

GOVERNMENT OF KARNATAKA

**DIRECTORATE OF HEALTH AND
FAMILY WELFARE SERVICES**

**ANNUAL REPORT
2016-17**

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PART I

HEALTH AND FAMILY WELFARE DEPARTMENT

1.1. Organisation and functions of the Department:

The Department is headed by the Commissioner of Health & Family Welfare Services and the Director of Health & Family Welfare Services. The Commissioner is the administrative head and Director is the technical head. National Health Mission (NHM) is headed by a Mission Director (NHM). Karnataka State AIDS Prevention Society is headed by project director.

These officers are assisted by Additional Directors, Joint Directors, Deputy Directors & Demographer in implementing and monitoring health programmes. The Chief Administrative Officer and Chief Accounts Officers cum Financial Adviser assist in administrative and financial matters of this Department.

At the District level, District Health and Family Welfare Officer is the head of Public Health Services. Implementation and monitoring of various National & State Health Programmes in all below 100 beds health care service institutions which are under Zilla Panchayat Sector are done by the District Health and Family Welfare Officer. He is assisted by

1. District Reproductive & Child Health Officer
2. District Programme Management Officer
3. District TB Officer
4. District Malaria Officer
5. District Family Welfare Officer
6. District Surveillance Officer
7. District Leprosy Officer (who also oversees Blindness Control Programme).

Above 100 beds healthcare services institutions are under state sector. The District Surgeons of District Hospitals are responsible for providing curative, emergency and promotive services including referral services. Presently 21 District Hospitals are under the control of Health & Family Welfare Department. 176 Taluk Health Officers are positioned at Taluk headquarter. They are the implementing authorities of Public Health, National and State Health Programs in their respective Taluks. The Medical Officers of Health at Primary Health Centre Level are responsible for the implementation of various National and State Health Programs including Family Welfare Programme and Maternal and Child Health Services. To provide Primary Health Care throughout the State, a network of 8871 Sub Centres, 2353 Primary Health Centres, 206 Community Health Centres and 146 Taluk Hospitals have been provided.

In order to ensure transparency in transfer of Medical Officers / Staff Govt. has enacted "Karnataka Civil Services (Transfer of Medical Officers and other staff) Act 2011 which has come in to force from 13-05-2011. Necessary Rules have also been framed there under. As per these Rules Medical Officers and other staff is being done once in a year i.e. During April/ May through computerized counselling.

The Department of Health and Family Welfare Services implements various National and State Health programmes of Public Health importance to provide comprehensive Health Care Services to the people of the State through various Health and Medical Institutions. (Department is striving to achieve the goals set by Central Government in vision 2020). Health Care Services rendered are classified into Curative Services, Health Education and Training and School health services, nutritional services, laboratory services.

Health and Family Welfare department was responsible for implementation of Rural Health component of Minimum Needs Programme, National Health Mission (NHM), National Leprosy Eradication Programme, Revised National Tuberculosis Control Programme, National Programme for Control of Blindness, National Vector Borne Disease Control Programme (NVBDCP), National Guinea Worm Eradication Programme, Prevention and control of Communicable Diseases like Diarrhoea, Kysanur Forest Diseases, National Iodine Deficiency Disorder Control Programme and AIDS Prevention Programme.

1.2. Important National and State Health Programmes:

The Department of Health and Family Welfare Services implements various National and State Health programs of Public Health importance and also provides comprehensive Health Care Services to the people of the State through various Health and Medical Institutions. Progress of implementation of Major Programmes are as follows:

1.2.1. Routine Immunization Programme:

Goal	Objectives
<ul style="list-style-type: none"> To ensure 100% immunization of all eligible children and pregnant woman with required vaccines following standard practices. 	<ul style="list-style-type: none"> To prevent the incidence of vaccine preventable diseases To prevent morbidity & Mortality due to V.P.D
<ul style="list-style-type: none"> To sustain zero polio status. 	<ul style="list-style-type: none"> To Achieve more than 90% fully immunization of children under 2 years

Achievements :

- Karnataka is Polio free since 2007, India is a declared Polio free on 27th March 2014.
- Sustaining 90% Fully Immunization Children under 1 year
- Smooth transition of Pentavalent vaccine introduced in place of DPT & Hep-B has in one injection.
- Introduction of JE Vaccine in selected 10 endemic districts.
- Mission Indra dhanush Programme Phase – III successfully implemented. Phase IV will conducted May 7th 2017 to August 7th 2017.
- IPV is introduce in 2015.
- Measles – Rubella Vaccination Campaign successfully conducted in Month of February 2017. The Campaign achievement is above 98%.

The Pulse Polio Programme is being implemented in the State since 1995-96 with the main objective of eradication of Poliomyelitis by 2000 AD. Every year, Polio

drops are being administered to the children below the age of five years in two rounds. **During 2nd April (1st Round) 2017, 74.23 lakh children aged less than 5 years for administered oral Polio Vaccine. Presently State is free from Polio.** HMIS has reported target and achievement in Family Welfare and immunisation:

**Target and Achievement in Family Welfare & Immunization
(As per HMIS Reports)**

SI No	Programme/Method	2015-16 (in lakhs)		
		Target	Achievement	
A	FAMILY WELFARE			
1	Sterilization	4.50	3.18	
2	IUCD	3.08	1.82	
3	CC Users	4.13	1.99	
4	OP Users	2.67	1.23	
B	IMMUNIZATION			
S.L No	Vaccine	Target (11 months)	Achievement (%)	
1	TT(PW)-1	1033681	88.33	
2	TT(PW)-2		99.54	
3	Hep-B	1004650	65.74	
4	OPV-0		76.94	
5	OPV-1		97.78	
6	OPV-2		95.67	
7	OPV-3		96.05	
10	BCG		96.20	
11	Penta-1		98.31	
12	Penta-2		95.80	
13	Penta-3		96.31	
14	Measles-1		89.42	
15	JE-1 (10 districts)		321352	84.35
16	Fully Immunization (9 to 11 month)		1004650	88.81
17	Measles-2		1004650	81.29
18	JE-2 (10 districts)		321352	65.49
19	Complete Immunization (12 to 23 months)	1004650	36.91	
20	DPT-Booster		850726	
21	OPV-Booster		849163	

1.2.2 National Leprosy Eradication Programme:

National Leprosy Programme is one of the oldest and the most successful National Health Programme. National Leprosy Control Programme was started in 1955. With the advent of Multi Drug Therapy (MDT), the National Leprosy control Programme (NLCP) was redesignated as a National Leprosy Eradication Programme (NLEP) in the year 1983. In the early 1990s the NLEP adopted the goal of elimination of leprosy by the year 2000.

Tremendous achievement was made in the Programme with regard to accessibility and service delivery, with the successful implementation of the

Programme. The prevalence rate of leprosy dropped from 40/10000 population in the year 1986 to 0.40/10000 population in 2017.

At present 10 districts have prevalence rate 0.50 to 1 (BBMP, Chamarajanagara, Gadag, Uttara Kannada, Yadagiri, Bangaluru (Urban) , Kalburagi, Koppal, Raichur, Bidar) and in Bellary district prevalence rate is >1 (i.e 1.13/10000 population).

Karnataka is considered as a low endemic state up to end of 31/03/2017. At Present there are 2500 on hand. So far 567483 cases have been cured with MDT since 1986.

Infrastructure facilities available for Eradication of Leprosy in Karnataka are as follows:

Infrastructure	Nos.
Joint Director (Leprosy)	1
District Leprosy Officers (DLOs)	30
Non Governmental Organizations (NGOs under new NGOs Scheme)	21

Table 12.46: Physical Target and Achievements for Eradication of Leprosy from 1999-2000 to 2016-17

New Cases Detected			Cases Cured			PR	Deformity Rate	
Year	Target	Ach	%	Target	Ach	%		
2010-11	-	3071	-	-	3011	-	0.48	2.79
2011-12	-	3718	-	-	3491	-	0.46	3.63
2012-13	-	3436	-	-	3355	-	0.45	3.28
2013-14	-	3461	-	-	3295	-	0.45	3.72
2014-15	-	3314	-	-	3260	-	0.44	4.41
2015-16	-	3065	-	-	3037	-	0.40	3.39
2016-17*	-	2897	-	-	2710	-	0.40	3.52

*(Up to March 2017)

Integration:

As per Government of India guidelines, during 2002-03, Integration of Leprosy Programme into General Health Care Services has been implemented. All the Leprosy Staff along with Other General Health Care Staff, are involved in the Leprosy Control Work, as part of their duty. With the decreasing case load, running a vertical programme was considered not cost effective. There was restructuring of leprosy control activities, so that they would be offered through the General Health care. For the process of integration to go smoothly, General health care staff were involved by including them in four modified leprosy elimination campaigns (MLECs) between 1997 & 2003 and detected 18911 New cases.

The Annual New Case detection Rate was more than 10/100000 population in 26 Blocks as on 31st March 2017. The Special Activity done in all these blocks during year 2016-17 detected 103 cases (PB-60 and MB-43).

- **Leprosy Case Detection Campaign, 2016 (6th September 2016 to 19th Sep 2016):** In Karnataka two districts- Chamarajanagar and Bellary conducted the LCDC activity. The guidelines of CLD and revised operational guidelines for LCDC was followed.
- **Sparsh Leprosy Awareness Campaign, 2017 (Anti Leprosy fortnight – 30th Jan 17 to Feb 13th 2017):** Sparsh Leprosy Awareness Campaign (SLAC) was conducted successfully from 30-01-2017 to 13-02-2017 at State and District level.

Welfare measures for the Persons Affected by Leprosy:

1. 75 Reconstructive Surgery Operations done as on 31st March 2017 Rs.8000/- paid as incentive for RCS undergone Persons Affected by Leprosy.
2. Micro Cellular Rubber Footwear provided to 4633 Persons Affected by Leprosy (PALs).
3. 2428 Self-care kits provided to foot ulcer cases.
4. 370 Lepra reaction cases treated with supportive drugs.
5. Splints crutches and other needed appliances provided.
6. 5% of Group 'D' Jobs reserved for the Persons affected by Leprosy during recruitment.
7. Prevention of Deformity (POD) camps conducted regularly in all the Taluk level hospital.
8. Civic amenities and Medical facilities provided to the Persons Affected by Leprosy family member residing in 20 Leprosy colonies in the State.
9. Grant-in Aid is provided by State Govt. for the NGO, hospitals providing treatment to the Persons Affected by Leprosy at the rate Rs.500/bed for adults and Rs.275/bed for children per month.

The main objectives under NLEP:

1. Elimination of leprosy i.e prevalence of less than 1 case per 10000 population in all the districts of the State.
2. Strengthening Disability Prevention & Medical Rehabilitation of persons affected by leprosy.
3. Reduction in the level of stigma associated with leprosy.

NLEP Results proposed to be achieved at the end of the 12th Plan period:

1. Improved early case detection
2. Improved case management
3. Stigma reduced
4. Development of leprosy expertise sustained
5. Monitoring supervision and evaluation system improved
6. Increased participation of persons affected by leprosy in society
7. Programme management ensured

Plan of Action for Expected outcomes by 2017-18:

1. IEC activity to be improved.
2. General Health staff to be trained for leprosy and public awareness for the disease is arranged.
3. The Rehabilitation for leprosy disabled persons is arranged in districts.
4. PR rate less than 1/10000 population to be achieved by 2017 in all the districts of State.

5. The detected Leprosy patients are monitored to get early, regular and quality treatment. Cases to get treatment in the nearest hospital and referred to higher hospital for further specialized treatment.
6. It is expected a world with a reduced burden of leprosy, reduced stigma and discrimination, activities based on the principles of equity and social justice, and strong partnerships based on equality and mutual respect at all levels.

1.2.3 Revised National Tuberculosis control programme (RNTCP):

Revised National Tuberculosis control programme was a World Bank assisted and sponsored programme which was implemented in the State in a phased manner from 1998.

The main objective of the programme is “Universal access to quality TB diagnosis and treatment for all TB patients in the community” This entails satisfactory achievement till date, finding un reached TB cases before they can transmit infection and treating all of them more effectively preventing the emergence of MDR TB.

Approaches of RNTCP towards universal access of health care are (1) Ensuring early and improved diagnosis of all TB patients, through improving outreach, vigorously expanding case finding efforts among vulnerable population, deploying better diagnostics and by extending services to patients diagnosed and treated in private sector; (2) Improving patients friendly access to high quality treatment for all cases of TB including scaling up treatment for MDR TB nationwide; (3) Re engineering programme system for optimal alignment with NHM block level and human resource development for all health staff (4) Involvement of private sector new and innovative approaches for the involvement to universal access to TB cure and control; and (5) Enhancement of supervision, monitoring, surveillance and programme operations for continuous quality improvement and accountability for each TB case.

Organizational Set up

In Karnataka state, RNTCP was implemented from Oct 1998, and in Aug 2004. All 30 districts and BBMP covering a population of 650.6 lakhs under RNTCP from July 2004 onwards.

- Total 191 TB Units are created One TB unit for every 2 lakh population.
- Total 681 DMCs are created. For 1 lakh population (50000, in hilly forest and difficult areas)
- 566 contractual staff in various cadres recruited under RNTCP in Karnataka.
- Programmatic Management of drug resistant TB cases:- The entire Karnataka is covered with PMDT programme. There are 3 diagnostic facilities at STDC/IRL, Bangalore (functional) and KIMS Hubli (functional) and RIMS, Raichur (functional), There are 6 in patient facility (DR-TB Centers) at KIMS Hubli, RGICD Bangalore, DH-Gulbarga, PKTB Mysore, VIMS Bellary and DR TB Center at DH- Mangalore.
- Genexpert machines, a total of 34 for diagnosing MDR TB have been installed in all the districts.

TB HIV collaborative activities

Karnataka has co infection rate of 12% (TB HIV). In all the 30 districts coordination committee has formed under the chairmanship of DC/CEO.

Private participation:

- Number of Non-Government organizations -31
- Private practitioners -7573
- Railway Hospital -16
- ESI Hospital - 62
- Other Hospital - 12

Involvement of Medical colleges

All the 49 Medical colleges are involved under RNTCP.(Govt. 13, Private -36). Core committees has been formed in all Medical colleges to review RNTCP activities. One DMCs & one DOTS Centers is functional in every medical college. Medical colleges were provided one MO, One LT and one TB HV on contractual basis.

ACSM activities like, Patient provider meetings, community meetings, school sensitization programme, awareness programme in mass media and printing of posters, stickers, flex boards etc. are undertaken.

- **Drugs**

Quality drugs are supplied directly from Govt. of India to State Drug store and will be distributed to districts. MDR TB cases will be treated with 2nd line drugs for 24 months. All TB cases are provided with drugs absolutely free of cost.

Achievements 2016-17		
Indicator	Target	Achievement
Sputum examination	460000	543780
Total TB cases detected	131950	59747
New sputum positive case detected	48750	42869
Sputum conversion	90%	89.5%
Cure rate	85%	84%

Plan of Action for 2017-18:

To achieve target for case detection, conversion, and treatment success through intensive supervision and monitoring at all levels.

Decentralization of DRTB treatment regimen by establishing district level DRTB Centers. CBNAAT sites in all districts and measures to move towards Universal DST to all TB Patients at diagnosis. Introduction of Bed aquiline and shorter MDR Regimen in DRTB Case management.

Private Health sector involvement

- Dissemination of Notification order and ensure adherence.
- Use of Nikshay platform for TB Notification from private sector
- Incentives on notification (proposed)
- Offering public health action for all cases of private sector

Implementation of the components of TOG in a stepwise manner

- Revised R & R from April 1st 2017.
- Daily regimen - Implemented for TB-HIV
Roll out for all patients when drugs available
- ICT enabled tools for treatment adherence
- Patient support system through nutrition support, patient mobility support and counseling services

FUNDING:

Government of India 75% and Government of Karnataka 25% funds for the programme. Funds released to the district TB Societies from State TB Societies. The state non- plan fund and plan fund is has follows.

Table: Non-Plan fund for RNTCP

NON-PLAN March 2016 TO March 2017		REMARKS
FUND RELEASED	EXPENDITURE	
21332000	17997180	

1.2.4 National Programme for Control of Blindness:

The National Programme for Control of Blindness was started in 1976 as a Centrally Sponsored Scheme to counter the problems of Blindness due to various factors and also to reduce the prevalence of Blindness to 0.3% by 2020. The present prevalence rate of blindness to 0.3% by 2020. The present prevalence rate of blindness is 1% as per National Survey 2006-07.

1. The Karnataka State Health and F.W. Society (Blindness Control Division) is working under National Health Mission (NHM) headed by Mission Director. The State Programme Officer will implement and monitor the programme through a network of District Programme Managers (Blindness Control Division) at District level as per the Guidelines of NPCB. Government of India releases the funds to the State Society for onward distribution of funds to all District Health & F.W. Society (Blindness Control Division) based on the Target assigned to each District.
2. Cataract is the major cause of Blindness. 99% of the Cataract surgeries are IOL inserted surgeries. The patient affected with cataract are treated free of cost in Govt. hospitals and NGO hospitals who have MoU with NPCB. Cataract camps are being conducted on regular basis throughout the state in both the government and voluntary sector.
3. Diabetic Retinopathy, Glaucoma management, Laser Technique, Corneal Transplantation, Vitreo Retinal Surgery, Treatment of Childhood Blindness etc., are also treated under NPCB in order to provide improved eye care services and control the incidence of blindness. The patient affected with any of the above eye diseases will also be treated free of cost in Govt. hospitals and NGO hospitals who have MoU with NPCB.
4. In order to detect refractive errors in school going children, the school teacher having their proximity to the children are trained in primary eye screening. The identified children experiencing difficulties in reading are immediately referred to the Para medical Ophthalmic Officers (PMOOs) for eye screening. The children detected with refractive error are provided free spectacles.

5. 27 Eye Banks registered under Human Organs Transplantation Act and 14 eye donation centres are affiliated to eye banks are functioning in Karnataka including 7 Government Eye Banks at Minto Hospital Bangalore, K.R.Hospital Mysore and District Hospital Belgaum, KIMS Hubli, VIMS Bellary, MIMS Mandya and HIMS Hassan As per the policy of Govt.of India under NPCB eye bank infrastructure is also improved to increase cornea collection and Keratoplasty. Accordingly, 9 Eye Banks have been strengthened under NPCB so far. Incentives are also given to all the eye banks registered under HOTA for collecting eye balls in order to increase the cornea collection. Rs.36.33 lakhs as Incentives for eye ball collection has been provided during the year.

1.2.5 Karnataka State AIDS Prevention Society:

Karnataka State AIDS Prevention Society (KSAPS) was registered as a Society on 9th December 1997; it is an autonomous institution and a highest policy-making structure regarding HIV/AIDS in Karnataka, headed by Chief Minister.

The Chairman of Executive Committee is Principal Secretary to Government Health & Family Welfare Department is the Chairman of the Executive Committee.

As per National AIDS Control Organisation (NACO), Department of Health and Family Welfare, Government of India, Karnataka is one of the “High Prevalent States” in India. KSAPS is implementing NACP IV.

As per HIV Sentinel Surveillance 2014-15 in India, HIV prevalence in ANC clients was 0.26% where as Karnataka stands in 8th Position in HIV prevalence.

NACP IV funded by NACO, New Delhi:

Karnataka has been conducting the HIV Sentinel Surveillance since 1998. Surveillance is carried out annually by testing for HIV at designated sentinel sites. The prevalence among antenatal clinic (ANC) attendees as per HSS 2014-15 was 0.36%. HIV prevalence among the ANC attendees indicates decline in adult HIV prevalence in the state from 1.5% in 2004 to 0.36% in 2014-15. HIV prevalence level (2014-15) among Female Sex Workers (FSW), Men who have Sex with Men (MSM), Injecting Drug Users (IDU) and Transgender is 0.25%, 0.3%, 0.11 % and 0.5% respectively. HIV prevalence among migrants has been reported to be 0.05% and among truckers has been found to be 0.04%.

Tested and found positive in ICTC

Year	General clients					ANC				
	Target	Achievement (Ach)				Target	Achievement (Ach)			
		Tested	% Ach	+ve	% Positivity		Tested	% Ach	+ve	% Positivity
2012-13	1491400	1239661	83.12	33611	2.71	1207268	962034	79.69	1831	0.19
2013-14	1467137	1659924	113.00	29461	1.77	1292519	1170081	91	1445	0.12
2014-15	1540494	1911929	124.00	26509	1.39	1253456	1253212	100	1295	0.10
2015-16	1617519	1948499	120.46	21994	1.13	1287757	1285967	100	1034	0.08
2016-17 (up to Mar-17)	1698395	1940589	114.26	20004	1.03	1287757	1321668	102.6	851	0.06

HIV Counselling & Testing at Integrated Counselling and testing Centre:

In the last three years there has been an increase in the number of Integrated Counselling and testing centers for testing of HIV. These ICTCs are

functioning in Government Hospitals and selected Private Hospitals. As on 31st March 2017 a total of 2983 ICTC and F-ICTC centers are functioning in the State.

During 2015-16, 19,48,499 General clients were counselled and tested with a positivity rate of 1.13% and 12,85,967 ANCs were counselled and tested with a positivity rate of 0.08% in ICTCs. From April-16 to March 2017, 19,40,589 General clients were counselled and tested with a positivity rate of 1.03% and 13,21,668 ANCs were counselled and tested with a positivity rate of 0.06% in ICTCs.

Targeted Intervention:

Response from Karnataka State AIDS Prevention Society (KSAPS) has been to saturate targeted interventions (TIs) for High Risk Group population (FSW, MSMs and IDUs) and Truckers and Migrants in Karnataka under the thrust area of NACP -IV.

Core TI (FSW, MSM & IDU):

This saturation currently covers around 77436 Female Sex Workers (FSWs) under targeted interventions, 27677 Men who have sex with Men (MSM) and 1922 Transgender. The TI is funded by NACO through KSAPS .There are 2 IDU programmes in Karnataka. 1 in Bangalore & 1 in Kolar covers 1896 IDUs.

Bridge TI (Migrant & Truckers):

The 11 migrant TI projects in Karnataka covers 1,42,000 migrants. 6 truckers TIs cover a population of 85,000 long distance male truckers. The Truckers program is implemented at Transshipment Locations.

STI / RTI Services:

A person with STI/RTI is at more risk of (2 to 9 times) acquiring HIV than a normal person. The treatment of STI/RTI is very simple and most cost effective. This alone can reduce HIV by 40%. Females are more prone to get STI/RTI (80%) than males (20%). According to World Bank Studies it is estimated that it is the second major cause of morbidity in women of child bearing age.

At present there are 54 Designated STI/RTI Services (DSRCs) situated at District Hospitals, General Hospital and some at other hospitals. Also STI /RTI services are available at 166 CHC in the State.

Year	Target	Achievement	Percentage
2012-13	187370	143950	77%
2013-14	237493	167526	71%
2014-15	248952	193949	77%
2015-16	319996	203298	65%
2016-17	319996	388953	99%
* Note : Source CIMS / SIMS			

Care Support & Treatment:

During 2016-17, 63 ART + 1 FI ART centers and 111 Link ART centers and 85 Link Plus ART centers have been functioning. The cumulative number of HIV

cases registered at ART centers till March-2017 were 3,03,058 out of which, 1,39,671 cases are alive and on ART.

Status report on ART 2016-17.

Indicator	Adult Male	Adult Female	TS/TG	Child Male	Child Female	Total
Pre ART Registration	144286	139772	663	10033	8304	303058
Ever Started on ART	104646	100376	389	6355	5012	216778
Alive on ART	59400	71134	238	4918	3981	139671
Reported Death	33929	19732	102	950	692	55405

Blood Safety:

State Blood Council was established in Karnataka during 1996 to provide adequate & safe blood and blood products at reasonable rates. At present there are 199 registered blood banks in Karnataka of which 66 are supported by NACO. Out of 199 Blood Banks, 40 are in Government Sector, 19 are in Voluntary/Charitable sector, 32 are stand alone, 9 IRCS Blood banks and 99 are Private Hospital based Blood Banks.

Blood Safety Indicators

Indicator	2012-13	2013-14	2014-15	2015-16	2016-17
Total blood units collection	660138	619617	754485	746716	787330
Blood units collected from Voluntary Donors (VBD)	430112	404531	519260	539878	593108

Information, Education & Communication:

KSAPS put all its efforts in strategizing IEC activities during the year 2016-17 in the state. IEC strategy aims at creating enabling environment to empower individuals and communities. It also enables to make correct decisions about safe behavior practices and to dispel some of the prevailing misconceptions and reduces stigma and discrimination attitude toward people living with HIV/AIDS among youth and adolescents.

As a process, all its strategies are aiming at providing information, motivation and support to make correct decision about safe behavior practices and maintain healthy practices. This also addresses the complex issue of societal and cultural phenomenon with regard to the issue of prevention and control of HIV/AIDS. Effective and sustained strategies that are formulated by IEC would result in zero down HIV/AIDS in Karnataka.

The Strategy of adapting of communication tools and methods of BCC and IPC, traditional and folk media bringing the changes in the behaviors of youth, women and rural folk and increases the level of knowledge and motivates people to go for HIV tests and adopt safe sex practices, stigma and discrimination, available services for infected and affected people HIV/AIDS treatment for STIs and TB.

All IEC initiatives and messages focused on behavior change, risk reduction, adopting health seeking behaviour and safe sex and reduce the prevailing stigma and discrimination.

A full range of key activities that are being implemented includes Mass and Mid Media campaigns and IPC for general public and targeting specific interventions for youth, rural community and tribes. IEC interventions integrated within the various components of the program such as PPTCT, ICTC services, STD services, Condom promotion, Blood safety, TIs, etc. These messages and IEC material have been utilized to raise awareness, and social mobilizations at various levels. Combining IEC activities are contributing to create a HIV/AIDS free state and getting to zero new HIV/AIDS infection in Karnataka.

IEC Activities undertaken for the year 2016-17 :

- 240 spots were broadcast of audio spots through AIR – State hook, FM Rainbow and Vivid Bharathi.
 - 1590 spots were broadcast the spots through community radios from 21st Nov 2016 .
 - 7 pgms were broadcast of “Jeevana Jopana” 15 minutes pgm from 30.11.2016 through AIR, Dharwad.
 - 57 spots were telecast of TV spots through various private channels on eve on World AIDS Day on 30.11.2016.
 - 130 spots were broadcast of radio spots through various private radio channels on eve on World AIDS Day on 30th Nov and 1st Dec 2016.
 - On eve of World AIDS Day, advertisement was published on 1.12.2016 in all 16 leading newspapers.
 - 2 long format radio programmes on basics of HIV and services were broadcast through AIR, Bangalore
 - Fixing of flex on 234 existing hoardings on the across the State.
 - Telecast of 17400 video spots inside compartment of the train.
 - Audio announcement in Bus stations across the state – 11590 spots.
 - 2 days State level folk workshop was conducted at Tumkur.
 - Roll out 620 folk shows across the state.
 - Observation of World AIDS Day at district and state level.
 - State Level World AIDS Day was observed on 1.12.2016 in Bellary District.
 - International Youth Day was organised at district level.
 - National Youth Day was organised at State level on 12.1.2017 at Government PU College, Yelahanka, Bangalore and also organised at district level.
 - International Womens Day was organized at State level on 8.3.2017 at the premises of Sir. C.V. Raman General Hospital, Indiranagar, Bengaluru.
 - Adolescence Education Programme conducted in 2775schools on Life skills and HIV/AIDS (100 students in each school).
- Red Ribbon Clubs:
- 1462 Red Ribbon Clubs are formed to create awareness among college students across the State.
 - Sensitization training is going on for ZP members in all 30 districts.
 - Sensitization training is going on for Diary Co-operative members in 14 districts.
 - Sensitization training is going on for Agriculture and Horticulture Universities at 11 districts.

- TOT and capacity building for PLHIV for District Supervisors was held on 18.11.2016.
- Interdepartmental meeting is going on in all 30 districts.
- Capacity building for PLHIV at district level will commence from last week of Nov-2016.
- Joint Working Group meeting was conducted on 15.7.2016 and Department of Education, Department of Youth, Sports and Empowerment, Department of Higher Education, Department of Public Instructions, Department of Women and Child Welfare and SCERT participated in the meeting and minutes of the meeting was shared with NACO.
- 3rd Joint Working Group Meeting held with Department of Road Transport, Department of Telecom, Housing, HAL & Karnataka State AIDS Prevention Society held on 29.12.2016 at 11.00 am under the chairmanship of Additional Project Director, KSAPS at Karnataka State AIDS Prevention Society, Bangalore.
- 3 Joint Working Groups meeting was conducted.

1.2.6 National Vector Borne Diseases Control Programme (NVBDCP):

National Vector Borne Disease Control Programme is a programme for prevention and control of vector borne diseases namely Malaria, Filariasis, Japanese Encephalitis, Dengue and Chikungunya. Programme is being implemented as per the guidelines of Government of India to achieve the following goals set under National Health Policy 2002.

1. MALARIA:

The main objectives of malaria control programme are:

- I. Goal of reducing mortality due to malaria and other vector borne diseases 2025.
- II. To prevent deaths occurring due to Malaria.
- III. To bring down the Annual Parasite Incidence to less than 1 as State is in pre elimination phase.
- IV. To encourage Community participation in Malaria Control.
- V. To maintain the goals achieved.

The main activities include surveillance, fever case detection, blood smear examination and treatment (early detection & complete Treatment). Indoor residual spray, bio-environmental methods and personal protection measures under Integrated Vector Management, Entomological Studies on Vector Behavior, insecticide susceptibility, social mobilization and capacity building, monitoring and evaluation.

Physical Progress:

Year	B/S Collected & Examined	Malaria Cases	Pf Cases	Radical Treatment	Deaths due to Malaria
2014	9805708	14794	1329	14456	2
2015	9631843	12445	1588	12304	0
2016	9823219	10652	1701	10250	0
2017	2195327	946	107	107	0

Financial Progress: (N A M P-Rural)

Year	Non Plan (in Rs. Lakhs)	
	Allocation	Expenditure
2014-15	809.62	469.57
2015-16	474.00	437.97
2016-17	502.00	320.49 (Up to Dec-16)

Achievements:

1. During 2016, 76% decline in Malaria is achieved compared to 2006 as per National goal.

Action plan proposed during 2015-16:

1. Integrated Vector Control strategy will be intensified for Malaria Control in the State.
2. The Programme under NHM-NVBDCP, will be continued during 2016-17 also for strengthening the Disease surveillance and Control activities, training will be focussed on communities partnership.
3. The State is in pre-elimination phase of malaria & hence PHCs with API > 1 will be taken up for focused interventions.
4. State Framework for Malaria Elimination in Karnataka.

