# INDEX

## HEALTH AND FAMILY WELFARE DEPARTMENT

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Topic</th>
<th>Page no.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Organization and Functions of the Department</td>
<td>1-2</td>
</tr>
<tr>
<td>1.2</td>
<td>Important National &amp; State Health Programmes</td>
<td>2-22</td>
</tr>
<tr>
<td>1.3</td>
<td>Rashtriya BalSwasthya Karyakram (School Health Programme)</td>
<td>23-26</td>
</tr>
<tr>
<td>1.4</td>
<td>Health Indicators as per Sample Registration Survey 2013</td>
<td>26</td>
</tr>
<tr>
<td>1.5</td>
<td>Health Services</td>
<td>26-28</td>
</tr>
<tr>
<td>1.6</td>
<td>Family Welfare Services</td>
<td>28-30</td>
</tr>
<tr>
<td>1.7</td>
<td>Citizen Friendly Facilities</td>
<td>30-32</td>
</tr>
<tr>
<td>1.8</td>
<td>Regulation of Private Medical Establishments</td>
<td>32-33</td>
</tr>
<tr>
<td>1.9</td>
<td>Health Education and Training</td>
<td>33-34</td>
</tr>
<tr>
<td>1.10</td>
<td>Mental Health Programme</td>
<td>34-35</td>
</tr>
<tr>
<td>1.11</td>
<td>Information, Education &amp; Communication (IEC) programme</td>
<td>35-37</td>
</tr>
<tr>
<td>1.12</td>
<td>State Health Transport Organization</td>
<td>37</td>
</tr>
<tr>
<td>1.13</td>
<td>Integrated Disease Surveillance Project (IDSP)</td>
<td>37-38</td>
</tr>
<tr>
<td>1.14</td>
<td>Drugs</td>
<td>38</td>
</tr>
<tr>
<td>1.15</td>
<td>Nutrition Programmes</td>
<td>38-39</td>
</tr>
<tr>
<td>1.16</td>
<td>Mass De: Worming Programme for 1 1/2 to 5 Years children</td>
<td>39</td>
</tr>
<tr>
<td>1.17</td>
<td>Nutrition Rehabilitation Centres(NRCs) in Karnataka</td>
<td>40</td>
</tr>
<tr>
<td>1.18</td>
<td>Modified Nutrition Rehabilitation Centres (MNRCs)</td>
<td>40</td>
</tr>
<tr>
<td>1.19</td>
<td>National Iodine Deficiency, Disorder Control Programme (NIDDCP)</td>
<td>41-42</td>
</tr>
<tr>
<td>1.20</td>
<td>Karnataka State Drug Logistics and Ware Housing Society</td>
<td>43-46</td>
</tr>
<tr>
<td>1.21</td>
<td>State Institute of Health &amp; Family Welfare</td>
<td>47</td>
</tr>
<tr>
<td>1.22</td>
<td>Public Health Institute</td>
<td>48-49</td>
</tr>
<tr>
<td>1.23</td>
<td>Food Laboratory</td>
<td>49-50</td>
</tr>
<tr>
<td>1.24</td>
<td>Food safety &amp; Standard Regulation</td>
<td>51-52</td>
</tr>
<tr>
<td>1.25</td>
<td>Suvarna Arogya Suraksha Trust</td>
<td>52-62</td>
</tr>
</tbody>
</table>

## PART II

### DRUG CONTROL DEPARTMENT

<p>| 2.1    | Introduction                                                           | 65       |
| 2.2    | Organization Setup                                                    | 66-69    |
| 2.3    | Prosecutions Instituted                                               | 69-72    |
| 2.4    | Pharmacy Education                                                    | 73       |
| 2.5    | Achievements of Drug Control Department for the year 2014-15          | 74-76    |
| 2.6    | Finance                                                               | 77-79    |</p>
<table>
<thead>
<tr>
<th>3.1</th>
<th>Organization Setup</th>
<th>83</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.2</td>
<td>Health Sector</td>
<td>84-87</td>
</tr>
<tr>
<td>3.3</td>
<td>Ayurveda System</td>
<td>87-88</td>
</tr>
<tr>
<td>3.4</td>
<td>Unani System</td>
<td>88-89</td>
</tr>
<tr>
<td>3.5</td>
<td>Homoeopathy System</td>
<td>89</td>
</tr>
<tr>
<td>3.6</td>
<td>Nature Cure and Yoga System</td>
<td>90</td>
</tr>
<tr>
<td>3.7</td>
<td>Government Central Pharmancy</td>
<td>90</td>
</tr>
<tr>
<td>3.8</td>
<td>Ayurveda Drugs Control</td>
<td>91</td>
</tr>
<tr>
<td>3.9</td>
<td>Broads</td>
<td>91</td>
</tr>
<tr>
<td>3.10</td>
<td>Achievements for the year 2014-15</td>
<td>92</td>
</tr>
<tr>
<td>3.11</td>
<td>Ayush Medical Education</td>
<td>93</td>
</tr>
<tr>
<td>3.12</td>
<td>Ayurveda (BAMS) Medical Colleges</td>
<td>93</td>
</tr>
<tr>
<td>3.13</td>
<td>Unani (BUMS) Medical Colleges</td>
<td>93</td>
</tr>
<tr>
<td>3.14</td>
<td>Homoeopathy (BHMS) Medical Colleges</td>
<td>94</td>
</tr>
<tr>
<td>3.15</td>
<td>Nature Cure &amp; Yoga Medical Colleges (BNYs)</td>
<td>94</td>
</tr>
<tr>
<td>3.16</td>
<td>Other Activities</td>
<td>94-95</td>
</tr>
</tbody>
</table>
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 Health System Development & Reforms Project (KHSDRP) is headed by the Project Administrator. 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 ZillaPanchayat Sector are done by the District Health and Family Welfare Officer. He is assisted by

1. District Programme Management Officer
2. District TB Officer
3. District Malaria Officer
4. District Family Welfare Officer
5. District Surveillance Officer
6. 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 20 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 Tuberclosis 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:

**Pulse Polio Immunization Programme (PPI)**

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 February 2015 75.11 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)

<table>
<thead>
<tr>
<th>Sl No</th>
<th>Programme/Method</th>
<th>2014-15 Achievement (in lakhs)</th>
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<tr>
<td></td>
<td></td>
<td>Target</td>
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<tr>
<td>A</td>
<td>FAMILY WELFARE</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Sterilization</td>
<td>4.49</td>
</tr>
<tr>
<td>2</td>
<td>IUCD</td>
<td>3.03</td>
</tr>
<tr>
<td>3</td>
<td>CC Users</td>
<td>3.95</td>
</tr>
<tr>
<td>4</td>
<td>OP Users</td>
<td>2.59</td>
</tr>
<tr>
<td>B</td>
<td>IMMUNIZATION</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>BCG</td>
<td>11.29</td>
</tr>
<tr>
<td>7</td>
<td>POLIO</td>
<td>11.29</td>
</tr>
<tr>
<td>8</td>
<td>PENTAVALENT</td>
<td>11.29</td>
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<tr>
<td>9</td>
<td>MEASLES</td>
<td>11.29</td>
</tr>
<tr>
<td>10</td>
<td>T.T.(PW)</td>
<td>12.96</td>
</tr>
</tbody>
</table>

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. Karnataka has achieved the Goal of elimination in the year 2005.

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 0.44/10000 population in 2015.

As on today, the goal of elimination i.e., prevalence rate less than 1/100000 population has been achieved in 30 districts (Chitradurga, Shimoga, Tumkur, Chikmaglur, Dakshina Kannada, Hassan, Kodagu, Bangalore (U), Bangalore ®, Belgaum, , Bagalkot, Haveri, Gulbarga, Uttar Kannada, Gadag, Bidar, Udupi, Mandya, Racihur, Bijapur, Dharwad, Kolar, ,Mysore, Koppal, Chikkaballapur, Yadagir, Bellary, Davanagere&Ramanagar, Chamarajanagar) districts.

Karnataka is considered as a low endemic state up to end of 31/03/2015. At Present there are 2712 on hand. So far 561854 cases have been cured with MDT since 1986.
Infrastructure facilities available for Eradication of Leprosy in Karnataka are as follows:

<table>
<thead>
<tr>
<th>Infrastructure</th>
<th>Nos.</th>
</tr>
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<tbody>
<tr>
<td>Joint Director (Leprosy) -</td>
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</tr>
<tr>
<td>State Survey &amp; Assessment Unit (SSAU)</td>
<td>1</td>
</tr>
<tr>
<td>District Leprosy Officers (DLOs)</td>
<td>30</td>
</tr>
<tr>
<td>National Leprosy Control Centres (NLCCs)</td>
<td>20</td>
</tr>
<tr>
<td>Modified Leprosy Control Units (MLCUs)</td>
<td>09</td>
</tr>
<tr>
<td>Urban Leprosy Centres (ULCs)</td>
<td>48</td>
</tr>
<tr>
<td>Twenty Bedded Hospital Wards</td>
<td>22</td>
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<tr>
<td>Leprosy Training Centres</td>
<td>02</td>
</tr>
<tr>
<td>Leprosy Rehabilitation &amp; Physiotherapy Unit</td>
<td>01</td>
</tr>
<tr>
<td>Non Governmental Organizations (NGOs)</td>
<td>08</td>
</tr>
</tbody>
</table>

**PHYSICAL TARGET AND ACHIEVEMENTS FROM 2011-12 to 2014-15:**

<table>
<thead>
<tr>
<th>Year</th>
<th>Target</th>
<th>Target</th>
<th>Ach</th>
<th>%</th>
<th>Target</th>
<th>Ach</th>
<th>%</th>
<th>PR</th>
<th>Deformity Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011-12</td>
<td>-</td>
<td>3718</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>3491</td>
<td>-</td>
<td>0.46</td>
<td>3.63</td>
</tr>
<tr>
<td>2012-13</td>
<td>-</td>
<td>3436</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>3355</td>
<td>-</td>
<td>0.45</td>
<td>3.28</td>
</tr>
<tr>
<td>2013-14</td>
<td>-</td>
<td>3461</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>3295</td>
<td>-</td>
<td>0.45</td>
<td>3.72</td>
</tr>
<tr>
<td>2014-15 up to Mar 2015</td>
<td>-</td>
<td>3314</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>3260</td>
<td>-</td>
<td>0.44</td>
<td>4.41</td>
</tr>
</tbody>
</table>

Integration of leprosy with general health services

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 31 Blocks as on 31st March 2015. The Special Activity is done in all these blocks during this year 2014-15. Following welfare measures are taken for persons affected by leprosy so far.
Welfare measures for the Persons Affected by Leprosy

1. 134 Reconstructive Surgery Operations done as on 31st March 2015 ₹ 8000/- paid as incentive for RCS undergone Persons Affected by Leprosy.

