	--	1	6	--	34	--	--
68	16.11.99	KIRGUNDA (PHC)	100	25	2	27	--	--	1	--	1	6	--	1	--	--
69	-"	SONAHALLY (SC)	10	10	--	--	--	--	--	--	--	--	--	4	--	--
70	23.11.99	YALAHALLY (GAD)	40	31	9	13	--	--	2	1	--	5	--	--	--	--
71	-"	DUGGAHALI (SC)	42	35	7	17	--	--	2	1	--	3	--	22	--	--

72	03.12.99	HULLAHALLY (PHC)	80	76	4	30	--	2	7	--	--	7	--	--	--	--
73	-:-	HEGGADAHALLY (SC)	57	50	7	7	--	--	3	1	--	1	--	17	1	--
74	07.12.99	MADUVINHALLY (PHC)	30	24	6	12	--	--	4	--	--	--	--	7	--	--
75	-:-	HANCHIPURA (SC)	61	55	6	23	--	--	--	--	--	3	2	2	--	--
76	17.12.99	HURA (PHC)	89	81	8	29	--	4	3	1	--	4	26	35	4	--
77	-:-	MALLAKKUNDI (SC)	4	3	1	--	--	--	1	1	--	--	--	--	--	--
78	18.12.99	HARADANHALLY (PHC)	106	87	19	14	--	--	16	--	--	08	14	28	--	--
TOTAL			6564	4291	1722	2414	62	151	176	31	07	297	73	538	18	13

ANNEXURE - XI(d)

CAMPS HELD BETWEEN JULY 1998 - DECEMBER 1999 IN T.N.PURA TALUK

SL NO	DATE	CAMP	NO. OF PATIENTS SCREENED	HB<10	HB>10	PAP SMEAR TAKEN	FNAC TAKEN	NO.OF PATIENTS REFERRED				PAP SMEAR REFUSED	VAGINAL SWAB	URINE INVEST.	URINE SUGAR +VE	URINE ALBUMIN +VE
								BHIO	KRH	JSS	OTHERS					
	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	12.12.98	GARGESHWARI (PHC)	108	25	77	39	02	04	--	01	--	--	--	--	--	--
2	-"	KERAGASUR (SC)	25	--	--	07	--	--	--	--	--	06	--	--	--	--
3	19.12.98	KUPYA (PHC)	71	54	14	42	02	03	--	--	--	--	--	--	--	--
4	-"	KEMPAIAHNAHUNDI (SC)	107	40	56	56	--	06	--	--	--	12	--	--	--	--
5	08.01.99	MADAPURA (PHC)	127	81	35	64	02	--	--	--	--	01	--	--	--	--
6	-"	HEMMEGE (SC)	101	--	--	31	--	01	04	--	--	01	--	--	--	--
7	22.01.99	CHIDRAVALLY (PHC)	137	99	33	60	01	03	01	02	--	--	--	--	--	--
8	-"	NARAGYATHANHALLI(SC)	101	59	30	68	02	03	--	01	--	09	--	--	--	--
9	29.01.99	CAUVERYPURA (PHC)	158	75	81	109	02	--	--	--	--	--	--	--	--	--
10	-"	KALIHUNDI (SC)	192	71	121	41	--	02	--	--	--	--	--	--	--	--
11	06.02.99	T.N.PURA (GH)	73	11	61	45	02	--	--	--	--	09	--	--	--	--
12	-"	HOSATHIRUMAKODALU (SC)	62	38	19	26	01	06	01	01	--	--	--	--	--	--
13	11.02.99	MOOGUR (PHC)	182	126	48	108	01	01	02	--	--	--	--	--	--	--
14	-"	KURUBUR (SC)	109	25	79	53	03	04	--	--	--	04	--	--	--	--
15	20.02.99	VYSARAJAPURA (SC)	129	83	46	71	01	06	01	--	--	01	--	--	--	--

16	-"	SOSALE (PHC)	234	141	92	118	02	04	--	--	--	06	--	--	--	--
17	27.02.99	T.MALANGI (PHC)	169	78	82	91	02	12	05	01	--	02	--	--	--	--
18	-"	T.DODDAPURA (SC)	106	93	13	50	--	04	06	--	--	01	--	--	--	--
19	06.03.99	BANNUR (PHC)	241	111	112	120	07	11	01	--	--	02	--	--	--	--
20	10.03.99	SOMANATHPURA (PHC)	90	48	42	41	01	05	--	--	--	02	--	--	--	--
21	-"	KETHUPURA (SC)	87	26	61	23	--	02	08	--	--	02	--	--	--	--
22	12.03.99	TALAKADU (PHU)	102	70	32	38	01	05	11	07	--	05	--	07	--	--
23	-"	MUDUGOTHORE (SC)	144	74	70	89	01	03	02	--	--	04	--	--	--	--
24	17.03.99	THURAGANUR (PHC)	114	76	38	50	01	05	08	10	01	03	--	--	--	--
25	-"	B.C.HALLY (SC)	148	117	31	85	03	03	07	01	--	--	--	--	--	--
26	20.03.99	KAYAMBALLI (PHC)	89	71	12	52	01	06	--	--	--	04	--	--	--	--
27	-"	BENAKANAHALLI (SC)	89	63	26	44	01	01	14	--	--	--	--	--	--	--
28	24.03.99	KODAGALLI (PHC)	146	99	47	59	01	02	--	--	--	08	--	--	--	--
29	-"	GADIJOGIHUNDI (SC)	52	39	12	21	--	01	02	--	--	03	--	--	--	--
30	27.03.99	RANGASAMUDRA (PHC)	110	57	51	55	03	07	02	01	--	06	--	--	--	--
31	-"	THUMBALA (SC)	82	69	13	46	--	01	01	--	--	04	--	--	--	--
32	31.03.99	YACHANAHALLI (PHC)	203	174	29	105	--	09	06	01	--	06	--	--	--	--
33	-"	ATTALLI (SC)	122	73	49	53	01	02	04	--	--	05	--	--	--	--
34	07.04.99	MUTTALAWADI (PHC)	115	88	26	51	01	07	--	07	--	06	--	20	04	06
35	-"	KARGALLI (SC)	47	27	16	22	01	02	02	--	--	05	--	--	--	--

36	17.04.99	K.G.KOPPAL (SC)	100	68	31	50	03	06	02	02	--	04	--	16	01	02
37	-"	HEGGUR (PHC)	124	97	27	55	--	02	--	--	--	08	--	05	--	02
38	21.04.99	B.BETTAHALLI (GAD)	141	105	36	70	--	04	01	--	--	01	--	05	01	03
39	-"	BASAVANAHALLI (SC)	122	81	41	56	--	04	--	--	--	06	--	08	--	04
40	15.05.99	K.K.HALLY (PHC)	54	49	05	16	--	--	01	--	--	06	--	--	--	--
41	-"	DODDAMALAGODU (SC)	36	31	05	18	--	01	01	01	--	03	--	02	01	--
42	22.05.99	KEMPAIAHNAHUNDI(PHC)	40	27	12	05	--	--	--	--	--	07	--	--	--	--
43	-"	KUPYA (PHC)	40	33	06	17	--	--	--	--	--	04	--	03	--	01
44	29.05.99	RANGASAMUDRA(PHC)	80	64	15	24	01	01	04	--	--	03	--	06	--	--
45	-"	THUMBALA (SC)	58	53	05	22	--	--	02	01	--	06	--	02	--	--
46	05.06.99	MADAPURA (PHC)	60	31	29	22	01	01	01	02	--	04	--	14	01	04
47	-"	HEMMIGE (SC)	38	29	09	13	--	01	--	--	--	04	03	03	--	--
48	19.06.99	CHIDRAVALLY (PHC)	41	40	01	17	01	02	04	--	01	01	--	05	--	02
49	-"	NARAGYATHNHALLY (SC)	36	23	13	01	01	01	01	--	--	02	--	08	--	--
50	26.06.99	CAUVERYPURA (PHC)	60	50	10	24	--	--	04	--	--	04	--	03	--	02
51	-"	KALIHUNDI (SC)	56	41	15	07	01	01	07	--	--	04	-	11	01	--
52	04.09.99	GARGESHWARI (PHC)	77	44	33	29	--	--	01	--	--	07	--	26	03	--
53	-"	KERAGASUR (SC)	13	10	02	06	--	--	--	--	--	--	01	05	--	--
54	17.09.99	T.NARASIPURA (GH)	65	45	20	18	--	01	02	--	--	05	--	31	03	--
55	20.09.99	T.MALANGI (PHC)	12	10	02	02	--	--	--	--	--	--	01	06	--	--

[illegible]

76	13.12.99	SOSALE (PHC)	85	77	08	32	--	--	01	--	--	08	01	19	--	--
77	-"	VYASARAVAPURA (PHC)	22	20	02	6	--	--	01	--	--	02	--	06	--	--
78	22.12.99	THURGANUR (PHC)	94	79	15	36	--	02	05	--	--	07	36	36	02	--
79	-"	B.C.HALLY (SC)	29	25	04	07	--	--	02	--	--	04	08	10	02	--
TOTAL			6707	4305	2081	2986	56	172	204	46	09	248	94	656	34	27

ANNEXURE - XI (e)

CAMPS HELD BETWEEN JULY 1998 - DECEMBER 1999 IN H.D.KOTE TALUK

SL. NO	DATE	CAMP	NO. OF PATIENTS SCREENED	HB<10	HB>10	PAP SMEAR TAKEN	FNAC TAKEN	NO.OF PATIENTS REFERRED				PAP SMEAR REFUSED	VAGINAL SWAB	URINE INVT.	URINE SUGAR +VE	URINE ALBUMIN +VE
								BHIO	KRH	JSS	OTHERS					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	20.08.98	BEECHANALLY (PHC)	43	--	--	3	--	1	--	--	--	--	--	--	--	--
2	-"	H.D.KOTE (GH)	41	--	--	15	--	--	--	--	--	--	--	--	--	--
3	26.08.98	SARGUR (PHC)	77	10	19	12	--	1	1	--	--	--	--	--	--	--
4	-"	THUMBASOGE (SC)	16	--	--	5	--	--	--	--	--	1	--	--	--	--
5	09.09.98	ANNUR (PHC)	79	18	57	27	--	--	--	--	--	4	--	--	--	--
6	-"	K.YADATHORE (SC)	62	--	--	27	--	5	--	--	--	--	--	--	--	--
7	16.09.98	KYTHANAHALLY (PHU)	104	--	--	35	1	2	--	--	--	--	--	--	--	--
8	-"	ALANAHALLY (SC)	21	--	--	07	--	1	--	--	--	--	--	--	--	--
9	23.09.98	HAMPAPURA (PHU)	51	19	26	18	2	2	2	--	--	--	--	--	--	--
10	-"	KOLGALA (SC)	35	15	15	04	--	1	--	--	--	--	--	--	--	--
11	07.10.98	MADAPURA (PHC)	78	17	34	30	--	--	1	--	--	09	--	--	--	--
12	-"	HYRIGE (SC)	38	--	--	13	--	2	1	--	--	08	--	--	--	--
13	14.10.98	SHANTHIPURA (PHC)	113	103	10	30	--	2	1	--	--	23	--	--	--	--
14	-"	KOTHEGALA (SC)	56	--	--	27	--	6	--	--	--	3	--	--	--	--

15	28.10.98	K.BELATHUR (PHC)	58	42	10	20	--	--	--	1	--	10	--	--	--	--
16	-"	CHAKKUR (SC)	87	--	--	31	--	2	--	--	--	3	--	--	--	--
17	04.11.98	CHIKKANANDI (PHC)	85	62	19	35	1	9	--	--	--	--	--	--	--	--
18	-"	PURA (SC)	26	--	--	16	3	--	--	--	--	1	--	--	--	--
19	11.11.98	AGATHUR (SC)	14	02	12	6	--	--	--	--	--	--	--	--	--	--
20	-"	SAGARE (PHC)	39	--	--	17	--	1	--	--	--	--	--	--	--	--
21	18.11.98	HEGGANUR (GAD)	42	10	30	14	--	--	--	1	--	1	--	--	--	--
22	-"	DADADAHALLY (PHC)	103	47	44	38	02	05	--	--	--	1	--	--	--	--
23	25.11.98	ANTHARASANTHE (PHC)	70	59	10	21	--	--	--	--	--	3	--	--	--	--
24	-"	HOSAHOLALU (SC)	65	--	--	23	--	3	--	--	--	8	--	--	--	--
25	09.12.98	B.MATAKERE (PHC)	102	29	69	38	1	4	--	--	--	11	--	--	--	--
26	-"	KATWALU (SC)	27	--	--	10	--	--	--	--	--	--	--	--	--	--
27	16.12.98	HEBBALAGUPPE (PHC)	116	39	59	52	2	2	--	--	--	11	--	--	--	--
28	-"	JAKKALLY (SC)	85	--	--	33	--	4	--	1	--	--	--	--	--	--
29	23.12.98	MULLUR (PHC)	52	24	28	44	1	3	--	--	--	5	--	--	--	--
30	-"	KALLAMABALU (SC)	65	--	--	30	--	--	--	--	--	12	--	--	--	--
31	30.12.98	N.BELATHUR (PHC)	46	39	4	27	1	1	--	--	--	6	--	--	--	--
32	-"	MAGGE (SC)	113	25	42	36	--	3	1	--	--	--	--	--	--	--
33	06.01.99	BADAGALAPURA (PHC)	141	102	26	62	--	5	--	1	--	3	--	--	--	--