Urban Malaria Scheme (UMS)

The main objective of UMS is to control malaria in urban areas by reducing the vector population through recurrent anti-larval measures along with adulticidal measures by indoor space spray. Biological control methods are also given more thrust under the U.M.S. The scheme is being implemented in 8 cities/towns of Bangalore, Bellary, Belgaum, Chikkamagalur, Hospet, Raichur, Hassan and Tumkur through local bodies.

Physical Achievements:

Year	B.S. examined	Total of MPP cases	Total P.F. cases	Total R.T. given
2014	108792	39	4	39
2015	96611	38	1	38
2016	257393	51	5	51
2017	51865	492	61	492

Financial Progress:

Year	Non Plan (in Rs. Lakhs)	
	Allocation	Expenditure
2014-15	75.00	-
2015-16	75.00	30.65
2016-17	50.00	Shifted to food safety

Action plan proposed during 2016-17:

- Implementation of Civic By Laws in Municipality, City Corporation Urban and Local Bodies for control of mosquito Breeding.
- Inclusion of Mangalore city under National Urban Health Mission (N.U.H.M) for providing health facilities.

II. National Filaria Control Programme: (N F C P):

- Elimination of lymphatic Filariasis by the year 2020.

Filaria Control activities are being implemented in Filaria endemic districts of Kalburgi, Bagalkot, Bidar, Yadgir, Raichur, Dakshina Kannada, Udupi & Uttara Kannada. 8 Filaria control units, 25 Filaria Clinics and Raichur one Filaria survey cell are functioning in the State.

The main activities under the programme are regular weekly anti-larval measures for control of vector mosquitoes through Filaria control units, while Filaria clinics undertake parasitological survey to detect and treat microfilaria cases and disease manifestation cases with DEC tablets. Filaria survey cell functioning in Raichur District is conducting Filariasis survey in rural and urban areas.

Physical Progress:

Year	B.S. examined	No. of Micro Filaria cases detected	No. of disease cases	No. of cases given treatment	Micro Filaria rate %
2014	131993	489	3071	3560	0.37
2015	163394	472	505	977	0.29
2016	113884	364	3103	3103	0.32
2017	16954	40	1123	1163	0.24

Mass Drug Administration (MDA) for elimination Lymphatic Filariasis in the state:

To achieve the National Goal of elimination of Lymphatic Filariasis as per National Health Policy 2002, Govt. of India introduced Mass Drug Administration programme in 2004 with 100% cash assistance. This programme is being implemented in Karnataka since 2004 in 9 Filaria endemic districts of Kalburgi, Bidar, Bagalkote, Yadagir, Vijayapura, Raichur, Uttara Kannada, Udupi & Dakshina Kannada. The programme involves administration of single dose of DEC tablets with co administration of Albendazole tablets every year to all the eligible population.

Percentage of Drug coverage:

Year	% covered
5th June 2004	85.22%
11th November 2005	89.88%
28th July 2007	90.33%
15th November 2007	90.66%
15th November 2008	90.92%
14th December 2009	89.30%
10th January 2011	91.84%
23rd January 2012	92.00%
5th March 2013	93.8%
14 th December 2014	76.7%
14 th December 2015	78.9%
10 th August 2016	86.0%

Financial Progress of funds received by Govt. of India:
(Rs. In Lakhs)

Year	Central (Cash)	Expenditure
2014-15	566.00	429.41
2015-16	502.00	556.96
2016-17 (Upto Dec-16)	470.00	348.23

Achievements during: 2016-17:

1. As per the results of the “**Transmission assessment survey**” in the Udupi, Dhakshina Kannada & Uttara Kannada Districts they are eligible to stop MDA.
2. “Transmission assessment survey” was conducted in the districts of Udupi to know the impact of MDA and to decide about stoppage of MDA.

Action Plan for 2016-17:

1. To take up and continue Transmission Assessment Survey in the 2 Districts of Bagalkote & Raichur.
2. The MDA of 12th round activities in the districts of Kalburgi, Yadgiri, Bidar, Vijayapura, Bagalkote & Raichur to be continued.

III. Japanese Encephalitis Control Programme:

Activities for the control of Japanese Encephalitis:

1. Japanese Encephalitis reported from the District of in the Udupi, Bellary, Yadgiri, and Uttara Kannada-Districts.
2. Epidemiological surveillance of (AES) Acute Encephalitis Syndrome.
3. Diagnosis, treatment and management of all confirmed cases
4. Outdoor fogging operations for vector control.
5. Intensive health education and personal protection.
6. Vaccination of children in the age group 1 to 15 years
7. Bringing awareness in community regarding self-protection.

Physical Achievements:

Year	A E S (Suspected)		J E	
	A E S Cases	Deaths	J E Cases	Deaths
2014	133	0	34	0
2015	382	0	49	1
2016	406	0	11	0
Up to March 2017	73	0	2	0

JE Vaccination programme

JE Vaccination programme is being carried out in phased manner to cover all JE proven districts. Details of vaccination carried out so far is as follows:

Sl. No	District	2013			2014			2015			2016-2017		
		Target (ELA)	Avg of 2doses	% coverage	Target (ELA)	Avg of 2doses	% coverage	Target (ELA)	Avg of 2doses	% coverage	Target (ELA)	Avg of 2doses	% coverage
1	Bellary	56185	32355	57.59	57632	50016	86.79	60735	53002	87.27	55987	40257	71.90
2	Bijapur	59309	14656	24.71	60104	24747	41.17	56687	33360	58.85	54510	29468	54.06
3	Chikballapur	18586	13714	73.78	17569	12898	73.41	17588	15450	87.84	17496	15241	87.11
4	Chitradurga	0	0	0	27897	17703	63.46	26899	26060	96.88	27898	22884	82.03
5	Davanagere	0	0	0	37281	11025	29.57	34884	26158	74.99	37616	22563	59.98
6	Dharwad	35344	24365	68.94	35961	29893	83.12	36628	36798	100.46	34992	23196	66.29
7	Kolar	23162	18979	81.94	23483	20278	86.35	24887	22840	91.77	24964	17978	72.01
8	Koppal	32829	14058	42.82	35410	17905	50.56	31795	25801	81.15	30181	20218	66.99
9	Mandya	24070	18892	78.49	23860	22027	92.32	23547	23808	101.1	22307	18857	84.53
10	Raichur	44337	13298	29.99	37825	33284	87.99	44953	35960	79.99	44615	28739	64.41
	Total	293822	150315	51.16	357022	239773	67.16	358602	299234	83.44	350566	239397	68.29

JE Vaccination programme is implemented under the guidance and supervision of Project Director (RCH).

JE Vaccination programme is completed in Bellary, Raichur, Kolar, Mandya, Koppal, Vijayapura and Dharwad districts, and the programme is now included under routine immunization programme in these districts.

Achievement during 2016-17:

1. JE vaccination programme is completed in Bellary, Raichur, Kolar, Mandya, Koppal, Dharwad, Vijayapura, Chitradurga and Davanagere Districts, and the programme is now included under routine immunization programme in 9 Districts.
2. No deaths were reported due to JE in the State during last 3 years.

Action Plan 2016-17:

- Sentinel Surveillance Laboratories are functioning at Bagalkote, Bellary, Davanagere, Dharwad, Kolar, Kalburgi & Bangalore Districts are conducting sero diagnosis for JE and the same will be continued the year 2016-17 also.
- Intensive IEC activities will be undertaken.

Financial Progress:

Budget for JE Vaccination is being release and through NHM - RCH component no separate budget allocated under state sector.

Year	Allocation (in Lakhs)	Expenditure	Percentage
2014-15	17.00	5.45	32 %
2015-16	7.00	9.17	100 %
2016-17 (Upto Dec-16)	7.00	8.93	100 %

IV. DENGUE FEVER/DHF and CHIKUNGUNYA CONTROL PROGRAMME**Dengue Fever:**

Dengue is a mosquito borne viral disease being transmuted by Aedes mosquitoes and reported in several districts in the State.

Dengue epidemic occurs usually from April to November, i.e. during the pre and post monsoon periods. The main cause for the spread of the disease is due to large scale breeding of Aedes Egypti mosquitoes in domestic and peri-domestic situations in water storage containers like cement water tanks, barrels, earthen pots, tyres, and such other containers which are usually not emptied for a long time in addition to discarded materials like Coconut shells, tyres, plastic materials which collect rain water.

The incidence of Dengue fever in Karnataka

YEAR	Positives	DEATHS
2014	3358	2
2015	5077	9
2016	6083	8
2017	350	0

Financial Progress:

Allocation under NHM -NVBDCP for Dengue / Chikungunya control.

(Rs. In Lakhs)			
Year	Allocation	Expenditure	Percentage
2014-15	370.00	222.57	60.15 %
2015-16	285	227.62	97.41 %
2016-17	370	200.57 (Upto Dec-16)	54.20 %

'Chikungunya':

Chikungunya was first of its kind noticed in Karnataka during 2006 which has widely spread both in Urban and Rural areas through Aedeas Egypt mosquito. Though the disease is not fatal, patients suffer from fever, severe joint pain with prolonged arthritic and arthralgic symptoms. This has greatly affected the lively hood of such patients.

The disease has no specific drugs for treatment, but the treatment is purely symptomatic.

The control activities involve source reduction to prevent mosquito breeding as well as community awareness for proper water storage and solid waste management as in the case of Dengue vector control.

CHIKUNGUNYA INCIDENCE:

Year	Suspected cases	No. of Blood Samples collected	No. of cases Confirmed
2014	6962	3309	992
2015	20763	8357	2099
2016	15666	7925	1528
2017	1159	963	109

Achievements during:2016-17:

1. Chikungunya cases have been brought down drastically in the State.
2. 33 Sentinel Surveillance Laboratories have been established across the state for diagnosis of Dengue and Chikungunya
3. Blood samples received not only from Government Institutions but also from private sectors and these tests are being tested free of cost
4. Special emphasis is given for Behavioural Change Communication among the community for Change in water storage practices and solid waste management, to prevent Aedes vector breeding in and around domestic situations through IEC activities.

Action Plan for 2016-17:

1. Emphasis for Gram Panchayat based Aedes surveillance and source reduction activities.
2. Involvement of schools for aedes control in the school premises and spread of messages in the community.
3. Intersectoral coordination for control of Dengue and Chikungunya, will be promoted.

Communicable diseases (CMD):

The Communicable diseases (CMD) wing of this Directorate of Health &F.W.Services is playing vital role not only in controlling the water borne communicable diseases in the state by regular monitoring, issuing appropriate guidelines to the District Health Authorities but also investigating epidemic /outbreaks in the state. Monitoring drinking water quality by collecting water samples with more emphasis in rural sector.

Functions:

1. Issue of guidelines from time to time to District level programme officers regarding the control of communicable diseases.
2. Regular monitors of the diseases by issuing appropriate guidelines to the District Health Authorities
3. Investigation of outbreaks

4. Supply of KFD vaccines to KFD affected districts.
5. Implementations of instructions issued by Government of India and Government of Karnataka, if any

Programmes undertaken during the year:

a. Communicable Disease

1. Gastro Enteritis
2. Cholera
3. Typhoid
4. Viral Hepatitis
5. Kyasanur Forest Disease
6. Leptospirosis
7. Anthrax
8. Plague
9. H1N1 (Influenza-A)

b. Other Programmes:

1. Handigodu Syndrome
2. Dog bite
3. Snake bite
4. Guinea Worm Eradication Programme

Progress Achieved year wise 2013 To 2016 (January to December) & 2017 (January to February)

Diseases/ Programme	2013		2014		2015		2016		2017 (Jan-Feb)	
	Attacks	Deaths	Attacks	Deaths	Attacks	Deaths	Attacks	Deaths	Attacks	Deaths
Gastroenteritis	106237	34	117795	15	147860	12	135125	9	30687	0
Cholera	259	0	65	1	59	2	84	1	0	0
Typhoid	50428	0	49752	2	53797	0	57112	0	16084	0
Viral Hepatitis	3971	3	4660	5	4929	7	5224	4	1319	0
KFD	12	0	162	1	41	1	32	1	31	0
Leptospirosis	355	10	299	6	273	0	503	2	74	0
H1N1	122	19	303	34	3565	94	110	0	1691	13
Handigodu Syndrome	536	19	523	9	523	0	0	0	0	0
Dog Bites	219927	05	227949	9	239168	8	257262	13	73528	6
Snake Bites	9199	136	8896	140	11109	104	12182	55	1449	4

Plague Control Programme:

Surveillance	2013	2014	2015	2016	2017 Jan to March
Rodent collection	1088	889	1066	1226	295
Sera Collection & Examined	1033	889	1055	1003	247
REP Survey in	55	18	24	23	6

* Rodent sera samples have been analysis at NICD-Bangalore.

Handigodu Syndrome:

Handigodu Syndrome disease is prevalent only in Shimoga and Chikkamagalore Districts. No new incidences are found after 2005. **(Cases under treatment)**

1. Shimoga District	217
2. Chikkamagalore District	291
TOTAL CASES	508

Kyasanur Forest Disease:

Kyasanur Forest Disease (KFD) is reported from these 3 Districts in Karnataka

1. Shimoga
2. Uttara Kannada.
3. Belgaum

Sl. No.	Name of the District	2016		2017 (January To February)	
		Cases	Deaths	Cases	Deaths
1	Shimoga	14	1	30	0
2	U.Kannada	2	0	1	0
5	Belgaum	16	0	0	0
Total		32	1	31	0

H1N1 (Influenza-A):**Comparative Statement of H1N1 Samples Tested and Confirmed cases**

SI No	Particulars	2011	2012	2013	2014	2015	2016	2017(Jan to March)
1	Specimen Examined	2699	4472	1870	2349	13168	3494	5320
2	H1N1 cases confirmed by lab test	108	878	122	303	3565	110	1691
3	Reported deaths	16	48	19	34	94	0	12

Communicable Diseases Control Programme:

The Directorate has given the responsibilities to the CMD-Section to control and eradicate the communicable diseases. They are,

1. Regular monitoring of the diseases by issuing appropriate guidelines to the District Health Authorities.
2. Investigation of outbreaks/epidemics.
3. Monitoring the drinking water sources by analyzing the water samples and issuing instructions for chlorinating the unfit water sources.
4. Conducting workshops to sensitize the medical and paramedical staff about KFD.
5. Creating awareness about these diseases among the public.
6. Immunization of risk group population in KFD endemic district under KFD control programme.
7. To strengthen the passive surveillance activities of communicable diseases
8. To visit all the district and check the under reporting of communicable diseases from District Hospitals, private Hospitals and peripheral health institutions.
9. All communicable diseases surveillance activities to be activated.
10. To involve all the local bodies for preventing the communicable diseases
11. Through the supply of safe drinking water and maintain environmental sanitation.

Plan of action for the year 2017-18:

1. Up gradation of Viral Diagnostic Laboratory at Shimoga.
2. To bring down incidence of KFD by maximum coverage of vaccination in endemic districts.
3. To intensify the plague surveillance activities by strengthening the plague control unit at Kolar.
4. To prevent the death and reduce the epidemics due to cholera and Gastroenteritis.
5. Creating the awareness for preventing H1N1.

Guinea Worm Eradication Programme:

Since 1995 Zero incidence of Guinea Worm disease is maintained in Karnataka. Still, routine surveillance and active case search operation is conducting every year for 13 districts of Gulbarga and Belgaum division as per Government of India guidelines.

1.2.7 Reproductive and Child Health Programmes:

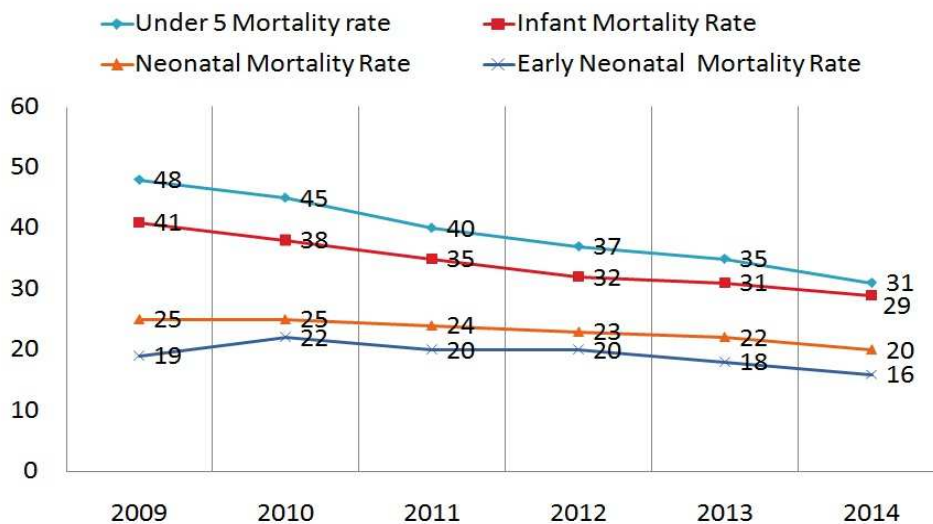
- Infant Mortality Rate (IMR) in Karnataka is declining steadily. It is declined from 41 in 2009 to 29 as per Sample Registration System (SRS) 2014.
- As per NFHS 2015-16 data, IMR has declined to 28.
- Under 5 Mortality rate has been reduced by 6 points since 2012.
- The Millennium Development Goal (MDG) for Under 5 Mortality Rate has already been achieved in Karnataka. The current Under 5 Mortality Rate is 31 (SRS 2014 data). The current goal is to reduce Under 5 Mortality Rate from 31 to 25 according to Sustainable Development Goal (SDG).

- The current Neonatal Mortality Rate (NMR) is 20 (SRS 2014 data). Current goal is to reduce NMR from 20 to 12 according to Sustainable Development Goal (SDG).
- Early Neonatal Mortality Rate has been reduced by 4 points since 2012.
- The current Early Neonatal Mortality Rate is 16 (SRS 2014 data).

Achievements during 2016-2017:

1. Special Newborn Care Unit (SNCU) Kolar has been accredited as a level 2 Neonatal unit by NNF (National Neonatology Forum).
2. Kangaroo Mother Care wards are established in Kolar, Koppal, Indira Gandhi Institute of Child Health and Vanivilas Hospital, Bengaluru.
3. Still birth and Perinatal death audits are initiated to identify the cause of death and thus to prevent them.
4. Narayana Hrudayalaya management has provided 100 radiant warmers free of cost.
5. Google Doc has been created to obtain periodic status reports from SNCU's.
6. IDCF programme was conducted successfully throughout the state from 11th to 23rd of July 2016.
7. Newborn week celebrations were held throughout the state in the second week of November 2016 with the theme of 'Kangaroo Mother Care'

Child Mortality Trend -Karnataka



Source: SRS Data



Karnataka has reduced Early Neonatal Mortality by 4 points since 2012

In PIP 2017-2018 following additional activities have been proposed:

1. Establishing Kangaroo Mother Care wards in all District Hospitals, this will help in reducing mortality due to Low Birth Weight & prematurity

2. Establishing Lactation Clinics in all District Hospitals will help in improving early initiation of breast feeding rates, which in turn will decrease sepsis.
3. Establishing newborn resuscitation skill retention corners in SNCU's will help in reducing birth asphyxia and mortality related to this.
4. Up gradation of NBSU's and SNCU's based on the delivery load

The following programmes and activities are being carried out in Karnataka to reduce the U5MR, IMR and NMR in the child health section:

1. Facility Based New Born care

- a. **New Born Care Corner (NBCC) :** 1070 NBCC are functioning at all delivery points, as on 2016. Newborn care corners are established in labour rooms & Operation Theatres in all the 24X7 PHCs, CHCs, Taluk Hospitals and District hospitals.
- b. **New Born Stabilization Units (NBSU):** 166 NBSU are functioning as on 2016. NBSUs have been established in all First Referral Units (FRUs) and Taluk Hospitals.
- c. **Special Newborn Care Unit (SNCU):** 37 SNCUs are functioning as on 2016 at all district hospitals and some high performing Taluk hospitals.
- d. **SNCU Online Monitoring Software:** All 37 SNCUs are now integrated with the SNCU Online Monitoring Software at their units.

2. Integrated Management of Neonatal & Childhood Illnesses (IMNCI): -

IMNCI was first initiated in Raichur in 2005 and expanded in a phased manner to all 31 districts including BBMP as on 2016.

3. Home Based Newborn Care (HBNC):

ASHAs visit the neonates at least 6 times in the first 42 days after delivery. ASHAs are trained to identify common neonatal illnesses & educate the mothers regarding Breast feeding & care of new born. They also administer the IFA syrup to infants and children at home.

4. Janani Shishu Suraksha Karyakrama (JSSK)

Janani Shishu Suraksha Karyakrama (JSSK) was introduced in early 2012 to reduce the out of pocket expenditure of the parents towards the treatment of sick newborn. This facility is being utilized for neonates and infants admitted to SNCU's and district hospitals.

5. Child Death Review (CDR):

Child and infant Death Review have been implemented in all Districts of Karnataka. State and District level Child Death Review committees have been formed and are meeting regularly.

Perinatal Death Audit is being done at select districts for the year 2016-2017. This will be extended to all districts in the year 2017- 2018. All reports being sent are being reviewed, validated and feedback given to districts.

Mother and Child Tracking System:

A web based Pregnant Women and Child Tracking System introduced aiming to provide pre-natal & postnatal care at the door steps of rural poor. So far 56.70 lakhs pregnant women and 34.22lakhs children have been registered under the system. This programme is greatly appreciated by the Government of India which has asked other States to consult. Besides, taking note of Karnataka's pioneer initiative in integrating information Technology in Health Care Delivery. **The Rockefeller Foundation of USA has conferred "TOP INNOVATOR CHALLENGE AWARD" in December 2011 for this system.**

Janani Suraksha Yojane (JSY):

This is 100 % Government of India funded Programme, through National Health Mission. The main objective of this scheme is to motivate all BPL, SC and ST Pregnant Women to deliver in Health Institutions, to reduce maternal and infant deaths. In this programme, pregnant women of BPL, SC & ST who deliver in health institutions in rural areas are provided Rs 700 cash incentives, in urban areas; Rs 600 and if they deliver through C-Section in private institutions are provided Rs 1500. If the said category Pregnant Women deliver at their homes, they are also provided Rs 500 cash incentives to meet their post-delivery wage loss.

Thayi Bhagya:

This Programme envisages, totally free Maternal & Child Health Care of all categories of Pregnant Women and Mothers in the State, with the core intention of zero Out of Pocket Expenditure to all women for MCH Services. The goals and objectives of this programme are achieved with main focus on equity, and ensuring quality MCH services which are available, accessible and affordable to all sections of the society. In addition to the said services, BPL, SC and ST category Pregnant Women and Mothers are provided incentives in cash and kind to motivate them to avail MCH Services in Government and Private Hospitals, with the sole intention of reducing Maternal & Infant Morbidity and Mortality.

Arogya Kavacha (108):

"ArogyaKavacha" 108 Emergency service was started in the state of Karnataka on November 1, 2008, by the Karnataka Health and Family Welfare Department under a Private Public Partnership through an MOU signed with GVK EMRI.

The Role and Mission of '108' is to save lives by providing a comprehensive 'Emergency Response Service' to those in Medical, Police or Fire emergencies, through a single integrated number - 108. We operate 24 x 7 and 365 days of the year with a fleet of 711 well equipped ambulances. The ambulances are manned by a trained Emergency Medical Technician (EMT) and a trained driver (Pilot). This service is available across the length and breadth of Karnataka i.e., all the 30 Districts.

The Ambulances are stationed strategically in all Districts and taluks across Karnataka so they can reach the incident location within the shortest possible time anywhere in the state. The services are operated through a centralized Emergency Response Center located at Bangalore. At present there is one ambulance for every 85000 populations with a total of 711 Ambulances throughout the state.

This service can be utilized by any individual who requires emergency help (Medical, Police, or Fire) irrespective of his economic status, caste, creed, color, ethnicity, gender, and/or literacy levels. The process of calling for an ambulance is simplified to such an extent that a call to the toll-free number '108' with details of emergency, the number of people involved and the incident location supported with a landmark; would trigger an ambulance dispatch . This is an absolutely FREE SERVICE starting from the phone call till the point of reaching the hospital.

The medical emergencies can be availed for Accident and Trauma (Vehicular and non-vehicular), complaints related to Cardiac, Respiration, Diabetes, pregnancy, Stroke/Convulsions, Suicide attempts, Poisoning cases, Assault/Violence, Animal Attacks, Neonatal, Building Collapse, Fire, Burns, hazardous material ingestion etc.,

11,58,243 emergencies calls attended, 10,62,221 emergencies attended, 3,38,736 pregnancy related cases are attended during the year 2016-17 and 66,866 lives are saved during the year 2016-17.

Bike Ambulances:

The first aid and medical care during the "Platinum Ten Minutes" is paramount to save the life of an accident victim, hence the pioneering attempt to start motorbike ambulance service.

The motorbike ambulance service is another pilot and pioneering initiative to ensure first aid to the victims during the Golden Hour.

They are useful for negotiating the small streets and heavy traffic in the large urban areas where it would be difficult to move ambulances through crowds. The fleet of high-powered touring motorcycles are available when required to respond to various trauma/medical incidents. The Bike ambulances will be currently deployed in Bangalore (19 Nos), Mangalore (2 Nos), and one each to the corporation areas of Mysore, Kalburgi, Belagavi, Hubli-Dharwad, Davanagere, Tumkur, Vijayapura, Shimoga and Kolar Districts where heavy traffic congestion and narrow streets would be easily overcome by the agile nature of the bikes. The programme will be implemented through GVK-EMRI who are already experience in providing such services through Arogya Kavacha-108. Riders are paramedics or EMTs who are recruited and trained on managing emergencies. Motorbike ambulance drivers would be fully trained in rendering first aid and would start resuscitation measures to save the victim.

Two-wheelers by virtue of their size could man oeuvre through narrow and busy roads and reach accident spots with ease while they would be followed by a fully equipped four-wheel ambulance for shifting the victim to a nearest hospital for further treatment if necessary.

Bike ambulance is able to respond to a medical emergency much faster than an ambulance or a car in heavy traffic which can increase survival rates for patients suffering cardiac arrest/ accident/ other emergencies.

Totally 23117 emergencies (minor trauma and accidents) are attended by the bike ambulances from April 2016 to March 2017.

Arogya Sahayavani-104:

The Government of Karnataka has started the Arogya Sahayavani-104 service with the moto of reaching the unreached, to provide all the health care services available in the public sector.

Those patients residing in the remote rural villages, who cannot access the medical doctors in the hospitals, can now contact with the doctors through Arogya Sahayavani-104. "104" is a toll free number through which people can avail consultation for minor ailments, counseling services, information on services available in public Health facilities, directory services (Eye bank, Blood Bank) and grievance redressal (Services, Epidemics, Corruption, Hygiene, Drugs and Diagnostics, ASHA grievances, etc).

Arogya Sahayavani-104 call center is situated at IT ParkHubli with 100 seater capacity. People (Citizens) from any part of the state can avail their service by calling 104 should the clock throughout the year. 6306981 calls are received at the call center from 2016-17. At present around 22000 calls per day on an average is being received at the call center.

Arogya Sahayavani-104 call center is situated at IT Park Hubli with 100 seater capacity. People (Citizens) from any part of the state can avail their service by calling 104 should the clock throughout the year. From the date of inspection till date 8386247 calls are received at the call center. At present around 22000 calls per day on an average is being received at the call center.

Madilu:

This is one of the four components of Samagra Mathru Aarogya Palane (Thayi Bhagya) Scheme, it is being implemented since 2007-08, with 50 % of the budget coming from GoI, through National Health Mission and the remaining 50 % of the budget is being provided by the State Government. In this programme, a kit containing 19 items which are useful to the post-natal women and her infant is being provided to BPL, SC & ST beneficiaries, who deliver in any Government Hospital in the State. This benefit is provided to all deliveries of BPL, SC & ST women in HPD districts (Bagalkote, Bijapur, Ballari, Raichur, Koppal, Raichur, Kalaburagi, Yadagiri, Gadag and Chamarajanagar) and for only two live births in the remaining districts of the State. The line items of the kit are being procured from Karnataka Handloom Development Corporation and the soap items are being procured from Karnataka Soaps and Detergents Ltd. The approximate cost of each kit is Rs. 1380.

Prasooti Araiike:

This is one of the four components of Samagra Mathru Aarogya Palane (Thayi Bhagya) Scheme, out of which, the three components, Viz., Prasoothi Araiike, Thaiy Bhagya and Thaiy Bhagya Plus are 100 % Government of Karnataka funded schemes. Prasoothi Araiike scheme is being implemented from 2007-08 with the objective of providing cash benefits to BPL, SC and ST communities Pregnant Women, to enable them to take nutritious diet during pregnancy and post-natal period to reduce maternal and infant morbidity and mortality. This scheme is implemented in all the districts of the State, except Kolar and Dharwad.

Beneficiaries of this scheme receive cash incentives of Rs.1000 in two instalments, the 1st instalment is provided to the Pregnant Women during her 4-6 months' pregnancy and the 2nd instalment of Rs.1000 is provided immediately after delivery, if the beneficiary delivers in any Government Hospital in the State. The 2nd instalment will include the JSY cash component. From 2014-15, the cash incentives, for the Pregnant Women and Post-natal mothers has been enhanced for SC & ST beneficiaries to Rs. 2000 each.

Janani Shishu Suraksha Karyakrama (JSSK):

This is also 100 % Government of India funded Programme, through National Health Mission. The main aim of this programme is to ensure, totally zero out of expenditure to Pregnant Women to avail free delivery services in Government Hospitals. In this Programme five free services are provided in all Government hospitals across the State. The services which are provided free of cost to all pregnant women are; free drugs and consumables, free diagnostics, free blood, free diet and free transport services from home to health institutions and back home. For all Government Hospitals; for providing free delivery services, for each case, Rs. 350 for drugs, (Rs. 1600 for C-Section deliveries), Rs. 200 for diagnostics, Rs. 150 for free diet (Rs. 350 in C-Section Deliveries) and Rs. 250 for referral transport is provided.