2. Micro Cellular Rubber Footwear provided to 3107 Persons Affected by Leprosy (PALs).

3. 1630 Self care kits provided to foot ulcer cases.

4. 205 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 ₹ 500/bed for adults and ₹ 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 2014-15

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 2016 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.

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 635 lakhs under RNTCP from July 2004 onwards.

1. Total 149 TB Units are created One TB unit for every 5 lakh population (2.5 in hilly, forest and difficult areas)
2. Total 678 DMCs are created. For 1 lakh population (50000, in hilly forest and difficult areas) & in all 44 Medical colleges and in private sector.

3. 730 contractual staff in various cadres recruited under RNTCP in Karnataka.

4. Programmatic Management of drug resistant TB cases:- The entire Karnataka is covered with PMDT programme. There are 2 diagnostic facilities at RGICD, Bangalore (functional) and KIMS Hubli (shortly functional). There are 5 in patient facility (DR-TB Centers) at KIMS Hubli, RGICD Bangalore, DH-Gulbarga, PKTB Mysore, VIMS Bellary and one DR TB Center is planned at DH- Mangalore. 5 Genexpert machines for diagnosing MDR TB has been established in Microbiology Dept. of KMC, Manipal, SRL Labs and KIMS Hubli.

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

1. Number of Non Government organizations-180
2. Private practitioners -7573
3. Railway Hospital -15
4. ESI Hospital – 74
5. Other Hospital – 32

Involvement of Medical colleges

All the 44 Medical colleges are involved under RNTCP.( Govt. 10, Private -34). 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.

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 aimed at reducing the prevalence of Blindness to 0.3% by 2020. After a series of measures like Cataract surgeries through Govt. and Voluntary sectors, School Eye Screening program, the program has succeeded in reducing the prevalence to about 1.9%.
1. The Karnataka State Health and FW Society (Blindness Control Division) is working under NHM.

2. District Health & FW Society (Blindness Control Division) has been formed in all 30 districts. Chief Executive Officer, ZillaPanchayat of the respective district is the Chairman and District Programme Manager (Blindness Control Division) is the Member Secretary of this Society.

3. Cataract surgeries are performed in Government Hospitals and through Voluntary organizations. This is an important activity of NPCB. Every year Higher Primary school teachers are trained in primary eye screening under School Eye Screening programme. Poor students with Refractive errors are being provided with free spectacles by District Health & FW Society.

4. 1 District Hospital and 3 General hospitals have been developed to provide surgical facilities.

5. 4 Government Eye Banks are functioning at Minto Hospital, Bangalore, KR Hospital, Mysore, District Hospital, Belgaum & Command Hospital, Bangalore apart from 37 Eye Banks in Pvt. Sector to provide Enucleating and grafting services. Infrastructure of the 9 Eye Banks has been strengthened by providing Ophthalmic equipments & vehicles.

6. 170 Vision Centres were developed by providing ophthalmic equipments as per the guidelines for vision screening to identify Glaucoma, Cataract, Refractive error, and other eye diseases.

7. 426 Primary Health Centres are provided with paramedical ophthalmic assistants.

8. 4,04,563 cataract operations have been done against targeted 3,63,661 during 2014-15 (89.89% of target achieved).

9. 33,45,898 children were screened under school eye screening programme, 49,283 children were detected with refractive error and 37,786 children have been given spectacles during 2014-15.

10. Against target of 5600, 3938 eye balls have been collected (71.60%) during 2014-15.

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 2012-13 HIV prevalence in ANC clients of >1% has been reported in Mandya and Chamrajnagar districts.

16 districts have reported HIV prevalence between 0.5 to 0.9% and 12 districts have reported <0.5%.

**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 2012-13 was 0.53%. HIV prevalence among the ANC attendees indicates decline in adult HIV prevalence in the state from 1.5% in 2004 to 0.12% in 2013-14. HIV prevalence level (2012-13) among Female Sex Workers (FSW), Men who have Sex with Men (MSM), Injecting Drug Users (IDU) and Transgender is 0.27%, 0.4%, 0.16% and 0.9% respectively. HIV prevalence among migrants has been reported to be 0.23% and among truckers has been found to be 0.06%.

**Tested and found positive in ICTC**

<table>
<thead>
<tr>
<th>Year</th>
<th>Target</th>
<th>General clients</th>
<th></th>
<th>ANC</th>
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</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Target</td>
<td>% Achieve ment</td>
<td>% Positivity</td>
<td>Target</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tested</td>
<td>+ve</td>
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<tr>
<td>2011-12</td>
<td>1000000</td>
<td>1179801</td>
<td>39477</td>
<td>3.35%</td>
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</tr>
<tr>
<td>2012-13</td>
<td>1491400</td>
<td>1239661</td>
<td>33611</td>
<td>2.71%</td>
<td>1207268</td>
</tr>
<tr>
<td>2013-14</td>
<td>1467137</td>
<td>16,59,924</td>
<td>29,461</td>
<td>1.77%</td>
<td>1292519</td>
</tr>
<tr>
<td>2014-15</td>
<td>1540494</td>
<td>19,11,929</td>
<td>26509</td>
<td>1.39%</td>
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</table>

**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 86413 Female Sex Workers (FSWs) under targeted interventions, 27963 Men who have sex with Men (MSM) and 1796 Transgender. The TI is funded by NACO through KSAPS. There are 4 IDU programmes in Karnataka. 3 in Bangalore & 1 in Kolar covers 1804 IDUs.
Bridge TI (Migrant & Truckers)

The 19 migrant TI projects in Karnataka covers 2,10,000 migrants. 7 truckers TIs cover a population of 80,000 long distance male trucke. The Truckers program is implemented at Transhipment Locations.

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 2015 a total of 2315 ICTC and F-ICTC centers are functioning in the State.

During 2012-13, 12,39,661 General clients were counselled and tested with a positivity rate of 2.71% and 9,62,034 ANCs were counselled and tested with a positivity rate of 0.19% in ICTCs. From April-14 to March 2015, 19,11,929 General clients were counselled and tested with a positivity rate of 1.39% and 1253212 ANCs were counselled and tested with a positivity rate of 0.10% in ICTCs.

Care Support & Treatment

During 2014-15, 63 ART + 1 FI ART centers and 114 Link ART centers and 82 Link Plus ART centers have been functioning. The cumulative number of HIV cases registered at ART centers till March-2015 were 2,68,057 out of which, 1,18,607 cases are alive and on ART.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Adult Male</th>
<th>Adult Female</th>
<th>TS/TG</th>
<th>Child Male</th>
<th>Child Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre ART Registration</td>
<td>127102</td>
<td>123191</td>
<td>603</td>
<td>9372</td>
<td>7789</td>
<td>268057</td>
</tr>
<tr>
<td>Ever Started on ART</td>
<td>86860</td>
<td>80471</td>
<td>316</td>
<td>5201</td>
<td>4111</td>
<td>176959</td>
</tr>
<tr>
<td>Alive on ART</td>
<td>52392</td>
<td>58590</td>
<td>210</td>
<td>4107</td>
<td>3308</td>
<td>118607</td>
</tr>
<tr>
<td>Reported Death</td>
<td>25358</td>
<td>14636</td>
<td>74</td>
<td>711</td>
<td>550</td>
<td>41329</td>
</tr>
</tbody>
</table>

Information, Education & Communication

Information, Education and Communication is one of main activities in enhancing knowledge base among the general population on HIV and AIDS. The relevant, factual information on HIV and AIDS enables the people in general to make informed choices. The entire set of IEC activities contribute substantially in the efforts of halt and reverse HIV infection in the State.

To create awareness among the general population different media like mass media – Radio, Television, community radio, Newspaper, advertisement in cinema theatres, print media, folk media through various folk forms and also as innovative, tribal shows were performed in tribal areas by tribal troupes, outdoor media like branding of buses, hoardings, audio advertisement in bus/railway stations, bulk
SMS campaign, Door to Door campaign was conducted at Mandya district in 2 talukas covering around 1,25,000 households through 800 volunteer.

Under Adolescent Education Programme, roll out of 5398 schools covering 655304 students were sensitized on awareness of HIV/AIDS across the State. 1527 Red Ribbon Clubs are formed across the State.

The focus of Mainstreaming is to integrate HIV/AIDS into other Government Departments to prevent HIV among those who are at risk and to provide Social benefits to PLHIV through the existing Schemes. During 2014-15, a total of 2,16,729 members belonging to Jail inmates, Anganwadi workers, ASHA workers, Police Department staff, Education department staff, Rural development department staff etc were sensitized. During world AIDS Day, PLHIV conference was conducted during which the issues of PLHIV and MARPS were discussed. Joint working Groups were formed in the State with major 8 major departments, during the year. and DAPCU Single window model was also implemented in all 30 districts of Karnataka. Under Door to camp again in Mandya, KSAPS conducted sensitization for different category people and around 1200 members were trained.

**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 184 registered blood banks in Karnataka of which 66 are supported by NACO. Out of 184 Blood Banks, 40 are in Government Sector, 36 are in Voluntary/Charitable sector, 11 are stand alone, 5 IRCS Blood banks and 92 are Private Hospital based Blood Banks.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total blood units collection</td>
<td>594512</td>
<td>660138</td>
<td>619617</td>
<td>754485</td>
</tr>
<tr>
<td>Blood units collected from Voluntary Donors  (VBD)</td>
<td>393694</td>
<td>430112</td>
<td>404531</td>
<td>519260</td>
</tr>
</tbody>
</table>

**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, Filaria, Japanese Encephalitis, Dengue and Chickungunya. Programme is being implemented as per the guidelines of Government of India to achieve the following goals set under National Health Policy 2002 viz., goal of reducing mortality due to malaria and other vector borne diseases by 50% by the year 2013 and a further 25% by 2015 and elimination of lymphatic Filariasis by the year 2015.