34	-"	CHANNAGUNDI (SC)	81	37	44	40	--	1	--	--	4	6	--	--	--	--
35	13.01.99	MUTTEGEHUNDI (PHC)	47	31	15	28	3	2	--	--	--	1	--	--	--	--
36	-"	KADBEGUR (SC)	15	--	--	2	--	1	--	--	--	--	--	--	--	--
37	21.01.99	D.B.KUPPE (PHC)	33	28	3	25	4	1	2	--	--	--	--	--	--	--
38	-"	BALLE (SC)	20	6	14	9	--	--	--	--	--	2	--	--	--	--
39	20.4.99	KENCHANAHALLY (SC)	66	45	18	29	1	--	--	1	--	2	--	3	--	--
40	-"	N.BEGUR (PHC)	62	48	14	36	1	1	1	1	--	3	--	--	--	--
41	19.5.99	ANNUR (PHC)	76	68	8	35	--	2	3	--	--	4	1	8	--	3
42	-"	K.YADATHORE (SC)	60	42	17	19	--	--	--	--	--	3	--	--	--	--
43	26.5.99	KYATHANAHALLI (PHC)	43	39	3	15	--	2	1	--	--	2	--	--	--	--
44	-"	ALANAHALLI (SC)	107	93	14	62	1	4	10	--	--	4	3	15	--	5
45	9.6.99	HAMPAPURA (PHC)	98	62	36	46	3	4	9	1	--	8	2	5	--	1
46	-"	KOLAGALA (SC)	101	86	13	39	--	--	--	--	--	4	3	5	--	4
47	16.6.99	MADAPURA (PHC)	130	84	44	59	2	2	7	4	--	1	--	14	--	3
48	-"	HYRIGE (SC)	59	52	7	18	--	--	2	2	-	1	--	1	--	--
49	23.6.99	K.BELTHUR (PHC)	59	56	3	19	--	1	2	--	--	6	--	--	--	--
50	-"	CHAKKUR (SC)	18	8	10	2	--	--	--	--	--	6	--	6	1	--
51	7.7.99	CHIKKANANDI (PHC)	66	53	13	25	1	1	4	--	--	2	--	16	--	--
52	-"	PURA (SC)	60	57	2	28	2	6	2	--	--	3	1	3	--	--

[illegible]

72	24.11.99	D.B.KUPPE (PHC)	181	28	8	85	--	1	5	1	--	11	--	--	--	--
73	-"	BALLE (SC)	11	10	--	--	--	--	--	--	--	--	--	--	--	--
74	26.11.99	KOTHEGALA (SC)	42	30	12	13	--	1	3	--	--	4	--	18	1	--
75	4.12.99	ANTHARASANTHE (PHC)	104	86	18	46	--	1	1	--	--	9	--	19	--	--
76	-"	HOSAHOLALU (SC)	62	56	6	27	--	--	1	--	--	2	6	24	1	--
77	8.12.99	BEECHANAHALLI (PHC)	30	18	12	15	--	3	1	--	--	2	1	7	--	--
78	-"	BIDARAHALLI (SC)	55	49	6	31	--	4	--	--	--	3	--	25	--	--
79	15.12.99	HEBBALAGUPPE (PHC)	34	29	5	12	--	3	2	--	--	5	--	13	1	--
80	24.12.99	N.BEGUR (PHC)	63	59	4	32	--	--	2	--	1	1	--	29	1	--
81	-"	KENCHANAHALLY (SC)	21	13	8	7	--	1	8	--	--	--	--	--	--	--
TOTAL			5046	2845	1022	2010	39	125	136	26	19	278	37	458	17	16

ANNEXURE -XI(f)

CAMPS HELD BETWEEN JULY 1998 - DECEMBER 1999 IN YELANDUR TALUK

SL. NO.	DATE	CAMP	NO. OF PATIENTS SCREENED	HB<10	HB>10	PAP SMEAR TAKEN	FNAC TAKEN	NO. OF PATIENTS REFERRED				PAP SMEAR REFUSED	VAGINAL SWAB	URINE INVT.	URINE SUGAR +VE	URINE ALBUMIN +VE
								BHIO	KRH	JSS	OTHERS					
1	06.09.98	B.R.HILLS (PHC)	23	--	--	11	--	--	--	--	--	03	--	--	--	--
2	"-	GUMBALLY (PHU)	41	13	04	07	01	--	--	--	--	--	--	--	--	--
3	17.10.98	YELANDUR (PHC)	22	10	10	09	02	--	--	--	--	--	--	--	--	--
4	"-	AMBALE (SC)	109	90	13	47	01	02	--	--	--	05	--	--	--	--
5	24.10.98	HONNUR (PHC)	51	41	10	10	--	01	01	--	--	--	--	--	--	--
6	"-	DUGGATTI (SC)	52	--	--	22	02	01	--	--	--	05	--	--	--	--
7	07.11.98	AGARMAMBALLY (PHC)	16	02	13	07	--	--	--	--	--	--	--	--	--	--
8	"-	MALLIGENHALLY (SC)	16	--	--	09	01	02	--	--	--	--	--	--	--	--
9	03.07.99	YALANDUR (PHC)	96	79	17	43	--	--	3	5	--	1	--	--	--	--
10	"-	AMBALE (SC)	64	52	12	30	1	1	1	--	--	3	--	27	--	12
11	10.07.99	GUMBALLY (PHC)	56	55	1	14	--	1	4	--	--	9	--	22	1	2
12	"-	B.R.HILLS (S.C.)	23	22	1	6	--	1	1	--	--	4	--	1	--	--
13	17.07.99	HONNUR (PHC)	92	86	6	45	--	3	3	--	--	6	2	4	1	--
14	"-	DUGGATTI (SC)	111	111	--	51	2	--	6	--	--	2	4	30	--	--
15	24.07.99	AGARMAMBALLY (PHC)	69	63	6	29	1	--	5	--	--	2	--	--	--	--
16	"-	MALIGENAHALLY (SC)	48	47	1	27	1	--	1	1	--	1	5	21	--	--
TOTAL			889	671	94	367	12	12	25	6	--	41	11	105	2	14

ANNEXURE -XII (a)

SUMMARY OF SCHOOL CAMPS CONDUCTED TALUKWISE BETWEEN JULY 1998 TO DECEMBER 1999

SL. NO. TALUKS	NO. OF HPS	NO. OF STUDENT SCREENED	HB <10	HB >10	NO. OF HIGH SCHOOL	NO. OF STUDENT SCREENED	HB <10	HB >10	NO. OF JUNIOR COLLEGE	NO. OF STUDENT SCREENED	HB <10	HB >10	NO. OF DEGREE COLLEGE	NO. OF STUDENT SCREENED	HB <10	HB >10	TOTAL		
																	NO. OF STUDENT	HB <10	HB >10
1 H.D. KOTE	6	155	100	55	12	1100	400	699	3	131	8	123	--	--	--	--	1386	508	877
2 CH' NAGAR	3	110	81	29	10	1452	553	894	2	154	47	107	2	55	14	41	1771	695	1071
3 NANJANGUD	5	163	87	76	13	2382	571	1806	4	268	4	264	1	73	-	71	2886	662	2217
4 T NARASIPUR	5	79	39	31	19	2623	517	2043	6	515	3	506	2	194	-	193	3411	559	2773
5 GUNDLUPET	4	101	62	16	8	1116	581	534	3	197	50	147	1	82	3	79	1496	696	776
TOTAL . . .	23	608	369	207	62	8673	2622	5976	18	1265	112	1147	6	404	17	384	10950	3120	7714

HPS : HIGHER PRIMARY SCHOOL

ANNEXURE - XII(b)

**SUMMARY OF SCHOOL CAMPS ORGANISED MONTHWISE FOR GIRLS BETWEEN
DECEMBER 1998 TO DECEMBER 1999**

SL. NO.	MONTH	NO. OF		NO. OF		NO. OF		NO. OF		TOTAL STUDENTS
		HPS	STUDENTS SCREENED	HIGH SCHOOL	STUDENTS SCREENED	JUNIOR COLLEGES	STUDENTS SCREENED	DEGREE COLLEGES	STUDENTS SCREENED	
01	DEC 1998	--	--	08	2704	06	614	02	194	3512
02	JAN 1999	--	--	06	1161	04	261	02	99	1521
03	FEB 1999	--	--	--	--	01	42	--	--	42
04	JUN 1999	02	39	10	1332	01	66	--	--	1437
05	JUL 1999	03	88	12	1113	03	153	01	82	1436
06	AUG 1999	02	51	03	206	01	59	--	--	316
07	SEP 1999	--	--	08	1201	01	37	01	29	1267
08	NOV 1999	08	137	--	--	--	--	--	--	137
09	DEC 1999	08	293	15	956	01	33	--	--	1282
TOTAL		23	608	62	8673	18	1265	06	404	10950

ANNEXURE- XII [c]

DETAILS OF SCHOOL CAMPS CONDUCTED BETWEEN DECEMBER 1998 - DECEMBER 1999

SL. NO.	DATE	NAME OF SCHOOL	PLACE	TALUK	HPS	HB %	HIGH SCHOOL	HB %	JUNIOR COLLEGE	HB %	DEGREE COLLEGE	HB %	HB % TOTAL	GRAND TOTAL
01	04.12.98	GOVT.HIGH SCHOOL &	T.N.PURA	T.N.PURA	--	--	466	--	21	--	--	--	--	487
	05.12.98	JUNIOR COLLEGE			--	--	--	>390	--	>18	--	--	>408	--
					--	--	--	<40	--	<03	--	--	<43	--
02	07.12.98	VIDYODHAYA HIGH SCHOOL & COLLEGE	"	"	--	--	487	--	186	--	127	--	--	800
					--	--	--	>485	--	>180	--	>127	>792	--
03	11.12.98	G.V.GOWDA HIGH SCHOOL & JR. COLLEGE	BANNUR	"	--	--	294	--	127	--	--	--	--	421
					--	--	--	>277	--	>127	--	--	>404	--
04	11.12.98	LIONS HIGH SCHOOL	"	"	--	--	50	--	--	--	--	--	--	50
					--	--	--	>49	--	--	--	--	>49	--
05	14.12.98	VIVEKANANDA HIGH SCH. & JR.COLLEGE	"	"	--	--	41	--	92	--	--	--	--	133
					--	--	--	>36	--	>92	--	--	>128	--
06	14.12.98	GOVT. HIGH SCHOOL, JR. COLLEGE & DEGREE	"	"	--	--	56	--	52	--	67	--	--	175
					--	--	--	>56	--	>52	--	>66	>174	--
07	18.12.98	GOVT.GIRLS	"	"	--	--	276	--	--	--	--	--	--	276
	29.12.98	HIGH SCHOOL			--	--	--	>274	--	--	--	--	>274	--
08	28.12.98	GOVT.HIGH SCHOOL & JR. COLLEGE	N.GUD	N.GUD	--	--	1034	--	136	--	--	--	--	1170
					--	--	--	>1019	--	>135	--	--	>1154	--
					--	--	--	<12	--	<01	--	--	<13	--
09	05.01.99	SC/ST GOVT.HIGH SCHOOL	N.GUD	N.GUD	--	--	96	--	--	--	--	--	--	96
					--	--	--	>96	--	--	--	--	>96	--

10	11.01.99	JSS JR.COLLEGE & DEGREE	"	"	--	--	--	--	57	--	73	--	--	130
					--	--	--	--	--	>57	--	>71	>128	--
11	14.01.99	ST.MARY'S HIGH SCHOOL	H.D.KOTE	H.D.KOTE	--	--	88	--	--	--	--	--	--	88
					--	--	--	>88	--	--	--	--	>88	--
12	14.01.99	VISHWA BHARATHI HIGH SCHOOL & JUNIOR COLLEGE	"	"	--	--	58	--	38	--	--	--	--	96
					--	--	--	>58	--	>37	--	--	>95	--
					--	--	--	--	--	<01	--	--	<01	--
13	19.01.99	GOVT. HIGH SCHOOL & JR. COLLEGE	"	"	--	--	116	--	71	--	--	--	--	187
					--	--	--	>98	--	>71	--	--	>169	--
					--	--	--	<18	--	--	--	--	<18	--
14	27.01.99	JSS HIGH SCHOOL	C.NAGAR	C.NAGAR	--	--	339	--	--	--	--	--	--	339
					--	--	--	>243	--	--	--	--	>243	--
					--	--	--	<94	--	--	--	--	<94	--
15	28.01.99	GOVT.HIGH SCHOOL, JR. & DEGREE COLLEGE	"	"	--	--	464	--	95	--	26	--	--	585
					--	--	--	>379	--	>80	--	>16	>475	--
					--	--	--	<83	--	<15	--	<10	<108	--
16	04.02.99	GOVT.JR.COLLEGE	N.GUD	N.GUD	--	--	--	--	42	--	--	--	--	42
					--	--	--	--	--	>41	--	--	>41	--
					--	--	--	--	--	<01	--	--	<01	--
17	15.06.99	GOVT. HPS	SARGUR	N.GUD	21	--	--	--	--	--	--	--	--	21
					--	>10	--	--	--	--	--	--	>10	--
					--	<11	--	--	--	--	--	--	<11	--
18	16.06.99	GOVT. HIGH SCHOOL	MADAPURA	H.D.KOTE	--	--	42	--	--	--	--	--	--	42
					--	--	--	>33	--	--	--	--	>33	--
					--	--	--	<09	--	--	--	--	<09	--
19	19.06.99	GOVT. HIGH SCHOOL	CHIDRA- VALLI	T.N.PURA	--	--	96	--	--	--	--	--	--	96
					--	--	--	>23	--	--	--	--	>23	--
					--	--	--	<73	--	--	--	--	<73	--

20	21.06.99	GOVT. HIGH SCHOOL	PADAGUR	G.PET	--	--	61	--	--	--	--	--	61
					--	--	--	>29	--	--	--	--	--
					--	--	--	<31	--	--	--	--	--
21	23.06.99	GOVT. HIGH SCHOOL	K.BELTHUR	H.D.KOTE	--	--	113	--	--	--	--	--	113
					--	--	--	>42	--	--	--	--	--
					--	--	--	<71	--	--	--	--	--
22	25.06.99	GOVT. HIGH SCHOOL	UMMATHUR	C.R.NAGAR	--	--	81	--	--	--	--	--	81
					--	--	--	>38	--	--	--	--	--
					--	--	--	<42	--	--	--	--	--
23	25.06.99	GOVT. HPS	BAGALI	C.R.NAGAR	18	--	--	--	--	--	--	--	18
					--	>10	--	--	--	--	--	--	--
					--	<08	--	--	--	--	--	--	--
24	28.06.99	GOVT. HIGH SCHOOL	KABBALI	G.PET	--	--	244	--	--	--	--	--	244
					--	--	--	>131	--	--	--	--	--
					--	--	--	<113	--	--	--	--	--
25	29.06.99	NAGARATHNAMMA HIGH SCHOOL	G.PET	G.PET	--	--	366	--	--	--	--	--	366
					--	--	--	>193	--	--	--	--	--
					--	--	--	<173	--	--	--	--	--
26	29.06.99	GOUTHAM HIGH SCHOOL	G.PET	G.PET	--	--	59	--	--	--	--	--	59
					--	--	--	>33	--	--	--	--	--
					--	--	--	<26	--	--	--	--	--
27	29.06.99	MADDANESHWARA HIGH SCHOOL	G.PET	G.PET	--	--	31	--	--	--	--	--	31
					--	--	--	>04	--	--	--	--	--
					--	--	--	<27	--	--	--	--	--
28	30.06.99	DODDAHUNDI BOGAPPA HIGH SCHOOL & JUNIOR COLLEGE	G.PET	G.PET	--	--	239	--	66	--	--	--	305
					--	--	--	>103	--	>35	--	--	--
					--	--	--	<136	--	<31	--	--	--