Extended Thayi Bhagya (Plus):

A cash assistance of Rs. 1000/- for a private hospital delivery is paid to rural SC, ST and BPL women for the first 2 live births in all other districts other than 10 High Priority Districts in accredited private hospitals.

1.2.8 Pre-Conception and Pre-natal Diagnostic Techniques Programmes:

Objective:

Implementation of Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994, and prevent misuse of new techniques and ultrasound machines in selective sex determination and sex selection.

Preamble:

To prevent misuse of ultrasound machines and other techniques either preconception or post conception, to selectively eliminate girl child. To create awareness in the community of its ill effects through workshops and other media. Giving information to the public that forcing a pregnant women for sex determination is an offence under the law. To monitor sale and supply of ultrasound machines. To see that centers registered under the act maintain records as per the act. To constitute statutory committees under the act and periodically conduct meetings.

Sex Ratio information:

Sex ratio at Birth	NFHS-3 (2005-06)	922
	NFHS-4 (2015-16)	910
0-6 years child sex ration	2001 Census	946
	2011 Census	948

In Karnataka State Vijayapura district has been selected under Beti Bachavo, Beti Padao scheme because of the skewed sex ratio. 0-6 years sex ratio according to census 2001 was 928 and it is marginally increased to 931 as per census 2011. Sex ratio at birth of Vijayapur as per HMIS report – Feb 2017 is 970, which shows a positive trend.

Sex ratio at Birth (Source -HMIS):

District	2013-14	2014-15	2015-16	HMIS Feb-2017
Vijayapura	919	929	942	970

1.3. School Health Programme:

Rashtriya Bal Swasthya Karyakram:

School Health Programme has subsumed under Rashtriya Bal Swasthya Karyakram (RBSK). This programme commenced from the year of 2013-14, under this programme 0 to 18 years children are screened for 38 health conditions broadly classified under 4'D's. The screening is conducted by 02 dedicated RBSK Mobile Health Teams constituted in each Taluka consisting of 2 Medical Officers, 1 Staff Nurse and 1 Ophthalmic Assistant/ Pharmacist, the main aim of this programme is to conduct health screening so as to identify children with health conditions and to refer for appropriate timely treatment.

Rashtriya Bal Swasthya Karyakram (RBSK) is implemented in the State in all rural and urban areas children studying in 1st to 12th standard in Government, Government Aided and Residential Schools and in Anganwadi Centers.

Children in 0-18 years age group are screened annually and children found positive for various heart related condition, Neuro problems, Cleft Lip Palate and others are referred to hospitals empaneled under Suvarna Arogya Suraksha Trust (SAST) and Yeshasvini Trust for cash less treatment. As per the guidelines, the DHOs are implementing this programme successfully in all taluks.

The activities are as follows:

1. Screening of 0 to 6 weeks children through delivery points and ASHA – HBNC visits.
2. Screening of 6 months to 6 years children at Anganwadi Centres.
3. Screening of 6 to 18 years children (1st to 12th std.) at Schools and Colleges.
4. Health screening to identify children with 38 Health Conditions, broad classified under 4'D's (Defects at birth, Developmental delays, Diseases and Deficiencies) under the age group 0 to 18 years.
5. Children requiring further management are referred to the nearest health facility.
6. Health Education to Anganwadi workers, Teachers and Students as well as students regarding Personal Hygiene, Environmental Sanitation, Safe drinking water and use of latrines are being taught regularly.
7. The children identified with health conditions are further referred to institution as mentioned below:

Annexures	Speciality	Referral facilities
Annexure-1	Primary Care Treatments	PHC/ CHC/ TH/ DH
Annexure-2	Tertiary Care Services (116 Surgeries)	Suvarna Arogya Suraksha Trust Empanelled Hospitals
Annexure-2(A)	Cleft Lip and Palate Surgeries	Smile Train Centre
	Cleft Lip and Palate / Facial Deformities surgeries	Trinity Care Foundation Mallige Medical Centre Pvt. Ltd.
Annexure-2(B)	Secondary Care Services (554 Surgeries)	Yeshasvini Empanelled Hospitals
Annexure-2(C)	Club Foot Treatment	Club Foot clinics under CURE India

This programme is being implemented in co-ordination with Department of Health and Family Welfare, Women and Child Development, Public Instruction, PU Board and Social Welfare.

Progress report for the period of 2016-17

Sl. No	Beneficiaries	Annual target	Achievement	%
1	Health screening of 0-18 years children (Anganwadi and Schools)	1,52,07,929	1,18,16,718	77.70%

During 2016-17, out of an annual target of **15207929**, **11816718** students enrolled in Anganwadies centers, Government and Government Aided schools were screened and **7503** students (April-16 to Mar-17) have undergone for different surgeries.

Weekly Iron & Folic acid supplementation program (WIFS) Programme :

Introduction:

Adolescents are the most vulnerable group among the children for Iron deficiency anaemia. During adolescence age, especially for girls, Iron deficiency anaemia results into growth deficiencies. During adolescence, iron deficiency anaemia can result in impaired physical growth, poor cognitive development, reduced physical fitness and work performance and lower concentration on daily tasks. Iron deficiency in adolescent girls influences the entire life cycle.

In order to develop evidence based intervention for prevention and control of adolescent anaemia in India, various studies were commissioned. Findings across these studies reveal that weekly supplementation of 100mg Iron and 500µg Folic acid is effective in decreasing prevalence of anaemia. As adolescent anaemia is a critical public health problem in the country, the Ministry of Health and Family Welfare, Government of India, based on the empirical evidence generated by these scientific studies, has developed Operational Framework for Weekly Iron and Folic Acid Supplementation (WIFS) of adolescent.

Objective:

To reduce the prevalence and severity of nutritional anaemia in adolescent population in the age group 6-19 years for all Government and Government Aided School Children from 1th to 12th std.

Strategies:**❖ Weekly once IFA tablets (WIFS) :**

- Each IFA – Pink tablet contains 45 mg of Iron with 400 mcg Folic Acid, it is given to children of 5 to 10 years age group weekly once for 52 weeks.
- Each IFA – Blue tablet contains 100 mg of Iron with 500 mcg Folic Acid, it is given to children of 11 to 19 years age group weekly once for 52 weeks.
- ❖ Biannual de-worming (Albendazole 400 mg), six months apart, for control of helminthes infestation.
- ❖ Information and counselling for improving dietary intake and for taking actions for prevention of intestinal worm infestation.

IFA and Albendazole tablets given to adolescents under WIFS Program

Year	Target	Achievement
2016-17	41,44,207	32,52,593

“SHUCHI” Yojane:

The Adolescent Reproductive & Sexual Health (ARSH) and the Adolescent Education Programme (AEP) are core components National Health Programmes that address Adolescent Health Girls. Both these programmes include a range of intervention for adolescent girls who are in schools and out of schools.

In our State, menstruation and menstrual practices are clouded by taboos and socio-cultural restrictions for women as well as adolescent girls. Limited access to the products for sanitary hygiene and lack of sanitary facilities could prove to be barriers to resorting to un-hygienic practices to manage menstruation. Some of the practices like use of old cloths as pads by recycling them which offers no protection and endangering menstrual hygiene with long term implications for reproductive health.

Good menstrual hygiene is essential for health & dignity of girls and women. Discussions on menstrual hygiene are important for adolescent girls to clarify existing myths and misconceptions around menstruation. Improving menstrual hygiene is important from the point of view of personal comfort and increased mobility. It also reduces the likelihood of infections resulting from poor hygienic practices during menstrual hygiene. Providing girls with knowledge and skills on maintaining menstrual hygiene improves school attendance among the girls who may not attend the schools on those days are even dropout of school altogether.

Promoting menstrual hygiene can be achieved through:

1. Provision of health education to girls on menstruation and menstrual hygiene.

2. Promoting the availability & use of sanitary products.
3. Enabling safe disposal of sanitary napkins.
4. Increasing community action to improve access to clean toilets with water both in home and in schools.

During the year 2016-17 total of 33,63,889 beneficiaries have been distributed with sanitary napkins.

Beneficiaries of Health Programmes as on 31.03.2017

Sl.No	Programmes	2013-14	2014-15	2015-16	2016-17
1	Prasuti Aaraike	485795	246219	45940	66587
2	Madilu	323155	271815	334189	339365
3	Thayi Bhagya	42471	37194	17871	16225
4	Janani SurakshaYojane	383251	411423	425711	396840
5	Vajpeyi Arogya Shree	32212	38223	43808	45803
6	Rastriya Balaswasthya Karyakrama	-	256	1769	7503
7	Arogya Kavacha	565709	695061	7,59,434	1036056
8	Dialysis	-	7831	8358	12288
9	Telemedicine	34624	41414	49704	49809
10	Burns Cases	1076	980	948	960
11	Extended Thayi Bhagya	15081	6772	1993	11739

1.4. SAKAALA Guaranteed services rendered:

Health & Family Welfare Department has been notified for SAKAALA Service Guarantee to provide Six Services namely Issue of Age Certificate, Wound Certificate, Disability Certificate and Sterilization Certificate with Discharge summary, Prasuthi Aaraike, Madilu Kit distribution. SAKAALA has been up-scaled to the whole State from 02 April 2012, 13,27,186 services have been rendered as on 06.05.2017

1.5. Health Indicators :

1. Reduction in Infant Mortality Rate from 95 in 1971 to 28 (NFHS-IV)
2. MMR has been reduced from 213 to 133 for 1 lakh live births. (SRS 2013)
3. Decrease in total fertility rate from 2.3 in 2003 to 1.9 in 2012
4. Decline of crude birth rate from 41.6 in 1961 to 17.9 (SRS 2015)
5. Decline of crude death rate from 22.2 in 1961 to 6.6 (SRS 2015)

1.6. Health Services:

Urban Health Services:

The District Hospitals under Health & Family Welfare Department provide curative, referral, counselling and 24x7 emergency delivery services along with preventive, promotive and rehabilitative services. Other Major Hospitals and Teaching Hospitals provide Secondary level Services. The details of Hospitals are as follows:

Hospitals	No. of Institutions	No. of Beds
District Hospitals	21	8509
Other Hospitals under HFW	11	2218
Teaching & Autonomous Hospitals (including Medical Education)	34	16232

Specialty services in District Hospitals:

Specialty services provided in District Hospitals include General Medicine, Pediatric, ENT, Anesthesia, Blood Bank, Telemedicine, Surgery, Orthopaedic, Skin and STD, Dental, Burn care ward, Obstetrics and Gynaecology, Ophthalmology, Radiology, Psychiatry and Geriatrics. For rendering specialty services in District Hospitals

1. The needs of the patients coming directly as well as those referred from peripheral rural centres and moffusil hospitals are catered.
2. Emergency and Casualty Departments work 24×7.
3. The existing Blood Banks are being strengthened depending on the availability of funds, in all the District Hospitals and all Major Hospitals of the State. AIDS screening facility has been provided in these Hospitals. Blood storage units are being established at all FRUs.
4. Radiology and Dental care services are available in all the District Hospitals, Major Hospitals, Taluk level Hospitals and Community Health Centres.
5. Epidemic Diseases Hospitals are functioning at Bangalore, Mysore and KGF. These Hospitals are meant for treating epidemic diseases like Cholera, Gastroenteritis, Diphtheria, Tetanus, Whooping Cough, Rabies, Measles, Chicken Pox, H1N1 and other infectious diseases.

Taluk Hospitals:

These are hospitals in Taluk headquarters with sanctioned bed strength of minimum 100 beds. It acts as referral hospital for the rural population. Taluk Hospitals are provided with 10 Specialists and one Dental Surgeon supported by 71 paramedical & other staff. There are 146 Taluk Hospitals in the State.

Community Health Centres:

A Community Health Centre (CHC) is the first point of contact between community and specialist doctor. As per guidelines, one CHC is provided for one lakh twenty thousand population in plain areas, and 80,000 to 1 lakh population in hilly areas. It acts as a referral institution for the rural Population. CHCs are 30 bedded hospitals provided with four Specialists i.e., Surgeon, Physician, Gynecologist, Pediatrician and one Dental Surgeon supported by 29 paramedical & other staff. There are 206 Community Health Centres in the State.

Urban Health Centres:

The objective is to give primary health services in urban slums and services like antenatal care, postnatal care, referral for institutional deliveries, immunization, services under national programmes like DOES, NMEP, etc. family welfare planning including IUD/NSV.

Rural Health Services:

As per minimum needs program (Rural Health), the State is following the National Pattern of Health Infrastructure in rendering Primary Health Care by establishing health institutions viz., Sub Centres, Primary Health Centres and Community Health Centres.

Primary Health Centres (PHC):

It is the first contact point between community and Medical Officer. The PHC provides curative, preventive, promotive, family welfare, rehabilitative and outreach services. In addition to these, PHC implements National and State Health Programs. As per guidelines, one PHC is established for every 30,000 population in plain and for every 20,000 population in Hilly and Tribal areas. It has a Medical Officer with 7 Para-medical & other staff and has 6 beds for in-patients. There are 2353 PHCs in the State.

Sub Centres:

It is the first point of contact between Primary Health Care System and the Community. One Sub Centre with a Female Health Worker is established for every 5000 population in plain areas and for every 3000 population in Hilly and Tribal areas. Each Sub-centre is supplied drugs worth of Rs. 5000/- per annum. There are presently 8871 Sub-Centres in the State.

Mobile Medical Clinic:

In order to reach health services to the door steps of the remote households, a pioneer achieving of "Mobile Medical Units" has been started. These units are literally PHCs on wheels, carrying doctor and paramedical staff as well as medicines and other equipment's. So far 19 units are operational in the State.

1.7. NATIONAL URBAN HEALTH MISSION:**Introduction:**

National Urban Health Mission (NUHM) aims to improve the health status of the urban poor particularly the slum dwellers and other disadvantaged sections, by facilitating equitable access to quality health care through a revamped public health system, partnerships and with the active involvement of the urban local bodies. The main focus of the NUHM will be urban poor population living in listed and unlisted slums, all other vulnerable populations such as homeless, rag-pickers, street children, rickshaw pullers, construction, brick, lime kiln workers, commercial sex workers and other temporary migrants.

NUHM will cover all the District headquarters and other cities/towns with a population of 50,000 and above (as per census 2011) in a phased manner. Cities and towns with population below 50,000 will be covered under NRHM. As per 2011 census, 236.25 lakh people reside in urban areas, and the urban slum population is 36.31 lakhs in Karnataka state. About 31.57% of population live in urban areas of the state and is viewed as challenging.

The emphasis is to improve existing public health delivery system with a thrust on making available adequate health human resources, upgrading the

existing health facilities in terms of infrastructure and equipment and also establishing new health facilities wherever necessary by providing specialist care as well as strengthening emergency response systems. This will enable the Health and Family Welfare Department or City Municipalities/Corporations to effectively provide adequate primary health care to the urban poor, focus on promotive, preventive, and curative aspects of both communicable and non-communicable diseases, domestic violence on women, and strengthen trauma care and emergency care to the urban poor.

State NUHM took off from latter part of 2013 and the state stands committed to the objectives of the center with a defined fund flow mechanism. A comprehensive baseline survey and mapping is being undertaken (23 cities/towns of the state have completed mapping) to gain insight into the dynamics of health needs of existing listed and unlisted slum pockets, urban poor concentration areas and other vulnerable population. In the coming days, this will help in assessing their health seeking behaviour, health indicators such as morbidity and mortality patterns, ongoing health needs, and existing provisions for health care, out of pocket expenses etc.

Infrastructure:

One urban primary health centre (UPHC) is functional for every 50,000 population under NUHM. 361 such centers across the state have been functional till date. 263 existing Urban Family Welfare Centre, Urban RCH Centre, Urban Health Centre, Urban Health Post, etc., have been upgraded and strengthened as UPHC. Where none existed, new UPHCs were planned and the District Health Society initiated the process of identification of location/ land. NUHM wing of NHM has been providing both capital and recurrent cost for up gradation and maintenance of the UPHCs, as per the norms. The District Health Society was given liberty to hire premises for new UPHCs where land was not available. So far, 263 PHCs are functioning in their own government building and 98 are functioning in the rented building.

This important mission mode programme the National Urban Health Mission - makes preventive care and treatment available to the urban poor and other vulnerable populations free of cost – ensuring a healthy and prosperous future for our Cities.

1.8. Citizen friendly facilities

Citizen Help Desk

It is a novel scheme implemented in District Hospitals and Major Hospitals. The objective of the Scheme is to guide and help the patients to get proper and timely need care. There are redactors in patients waiting time and the patient grievances are reduced at the local level. So far, 37 Citizen Help Desk is serving the patients round the clock in order to reach health services.

Burns wards

Burns wards are functional since 2008-09 at 6 District Hospitals in first stage at Gulbarga, Bidar, Bijapura, Bagalkot, Shimoga, Chamarajanagara. In the Second phase during 2009-10 at 6 District Hospitals, Kolar, Tumkur, Karwar, Dharwad, Hassan and Madikeri, Burns patients are now being treated at District hospitals. 960 patients were treated during 2016-17

Dialysis centers:

The Department has established Dialysis centers in Government Hospitals at 16 District Hospitals and 2 Taluk hospitals. In the first phase during 2008-09 they were sanctioned at District Hospitals Gulbarga, Bidar, Bijapura, Bagalkote, Karwar, Chitradurga, Chamarajanagar, Chikamagalur and KC general hospital Bangalore. In the second phase during 2009 -10 they were sanctioned at District hospitals Kolar, Tumkur, Ramnagaram, Chikballapur, Gadag, Dharwad, Madkeri (kodagu) General hospital Jayanagar Bangalore, Taluk hospitals Hospete and Sagara. In 2013-14 new dialysis centers opened in General Hospital, Shikaripura & Holenarasipura started functioning.

Year	Dialysis Cycles	Beneficiaries
2012- 2013	44536	-
2013-2014	46315	-
2014-2015	54740	7831
2015-2016	64795	8358
2016- 2017	83,892	12288

In 2013-14 Budget speech, Government announced opening of Dialysis centers in one Taluk of each district. In 2014-15 all new 30 dialysis centers opened in 30 Taluk Hospitals and functioning. At present Total 20 District Hospitals, 3 Major Hospitals in Bangalore and 34 Taluk Hospitals are established Dialysis units and functioning.

In 2016-17 Under PPP mode we are establishing new dialysis unit in remaining all 114 Taluk General hospitals.

This year under NHM PIP 2016-17 under PPP mode we are outsourcing Operate and managing Dialysis units in 20 District Hospitals, 3 Major Hospitals in Bangalore and 34 Taluk Hospitals, and establishing Dialysis unit in remaining 114 Taluk Hospitals.

Establishment of Intensive Care Units (ICU) :

Generally 2-5% of total medical and surgical patients admitting in a general hospital are critically ill, who require highly skilled life saving medical and nursing care with highly specialized staff and equipments. Therefore it is decided to establish ICU units in all Taluk hospitals with ventilators, with the intention to provide life saving treatment to rural population nearer to their door step and to prevent poor patients spending out of pocket expenditure by admitting in private hospitals.

At present 18 District Hospitals having ICU facilities.

Sl.No.	Name of the District	Name of the Hospital	No. of Beds Machines
1	Bangalore Urban	K.C. General Hospital,	6
2	Bangalore Urban	Jayanagar General Hospital	6
3	Tumkur	District Hospital, Tumkur	6
4	Kolar	District Hospital	3

Sl.No.	Name of the District	Name of the Hospital	No. of Beds Machines
5	Chikkaballapura	District Hospital, Chikkaballapura	3
6	Chitradurga	District Hospital, Chitradurga	6
7	Davangere	C. G. District Hospital, Davanagere	8
9	Haveri	District Hospital	8
10	Bijapura	District Hospital	7
11	Chikkamagalur	District Hospital, Chikkamagalur	3
12	Chamarajanagara	District Hospital, Chamarajanagara	8
13	Udupi	District Hospital, Udupi	6
14	Mangalore	District Hospital	7
15	Kodagu	District Hospital, Madikeri	6
16	Gulbaraga	District Hospital	10
17	Koppal	District Hospital, Koppal	5
18	Dharwad	District Hospital	3
19	Bagalkote	District Hospital	5
20	Karwar	District Hospital	5

Deliverables:

To treat the serious patients admitting to Taluk hospitals with the ailments like head injuries, acute coronary occlusion, kidney and respiratory failure, insecticide poison, serious respiratory tract infection like H1N1 etc who need life saving treatment in Golden hour. Hence we are establishing ICU's in all 146 Taluk Hospitals in this year.

Year wise Patients treated in details as follows:

Year	Dialysis (Cycles)	Geriatrics	Burns cases	Telemedicine
2012-2013	44536	8846	992	21369
2013-2014	46315	58650	1076	34624
2014-2015	54740	91346	980	41414
2015-2016	64795		948	49704
2016- 2017	83,892		960	49809

Telemedicine :

At present 21 District & 5 Taluk hospitals Telemedicine facilities provided. They will get opinion form 11 specialist centers. e- governance provided KSWAN connectivity for all the above centers.

Telemedicine at Taluk Hospitals:

As announced in Hon'ble CM Budgete speech in 2015-16 Telemedicine facilities providing to all Taluk hospitals linking to Medical colleges. But Finance

department given approval only 3 Districts Taluk hospitals (11) (Bidar, Vijayapura & Koppal). This programme is implementing through Keonics and e- governance will provide KSWAN connectivity for all the new Telemedicine centers. In 2016-17 under NHM PIP approved to extend Telemedicine facility for all Taluk & 206 Community health centers.

Tele-Radiology :

Teleradiology started during 2015-16 : Established in District Hospital Chikkaballapura, Hassan, wenlock hospital Mangalore, General Hospital Lingasgur . They will send the CT & X-ray Images to get opinion from the radiologist at BMC & RI, Bangalore. District Hospital Raichur, Kalburgi & Chitrdurga work under progress. This programme implanted through Keonics. We have to pay monthly operation & Maintenance charges to Keonics.

Under CSR project **Samsung Research & Development Institute, Bangalore (SRI-B)** has handed over 1,000 Samsung Tab IRIS to the Department of Health, Government of Karnataka. Samsung Tab IRIS, the first commercial tablet which is UIDAI approved for Aadhar and KYC verification would enable Public Health Centers (PHC) in the state to build their database in a digital format through ANMs. These TABs are preloaded with **PHC Management Information System which** is aimed towards providing advanced technological support in the management of medical subsidies and operations at Primary Health Centers (PHC) level.

Under CSR Project HP Global Solutions - HPGS has installed to e- health centre container at 5 primary health centre with one studio at KC Genral hospital, Bangalore.

eHealth Centre (**eHC**) is an HPGS initiative where IT will be used to enable local healthcare services and telemedicine, while collecting data pertaining to patients health and related issues.

Biocon Foundation, the CSR arm of Asia's premier biopharmaceuticals company, Biocon, has signed a Memorandum of Understanding(MOU) with the Department of Health & Family Welfare of Karnataka to establish eLAJ smart clinics in 15 Primary Healthcare Centres across six districts in Karnataka.

eLAJ clinics are technology-enabled, smart clinics equipped with multi-parameter monitoring device developed by Packet BIO, the technology partner of Biocon Foundation, which enables multiple diagnostic tests and generation of electronic medical records (EMRs) of patients. The eLAJ model has been designed to deliver data-based healthcare on the basis of socio-demographic and health indicators obtained from community-based screenings. This innovative health delivery model will facilitate effective preventive and primary healthcare intervention in the rural areas of Karnataka for the benefit of communities with poor access to quality healthcare.

Department is implementing **E-Hospital** project which covers District Hospital/Taluka Hospitals and allows health care providers to collect, store, retrieve, and transfer information electronically which can minimize handwriting or other communication errors by having physicians or other providers enter data into a computer system. To extend this project to PHC level Samsung Tab based MIS software will go a long way

In addition M/s Tejasco has developed **E-Arogya**, an Android Tablet based software application for digitalizing the work process of ANMs. It helps to collect field level data directly on TABs and send to central server for quick reports, analytics and dashboard. This Tablet based application will be used for enhanced **Tele-Medicine** and video based health program awareness.

Department is also implementing **Tele-Radiology** through Keonics in 7 Hospitals. This improves patients care by allowing radiologists to provide services without actually having to be at the location of the patient. Thereby enabling most efficient and effective use of doctors and specialists for rural areas.

Karnataka State would like to focus on **Public health surveillance**, which is the ongoing, systematic data collection, analysis, and interpretation of data on specific health events for use in the planning, implementation and evaluation of public health programmes. The current process of data collection by healthcare providers like ANMs and Staff Nurse is manual which leads to delays, accuracy etc. Thereby defeating the very purpose of effective surveillance. Therefore, it is proposed to give Tabs for ANMs for the purpose of data collection and data synchronization with various portals like **MCTS (Mother & Child Tracking System)**, **RCH (Reproductive Child Health)** on real time basis.

In Tumkuru, Virtual Clinic a pilot project has been initiated where in physical location agnostic treatment and enabling remote treatment. Robust Health Record Platform where all patient records of Virtual Clinic, Real Clinic, Real Hospital and other treatment plans are hosted on Cloud.

1.9. Regulation of Private Medical Establishments:

The Karnataka Private Medical Establishment Act, 2007 and Karnataka Private Medical Establishments Rules, 2009 are in force. This legislative aims to regulate, control and monitor Private Medical Establishments in Karnataka for providing quality care according to medical ethics by prescribing service quality.

Initially 90 days' time was given for the Private Medical Establishments for registering which was extended for applying for Registration in 3-2-2013. The Registration committee at all districts are constituted with the following composition:

1. The Deputy Commissioner of the district. – Chairman
2. District Health and Family Welfare Officer -- Member Secretary
3. President/Secretary, Indian Medical Association of the concerned District-Member
4. District Ayush officer- Member
5. Representative from Ayush association-Member.

Suitable instructions and guidelines have been issued by the Directorate to all Private Medical establishments for registration. 27627 applications are received up to the end of March 2015 from all the districts, all the applications were scrutinized and 24568 Institutions are issued registration certificates. The registration committee have been instructed to

complete the registration of all Private Medical Establishments immediately. Status of registration district wise is as follows:

No. of Registered Medical establishments registered under KPME ACT

Sl. No.	Name of the District	No. of Registration Certificate given
1	Bagalakote	816
2	Bangalore (R)	244
3	Bangalore (U)	6377
4	Belagaum	23
5	Bellary	434
6	Bidar	354
7	Bijapura	865
8	Chamarajanagar	180
9	Chikkaballapura	124
10	Chikkamagalur	259
11	Chitradurga	388
12	Dakshina kannada	1696
13	Davanagere	729
14	Dharwada	1486
15	Gadag	568
16	Gulbarga	650
17	Hassan	476
18	Haveri	626
19	Kodagu	229
20	Kolar	264
21	Koppala	305
22	Mandya	466
23	Mysore	1523
24	Raichur	381
25	Ramnagara	131
26	Shimoga	636
27	Tumkur	681
28	Udupi	991
29	Uttara Kannada	535
30	Yadgiri	221
	Grand Total	25542

1.10. Health Education and Training:

The Health Education and Training Section of this Directorate is organized below programmes mainly responsible for:

1. Arranging exhibitions Health & FW programmes at Mysore Dasara Exhibition,
2. Celebration of world Health Day programme on 7th of April every year at state Level and peripheral levels.
3. Nomination of Members for Arogya Raksha Samithi's.
4. Deputation of Medical and Non medical staffs for Haj Yathra every year.
5. Conduct state level National programme for DHO's / DS review meeting . All DHOs to arrange the monthly progress review meeting.
6. Deputation of In-service MMBS/Ayush Doctors and Staff Nurse for 12 months PGDPHM course.
7. Deputation of Departmental A & B officers for training at ATI, Mysore and FPI, Bangalore.
8. During the of VVIP/VIP's visited to Karnataka protocol Arrangements will be done.
9. Deputation of Doctors to Shabarimalai Yathra.
10. Supply of Daily News papers to the Directorate sections.
11. Every years July 1, Doctor days celebration.
12. Sarvothama Seva Awards Nominations proposals submitted to govt.

1.11. Mental Health Programme:

Govt. of India funds District Mental Health Programme which is implemented In the districts of Karwar, Chamarajanagar, Gulbarga and Shimoga from 2004-05. Under 12th Plan 8 more Districts were approved namely Raichur, Belgaum, Dharwad, Dakshina Kannada, Chikkaballapur, Mysore, Hassan, Bellary in 15-16.

During the year 16-17 District Mental Health Programme is approved in all the 30 districts and BBMP in Karnataka.

During 2015-16, **Trainings** have been taken up in all the 12 DMHP districts and following staff are trained: 687 Medical officers-trained to identify and treat mentally ill at PHC level, 1287 paramedical workers, 248 nurses, 173 other staff and 3505 Asha workers have been sensitized to identify mentally ill and treatment availability. 176 teachers have been trained on life skills, who in turn would impart these life skills to the students.

During the year 16-17, Trainings have been taken up in all the 30 dists and BBMP. 1977 Medical officers-trained to identify and treat mentally ill at PHC level, 4355 paramedical workers, 248 nurses, 3767 other Medical staff and 7554 Asha workers have been sensitized to identify mentally ill and treatment availability. 1469 teachers have been trained on life skills, who in turn would impart these life skills to the students, Counselling services are made available in 34 colleges, 32 workplaces and 15 urban slums. 135 KSAPS/WCD counsellors, 170 Police/Prison staff, 30 Faith Healers/NGOs, 105 Elected representatives have been sensitized on features of Mental illness and treatment facilities available. (Training status from April 16 to December 16).

During 2015-16 mental health **Drugs** worth Rs.537Lakhs have been supplied to all the Health institutions of the State, out of which Rs.80Lakhs are from DMHP funds of NHM.

During 16-17 Mental Health **Drugs** worth Rs.305 Lakhs are being procured from DMHP funds under NHM through KDL&WS.

During 2015 -16, the number of **Patients treated** in districts up to end of March 2016 are: - 6905-Epilepsy, 6718-Psychosis (Severe mental disorder), 13739-Neurosis (Minor mental disorder) and 5271-Mentally retarded patients are identified (New Cases).

During 16-17, 1, 05,938 mentally ill patients have been treated from April 16 to Nov 16.