**Malaria Control Programme**

The main objectives of malaria control programme are
1. To prevent deaths occurring due to Malaria.

2. To bring down the Annual Parasite Incidence to less than 1 as State is in pre elimination phase.

3. To encourage Community participation in Malaria Control.

4. 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 Behaviour, insecticide susceptibility, social mobilization and capacity building, monitoring and evaluation. Physical progress achieved are as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>B/S Collected &amp; Examined</th>
<th>Malaria Cases</th>
<th>Pf Cases</th>
<th>Radical Treatment</th>
<th>Deaths due to Malaria</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>9205620</td>
<td>24237</td>
<td>2648</td>
<td>24007</td>
<td>0</td>
</tr>
<tr>
<td>2012</td>
<td>9109193</td>
<td>16446</td>
<td>1278</td>
<td>16417</td>
<td>0</td>
</tr>
<tr>
<td>2013</td>
<td>8707752</td>
<td>13302</td>
<td>967</td>
<td>13281</td>
<td>0</td>
</tr>
<tr>
<td>2014</td>
<td>9805708</td>
<td>14794</td>
<td>1329</td>
<td>14456</td>
<td>2</td>
</tr>
<tr>
<td>Up to March 2015</td>
<td>2032619</td>
<td>2143</td>
<td>196</td>
<td>1929</td>
<td>0</td>
</tr>
</tbody>
</table>

PS: During 2014, 76% decline in Malaria is achieved compared to 2006 as per National goal.

**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.

<table>
<thead>
<tr>
<th>Year</th>
<th>B.S. Examined</th>
<th>Total of MPP cases</th>
<th>Total P.F. cases</th>
<th>Total R.T. given</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>82972</td>
<td>218</td>
<td>11</td>
<td>216</td>
</tr>
<tr>
<td>2012</td>
<td>75233</td>
<td>83</td>
<td>4</td>
<td>83</td>
</tr>
<tr>
<td>2013</td>
<td>92355</td>
<td>66</td>
<td>2</td>
<td>66</td>
</tr>
<tr>
<td>2014</td>
<td>108792</td>
<td>39</td>
<td>4</td>
<td>39</td>
</tr>
<tr>
<td>Up to March 2015</td>
<td>22356</td>
<td>8</td>
<td>0</td>
<td>8</td>
</tr>
</tbody>
</table>
**Filaria (N F C P)**

Filaria Control activities are being implemented in Filaria endemic districts of Gulbarga, Bagalkot, Bidar, Yadgir, Raichur, Dakshina Kannada, Udupi & Uttara Kannada. 8 Filaria control units, 25 Filaria Clinics and 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 of National Filaria Control Programme are as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>B.S. examined</th>
<th>Total &amp; No. of Micro Filaria cases detected</th>
<th>Total No. of disease cases</th>
<th>Total No. of cases given treatment</th>
<th>Micro Filaria rate %</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>157401</td>
<td>399</td>
<td>3290</td>
<td>3689</td>
<td>0.25</td>
</tr>
<tr>
<td>2012</td>
<td>142779</td>
<td>281</td>
<td>3396</td>
<td>3677</td>
<td>0.20</td>
</tr>
<tr>
<td>2013</td>
<td>138318</td>
<td>268</td>
<td>3287</td>
<td>3555</td>
<td>0.19</td>
</tr>
<tr>
<td>2014</td>
<td>131993</td>
<td>489</td>
<td>3071</td>
<td>3560</td>
<td>0.37</td>
</tr>
<tr>
<td>March-2015</td>
<td>35881</td>
<td>91</td>
<td>233</td>
<td>324</td>
<td>0.25</td>
</tr>
</tbody>
</table>

**Mass Drug Administration (MDA) for elimination Lymathatic Filarisis**

To achieve the National Goal of elimination of Lymphatic Filarisiasis by 2015, 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 Gulbarga, Bidar, Bagalkote, Yadagir, Bijapur, 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 is as follows**

<table>
<thead>
<tr>
<th>Year</th>
<th>% covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>5th June 2004</td>
<td>85.22%</td>
</tr>
<tr>
<td>11th November 2005</td>
<td>89.88%</td>
</tr>
<tr>
<td>28th July 2007</td>
<td>90.33%</td>
</tr>
<tr>
<td>15th November 2007</td>
<td>90.66%</td>
</tr>
<tr>
<td>15th November 2008</td>
<td>90.92%</td>
</tr>
<tr>
<td>14th December 2009</td>
<td>89.30%</td>
</tr>
<tr>
<td>10th January 2011</td>
<td>91.84%</td>
</tr>
<tr>
<td>23rd January 2012</td>
<td>92.00%</td>
</tr>
<tr>
<td>5th March 2013</td>
<td>93.80%</td>
</tr>
<tr>
<td>14th December 2014</td>
<td>76.70%</td>
</tr>
</tbody>
</table>
Micro filarial rate which was 1% during 2000 is brought down to 0.19% during 2013. Transmission assessment survey was conducted in the districts of Udupi to know the impact of MDA and to decide about stoppage of MDA.

**Japanese Encephalitis (JE)**

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

<table>
<thead>
<tr>
<th>Year</th>
<th>AES (Suspected)</th>
<th>AES Cases</th>
<th>Deaths</th>
<th>JE</th>
<th>JE Cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>397</td>
<td>0</td>
<td>23</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>370</td>
<td>2</td>
<td>20</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>300</td>
<td>0</td>
<td>11</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>133</td>
<td>0</td>
<td>34</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Up to March 2015</td>
<td>49</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>District</th>
<th>Year</th>
<th>Target</th>
<th>Achievements</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bellary</td>
<td>June 2006</td>
<td>720517</td>
<td>535613</td>
<td>74.33%</td>
</tr>
<tr>
<td>Kolar</td>
<td>July 2007</td>
<td>798392</td>
<td>626268</td>
<td>78.44%</td>
</tr>
<tr>
<td>Raichur</td>
<td>July 2007</td>
<td>595975</td>
<td>493884</td>
<td>82.44%</td>
</tr>
<tr>
<td>Mandya</td>
<td>Aug 2008</td>
<td>495000</td>
<td>412501</td>
<td>83.33%</td>
</tr>
<tr>
<td>Koppal</td>
<td>July 2008</td>
<td>425241</td>
<td>296730</td>
<td>69.78%</td>
</tr>
<tr>
<td>Bijapur</td>
<td>June 2009</td>
<td>6516110</td>
<td>464147</td>
<td>71.23%</td>
</tr>
<tr>
<td>Dharwad</td>
<td>June 2009</td>
<td>546352</td>
<td>474521</td>
<td>86.85%</td>
</tr>
<tr>
<td>Chitradurga</td>
<td>Nov-2013</td>
<td>560290</td>
<td>329625</td>
<td>58.83%</td>
</tr>
<tr>
<td>Davanagere</td>
<td>Nov-2013</td>
<td>506725</td>
<td>379072</td>
<td>74.81%</td>
</tr>
</tbody>
</table>

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, Bijapur and Dharwad districts, and the programme is now included under routine immunization programme in these districts.
Dengue fever/DHE

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 aegypti mosquitoes in domestic and peri-domestic situations in water storages 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. Details of incidence of dengue fever till March 2015 are as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Positives</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>405</td>
<td>5</td>
</tr>
<tr>
<td>2012</td>
<td>3924</td>
<td>21</td>
</tr>
<tr>
<td>2013</td>
<td>6408</td>
<td>12</td>
</tr>
<tr>
<td>2014</td>
<td>3358</td>
<td>2</td>
</tr>
<tr>
<td>March 2015</td>
<td>252</td>
<td>0</td>
</tr>
</tbody>
</table>

Chickungunya

Chickungunya was first of its kind noticed in Karnataka during 2006 which has widely spread both in Urban and Rural areas through Aedeasegypt 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.

Details of Chickungunya incidence till 2014-15 were as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Affected</th>
<th>Suspected cases</th>
<th>No. of Blood Samples collected</th>
<th>No. of cases Confirmed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Districts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Taluks</td>
<td>PHCs</td>
<td>Villages</td>
<td>Population</td>
</tr>
<tr>
<td>2011</td>
<td>23</td>
<td>98</td>
<td>291</td>
<td>376</td>
</tr>
<tr>
<td>2012</td>
<td>30</td>
<td>78</td>
<td>224</td>
<td>351</td>
</tr>
<tr>
<td>2013</td>
<td>28</td>
<td>109</td>
<td>432</td>
<td>647</td>
</tr>
<tr>
<td>2014</td>
<td>30</td>
<td>135</td>
<td>564</td>
<td>929</td>
</tr>
<tr>
<td>March 2015</td>
<td>22</td>
<td>90</td>
<td>150</td>
<td>174</td>
</tr>
</tbody>
</table>
Achievements for control of Chickungunya cases till 2014-15 are (1) Chickungunya cases have been brought down drastically in the State; (2) 29 Sentinel Surveillance Laboratories have been established across the state for diagnosis of Dengue an Chickungunya; (3) Blood samples received not only from Government Institutions but also from private sectors and these tests are being tested free of cost; (4) Aedes surveillance and source reduction activities are being carried out in 3091 Gram Panchayaths limits by engaging “Breeding checkers “; and (5) 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.