29	01.07.99	GOVT. HIGH SCHOOL & JR. COLLEGE	SARGUR	H.D.KOTE	--	--	203	--	22	--	--	--	225
					--	--	--	>73	--	>15	--	>88	--
					--	--	--	<130	--	<07	--	<137	--
30	02.07.99	JSS HIGH SCHOOL	SARGUR	H.D.KOTE	--	--	71	--	--	--	--	--	71
					--	--	--	>52	--	--	--	>52	--
					--	--	--	<19	--	--	--	<19	--
31	02.07.99	GOVT.HIGH SCHOOL	THUMBSOGE	H.D. KOTE	--	--	105	--	--	--	--	--	105
					--	--	--	>52	--	--	--	>52	--
					--	--	--	<53	--	--	--	<53	--
32	05.07.99	GOVT. HIGH SCHOOL & JR. COLLEGE	S.BEGUR	G.PET	--	--	54	--	16	--	--	--	70
					--	--	--	>15	--	>11	--	>26	--
					--	--	--	<39	--	<05	--	<44	--
33	06.07.99	SRI GURU MALLESH- WARA HIGH SCHOOL	HOSKOTE	N.GUD	--	--	66	--	--	--	--	--	66
					--	--	--	>47	--	--	--	>47	--
					--	--	--	<19	--	--	--	<19	--
34	07.07.99	GOVT. HIGH SCHOOL	CHIKKNANDI	H.D.KOTE	--	--	39	--	--	--	--	--	39
					--	--	--	>31	--	--	--	>31	--
					--	--	--	<08	--	--	--	<08	--
35	09.07.99	JSS HIGH SCHOOL	HALLIKERE- HUNDI	CR.NAGAR	--	--	53	--	--	--	--	--	53
					--	--	--	>07	--	--	--	>07	--
					--	--	--	<46	--	--	--	<46	--
36	12.07.99	GOVT. HPS	HONGHALLI	G.PET	27	--	--	--	--	--	--	--	27
					--	>04	--	--	--	--	--	>04	--
					--	<23	--	--	--	--	--	<23	--
37	13.07.99	GOVT. HIGH SCHOOL	HADINARU	N.GUD	--	--	56	--	--	--	--	--	56
					--	--	--	>20	--	--	--	>20	--
					--	--	--	<36	--	--	--	<36	--
38	14.07.99	GOVT. HPS	THUMBSOGE	H.D. KOTE	35	--	--	--	--	--	--	--	35
					--	<35	--	--	--	--	--	<35	--

39	16.07.99	ST.PHILOMENA'S HIGH SCHOOL	NAGAVALLI	CR.NAGAR	--	--	53	--	--	--	--	--	--	53
					--	--	--	>11	--	--	--	--	>11	--
					--	--	--	<42	--	--	--	--	<42	--
40	16.07.99	T.S.SUBBANNA PUBLIC HIGH SCHOOL	KAGALVADI	CR.NAGAR	--	--	159	--	--	--	--	--	--	159
					--	--	--	>09	--	--	--	--	>09	--
					--	--	--	<150	--	--	--	--	<150	--
41	19.07.99	GOVT. H.P.S.	BALCHAVADI	G.PET	26	--	--	--	--	--	--	--	--	26
					--	>04	--	--	--	--	--	--	>04	--
					--	<22	--	--	--	--	--	--	<22	--
42	20.07.99	GOVT. HIGH SCHOOL	KUDLAPURA	N.GUD	--	--	67	--	--	--	--	--	--	67
					--	--	--	>09	--	--	--	--	>09	--
					--	--	--	<58	--	--	--	--	<58	--
43	23.07.99	GOVT. HIGH SCHOOL	UMMARA-GALI	H.D.KOTE	--	--	187	--	--	--	--	--	--	187
					--	--	--	>129	--	--	--	--	>129	--
					--	--	--	<58	--	--	--	--	<58	--
44	27.07.99	JSS JR. & DEGREE COLLEGE	GUNDLUPET	G. PET	--	--	--	--	115	--	82	--	--	197
					--	--	--	--	--	>101	--	>79	>180	--
					--	--	--	--	--	<14	--	<03	<17	--
45	02.08.99	SEVA BHARATI KAN. MED. HPS, HIGH SCHOOL & JUNIOR COLLEGE	CR.NAGAR	CR.NAGAR	27	--	57	--	59	--	--	--	--	143
					--	--	--	>38	--	>27	--	--	>75	--
					--	<17	--	<19	--	<32	--	--	<68	--
46	04.08.99	GOVT. H.P.S.	AGATHUR	H.D.KOTE	24	--	--	--	--	--	--	--	--	24
					--	>04	--	--	--	--	--	--	>04	--
					--	<20	--	--	--	--	--	--	<20	--
47	17.08.99	GOVT. HIGH SCHOOL	KASUVINA-HALLI	N.GUD	--	--	87	--	--	--	--	--	--	87
					--	--	--	>48	--	--	--	--	>48	--
					--	--	--	<39	--	--	--	--	<39	--

48	31.08.99	JSS HIGH SCHOOL	HORIYALA	G. PET	--	--	62	--	--	--	--	--	62
					--	--	--	>26	--	--	--	--	--
					--	--	--	<36	--	--	--	--	--
49	01.09.99	GOVT. HIGH SCHOOL	NANJANGUD	N.GUD	--	--	468	--	--	--	--	--	468
	02.09.99				--	--	--	>278	--	--	--	--	--
					--	--	--	<188	--	--	--	--	--
50	03.09.99	BALARAPATNA HIGH SCHOOL	CR. NAGAR	CR.NAGAR	--	--	158	--	--	--	--	--	158
					--	--	--	>103	--	--	--	--	--
					--	--	--	<55	--	--	--	--	--
51	06.09.99	GOVT. HIGH SCHOOL	TALAKADU	T.N.PURA	--	--	127	--	--	--	--	--	127
					--	--	--	>64	--	--	--	--	--
					--	--	--	<63	--	--	--	--	--
52	07.09.99	GOVT. HIGH SCHOOL	HEMMARA- GALA	N.GUD	--	--	131	--	--	--	--	--	131
					--	--	--	>60	--	--	--	--	--
					--	--	--	<71	--	--	--	--	--
53	09.09.99	GOVT. JR. COLLEGE	TALAKADU	T.N.PURA	--	--	--	--	37	--	--	--	37
					--	--	--	--	--	>37	--	--	--
54	09.09.99	T.S.SUBBANNA PUBLIC HIGH SCHOOL	TALAKADU	T.N.PURA	--	--	143	--	--	--	--	--	143
					--	--	--	>86	--	--	--	--	--
					--	--	--	<57	--	--	--	--	--
55	16.09.99	SEVA BHARATI ENG. MED. HIGH SCHOOL	CR. NAGAR	CR.NAGAR	--	--	61	--	--	--	--	--	61
					--	--	--	>56	--	--	--	--	--
					--	--	--	<05	--	--	--	--	--
56	16.09.99	SRI RAMACHANDRA TEACHERS TRG. INST.	CR.NAGAR	CR.NAGAR	--	--	--	--	--	--	29	--	29
					--	--	--	--	--	--	--	>25	>25
					--	--	--	--	--	--	--	<04	<04
57	20.09.99	GOVT. HIGH SCHOOL	T.MALANGI	T.N.PURA	--	--	57	--	--	--	--	--	57
					--	--	--	>23	--	--	--	--	--
					--	--	--	<34	--	--	--	--	--

58	27.09.99	GOVT. HIGH SCHOOL	KETHUPURA	T.N.PURA	--	--	56	--	--	--	--	--	56
					--	--	--	>27	--	--	--	--	--
					--	--	--	<29	--	--	--	--	--
59	23.11.99	GOVT. H.P.S	DUGGALLY	N.GUD	14	--	--	--	--	--	--	--	14
					--	>02	--	--	--	--	--	--	--
					--	<12	--	--	--	--	--	--	--
60	26.11.99	GOVT. HPS	KOTHEGALA	H.D.KOTE	7	--	--	--	--	--	--	--	7
					--	>02	--	--	--	--	--	<12	--
					--	<05	--	--	--	--	--	<05	--
61	26.11.99	GOVT. H.P.S.	SHANTIPURA	H.D.KOTE	21	--	--	--	--	--	--	--	21
					--	>16	--	--	--	--	--	>16	--
					--	<05	--	--	--	--	--	<05	--
62	10.11.99	GOVT. H.P.S.	BADAGALA- PURA	H.D.KOTE	14	--	--	--	--	--	--	--	14
					--	>09	--	--	--	--	--	>09	--
					--	<05	--	--	--	--	--	<05	--
63	15.11.99	GOVT. H.P.S.	B.BETTHALLI	T.N.PURA	9	--	--	--	--	--	--	--	9
					--	--	--	--	--	--	--	--	--
64	19.11.99	GOVT. H.P.S.	NENEKATTE	G.PET	25	--	--	--	--	--	--	--	25
					--	>08	--	--	--	--	--	>08	--
					--	<17	--	--	--	--	--	<17	--
65	20.11.99	GOVT. H.P.S.	MADAPATNA	G.PET	23	--	--	--	--	--	--	--	23
					--	--	--	--	--	--	--	--	--
66	29.11.99	GOVT. HPS	KOTHEGALA	T.N.PURA	24	--	--	--	--	--	--	--	24
					--	>07	--	--	--	--	--	>07	--
					--	<17	--	--	--	--	--	<17	--
67	03.12.99	GOVT. HPS & HIGH SCHOOL	HEGGADA- HALLI	N.GUD	48	--	45	--	--	--	--	--	93
					--	>40	--	>42	--	--	--	>82	--
					--	<08	--	<03	--	--	--	<11	--

68	07.12.99	GOVT. H.P.S. & HIGH SCHOOL	MADUVINA-HALLI	N.GUD	34	--	25	--	--	--	--	--	--	59
					--	>06	--	>09	--	--	--	--	>15	--
					--	<28	--	<16	--	--	--	--	<44	--
69	08.12.99	GOVT. H.P.S.	BIDARHALLI	H.D.KOTE	54	--	--	--	--	--	--	--	--	54
					--	>24	--	--	--	--	--	--	>24	--
					--	<30	--	--	--	--	--	--	<30	--
70	10.12.99	GOVT. H.P.S. & HIGH SCHOOL	K.G. KOPPAL	T.N.PURA	8	--	74	--	--	--	--	--	--	82
					--	>06	--	>53	--	--	--	--	>59	--
					--	<02	--	<21	--	--	--	--	<23	--
71	10.12.99	GOVT. H.P.S & HIGH SCHOOL	HEGGUR	T.N.PURA	28	--	74	--	--	--	--	--	--	102
					--	>15	--	>53	--	--	--	--	>68	--
					--	<13	--	<21	--	--	--	--	<34	--
72	11.12.99	GOVT. GIRLS HIGH SCHOOL	HULLAHALLI	N.GUD	--	--	152	--	--	--	--	--	--	152
					--	--	--	>87	--	--	--	--	>87	--
					--	--	--	<65	--	--	--	--	<65	--
73	11.12.99	JSS HIGH SCHOOL & JUNIOR COLLEGE	HULLAHALLI	N.GUD	--	--	35	--	33	--	--	--	--	68
					--	--	--	>32	--	>31	--	--	>63	--
					--	--	--	<03	--	<02	--	--	<05	--
74	14.12.99	GANGADARESHWARA H.P.S. & HIGH SCHOOL	BISALAWADI	CR.NAGAR	65	--	27	--	--	--	--	--	--	92
					--	>09	--	>10	--	--	--	--	>19	--
					--	<56	--	<17	--	--	--	--	<73	--
75	15.12.99	GOVT. HIGH SCHOOL	HEBBALA-GUPPE	H.D.KOTE	--	--	40	--	--	--	--	--	--	40
					--	--	--	>16	--	--	--	--	>16	--
					--	--	--	<24	--	--	--	--	<24	--
76	17.12.99	GOVT. H.P.S.	MALLKUNDI	N.GUD	46	--	--	--	--	--	--	--	--	46
					--	>18	--	--	--	--	--	--	>18	--
					--	<28	--	--	--	--	--	--	<28	--
77	22.12.99	GOVT. HIGH SCHOOL	B.C. HALLI	T.N.PURA	--	--	70	--	--	--	--	--	--	70
					--	--	--	>29	--	--	--	--	>29	--
					--	--	--	<41	--	--	--	--	<41	--

78	22.12.99	GOVT. HPS & HIGH SCHOOL	TURAGANUR	T.N.PURA	10	--	47	--	--	--	--	--	57
					--	>03	--	>17	--	--	--	>20	--
					--	<07	--	<30	--	--	--	<37	--
79	24.12.99	GOVT. HIGH SCHOOL	KENCHANA-HALLI	H.D.KOTE	--	--	38	--	--	--	--	--	38
					--	--	--	>27	--	--	--	>27	--
					--	--	--	<10	--	--	--	<10	--
80	29.12.99	SRIKANTESHWARA GIRLS HIGH SCHOOL	HULLAHALLI	N.GUD	--	--	122	--	--	--	--	--	122
					--	--	--	>60	--	--	--	>60	--
					--	--	--	<62	--	--	--	<62	--
81	31.12.99	GOVT. HIGH SCHOOL	BANNUR	T.N.PURA	--	--	86	--	--	--	--	--	86
					--	--	--	>50	--	--	--	>50	--
					--	--	--	<36	--	--	--	<36	--
82	31.12.99	G.V. GOWDA HIGH SCHOOL	BANNUR	T.N.PURA	--	--	104	--	--	--	--	--	104
					--	--	--	>36	--	--	--	>36	--
					--	--	--	<68	--	--	--	<68	--
83	31.12.99	LIONS HIGH SCHOOL	BANNUR	T.N.PURA	--	--	19	--	--	--	--	--	19
					--	--	--	>15	--	--	--	>15	--
					--	--	--	<04	--	--	--	<04	--
TOTAL					608		8673		1265		404		10950
Hb % more than (>) 10 gms						207		5976		1147		384	7714
Hb % less than (<) 10 gms						369		2622		112		17	3120

ANNEXURE - XIII (a)