IEC activities in the year 2016-17:

International day against drug abuse:

- 23 Public awareness programmes were conducted, 4037 participated.
- 71 Jathas were conducted, 1700 participated.
- 1 Radio programme was conducted

Suicide prevention day:

- 241 Public awareness programmes, 25,929 participated.
- 160 Jathas were conducted, 24434 participated.
- 44 Essay competitions were conducted, 4543.
- Participated.
- 14 Elocutions were conducted, 1462 participated.

World Mental Health Day:

- 183 Public awareness programmes, 19207 Participated
- 70 Jathas conducted, 11312 participated
- 34 Essay competitions conducted, 2137 participated.
- 34 Elocutions conducted, 2027 participated.
- 3 Radio, 1 TV & 1 scroll have been done.

“Manasadhara” Centers :

Community Mental Health Programme, funded by the state one for each District. **Day Care Centre / Rehabilitation centre** for the recovered mentally ill persons by recognized NGO's was inaugurated on 09.10.2014 (Photo Enclosed). These centres are functional in 15 districts. Efforts are continued to start these centres in all the districts.

“Manochaitanya”: (Super Tuesday clinic) Programme is a new initiative of Karnataka. Under this programme, on selected Tuesdays Psychiatrist from DMHP/DH/Medical college/Private provides specialist Services to the mentally ill at the Taluk level hospitals. Currently these are functional in 139 Taluks of the State and have catered to the needs of 25,296 patients from to April 16 to Nov 2016.

1.12 INFORMATION EDUCATION COMMUNICATION (IEC) :

IEC activities are being implemented to create awareness in the communities on various service facilities being provided at various levels under NHM. Activities are planned for both at state and district sectors. These activities are meant for procuring human resources, equipment, IEC materials (both printed & electronic),

organizing telecasting, broadcasting and issuing guidelines to districts to carryout activities.

Main Objectives of IEC:

- Increasing rural target communities’ awareness to demand services of reproductive and child health and other related services.
- Make the target groups in particular and communities in general through different BCC/IEC interventions to realize the importance of service components of NHM for improving quality of life of family members.
- Document best practices adapted by the target groups as well as contributions of local institutions in making healthy villages.
- To provide media and multimedia support depending on requirement of the area to disseminate messages with appropriate educational materials (printed and electronic)
- To capacitate local institutes such as PRIs, CBOs and other line departments in social mobilization activities to support the department in accomplishing components of NHM.
- To coordinate with all types of media to reach the communities with appropriate messages for demand generation.
- To take up pre and post evaluation study on BCC / IEC to assess the impact
- To have convergence with line departments and other local institutions particularly PRIs for effective implementation of programmes.

**PERFORMANCE BUDGET FOR INFORMATION EDUCATION COMMUNICATION
(IEC) PROGRAMME
FOR THE YEAR 2016-17**

Sl. No	Activity Description	Level of Activities	Nature of activity	Annual Target 2016-17		Achievement 2016-17	
				Phy	Fin	Phy	Fin
1	Hiring of Data Entry Operators	District Level	Release	30	50.40	30	42.94
2	POL/Hiring Charges for IEC section	District Level	Release	60	14.40	60	10.12
3	Contingency for IEC section at District Level	District Level	Release	30	3.60	30	3.01
4	State, Division, District level review meetings of IEC staff and State Level meeting	State & District Level	Release	0	0.00	0	0.00
5	Contingency for IEC Section at State Level	State Level	Release	12	1.20	11	0.78
	MATERNAL HEALTH (MH)						
6	Printing of Educational Material on Maternal Health (Folders)	State Level	Procure	0	0.00		
7	Printing of Poster on Maternal Health (Posters)	State Level	Procure	500000	25.00	500000	25.00
8	Handouts	State Level	Procure	1000000	5.00	1000000	5.00

9	Wall Painting on CAC	State Level	Publicity	300	3.00	300	3.00
10	Information Poster on Comprehensive Abortion Care (CAC)	State Level	Procure	0	0.00	0	0.00
11	Booklet on Comprehensive Abortion Care (CAC)	State Level	Procure	10000	2.50	10000	2.50
12	Flipbook on Comprehensive Abortion Care (CAC)	State Level	Procure	2800	5.60	2800	5.60
13	Site Signage on Comprehensive Abortion Care (CAC)	State Level	Procure	250	1.25	250	1.25
14	Publicity through Bus Branding KSRTC / NWRTC / NEWRTC / BMTC Buses.	State Level	Publicity	600	39.00	600	38.60
15	Wall Writing on JSSK	State Level	Publicity	0	0.00		
16	Telecast of spots in cinema theatres: Telecast of 30 secs on various themes in District, Taluka level, Urban areas and multiplex theatre	State Level	Telecast	1	34.35	1	34.35
17	Press Advertisement at District Level	District Level	Release	30	15.00	30	13.37
18	Community Radio: Broadcast of spots/jingles and long format programmes including panel discussion, skit, etc through 10 community radios	State Level	Broadcasting	8	16.00	8	16.00
	IEC/BCC Activities for CH						
19	Printing of educational materials on Newly Introduced Vaccine / New born care (Folders)	State Level	Procure	0	0.00	0	0.00
20	Printing of educational materials on Immunization schedule / Newly Introduced Vaccine (Poster)	State Level	Procure	200000	10.00	200000	10.00
21	Printing of Filp Books on New Born care and Diarrhea	State Level	Procure	5000	10.00	5000	10.00
22	Handouts	State Level	Procure	400000	2.00	400000	2.00
23	Hoardings: Printing and mounting of flex on temporary hoardings	State Level	Publicity	200	4.00	200	4.00
24	Bus Branding: Branding of KSRTC and BMTC buses (full bus)	State Level	Publicity	500	32.50	500	32.25

25	Information through LED TVs in the city Railway Stations	State Level	Telecasting	60	0.60	0	0.00
26	Audio advertisement in railway/ bus stations	State Level	Broadcasting	1	51.26	1	51.03
27	Healthy baby shows	District Level	Release	551	3.31	551	3.31
	IEC/BCC Activities for FP						
28	Printing of Education materials on FW programme to support Inter personal communication at field level. (Folder)	State Level	Procure	0	0.00	0	0.00
29	Printing of Education materials on FW programme to support Inter personal communication at field level. (Posters)	State Level	Procure	200000	10.00	200000	10.00
30	Handouts	State Level	Procure	400000	2.00	400000	2.00
31	Wall Painting on NSV And PPIUCD	State Level	Procure	500	5.00	500	5.00
32	Hoardings: Printing and mounting of flex on temporary hoardings	State Level	Publicity	200	4.00	200	4.00
33	Printing of Filp Books on NSV and PPIUCD	State Level	Procure	100	0.20	100	0.20
34	Publicity through Bus Branding KSRTC / NWRTC / NEWRTC / BMTTC Buses.	State Level	Publicity	600	39.00	600	38.60
35	Telecast of spots in cinema theatres: Telecast of 30 secs on various themes in District, Taluka level, Urban areas and multiplex theatre	State Level	Telecast	1	33.75	1	32.89
36	Audio advertisement in railway/ bus stations	State Level	Broadcasting	1	51.26	1	51.26
	IEC/BCC Activities for RKSK						
37	Printing of educational materials on 6 Types of Posters on RKSK Programme	State Level	Procure	216000	10.80	216000	10.80
38	Printing of educational materials on 6 Types of Folders on RKSK Programme	State Level	Procure	900000	18.00	900000	18.00
39	Essay competition for High School Student @ PHC Level	District Level	Release	1176	19.99	1088	18.50
40	Essay competition for High School Student @ Taluk Level	District Level	Release	0	0.00		

41	Essay competition for High School Student @ District Level	District Level	Release	0	0.00		
42	Essay competition for High School Student @ State Level	State Level	Release	0	0.00		
43	Printing of Poster on PC & PNDT act 1994 (Posters)	State Level	Procure	100000	5.00	100000	5.00
44	Handouts	State Level	Procure	0	0.00		
	Others						
45	Wall Calendars	State Level	Publicity	6500	3.25	6500	3.25
46	Diary with Health Messages for Zilla Panchayat Members, Taluk Panchayat, and Gram Panchayat Members.	State Level	Procure	0	0.00	0	0.00
47	Autograph Note Books for 10 th Std Govt High Schools Students	State Level	Procure	0	0.00	0	0.00
48	Folk Artist Division Level Workshop	State Level	Training	4	8.00	4	8.00
49	Folk Performances	State Level	Publicity	1760	88.00	1787	87.78
50	Training for Stree Shakti Members	State Level	Training	500	20.00	493	19.95
51	One day Sensitization Programme for elected Panchayat members	State Level	Training	30	4.50	21	3.13
52	Jatra Campaign: Creating awareness on different issues/themes during jatra/market day in district level	District Level	Training	150	22.50	147	22.03
53	Stickers EMRI Programme	State Level	Procure	75000	2.25	75000	2.25
54	Poster on Nutrition Programme	State Level	Procure	0	0.00	0	0.00
55	Mobile based IEC/ BCC Solutions	State Level	Procure	0	0.00	0	0.00
56	Web site: Redesigning of website	State Level	Procure	0	0.00	0	0.00

1.13 State Health Transport Organisation:

For effective implementation of National Programmes under Health & Family Welfare Services. State Health Transport Organisation is assisting in Technical matter for Vehicle maintenance.

The Department has fleet strength of 1505. In the Department, from PHC Level to State Head Quarters in the different level for implementation of National Programme and to Medical Emergency different types of vehicles are being used. After formation of Zilla Panchayat., respective Vehicles of the District are being maintained under the administrative control of the corresponding Zilla Panchayat.

Fleet strength for the Year 2016-17 is as below as on March 2017:

Total number of Vehicles (Including Ambulance) in Health & Family Welfare Services Department : 1505

1.14. Integrated disease surveillance project (IDSP):

- 1 IDSP reports are received from Sub centres (S form) PHC (P form) Laboratories (L Form) . Weekly Average reporting percentage is 96%, 92% & 88% under 'S'-Syndromic form, 'P'-Presumptive form & 'L' Laboratory form respectively and is inclusive of private sector.
2. IDSP Portal entry happens from the Taluk level on a weekly basis. BBMP has been made as reporting unit under the Bangalore urban district and has started reporting to ensure Urban Health Surveillance
3. Outbreak reports are entered into the IDSP portal on a weekly basis along with the S, P, L reports by the Districts. Any outbreak/ FIR is reported to the state surveillance unit on the same day and the District Rapid response Team inclusive of District Surveillance Officer, Epidemiologist, Microbiologist, Entomologist, Veterinary Doctors Physicians & Paediatricians visits the affected area and to take preventive measures for control the Outbreak. The Zoonotic diseases of Public health importance such as Leptospirosis, Scrub typhus, Anthrax, AES/JE, Kyasanur forest disease, Brucellosis, Bird flu and Rabies are in Surveillance.
4. NHM has provided additional staffs such as Epidemiologist, Microbiologist, Entomologist, Veterinary Consultant, Training Consultant, Data Manager and Data entry operator at State level and Epidemiologists, Microbiologists, Data Managers and Data Entry Operators at district level.
5. Eight Govt.Medical Colleges are identified as Referral labs for laboratory confirmation of epidemic prone outbreaks. 3-4 adjacent districts are attached to each Referral lab for providing laboratory diagnosis. BMCRI-Bangalore, MMCRI-Myosre, BRIMS-Bidar, VIMS-Bellary, SIMS-Shivamoga, BIMS-Belgaum, HIMS-Hassan and KIMS-Hubli are the identified Referral labs. Two lakhs, annual grant is allocated to each referral Labs for procurement of required consumables. The labs are reimbursed for each test based on rates fixed by the State Health Society. The tests being carried out are IgM ELISA testing (Dengue, Chikungunya, Hepatitis A &E, Leptospira, measles, Mumps, Chicken Pox) Weil Felix for Rickettsial fever, Rose Bengal agglutination for Brucella, Culture for Enteric Fever, Cholera , other enteropathogens and Diphtheria.
6. Eleven District Public Health Laboratories (DPHL) have initiated functioning in district hospitals of Chamarajnagar, Bijapur, Gulbarga, Yadgiri, Chitradurga, Koppal, Davangere, Udupi, Bagalkote, Gadag and Haveri for routine hospital based surveillance of communicable disease. Presently these labs are performing culture for all clinical samples and serology (Dengue and Chikungunya). GOI is supporting these DPHL's with manpower, equipment and lab consumables.
7. All District Surveillance Unit labs except Bangalore Urban, Bangalore Rural, Chikkballapura & Ramanagara are carrying out bacteriology examination of water and prepares H2S media and Malaria stain and distributes to the peripheral health centres.
8. Media Scanning and Verification cell functions by sending the media alerts to the Districts by scanning printed media & electronic media and expect the districts to verify the incident and to send the report.

9. Periodic video conferencing with the Districts to discuss the issues pertaining to improvement of the programme.
10. Training programme for Medical Officers, Pharmacist, Staff Nurses, Lab technicians, Health assistants (male and female), ASHA's, AWW, Panchyat development officers Data Managers & Data Entry Operators have been conducted under IDSP.

Financial Achievements (2016-17):

- Budget grants approved by GOI as per ROP for 2016-17 – Rs. 528.10 lakhs
- Expenditure up to March 457.41 (87%) (PROV.)

1.15. Nutrition Programmes:

Vitamin 'A' Administration Programme: This programme is implemented for pre-school children of 9 months to 5 years age. The children are administered Vitamin 'A' solution orally to prevent Night Blindness, formation of Bitot Spots and other Vitamin 'A' deficiencies leading to blindness. The Vitamin 'A' solution necessary for this programme is procured under NHM PIP line item no. B16.2.2.1

Two programmes are implemented under this viz.:

i) Measles linked Vitamin 'A' Programme:

One ml of Vitamin 'A' solution containing 1 lakh IU is administered orally to the children of 9 months along with Measles Immunization. Around 12.45 lakh children are target beneficiaries of this programme. This is a routine monthly programme.

Sl No.	Year	Target	Achievement	%
1	2016-2017	1245661	732036	59

(ii) Vitamin 'A' supplementation programme :

This programme is implemented biannually to the children of 1^{1/2} to 5 years. 2ml. of Concentrated Vitamin 'A' solution containing 2 lakh IU is administered to the children orally, to improve immunity and reduce morbidity and mortality among pre-school children. Around 48 lakh children are Target Beneficiaries of this programme during 2015-16.

Sl.No	Year	Target	Achievement	Percentage
1	March 2016	5004461	4568567	91.3
2	September 2016	4787499	4321003	90.3

Mass Deworming Programme for 1^{1/2} to 5 years children:

This programme is implemented biannually to pre-school children of 1 to 5 years age along with Vitamin 'A' Supplementation Programme. Albendazole tablets are distributed to pre-school children. 1/2 tablet containing 200mg is given to children of 1 to 2 years. And 1 tablet containing 400mg is given to children of 2 to 5

years of age. Around 40 lakh children are Target Beneficiaries of this programme during 2016-17. National Deworming Day is implemented as per GOI Guidelines.

The progress for 2016-17 is as follows.

Year	Target	Achievement	%
February 2016	3215048	2909744	90
August 2016	4097101	4063613	99

2. Integrated Children Development Services Scheme :

This programme is implemented with the Co-ordination of Women and Child Development Department. There are 204 ICDS projects, 65911 AW Centers including Mini Anganawadi Centers are functioning in the State. Pregnant women, Lactating mothers and 0-6 years Children are beneficiaries of this programme. Supplementary feeding, Immunization., Health Check up, Referral Services, Non formal preschool education, Nutrition and health education are the components of ICDS.

The Medical officers visit A.W.Centres and conduct health check up once in two months. The children diagnosed with Mal-Nutrition and other deficiencies are treated suitably. Severely malnourished children are referred to Paediatricians for treatment at Taluka Hospitals/ District Hospitals/ Nutrition Rehabilitation Centers.

Mathrupushtivardhini Scheme :

This programme will be implemented in 39 most backward Talukas of Karnataka covering 280413 pregnant and lactating mothers. This micro nutrient granules will be given from 2nd trimester for 6 months during pregnancy and it will be continued for 4 months during lactation totally for 10 months (300 days) @ approximately Rs.5/- per day). Administrative approval has been given as per Go. No. HFW/91/FPR/2016 (Part) Bengaluru dated 04-02-2017 for 10.05 crores.

Nutrition Rehabilitation Centers (NRCs) in Karnataka:

Nutrition Rehabilitation Centers refers to a unit for 'inpatient, center based' care of children with severe malnutrition. Children with Severe Acute Malnutrition (SAM) are usually treated either in facility/hospital based care units without medical complications. Under nutrition is associated with high rates of mortality and morbidity due to common childhood illness including diarrhoea, acute respiratory infections, malaria and measles. To prevent deaths due to severe acute malnutrition (SAM) specialized treatment and prevention interventions are required. In Karnataka there are 32 Nutrition Rehabilitation Centers. 20 are attached to District Hospitals and 12 are attached to Medical Colleges. Usually they are either 20 bed or 10 bed capacity. They should have a trained Medical Officer, Staff Nurses and Diet Counsellors.

Children and mother/care taker will stay for a maximum of 14 days. In addition to providing nutritious food to children, awareness is being created to mothers /care takers on preparation of nutritious food. An amount of Rs.174/- to compensate the loss of wages and Rs.125/- for food for mother and Rs. 125/- for food for child and Rs. 125/- for drugs is being provided.

PHYSICAL PROGRESS of NRC is as follows.

Year	Admissions	Discharged with target weight gain	Referred (Medical Transfer)	Children followed up
2016-17	3870	3153	215	2833

Financial Progress 2016-17

32 NRCs	Approved	Expenditure
	130.00	54.49

1.16. National Iodine Deficiency Disorder Control Programme (NIDDCP):

This Programme is implemented in the State for preventing Iodine Deficiency Disorders (IDD) like Cretinism, Deaf Mutism, Dumbness, Physical and Mental Retardation, Goiter and other disorders. Government of India has recognized the following districts viz., Chikkamagalur, Kodagu, Dakshina Kannada, Bellary, Shimoga, Uttar Kannada, Bangalore (U) and Bangalore(R) as endemic districts.

Goiter cases reported during 2016-17 is 176 and the reports obtained by the districts mentions that medical treatment is been given to the cases detected.

World IDD Day and week was celebrated from 21st to 27th of October 2015. Health education activities were conducted in view of this programme both at State and District level. The community was motivated to consume only Iodized salt to prevent Iodine Deficiency Disorders. Appeals and messages from Hon'ble Chief Minister and Health Minister regarding the importance of Iodized salt in daily diet were published in local newspapers. Various programmes on IDD including debate, essay competitions, rallies by school students were conducted at district level.

For the year 2016-17 survey on IDD has been conducted by the Community Medicine Department of Medical Colleges in Raichur, Gadag and Udupi districts. The parameters covered during survey is clinical survey for identification of Goitre prevalence (2700 children) testing of 540 Salt Samples for estimation of Iodine content, testing of 270 urine samples for Urine Iodine Excretion.

Salt Testing Kits (STK) have been distributed to 8 Endemic districts for testing of Iodine content in salt samples by ASHA workers at community/household level to promote the importance of consumption of Iodized Salt in our daily diet to prevent Iodine Deficiency Disorders. These programmes shall be continued during 2017 also.

PHYSICAL PROGRESS

Particulars	2016-17
Goitre Cases reported	176

Samples of salt tested by the Salt Testing kits by ASHA in 8 endemic districts

Year	Total samples tested	0 PPM	Below 15 PPM	Above 15 PPM
2016-17 (till February 2017)	8,43,977	18,349 (2.17%)	1,08,960 (12.91%)	7,16,668 (84.91%)

Salt samples tested for Iodine content at IDD Laboratory

Year	Total	Satisfactory	Non-Satisfactory
2016-17 (till February 2017)	3212	2742 (85.36%)	470 (14.06%)

Urine sample tested for Urine Iodine Excretion at IDD Laboratory

Year	Total Samples tested	Normal (>10)ml	Mild (>5 to <10)ml	Moderate (>2 to <4.99)ml	Severe (0 to <2)ml
2016-17 (till February 2017)	3543	3326 (93.87%)	207 (5.84%)	10 (0.28%)	0

1.17 Karnataka State Drug Logistics and Warehousing Society:

Procurement and Logistics :

The erstwhile Government Medical Stores was catering to the needs of Institutions coming under the Directorate of Health & Family Welfare Services as well as the Directorate of Medical Education in the state. The process of purchases, storage and distribution of various Drugs & Chemicals was being carried out by the Government Medical Stores which was more a centralized function.

With an intentions to select, procure, store and distribute various categories of drugs in time to all the Health Institutions in a more scientific approach, thereby to ensure availability of right drug at the right time in the right proportion in the hospitals, Karnataka State Drugs Logistics & Warehousing Society (KSDLWS) was established with the assistance of European Commission to the tune of Rs.15.00 crores in the year 2002. The society was registered under Karnataka Registration Act on 28-3-2003 vide Registration No.172/03-04.

Organisation structure of KSDLWS:

- Governing Council Committee: Principal Secretary, Health and Family Welfare Services is the Chairman of the Governing Council Committee.
 - Executive Committee: Commissioner, Health and Family Welfare Services is the Chairman of the Executive Committee.
 - Additional Director is the Member Secretary to both committees.
 - Administration
 - Procurement of drugs and equipments
 - Logistics
 - Quality Control
 - Finance and Accounts
 - Warehouse information system

The main objective of the Karnataka Drug Logistics Warehousing Society is to provide good quality Drugs, Chemicals, Equipment and other essential items to various health institutions in the State working under the Directorate of Health & Family Welfare Services as well as Directorate of Medical Education at all times, in accordance with their indents by following (WIS) scientific drug management using Information Technology.

1. To identify the essential drugs and to coordinate with the State Therapeutic Committee in preparing the list of essential drug required by the state to cater to the needs of all Health Institution in the State.
2. Updating, preparation and finalization of tender documents.
3. Managing all aspects of quantification and purchase of Drugs, Chemicals and other items required by the various health institutions, as per Karnataka Transparency in Public Procurement Act 1999.
4. Procurement of equipment are done on the basis of the Indent received from various Health Institutions.
5. Analyzing the efficiency of suppliers on the basis of their performance.
6. Management of funds released to Karnataka Drug Logistics Warehouse Society under various programmes.
7. Management of all existing District Drug Warehouse and to take necessary action to establish District Drug Warehouses in remaining District head quarters.
8. To take appropriate actions on the queries and guidelines as informed by Accountant General, CAG and State accounts department from time to time.
9. Implementation of Directives of Executive Committee as well as the Governing council of Karnataka Drug Logistics Warehouse Society from time to time on various aspects.

In the first phase 14 Drug Warehouses were established with complete infrastructures like computers with internet connectivity, Warehouse operative equipments and manpower and are working smoothly. 13 more District Drug Warehouses with complete infrastructure in order to have better District wise access are constructed by KHSRDP and functioning.

In order to maintain cold chain facility to store certain important drugs and vaccine in each District Drug Warehouse and KDLWS Head Office, walk-in-coolers are established.

Indent processing:

The annual drug indent books showing the list of drugs approved by state therapeutic committee were supplied to the District Health & Family Welfare Officers, District Surgeons, Administrative Medical Officers of the hospitals and medical officers of Primary Health Centers through the respective District Drug Warehouses for submitting annual indent of the drugs.

Administrative Medical officers of the respective hospitals submitted indent to the District Drug Warehouse of the concerned District as per their budget. The Warehouse In charge of the District Drug Ware House consolidated the drug wise indent of all levels of Hospitals of the District and submit the district indent of drugs to the KDLWS through Ware House Information System (WIS). The KDLWS received the District indents and consolidate the state level requirement of drugs.

Final list of Drugs & its quantities were approved by Need Assessment Committee and the tender were floated.

KSDLWS has decided to get the online indents from all health institutions from the year 2016-17.

Steps cycle in KSDLWS:

- STEP 1. State Therapeutic committee
- STEP 2. Publishing of Essential Drugs List
- STEP 3. Online Indent
- STEP 4. Need Assessment Committee Meeting
- STEP 5. Floating of Tender
- STEP 6. Drug supply to warehouses
- STEP 7. Distribution of drugs to end user

Under Special Programs:

Supply of essential Drugs to concerned hospitals for treating patients affected by natural calamities and patients affected by Drought and to control epidemic diseases such as ChickunGunya, Dengue fever and GE cases etc:

The Society is also procuring Drugs, Chemicals and other necessary equipments required by the Karnataka State Aids Prevention Society and KHSDRP. The procurement is being done as per World Bank Norms. The society is also procuring Drug and equipments required under RCH and National Health Mission programmes, distributing them by preparing various kits required for different categories of Hospitals.

From 2004 to Mar 2016 we were using WIS (warehouse Information System). In this Software all the transaction were monitored till warehouse level. Now by using "Aushada" iSCMC Software, helps to bring transparency in the supply chain management of drugs in the health and family welfare department. The features of "Aushada" iSCMS Software are as follows:

- Collecting annual and improve from all level of health institutions, with the approval of their concern DHO's
- helps to monitors and improve supply chain management system of drugs and chemicals to all health institutions.
- All Published purchase orders and pipelined supply status of drugs can be viewed.
- Periodic Indent on monthly basis is raise by health Institutions with approval of their AMO's to avoid expiry of drugs in health institution level to prevent stock out of drugs.
- If the particular batch of drugs is declared as NSQ such batch of drugs will be freezed at Warehouse level as well as at Health institution level wherever NSQ drugs stock is available and such NSQ drugs will not be available for further transaction.
- Nearing expiry drugs details will be available to all users which helps to transfer the drugs to needy warehouse or Health Institutions before its expiry for consumption.
- Helps to centrally monitor the availability of stock at warehouse level and also at health institution level.

- OPD statistics IPD statistics drugs consumption pattern will help in analyzing and cross verifying the annual indents submitted by Health Institutions.

Physical Achievement:

Along with the existing 14 district warehouses, 13 new warehouses have been made operational during the year 2014-15. Drugs are procured as per the requirements of the health institutions and are being supplied through 27 district drug warehouses.

Ware house List

Sl. No.	Districts	Sl. No.	Districts
1	Kolar	15	Ramanagar
2.	Hassan	16.	Sirsi
3.	Mysore	17.	Bangalore Rural
4.	Tumkur	18.	Bagalkote
5.	Belgaum	19.	Gadag
6.	Bellary	20.	Yadgiri
7.	Vijayapura	21.	Haveri
8.	Dharwad	22.	Koppal
9.	Raichur	23.	Chitradurga
10.	Shivamoga	24.	Madikere
11.	Kalburgi	25.	Bidar
12.	Bangalore Urban	26.	Gokak
13.	Davanagere	27.	Karwar
14.	Mangalore		

The Proposal as been submitted to the Government Health and Family Welfare Department to Provide budget for constriction of Dist Drug Warehouse in the following 5 district

Sl. No.	Districts	Sl. No.	Districts
1	Udupi	3.	Chamaraja Nagar
2.	Mandya	4.	Chikka ballapur
5	Chikkamagalore		

Disposal Drug Policy:

The Request for Proposal was invited for Safe Disposal of Expired and NSQ drugs accumulated in different Warehouses of Karnataka by following the Common Biomedical Waste Management Rules 2016 and as per directions of the Karnataka State Pollution Control Board vide Request For Proposal Notification no. KDLWS/CS/02/2016-17 dtd: 05.08.2016.

Around about 492238 kgs of Expired and Not of Standard Drugs was scientifically Disposed by 7 CBMWTF units. The cost of Rs. 6350406.00/- towards scientific Disposal of above said Drugs was paid by this office from the environmental fund.

The approximate cost required for the destruction of said drugs is about Rs. 6350406.00/-the Rs. 2.35 crores available in the environmental fund in that the above cost will be provided.

Quality Analysis :

The following precautionary measures are adopted in the tender conditions in order to provide the Quality Medicines for the patients who visit Government Hospitals for treatment.

1. The bidder who is awarded tender should provide NABL report and analytical report of their own laboratory for every Batch of Drugs along with the consignment at the time of supply
2. Every Batch of Drugs supplied to Warehouses across the State are subjected to Quality Control Test by the Empanelled National Accreditation Board for Testing and Calibration Laboratories (NABL), which are recognized by KSDLWS.
3. In addition to this, samples are drawn randomly by Drug Control Department

Financial Achievements:

(a) Health & FW Department

(Rupees in Lakhs)

Sl. No	Budget Targeted for the year 2016-17	Budget released for the year 2016-17	Budget Utilised up to 31.03.2017	Percentage	Remarks
1	18000.00	16624.38	16624.38	100%	2210-06-001-0-01(NP)-0222 Purchase of Drugs & Chemicals.
2	1900.00	1900.00	1900.00	100%	2210-01-104-0-01(P) Equipment & Furniture's.

(b) Medical Education

Sl No.	Name of the Hospitals	Drugs
1	Hospitals under Bangalore Medical College & Research Institution, Bangalore	41875245
2	Pradhana Mantri Swasthya Suraksha Yojana (PMSSY) Super Speciality Hospital	10499369
3	Hassan Institute of Medical Science Hospital, Hassan	42557163
4	Mandya Institute of Medical Science Hospital, Mandya	11341549
5	Bidar Institute of Medical Science Hospital, Bidar	11094731
Total		117368057

Other Departmental Programs:

Under the “AksharaDasoha” Programme of the Education Department certain drugs like Tab. Albendazole, Iron Tabs and Vitamin ‘A’ capsules are procured and supplied to students from class 1 to 7th Standard.