1. Revised National Tuberculosis Control Programme
2. National Leprosy Eradication Programme
3. National AIDS Control Programme
4. Universal Immunization Programme
5. National Guinea worm Eradication Programme
6. Yaws Control Programme
7. Integrated Disease Surveillance Programme

**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 Typhoid
3. Viral Hepatitis
4. Kyasanur Forest Disease
5. Leptospirosis
6. Anthrax
7. Plague
8. H1N1 (Influenza-A)

b. Other Programmes:
1. Handigodu Syndrome
2. Dog bite
3. Snake bite
4. Guinea Worm Eradication Programme

**Progress Achieved year wise 2011 To 2014 (January to December) & 2015 (January to March-15)**

<table>
<thead>
<tr>
<th>Diseases/Programme</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Attacks</td>
<td>Deaths</td>
<td>Attacks</td>
<td>Deaths</td>
<td>Attacks</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>70167</td>
<td>43</td>
<td>67514</td>
<td>40</td>
<td>106237</td>
</tr>
<tr>
<td>Cholera</td>
<td>144</td>
<td>0</td>
<td>222</td>
<td>2</td>
<td>259</td>
</tr>
<tr>
<td>Typhoid</td>
<td>44708</td>
<td>5</td>
<td>47897</td>
<td>1</td>
<td>50428</td>
</tr>
<tr>
<td>Viral Hepatitis</td>
<td>7583</td>
<td>17</td>
<td>11120</td>
<td>8</td>
<td>3971</td>
</tr>
<tr>
<td>KFD</td>
<td>18</td>
<td>1</td>
<td>99</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>Leptospirosis</td>
<td>524</td>
<td>12</td>
<td>462</td>
<td>8</td>
<td>355</td>
</tr>
<tr>
<td>H1N1</td>
<td>108</td>
<td>16</td>
<td>878</td>
<td>48</td>
<td>122</td>
</tr>
<tr>
<td>Handigodu Syndrome</td>
<td>573</td>
<td>15</td>
<td>564</td>
<td>9</td>
<td>536</td>
</tr>
<tr>
<td>Dog Bites</td>
<td>204163</td>
<td>15</td>
<td>213066</td>
<td>12</td>
<td>219927</td>
</tr>
<tr>
<td>Snake Bites</td>
<td>11678</td>
<td>239</td>
<td>9737</td>
<td>136</td>
<td>9199</td>
</tr>
</tbody>
</table>

**Plague Control Programme**

<table>
<thead>
<tr>
<th>Surveillance</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015 Jan to March</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rodent collection</td>
<td>3345</td>
<td>1591</td>
<td>1088</td>
<td>889</td>
<td>220</td>
</tr>
<tr>
<td>Sera Collection &amp; Examined</td>
<td>2611</td>
<td>1516</td>
<td>1033</td>
<td>889</td>
<td>220</td>
</tr>
<tr>
<td>REP Survey in</td>
<td>29</td>
<td>22</td>
<td>55</td>
<td>18</td>
<td>6</td>
</tr>
</tbody>
</table>

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

Handigodu Syndrome disease prevalent only in Shimoga and Chikkamagalare Districts. (Cases under treatment)

1. Shimoga District  229
2. Chikkamagalore District  294

TOTAL CASES  523

Kyasanur Forest Disease

Kyasanur Forest Disease (KFD) is reported from these 4 Districts in Karnataka

1. Shimoga
2. Chikkamagalore
3. Dakshina Kannada
4. Uttara Kannada.

| SI NO | Name of the District   | 2014       | 2015  
|-------|------------------------|-----------|-------
|       |                        | Cases     | Deaths | Cases | Deaths |
| 1     | Shimoga                | 143       | 1      | 32    | 0      |
| 2     | U.Kannada              | 17        | 0      | 0     | 0      |
| 3     | Dakshina Kannada       | 01        | 0      | 0     | 0      |
| 4     | Chikkamagalore         | 01        | 0      | 0     | 0      |
| Total |                        | 162       | 1      | 32    | 0      |

H1N1 (Influenza-A)

Comparative Statement of H1N1 Samples Tested and Confirmed cases

<table>
<thead>
<tr>
<th>SI No</th>
<th>Particulars</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015 (Jan to March)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Specimen Examined</td>
<td>8504</td>
<td>12952</td>
<td>2699</td>
<td>4472</td>
<td>1870</td>
<td>2349</td>
<td>7523</td>
</tr>
<tr>
<td>2</td>
<td>H1N1 cases confirmed by lab test</td>
<td>1799</td>
<td>2552</td>
<td>108</td>
<td>878</td>
<td>122</td>
<td>303</td>
<td>2813</td>
</tr>
<tr>
<td>4</td>
<td>Reported deaths</td>
<td>135</td>
<td>120</td>
<td>16</td>
<td>48</td>
<td>19</td>
<td>34</td>
<td>85</td>
</tr>
</tbody>
</table>
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 2014-15

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.
Guinea Worm Eradication Programme Financial Progress- Financial and physical progress for the year of 2009 to 2014-15

<table>
<thead>
<tr>
<th>Year</th>
<th>Financial progress (₹ In lakhs)</th>
<th>Physical progress (Population in Lakhs)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Budget</td>
<td>Expenditure</td>
</tr>
<tr>
<td>2009-10</td>
<td>8.00</td>
<td>5.63</td>
</tr>
<tr>
<td>2010-11</td>
<td>16.00</td>
<td>4.27</td>
</tr>
<tr>
<td>2011-12</td>
<td>12.00</td>
<td>4.79</td>
</tr>
<tr>
<td>2012-13</td>
<td>12.00</td>
<td>6.90</td>
</tr>
<tr>
<td>2013-14</td>
<td>12.00</td>
<td>8.91</td>
</tr>
<tr>
<td>2014-15</td>
<td>Search Programme not done</td>
<td></td>
</tr>
</tbody>
</table>

Any notable information to be mentioned in the Performance Budget

The Communicable Diseases unit is entrusted with the task of not only controlling the waterborne communicable diseases but also preventing these diseases in the form of epidemics and minimizing the morbidity and mortality (Human suffering and deaths).

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 34.52 lakhs pregnant women and 18.89 lakhs 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.

Mobile Medical Clinic

In order to reach health services to the door steps of the remorse 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 for 19 units are operational in the State.

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)**

This programme provides free pre-hospital stabilization and referral transport in case of medical, Police, and Fire emergencies. 711 ambulances have been deployed across the State under the programme. 6,95,061 emergencies, 43119 pregnancy related cases are attended during the year 2014-15 and 27,733 lives are saved during the year 2014-15.

**Arogyasahayavani(104)**

People (Citizens) from any part of the state can avail their service by calling 104 Round the clock throughout the year, after the launch of 104 services in the state a round of 10000 calls day and more than 35,63,193 calls have been received by the services and helped the people by giving(suggestions) to their health related queries.

**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 Gol, 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 linen 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 ₹ 1380.
**PrasootiAraike**

This is one of the four components of Samagra Mathru Aarogya Palane (Thayi Bhagya) Scheme, out of which, the three components, Viz., Prasoothi Araike, ThayiBhagya and ThayiBhagya Plus are 100 % Government of Karnataka funded schemes. Prasoothi Araike 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 ₹ 1000 in two instalments, the 1st instalment is provided to the Pregnant Women during her 4-6 months’ pregnancy and the 2nd instalment of ₹ 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 ₹ 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, ₹ 350 for drugs, (₹ 1600 for C-Section deliveries), ₹ 200 for diagnostics, ₹ 150 for free diet (₹ 350 in C-Section Deliveries) and ₹ 250 for referral transport is provided.

**Vajapayee Arogya Shree**

BPL families who are affected by catastrophic diseases like cancer, cardiology, Neurology, renal failure, burns, ploytrumaetc,.are provided free cashless treatment in the identified hospitals upto ₹ 2.00 lakhs on family floater basis. The Scheme is being implemented in all the Districts of the State.

**Suvarna Arogya Chaitanya**

Under this programme, around one crore school children (both Private and Govt. sector) are medically screened and children needing surgeries are provided surgical treatment at free of cost in empanelled hospitals under Yeshaswini Scheme.
1.3. **Rashtriya BalSwasthya Karyakram (School Health Programme)**

School Health Programme has subsumed under Rashtriya Bal Swasthya Karyakram (RBSK). This programme commenced from the year of 2013-14. Under this programme two school health teams are constituted in each taluk so as to conduct medical examination of 0 to 18 years children. The team consists of 2 Medical Officers, 1 Staff Nurse and 1 Ophthalmic Assistant, the main aim of this programme is to conduct medical examination intermittently so as to make the children healthy.

Rashtriya Bal Swasthya Karyakram (RBSK) is implemented in the State in all rural and urban areas children studying in 1st to 10th standard in Government, Aided, Un-aided and Residential schools. As per the guidelines, the DHOs are implementing this programme successfully.

**The activities are as follows:**

1. Medical Examination of the 6 months to 5 years Children in Aganwadi Centres.

2. Medical Examination of the students of 1st to 10th std.

3. Medical Examination regarding 4 Ds (Diseases, Deficiencies, Disability and Developmental delays) under the age group 0 to 18 years.

4. Providing treatment for minor ailments.

5. Students requiring specialist care are referred to nearest hospital regularly.

6. Health Education to teachers as well as students regarding personal hygiene, environmental sanitation, safe drinking water and use of latrines are being taught regularly.

7. Teachers training on School Health are being conducted at Primary Health Centre level.

8. First Aid Kits are supplied under NHM Scheme.

This is the programme being implemented in co-ordination with Department of Public Instruction.


<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Kind of Activities</th>
<th>Annual target (as per DHOs report)</th>
<th>Cumulative Achievement</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Medical Examination of Students of 1st to 10th Std.</td>
<td>28376296</td>
<td>9209838</td>
<td>32.45%</td>
</tr>
</tbody>
</table>
During 2014-15, 1 to 10\textsuperscript{th} standard out of 28376296 target students, 9209838 Students of Government Schools were examined and 599 Students (April-14 to November-14) have undergone for different surgeries.

**ARSH Programme**

ARSH Programme was implemented in all the Districts from 2010-11. District Training Centers and HFWTCs are conducting Medical & Para Medical Staff Training on ARSH Programme as per Government of India Guidelines under the direct supervision and guidance by the Director, State Institute of Health & FW, Bangalore. SNEHA Clinics are conducted on every Thursday and Saturday between 3.00pm to 5.00pm at all Health Institutions. Out of 82449 adolescents registered, 58399 adolescents were given services at SNEHA clinics. And 2393 adolescents were referred for treatment at different hospitals. (ICTC, PPTC, RTI / STI etc.).

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

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 500 \( \mu \text{g} \) 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 10-19 years for all Government and Government Aided School Children from 6\textsuperscript{th} to 10\textsuperscript{th} std.

**Strategies**

1. Administration of Weekly Iron and Folic Acid Supplementation (WIFS). Each IFA tablet containing 100mg elemental iron and 500\( \mu \text{g} \) folic acid for 52 weeks in a year.

2. Screening of target groups for moderate/severe anaemia and referring these cases to an appropriate health facility.
3. Biannual de-worming (Albendazole 400mg), six months apart, for control of worm infestation.

“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 2014-15 a sum of ₹ 1358.43 lakhs is earmarked under Head of account 2210-01-200-0-04 for providing 32.50 lakhs adolescent girls 13 packets of sanitary napkins containing 10 pads in each packet per year to promote menstrual hygiene among adolescent girls.