**AGEWISE, TALUKWISE ANALYSIS OF HB% FOR WOMEN CONDUCTED IN
SIX TALUKS DURING CAMPS**

Age	H.D. Kote		Nanjangud		T.N.Pura		Yelandur		Ch'Nagar		Gundlupet		Total
	>10	<10	>10	<10	>10	<10	>10	<10	>10	<10	>10	<10	
<15	107	130	106	192	50	222	9	19	86	111	90	68	1190
16-20	160	307	224	506	220	493	16	66	159	212	178	165	2706
21-25	143	422	258	578	304	595	14	87	163	299	147	382	3392
26-30	138	528	313	707	420	640	17	80	168	443	187	473	4114
31-35	109	326	189	319	218	418	14	68	93	292	111	287	2444
36-40	89	265	164	390	274	426	9	68	72	281	89	288	2415
41-45	59	232	127	310	152	345	2	86	53	197	68	237	1868
46-50	81	195	107	322	162	339	3	75	69	247	71	234	1905
51-55	38	146	62	205	91	190	2	22	41	124	51	162	1134
56-60	43	99	63	198	78	188	2	14	32	123	42	161	1043
>60	55	195	109	564	112	449	6	86	51	312	68	436	2443
TOTAL	1022	2845	1722	4291	2081	4305	94	671	987	2641	1102	2893	24654

ANNEXURE -XIII(b)**CONSOLIDATED STATEMENT OF HB %
CONDUCTED AGEWISE**

AGE	HB > 10	PERCENTAGE	HB < 10	PERCENTAGE
<15	448	6.4	742	4.2
16-20	957	13.6	1749	9.9
21-25	1029	14.7	2363	13.4
26-30	1243	17.7	2871	16.3
31-35	734	10.5	1710	9.70
36-40	697	10.0	1718	9.70
41-45	461	6.6	1407	8.0
46-50	493	7.0	1412	8.0
51-55	285	4.1	849	4.8
56-60	260	3.7	783	4.4
>60	401	5.7	2042	11.6
TOTAL..	7008	100	17646	100

ANNEXURE - XIII(c)**TALUKWISE HAEMOGLOBIN (Hb) STATUS OF WOMEN AT
CAMPS IN PERCENTAGE**

TALUK	>10 HB	PERCENTAGE	<10 HB	PERCENTAGE	TOTAL
H.D. KOTE	1022	26.4	2845	73.6	3867
NANJANGUD	1722	28.6	4291	71.4	6013
T.NARASIPURA	2081	32.6	4305	67.4	6386
YELANDUR	94	12.3	671	87.7	765
CHAMARAJANAGAR	987	27.2	2641	72.8	3628
GUNDLUPET	1102	27.6	2893	72.4	3995
TOTAL	7008	28.4	17646	71.6	24654

ANNEXURE - XIV

FINDINGS OF HEALTH PROBLEMS OF WOMEN & STUDENTS WHO HAVE COME FOR SCREENING & OUR DOCTOR'S DIAGNOSIS

	WOMEN	STUDENTS	TOTAL	%
I. <u>MENSTRUATION PROBLEM :</u>				
1. DYSMENORRHOEA	997	1378	2375	
2. MENORRHAGIA	806	223	1029	
3. METRORRHAGIA	699	15	714	
4. OLIGOMENORRHOEA	227	30	257	
5. POLYMENORRHOEA	95	29	124	
<i>SUBTOTAL</i>	2824	1675	4499	11.18
II. <u>PROBABILITIES OF CANCERS :</u>				
1. ABNORMAL BREAST (LUMP)	254	05	259	
2. OTHER SWELLINGS (LUMP IN BODY)	214	2	216	
3. ABNORMAL CERVIX	60	--	60	
4. POST MENOPAUSAL BLEEDING	41	-	41	
5. POST COITAL BLEEDING	24	--	24	
<i>SUBTOTAL</i>	593	07	600	1.49
III. <u>SYNDROME OF SEXUALLY TRANSMITTED DISEASE(STD) :</u>				
1. SKIN LESIONS	499	164	663	
2. ULCER OVER THE GENETALIA	22	--	22	
<i>SUBTOTAL</i>	521	164	685	1.70
IV. <u>REPRODUCTIVE TRACT INFECTION :</u>				
1. LEUCORRHOEA	6180	331	6511	
2. URINARY TRACT	431	16	447	
3. PELVIC INFLAMMATORY DISEASE	80	02	82	
<i>SUBTOTAL</i>	6691	349	7040	17.49
V. <u>GYNAECOLOGICAL PROBLEM :</u>				
1. INFERTILITY	319	--	319	
2. PROLAPSE UTERUS	86	--	86	
3. POST HYSTERECTOMY	52	--	52	
<i>SUBTOTAL</i>	457	--	457	1.14

VI. <u>GENERAL PROBLEM</u>				
1. SKELETAL & MUSCLE PROBLEMS	3260	412	3672	
2. GASTRO INTESTINAL SYSTEM	1813	510	2323	
3. ENT PROBLEMS	748	658	1406	
4. CARDIO VASCULAR SYSTEM	1164	45	1209	
5. RESPIRATORY SYSTEM	928	127	1055	
6. PYREXIA OF UNKNOWN ORIGIN (PUO)	911	52	963	
7. CENTRAL NERVOUS SYSTEM	739	65	804	
8. EYE PROBLEMS	363	135	498	
9. ENDOCRINE SYSTEM	190	62	252	
10. LYMPHADENITIS	235	11	246	
11. DENTAL PROBLEMS	88	106	194	
<i>SUBTOTAL</i>	<i>10439</i>	<i>2183</i>	<i>12622</i>	<i>31.36</i>
VII. AMENORRHOEA	519	--	519	1.29
VIII. ANAEMIA	7139	3505	10644	26.44
IX. NORMAL	116	3067	3183	7.91
GRAND TOTAL	29299	10950	40249	100%

ANNEXURE - XV (a)

**COMPARISON OF PATIENTS BETWEEN FIRST & SECOND ROUND OF HEALTH
CHECK-UP CONDUCTED IN GUNDLUPET TALUK**

SL. NO.	DATE	FIRST ROUND		DATE	SECOND ROUND	
		PHC/SUB CENTRE	NO. OF PATIENTS		PHC/SUB CENTRE	NO. OF PATIENTS
1	31.07.98	GUNDLUPET (GH)	114	16.08.99	GUNDLUPET (GH)	96
2	10.08.98	SOMHALLY (GAD)	166	07.06.99	SOMHALLY (GAD)	139
	- " -	RANGNATHPUR(PHC)	35	- " -	RANGNATHPUR(PHC)	56
3	17.08.98	K.G. HUNDI (PHU)	43	15.03.99	K.G. HUNDI(PHU)	48
	- " -	GOPALPURA (SC)	40	- " -	GOPALPURA (SC)	39
4	24.08.98	HANGALA (PHC)	23	22.03.99	HANGALA (PHC)	135
	- " -	KALLEGOWDANA- HALLY (PHU)	62	- " -	KALLEGOWDANA- HALLY (PHU)	36
5	07.09.98	MANGALA (PHC)	57	05.04.99	MANGALA (PHC)	64
	- " -	YELACHATHI (SC)	18	- " -	YELACHATHI (SC)	41
6	14.09.98	HUNDIPURA (PHC)	89	12.04.99	HUNDIPURA (PHC)	45
	- " -	BELAWADI (SC)	52	- " -	BELAWADI (SC)	91
7	21.09.98	BOMLAPURA(PHC)	47	14.06.99	BOMLAPURA(PHC)	60
	- " -	SHIVAPURA (SC)	88	- " -	SHIVAPURA (SC)	62
8	05.10.98	BACHALLY (PHC)	33	10.05.99	BACHALLY (PHC)	65
	- " -	ANKAHALLY (SC)	45	- " -	ANKAHALLY (SC)	26
9	12.10.98	KODASOGE (GAD)	92	17.05.99	KODASOGE (GAD)	102
	- " -	DEEPAPURA (SC)	91	- " -	DEEPAPURA (SC)	17
10	26.10.98	THERKANAMBI (PHC)	64	24.05.99	THERKANAMBI (PHC)	32
	- " -	KANDEGALA (SC)	29	- " -	KANDEGALA (SC)	33
11	09.11.98	PADAGUR (PHC)	69	21.06.99	PADAGUR (PHC)	62
	- " -	KELSUR (SC)	51	- " -	KELSUR (SC)	33
12	16.11.98	KABAHALLY (PHC)	39	28.06.99	KABAHALLY (PHC)	128
	- " -	MUDUGUR (SC)	60	- " -	MUDUGUR (SC)	52
13	23.11.98	S. BEGUR (PHC)	81	05.07.99	S. BEGUR (PHC)	45
	- " -	KOTAKERE (SC)	67	- " -	KOTAKERE (SC)	46
14	01.02.99	BARGI (PHC)	115	12.07.99	BARGI (PHC)	31
	- " -	HONGALLI (SC)	75	- " -	HONGALLI (SC)	41
15	03.02.99	BELACHAWADI (PHC)	77	19.07.99	BELACHAWADI (PHC)	52
	- " -	BERATANHALLY(SC)	83	- " -	BERATANHALLY(SC)	34

16	08.02.99	HORIYALA (PHC)	64	09.08.99	HORIYALA (PHC)	80
	- " -	C.V.PURA (SC)	80	- " -	C.V.PURA (SC)	148
17	10.02.99	MADAPATNA (PHC)	75	20.11.99	MADAPATNA (PHC)	39
	- " -	DADADAHALLY (SC)	29	- " -	DADADAHALLY (SC)	41
18	15.02.99	HEGGADHALLY (SC)	76	27.11.99	HEGGADHALLY (SC)	19
	- " -	HASAGULLI (PHC)	112		HASAGULLI (PHC)	25
19	17.02.99	ALATHUR (GAD)	70	30.10.99	ALATHUR (GAD)	43
	- " -	MANCHNHALLY(SC)	67	- " -	MANCHNHALLY(SC)	22
20	22.02.99	BANITALPURA (PHC)	100	23.10.99	BANITALPURA (PHC)	43
	- " -	VEERANAPURA (SC)	45	- " -	VEERANAPURA (SC)	53
21	24.02.99	NENEKATTE (GAD)	148	19.11.99	NENEKATTE (GAD)	66

TOTAL

2771

2290

Decreased by 17.4%

ANNEXURE - XV (b)

**COMPARISON OF PATIENTS ATTENDANCE BETWEEN FIRST & SECOND ROUND OF
HEALTH CHECK-UP CONDUCTED IN CHAMARAJANAGAR TALUK**

SL. NO.	DATE	FIRST ROUND		DATE	SECOND ROUND	
		PHC/SUB CENTRE	NO. OF PATIENTS		PHC/SUB CENTRE	NO. OF PATIENTS
1	14.08.98	ATTAGULIPURA (SC)	21	* 18.09.99	ATTAGULIPURA (SC)	95
	- " -	KOLIPALYA (PHC)	80	12.02.99	KOLIPALYA (PHC)	75
2	21.08.98	CHAMARAJNAGAR(GH)	69	29.10.99	CHAMARAJNAGAR(GH)	87
	28.08.98	PANNYADAHUNDI (PHC)	82	14.05.99	PANNYADAHUNDI (PHC)	149
	- " -	BENDRAVADI (SC)	74	- " -	BENDRAVADI (SC)	104
3	04.09.98	HARAVE (PHC)	60	21.05.99	HARAVE (PHC)	115
	- " -	MALIYUR (SC)	48	- " -	MALIYUR (SC)	53
4	11.09.98	UDIGALA (PHC)	31	23.04.99	UDIGALA (PHC)	94
	- " -	THAMMADAHALLY (SC)	99	- " -	THAMMADAHALLY (SC)	24
5	18.09.98	ALUR (PHC)	141	16.04.99	ALUR (PHC)	80
	- " -	CHANDAKAWADI (PHC)	103	- " -	CHANDAKAWADI (PHC)	114
6	25.09.98	KUDERU (PHC)	40	18.06.99	KUDERU (PHC)	89
	- " -	YELLAKURU (SC)	56	- " -	YELLAKURU (SC)	26
7	09.10.98	UMATHUR (PHC)	112	25.06.99	UMATHUR (PHC)	71
	- " -	BAGALLI (SC)	91	- " -	BAGALLI (SC)	17
8	16.10.98	V. CHATRA (PHC)	125	09.04.99	V. CHATRA (PHC)	55
	- " -	HARDANAHALLY (SC)	155	- " -	HARDANAHALLY (SC)	26
9	23.10.98	HALLEKEREHUNDI(PHC)	95	09.07.99	HALLEKEREHUNDI(PHC)	40
	- " -	NAVILLURU (SC)	118	- " -	NAVILLURU (SC)	18
10	06.11.98	KEMPANAPURA (SC)	67	28.05.99	KEMPANAPURA (SC)	75
	- " -	SANTHEMARHALLY(PHC)	73	- " -	SANTHEMARHALLY(PHC)	54
11	13.11.98	KOTHALWADI (PHC)	25	04.06.99	KOTHALWADI (PHC)	124
	- " -	KELIGERE (SC)	39	- " -	KELIGERE (SC)	28
12	20.11.98	HONGANUR (PHC)	238	11.06.99	HONGANUR (PHC)	188
	- " -	ERASWADI (SC)	119	- " -	ERASWADI (SC)	103
13	27.11.98	KAGALWADI (PHC)	203	16.07.99	KAGALWADI (PHC)	72
	- " -	NAGAVALLY (SC)	156	- " -	NAGAVALLY (SC)	46
14	12.02.99	BEDAGULLI (PHC)	31	18.09.99	BEDAGULLI (PHC)	26
15	19.02.99	GANAGANOOR (PHU)	86	25.09.99	GANAGANOOR (PHU)	17
	- " -	GODLIHUNDI (SC)	39	- " -	GODLIHUNDI (SC)	20
16	26.02.99	BEESALAVADI (PHC)	190	14.12.99	BEESALAVADI (PHC)	14
	- " -	B.G. HALLY (SC)	67	- " -	B.G. HALLY (SC)	--
TOTAL		2933	2099			
						Decreased by 28.4%

ANNEXURE - XV [c]