Procurement of Equipments:

KSDLWS has carried out the procurement of equipments, furniture’s and ICT components for the year 2016-17. The details of the same are shown below:

Sl.	Tender Name	Programma	Est. Value (Cr.)
1	NPCB (Ophthalmology)	NHM	1.59
2	HSIS Medical Gas Pipeline Retender	DHS	0.32
3	NPPCD Equipments	NHM	4.16
4	ICU	DHS	20.08
5	Laptops for RBSK	NHM	2.15
6	Solar ILR	NHM	1.41
7	BBMP Lab Equipments	NUHM	1.67
8	Warehouse Equipments	NHM	3.74
9	104 Arogya Sahayavani	NHM	1.30
10	Ophthalmology Equipments	NHM	1.41
11	Kits & Laparoscopic Tables	NHM	2.55
12	M.C.H Equipments	NHM	8.31
13	NCD Equipments	KHSDRP	1.63
14	BCSU & BSC Equipments	NHM	4.13
15	Asha Bags	NHM	0.91
16	Child Health Equipments	NHM	8.10
17	Appointing of Internal Auditor	KSDLWS	0.15
18	Appointing of Statutory Auditor	KSDLWS	0.05
19	Annual Tender - Furniture	DHS	5.66
20	Annual Tender - General Eqpts.	DHS	7.00
21	Annual Tender - OT Eqpts.	DHS	9.69
22	E-Hospital Retender	NHM	23.53
23	Umbrella	NHM	0.49
24	Cochlear Implant Retender	NHM	5.20
25	NFDS	NHM	135.93
26	Kangaroo Mother Care	NHM	0.28
27	UHC + MVA Syringe + RNTCP Furniture	NHM	3.26
28	NABARD	NABARD	6.85
29	Double Puncture Laparoscope	NHM	5.10

1.18. State Institute of Health and Family Welfare:

Salient features of the SIHFW:

1. Works as the State Level Nodal Agency for the training under department of the Health and Family Welfare.
2. Works in formulating state training policy, planning, implementation and monitoring evaluation of the in-service training to Medical and paramedical personal in the department.
3. 19 District Training Centres, 4 Health & Family Welfare Training Centres are working under SIHFW, and helps in disseminating the trainings to districts and sub district levels.

Training Programmes taken up during 2016-17:

1. Specialized Skill programme in IUCD insertion, MTP, Minilap and laparoscopic training.
2. PPIUCD training to newly recruited Medical officers & Staff Nurses.
3. ASHA's Training in ASHA Module 6&7 and New Kit, IYCF Training.
4. Induction training to newly recruited Medical Officers.

Achievements for 2016-17 (Both Physical and Financial):

Details regarding achievements for the year 2016-17 upto Dec -2016 (Both Physical and Financial) enclosed in the Annexure.

Other remarkable achievements for the year:

3rd batch of CPHN Course for in service LHV's/ANMs was from October 2011 and 3rd Batch was completed in March – 2016 and 4th Batch started in April -2016.

Achievements for the year 2016-17 under (NHM)

Sl.No.	Details of the Training	No. of persons trained
1	Maternal Health Training	3435
2	Child Health Training	695
3	Other Child Health Training	3864
4	Family planning Training	897
5	Other Family planning Training	0
6	Other Trainings under NHM	1994
7	ASHAs Training for ASHA Module 6&7, ASHA BBMP	5898

1.19. Public Health Institute:

Brief Technical Information:

The Public Health Institute is one of the oldest health institution and main food and water laboratory in the State. The following sections are working in this institute.

1. Diagnostic Bacteriology Section.
2. Water Bacteriology Section.
3. Water Chemical Section.

Chemical Examiners Section:

1. Yellow Fever Vaccine Section.
2. Training Section.
3. Media Preparation Section.
4. Sentinel Lab under NVBDCP and L3 Laboratory under IDSP.
5. State Food Laboratory Section.

Diagnostic Bacteriology Section:

1. In the Diagnostic Bacteriology Section stool samples for detection of Vibrio Cholera Organisms, are being received and analyzed and the reports are being sent to the concerned Institutions.
2. Water samples for detection of V Cholera Organisms are being received and analyzed and the reports sent to the concerned Institutions.
3. Food samples are being received from private and government institutions for detection of pathogenic Organisms and analyzed.
4. Swabs are being received from operation theatres from the Government Institutions for detection of Clostridium Tetanus Organisms.

Water Bacteriology Section:

1. Water samples from both Government and Private Institutions for bacteriological examination are being received and analysed.
2. The samples are analyzed for E. Coli Organisms and Coli Form Organisms which are the indicators for the faecal contamination of the water.

Water Chemical Section:

1. In this section, water samples are received for analysis of dissolved solids, PH, alkalinity, turbidity, total hardness and others chemicals like Iron, Nitrates, Calcium, Chlorides, Sodium, Potassium, Fluorides, Sulphates for potable purposes.

Chemical Examiner Section:

1. Samples are received for analysis of the following
2. Lokayukta trap case Samples.
3. Excise Samples.
4. Narcotic Samples
5. Blood and Urine Samples for the estimation of Alcohol
6. Chemical analysis of Bleaching Powder.

Vaccine Section:

1. Yellow fever vaccination is being given to International travelers, who travel to African and South American Countries. This is the only center for Yellow Fever Vaccination in Karnataka State.
2. Menu vax Acwy (Meningitis Vaccine) is provided to the Hajj Pilgrims (9120 doses given) in Karnataka State.

Training Section:

1. Training programmes are being conducted for both Junior and Senior Medical Laboratory technologists of Government Institutions from all over Karnataka in the Diagnostic bacteriology, water bacteriology, media preparation sections.
2. Students from Government and Private Institutions of Both Post graduate and under graduate Medical, Dental, BAMS, Microbiologist, Home Science & Para Medical are visiting for enhancement of Knowledge in the Laboratories.

Media Preparation Section:

1. Required media to culture Micro Organisms are prepared and distributed to various sections of this Institution.

Sentinel Lab under NVBDCP and L3 Laboratory under IDSP:

1. The Blood samples received for detection of vector borne disease like Chickungunya, Dengue and Japanese encephalitis (J.E) are tested.

1.20 Suvarna Arogya Suraksha Trust:

In order to provide health benefit scheme to BPL families in Karnataka, a Special Purpose Vehicle by name Suvarna Arogya Suraksha Trust was established under the Indian Trust Act of 1882. This objective of Government is implemented by SAST through Vajpayee Arogya Shree Scheme. For implementation of the scheme Trust Board Executive Committee and Empanelment and Disciplinary Committee are constituted.

Activities of the Trust:

Karnataka has achieved many firsts in the domain of health and welfare of its people. Having successfully implemented Vajpayee Arogyashree Scheme in a phased manner, it was an honour that SAST was entrusted to implement Rajiv Arogya Bhagya for APL families, JyothiSanjeevini for State Government Employees and their dependants, RastriyaBalaSwastyaKaryakrama for children in rural areas and urban slums and in government and aided schools, MukyamantriSanthwana Harish Scheme for road traffic accident victims in Karnataka.

In order to provide health benefit scheme to BPL families in Karnataka, a Special Purpose Vehicle by name Suvarna Arogya Suraksha Trust was established under the Indian Trust Act of 1882. This objective of Government is implemented by SAST through Vajpayee Arogya Shree Scheme. For implementation of the scheme Trust Board Executive Committee and Empanelment and Disciplinary Committee are constituted. Under each scheme, the details of beneficiaries are given below:

Vajpayee Arogyashree:

To enable the members of BPL families in Karnataka suffering from catastrophic diseases like Cardio, Cancer, Neurology, Renal, Burns, Polytrauma and Neonatal to access the super speciality health care treatment, Vajpayee Arogya Shree Scheme has been introduced by the State Government stage by stage in the

state. Approximately about 99.12 lakh BPL families in the State have now access to Multi Speciality Health Care. Right from diagnosis, hospitalization, treatment / surgery and food will be provided free of cost by the Super Speciality Hospitals. The cost of the same will be borne by the Government through the Trust. The maximum expenditure ceiling per BPL family per year is Rs. 1.50 lakhs with a floating provision of Rs. 50,000/-.

To identify and refer any of the BPL family member suffering from any of the above seven catastrophic diseases, the Trust regularly organizes District and Taluk level Health Camps which is attended by people from near and far off villages. The Trust has empanelled 149 Super speciality Hospitals in the State and 34 Super speciality Hospitals in the border areas of neighbouring state totalling to 183 Network Hospitals covering about 663 different surgical health procedures along with 138 follow-up packages so that BPL families will have the services of quality Standards without any discrimination.

During the Financial Year 2016-17 Government has spent Rs. 25398.37 Lakhs to provide treatment to 45,803 BPL beneficiaries of the state under this scheme.

Rajiv Arogya Bhagya:

The Rajiv Arogya Bhagya Scheme is being implemented in the state of Karnataka since 20th January 2015, for tertiary care treatment for APL population. Till now, 181 hospitals are implementing this scheme. For the year 2016-17, a total of 3081 claims amounting to 1573.72 lakhs have been settled of patients treated under the scheme.

Any family having an APL card issued by Food & Civil Supplies Department is eligible for tertiary treatment in any of the empanelled hospitals. The main features of the scheme are:

- General Ward: The treatment is provided on co-payment basis – 70 % is paid by the Government and 30 % is paid by the beneficiary to the hospital under the scheme.
- Semi-Private & Private wards: The hospitals declare their package rates for semi private and private ward. SAST pays for 50% of the **general ward package** and the balance 50% alongwith the difference amount of the package rate for higher ward is paid by the beneficiary to the Network Hospital as beneficiary share.
- Beneficiary will pay for investigations at charges fixed by SAST. Food and travel charges have to be borne by the beneficiary to hospital.

APL SC/ST beneficiaries - TREATMENT IS FULLY FREE:

Only general ward is free. Diagnostic investigations at Network Hospitals and complete treatment charges are paid by the government. In addition, food for the patient and one attendant during hospital stay, is also paid by the government.

RAB Scheme for Journalists:

Journalists recognized by Information and Public Relations Department and their family members will be provided with FREE treatment under APL scheme in GENERAL WARD ONLY, as per G.O no.AKK 61 CGE 2015, Bangalore dated: 16.07.2016. The scheme will cover one journalist plus three family members. They

can avail treatment by showing their ID card issued by their department and APL card, at network hospitals empanelled under SAST for the RAB scheme. Investigations and food charges are not covered.

ASHA Workers coverage under RAB scheme:

Government will provide FREE TOTAL treatment under tertiary illness for all ASHA workers and their family members having APL card, as per G.O. No. HFW 200 FPR 2016, Bangalore dated: 29.12.2016. The 30% beneficiary share will also be paid by the Health and Family Welfare Department. Treatment is available in GENERAL WARD only. Investigations and food charges are not covered.

A mobile app is available for patients of RAB, to select hospitals for treatment based on rates declared for semi private and private wards. It can be downloaded free from goggle store or from website: www.rajivarogya.com

JyothiSanjeevini Scheme:

The Government of Karnataka has approved a Health Assurance Scheme vide Government order No. DPAR/14/SMR/2013 dated 18/08/2014, specially designed for State Government Employees, named “JyothiSanjeevini”. The scheme is implemented from 20/01/2015. It is a comprehensive health care, wherein the Scheme provides cashless treatment to all the Government Employees and their family dependents through empanelled Network of Hospitals. Provide quality treatment for catastrophic illnesses for tertiary care. The scheme involving hospitalization, surgery, and other therapies through identified Network Hospitals.

The scheme is implemented in an “Assurance Mode” through Suvarna Arogya Suraksha Trust to the “State Government Employees and their dependents” by a network of “Empanelled Hospitals” with no financial cap. The process of identification and empanelment is a continuous one from “time to time”. Only such of those Network Hospitals who are already empanelled and gets empanelled for “Vajpayee Arogyashree Scheme”, alone are empanelled under “JyothiSanjeevini Scheme”. It is “cashless” to the beneficiaries except in following cases;

State Government Employee and their dependent family members are covered under this Scheme. The beneficiary is identified by Karnataka Government Insurance Department’s Policy Number (KGID) updated in HRMS data base of the Department of Personnel and Administrative Reforms of the Government of Karnataka. The dependant family members of a Government Servant includes as defined under Rule 2(1) of clause (i) (ii) & (iii) of Karnataka Government Servants (Medical Attendant) Rules.

The Government Servants will not be eligible, if the benefits are already availed “in any of the other” Government sponsored health schemes;

Entitlement of Wards :

Sl.	Range of Pay	Category of Wards entitled
1	UptoRs. 16,000/- per month	General Ward
2	Rs. 16,001/- to Rs. 43,200/- per month	Semi Private Ward
3	Rs. 43,201/- & above	Private Ward

The scheme covers tertiary treatment of 7 broad specialities viz cardiovascular diseases, cancer, renal diseases, neurological diseases, burns, poly-trauma and neo-natal cases. It includes “663 procedures” pertaining to seven specialities.

The package includes consultation, diagnostics, procedure cost, food, hospital charges and post hospitalization services up-to 10 days include medicines. Upper limit is fixed for those procedures requiring implants, stents etc., exceeding which the difference of cost will be borne by the beneficiaries. In addition, the scheme covers “138 defined follow-up packages” that include post hospitalization care for a subset of covered procedures, including consultations, diagnostics and drugs.

Where the beneficiary opts for superior wards other than the one for which he/she is entitled. In the aforesaid circumstances, the beneficiaries shall bear the additional cost.

Since inception of the scheme 181 hospitals are empanelled under the scheme. Empanelment is continuous process under the scheme. Beneficiaries can avail the treatment in Network hospitals.

Government has been released Rs. 10.00 crores for the year 2016-17. There are 2140 preauthorizations approved for the year 2017-18. Total 2037 Claims settled for an amount of Rs. 1583.13 Lakhs and paid to the Network Hospitals.

RastriyaBalSwastyakaryakrama (RBSK):

RBSK Programme under National Rural Health Mission initiated by the Ministry of Health and Family Welfare, therefore, aims at early detection and management of the 4Ds prevalent in children. These are Defects at birth, Diseases in children, Deficiency conditions and Developmental Delays including Disabilities.

All the children of 0-6 years of age in rural areas and urban slums and from 6-18 years of age for the children enrolled in classes 1st to 12th in Govt. and Govt. aided schools are eligible under the scheme.

The inspection is since 01.11.2014 under Suvarna Arogya Suraksha Trust. To begin with we had 2 specialities and 36 procedures, than we added 5 specialities with 116 procedures, now further added 6 specialities 145 procedures. Under this scheme 45 hospitals empanelled.

In the year 2015-16 National Health Mission released 9.20 cr and in 2016-17. 10 cr released. The money was utilized for the beneficiaries of the scheme.

Sl. No	Year	Beneficiaries No.	Amount Settled(in lacks)
1	2016-17	1436	1174.20

MukhyamantrigalaSanthwana Harish Yojane:

To give immediate and instant Medical Treatment/Relief for the victims of the Road Accidents during "Golden Hour".

A humanitarian scheme from the Government of Karnataka to provide Trauma care to Road Accident victims within the Golden hour. Implemented through Suvarna Arogya Suraksha Trust, an autonomous and registered body under the Health and Family Welfare Department, Karnataka.

Context:

Road traffic accidents are unfortunately a part of our daily lives. Often, it is noticed or reported that persons who meet with any road traffic accidents suffer from complications of injuries or even die because they are unable to receive immediate care and hospitalization.

Statistics:

Karnataka ranks fourth in the country in the number of road accidents with 43694 accidents per year (2014). 56818 were injured, 10444 deaths. In 2013, Karnataka ranked 2nd in the country in terms of road accident injuries and ranked fifth for deaths due to RTAs .

Road Traffic Injuries are responsible for over a third of the world injury burden and resulted in the loss of 76 million Disability Adjusted Life Years (DALYs). To address this grave situation, The Government of Karnataka with support of the World Bank, has taken a pioneering initiative to start the Mukhyamantri Santwana -'Harish' Scheme.

Beneficiaries of MSS :

All the road traffic accident victims, who meet with accidents on the roads of Karnataka, irrespective of BPL/APL status, state or nationality.

Benefits of the scheme:

Immediate and instant Medical Treatment for the victims of Road Accidents during Golden Hour (48 hours).Cashless treatment to the road accident victims with a maximum amount of Rs. 25,000/- per victim per episode.

Response to a road accident:

- Any person who is near the accident site can call the 108 or 104 helpline for the ambulance.
- EMRI will send the ambulance to the accident site.
- The EMT (Emergency Medical Technician) in 108 will shift the victim to the nearest and appropriate level of Hospital based on the severity of the injuries. Private ambulance or any other means of transportation can also be utilised by the public.
- The victim will be treated free of cost in the hospital for first 48 hours treatment.

- This includes patient with or without a Medico Legal Case.
- Government will settle the claim for the hospital for the cost of treatment provided in the first 48 hours.
- Treatment cost beyond 48 hours or more than Rs 25000/ will be borne by the beneficiary.

Hospitals providing services under this scheme:

- All government hospitals (District, Taluka, CHC, PHC)
- Medical Colleges and private hospitals empaneled under MSHS scheme.

Services provided under MSS:

- Stabilizing the patient as per the severity of injuries.
- Suturing and dressing of wounds – simple and compound
- ICU based treatment.
- Ward based treatment.
- Treatment of fractures, head injuries, spinal injuries, burns.
- Blood transfusion.
- 25 packages as defined by the Expert Committee ranging from Rs 1000 to maximum of Rs 25000/.

Hospital level features of this scheme include:

- Instant patient registration & approval for treatment through designated phone number through dedicated Mobile Number/MSS online application to get spontaneous unique number. This number which shall be utilized for further reference and correspondence.
- Scope for hospitals to provide treatment for Medico-Legal cases with police information report.
- Designated Software for hospital empanelment, patient registration & claim processing <http://mss.kar.nic.in>.
- Hospitals are graded as Level 1 (Super-specialty), Level 2 and Level 3 (Primary care), based on the infra-structure, staff and treatment facilities available.

Progress of the scheme:

SAST has empaneled 844 Hospitals across the state under MSHS scheme. Out of which 345 Hospitals are private Hospitals & 499 are public Hospitals. 54000 patients registrations are done under MSHS scheme.

JeevaRakshakAward :

The road accident survey 2015 reveals Karnataka as the third state in the country with highest number of accidents and fatalities. To ensure effective implementation of the MSHS scheme through active public participation, Gok takes immense pleasure in announcing “JeevaRakshak” award for Good Samaritan individuals who responds and immediately acts by informing to ambulance or by facilitating in transferring the patient to nearby hospital, facilitating in saving the life/ minimise the health problem of the Road Traffic accident victims from the scene of accidents.

The aim of institutionalising this award is to encourage individuals to come forward to proactively help the victims of Road Traffic accidents without delay so that the victims gets treatment during the first 48 hours of the accident. The recognised person will be honoured in a benefitting manner with a Good SAMARITAN- JEEVA- RAKSHAK award.

Selection of Jeeva Rakshak award:

The nominations uploaded will be automatically sorted District wise and the respective District Committee after due evaluation will declare three individuals for the award based on the nature and impact of the assistance provided by them in the sequence of first, second and third awardees. The award is instituted to be given a twice a year. Nominations will be received from January to July and August to December and the awards will be presented on August 15th and January 26th every year. For the first time **JeevaRakshak award** distributed 20 districts in the state.

District JeevaRakshak award Committee:

1	Deputy Commissioner	Chairman
2	Chief Executive Officer, ZP	Member
3	Superintendent of Police	Member
4	Regional Transport Officer	Member
5	Local Philanthropist/Public Figure	Member
6	District Health Officer	Member Secretary

Rastriya Swatya Bhima Yojane (RSBY):

Rashtriya Swasthya Bima Yojana is a flagship programme initiated by the Government of India to extend Health Insurance for the BPL families and other GoI identified unorganized category of workers. The Scheme is being implemented jointly by Central and State governments through the Insurance Companies and Third Party Administrator (TPA). The main objective of the scheme is to provide Health insurance facilities to the beneficiaries in Empanelled Hospitals.

The RSBY facilities is extended to the following categories like, MGNREGA, Beedi Workers, Domestic Workers, Licensed Railway Porters-Vendors-Hawkers, Rag Pickers and Weavers & Artisans , Street vendors, SafaiKarmachaires, Construction Workers, Mine workers, Cycle RikshaPullars, Auto Riksha Drivers.

Facilities under RSBY scheme

1. The beneficiaries having RSBY cards and their family are given free treatment for in patient Rs.30000 per year under the empanelled hospitals of the Scheme.
2. Including surgeries 1516 procedures are given free treatment
3. Free treatment is given for the following 13 specialties;
4. General Medicine, Cardiology, Neurology, ENT, Eye, Orthopedic, Endocrinology, Dental, general surgery, pediatric treatment, Oncology, Gynecology & Maternity
5. For the inpatient in the hospital Rs.100/- is paid as conveyance charges this will not exceeds Rs.1000/- per year
6. All the pre-existing, diseases maternity treatment cost and child born during the policy period will be given free treatment
7. Free treatment is provided in all empanelled hospitals in India.

The following are the developments done after transfer of the scheme from Labourdept to Health and Family Welfare dept from 01.04.2016;

- 1) The smart card issued in the year 2014-15 (6549509) policy has been extended to 01.04.2016 to 31.03.2017 and free treatment has been provided to beneficiaries.
- 2) For the purposes of free treatment under the scheme 1104 hospitals (Govt: 633 Pvt: 471) has been empanelled.
- 3) During the 2016-17, for 53866 beneficiaries, Rs.31.87crores has been spent towards to free treatment to the beneficiaries.
- 4) Under the RSBY scheme top up to the Senior citizen is provided up to Rs.150000/-
- 5) We had 19 review meetings with Insurance companies to analysis the program made
- 6) We had conducted 8 DGRC meetings as on date at district level
- 7) Where the decisions not taken at DGRC meeting, under EDC meeting decision has been given
- 8) Under RSBY scheme several Arogya AbhiyanJathra specially for a SCST has been conducted all over Karnataka in all the remote villages. Exp: Street plays, shows, mike announcement (where SC/ST population is above 40%)
- 9) Advertisement regarding RSBY scheme has been given time to time
- 10) A separate call center has been started to answer the calls of RSBY beneficiaries vide; **1800 425 8330 & 18004252646**

Indira Suraksha Yojane:

Indira Suraksha Yojane is launched for the benefit of dependent members of the farmers who had committed suicide in draught situation due to financial crisis in Karnataka during the F.Y 2015-16 and 2016-17. The beneficiaries of the scheme are identified, certified by the concerned district Deputy Commissioner & the information shared with SAST. The SAST will issue the required ISY Cards to avail the benefits by the members. The scheme is designed to provide free and quality health care services for catastrophic tertiary and secondary illnesses to the beneficiaries under SAST network hospitals.

Under the scheme Tertiary care treatment are provided with financial cap of Rs.1.5 lakh per family per financial year with buffer amount of Rs.50000/- on certain occasions. The secondary care treatment is provided with financial cap of Rs.30000/-per annum. The package cost includes hospitalization, procedure cost, investigation, Medications, food and transportation charges. The treatment can be availed completely free of cost in general ward only.

The scheme covers Tertiary treatment under 7 broad specialities they are Cardiology, Neurosurgery, Genito-Urinary Surgery, Paediatric Surgery, Polytrauma, Oncology and Burns. Under these specialities there are 663 procedures and 138 defined Follow-up packages. Secondary treatment includes medical treatment, surgical treatment, Dental, ENT, General Surgery, Gynaecology, Ophthalmology, Orthopaedics, Paediatrics, Urology, Endocrine Problems, Neurosurgery packages consisting of 1516 Procedures.

The ISY card holders are beneficiaries of the scheme who can avail Tertiary health care services in any of the empanelled Government or Private Suvana Arogya Suraksha Trust Network hospitals. To accept the beneficiaries of the

scheme in the Network hospitals additional MOU is not required. Required ISY formats are available in SAST Website, Scheme specific software has been developed in the System.

The beneficiaries holding ISY card and RSBY smart card can avail secondary health care facilities in any of the 1104 empanelled hospitals [Government Hospitals 633 and Private Hospitals -471]. The ISY card holders without RSBY Smart card can avail secondary health care facilities in any 633 government hospitals only.

The dependent member of the farmers who had committed suicide must give the correct & proper information to the officers who come to their door step to collect the information.

- The dependent member must produce individual photograph and ID of all the members.
- The BPL card belonging to the farmers who had committed suicide that card with the dependent members names will be considered.
- The sons of the farmers who had committed suicide having separate BPL card & living separately will not be considered.
- Married daughters living with their husband will not be considered.
- The dependent members will be considered on the basis of family tree produced with their married status.
- If the young children's are mentioned as dependent members, their legal guardians to be identified and produce their photo & ID.

Progress of the Scheme:

- Indira Suraksha Scheme details has been Published in SAST website along with specimen of ISY Card
- Required software for the scheme has been developed and installed in the system
- Received 1047 data of farmers who had committed suicide from 25 districts Out of which 515 ISY Cards has been issued from 24 districts.
- ISY Card are prepared for 515 beneficiaries and issued to concerned 24 districts are 1) Shivamogga 45, 2)chikkaballapura 11 , 3) Chamarajanagar 3, 4)Baglkote 24, 5)Chikkamagalure 42. 6) Chitradurga 14, 7)Kodagu 7, 8)Tumakuru 69, 9)Belagavi 21, 10)Ramanagar 21, 11)Bangalore Rural 5, 12) Ballari 17, 13)Koppala 12, 14)Gadga 20, 15)Mysore 53,16)Udupi 4, 17)Vijayapura 34, 18)Yadagiri 16, 19)Davanagere 11, 20)Kalburgi 7, 21) Mandya 31, 22)Uttar Kannada 10, 23)Haveri 20, 24)Bidar 18.
- ISY guidelines are issued to all SAST Divisional Regional consultants, District coordinators, Arogya Mithras and network hospitals.
- The state health awareness mission Jatha held during 1st Nov 2016 to 22nd Jan 2017 covering all the districts, 128 taluks and 4615 villages the awareness regarding isy scheme has been given to the community.
- As per the scheme the beneficiary must be sick to avail the benefits. Till now no beneficiaries has come forward to avail the treatment under the scheme.
- The List of ISY Card issued to 24 districts are enclosed

Indira Suraksha Yojane Cards Issued								
Sl. No	District	Received Documents	Distribution Of Cards			Cards to be issued	Incomplete Information	Documents not applicable
			2015-16	2016-17	Total number of Card issued			
1	Chamarajanagar	3	3	-	3	-	-	-
2	Chikkaballapura	12	9	2	11	1	-	-
3	Chikkamagalur	99	37	5	42	8	49	-
4	Chitradurga	14	14	-	14	-	-	-
5	Kodagu	7	6	1	7	-	-	-
6	Tumakuru	69	48	21	69	-	-	-
7	Bagalkote	24	12	12	24	-	-	-
8	Belagavi	88	17	4	21	59	8	-
9	Shivamogga	46	36	9	45	-	1	-
10	Ramanagar	33	19	2	21	-	12	-
11	Bangalore Rural	5	5	-	5	-	-	-
12	Bellary	25	14	3	17	-	8	-
13	Koppala	27	9	3	12	-	15	-
14	Vijayapura	42	29	5	34	-	8	-
15	Mysore	142	43	10	53	33	18	38
16	Udupi	6	4	-	4	-	2	-
17	Gadag	27	19	1	20	-	7	-
18	Yadagiri	43	13	3	16	-	27	-
19	Kalburgi	49	6	1	7	30	12	-
20	Uttar Kannada	12	6	4	10	-	2	-
21	Mandya	89	29	2	31	20	37	1
22	Davanagere	16	7	4	11	-	5	-
23	Haveri	108	8	12	20	34	52	2
24	Bidar	36	13	5	18	-	18	-
25	Raichuru	25	-	-	-	11	14	-
	Total	1047	406	109	515	196	295	41

Arogya Jaagruti Abhiyana:

In view of low utilization of health schemes by SC/ST communities, Principal Secretary HFW directed that wide awareness to be created in all habitations having more than 40% of SC/ST population.

Accordingly Arogya JagrutiAbhiyana was planned which included awareness creation of all schemes under Health Department through Kala Jatha programmes followed by conducting health camps. Totally 7202 habitations where more than 40% SC/ST population resided were identified.

The Kala Jatha programmes were planned through conduct of street plays, film shows, distribution of pamphlets etc. The responsibility of effectively conducting Kala Jathas in all habitations was entrusted to Department of Information and Publicity. A week after the Kala Jathaprogrammes, special health camps were conducted with involvement of Government & Private Hospitals. In these camps, people were screened for primary, secondary & tertiary ailments.

In the Arogya JagrutiAbhiyana, all DHO's, THO's, and their staff, respective ASHA workers and SAST Arogya mitras& District Coordinators were involved.

Arogya JagrutiAbhiyana programme was conducted in 2 phases, the details of the beneficiaries are as follows.

Phase	No.of Villages	No.of People participated in Kalajatha programmes	No.of People participated in Health Camps	No.of People Referred	SC/ST Referred
Phase-1	2562	451582	29092	3247	1844
Phase-2	4536	783764	82995	7548	3733
Total	7098	1235346	112087	10795	5577

Outcome of the Arogya JagrutiAbhiyana:

- First time, mass health awareness campaign conducted in the doorstep of SC/ST habitations.
- Importance of Health, various disease symptoms and relevant health schemes available disseminated to 12.35 lakh people.
- No. of people who accessed health camp benefit 1.12 lakh people.
- Total 10,795 people were referred for further treatment of which 53% constituted SC/ST people.
- The campaign was conducted with full and active involvement of respective MLA's, PRI representatives, Local leaders, line department officers, ASHA's, ANM's and other field level functionaries who will continue spread health awareness among community members.

Arogyamitra:

For propagation of applicable scheme benefits and to fully guide and assist the SAST patients to avail tertiary treatment, Arogyamitras have been placed in a prominent place in all THCs, CHCs, District Hospitals, all empanelled Government and private hospitals.

For new recruit Arogyamitras, two day orientation training is given and at regular intervals refresher trainings are also held. It is the duty of Arogyamitras to be a friend and guide SAST patients in getting best treatment and that the patients are looked after well in the hospitals. To ensure that Arogyamitras are always close

to the patients and not the hospitals, the services of Arogyamitras are rotated among different empanelled hospitals every six months. Apart from assisting the hospitals in submitting the preauths and claims, Arogyamitras duty is to identify and confirm the beneficiary details, to ensure that the patients have a good experience of the hospital, ensure that at the time of discharge beneficiary is given travel fare, medicines, correct discharge summary and advice on nature of care to be taken and whom to contact in an emergency.

The Arogyamitras should daily visit the patients and enquire as to treatment and well-being of the patient as per the recent circular.