SAKAALA Guaranteed services rendered

Health & Family Welfare Department has been notified for SAKAALA Service Guarantee to provide four Services namely Issue of Age Certificate, Wound Certificate, Disability Certificate and Sterilization Certificate with Discharge
summary. SAKAALA has been up-scaled to the whole state from 02 April 2012, 80,093 services have been rendered as on 16.6.2015.

### Beneficiaries of Health Programmes as on 31.03.2015

<table>
<thead>
<tr>
<th>Sl.No</th>
<th>Programmes</th>
<th>2012-13</th>
<th>2013-14</th>
<th>2014-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Prasuti Araike</td>
<td>514327</td>
<td>485795</td>
<td>246219</td>
</tr>
<tr>
<td>2</td>
<td>Madilu</td>
<td>313332</td>
<td>323155</td>
<td>271815</td>
</tr>
<tr>
<td>3</td>
<td>Thayi Bhagya</td>
<td>38832</td>
<td>42471</td>
<td>37194</td>
</tr>
<tr>
<td>4</td>
<td>Janani Suraksha Yojane</td>
<td>285500</td>
<td>383251</td>
<td>411423</td>
</tr>
<tr>
<td>5</td>
<td>Suvarna Arogya Chaitanya</td>
<td>942</td>
<td>1365</td>
<td>683</td>
</tr>
<tr>
<td>6</td>
<td>Arogya Kavacha</td>
<td>509440</td>
<td>565709</td>
<td>695061</td>
</tr>
<tr>
<td>7</td>
<td>Dialysis</td>
<td>19239 Cycles</td>
<td>46315 Cycles</td>
<td>54740 Cycles</td>
</tr>
<tr>
<td>8</td>
<td>Telemedicine</td>
<td>18603</td>
<td>34624</td>
<td>41414</td>
</tr>
<tr>
<td>9</td>
<td>Vajapaye Arogya Shree</td>
<td>19009</td>
<td>32212</td>
<td>38223</td>
</tr>
<tr>
<td>10</td>
<td>Geriatric</td>
<td>11549</td>
<td>58650</td>
<td>91346</td>
</tr>
<tr>
<td>11</td>
<td>Burns Cases</td>
<td>926</td>
<td>1076</td>
<td>980</td>
</tr>
<tr>
<td>12</td>
<td>Extended Thayi Bhagya</td>
<td>11256</td>
<td>15081</td>
<td>6772</td>
</tr>
</tbody>
</table>

1.4. **Health Indicators as per Sample Registration Survey 2013**

1. Reduction in Infant Mortality Rate from 95 in 1971 to 31 (SRS 2013)
2. MMR has been reduced from 213 to 144 for 1 lakh live births.
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 18.3 (SRS 2013)
5. Decline of crude death rate from 22.2 in 1961 to 7.0 (SRS 2013)

**Milestones for 2014-15**

1. Incentive from the State Government in addition to the incentive available from Government of India to 35,000 ASHA worker.
2. Establishment of Dialysis Unit at one Taluk Hospital in each District.

1.5. **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:

<table>
<thead>
<tr>
<th>Hospitals</th>
<th>No. of Institutions</th>
<th>No. of Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>District Hospitals</td>
<td>20</td>
<td>7859</td>
</tr>
<tr>
<td>Other Hospitals under HFW</td>
<td>11</td>
<td>2468</td>
</tr>
<tr>
<td>Teaching &amp; Autonomous Hospitals (including Medical Education)</td>
<td>29</td>
<td>17008</td>
</tr>
</tbody>
</table>

**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 21 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 ₹ 5000/- per annum. There are presently 8871 Sub-Centres in the State.

1.6. **Family Welfare Services**

**Reproductive and Child Health Programme**

Family welfare Programme is implemented in the state as Reproductive and Child Health (RCH) Programme since October 1997. It is implemented in the State as 100 % Centrally Sponsored Scheme. The objective of the programme is not only to have stabilization in population but also to improve the health state of Mother and Child. It includes interventions against Reproductive tract infection and sexually transmitted infection.

Karnataka deserves a special mention in the history of Family Planning Programme due to the pioneering steps taken as early as 1930s by the then
Maharaja of Mysore through establishment of Birth Control Clinics at Vani Vilas Hospital Bangalore and at Cheluvamba Hospital, Mysore. These were the first Family Welfare centres in the country. Karnataka has been fairly successful in the implementation of the programme, scaling more heights than many a major state. In many of the demographic indicators, Karnataka has bettered the national average.

Family Welfare and MCH Programmes are aimed to achieve:

1. Reduce infant mortality to below 30 per 1000 live births
2. Reduce maternal mortality to below 100 per one lakh live births
3. Promote vigorously the small family norm to achieve replacement levels of TFR
4. Address the unmet needs of basic reproductive and child health services, supplies and infrastructure.

Karnataka State has credited itself extremely well in the implementation of the Reproductive and Child Health Programme. The other notable achievements are enumerated below.

1. Reduction in Infant Mortality Rate from 95 in 1971 to 31 (SRS 2013)
2. MMR has been reduced from 213 to 144 for 1 lakh live births.
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 18.3 (SRS 2013)
5. Decline of crude death rate from 22.2 in 1961 to 7.0 (SRS 2013)

The success of the programme (Reproductive and Child Health Services) and the attainment of goals can materialize faster only if it becomes a people's programme. In due recognition of this, a paradigm shift has been ushered in, according to which the needs of the community are assessed and incorporated in the action plans formulated for implementing the programme.

Now planning for RCH services has started at the Sub-centre level and goes up to centre level. In other words, instead of the previous “Centre to sub centre” approach, we have the “sub centre to centre” i.e. bottom up approach now. In this process, quality of service also gets sufficient priority and ensures desired impact.

The Family Planning Programme has crossed several milestones absorbing new schemes and interventions like Expanded Immunization Programme (E.I.P), Universal Immunization Programme (U.I.P), Child Survival and Safe Motherhood, (C.S.S.M), Oral Rehydration Therapy (ORT). It is with the “REPRODUCTIVE AND CHILD HEALTH SERVICES” Programme that it is entering a totally new era with a new name, look and thrust. In deference to the decisions of the International Conference on Population and Development, held at Cairo in 1994, the emphasis is
now on providing quality-conscious Reproductive and Child health Services more effectively by encouraging the community voluntary involvement for achieving faster result rather than on mere Family Planning. The RCH Programme encompasses fertility regulation, child survival and safe motherhood, management of reproductive tract infections and sexually transmitted infections and a life cycle approach to women’s reproductive health problems. Apart from services, its significant components are civil works, hiring the services of consultants, operationalizing FRUs, appointing contractual staff for promoting institutional deliveries, provision of equipment and evaluation of the services and facilities.

1.7. 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.

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, Chikmagalur 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.

<table>
<thead>
<tr>
<th>Year</th>
<th>Dialysis Cycles</th>
<th>Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-2013</td>
<td>44536</td>
<td>-</td>
</tr>
<tr>
<td>2013-2014</td>
<td>46315</td>
<td>-</td>
</tr>
<tr>
<td>2014-2015</td>
<td>54740</td>
<td>7831</td>
</tr>
</tbody>
</table>

In 2013-14 Budget speech, Government announced opening of Dialysis centers in one Taluk of each district. The initiation of implementation of the programme was completed, procurement procedure of equipments and instruments is completed and also the training programme for the concerned programme is also completed. In that 15 Taluk hospitals are functioning, remaining 15 centers could
not able to complete before March 2015. But action has been taken to make the Dialysis units functional very shortly.

**Geriatric centers**

Geriatric Programme (vruddapya Arogya sevegalu) was established by the state Govt in FY 2008-09 in Dharwad, Bijapura, Kodagu, Tumkur, Kolar and Chikkamagalur Districts. Under this programme Senior citizens are getting necessary treatment and medicines.

Total beneficiaries from April -2014 to March-2015 are 91346.

**Burns wards**

Burns wards are functional since 2008-09 at 6 District Hospitals in first stage at Gulbarga, Bidar, Bijapur, 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. 980 patients were treated during 2014-15.

**Telemedicine**

Telemedicine facility was started in association with ISRO since 2004. In the First phase they were started in District hospital Chamarajanagar, Mandya, Tumkur, Chitradurga, Shimoga, Karwara, Chikkamalur, Gadag and Taulk hospitals at Maddur, Sagara and Yadgir.Hub centers (Centres from whom expert advice is given) identified are - Jayadeva Institute of Cardiology , ST. John’s Medical college Hospital, Narayana Hrudayalaya, NIMHANS at Bangalore and JSS Hospital at Myosre.During 2008-09 in 2nd Phase Telemedicine centres were started at District hospitals- Kolar, Madikeri, Belgaum, Bellary, Dharwad, Davangere, Gulbarga, Udupi, Bijapura& GH Lingasagur, Raichur District. Hub centres at Bowring and Lady Curzon hospital, Indira Gandhi child health Institute, Institute of Nephro& Urology centre. ISRO was unable to continue V-SAT Connectivity due failure of V-Sat in September 2010. Lateronward functioning through Broad band connectivity.department connectivity established to all the centres along with new centers, they are Wenlock Hospital Mangalore, District hospital Koppal, Haveri& General Hospital Hospete. New hub centres are Kidwai Institute of Oncology, Karnataka Diabetic centre and K.R. hospital, Mysore. 41,414 patients were given expert advice through telemedicine during 2014-15.