**COMPARISON OF PATIENTS ATTENDANCE BETWEEN FIRST & SECOND ROUND OF
HEALTH CHECK-UP CONDUCTED IN NANJANGUD TALUK**

SL. NO.	DATE	FIRST ROUND		DATE	SECOND ROUND	
		PHC/SUB CENTRE	NO. OF PATIENTS		PHC/SUB CENTRE	NO. OF PATIENTS
1	11.08.98	NANJANGUD (GH)	17	03.08.99	NANJANGUD (GH)	175
2	18.08.98	HEDATHALE (PHC)	83	11.05.99	HEDATHALE (PHC)	88
				- " -	VEERANAPURA (SC)	46
3	08.09.98	DEVANUR (PHC)	172	18.05.99	DEVANUR (PHC)	52
				- " -	BADANVALU (SC)	77
4	15.09.98	THAGADUR (PHC)	165	25.05.99	THAGADUR (PHC)	108
				- " -	KARAPURA (SC)	107
5	22.09.98	DASANUR (PHC)	182	08.06.99	DASANUR (PHC)	29
				- " -	KONANNUR (SC)	121
6	06.10.98	SUTHUR (PHC)	143	15.06.99	SUTHUR (PHC)	73
				- " -	SARGUR (SC)	50
7	13.10.98	BELAGULLI (PHC)	178	22.06.99	BELAGULLI (PHC)	40
				- " -	ESHWARAGOWDA- NAHALLY (SC)	97
8	20.10.98	HOSKOTE (PHC)	68	06.07.99	HOSKOTE (PHC)	44
				- " -	THUMBENERALA(SC)	65
9	27.10.98	HADINARU (PHC)	113	13.07.99	HADINARU (PHC)	108
				- " -	HADINARUMOLE (SC)	63
10	03.11.98	KUDLAPURA (PHC)	127	20.07.99	KUDLAPURA (PHC)	14
				- " -	MELAHALLY (SC)	52
11	10.11.98	KALALE (PHC)	170	10.08.99	KALALE (PHC)	136
				- " -	KERALAPURA (SC)	106
12	17.11.98	KESUVINHALLY(PHC)	67	17.08.99	KESUVINAHALLY (PHC)	69
				- " -	SURALE (SC)	84
13	24.11.98	MADUVINHALLY(PHC)	45	07.12.99	MADUVINAHALLY (PHC)	30
				- " -	HANCHIPURA (SC)	61
14	08.12.98	HURA (PHC)	116	17.12.99	HURA (PHC)	89
				- " -	MALKUNDI (SC)	04
15	15.12.98	CHANDRAWADI (PHC)	114	--	--	--
16	09.02.99	NAGARLE (GAD)	112	14.09.99	NAGARLE (GAD)	74
	- " -	THAYUR (GAD)	48	- " -	THAYUR (GAD)	39
17	16.02.99	VALLAGERE (PHC)	112	21.09.99	VALLAGERE (PHC)	28
				- " -	ARATHALE (SC)	74
18	23.02.99	HEMMARGALA (PHC)	105	07.09.99	HEMMARAGALA (PHC)	21

19	02.03.99	NERALA (GAD)	84	28.09.99	NERALA (GAD)	74
	- " -	D. KAVALANDE (GAD)	119	- " -	D. KAVALANDE (GAD)	23
20	13.03.99	HULLAHALLI (PHC)	25	--	--	--
21	16.03.99	YALLAHALLY (GAD)	101	23.11.99	YALLAHALLY (GAD)	40
				- " -	DUGGALLI (SC)	42
22	19.03.99	MARALLUR (GAD)	154	05.10.99	MARALLUR (GAD)	41
	- " -	YACHAGALLI (PHC)	75	- " -	YACHAGALLI (PHC)	30
23	23.03.99	YEDIYALA (PHC)	151	08.09.99	YEDIYALA (PHC)	53
24	30.03.99	HULLAHALLI (PHC)	160	03.12.99	HULLAHALLI (PHC)	80
	- " -	HEGGADAHALLY (SC)	163	- " -	HEGGADAHALLY (SC)	57
25	06.04.99	HALLARE (PHC)	165	26.10.99	HALLARE (PHC)	42
	- " -	MALLAKAHUNDI	75	- " -	HAGGINAVALU (SC)	70
26	13.04.99	KIRGUNDA (PHC)	113	16.11.99	KIRGUNDA (PHC)	100
	- " -	SONHALLY (SC)	50	- " -	SONHALLY (SC)	10
				18.12.99	HARDANAHALLY (SC)	106

TOTAL....

3572

2992

Decreased by 16.2%

ANNEXURE - XV(d)

COMPARISON OF PATIENTS ATTENDANCE BETWEEN FIRST & SECOND ROUND OF
HEALTH CHECK-UP CONDUCTED IN T.NARASIPURA TALUK

SL. NO.	DATE	FIRST ROUND		DATE	SECOND ROUND	
		PHC/SUB CENTRE	NO. OF PATIENTS		PHC/SUB CENTRE	NO. OF PATIENTS
1	12.12.98	GARGESHWARI (PHC)	108	04.09.99	GARGESHWARI (PHC)	77
	- " -	KERGASUR (SC)	25	- " -	KERGASUR (SC)	13
2	19.12.98	KUPYA (PHC)	71	22.05.99	KUPYA (PHC)	40
	- " -	KEMPAINAHUNDI (SC)	107	- " -	KEMPAINAHUNDI (SC)	40
3	08.01.99	MADAPURA (PHC)	127	05.06.99	MADAPURA (PHC)	60
	- " -	HEMMEGE (SC)	101	- " -	HEMMEGE (SC)	38
4	22.01.99	CHIDRAVALLI (PHU)	137	19.06.99	CHIDRAVALLI (PHU)	41
	- " -	NARGYATHANAHALLI (SC)	101	- " -	NARGYATHANAHALLI (SC)	36
5	29.01.99	KALIHUNDI (SC)	192	26.06.99	KALIHUNDI (SC)	56
	- " -	CAUVERIPURA (PHC)	158	- " -	CAUVERIPURA (PHC)	60
6	06.02.99	T. NARASIPURA (GH)	73	17.09.99	T. NARASIPURA (GH)	65
	- " -	HOSATHIRUMKUDULU(SC)	62			
7	11.02.99	MUGUR (PHC)	182	--	--	--
	- " -	KURUBUR (SC)	109	29.11.99	MUGUR (PHC)	45
8	20.02.99	SOSALE (PHU)	234	13.12.99	SOSALE (PHU)	85
	- " -	VYSARAJPURA (SC)	129	- " -	VYSARAJPURA (SC)	22
9	27.02.99	T. MALLANGI (PHC)	169	20.09.99	T. MALLANGI (PHC)	12
	- " -	T. DODAPURA (SC)	106	- " -	T. DODAPURA (SC)	32
10	06.03.99	BANNUR (PHC)	241	16.10.99	BANNUR (PHC)	126
11	10.03.99	SOMNATHPURA (PHC)	90	27.09.99	SOMNATHPURA (PHC)	61
	- " -	KETHUPURA (SC)	87	- " -	KETHUPURA (SC)	74
12	12.03.99	TALKAD (PHC)	102	24.09.99	TALKAD (PHC)	85
	- " -	MUDUKATHERE(SC)	144	- " -	MUDUKATHERE(SC)	66
13	17.03.99	THURGANUR (PHC)	114	22.12.99	THURGANUR (PHC)	94
	- " -	B.C. HALLY	148	- " -	B.C. HALLY	29
14	20.03.99	KAYAMBALLI (PHC)	89	11.10.99	KAYAMBALLI (PHC)	19
	- " -	BENKAHALLY	89	- " -	BENKAHALLY	12
15	24.03.99	KODGALLY (GAD)	146	25.10.99	KODGALLY (GAD)	60
	- " -	GADIJOGIHUNDI	52	- " -	MADGALLI	121
16	27.03.99	RANGASAMUDRA (PHC)	110	29.05.99	RANGASAMUDRA (PHC)	80
	- " -	THUMBALA (SC)	82	- " -	THUMBALA (SC)	58
17	31.03.99	YACHANAHALLI (PHC)	203	--	--	--
	- " -	ATTAHALLY (SC)	122	--	--	--
18	07.04.99	MUTHALWADI (PHC)	115	06.12.99	MUTHALWADI (PHC)	43
	- " -	(KEBBEHUNDI)		- " -	(KEBBEHUNDI)	
19	17.04.99	HEGGUR (PHC)	124	10.12.99	HEGGUR (PHC)	19
	- " -	K.G. KOPPAL	100	- " -	K.G. KOPPAL	08

20	21.04.99	B. BETTAHALLY (GAD)	141	15.11.99	B. BETTAHALLY (GAD/PHC)	56
	- " -	BASAVANAHALLY (SC)	122	- " -	BASAVANAHALLY (SC)	65
21	15.05.99	DODAMULAGUDU (SC)	36	05.11.99	DODAMULAGUDU (SC)	51
	- " -	K.K. HALLY (PHC)	54	- " -	K.K. HALLY (PHC)	21
TOTAL			4749	1958		
						Decreased by 58.8%

ANNEXURE - XV(e)

COMPARISON OF PATIENTS ATTENDANCE BETWEEN FIRST & SECOND ROUND OF
HEALTH CHECK-UP CONDUCTED IN H.D. KOTE TALUK

SL. NO.	DATE	FIRST ROUND		DATE	SECOND ROUND	
		PHC/SUB CENTRE	NO. OF PATIENTS		PHC/SUB CENTRE	NO. OF PATIENTS
1	20.08.98	BEECHANAHALLY (PHU)	43	08.12.99	BEECHANAHALLY (PHU)	30
	- " -	H.D. KOTE (GH)	41	- " -	BEDRAHALLY	55
	- " -	H.D. KOTE (GH)	41	21.07.99	H.D. KOTE (GH)	240
2	26.08.98	SAGUR (PHC)	77	14.07.99	SAGUR (PHC)	148
	- " -	THUMBASOGE (SC)	16	- " -	THUMBASOGE (SC)	72
3	09.09.98	ANNUR (PHC)	79	19.05.99	ANNUR (PHC)	76
	- " -	K. YADATHORE (SC)	62	- " -	K. YADATHORE (SC)	60
4	16.09.98	KYATHANAHALLY (PHC)	104	26.05.99	KYATHANAHALLY (PHC)	43
	- " -	ALANAHALLY (SC)	21	- " -	ALANAHALLY (SC)	107
5	23.09.98	HAMPAPURA (PHC)	51	09.06.99	HAMPAPURA (PHC)	98
	- " -	KOLGALA (SC)	35	- " -	KOLGALA (SC)	101
6	07.10.98	MADAPURA (PHC)	78	16.06.99	MADAPURA (PHC)	130
	- " -	HYRIGE (SC)	38	- " -	HYRIGE (SC)	59
7	14.10.98	SHANTHIPURA (PHC)	113	--	--	--
	- " -	KOTHEGALA (SC)	56	26.11.99	KOTHEGALA (SC)	42
8	28.10.98	K. BELATHUR (PHC)	58	23.06.99	K. BELATHUR (PHC)	59
	- " -	CHAKKUR (SC)	87	- " -	CHAKKUR (SC)	18
9	04.11.98	CHICKKANANDI (PHC)	85	07.07.99	CHICKKANANDI (PHC)	66
	- " -	PURA (SC)	26	- " -	PURA (SC)	60
10	11.11.98	AGATHUR (SC)	14	04.08.99	AGATHUR (SC)	29
	- " -	SAGARE (PHC)	39	- " -	SAGARE (PHC)	62
11	18.11.98	HEGGANNUR (GAD)	42	15.09.99	HEGGANNUR (GAD)	72
	- " -	DADADAHALLY (PHC)	103	22.09.99	DADADAHALLY (PHC)	42
	- " -	DADADAHALLY (PHC)	103	- " -	DEVALAPURA (SC)	68
12	25.11.98	ANTHRASATHE (PHC)	70	04.12.99	ANTHRASATHE (PHC)	104
	- " -	HOSAHOLALU (SC)	65	- " -	HOSAHOLALU (SC)	62
13	09.12.98	B. MATAKERE (PHC)	102	29.09.99	B. MATAKERE (PHC)	46
	- " -	KALIVALU (SC)	27	- " -	KALIVALU (SC)	25
14	16.12.98	HEBALAGUPPE (PHC)	116	15.12.99	HEBALAGUPPE (PHC)	34
	- " -	JAKKAHALLY (SC)	85	13.10.99	JAKKAHALLY (SC)	33
15	23.12.98	MULLUR (PHC)	52	06.10.99	MULLUR (PHC)	64
	- " -	KALLAMBALLU (SC)	65	- " -	KALLAMBALLU (SC)	32
16	30.12.98	N. BELTHUR (PHC)	46	27.10.99	N. BELTHUR (PHC)	22
	- " -	MAGGE (SC)	113	- " -	MAGGE (SC)	49
17	06.01.98	BADAGALAPURA (PHC)	141	10.11.99	BADAGALAPURA (PHC)	23
	- " -	CHERINAGUNDI (SC)	81	- " -	CHERINAGUNDI (SC)	08
18	13.01.98	MUTHIGEHUNDI (PHC)	47	17.11.99	MUTHIGEHUNDI (PHC)	33
	- " -	KADBEGUR (SC)	15	- " -	KADBEGUR (SC)	24

19	21.01.98	D.B. KUPPE (PHC)	33	24.11.99	D.B. KUPPE (PHC)	181
	- "	BALLI (SC)	20	- "	BALLI (SC)	11
20	20.04.98	KENCHANAHALLY (SC)	66	24.12.99	KENCHANAHALLY (SC)	21
	- "	N. BEGUR (PHC)	62	- "	N. BEGUR (PHC)	63
TOTAL			2474	2572		
				Increased by 4%		

ANNEXURE - XV(f)

**COMPARISON OF PATIENTS ATTENDANCE BETWEEN FIRST & SECOND ROUND OF
HEALTH CHECK-UP CONDUCTED IN YELANDUR TALUK**

SL. NO.	DATE	FIRST ROUND		DATE	SECOND ROUND	
		PHC/SUB CENTRE	NO. OF PATIENTS		PHC/SUB CENTRE	NO. OF PATIENTS
1	06.09.98	GUMBALLY (PHC)	41	10.07.99	GUMBALLY (PHC)	56
	- " -	B.R. HILLS	23	- " -	B.R. HILLS	23
2	17.10.98	YELANDUR (PHC)	22	03.07.99	YELANDUR (PHC)	96
	- " -	AMBALLE (SC)	109	- " -	AMBALLE (SC)	64
3	24.11.98	HONNUR (PHC)	51	17.07.99	HONNUR (PHC)	92
	- " -	DUGGATTI (SC)	52	- " -	DUGGATTI (SC)	111
4	07.11.98	AGARAMAMBALLY (PHC)	16	24.07.99	AGARAMAMBALLY (PHC)	69
	- " -	MALLIGENAHALLI (SC)	16	- " -	MALLIGENAHALLI (SC)	48
TOTAL...			330	559		
						Increased by 69.4%