Top 10 Hospitals:

In terms of number of cases treated under the scheme during 2016-17, the top 10 hospitals details are given below:

Sl. No.	Hospital Name	District	Total	
			Cases	Amt. Lakhs
1	Kidwai Memorial Institute Of Oncology	Bangalore	6966	313043354
2	SJICR Bangalore	Bangalore	3998	310896505
3	KLES Dr PrabhakarKore Hospital And MRC	Belgaum	1296	77017255
4	Jagadguru Sri Shivarathreeshwara Hospital	Mysore	1591	75670705
5	NarayanaHrudayalaya Private Limited	Bangalore	1496	106838555
6	SJICR Mysore	Mysore	1477	94227001
7	Institute Of Nephrourology	Bangalore	1269	31450012
8	Patil Nursing Home Gulbarga	Gulbarga	1237	31310000
9	Krishnarajendra Hospital	Mysore	1174	50178670
10	Sapthagiri Super Speciality Hospital	Bangalroe	1111	57895007

Specialty wise usage:

The details of increase in the number of cases handled specialty wise is given below:

Specialty	2015-16	2016-17
Burns	1113	1215
Cardiology	11884	12318
Cardiothoracic Surgery	7268	5491
Cardiovascular Surgery	422	424
Genito Urinary Surgery	11600	14412
Medical Oncology	5661	8478
Neuro Surgery	4463	4242
Nuclear Medicine	120	174
Paediatric Surgeries	1724	2564
Polytrauma	50	105
Radiation Oncology	6097	6593
Surgical Oncology	5095	5513
Total	55497	61529

Age Band details of beneficiaries:

The number of persons treated under each category of age group is given below:

Age Band	2015-16	2016-17
0 - 10	4967	5227
11 - 25	4449	4554
26 - 45	17232	19012
46 - 60	16885	19092
60 & Above	11964	13644
Total	55497	61529

Division wise beneficiaries:

The details of division wise beneficiaries and increase compared to last year is given below:

Division	2015-16	2016-17
Bangalore	16097	18561
Belgaum	12169	12944
Gulbarga	10291	10400
Mysore	16940	19624
Total	55497	61529

From division, the district wise spread of beneficiaries is given below:

Division	District	2015-16	2016-17
Bangalore	Bangalore - Rural	744	890
	Bangalore - Urban	3426	4165
	Chikkaballapur	1186	1347
	Chitradurga	1613	1779
	Davangere	2108	2245
	Kolar	1433	1690
	Ramanagar	1348	1694
	Shimoga	1699	1757
	Tumkur	2540	2994
Sub-Total		16097	18561
Belgaum	Baglakot	1613	1850
	Belgaum	3831	4101
	Bijapur	1835	1937
	Dharwad	1017	1118
	Gadag	840	909

Division	District	2015-16	2016-17
	Haveri	1489	1518
	Uttara Kannada	1544	1511
Sub-Total		12169	12944
Gulbarga	Bellary	1956	2048
	Bidar	1482	1432
	Gulbarga	2742	2726
	Koppal	1215	1227
	Raichur	1757	1752
	Yadgiri	1139	1215
Sub-Total		10291	10400
Mysore	Chamarajanagar	1431	1794
	Chikkamanagalur	1349	1679
	Dakshina Kannada	1893	2030
	Hassan	2881	3544
	Kodagu	535	635
	Mandya	2961	3530
	Mysore	4473	5086
	Udupi	1417	1326
Sub-Total		16940	19624
Grand Total		55497	61529

Gender wise beneficiaries who have availed benefit under the VAS scheme is as follows:

Gender	2015-16	2016-17
Female	20547	22801
Male	34950	38728
Total	55497	61529

1.21 Food Laboratory :

1. Suspected food samples are being tested and analyzed as per Food Safety and Standards Act, if the samples are found adulterated, legal procedure will be initiated by the food safety officers as per the provisions of the food safety and standards Act.
2. The State Food Laboratory is strengthened by way of supply of equipments and glassware's by the KHSDRP.
3. From 5th August, 2011, Prevention of food Adulteration act repealed and Food Safety and Standards Act came into effect in the Karnataka State. This Act will consolidate various act and orders relating to food, under this Act

FSSAI has been established. FSSAI has been created for laying down science based standards for articles of food and to regulate manufacture, storage, distribution, sale and import to ensure availability safe and whole some food for human consumption. The government of Karnataka has notified the authorities and laboratories as per the requirement of food safety and standards Act for implementation.

Action Plan for 2016-17:

1. Construction of New State food laboratory is completed with the assistance of KHSDRP and purchase of equipments is also under progress.
2. Up gradation of the existing Divisional Labs are under process with the assistance of KHSDRP and FSSAI, New Delhi as per FSSAI guidelines.
3. Divisional Food Lab, Belgaum, Gulbarga and Mysore will be strengthened by procuring the required instrument with Central Assistance (FSSAI).

FSSA 2006 Report of Karnataka State during the year 2016-17

Month for the year 2015-16	Registration	Licensing	Total Samples Received	samples Analyzed	Unsafe/ Misbrand/ Adulterated
April	2,16,525	83,286	288	210	16
May	2,23,421	88,048	317	250	32
June	2,30,141	92,810	292	221	29
July	2,30,900	93,285	297	243	37
August	2,31,491	94,519	271	205	35
September	2,30,143	95,551	345	267	41
October	2,32,857	96,576	299	221	19
November	2,33,603	97,617	375	307	33
December	2,34,617	98,939	317	233	22
January	2,36,621	1,00,662	268	220	15
February	2,36,730	1,01,112	241	152	15
March	2,37,839	1,01,687	415	349	50
TOTAL	2,37,839	1,01,687	3725	2878	344

Food Safety and Standards Regulation

Food Safety and Standards Act, 2006 came into force from August-5, 2011 in Karnataka State. Which consolidates various Acts & order Food Safety and Standards Act emphasizes on science based standards for articles of food and to regulate their manufacture, storage, distribution, sale and import to ensure availability of safe and wholesome food for human consumption. After the implementation of this Act, all other Food Related Acts have been repealed.

In Karnataka State, the Commissioner, Health & Family Welfare Services, has been additionally designated as Food Safety Commissioner. 238 various posts have been re designated and 177 new posts have been created in the Government Order vide No: HFW 317 CGE 2011, dated: 23-08-2012 and for filling up of these posts Executive Orders have been issued. On the basis of Executive Order filling up of these posts is under process.

The budget of Rs.200.00 Lakhs has been allotted for the year 2016-17 under Head of Account: 2210-06-102-0-02 (Plan) Sub Head: 059. Out of Rs 200.00 Lakhs, 200 Lakhs was released in three installments from the Directorate of HFW services, out of which Rs 179.70Lakhs was utilized. This budget is used for the salary of contractual staff, Manual Labours, fuel expenditure and for other office expenditure.

Action Plan for 2017-18:

- **Up gradation of the existing state Lab and Divisional Labs are under process with the assistance of KHS DRP and FSSAI, New Delhi .**

Allocation of Funds and Expenditure for the year 2016-2017

Head of Account	Released Lakhs (Rs)	Expenditure Lakhs (Rs)	Remarks
2210-06-107-0-01 (Non-plan) GEN	277.49	354.22	
2210-06-001-0-01 (Non-plan) FIT	20.83	17.78	
2210-06-101-1-02 (Non plan) NMAP	28.40	4.35	
2210-06-107-0-01 (Plan) FSSA	420.00	400.52	
2210-06-102-0-02 (Plan) (FSSA)	200.00	179.70	

**PUBLIC HEALTH INSTITUTE, SHESHIDRI ROAD, BANGALORE.
PERFORMANCE REPORT FOR THE MONTH OF MARCH -2017 .**

Sl. NO.	SECTIONS OF PHI	Total samples analysed during the month of MAR.2017	Cumulative total no of samples analysed from April-2016 to – MAR-2017
I	WATER BACTERIOLOGY		
	Bacteriological analysis of water for drinking purpose,analysed Borewell/Tapwater/Others	93/110/167	2680/1196/1516
	Number found fit for potable purpose.	40/54/83	887/369/578
	Number found unfit for potable purpose	53/56/84	1820/720/543
II	DIAGNOSTIC BACTERIOLOGY		
1	Bacteriological analysis of water for isolation of V, Cholera No of samples received.	-	
	Number of sample analysed.	-	20
	Number of samples positive for V. Cholera.	-	-

2	Bacteriological analysis of stool sample for isolation of V. Cholera	2	147
	Number of samples negative for V, Cholera	2	147
	Number of samples positive for V. Cholera	-	-
3	Bacteriological analysis of food for Coli forms and other specific pathogens, analysed	109	351
	Number of samples found positive	5	21
	Number of samples found negative	-	-
III	Yellow Fever Vaccination and International Certificate Give	524	5818
IV	CHEMICAL EXAMINER'S LABORATORY		
1	Number of spirited Medicinal samples Tested	5	5
	No. of samples found abnormal	-	-
2	No of Lokayuktha samples received.	-	-
	No. of samples analysed.	-	02
	No, samples found positive/Sub standard.	-	-
3	No. of Blood and Urine samples received for alcohol	-	-
	No. of samples analysed.	-	-
	No of samples found Positive (As per ISI standard)	-	-
4	Liquor Samples	-	-
	Opening balance	-	4311
	Samples received	-	-
	Total	-	-
	Samples Analyzed	-	-
5	ACB	-	-
	Opening balance	-	-
	Samples received	15	103
	Total	15	103
	Samples Analyzed	15	103
	Pending	-	-
V	STATE FOOD LABORATORY	-	-
1	Opening balance during the month. (under FSSA)	19	19
	No of food samples received under FSSA	66	123
	Total samples	85	826
	No of food samples analyzed	69	642
	No of samples Found unfit for Analysis	-	03
	No of samples Found unsafe/substandard	2/1	20/14
	No. of samples misbranded.	5	21
2	Opening balance during the month. (under Non-FSSA)	132	132
	No of food samples received under Non FSSA	842	8203

	Total samples	974	9954
	No of food samples analyzed during the month	739	9004
	No of samples Found unfit for analysis	-	20
	No of samples found unsafe/substandard.	18/11	231/105
	No. of samples found misbranded.	59	297
VII	TRAINING SECTION		
	Post Graduate Doctors		
1	Post Graduate. MD trained/visited Microbiologist	-	51
2	Post Graduate MDS trained/visited Microbiologist	-	6
	Under Graduate Doctors	28	40
3	Doctors B A M S trained/visited	-	44
4	Doctors B D S trained/visited	-	-
	Students from other Institution	12	37
5	Post Graduates	-	-
6	Sanitary health inspector	-	13
7	Under Graduate	-	-
	Nursing Student	-	-
8	B Sc Nursing	-	77
9	General Nursing (LHV'S)	-	24
10	Senior Lab Technicians	-	-
11	Junior Lab Technicians	35	59
12	Nodal Officers/DSO/A.O/DO's	-	-
13	F.S.O	-	-
14	Excise sub inspectors	-	-
	VIRAL SENTINAL SURVEILLANCE LAB		
1	Chickangunya;-		
	No. of samples received	20	690
	No. of samples tested	20	690
	No of Positives	1	194
	No.of equivocal	-	44
2	Dengue:-		
	No of samples received	37	1638
	No. of samples tested	37	1638
	No. of Positives	8	577
	No.of equivocal	1	88
3	J E:		
	No. of samples received	-	-
	No. of samples tested	-	-
	No. of Positives	-	-

Annexure-1

Details of Posts sanctioned in Public Health Institute, Bangalore, Divisional Food Laboratories (Mysore, Belgaum & Gulbarga) and Details of Posts sanctioned under Food Safety and Standard Act (Posts sanctioned in Raichur, Chitradurga, Dharwad and Chickmagalur Regional Food Laboratories) and Posts as per the C&R Order dated 5/1/2017.

Sl. No.	Designation	Posts sanctioned under PHI Head of A/c	Posts sanctioned under FSSA	Total Posts	Posts mentioned as per C&R dated 5/1/2017	Remarks
1	Food Safety Commissioner	0	0	0	1	As per the G.O.No.HFW/317/CGE/2011, Bangalore dated 23/8/2012 Commissioner, Health & FW Services, Bangalore is designated additionally as Commissioner, Food Safety
2	Joint Food Safety Commissioner	0	0	0	1	As per the G.O.No.HFW/317/CGE/2011, Bangalore dated 23/8/2012 Addl. Director (PH), Directorate of Health & FW Services, Bangalore is redesignated as Joint Food Safety Commissioner
3	Deputy Commissioner (Admn.) FSSA	0	0	0	1	This post is mentioned in C&R but there is no Govt. Order
4	Deputy Commissioner (Squad) FSSA	0	0	0	1	This post is mentioned in C&R but there is no Govt. Order
5	Joint Director (PHI)	1	0	1	0	
6	Deputy Director (PHI)	1	0	1	0	
7	Deputy Director (Admn.)	0	1	1	0	This post is not mentioned in C&R but it is mentioned in Sl.No.1 of G.O.
8	Deputy Director (Squad.)	0	1	1	0	This post is not mentioned in C&R but it is mentioned in Sl.No.1 of G.O.

9	Legal Advisor	0	0	0	1	This post is mentioned under consolidated salary as in Sl.No.1 of G.O and it is mentioned in C&R
10	Dist. Judge Selection Grade	0	1	1	0	This post is sanctioned to form Appellate Authority under FSSA as per the G.O. No.HFW/29/CGE/2012, Bangalore dated 9/10/2012
11	Registrar Cl.-I	0	1	1	0	
12	Asst. Public Prosecutor	0	1	1	0	
13	Asst. Microbiologist	1	0	1	0	
14	Jr. Microbiologist	1	0	1	0	
15	Training Officer	1	0	1	0	
16	Chemical Examiner	1	0	1	0	
17	Chief Food Analyst	1	3	4	4	
18	Senior Food Analyst	4	0	4	4	
19	Food Analyst	9	0	9	14	
20	Junior Food Analyst	16	9	25	25	
21	Jr. Microbiologist	0	1	1	1	
22	Gazetted Food Inspector	0	5	5	0	
23	Designated Officers	0	36	36	36	
24	Sr. Food Safety Officer	0	34	34	34	
25	Food Safety Officer	0	210	210	210	
26	Asst. Administrative Officer	1	1	2	1	
27	Asst. Statistical Officer	0	1	1	1	

28	Office Superintendent	2	1	3	0	As per the Sl.No.10 of Govt. Order, one post on redeployed from DH&FWS/Deputation but it is not mentioned in the C&R
29	Sr. Health Assistant (NMEP)	1	0	1	0	
30	Sr. Laboratory Technician	13	0	13	0	
31	Jr. Laboratory Technician	13	0	13	0	
32	Stenographer	1	2	3	1	As per the Sl.No.10 of Govt. Order, one post on redeployed from DH&FWS/Deputation but it is not mentioned in the C&R
33	Typist	1	0	1	0	
34	First Division Assistant	6	41	47	40	As per the Sl.No.10 of Govt. Order, one post on redeployed from DH&FWS/Deputation but it is not mentioned in the C&R
35	Second Division Assistant	10	0	10	0	
36	Clerk-cum-Typist	0	1	1	0	As per the Sl.No.10 of Govt. Order, two posts on redeployed from DH&FWS/Deputation but it is not mentioned in the C&R
37	Computer Operator	0	1	1	0	
38	Electrician	1	0	1	0	
39	Driver	1	0	1	0	
40	Laboratory Assistant	26	0	26	0	
41	Gr. "D"	3	6	9	6	
42	Peon	14	0	14	0	
43	Watchman	1	0	1	0	
	Total	130	357	487	382	

PART II

DRUGS CONTROL DEPARTMENT

DRUGS CONTROL DEPARTMENT

2.1 Introduction:

The State Drugs Control Department is existing since 1956 as an Independent body under the control of the Ministry of Health and Family Welfare. It is headed by the State Drugs Controller. The main objective of the Department is to implement the Drugs and Cosmetics Act, 1940 and Rules there under and to ensure the quality of the Drugs and Cosmetics manufactured and marketed in the state in the interest of the public health. By exercising strict control and vigilance on the drugs marketed in the State, the Department eradicates the menace of Spurious and substandard drugs, ensures safety of drugs and their availability on the controlled prices to the public.

The Department has three wings:

- (1) The Enforcement Wing,
- (2) Drugs Testing Laboratory and
- (3) The Pharmacy Education.

Drugs Control Department discharges the statutory functions involved in the enforcement of the following enactments:

- Drugs & Cosmetics Act, 1940 & rules thereunder
- Drugs (Prices Control) Order, 2013(an order issued under the Essential Commodities Act).
- Drugs & Magic Remedies (Objectionable Advertisement) Act,1954 & Rules,
- Narcotics Drugs & Psychotropic Substances Act, 1985 in relation to Drugs covered under the Drugs & Cosmetics Act, 1940 & Rules thereunder.

During the financial year 2016-17, a total provision of Rs. 1784.00 -under Plan scheme, Rs. 1771.00 lakhs under the State Non-plan scheme and around Rs. 136.00 lakhs -under Centrally Sponsored schemes have been allocated for the Department.

The establishment and construction work of laboratory buildings of 2 Regional Drugs Testing Laboratories one at Hubli and the other at Bellary in North Karnataka, are completed through KHSDRP and have already started functioning in respective own buildings as proposed under the State budget 2008-09. The Department is taking initiatives to get the NABL accreditation in the National level for these two laboratories as proposed in the State budget 2014-15.

SAKALA:

The Department is providing five services under SAKALA Scheme to assure the accomplishment of services to the public within the specified time frame. From 01/04/2016 to 31/03/2017, 8995 applications are disposed.

The licensing activity of the drugs sales establishments is fully computerized and the licensing process is online while the computerization of process of licensing to drug manufacturing units is under progress. The Department has successfully adopted the LMS/FMS software under e-governance for its internal files and letters management.

The Department has also successfully implemented e-sampling program for the process of Drug Testing and Analysis in the State Drugs Testing Laboratories as a part of e-governance. The information about the substandard drugs is being published through the Departmental web portal, as soon as it is declared as substandard quality. The information is reflected in the department portal and around 35000 auto generated SMS alerts will reach the various stakeholders like, retailers, wholesalers, Doctors & enforcement officers to prevent the use of substandard drugs. The information is also published in the News papers.

As announced in the 2013-14 financial year budget, the department has got an allotment of 4.30 acres of land, by the District Commissioner, Gulbarga, for the establishment of a Government College of Pharmacy at Gulbarga, with an estimated cost of Rs. 35.25 crores.

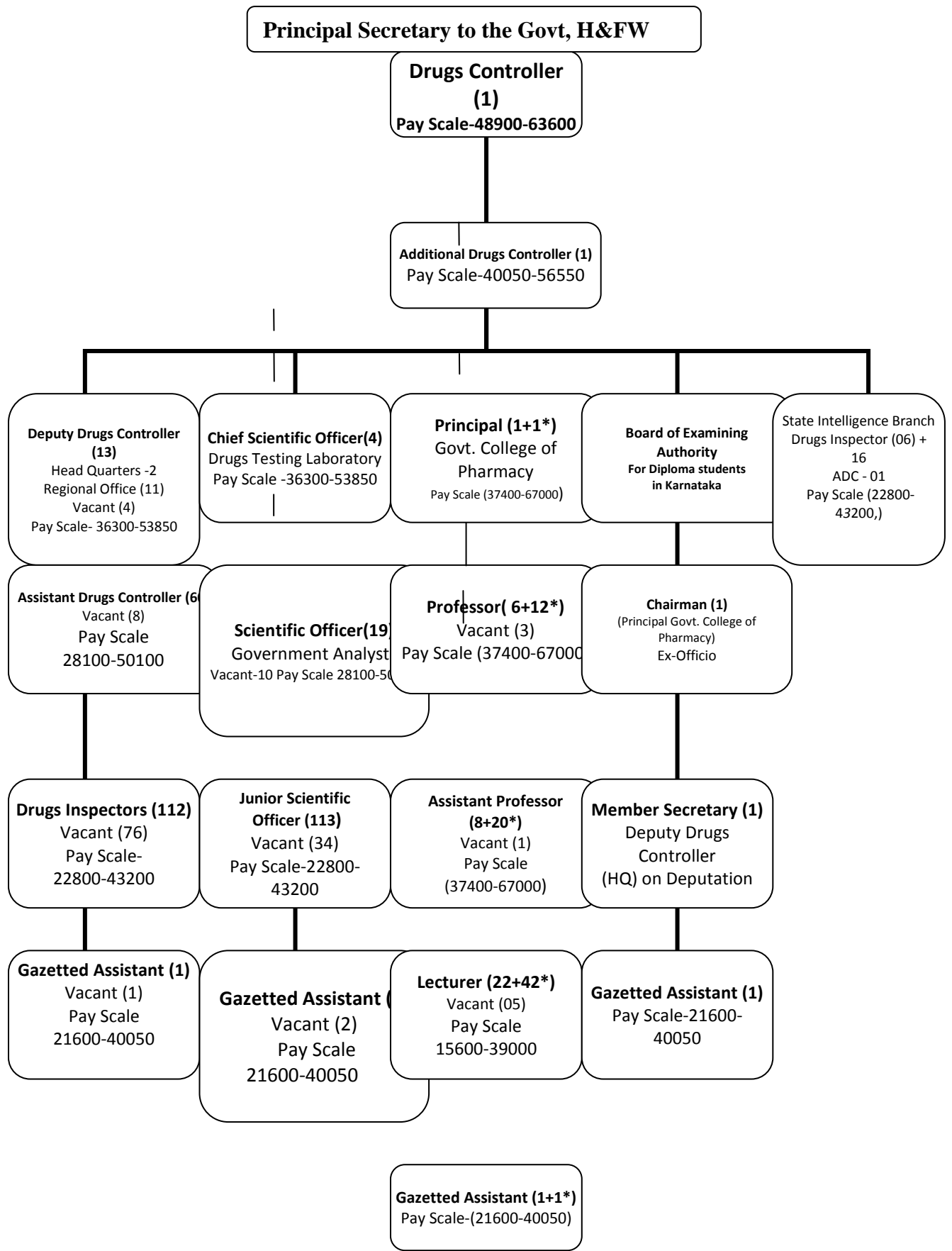
In order to encourage the Pharmacy Education in the State, Admissions through CET has been introduced for the B.Pharma Education.

MOU has been entered with the Karnataka Power Corporation Limited for the construction of a multi storied building of 1, 19,000 sqft to the department in department site situated back side of the existing drugs control department. The construction of the building is nearing completion.

In the financial year 2016-17 Rs.350 lakhs has been allocated for the construction of the department office buildings. The construction of office buildings at Mysore Ramanagara and Bidar are completed and functioning in the new buildings. The construction work of office buildings at Belagavi and Shivamogga are in progress.

2.2. Organisation set up:

Drugs Control Department is organized into Enforcement/Administration Division, Drugs Testing Laboratory and Pharmacy Education division headed by Drugs Controller. The organogram is as below-



Working strength of the Drugs Control department of categories Group-A, Group-B, Group-C and Group-D with respect to the sanctioned, filled up and remained vacant posts is as follows as on 31.03.2017

Category	Number of posts		
	Sanctioned	Filled up	Vacant
Group-A	116	105	11
Group-B	254	133	121
Group-C (Technical)	67	21	46
Group-C (Non-Technical)	238	146	92
Group-D	111	45	66
Grand Total	786	450	336

Note:

158 posts created by government vide G.O.No. HFW/383/PTD/2012 Dt. 06/01/2015 Group A- Principal-01, Professor-12, Assistant professor-20, Group B- Lecturers- 42, Gazetted Assistant-01, Group C- Superintendent-02, Junior Engineer-01, First Division Assistant-08, Computer operator-08, Librarian-02, Store keeper-02, Second Division Assistant-08, Typist-08, Lab Technicians(Drugs)-02, Lab. Technician-10, Group D- Lab. Supervisor-20, Attendor-08, Gardener-02, Animal Supervisor-01.

2.3 Enforcement Wing:

Enforcement wing consists of one Additional Drugs Controller assisted by 13 Deputy Drugs Controller, (3 DDC's Vacant) Deputy Drugs Controller are assisted by **60** Assistant Drugs Controllers (**2** ADCs vacant) under Assistant Drugs Controllers 112 Drugs Inspectors are provided. (83 Drugs Inspectors posts are remained vacant as on **31.03.2017**). Enforcement wing is laterally assisted by State Intelligence Branch, 6 Drugs Inspectors are working under an Assistant Drugs Controllers at Bengaluru under the supervision of Additional Drugs controller and 2 drugs Inspectors in each of the 8 regional Deputy Drugs Controller offices under the supervision of the regional Deputy Drugs Controller. Enforcement wing is technically assisted by a System Analyst.

Circles are headed by Assistant Drugs Controllers and are functioning under the jurisdiction of each regional offices of Deputy Drugs Controller.

Sl.No.	DDC REGIONAL OFFICE	ADC CIRCLES
01	Bengaluru	Bangalore: Circle-1, Circle-2, Circle-3, Circle-4, Circle-5, Circle-6, and Bangalore Rural Circle
02	Mysore	Mysore: Circle-1 & Circle-2, Chamarajanagar Circle, Kodagu Circle and Mandya Circle.
03	Hubli	Dharwad Circle, Karwar Circle, Haveri Circle, Gadag Circle.
04	Gulbarga	Gulbarga Circle, Bidar circle and Bijapur circle
05	Bellary	Bellary Circle, Koppal Circle, Raichur Circle and Yadgir Circle

06	Belgaum	Belgaum Circle and Bagalkot Circle,
07	Davanagere	Chitradurga Circle, Davanagere Circle and Shimoga Circle
08	Mangalore	Udupi Circle, Mangalore Circle, Hassan Circle and Chikkamangalur Circle
09	Tumkur	Tumkur Circle, Chikkaballapur Circle, Kolar Circle and Ramanagar Circle

PERFORMANCE OF ENFORCEMENT WING

PARTICULARS		2016-17 (31.03.2017)
Number of manufacturers units in the state		
a	Drugs Manufacturing units	279
b	Loan License Manufacturers	375
c	Cosmetic Manufacturing units	55
d	Cosmetic Loan License Manufacturing units	35
e	Repacking Units	05
f	Approved Laboratories	36
g	Blood Banks	200
h	Blood storage Centers	209
i	Cord Blood Bank (Stem Cells)	06
Total Number of Sales premises in the State		34493
NUMBER OF INSPECTIONS CARRIED OUT		
Sales premises		25859
Manufacturing Premises		294
Blood Banks / Blood storage Centers		72/96
STATUTORY ACTION TAKEN		
Sales	Suspension	1330
	License Cancellations	763
Manufacturing	Show cause notice issued	58
	License Cancellations	28
	Stop Production	12
	Product permission Suspension	-
	Product permissions with drawn/Cancelled	02
Blood Bank	License Cancellations	05
	Stop Collection	02
	Show cause notice issued	17
	Suspension orders issued	-
Number of prosecution cases launched under Drugs and Cosmetic Act, 1940 and Drugs (Price Control) order 1995/2013 & DMR		49
Number of cases convicted		48

PROSECUTIONS INSTITUTED:

The following are the details pertaining to the prosecutions instituted under Drugs and Cosmetic Act, 1940 and Rules 1945, Drugs (Price Control) Order, 2013. (An order issued under Essential Commodities Act. 1955) and Drugs and Magic Remedies (Objectionable advertisement) Act, 1954 and Rules thereunder, during the year 2016-17 (1st April 2016 to 31st March 2017)

Sl.No.	Particulars	Legislation		
		D&C Act 1940	D.P.C.O 1995/2013	D.M.R
01	Prosecutions pending at the beginning of the year (i.e. as on 01.04.2016)	644	39	04
02	Prosecutions launched (up to 31.03.2017) (During 2016-17)	48	-	01
03	Total (as on 31.03.2017)	692	39	05
04	Prosecutions decided (as on 31.03.2017)	47	-	01
	(a) Cases ended in acquittal/discharged (as on 31.03.2017)	02	-	-
	(b) Cases ended in Convictions (as on 31.03.2017)	45	-	01
05	Prosecutions pending as on 31.03.2017	645	39	04
06	Total Number of cases as on 31.03.2017	688		

2.4 DRUGS TESTING LABORATORY WING:

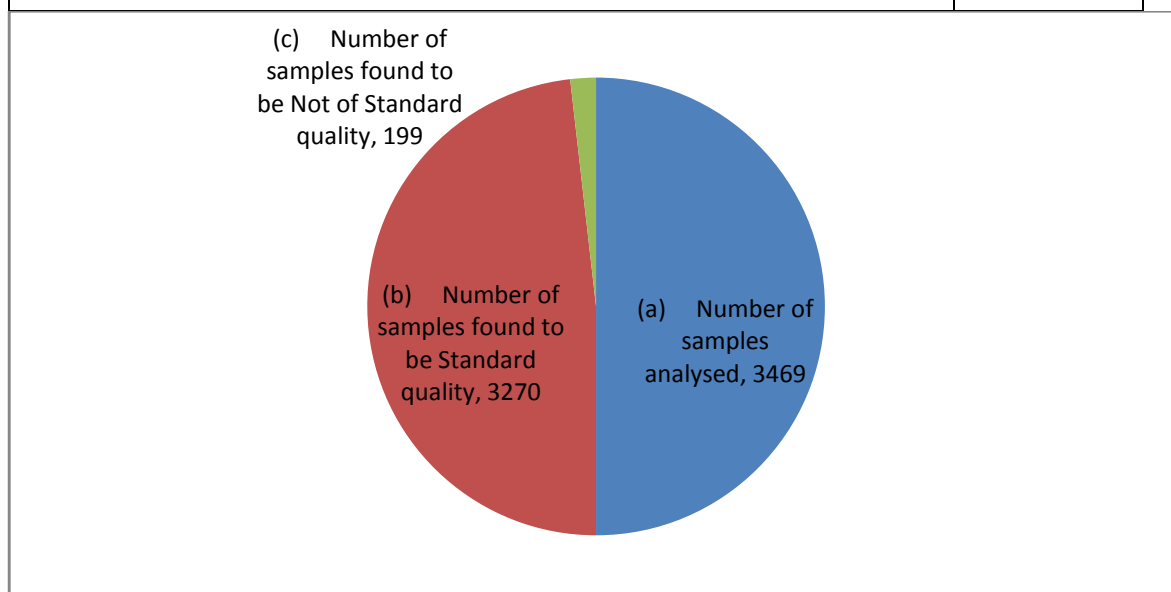
Drugs Testing Laboratory division is headed by Principal Scientific officer and is assisted by 3 Chief Scientific Officer's of 3 laboratories. 19 scientific officers are working as government analysts. Out of 113 junior scientific officers 33 posts remained vacant as on 31.03.2017. Chief Scientific Officers are assisted by administrative gazetted assistants.

Drugs Testing Laboratory is provided with Hi-tech equipment's and trained technical personnel and is equipped to analysis all types of drugs and cosmetic (except vaccines, sera, blood & blood products). There are three Drugs Testing Laboratories in Karnataka, one in Bangalore and one each as Regional Drugs Testing Laboratories in North Karnataka at Hubli and Bellary.