In 2013-14 through Keonics with the help of KSWAN connectivity from e-governance department connectivity established to all the centres along with new centers, they are Wenlock Hospital Mangalore, District hospital Koppal, Haveri & General Hospital Hospete. New hub centres are KidwaiInstitute of Oncology, Karnataka Diabetic centre and K R hospital, Mysore.
Year wise Patients treated in details as follows

<table>
<thead>
<tr>
<th>Year</th>
<th>Dialysis (Cycles)</th>
<th>Geriatrics</th>
<th>Burns cases</th>
<th>Telemedicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-2013</td>
<td>44536</td>
<td>8846</td>
<td>992</td>
<td>21369</td>
</tr>
<tr>
<td>2013-2014</td>
<td>46315</td>
<td>58650</td>
<td>1076</td>
<td>34624</td>
</tr>
<tr>
<td>2014-2015</td>
<td>54740</td>
<td>91346</td>
<td>980</td>
<td>41414</td>
</tr>
</tbody>
</table>

1.8. 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:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of the District</th>
<th>No. of Registration Certificate given</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Bagalakote</td>
<td>810</td>
</tr>
<tr>
<td>2</td>
<td>Bangalore (R)</td>
<td>230</td>
</tr>
<tr>
<td>3</td>
<td>Bangalore (U)</td>
<td>6182</td>
</tr>
<tr>
<td>4</td>
<td>Belgaum</td>
<td>2348</td>
</tr>
<tr>
<td>5</td>
<td>Bellary</td>
<td>390</td>
</tr>
<tr>
<td>6</td>
<td>Bidar</td>
<td>354</td>
</tr>
<tr>
<td>Sl. No.</td>
<td>Name of the District</td>
<td>No. of Registration Certificate given</td>
</tr>
<tr>
<td>--------</td>
<td>----------------------</td>
<td>---------------------------------------</td>
</tr>
<tr>
<td>7</td>
<td>Bijapura</td>
<td>865</td>
</tr>
<tr>
<td>8</td>
<td>Chamarajanagar</td>
<td>180</td>
</tr>
<tr>
<td>9</td>
<td>Chikkaballapur</td>
<td>90</td>
</tr>
<tr>
<td>10</td>
<td>Chikkamagalur</td>
<td>259</td>
</tr>
<tr>
<td>11</td>
<td>Chitradurga</td>
<td>383</td>
</tr>
<tr>
<td>12</td>
<td>Dakshinakannada</td>
<td>1696</td>
</tr>
<tr>
<td>13</td>
<td>Davanagere</td>
<td>729</td>
</tr>
<tr>
<td>14</td>
<td>Dharwada</td>
<td>1472</td>
</tr>
<tr>
<td>15</td>
<td>Gadag</td>
<td>568</td>
</tr>
<tr>
<td>16</td>
<td>Gulbarga</td>
<td>650</td>
</tr>
<tr>
<td>17</td>
<td>Hassan</td>
<td>476</td>
</tr>
<tr>
<td>18</td>
<td>Haveri</td>
<td>614</td>
</tr>
<tr>
<td>19</td>
<td>Kodagu</td>
<td>229</td>
</tr>
<tr>
<td>20</td>
<td>Kolar</td>
<td>264</td>
</tr>
<tr>
<td>21</td>
<td>Koppala</td>
<td>305</td>
</tr>
<tr>
<td>22</td>
<td>Mandya</td>
<td>451</td>
</tr>
<tr>
<td>23</td>
<td>Mysore</td>
<td>1480</td>
</tr>
<tr>
<td>24</td>
<td>Raichur</td>
<td>381</td>
</tr>
<tr>
<td>25</td>
<td>Ramnagara</td>
<td>130</td>
</tr>
<tr>
<td>26</td>
<td>Shimoga</td>
<td>625</td>
</tr>
<tr>
<td>27</td>
<td>Tumkur</td>
<td>681</td>
</tr>
<tr>
<td>28</td>
<td>Udupi</td>
<td>985</td>
</tr>
<tr>
<td>29</td>
<td>Uttara Kannada</td>
<td>535</td>
</tr>
<tr>
<td>30</td>
<td>Yadagiri</td>
<td>206</td>
</tr>
<tr>
<td></td>
<td><strong>Grand Total</strong></td>
<td><strong>24568</strong></td>
</tr>
</tbody>
</table>

### 1.9. Health Education and Training

Planning, organizing and implementation of Health activities and School Health Services in the State. Pre-service and In-service training courses are conducted and implementation of mental health programme in selected districts.

1. Medical and Non-Medical officials are deputed for the training courses within and outside the State and Abroad.

2. Arranging exhibitions on Health & FW Programmes at Mysore Dasara Exhibition, Industrial and Agricultural exhibition at Siddaganga in Tumkur District and Hassan Districts and other major Jathras.

3. Celebration of World Health Day Programme on 7th of April every year at State Level and peripheral levels.
4. Deputation of Medical and Paramedical staff for Haj Medical Mission every year.

5. 4 training centres for in service Junior Health Assistants are given training Health Inspector in the Dept. During 2013-14, 268 Medical and 208 Paramedical Staff are deputed for 22 different trainings, conducted by NIHFW, New Delhi.

6. In Karnataka State 4 Regional training centres like Bangalore, Mysore, Gulbarga&Hubli conduct skill based training.

7. Arogyarakshasamithi nomination of non – official member.

1.10. **Mental Health Programme**

Govt. of India funded District Mental Health Programme is implemented in 4 Dist, Viz- Karwar, Chamarajanagar, Gulbarga and Shimoga from 2004-05. Training of Medical Officers in PHC/CHC/GH and treatment of mentally ill patients at these centers is taken up. Health workers are trained for early identification of mentally ill, refer for treatment and follow-up.

During 2014-15 the Number of patients treated in 4 districts 1733 - Epilepsy, 1505 - Psychosis (Severe mental disorder), 2054 - Neurosis (Minor mental disorder), 1049 - Mentally retarded. During 2014-15 drugs from warehousing depending on their needs number worth Rs 5.4 lakhs have been supplied to each of the 30 Districts

As per the directions of the Honourable High Court of Karntaka, Writ application No: 18741/99/PIL “Mental Health Awareness Campaign” has been planned and conducted in all districts.

Through Karnataka State Mental Health Authority “Monochinthana” Awareness programmes are broadcast on every Friday between 4.30 pm to 5.00 pm in 102 pm FM Vividabharathi, Bangalore.

Establishing Community Mental Health Programme in all districts & Day Care Centre / Rehabilitation centre or the mentally disabled persons was taken up.

State Govt have passed the order to Started “Manasadhara” Day Care Centre” in the year 2013-14. As per this in 13 districts Manasadhara centre have been started. (ie; Gadag, Mysore, Chickaballapura, Chickamagalur, Bijapur, Mangalore, Chamrajnagar, Bellary, Gulbarga, Davangere, Chitradurga, Belgam, Raichur).

“Manochaitanya” , Tuesday clinic have been introduced for the mentally ill patients in all the District centers & information regarding “Manochaitanya” along with logo have displayed in all Hospitals through board.
District Mental Health Programme running in 4 district have been extended to 8 districts & to function as per 11th five year plan guidelines, Proposal has been sent to NHM for the release of funds.

For the service of Mental ill patients 108 Ambulance is available & 104 Sahayavani is functioning to give information those who are in need.

1.11. Information, Education & Communication (IEC) Programme

IEC wing is one of the sections of Directorate of Health & Family Welfare Services, 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 sector. 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.

IEC wing generates monthly reports from districts, which are consolidated and transmitted to the concerned section for onward submission to Government of India.

Main Objectives of IEC

1. Increasing rural target communities’ awareness to demand services of reproductive and child health and other related services.

2. 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 member.

3. Document best practices adapted by the target groups as well as contributions of local institutions in making healthy villages.

Sub Objectives

1. To provide media and multimedia support depending on requirement of the area to disseminate messages with appropriate educational materials (printed and electronic)

2. 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.

3. To coordinate with all types of media to reach the communities with appropriate messages for demand generation.

4. To suggest corrective measures for modified approach

5. To take up pre and post evaluation study on BCC / IEC to assess the impact

6. To have convergence with line departments and other local institutions particularly PRIs for effective implementation of programmes.
## Statement showing the Physical and Financial Target and Achievement for the Year 2014-15.

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of the Activity</th>
<th>Annual Target 2014-15</th>
<th>Achievement</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Physical</td>
<td>Financial (in lakhs)</td>
<td>Physical</td>
</tr>
<tr>
<td>1</td>
<td>Awareness programme at Sub-centre level for reducing MMR ₹ 700/-per programme.</td>
<td>9362</td>
<td>65.53</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Healthy baby shows of fully immunised children in all sub centers @ ₹ 100/- per programme.</td>
<td>9362</td>
<td>9.36</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Printing item of Local issues of the district on MH and CH</td>
<td>176</td>
<td>17.60</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Press Advertisements at the district level</td>
<td>30</td>
<td>15.00</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Folk media programme @ ₹ 50,000/- per Taluk (₹ 5000 per programme i.e. 10 programmes in each taluk)</td>
<td>1760</td>
<td>88.00</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Sensitization of Adolescent girls &amp; self-help group members One programme in each sub centre at the rate ₹ 700/- on ARSH which includes RKSK &amp; WIFS</td>
<td>9362</td>
<td>65.53</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Sensitization of School teachers at PHC level one programme in each PHC at the rate ₹ 700/- on ARSH</td>
<td>2422</td>
<td>16.95</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Essay Competition for High School students at Taluk level at ₹ 2000/- per programme on ARSH. Debate Competition for PUC students at Taluk level at Rs. 2750/- per programme on ARSH</td>
<td>352</td>
<td>7.01</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>PC&amp;PNDT Workshops for ASHAs, Anganwadi workers &amp; NGOs at Taluk level</td>
<td>116</td>
<td>9.86</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL** | **32942** | **294.84** |          |          |          |          |

**Remarks:** The Following state level programme were organized and co-ordinated by IEC Wing.
DHS

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2. World Population.</td>
<td>6. Inauguration day of 104 Arogyavani and 108 ArogyaKavacha.</td>
</tr>
<tr>
<td>3. World Mental Health Day.</td>
<td>7. National Immunization day (Pulse Polio)</td>
</tr>
</tbody>
</table>

**1.12. State Health Transport Organisation**

1. For effective implementation of National Programmes under Health & Family Welfare Services, State Health Transport Organization is assisting in Vehicle maintenance.

2. The Department has a fleet strength of 1636. In the department, from PHC Level to State Head Quarters in the different level Vehicles are being used for implementation of National Programmes. After formation of Zilla Panchayat, respective Vehicles of the Districts are being maintained under the administrative control of the corresponding Zilla Panchayat.

**Vehicles for the Year 2014-15 is as below**

<table>
<thead>
<tr>
<th>Total number of Vehicles in Health &amp; Family Welfare Services</th>
<th>1636</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Department Ambulances in State</td>
<td>808</td>
</tr>
</tbody>
</table>

**1.13. Integrated disease surveillance project (IDSP)**

1. 92 % of Weekly reporting under S.P.L. Formats have been received from the reporting centers in the districts.