ANNEXURE - XVI

LIST OF PID PATIENTS RECORDED

Sl. No.	Name & Address	Age Yrs.	Diagnosis	Advice	Treatment	Remarks	Measures taken
1	Mrs. Gangama W/o H D Sanjeev Shetty, Homaragalli Village, Hampapura H D KOTE.	62	Poorly differentiated metastatic carcinoma liver.	---	8th cycle CT taken	Expired on 22/7/99	Follow up on 25/3/2000
2	Mrs. Basamma W/o Mr. Shivappa, Hommaragalli Village Hampapura, H D KOTE	65	Ca. Cervix	Regular follow up	20 fractions RT & ICR completed on 29/10/1999	Discharged on 31/10/98	Follow up on 25/3/2000
3	Mrs. Lakshamma W/o Mr. Janardhan Somnathapura, T N PURA	55	Ca. Cervix-II B. Moderately Differenti- ated squamous cell Ca.	Radiation therapy	RT + CT + ICR	Drop out after 2 visits (16/3/99) RT planning not done	Follow up on 8/3/00 Ltr. sent on 23/3, 7/4 & 12/11/99
4	Mrs. Meena W/o Mr. Siddegowda, SRP RD Opp. Govt. Hospital, Bannur, T N PURA	30	Papillary Ca. Thyroid	Surgery	Completion left thyroid with left FND	Still she is having Ca. Thyroid	Follow up on 3/3/00
5	Mrs. Doddamma W/o Mr. Siddegowda Yediyala, NANJANGUD	75	Ca. Left brest, stage IV	First visit Palliative CT.	---	Not come for follow up	---

6	Mrs. Bettamma W/o Mr. Late Sidde Gowda Kethupura, TN PURA	48	Ca. Cervix, stage-IV moderately differentia- ted squamous cell carcinoma.	10 fractions of palliative RT	---	Refused treatment after 9 fractions	Follow up on 8/3/2000
7	Mrs. Mahadevamma W/o Late Javaraiah, Benakanahalli Village & Post TN PURA	50	Ca. Cervix, stage-I B	Biopsy & radiation therapy	Biopsy report not collected	Came for only 1 visit not able to find the patient	Follow up on 7/3/2000 ltr sent on 7/4 & 19/4/99
8	Mrs. Rudramma W/o Mr. Rangaswamy Naik, Chandakavadi, CH'NAGAR.	38	Cervical adeno, axillary node.	Excision biopsy	---	---	Letter sent on 16/6/99
9	Mrs. Papathi Bai W/o Mr. Tholasia Naik, Karjambally Village, T N PURA	50	Ca. cervix	---	Completed RT + ICR	---	Last follow up on 23/3/2000
10	Mrs. Mahadevamma W/o Mr. Shankar Shetty Yelakur Village, Mangala Post CH' NAGAR	40	Ca. cervix stage - IB	---	Completed RT + ICR-2	---	Follow up on 31/8/99
11	Mrs. Chinnamma W/o Mr. Basavaiah, Halepura Post, Doddakavalande Hobli Mallahalli, N'GUD	30	Chronic myeloid leukaemia	---	On treatment till 7/9/99	---	---

12	Mrs. Kamalamma W/o Mr. Madaiah, Hongalur Village Santhamarahali Post, CHAMRAJNAGAR	38	Ca. Cervix stage IV A	---	25 fraction of RT+ ICR	Drop out after 7 fractions	---
13	Mrs. Mahadevamma W/o Late Mr. Siddegowda Marigudi Rd, Chamanahalli T N PURA	40	Ca. Breast, stage IIIB Surgery. T4NOMO	---	Modified radical mastectomy with B.O.	---	---
14	Mrs. Ningamani W/o Siddegowda S. Marhally, C. Nagar.	55	W.D.P.V.	---	First visit.	Regular follow up	
15	Mrs. Savithri	30	Nipple discharge	---	Mamography normal	No follow up	---
16	Mr. Rudramma	40	Cancer phobia-sore throat.	D/L scopy	---	---	---
17	Mrs. Lakshmi Devamma	55	Cronic endocervicitis	---	---	---	---
18	Mrs. Nanjamma W/o Mr. Siddashetty Belagali Village & Hobli NANJANGUD TALUK	50	Ca. Cervix	Biopsy	---	Drop out	---
19	Mrs. Shasirekhamma W/o Mr. Narayana Shetty Kotekere Village & Post Begur Hobli, G.PET TALUK	50	Ca. Breast	Biopsy	---	---	---

20	Mrs. Kempananjamma Hosahalli Village, Annur Post H D KOTE	75	Ca. Cervix	---	---	---	---
21	Mrs. Nanjamma W/o Mr. Srikantappa Metikoppa village & post H D KOTE	60	Ca. Cervix	---	---	Complete RT & Breaky - follow up for 2nd breaky	---
22	Mrs. Parvathamma W/o late Javaranyak Hanaganchi, Devanur Post NANJANGUD TALUK	50	Ca. Left Breast	---	---	Drop out	Ltr. sent on 21.10.98
23	Mrs. Ningamma W/o Late Madaiah Hoskote Village NANJANGUD TALUK	50	Advance ca. Thyroid	---	---	---	---
24	Mrs Neelamma W/o Mayanna K N 553, Vokkalageri Near Siddappaji Tempe NANJANGUD TALUK	50	Ca. Post record taken	---	---	Taken RT at KMIO	---
25	Mrs. Padma W/o Kappannenayaka Chandrawadi CHAMRAJNAGAR TALUK	24	Ca. Breast	Chemo 2-4 cycle	---	2 cycle chemo completed under treatment	---

26	Mrs. Alamma W/o Byregowda Motta Village, Hullahalli Hobli NANJANGUD TALUK	45	Ca. Cervix	RT & Chemo	---	Drop out	---
27	Mrs. Mahadevamma W/o Mahadevashetty Near Dodammathai temple Honnur, YELANDUR	45	Ca. Cervix	RT	---	Treatment completed	---
28	Ms. Kalamani	35	Ca. Breast	---	---	Drop out	---
29	Mrs. Basamma W/o Late Siddappa Demahalli Village & Post S.Marahalli Hobli CHAMARAJANAGAR	60	Ca. rt foot maleanoma	Biopsy	----	Drop out	----
30	Mrs. Mahadevamma W/o Late Muddappa B. Mattakere H.D. KOTE	65	----	RT Post operative RT	----	Drop out	----
31	Mrs. Ballamma W/o Late Haroshetty B.R. Hills YELANDUR	50	Infl. Smear with moderate dysplasia	Biopsy	----	Drop out	----
32	Mrs. Siddamma W/o Marigowda Dasegowdana Koppalu T. NARASIPURA	40	Ca. Cervix ?	Biopsy done ulcerative endocervical tissue	-----	Repeat biopsy drop out	-----

ANNEXURE - XVII(a)

EVALUATION OF TRAINING & REORIENTATION TRAINING OF MEDICAL OFFICERS

	TRAINING	RE-ORIENTATION
TOTAL NOS ATTENDED	104	115
1. Is the training useful?		
- Yes	104	115
2. Did you learn anything new?		
- Yes	100	115
- No	4	--
3. Did it alter/add anything to your present knowledge?		
- Yes	96	110
- No answer	8	5
4. Which was the most useful session?		
- All	36	20
- Combined modality cancer treatment	23	--
- Common Gynaec problems	14	11
- Cancer of Breast and Cervix	11	--
- STDs in women & combined modality cancer treatment	7	--
- Combine modality cancer treatment & cancer of breast and cancer of cervix	5	--
- STDs in women	4	--
- Combine modality cancer treatment & common gynaec problems	4	--
- Outline of cancer management	--	29
- Group discussion	--	24
- Is access to women's health services project useful to the rural women		
- Can we be more effective in implementing the program		
- Can the PHC/PHU take over this program? If so, what support would they need ?		
- Outline of cancer management & group discussion	--	10
- Recent approaches in management of breast cancer	--	9
- Outline of cancer management & gynecological problems	--	7
- Gynaec malignancies	--	3
- No answers	--	2
5. Have you any suggestion to improve the training program ? Specify.		
- More duration	21	18
- More interaction & less lecture (with mass media)	9	10
- Medical officer should be informed earlier about the program	1	--
- Do it in PHC level	1	--
- More on modern & advance treatment of cancer	3	--
- IEC materials should be given	--	4
- Practical oriented training & screening procedures	5	8
- Better training hall should be provided	16	6

- More information on cancer	4	--
- More subject should be covered	4	--
- Frequent training should be given	15	10
- More detection camps in the field	1	--
- More audio visual aids should be used	9	--
- More on OBG & Surgery	7	1
- More publicity should be given about camps	--	1
- Camps should start early morning	--	1
- More information about RT & CT	--	5
- More about early detection than treatment	--	2
- More on surgical oncology	--	1
- Better speaker should be called	--	1
- Better to conduct training at BDC building	--	1
- Training should be given at taluk level	--	2
- Flow chart of the therapy should be shown	--	1
- More health education should be given to the community	--	1
- Regular follow up of the patient	--	1
- Quality should be improved than quantity	--	1
- Free treatment should be given to cancer patients	--	1
- Clinical based diagnosis & other investigations	--	1
- No answer	8	38

6. Would you like to get more information on any subject dealt in the training program? Specify

- Yes	5	4
- No	21	--
- On treatment of cancer	2	--
- On leukemia	4	--
- About cancers other than cervix and breast	3	--
- More on cancer of cervix & breast	15	--
- On surgical oncology	7	8
- On gynaec problems	6	4
- On STDs	5	5
- Detection of cancer	8	--
- Advanced cancer treatment	3	2
- Taking pap smear	2	1
- Demonstration	3	--
- More on RT & CT	9	14
- More on RTI	--	3
- On Womens health	--	1
- IEC materials should be given	--	1
- More health education & follow up of patients	--	1
- Training should be more interactive	--	1
- Early detection of cancer at PHC level	--	2
- More on different types of cancers	--	8
- Cancer detection & management	--	3
- Para medical staff should be trained	--	1
- Better training hall	--	2
- Mode of radiation therapy	--	2
- None	--	52
- No answer	11	--

7. Have you got any suggestion to improve the program?		
- Should organize frequently & more duration	--	8
- Patients referred to Bharath Hospital & Institute of Oncology by PHCs should be given concession & PHC Medical Officers should be informed about the patients	--	4
- Follow up of patients correctly	--	5
- Frequently camps should be held	--	1
- Training hall should be improved	--	6
- Improve the quality of food	--	2
- Implement the program in proper way	--	2
- Enhance T.A & D.A	--	5
- Demonstration of counselling the patients	--	1
- Pap smear reports should be sent earlier	--	2
- Gynecologists should be trained for three months on gynae malignancies	--	1
- More health education at village level	--	2
- Vacancies should be filled up	--	1
- Transportation should be provided	--	1
- Supply of minimum medicine to PHCs should be ensured	--	1
- No answer	--	73
8. Quality of food?		
- V.Good	2	2
- Good	98	79
- Satisfactory	1	23
- Unsatisfactory	--	9
- No answer	3	2

EVALUATION OF TRAINING & REORIENTATION OF SUPERVISORY STAFF

	ORIENTATION	RE-ORIENTATION
TOTAL NOS ATTENDED	54	53
1. Is the training useful?		
- Yes	54	53
2. Did you learn anything new?		
- Yes	54	52
- No answer	--	1
3. Did it alter/add anything to your present knowledge?		
- Yes	25	--
- Training should be for more duration	5	--
- Learnt about STD	9	--
- Have learnt more on cancer	8	--
- No answer	7	--
4. Which was the most useful session?		
- All	20	6
- STD	13	1
- General overview of menstrual problems & RTI	12	30
- General overview of cancer with special emphasis on SBE & Cervix Ca. Including demonstration of taking pap smear	9	11
- Group discussion	--	1
- Menstrual disorder and Ca.Cervix & Breast	--	3
- No answer	--	1
5. Have you any suggestion to improve the training program ? Specify.		
- Training should be given to the NGOs	6	--
- Training should be for more duration	15	15
- Audio visual aids should be used more	11	--
- More duration needed & monthly detection camps required in the field	3	--
- IEC materials should be given	3	--
- Pap smear kits should be given	3	--
- Film show should be arranged	2	3
- Field training & demonstration of the case needed	2	--
- Arranged in a better hall & training should be given frequently	--	5
- Transportation facility should be provided	--	3
- Counseling with the patients	--	4
- LHV's, BHE's, JHA(F), Anganawadi workers should be given education	--	5
- No changes needed	--	7
- Service aspects should be added	--	2
- Information needed on MTP	--	1
- More interaction needed	--	1
- Changes needed will intimate later	--	1
- No answer	9	6

ANNEXURE - XVII(c)

EVALUATION OF TRAINING & REORIENTATION FOR JR.H.A. (F)

TOTAL NOS ATTENDED	ORIENTATION	REORIENTATION
	309	301
1. Is the training useful?		
- Yes	309	301
2. Have you learnt anything new?		
- Yes	309	277
- No answer	--	24
3. Do you want any changes added to the training program		
- Yes	28	30
- No	5	95
- More on STD (should be in detail)	20	5
- More on Cancer	51	15
- More details about the Project	2	--
- Film show should have been arranged	57	27
- More information on all subjects	58	--
- Training should be arranged at BHIO	25	--
- Pap smear kit should be given to all Jr.H.A (F)s	17	--
- More duration & frequent training	25	53
- One day field visit should be there to take the Pap Smear	12	--
- More on Aids	7	--
- Cancer detection camps should be held regularly in rural areas	--	30
- More health education should be given to the community	--	25
- Paramedical staff should be given more training and through them the community should be trained	--	2
- Lab demonstration needed	--	1
- More duration & TV show should be arranged on different cancer cases and surgery of cancer cases	--	1
- More on RTI	--	2
- More on gynaec problems	--	1
- NGOs should be trained	--	3
- No answer	2	11
4. Would you like to get more information on any subject dealt in the training program? Specify	Not Applicable	
- Yes		55
- No		61
- More information should be given to paramedical staff as well as to the community		15
- More duration		9
- LMOs should be provided to all the PHCs		3
- More on STD		1
- Frequent training on new subjects should be given		7
- More on different types of cancers		24
- More on CT & RT		28
- Pap smear kit should be given		24
- Health education should be given to all school children		3
- Interaction with the patients		9