1. Drugs Testing Laboratory, Bangalore:

During 2016-17 samples subjected for analysis by state is 3469 and by central government under national sample survey is 595. Total no. of samples analysed at DTL, Bengaluru is 4064. Details are as below:

(a) Number of samples analyzed	3469
(b) Number of samples found to be Standard quality	3270
(c) Number of samples found to be Not of Standard quality	199

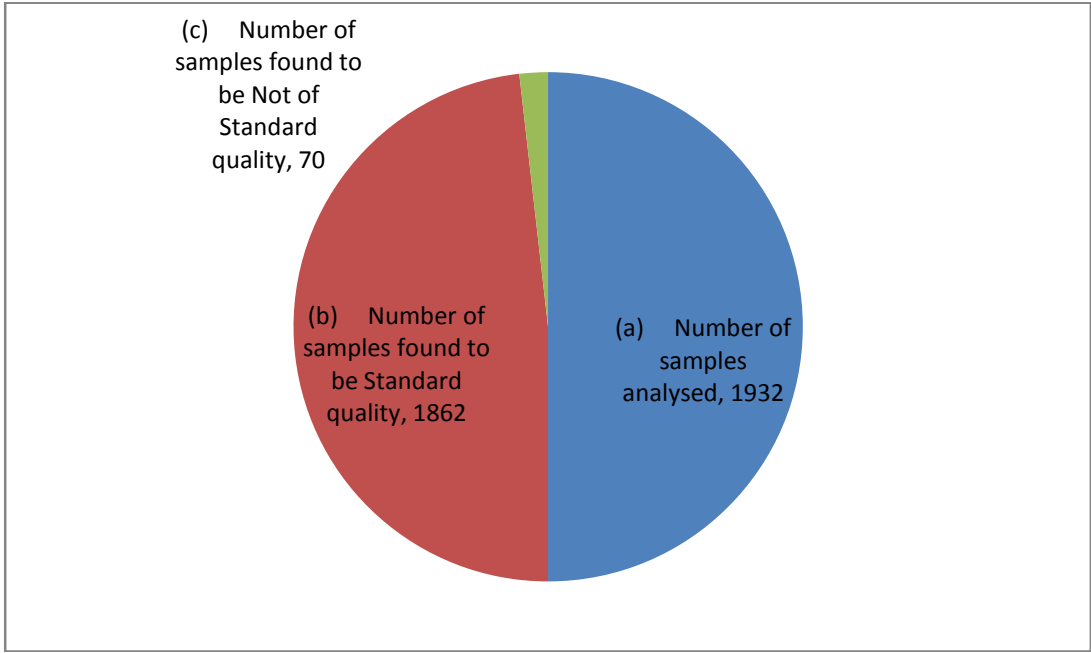


Details of Samples analysed at DTL Bengaluru under national sample survey, recieved from government of India, NIB Noida.

Total no. of samples analysed	Declared Standard Quality	Declared Not of Standard Qulaity
595	542	53

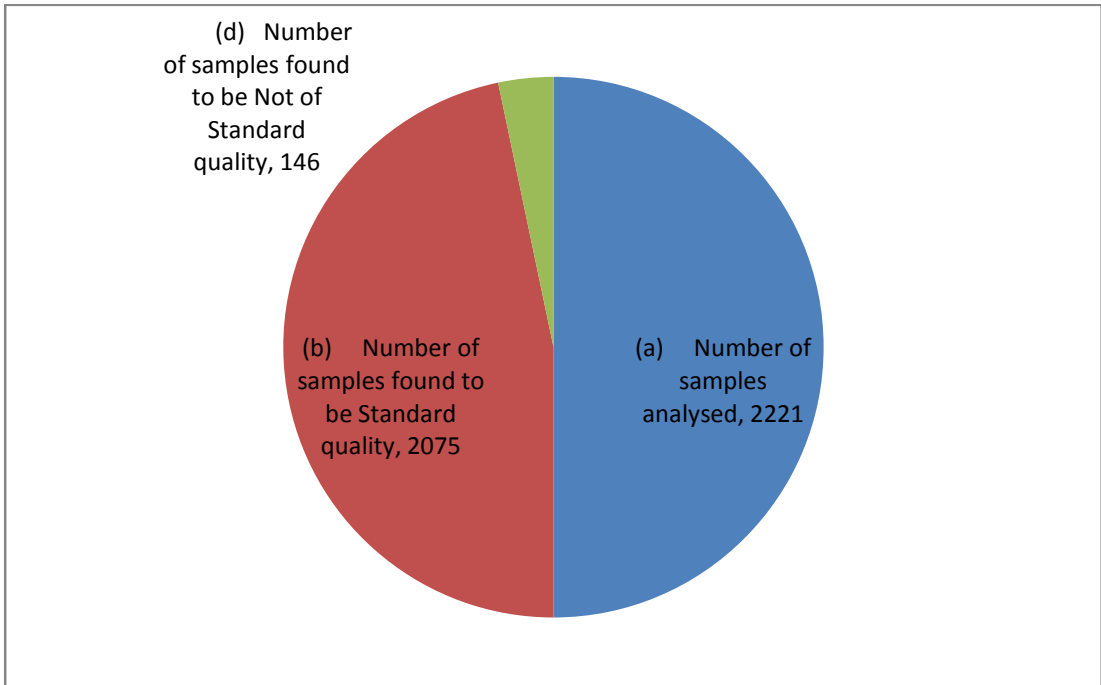
2. Regional Drugs Testing Laboratory, Hubli:

(a) Number of samples analysed	1932
(b) Number of samples found to be Standard quality	1862
(c) Number of samples found to be Not of Standard quality	70



3. Regional Drugs Testing Laboratory, Bellary:

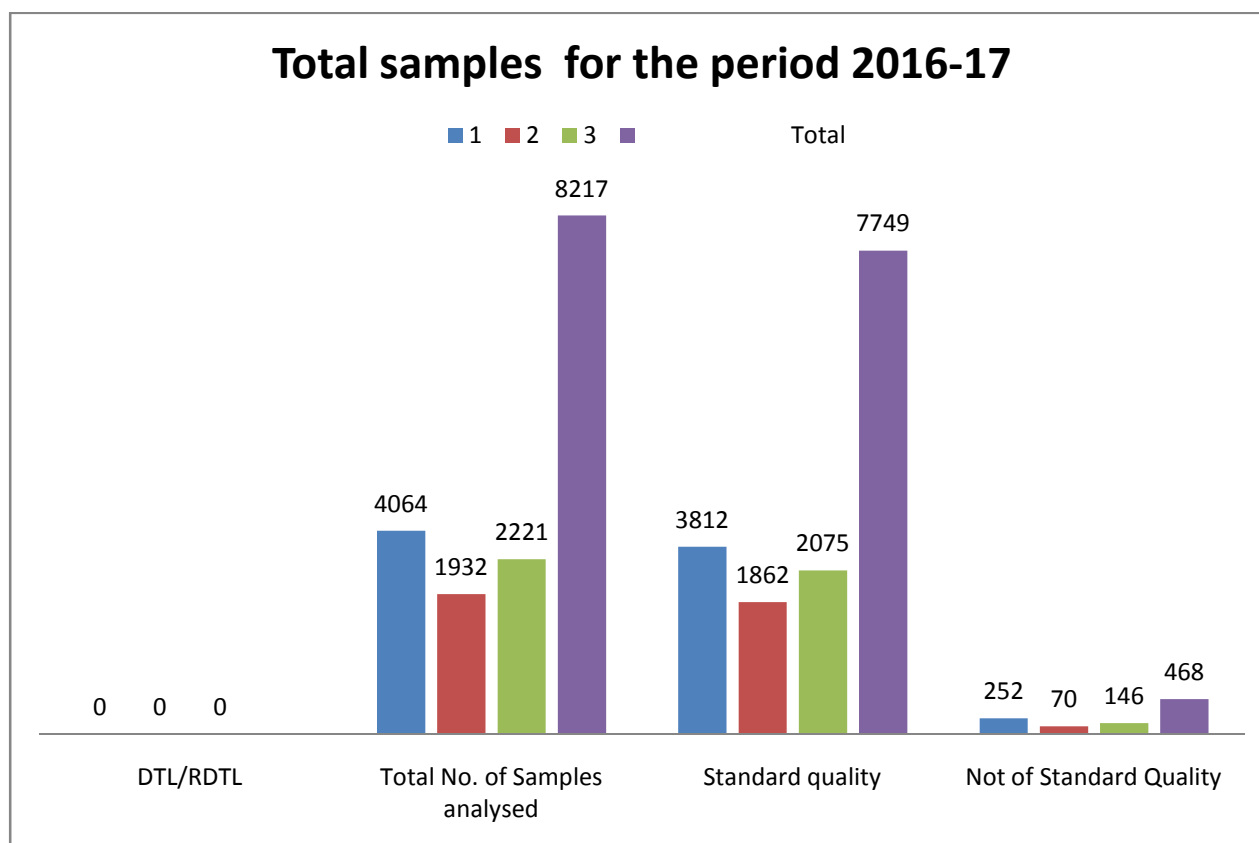
(a) Number of samples analysed	2221
(b) Number of samples found to be Standard quality	2075
(c) Number of samples found to be Not of Standard quality	146



Details of Samples analysed under national sample survey recieved from government of India, NIB Noida			
DTL, Bengaluru	Total no. of samples analysed	Declared Standard Quality	Declared Not of Standard Qulaity
	595	542	53
Total no. Of samples analysed for the period 2016-17			
	7622	7207	415 (5.44%)
Total	8217	7749	468 (5.69%)

Total samples from all the three laboratories for the period 2016-17:

Sl.No.	DTL/RDTL	Total No. of Samples analysed	Standard quality	Not of Standard Quality
1	Bangalore	4064	3812	252
2	Hubli	1932	1862	70
3	Bellary	2221	2075	146
Total		8217	7749	468



2.5 Pharmacy Education:

Administrative control and supervision of Pharmacy Education vests with Drugs Controller. There is one Government College of Pharmacy situated in Bangalore. Board of examination authority is functioning for managing the affairs for conducting examinations for Diploma Courses in Pharmacy.

Pharmacy Education consists of two wings i.e.

1. Government College of Pharmacy at Bangalore.
2. Board of Examining authority at Bangalore (BEA)

Government college of Pharmacy, Bangalore started in the year 1964 under the administrative control of this Department. The Pharmacy education imparted at Diploma, Degree and Post Graduate levels. The Government of India through AICTE is supporting with 100% assistance for the development of Post –graduate courses in Pharmacy.

The following disciplines are established under the Post-graduate course:

1. Pharmaceutics
2. Pharmacology
3. Pharmacognosy
4. Pharmaceutical Chemistry

Details of the candidates for final examinations for the period 2016-17

Name of the Course	Duration	Month	Appeared	Passed
M Pharm (Master's Degree in Pharmacy)	2 years	May/June-2016	32	32
B Pharm (Degree in Pharmacy)	4 years	May/June-2016	49	41
D Pharm (Diploma in Pharmacy)	2 years	April- 2016	46	28

Board of Examination Authority, Bangalore:

The Board of Examining Authority is entrusted with the responsibility of enforcing education regulations stipulated by the Pharmacy Council of India at Diploma level in the State with respect to conduct of examinations at Diploma level for the students admitted in the Government and Private Pharmacy Colleges in the State. The Principal Government College of Pharmacy is functioning as ex-officio Chairman, and the Deputy Drugs Controller on deputation functioning as ex-officio Member Secretary of the Board. There are 100 Private Colleges imparting Diploma in Pharmacy Education and one Government College of Pharmacy in the State.

Details of the students appeared for D Pharm examinations conducted by Board of Examining Authority during the period 01/04/2016 to 31/03/2017.

Sl.No	Number of Students appeared for Examination [D Pharma Annual Examinations]	E.R-91	ER
		April -2016 (Annual)	December - 2016 (Supplementary)
1.	No. of the Students appeared for 1 st D Pharm	8266	4883
	Number of Students Passed in 1 st D Pharm	2195	816
2.	Number of Students appeared for Final year D Pharm	3902	1758
	Number of Students passed in Final year D Pharm	1963	344

Achievements of Drugs Control Department for the year 2016-17:

- Under the Karnataka Guarantee of Services to citizens Act-2011. The Drugs Control Department is providing five services in connection with grant and renewal of licenses for sale of Drugs.
Grant of Licenses for the establishment of Medical Stores/Chemist & Druggists.

Sl. No.	Service List	Designated Officer	Designated Officer time limit	Competent Authority	Competent Authority time limit to Dispose	Appellate Authority	Appellate Authority Time limit to Dispose
1.	Grant of License	Assistant Drugs Controller	30 Working days	Regional Deputy Drugs Controller	15 Working days	Additional Drugs Controller	15 Working Days
2.	Renewal of License	Assistant Drugs Controller	30 Working days	Regional Deputy Drugs Controller	15 Working days	Additional Drugs Controller	15 Working Days
3.	Registered Pharmacist Change/Cancellation	Assistant Drugs Controller	7 Working days	Regional Deputy Drugs Controller	15 Working days	Additional Drugs Controller	15 Working Days
4.	Competent Person Change/Cancellation	Assistant Drugs Controller	7 Working days	Regional Deputy Drugs Controller	15 Working days	Additional Drugs Controller	15 Working Days
5.	Changing of Name	Assistant Drugs Controller	7 Working days	Regional Deputy Drugs Controller	15 Working days	Additional Drugs Controller	15 Working Days

- **Right to information Act, 2005:** Under right to information Act 2005 in Drugs Control Department, Drugs Controller for the State of Karnataka is the public Authority, the Additional Drugs Controller is designated as first Appellate Authority, 41 officers are designated as public information officers in Head office, Regional Deputy Drugs Controller offices, all District Circle offices, Drugs Testing Laboratory Bangalore, Regional drugs testing Laboratories Hubli and Bellary, Government College of Pharmacy Drugs Testing Laboratory Bangalore has received NABL accreditation.
- Regional Drugs Testing Laboratory, Hubli is under process of obtaining NABL accreditation.
- Establishing of Government College of Pharmacy in Gulbarga at an estimated cost of Rs. 35.25 crores is under process, 4.30 acres of land is obtained for construction of college.
- “Technical Cell” is established in the department for the speedy disposal of the application filed by the manufacturers in order to boost the exports.
- Department took part in the “India Pharma-2017” held at Bangalore International Exhibition Centre , a stall was set up to showcase the achievements made by the department and services provided by the department in promoting the Medical Devices and Pharmaceutical manufacturing in the state.

- The Department has implemented e-sampling system in laboratory. As soon as drug is declared as substandard quality, the information will be reflected in departmental portal and around 35,000 auto generated SMS alerts will reach the various stock holders like retailers, wholesalers, Doctors and Enforcement Officers to prevent the use of substandard drugs.
- Construction of own office buildings at Mysore, Ramanagara and Bidar are completed and started functioning in the new buildings.
- Department in association with NIC is monitoring the blood bank networking in the name of Jeeva Sanjeevini at [url:http:// blood.kar.nic.in](http://blood.kar.nic.in) for citizens to access the availability of blood and blood components.

521 product permissions are granted for exports on priority to the manufacturers in the year 2016-17 based on the NOC from DCG(I)

3126 Certificate of Pharmaceutical Products (COPP) are issued to the manufacturers for the registration of their products in various countries in the year 2016-17.

- Analysis of drugs samples from Punjab & Goa States by our State Drugs Testing Laboratories is under process.
- Conducting of examinations for the D Pharm course is by online transmission of question papers to various examination centers.
- In 2016-17 budget honourable Chief Minister of Karnataka was pleased to sanction construction of Ladies Hostel at GCP, Bangalore at cost of Rs800.00lakhs.

Product permissions granted to manufacture for sale during 2016-17 are detailed below;

Details	Domestic	Export	Total
Drugs	487	1553	2040
Cosmetics	144	26	170

2.6 FINANCE:

Budget Allotment and Expenditure for the year 2016-2017

(1.4.2016 to 31.03.2017)

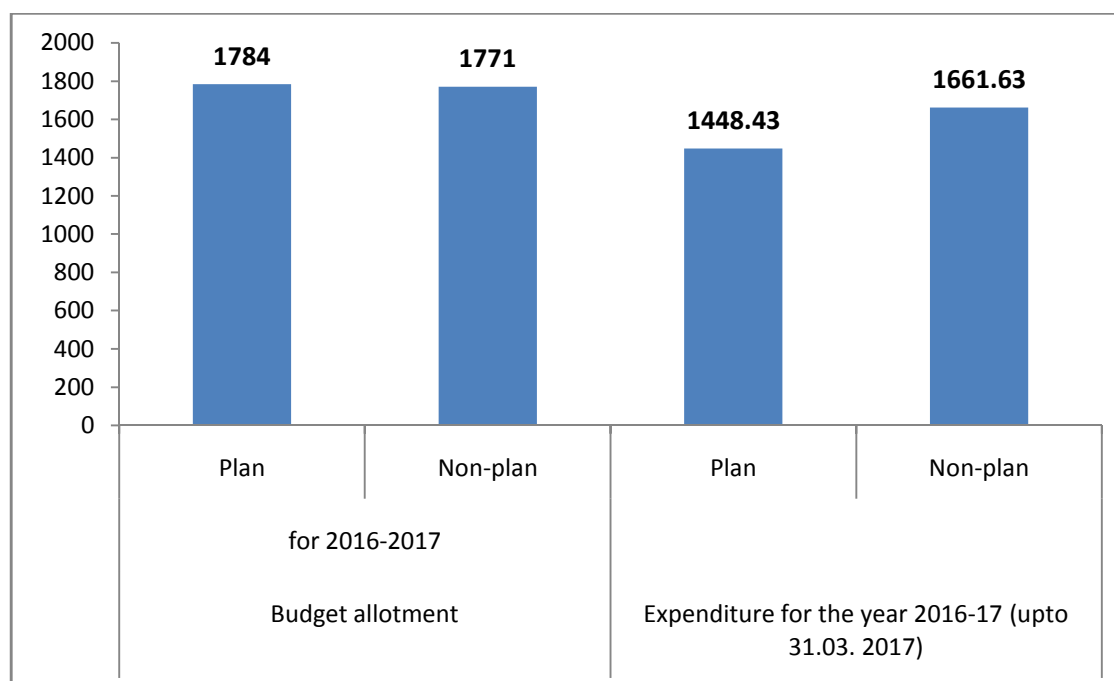
State Sector

(Rs. in lakhs)

Sl. No.	BUDGET HEAD	Budget allotment for 2016-2017		Expenditure for the year 2016-17 (upto 31.03. 2017)	
		Plan	Non-plan	Plan	Non-plan
1.	2210-06-104-0-01 Drugs Controller	597.00	1007.00	456.79	961.15
2.	2210-06-104-0-02 Drugs Testing Laboratory	170.00	319.00	148.88	292.83
3.	2210-06-104-0-12 Drugs Testing Laboratory , Hubli	301.00	-	248.96	-

4.	2210-06-104-0-13 Drugs Testing Laboratory, Bellary	268.00	-	224.56	-
5.	2210-01-110-1-17 Buildings – Repair for Drugs Control Dept.	35.00	-	-	-
6.	2210-05-105-1-14 Govt. College of Pharmacy	62.00	445.00	61.49	407.65
7.	4210-03-105-02-03 Drugs Controller - Buildings	350.00	-	307.75	-
8.	4210-04-200-1-04 Government College of Pharmacy. North karnataka	1.00	-	-	-
	Total	1784.0 0	1771.00	1448.43	1661.63

Plan:81.19% Non -plan: 93.82%

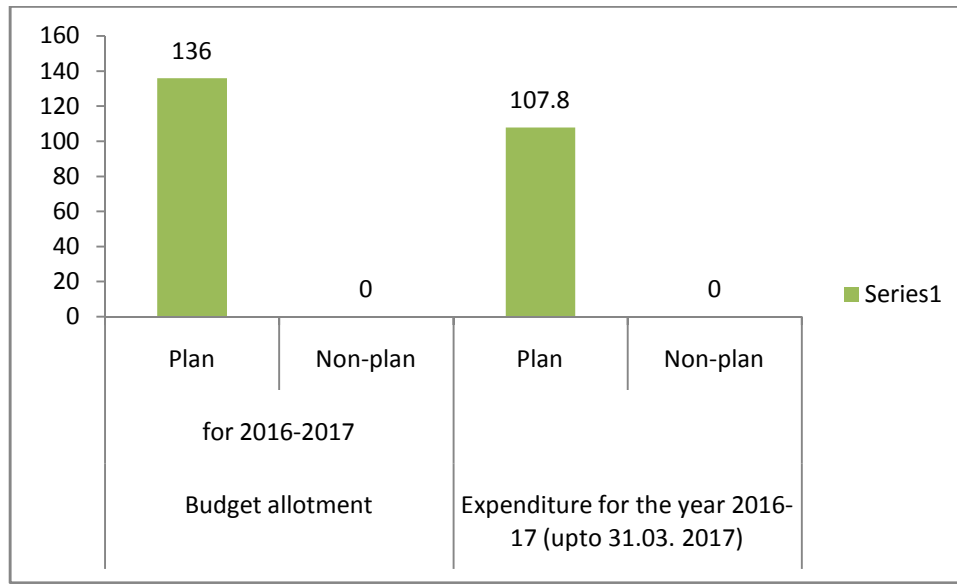


Central Sector

(Rs. in lakhs)

Sl. No.	BUDGET HEAD	Budget allotment for 2016-17		Expenditure for the year 2016-17 (31.03. 2017)	
		Plan	Non-Plan	Plan	Non-plan
1.	2210-05-105-1-15 Central Plan Schemes for Research work in Govt., College of Pharmacy, Bangalore and Development of Post graduate courses	136.00	-	107.80	-
	TOTAL:	136.00	-	107.80	-

Expenditure: 79.26%



REVENUE RECEIPTS FOR THE YEAR 2016-17

(Rs. in lakhs)

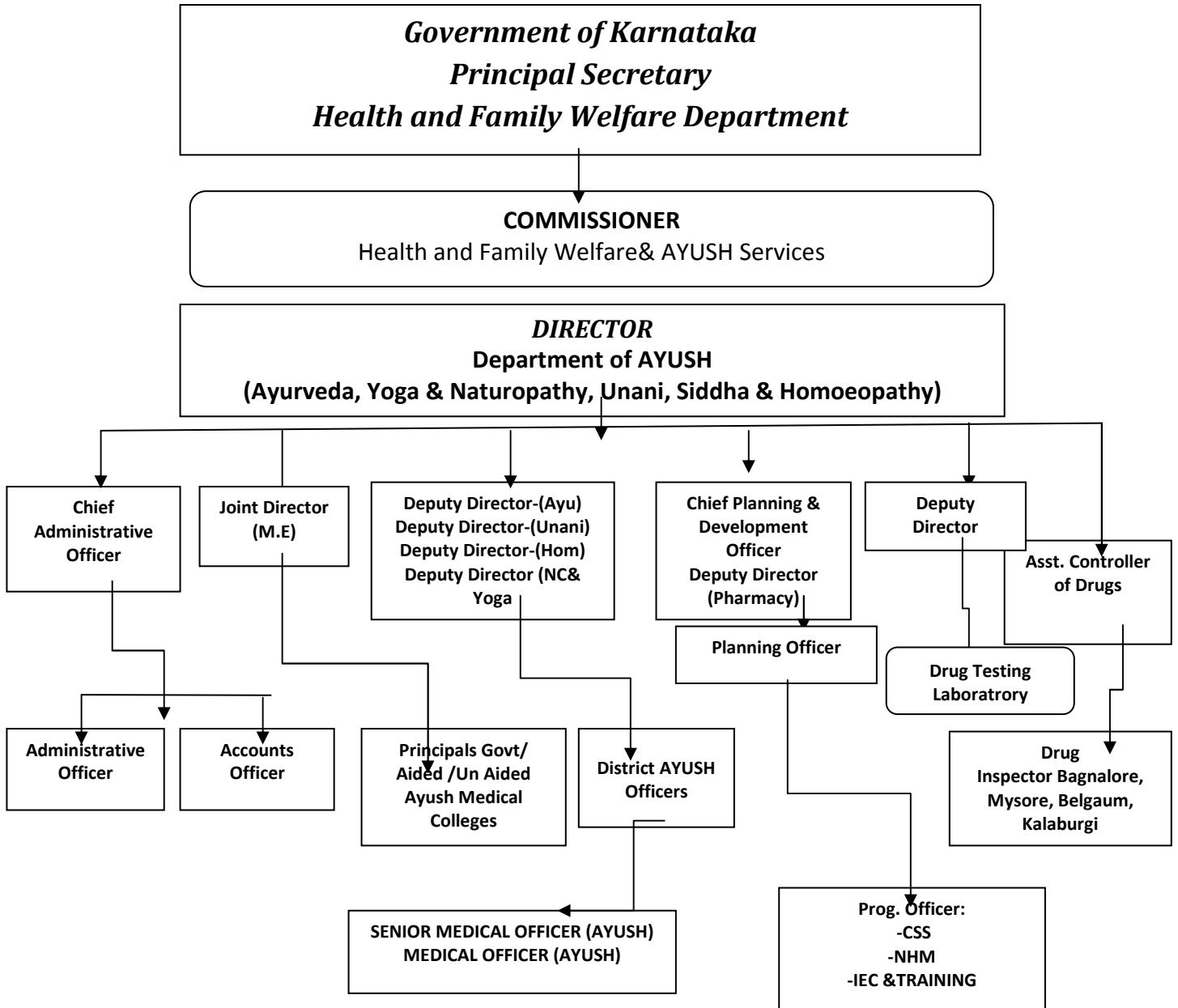
SL. NO.	BUDGET HEAD	Revenue Receipts for the year 2016-17
1.	0210-04-104-2-01 Drugs Controller	431.34
2.	0210-03-105-0-01 Government College of Pharmacy & Board of Examining Authority	293.83
	TOTAL	725.17

PART III

AYURVEDA, YOGA & NATURE CURE, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH DEPARTMENT)

**AYURVEDA, YOGA & NATURE CURE, UNANI, SIDDHA AND
HOMOEOPATHY (AYUSH DEPARTMENT)**

3.1. Organisation Set Up



The Department of AYUSH includes both AYUSH Health & AYUSH Medical Education sectors. This Department is rendering Health care, Medical relief to the public through AYUSH Ayurveda, Yoga and Naturopathy Unani, Homeopathy Medicine Systems. Regulates AYUSH Medical Education, AYUSH Drugs Manufacturing, Research unit & AYUSH Medical practice in the state.

The Director of AYUSH is being assisted by One Joint Director (Medical Education), One Chief Administrative Officer (KAS Scale), Drug Licensing Authority , One each Deputy Directors for Ayurveda, Unani, Homoeopathy and Nature Cure & Yoga, Planning and Development Cell, One Administrative Officer and One Accounts Officer at the Directorate level under the supervision of the Commissioner of Health and Family Welfare and Ayush services. District AYUSH Officers are looking after their Dist. Hospitals, Taluk Hospitals and Dispensaries.

The Staff Position of the Department is as follows:

	Non-Teaching			Teaching			Total		
	Sanctioned	Filled	Vacant	Sanctioned	Filled	Vacant	Sanctioned	Filled	Vacant
Group-A	1043	810	233	203	74	129	1246	884	362
Group-B	45	24	21	126	53	73	171	77	94
Group-C	1211	574	637	0	0	0	1211	574	637
Group-D	1423	636	787	0	0	0	1423	636	787
Total	3722	2044	1678	329	127	202	4051	2171	1880

3.2 HEALTH SECTOR:

The Hospitals and Dispensaries which comes under ZP Sector are being monitored by the concerned District's District AYUSH Officers. Government Central Pharmacy Bangalore supplies 60% of Medicine (Ayurveda and Unani) to Govt. AYUSH Hospitals and Dispensaries & 40 % of Medicine procured & supplied from Karnataka State Drug Logistics & Warehousing Society, Bangalore and Indian Medicines Pharmaceutical Corporation Limited, (Central Government Enterprise). 100% of Homoeopathic medicines procured and supplied from Central & State Government Enterprises.

The Details of Hospitals with bed strength and dispensaries functioning in this State as on 31-03-2017.