2. Outbreak reporting have been received from districts as soon as incidence occurs in any corner of the Districts to the State Surveillance Unit, Control Room and the same will be informed to the higher authority along with the preventive measures taken to control the Outbreak.

3. Action was taken immediately to treat the affected people at PHC’s, CHC’s and District Hospitals.

4. EDUSAT equipment have been installed at Government Medical Colleges and State Surveillance Unit to receive outbreak reports and to transmit the same to the CSU Delhi immediately.

5. Broadband connections (internet facilities) have been provided to the computers installed at all District Surveillance Units/District Labs to forward online information regarding laboratory test undertaken, number of patients suffering from diseases under S.P.L. forms to SSU and CSU accordingly. S.P.L. Registers have been supplied to all reporting centers.
(PHC’s, Sub Centers, CHC’s, Taluk Level Hospitals District Hospitals) to record the same for inspection of NCDC authorities for Delhi.

6. Manpower like Epidemiologist, Microbiologist, Consultant (Training / Technical), Data Managers have been appointed IDSP(NHM) on contract basis along with the Government sanctioned post at District Surveillance Units/District Labs to make the District Surveillance Units to function efficiently. The Contractual posts of Data Entry Operators in the District Surveillance Units are being filled-up through Man Power Agencies.

7. Training programme for Medical Officers, Pharmacist, Staff Nurses, Data Managers & Data Entry Operators (Block Health Team) have been conducted under IDSP.

1.14. 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 2014-15**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sputum examination</td>
<td>376800</td>
<td>543780</td>
</tr>
<tr>
<td>Total TB cases detected</td>
<td>89176</td>
<td>64082</td>
</tr>
<tr>
<td>New sputum positive case detected</td>
<td>33284</td>
<td>25162</td>
</tr>
<tr>
<td>Sputum conversion</td>
<td>90%</td>
<td>88%</td>
</tr>
<tr>
<td>Cure rate</td>
<td>85%</td>
<td>82%</td>
</tr>
</tbody>
</table>

1.15. Nutrition Programmes

**Vitamin ‘A’ Administration Programme**

This programme is implemented to pre-school children of 9 months to 5 years, Vitamin ‘A’ solution is administered orally to prevent Night Blindness, Formation of Bitot Spots and other Vitamin ‘A’ deficiencies leading to blindness. The Vitamin ‘A’ solution necessary for these programmes are procured under NHM

**The details of two programmes**

1. **Measles linked Vitamin ‘A’ Programme**

One ml. of Vitamin ‘A’ Concentrated solution containing one lakh IU is administered orally to the children of 9 months along with Measles Immunization. Around 11.42 lakh children are target beneficiaries of this programme.
2. Vitamin ‘A’ supplementation programme

This programme is implemented twice a year to the children of 1½ to 5 year 2ml. of Vitamin ‘A’ Concentrated solution containing 2 lakh IU is administered to the children orally. Around 47 lakh children are target beneficiaries of this programme.

<table>
<thead>
<tr>
<th>Sl.No</th>
<th>Year</th>
<th>Target</th>
<th>Achievement</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>July 2014</td>
<td>5063447</td>
<td>4714188</td>
<td>93</td>
</tr>
<tr>
<td>2</td>
<td>January 2015</td>
<td>4206722</td>
<td>2742557</td>
<td>65</td>
</tr>
</tbody>
</table>

1.16. Mass De:worming Programme for 1½ to 5 years children

This programme was implemented for the first time in Karnataka for pre-school children of 1½ to 5 years age along with Vitamin ‘A’ Supplementation Programme. Albendazole tablets are distributed to pre-school children. ½ tablet containing 200mg is given to children of 1 to 2 year. And 1 tablet containing 400mg. is given to children of 2 to 5 years of age. Target beneficiaries are around 40 lakh children.

The progress for 2014-15 is as follows

<table>
<thead>
<tr>
<th>Target</th>
<th>Achievement</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>4677474</td>
<td>4032678</td>
<td>86.2</td>
</tr>
</tbody>
</table>

Integrated Children Development Services Scheme

This programme is implemented with the Co-ordination of Women and Child Development Department. There are 185 ICDS projects and 64473 AW Centres and 3331 Mini Anganawadi Centres 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 Taluk Hospitals/ District Hospitals/ Nutrition Rehabilitation Centres/Modified Nutrition Rehabilitation Centres.

1.17. Nutrition Rehabilitation Centres (NRCs) in Karnataka

Nutrition Rehabilitation Centres (NRC) is a special unit located in a health facility and dedicated to the initial management and nutrition rehabilitation of children with severe acute malnutrition. These centres are preferably located at districts hospitals/ Medical college hospitals and will have 10-20 beds.

Under-nutrition is associated with high rates of mortality and morbidity due to common childhood illnesses including diarrhoea, acute respiratory infections, malaria and measles. To prevent deaths due to severe acute malnutrition (SAM), specialized treatment and preventive interventions are required.

In Karnataka there are 31 Nutrition Rehabilitation Centres at district level, 20 are attached to district hospitals and 10 are attached to medical colleges. They are either 21 or 10 bedded centres. They will have trained medical officer, staff nurses and diet counsellor.

1.18. Modified Nutrition Rehabilitation Centres (MNRC)

At FRU / Taluka level the facility based care units are referred as Modified Nutrition Rehabilitation Centre with 5-10 beds. There are 27 MNRC located at identified taluka level hospitals. These centres will have trained medical officers and staff nurses, Diet Counsellors, cook, attendant and Social worker. The SAM children’s referred from the community will be admitted in these centres for 14 days and treated as per the guidelines.

(Severe Acute Malnutrition) SAM Children are admitted into NRCs/MNRCs based on the criteria for admissions. 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, hygiene & small family norms. An amount of ₹ 175/- to compensate the loss of wages and ₹ 50/- for food is being provided.

Physical progress of NRC/MNRC is as follows:

<table>
<thead>
<tr>
<th>admissions</th>
<th>Discharged with target weight gain</th>
<th>Referred (Medical Transfer)</th>
<th>Deaths</th>
<th>Children followed up</th>
</tr>
</thead>
<tbody>
<tr>
<td>5282</td>
<td>3211</td>
<td>275</td>
<td>46</td>
<td>3340</td>
</tr>
</tbody>
</table>
1.19. National Iodine Deficiency Disorder Control Programme (NIDDCP)

(100% Centrally Sponsored Scheme)

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 disorder Dakshina Kannada, Udupi, UttaraKannada, Kodagu, Chikkmagaluru, Bengaluru Urban, Bengaluru Rural, Chamarajanagar are endemic districts in the State.

The following activities are carried out at the State and District levels

1. IEC activities to create awareness about IDDs and its prevention.

2. Every year, from 21st to 27th October is celebrated as Global IDD Week, throughout the State.

3. Testing of house-hold salt samples for adequate iodization at community levels through ASHAs, Anganwadi Workers, ANMs and other field staff.

4. Promotion of use of adequately iodized salt by the community.

5. Testing of salt samples for adequate Iodine content sold by retails and wholesale distributions.

6. Testing of salt samples and urine samples received from the districts at State IDD lab for Iodine content.

7. Training of the Staff for implementing NIDDCP

8. Conducting Re-Survey through Medical Colleges.

An amount of Rs 41.00 lakh was proposed for 2014-15 for salary, IEC Activities, Lab services and contingency, out of this Rs 30.75 lakhs was released from Government of India.

There is no target for this Programme, during 2014-15, 347 Goiter cases have been detected in the State.

World IDD Day and week was celebrated from 21st to 27th of October 2014. Health education activities were conducted during this programme both at State and District levels. The community was motivated to consume only Iodized salt to prevent Iodine Deficiency Disorder. On this occasion a One Day Workshop on Iodine Deficiency Disorders was held on 16th October 2014 at Directorate of Health and Family Welfare Services. Related departments like Women & Child Development, Karnataka Food and Civil Supplies Corporation Ltd., Education and Mid-Day meals, Salt Manufacturers and others participated in this Workshop. Appeals and messages from Honourable Chief Minister and Health Minister regarding the importance of Iodized salt and Iodine deficiencies were published in local newspaper.
During 2014-15 re-survey on IDD was conducted at Ramanagara, Chitradurga and Belagavi Districts by the Department of Community Medicine, Mandya Institute of Medical Sciences, JJM and JNMC Medical Colleges. As per the Re-survey reports submitted by the Medical Colleges, the prevalence rate of Goiter about 8.6% in Ramanagara, 4.48% in Chitradurga and 19.9% in Belgaum Districts amongst children of 6-12 years of age group.

Education materials such as handbills, posters, flex boards and booklets are being printed on IDD to popularize the use of Iodized Salt in the daily diet. Salt Testing Kits (STK) have been distributed to Health functionaries to test the Iodine content in salt samples and to promote the importance of consumption of Iodized Salt in our daily diet.

No Target is fixed to this Programme

<table>
<thead>
<tr>
<th>Particulars</th>
<th>2012-13</th>
<th>2013-14</th>
<th>2014-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Goitre Cases</td>
<td>174</td>
<td>153</td>
<td>347</td>
</tr>
</tbody>
</table>

Samples of salt tested by the Health functionaries with the help of field kits (No Targets)

<table>
<thead>
<tr>
<th>Year</th>
<th>Total samples</th>
<th>0 PPM</th>
<th>Below 15 PPM</th>
<th>Above 15 PPM</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-13</td>
<td>208567</td>
<td>37627(18.04%)</td>
<td>61865(29.66%)</td>
<td>109075(52.30%)</td>
</tr>
<tr>
<td>2013-14</td>
<td>27948</td>
<td>2702(9.67%)</td>
<td>8825(31.57%)</td>
<td>16421(58.76%)</td>
</tr>
<tr>
<td>2014-15</td>
<td>3,20,646</td>
<td>21,740 (6.78%)</td>
<td>91,189 (28.43%)</td>
<td>2,07,717(64.78%)</td>
</tr>
</tbody>
</table>

Number of samples analyzed under Non Prevention of Food Adulteration act

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Satisfactory</th>
<th>Non-Satisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-13</td>
<td>175</td>
<td>126(72.00%)</td>
<td>49(28.00%)</td>
</tr>
<tr>
<td>2013-14</td>
<td>531</td>
<td>322(60.64%)</td>
<td>209(39.36%)</td>
</tr>
<tr>
<td>2014-15</td>
<td>591</td>
<td>450(76.14%)</td>
<td>141(23.85%)</td>
</tr>
</tbody>
</table>

Analysis Report

<table>
<thead>
<tr>
<th></th>
<th>Total Samples tested</th>
<th>Normal (&gt;10)ml</th>
<th>Mild (&gt;5 to &lt;10)ml</th>
<th>Moderate (&gt;2 to &lt;4.99)ml</th>
<th>Severe (0 to &lt;2)ml</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-13</td>
<td>124</td>
<td>98</td>
<td>19</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>2013-14</td>
<td>439</td>
<td>306</td>
<td>96</td>
<td>18</td>
<td>19</td>
</tr>
<tr>
<td>2014-15</td>
<td>450</td>
<td>401</td>
<td>49</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
1.20. 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 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 ₹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

- Principal Secretary, Health and Family Welfare
- Commissioner, Health and Family Welfare
  - Additional Director
  - 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 essential drug required by the state to cater to the needs of different level hospitals 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.