- Audio, visual aids should be used		17
- No answer		45
5. Which was the most usefull session ?		
- Yes	--	3
- All	--	6
- Menstrual problems and RTI	--	93
- Group discussion	--	44
- Learnt how to give health education to the community	--	19
- Introduction & demonstration of taking pap smear, menstrual problem & RTI & Group discussion	--	46
- Cervix & Breast cancer including demonstration	205	75
- STD & other RTI	46	--
- Cervix & Breast cancer and STD & other RTI	43	--
- Field visit for taking pap smear	15	--
- No answer	--	15
6. On which subject have you gained more knowledge in this training? Would you like to give any useful suggestions?		
- Taking pap smear, Cancer & STD	195	--
- Learnt about cancer & inpatients	56	2
- Information needed on contagious disease	1	--
- Ca.Cervix & breast and Pap smear	31	--
- Learnt on STD & RTI	8	--
- Film show should be arranged for village people	18	--
- Yes	--	5
- Learnt about taking pap smear	--	93
- Ca.Cervix & self breast examination	--	45
- On menstrual problems and RTI	--	83
- Learnt more about the project	--	6
- Pap smear kit should be given	--	11
- Learnt about inpatient and RTI	--	3
- Learnt on STD, Ca.Cervix & Breast	--	3
- More information on STD needed	--	1
- More information on cancer needed	--	2
- Awareness should be created in the community about personal hygiene	--	5
- Such program should be telecasted through Doordarshan	--	1
- Training should be for more duration	--	5
- Learnt on womens health	--	7
- HE materials should be given in time	--	1
- No answer	--	28
7. Do you have any suggestion to improve the training program ? If so, please mention.		
- Yes	18	55
- No	15	107
- Group discussion should be held before doing survey in the field	6	--
- Field visit should be for 2 days	9	--
- Awareness creation in villages including men	37	--
- Awareness on personal hygiene to community	25	--
- Film show should be arranged to the community on		

health aspects	73	--
- Audio, visual aids should be used more in the training	42	15
- Exposure to cancer hospital & interaction with the patients	46	--
- More on Ca.Cervix & Personal Hygiene	3	--
- More on RTI	15	--
- RTI subject to be covered	2	--
- IEC materials should be in colour	--	10
- More health HE should be given to community	--	29
- More on STD	--	1
- School teachers & club members should be trained	--	2
- Training and pap smear taking should be taught to the dais	--	2
- Better resource faculty should be invited	--	1
- More time should be allotted for group discussion	--	2
- Lab technician should be provided to each PHC	--	2
- Better training hall	--	32
- LMO should be provided to each PHC	--	9
- No answer	18	34
8. Quality of food		
- Good	226	217
- V.Good	16	57
- Average	62	24
- Tasty & Hygienic	4	2
- Not good	--	1
- No answer	1	--

RESOURCE PERSONS

1. Dr. H Hanumanthappa, MD., DVD.,
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2. Dr. Meena Despande, MBBS., MD (OBG), DNB (OBG).,
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3. Dr. Damayanthi, MBBS., MD.,
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4. Dr. Pramila, MBBS., MD.,
Gynaecologist.
K R Hospital,
MYSORE.
5. Dr. Nirmala,
District Surgeon,
MYSORE.
6. Dr. Prasanna Raj, MBBS., MD., MCH
Prof. Of Community. Med.
JSS Medical College,
MYSORE.
7. Dr. Ajaikumar, MBBS., MD.,
Medical Oncologist,
Burlington,
U.S.A.
8. Dr. Anil Thomas, MS., M.Ch.,
Chief Surgical Oncologist & Medical Superintendent,
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9. Dr. M S Vishveshwara, MBBS., DMRT., MD (KIDWAI)., DNB.,
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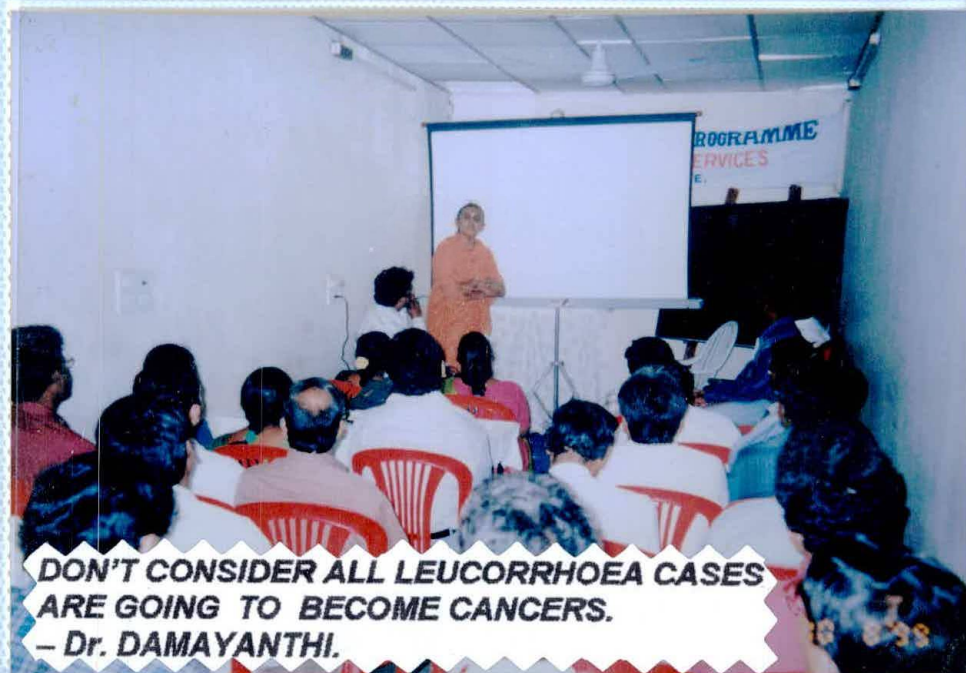
10. Dr. Y S Madhavi, MBBS., M.D.,
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11. Dr. Ramana Rao, MD.,
Oncologist,
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12. Dr. Rama, MBBS., DFW., FCGP.,
Lady Medical Officer, FPAI.,
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13. Dr. Vijaya Srinivas, MBBS., DFW., Dip. G.O., FCGP.,
Lady Medical Officer, FPAI.,
MYSORE.
14. Dr. M B Pashupathi, MBBS.,
Sr. Medical Officer, BCCHI,
MYSORE.
15. Dr. Manjula, MBBS, DGO.,
Gynaecologist, BCCHI,
MYSORE.
16. Dr. Usha, MBBS., DGO.,
Gynaecologist, BCCHI,
MYSORE.
17. Mr. C H Sridhar, B.Sc., (RT) (MT).,
Radiotherapy Technologist, BH & IO,
MYSORE.
18. Mr. K S Nanjappa,
Project Co – ordinator, BCCHI,
MYSORE.
19. Ms. T Bharathi, B.Sc., B. Ed.,
Social Worker, BCCHI,
MYSORE.



LIGHTING OF INAGURAL LAMP BY DR. VIJAYALAXMI



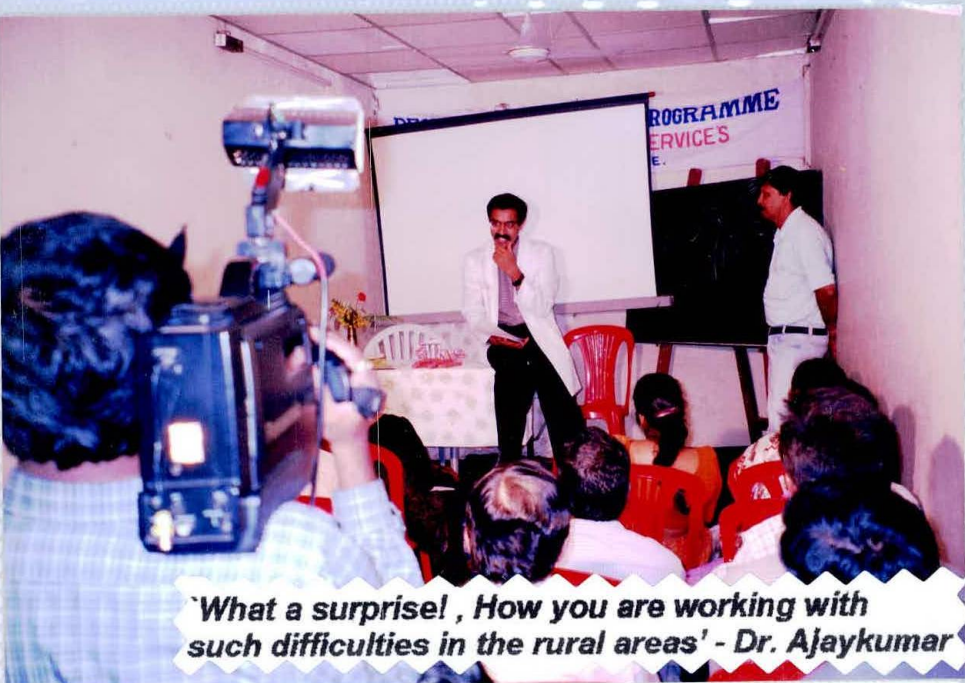
DR. DHANYA KUMAR, DY. DIRECTOR, KHS DP, BANGALORE, ADDRESSING THE MEDICAL OFFICERS AT BCCHI, MYSORE.



**DON'T CONSIDER ALL LEUCORRHOEA CASES ARE GOING TO BECOME CANCERS.
- Dr. DAMAYANTHI.**



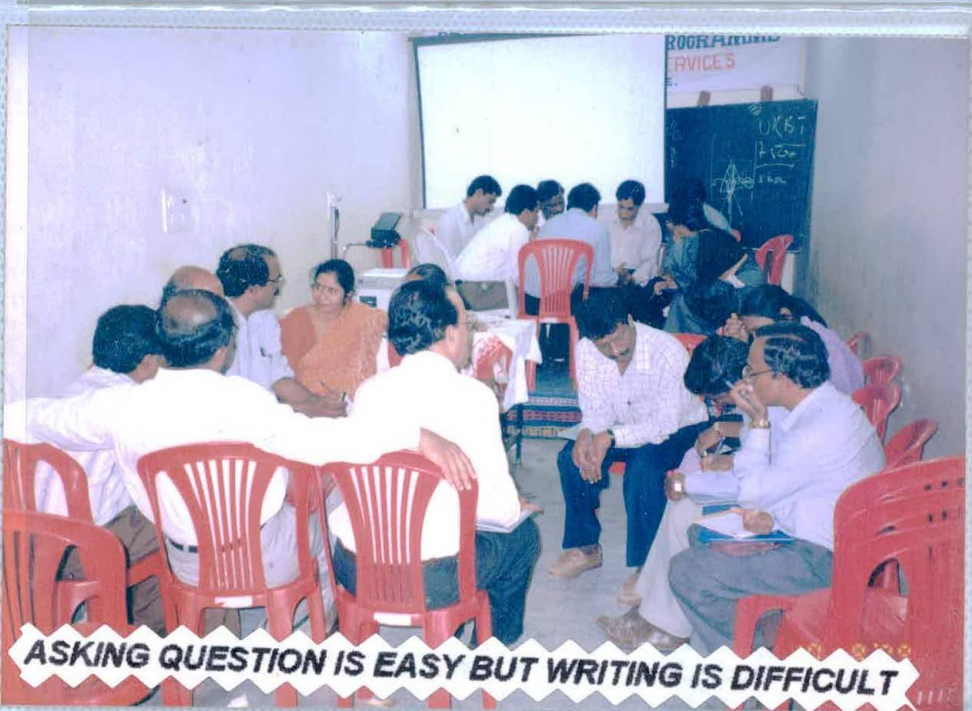
'AWARENESS ABOUT THE COMBINED MODOLITY OF CANCERS' TO M.O's BY DR. ANIL THOMAS.



'What a surprise! , How you are working with such difficulties in the rural areas' - Dr. Ajaykumar



R. T. TECHNOLOGIST EXPLAINING ABOUT COBALT MACHINE TO M.O.'S



ASKING QUESTION IS EASY BUT WRITING IS DIFFICULT



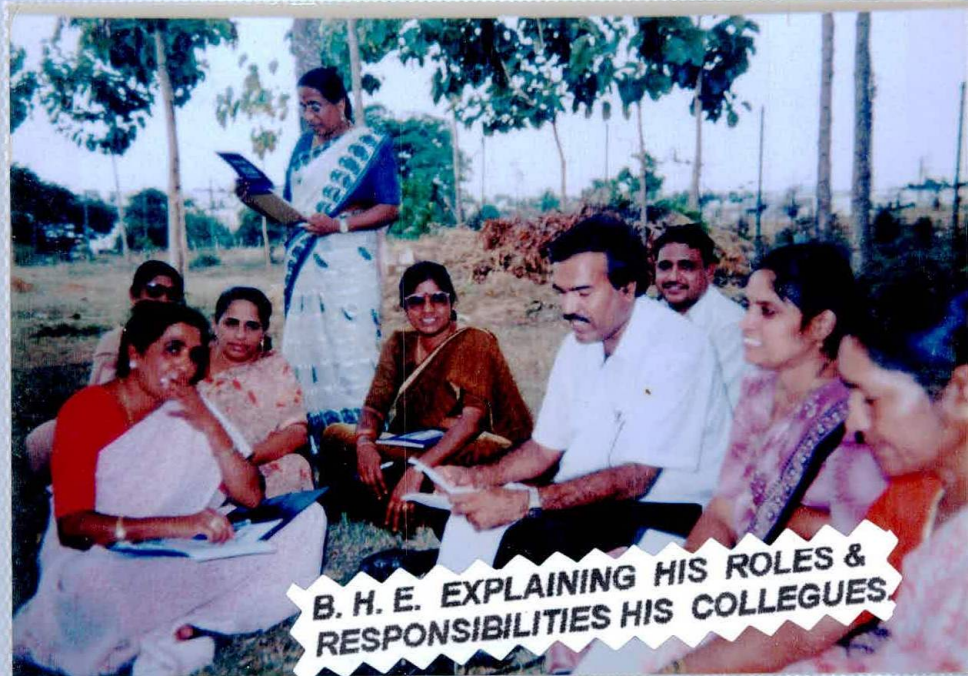
M.O'S EXCHANGING THEIR VIEWS.