The system wise break up is given here under:

Sl No.	Systems	Government Hospitals		No. of dispensaries
		No. of Hospitals	No. of Beds.	
01	Ayurveda	113	1817	562
02	Unani	18	392	49
03	Homoeopathy	16	250	43
04	Nature Cure	06	46	05
05	Yoga	03	15	
	Total	156	2520	659

DISTRICTWISE DISPENSARIES OF AYUSH DEPARTMENT IN STATE AS ON 31-03-2017						
Sl.	District	Dispensaries				Total
		Ayurveda	Unani	Homoeo pathy	Nature Cure	
1	Bangalore (U)	10	2	2	-	14
2	Bangalore (R)	06	01	1	-	08
3	Kolar	5	01	-	-	06
4	Tumkur	25	1	1	1	28
5	Shimoga	34	-	-	-	34
6	Chitradurga	32	-	-	-	32
7	Davanagere	31	-	-	1	32
8	Mysore	30	1	-	-	31
9	Chamarajanagar	10	2	-	-	12
10	Hassan	53	6	1	-	60
11	Mandya	20	3	-	-	23
12	Kodagu	8	-	1	-	9
13	Chikkamagalur	39	1	1	1	42
14	Udupi	14	-	-	-	14
15	D.Kannada	4	2	1	-	7
16	Belgaum	24	1	6	1	32
17	Dharwad	12	-	1	1	14
18	Gadag	17	-	3	-	20
19	Haveri	9	1	4	-	14
20	Vijayapura	12	-	1	-	13
21	Bagalkote	15	1	-	-	16
22	Uttar Kannada	12	-	-	-	12
23	Kalaburgi	21	8	3	-	32
24	Raichur	12	4	1	-	17
25	Koppala	13	2	1	-	16
26	Bidar	16	5	2	-	23
27	Bellary	64	1	3	-	68
28	Ramanagara	7	1	-	-	8
29	Chikkaballapura	4	1	-	-	5
30	Yadgiri	3	4	10	-	17
	TOTAL	562	49	43	5	659

DISTRICTWISE HOSPITALS OF AYUSH DEPARTMENT IN STATE AS ON 31-03.-2017													
Hospitals													
Sl. No.	Districts	Ayurveda		Unani		Homeo pathy		Nature Cure		Yoga		Total	
		No	Beds	No	Beds	No	Beds	No	Beds	No	Beds	No	Beds
1	Bangalore (U)	4	296	2	200	2	105	1	10	1	5	10	616
2	Bangalore (R)	3	26	-	-	-	-	-	-	-	-	3	26
3	Kolar	2	20	-	-	1	10	-	-	-	-	3	30
4	Tumkur	5	46	1	10	-	-	-	-	-	-	6	56
5	Shimoga	1	100	2	20	1	10	-	-	-	-	4	130
6	Chitradurga	5	42	-	-	-	-	-	-	-	-	5	42
7	Davanagere	3	26	-	-	-	-	-	-	-	-	3	26

8	Mysore	9	333	1	10	1	10	1	6	1	5	13	299
9	Chamarajanagar	3	26	-	-	-	-	1	10	-	-	4	36
10	Hassan	6	67	-	-	2	20	-	-	-	-	8	87
11	Mandya	4	43	1	10	-	-	-	-	-	-	5	53
12	Kodagu	2	20	-	-	1	10	1	10	-	-	4	40
13	Chikkamagalur	5	38	-	-	-	-	-	-	-	-	5	38
14	Udupi	3	30	-	-	-	-	-	-	-	-	3	30
15	D.Kannada	3	31	-	-	1	10	-	-	-	-	4	41
16	Belagavi	6	44	-	-	1	10	-	-	-	-	7	54
17	Dharwad	3	45	-	-	-	-	-	-	-	-	3	45
18	Gadag	4	36	-	-	-	-	-	-	-	-	4	36
19	Haveri	3	22	-	-	-	-	-	-	-	-	3	22
20	Vijayapura	3	70	1	10	1	10	-	-	-	-	5	90
21	Bagalkote	5	46	-	-	1	10	-	-	-	-	6	56
22	Uttar Kannada	3	26	1	10	-	-	-	-	-	-	4	36
23	Kalaburagi	7	58	2	60	1	15	-	-	-	-	10	133
24	Raichur	3	35	2	16	-	-	-	-	-	-	5	51
25	Koppala	4	32	-	-	-	-	-	-	-	-	4	32
26	Bidar	3	31	1	10	-	-	-	-	-	-	4	41
27	Bellary	6	184	1	10	2	20	1	10	1	5	11	229
28	Ramanagara	2	16	1	10	1	10	-	-	-	-	4	36
29	Chikkaballapura	1	6	1	10	-	-	-	-	-	-	2	16
30	Yadagiri	3	22	1	6	-	-	-	-	-	-	4	28
	TOTAL :	114	1817	18	392	16	250	5	46	3	15	156	2520

3.3 AYURVEDA SYSTEM:

In the State Four Ayurveda Medical Colleges with attached Hospitals details are given below.

Sl. No	Hospitals Details	Bed Strength
1	Sri Jayachamarajendra Institute of Indian Medicine, Bangalore.	275 beds
2	<i>Government Ayurveda Medical College and Hospital, Mysore.</i>	175 beds
3	Taranatha Government Ayurveda Medical College and Hospital, Bellary.	150 beds
4	<i>Government Ayurveda Medical College and Hospital, Shimoga.</i>	100 beds

In State Sector District and Taluk level working Ayurveda Hospitals details are given below

Sl. No	Details of Hospitals	Beds Strength
1	Hi-Tech Panchakarma Hospital, Mysore.	100 Beds
2	Taluk Govt. Ayurveda Hospital, Arasikere, Hassan Dist.	10 Beds
3	Taluk Govt. Ayurveda Hospital, H.D.Kote, Mysore Dist.	10 Beds
4	Taluk Govt. Ayurveda Hospital, K.R. Nagar, Mysore Dist.	10 Beds
5	Taluk Govt. Ayurveda Hospital, Kundapura, Udupi Dist.	10 Beds
6	Taluk Govt. Ayurveda Hospital, Channagere, Davanagere Dist.	10 Beds
7	Taluk Govt. Ayurveda Hospital, Devadurga, Raichur Dist.	10 Beds
8	Taluk Govt. Ayurveda Hospital, Kalaghatagi, Dharward Dist.	10 Beds

9	Taluk Govt. Ayurveda Hospital, Mundaragi, Gadag Dist.	10 Beds
10	Taluk Govt. Ayurveda Hospital, Hunagunda, Bagalkote Dist.	10 Beds
11	Taluk Govt. Ayurveda Hospital, Muddebihala, Vijayapura Dist.	10 Beds
12	Taluk Govt. Ayurveda Hospital, Kollegala, Chamarajanagar Dist.	10 Beds
13	Taluk Govt. Ayurveda Hospital, Hoskote, Bangalore (R)	10 Beds
14	District Govt. Ayurveda Hospital, Belagavi.	10 Beds
15	District Govt. Ayurveda Hospital, Udupi.	10 Beds
16	Govt. Ayurveda Hospital, Indiranagara, Bangalore (U)	05 Beds
17	Taluk Govt. Ayurveda Hospital, Anekal, Bangalore (R)	10 Beds
18	Taluk Govt. Ayurveda Hospital, Nelmangala, Bangalore (R)	10 Beds
19	Taluk Govt. Ayurveda Hospital, Maluru, Kolar Dist.	10 Beds
20	Taluk Govt. Ayurveda Hospital, Madugiri, Tumkur Dist.	10 Beds
21	Taluk Govt. Ayurveda Hospital, Hosadurga, Chitraduraga Dist.	10 Beds
22	Taluk Govt. Ayurveda Hospital, Harihara, Davanagere Dist.	10 Beds
23	Taluk Govt. Ayurveda Hospital, Piriyaipattana, Mysore Dist.	10 Beds
24	Taluk Govt. Ayurveda Hospital, Aluru, Hassan Dist.	10 Beds
25	Taluk Govt. Ayurveda Hospital, Srigeri, Chikkamagaluru Dist.	10 Beds
26	Taluk Govt. Ayurveda Hospital, Karkala, Udupi Dist.	10 Beds
27	Taluk Govt. Ayurveda Hospital, Ullala, Mangalore Dist.	10 Beds
28	Taluk Govt. Ayurveda Hospital, Navalgunda, Dharwad Dist.	10 Beds
29	Taluk Govt. Ayurveda Hospital, Naragunda, Gadag Dist.	10 Beds
30	Taluk Govt. Ayurveda Hospital, Byadagi, Haveri Dist.	10 Beds
31	Taluk Govt. Ayurveda Hospital, Sindagi, Vijayapura Dist.	10 Beds
32	Taluk Govt. Ayurveda Hospital, Mudhol, Bagalkote Dist.	10 Beds
33	Taluk Govt. Ayurveda Hospital, Chincholi, Kalaburgi Dist.	10 Beds
34	Taluk Govt. Ayurveda Hospital, Lingasuguru, Raichur Dist.	10 Beds
35	Taluk Govt. Ayurveda Hospital, Yalaburga, Koppal Dist.	10 Beds
36	Taluk Govt. Ayurveda Hospital, Balki, Bidar Dist.	10 Beds
37	Taluk Govt. Ayurveda Hospital, Shahapura, Yadagiri	10 Beds

Ayurveda Hospitals functioning in the district places under Z.P. details are given below.

Sl.No	Name of the District	Bed strength	There are 114 Hospitals & 562 Ayurvedic dispensaries functioning in the State.
1	Vijayapur	50 Beds	
2	Dharwar	25 Beds	
3	Karwar	10 Beds	
4	Mandya	25 Beds	
5	Hassan	25 Beds	
6	Madikeri	10 Beds	
7	Tumkur	15 Beds	
8	Bidar	15 Beds	
9	Raichur	15 Beds	
10	Koppal	06 Beds	
11	Chamarajanagara	10 Beds	
12	Gadag	10 Beds	
13	Bagalkot	10 Beds	
14	Kalaburgi	10 Beds	
15	Mangalore	15 Beds	

Sl.No	Name of the Taluks	Bed strength
01	Doddabalapura, Bangalore (R)	06 Beds
02	Magadi, Ramanagar Dist.	10 Beds
03	Kanakapur, Ramanagar Dist.	06 Beds
04	Srinivaspura, Kolar Dist.	10 Beds
05	Chithamani, Chikkabalapur Dist.	06 Beds
06	Hiriyuru, Chitradurga Dist.	10 Beds
07	Challakere, Chitradurga Dist.	06 Beds
08	Harapanahalli, Davanagere Dist.	06 Beds
09	Tipaturu, Tumukur Dist.	10 Beds
10	Chikkanayakanahalli, Tumukur Dist.	06 Beds
11	Nanjanagudu, Mysore Dist.	06 Beds
12	Kaduru, Chikkamagalru Dist.	10 Beds
13	Mudigere, Chikkamagalur Dist.	06 Beds
14	Tarikere, Chikkamagalur Dist.	06 Beds
15	Holenarasipura, Hassan Dist.	10 Beds
16	Virajapet, Kodagu Dist.	10 Beds
17	Malavalli, Mandya Dist.	06 Beds
18	Maddur, Mandya Dist.	06 Beds
19	Gundlupet, Chamarajanagar Dist.	06 Beds
20	Savadathi, Belagavi Dist.	06 Beds
21	Bylahongala, Belagavi Dist.	06 Beds
22	Athani, Belagavi Dist.	06 Beds
23	Ramadurga, Belagavi Dist.	06 Beds
24	Huballi, Dharwad Dist.	25 Beds
25	Sirasi, Karwara Dist.	10 Beds
26	Kumata, Karwara Dist.	06 Beds
27	Jamakandi, Bagalkote Dist.	10 Beds
28	Bilagi, Bagalkote Dist.	06 Beds
29	Rona, Gadag Dist	06 Beds
30	Shiggavi, Haveri Dist.	06 Beds
31	Ranibennur, Haveri Dist.	06 Beds
32	Chittapura, Kalaburgi Dist.	10 Beds
33	Afazalpura , Kalburgi Dist.	06 Beds
34	Sedam, Kalburgi Dist.	06 Beds
35	Shahapur, Yadagiri Dist.	06 Beds
36	Gangavathi, Koppal Dist.	10 Beds
37	Basavakalyana, Bidar Dist.	06 Beds
38	Sanduru, Bellary Dist.	06 Beds
39	Hospet, Bellary Dist.	10 Beds
40	Siraguppa, Bellary Dist.	06 Beds
41	Huvinahadagali, Bellary Dist.	06 Beds

3.4 UNANI SYSTEM:

In the State One Unani Medical College with attached Hospital details are given below:

Sl. No	Hospital Details	Bed Strength
1	<i>Government Unani Medical College and Hospital, Bangalore.</i>	100 beds

In State Sector District and Taluk level working Unani Hospitals details are given below.

Sl. No	Hospital Details	Bed Strength
1	<i>Govt. Unani Hospital, Roja-B, Kalaburgi</i>	50 Beds
2	<i>Taluk Govt. Unani Hospital, Alanda, Kalaburgi Dist.</i>	10 Beds
3	<i>Taluk Govt. Unani Hospital, Bhadravathi, Shimoga Dist.</i>	10 Beds
4	<i>Taluk Govt. Unani Hospital, K.R. Pet, Mandya Dist.</i>	10 Beds
5	<i>Taluk Govt. Unani Hospital, Bhatkala, Karwara Dist.</i>	10 Beds
6	<i>Taluk Govt. Unani Hospital, Gowribidanuru, Chikkabalapura Dist.</i>	10 Beds

Under Zilla Panchayath District Unani Hospitals Details given below:

Sl.No	Place	Bed strength	There are 49 Unani Dispensaries functioning in the State.
1	Mysore	10 Beds	
2	Kalburgi	50 Beds	
3	Bellary	10 Beds	
4	Bidar	10 Beds	
5	Vijayapur	10 Beds	
6	Shimoga	10 Beds	
7	Raichur	10 Beds	
8	Ramanagar	10 Beds	
9	Tumkuru	10 Beds	
10	Yadagiri, Thimmapur Rangampet,	06 Beds	

Sl.No	Taluk Centre	Bed strength
1	Manvi, Raichur Dist.	06 Beds

3.5 HOMOEOPATHY SYSTEM:

In the State One Homoeopathy Medical College with attached Hospital details are given below:

Sl. No	Hospital Details	Bed Strength
1	<i>Government Homoeopathy Medical College and Hospital, Bangalore</i>	100 beds

In State Sector District and Taluk level working Homoeopathy Hospitals details are given below:

Sl. No	Hospital Details	Bed Strength
1	Taluk Govt. Homoeopathy Hospital, Sakaleshpura, Hassan Dist.	10 Beds
2	Taluk Govt. Homoeopathy Hospital, Badami, Bagalkote Dist.	10 Beds
3	Taluk Govt. Homoeopathy Hospital, Raibagh, Belgavi Dist.	10 Beds
4	Taluk Govt. Homoeopathy Hospital, Kudlagi, Bellary Dist	10 Beds
5	Govt. Homoeopathy Hospital, Soluru, Ramangara Dist.	10 Beds
6	Govt. Homoeopathy Hospital, Indiranagara, Bangalore (U)	05 Beds

Under Zilla Panchayath District Homoeopathy Hospitals Details given below:

Sl.No	Name of the district Place	Bed strength	There are 16 Hospitals and 43 Homoeopathic Dispensaries are functioning in the state.
1	<i>Kalaburgi</i>	15 Beds	
2	<i>Mysore</i>	10 Beds	
3	<i>Hassan</i>	10 Beds	
4	Shimoga	10 Beds	
5	Bellary	10 Beds	
6	Vijayapur	10 Beds	
7	Kolar	10 Beds	
8	Mangalore	10 Beds	

Sl.No	Name of the district Place	Bed strength
1	Somavarapete, Kodagu Dist.	10 Beds

3.6 NATURE CURE AND YOGA SYSTEM:

In the State One Nature cure and Yoga Medical College with attached Hospital details are given below:

Sl.No	Details	Bed strength
1	Govt. Nature cure and Yoga Medical College and Hospital, Mysore	100 Beds

In State Sector District and Taluk level working Nature cure and Yoga Hospitals details are given below:

Sl. No	Name of the district Place	Bed strength
1	Taluk Govt. Nature cure and Yoga Hospital, Gundlupet, Chamarajanagar Dist	10 Beds
2	Taluk Govt. Nature cure and Yoga Hospital, Somavarpete, Kodagu Dist	10 Beds

Under Zilla Panchayath District Nature cure and Yoga Hospitals Details given below:

Sl.No	Name of the district Place	Bed strength
1	Govt. Naturecure Hospital, K.G.Koppal, Mysore Dist	06 Beds

Two 10 bedded Nature Cure hospitals are functioning in Bangalore and Bellary Ayurveda Teaching Hospitals. Five Nature cure dispensaries functioning in Rural areas.

YOGA:

Yoga wings of 5 beds each have been established in SJIIM, Bangalore, Mysore and Bellary Ayurveda Teaching Hospitals to provide treatment in Yoga therapy.

3.7 GOVERNMENT CENTRAL PHARMACY:

Government Central Pharmacy, Bangalore is manufacturing Ayurveda and Unani medicines, the same are being supplied to all Government AYUSH Hospitals and Dispensaries in the state.

Drug Testing Laboratory:

Is functioning to ensure the quality of AYUSH Raw Drug samples and Medicines.

Statement showing the Details of Samples tested by Drug Testing Laboratory in the year 2016-17.

1-4-2016 to 31-03-2017		
Sl.No.	Types of Drugs Tested	Total
1	Legal Sample	22
2	Survey Sample	257
3	Ayurveda Medicines	250
4	Unani Medicines	67
5	Raw Drugs	265
	Total	861
	Total Number of Samples tested - 861	

3.8 AYUSH DRUGS CONTROL:

It regulates manufacturing Units and sale of AYUSH Drugs and Medicines under the provision of The Drugs and Cosmetics Act, 1940 and the rules there under.

Drug licensing unit is attached to the Directorate of AYUSH, Bangalore. Director Ayush is the Chief Drug Controller. There is one Deputy Drug Controller, Assistant Drug Controller and two Drug Inspectors in the unit who are under the control of the Drug Licensing Authority. Government also has sanctioned Ayush Drug Control Unit each at Mysore, Belagavi & Kalburgi Revenue Districts with necessary post.

The number of licenses issued to manufacture Ayurveda, Unani and Homoeopathy Medicine as on 31-03-2017 are as follows:

Sl. No	Systems	No. of Manufacturing license holders.	Loan license	No. of Sales	
				Whole sale	Retail
1	Ayurveda	233	206	-	-
2	Unani	-	-	-	-
3	Homoeopathy	11	-	65	157
	Total	244	206	65	157

3.9 BOARDS:

There are two statutory boards namely the Karnataka Ayurveda and Unani Practitioner's Board and the Karnataka Board of Homoeopathy System of medicine are functioning under the department. The Registered Medical Practitioners of various systems as on 31-03-2017 are as follows:-

Sl.No	Name of System	No. of practitioners
01	Ayurveda	35802
02	Unani	2010
03	Integrated systems	2433
04	Naturopathy & Yoga	817
05	Siddha	06
06	Homoeopathy	13015
	TOTAL	54083

3.10 ACHIEVEMENTS FOR THE YEAR 2016-17:

- Approximately 47.00 Lakhs out patients and 0.75 lakhs inpatients have taken AYUSH treatment across the state.
- 100 bedded Hi-Tech Panchakarma Hospital started in Mysore city
- 100 bedded Teaching Hospital is started attached to Govt. Nature cure and Yoga College Mysore.
- Ayush Training Centre:- is commenced in Ramanagara Dist & Taluk, Sugganahalli Village, for giving necessary training to Group-A, B, C & D cadres
- Approximately 400 school teachers have trained who inturn impart the yoga training to their school children to improve physical as well as mental ability.
- Under SCSP and TSP Schemes The department has carried out AYUSH Awareness programmes, AYUSH Health camps, and Home Remedy programme, District and Taluk level seminar Programmes to benefit for scheduled caste and tribe people.
- 50 bedded Ayush combined Hospitals announced in 2016-17 Budget speech Department take necessary steps to commence these hospitals.
- One time grant of Rs. 3.00 crore is provided for the Naturopathy and Research activities of Naturopathy Institute run by R.M.S. Medical services, Hulikote.

Proposed plan for the year 2017-18:

- It is Planned to Open 50 bedded District level Ayurveda, Unani and Homoeopathy combined Hospitals in Chikkamagaluru and Chitradurga District Headquarters.
- To implement pregnancy and Post natal care, Anemia and malnutrition in females. Planning to issue Ayurveda Medicinal Kit in 30 districts of our state.
- At Belgaum immunization Centre, Ayush Medicine manufacturing Centre should be started.
- For effective implementation and utility of Ayush medicine systems with collaboration of State Govt. of India Launched “**National Ayush Mission**” Programme in 2016-17. It is planned to Continue this Programme in 2017-18 also.
- For Effective Public Health Service planned to strengthen Ayush Educational institutions, Hospitals and Dispensaries by providing necessary infrastructure and awareness through I.E.C. Programmes.
- It is Planned to Conduct Home Remedy, Health camps, Yoga Training Programme, State, District and Taluk level AYUSH seminars and I.E.C. Programmes in the Rural areas of the state.
- Free Laptop, Medical Books and Medical Equipments will be provided to SC and ST students studying in AYUSH Medical Colleges and also planned to conduct free medical camps and distributing free medical kits to Schedule Cast and Tribe people.

3.11 AYUSH MEDICAL EDUCATION:

The details of Medical Colleges under this Department as follows:

System	Government		Aided Colleges		Unaided Colleges		Total No. of Colleges	
	No.	Intake	No.	Intake	No.	Intake	No.	Intake
Ayurveda	3	150	3	195	60	3825	66	4170
Unani	1	50	0	0	3	180	4	230
Homoeopathy	1	100	0	0	10	825	11	925
Yoga & Nature Cure	1	25	0	0	3	320	4	345
Total	6	325	3	195	76	5150	85	5670

These AYUSH Medical colleges are affiliated to Rajiv Gandhi University of Health Sciences. Selection of candidates for all these Medical colleges will be made transparently through Common Entrance Test (CET). Central Govt. grants are being Utilized for the overall development of these colleges.

3.12 AYURVEDA MEDICAL COLLEGES:

Ayurveda Medical Colleges disbursing BAMS (Bachelor of Ayurveda Medicine and Surgery) Degrees for students there are FOUR Government Ayurveda Medical Colleges are functioning in the State.

The details of the UG & PG seats (subject wise) in Colleges as follows:

Sl. No	Name of the College	Intake Seats		
		UG	P.G	
1	Government Ayurvedic Medical College, Bangalore.	60	Dravyaguna	07
			Shalakyatantra	07
			Shalyatantra	07
			Panchakarma	07
			Roganidhana	06
			Rasashastra & Byshajya Kalpana	06
2	Government Ayurvedic Medical College, Mysore.	50	Kayachikitsa	07
			Ayurveda samhitha Siddhantha (CSS)	05
3	Taranatha Government Ayurveda Medical College, Bellary.	40	Rasashastra & Byshajya Kalpana	07
4	Government Ayurvedic Medical College, Shimoga.	50	--	-
		200	Total	59

3.13 UNANI MEDICAL COLLEGES:

Unani Medical Colleges disbursing BUMS (Bachelor of Unani Medicine and Surgery) Degrees for students there is One Government Unani Medical College is functioning at Bangalore city with an intake capacity of 50 students per Year.

Sl.No	Name of the College	Intake Seats	
		UG	P.G
1	Government Unani Medical College, Bangalore.	50	-

3.14 HOMOEOPATHY MEDICAL COLLEGE:

Homoeopathy Medical Colleges disbursing BHMS (Bachelor of Homoeopathy Medicine and Surgery) Degrees for students there is one Government Homoeopathy Medical College is functioning at Bangalore city, recently Govt. increases intake capacity of U.G. Seats from 40 to 100 and Central Council for Homoeopathy given permission to Govt. Homeopathy Medical College, Bangalore to start P.G. Courses in Five subjects details are given below.

Sl. No	Name of the College	Intake Seats		
		UG	P.G subjects	Seats
1	Government Homeopathy Medical College, Bangalore.	100	Materia medica	06
			Reparatory	06
			Homoeopathy Philosophy and Organon	06
			Practice of Medicine	06
			Pediatrics	04
	Total	100		28

3.15 NATURE CURE & YOGA MEDICAL COLLEGE:

Nature cure and Yoga Medical Colleges disbursing BNYS (Bachelor of Naturopathy and Yoga Surgery) Degrees for students there is one Government Nature Cure and Yoga college is functioning at Mysore city. Intake capacity of 25 students.

Sl. No	Name of the College	Intake Seats	
		UG	P.G
1	Government Nature Cure and Yoga college, Mysore.	25	-

HERB GARDEN:

Herb gardens are being maintained at Bangalore, Mysore and Bellary which are attached to the Ayurveda Medical Colleges. The Medicinal plants required for students demonstration and green herbs required for the hospitals are being grown in these herb gardens. Further “**Dhanvantri Vana**” has been established in 37 acres of land at Nagadevnahalli near Bangalore University campus for development of herbarium and about 500 varieties of Herbs have been raised. Depending upon the basic facilities of the Dispensaries and Hospitals Herbal gardens are being developed across the state. The medicinal plants grown here are distributed to the public.

THE RIGHT TO INFORMATION ACT 2005:

Under the Right to Information Act, 2005, 132 applications have been received and all the applications are disposed.

BIO MEDICAL WASTAGE MANAGEMENT

Under the guidelines of the Karnataka State Pollution Control Board and Hon'ble Lok Adalath, from 2011-12. AYUSH Department has adopted Bio-Medical wastage management of Government AYUSH Hospitals and Dispensaries in the state.

SAKAALA YOJANE:

Under the new scheme “**SAKAALA YOJANE**” AYUSH Department has giving Three Services to public as follows:

- Issue of Medical Certificate
- Issuing license for opening of Drug stores.
- As per THE DRUGS AND COSMETICS ACT and Rules there under issue of Performance and No Conviction Certificates.

NHM 2016-17 Achievement:

State Sector:

- State level Ayush division Staff Salary.
- Under PPP Plan in association with shantivana Institution 9 yoga & Naturcure Hospitals are managed.

- Training for Ayush Doctors in Ayurveda (4) No. Unani System (1), Homoeopathy System one allotted.
- Data Entry Operators – 2 No's & Group-D post are filled.
- For CHC & PHC Rs. 975.00 lakhs budget are spent for purchase of medicine.

District Sector:

1. **Human Resource**

- Continuation of service for 528 Doctors.
- Continuation of service for 27 Computer Operators.
- Postings of 250 cleaning persons.
- 13 Panchakarma Hospital staffs services continuation (each institution 7 staff)

3.16 Other Programmes

2017-18 Programmes:

District

- 650 Ayush Doctor services are continued with proposal of increase in salary for Rs. 25000/-
- Service of 29 computer operator are continued.
- Increasing posts 50 cleaning person.
- Increasing posts 16 Panchakarma wings and proposal for continuation of staff service.

New Proposals:

- Proposal for opening of 5 Ayush Mobile units.
- Proposed of 8 trainings to Ayush Doctors.

**ANNEXURE- 1
PERFORMANCE BUDGET 2017-18 BUDGET ESTIMATES 2017-18**

	Head of Account	Accounts for 2015-16		Budget 2016-17		Revised Budget 2016-17		Expenditure 2016-17 (31-03-2017)		Budget 2017-18
		Plan	Non-Plan	Plan	Non-Plan	Plan	Non-Plan	Plan	Non-Plan	
1	2	3	4	5	6	7	8	9	10	11
1	2210-Medical & Public Health 02-Urban Health Services- Other Systems of Medicines	956.63	882.69	478.00	614.00	995.00	614.00	932.28	608.07	1674.00
	02-Total	956.63	882.69	478.00	614.00	995.00	614.00	932.28	608.07	1674.00
2	2210-Medical& Public Health 03 Rural Health Services	-	-	1.00	-	1.00	-	0	-	-
	03 Total	-	-	1.00	-	1.00	-	0	-	-

3	05-Medical Education, Training & Research									
	101-Ayurveda	895.79	4202.43	1085.00	4930.00	1085.00	4930.00	984.06	4445.48	6437.00
	102-Homoeopathy	172.13	599.76	303.00	703.00	380.84	703.00	335.01	650.92	1231.00
	103-Unani	103.13	454.38	115.00	523.00	148.80	523.00	105.71	471.57	844.00
	200-Other Systems	3023.86	181.59	1092.00	261.00	2173.91	261.00	1823.88	231.36	2853.00
	05-Total	4194.91	5438.16	2595.00	6417.00	3788.55	6417.00	3248.66	5799.33	11365.00
4	4210-03-101-1-01 – 139 Major works	902.61	-	1000.00	-	1000.00	-	998.31	-	1066.00
	Total buildings	902.61	-	1000.00	-	1000.00	-	998.31	-	1066.00
	Total State Sector	6054.15	6320.85	4073.00	7031.00	5784.55	7031.00	5179.25	6407.40	14105.00

ANNEXURE – II
PERFORMANCE BUDGET 2017-18 AND FINANCIAL ACHIEVEMENTS, CLASSIFICATION AND ACTIVITIES FOR 2016-17

Sl. No	Head of Account	Accounts for		Budget		Revised Budget		Expenditure		Budget
		2015-16		2016-17		2016-17		2016-17 (31-03-2017)		2017-18
		Plan	Non-Plan	Plan	Non-Plan	Plan	Non-Plan	Plan	Non-Plan	
1	2	3	4	5	6	7	8	9	10	11
1	2210-02-101-1-03 Directorate and Dist. Offices and Teaching Hosps of ISM&H	588.48	799.8	133	526	558	526	535.7	530.81	1026
2	2210-02-101-1-04 Land and building for Department of AYUSH	47.15	82.89	50	88	50	88	50.77	77.26	142
3	2210-02-101-1-05 AYUSH Health & IEC programmes	158.63	-	150	-	150	-	144.65	-	150
4	2210-02-101-1-07 Establishment of 10-bedded AYUSH Units in CHC's in all dist.	5.71	-	10	-	10	-	7.72	-	30
5	2210-02-101-2-04 Opening & Maintenance of Tq & Dist. Level hospitals	156.66	-	135	-	227	-	193.44	-	326
	02-Total	956.63	882.69	478	614	995	614	932.28	608.07	1674

6	2210-03-101-0-04 Ayurveda University	-	-	1	-	1	-	0	-	-
	03 Total	-	-	1	-	1	-	0	-	-
7	2210-05-101-1-03 Colleges with attached hospitals	819.98	3863.51	1004	4366	1004	4366	909.7	4132.42	5461
8	2210-05-101-3-01 Govt. Central Pharmacy Bangalore.	33.54	329.9	51	553	51	553	46	306.92	935
9	2210-05-101-6-00 Dev. of Medicinal Plants	42.27	9.02	30	11	30	11	28.36	6.14	41
	05-101 Total	895.79	4202.4	1085	4930	1085	4930	984.06	4445.48	6437
10	2210-05-102-0-02 Govt. Homoeopathy, Medical College &Hospital, B'lore.	172.13	599.76	303	703	380.84	703	335.01	650.92	1231
	Total 05-102-	172.13	599.76	303	703	380.84	703	335.01	650.92	1231
11	2210-05-103-0-01 Govt. Unani Medical College, Bangalore.	103.13	454.38	115	523	148.8	523	105.71	471.57	844
	05-103 Total	103.13	454.38	115	523	148.8	523	105.71	471.57	844
12	2210-05-200-0-01 Development of Yoga. And Govt. Nature Cure College at Mysore	39	115.7	73	165	73	165	68.08	132.61	314
13	2210-05-200-0-04 PG Education in AYUSH	162.55	65.89	171	96	171	96	134.92	98.75	266
14	2210-05-200-0-11 Opening of ISM&H Units in Allopathic Hosp.	2822.31	-	848	-	1929.91	-	1620.88	-	2273
	05-200 Total	3023.86	181.59	1092	261	2173.91	261	1823.88	231.36	2853
15	4210-03-101-1-01 Buildings-ISM & H	902.61	-	1000	-	1000	-	998.31	-	1066
	Buildings-Total	902.61	-	1000	-	1000	-	998.31	-	1066
	Total State Sector	6054.15	6320.85	4073	7031	5784.55	7031	5179.25	6407.4	14105