"MENSTRUATION IS A PROBLEM ?" – Dr. RAMA



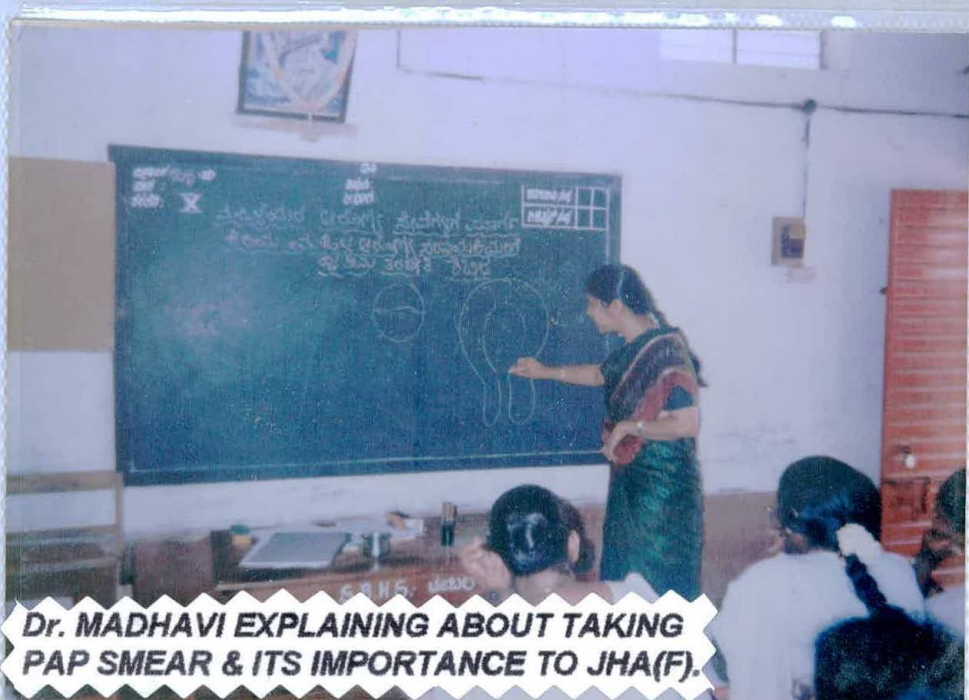
LHV DOING HER HOUSE VISIT AT HOOTAGALLI, MYSORE.



B. H. E. EXPLAINING HIS ROLES & RESPONSIBILITIES HIS COLLEGUES.



L.H.V. SHARING HER FIELD EXPERIENCE.



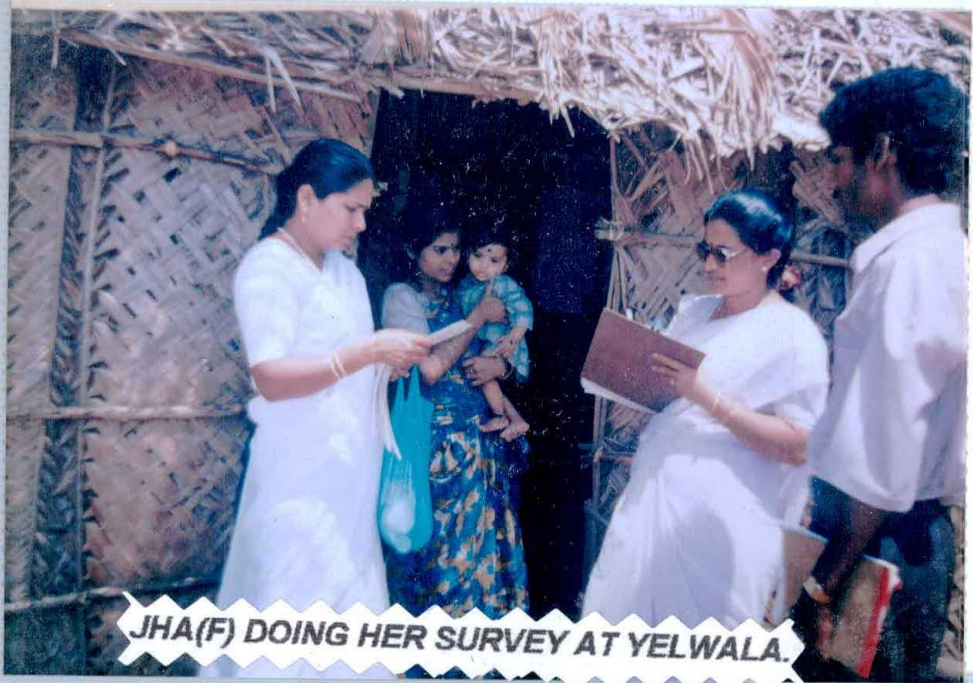
Dr. MADHAVI EXPLAINING ABOUT TAKING PAP SMEAR & ITS IMPORTANCE TO JHA(F).



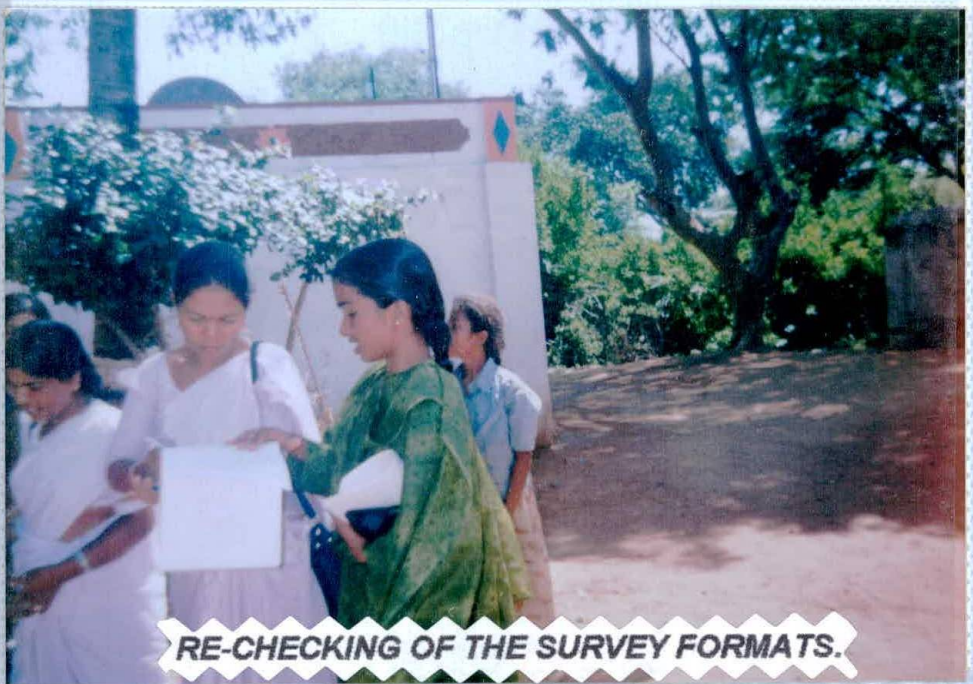
GROUP DISCUSSION BY JHA(F) ABOUT THEIR ROLE IN THEIR FIELD.



GROUP PRESENTATION BY JHA(F) OF CHAMARAJANAGAR.



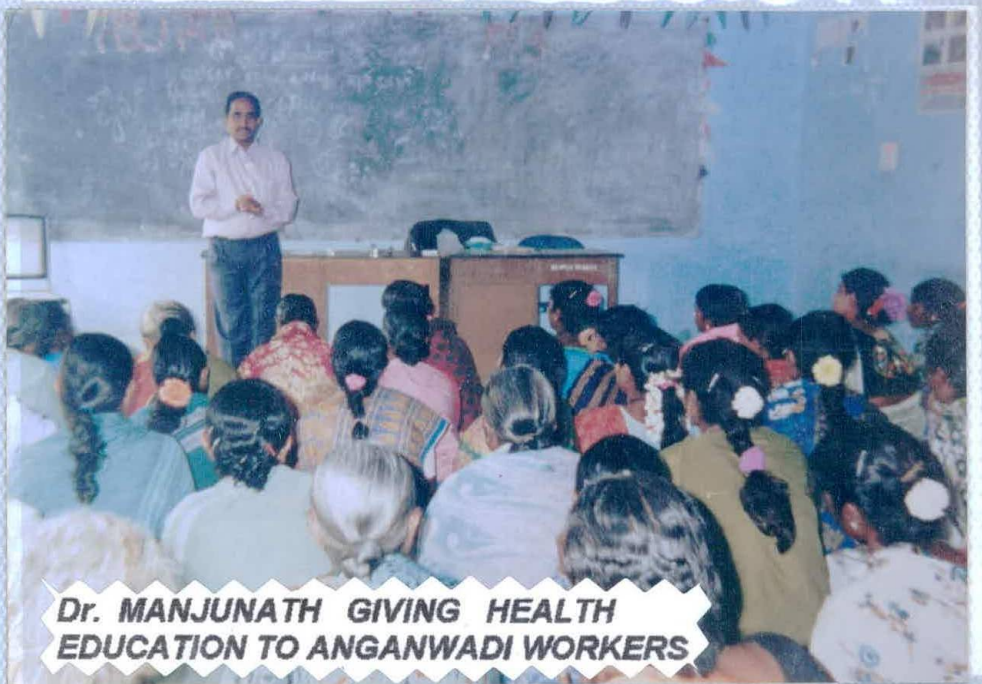
JHA(F) DOING HER SURVEY AT YELWALA.



RE-CHECKING OF THE SURVEY FORMATS.



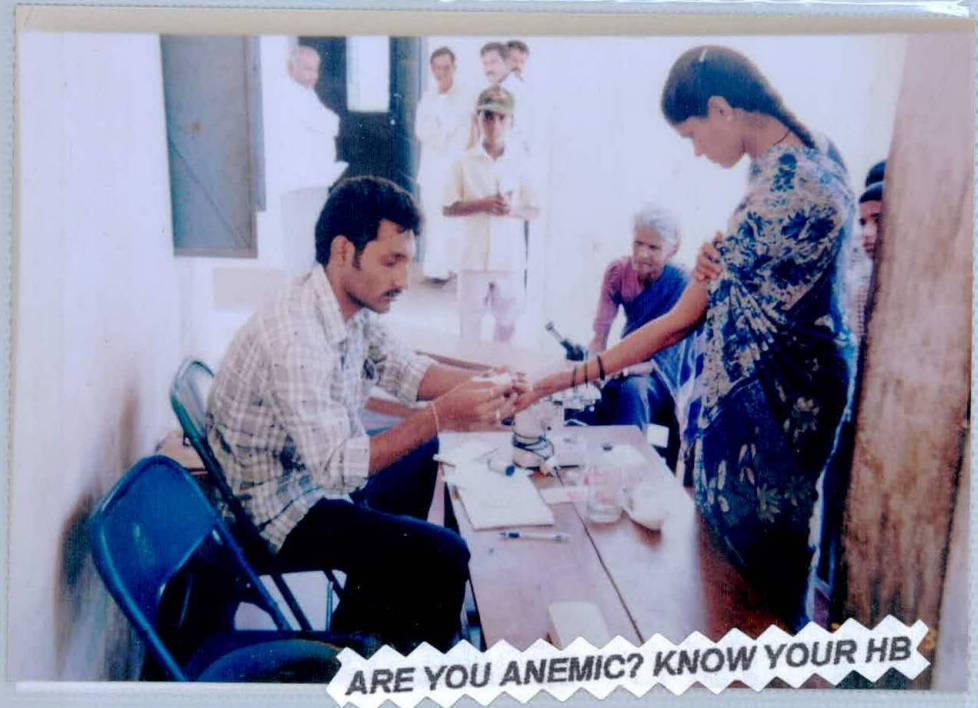
MR. HARISH EXPLAINING ABOUT SURVEY TO ANGANWADI WORKERS.



**Dr. MANJUNATH GIVING HEALTH
EDUCATION TO ANGANWADI WORKERS**



'Q PLEASE' - FOR REGISTRATION





"DOCTORS AT WORK"



"YES', SHE IS HYPERTENSIVE"



"TAKE YOUR TABS REGULARLY"



"OOOOOSSSSSHHHHHI DON'T CHEW BETEL NUT"

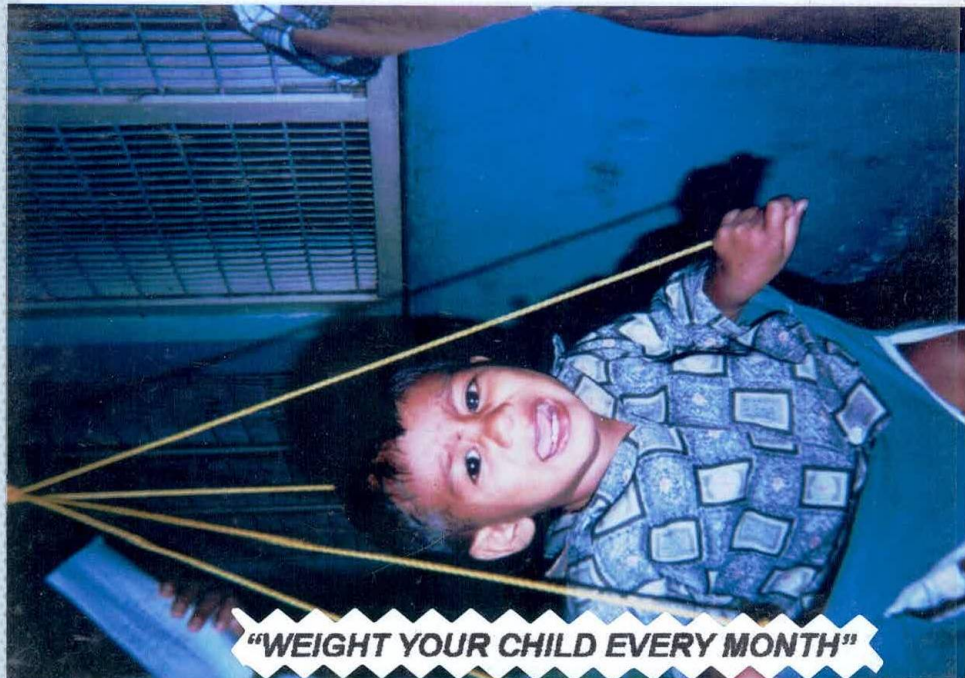


**"MAINTAIN YOUR PERSONAL HYGIENE",
HEALTH EDUCATION BY Dr. VIJAYA SRINIVAS.**



"YOU KNOW, I AM GOING FOR HEALTH CHECK-UP"





"WEIGHT YOUR CHILD EVERY MONTH"



"MALNOURISHED ?" TAKE THIS.



**"YOU ARE WINNER" – BABY SHOW CONTEST
AT NANJANGUD TALUK**