7. Management of all existing District Warehouse and to take necessary action to establish District Warehouses in remaining District head quarter.

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 Centres 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 2015-16.

**Steps cycle in KSDLWS**

STEP 1. 23 Subcommittees
STEP 2. Therapeutic committee
STEP 3. Publishing of Essential Drugs List
STEP 4. Preparation of indent book
STEP 5. Need Assessment Committee Meeting
STEP 6. Floating of Tender
STEP 7. Drug supply to warehouses
STEP 8. 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.

**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.

**Warehouses List**

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Districts</th>
<th>Sl. No.</th>
<th>Districts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Kolar</td>
<td>15</td>
<td>Ramanagar</td>
</tr>
<tr>
<td>2.</td>
<td>Hassan</td>
<td>16.</td>
<td>Sirsi</td>
</tr>
<tr>
<td>3.</td>
<td>Mysore</td>
<td>17.</td>
<td>Bangalore Rural</td>
</tr>
<tr>
<td>4.</td>
<td>Tumkur</td>
<td>18.</td>
<td>Bagalkote</td>
</tr>
<tr>
<td>5.</td>
<td>Belgaum</td>
<td>19.</td>
<td>Gadag</td>
</tr>
</tbody>
</table>
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. Districtwise details of number indenting institutes during 2014-15 is as follows:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>District</th>
<th>Number of indenting institutes</th>
<th>Sl. No.</th>
<th>District</th>
<th>Number of Indenting institutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Bagalkote</td>
<td>63</td>
<td>16</td>
<td>Haveri</td>
<td>85</td>
</tr>
<tr>
<td>2</td>
<td>Ballari</td>
<td>101</td>
<td>17</td>
<td>Kalaburgi</td>
<td>118</td>
</tr>
<tr>
<td>3</td>
<td>Belagavi</td>
<td>171</td>
<td>18</td>
<td>Kodagu</td>
<td>44</td>
</tr>
<tr>
<td>4</td>
<td>Bengaluru (Rural)</td>
<td>54</td>
<td>19</td>
<td>Kolar</td>
<td>77</td>
</tr>
<tr>
<td>5</td>
<td>Bengaluru (Urban)</td>
<td>115</td>
<td>20</td>
<td>Koppal</td>
<td>63</td>
</tr>
<tr>
<td>6</td>
<td>Bidar</td>
<td>67</td>
<td>21</td>
<td>Mandya</td>
<td>134</td>
</tr>
<tr>
<td>7</td>
<td>Chamarajanagar</td>
<td>72</td>
<td>22</td>
<td>Mysuru</td>
<td>166</td>
</tr>
<tr>
<td>8</td>
<td>Chikabalapura</td>
<td>66</td>
<td>23</td>
<td>Raichur</td>
<td>74</td>
</tr>
<tr>
<td>9</td>
<td>Chikkamagaluru</td>
<td>102</td>
<td>24</td>
<td>Ramanagara</td>
<td>69</td>
</tr>
<tr>
<td>10</td>
<td>Chitradurga</td>
<td>100</td>
<td>25</td>
<td>Shivamogga</td>
<td>120</td>
</tr>
<tr>
<td>11</td>
<td>Dakshina Kannada</td>
<td>85</td>
<td>26</td>
<td>Tumakuru</td>
<td>160</td>
</tr>
<tr>
<td>12</td>
<td>Davanagere</td>
<td>119</td>
<td>27</td>
<td>Udupi</td>
<td>73</td>
</tr>
<tr>
<td>13</td>
<td>Dharwad</td>
<td>54</td>
<td>28</td>
<td>Uttara Kannada</td>
<td>100</td>
</tr>
<tr>
<td>14</td>
<td>Gadag</td>
<td>50</td>
<td>29</td>
<td>Vijayapura</td>
<td>88</td>
</tr>
<tr>
<td>15</td>
<td>Hassan</td>
<td>159</td>
<td>30</td>
<td>Yadgiri</td>
<td>51</td>
</tr>
</tbody>
</table>
1.21. 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 dissimilating the trainings to districts and sub district levels.

Training Programmes taken up during 2014-15

1. Specialized Skill programme in IUCD insertion, MTP, Minilap and laparoscopic training.

2. PPIUICD 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 Officer.

Achievements for 2014-15 (Both Physical and Financial)

Details regarding achievements for the year 2014-15 upto March -2015 (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 2014 and 2nd Batch was completed in September – 2014 and 2nd Batch started in April - 2013.

Achievements for the year 2014-15 under (NHM)

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Details of the Training</th>
<th>No. of persons trained</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Maternal Health Training</td>
<td>15321</td>
</tr>
<tr>
<td>2</td>
<td>Child Health Training</td>
<td>7260</td>
</tr>
<tr>
<td>3</td>
<td>Family planning Training</td>
<td>3260</td>
</tr>
<tr>
<td>4</td>
<td>Other Family planning Training</td>
<td>-</td>
</tr>
<tr>
<td>5</td>
<td>ARSH Training</td>
<td>219</td>
</tr>
<tr>
<td>6</td>
<td>Other Trainings under NHM - IDSP</td>
<td>1024</td>
</tr>
<tr>
<td>7</td>
<td>ASHAs Training for ASHA Module 6&amp;7 and New Kit, IYCF Training</td>
<td>1828</td>
</tr>
</tbody>
</table>
1.22. 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

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 vaxAcwy (Meningitis Vaccine) is provided to the Hajj Pilgrims (11,000 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.

1.23. 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 wholesome 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 2015-16**

1. Construction of New State food laboratory is under progress 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 2014-15**

<table>
<thead>
<tr>
<th>Month for the year 2014-15</th>
<th>Registration</th>
<th>Licensing</th>
<th>Total Samples Received</th>
<th>samples Analyzed</th>
<th>Unsafe/Misbrand/Adulterated</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td>104306</td>
<td>25654</td>
<td>174</td>
<td>171</td>
<td>23</td>
</tr>
<tr>
<td>May</td>
<td>105959</td>
<td>26472</td>
<td>343</td>
<td>263</td>
<td>25</td>
</tr>
<tr>
<td>June</td>
<td>108076</td>
<td>27664</td>
<td>208</td>
<td>281</td>
<td>48</td>
</tr>
<tr>
<td>July</td>
<td>112145</td>
<td>28931</td>
<td>95</td>
<td>111</td>
<td>10</td>
</tr>
<tr>
<td>August</td>
<td>115277</td>
<td>30022</td>
<td>80</td>
<td>72</td>
<td>19</td>
</tr>
<tr>
<td>September</td>
<td>118343</td>
<td>30988</td>
<td>95</td>
<td>114</td>
<td>24</td>
</tr>
<tr>
<td>October</td>
<td>120532</td>
<td>31918</td>
<td>113</td>
<td>87</td>
<td>22</td>
</tr>
<tr>
<td>November</td>
<td>122896</td>
<td>32773</td>
<td>237</td>
<td>173</td>
<td>37</td>
</tr>
<tr>
<td>December</td>
<td>125629</td>
<td>33636</td>
<td>206</td>
<td>232</td>
<td>38</td>
</tr>
<tr>
<td>January</td>
<td>128427</td>
<td>34520</td>
<td>258</td>
<td>241</td>
<td>25</td>
</tr>
<tr>
<td>February</td>
<td>131427</td>
<td>35624</td>
<td>190</td>
<td>202</td>
<td>29</td>
</tr>
<tr>
<td>March</td>
<td>135871</td>
<td>37014</td>
<td>149</td>
<td>171</td>
<td>27</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>135871</strong></td>
<td><strong>37014</strong></td>
<td><strong>2148</strong></td>
<td><strong>2118</strong></td>
<td><strong>327</strong></td>
</tr>
</tbody>
</table>
1.24. 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 repelled.

In Karnataka State, the Commissioner, Health & Family Welfare Services, has been additionally designated as Food Safety Commissioner. 238 various posts have been redesignated 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 for the year 2014-15 under Head of Account: 2210-80-800-0-24 (Plan) Sub Head: 059 amounting to Rs 375.00 Lakhs was released. This budget was used for the purchase of the chemicals, glass wares and equipments and its annual maintenance in Public Health Institute, Bengaluru and Divisional Food Laboratories, Mysore, Gulbraga, Belgaum. And also to all the Designated Officer's Office of all the districts for IEC Activity, POL, Food Sample collection, Salary of Outsourcing employees of Drivers and Computer Operatos and for other office expenditure. Out of ₹ 375.00 lakhs ₹ 271.13 Lakhs Budget was utilized. Publicity on Food Safety & Standards Act was given to public by organizing IEC activities in Taluka level & District Level. Vehicles for the Designated Officer, Chitradurga, Kolar, Mandya, Hubli-DharwadMahanagaramPali was purchased.

2014-15 Performance Report

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Section Wise</th>
<th>No of samples analyzed</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>Water Bacteriology Section</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Drinking water Bacteriology analysis</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Samples analyzed</td>
<td>2301</td>
</tr>
<tr>
<td></td>
<td>Portable water</td>
<td>1074</td>
</tr>
<tr>
<td></td>
<td>Not suitable for drinking</td>
<td>1227</td>
</tr>
<tr>
<td>D</td>
<td>Cholera Bacteriology</td>
<td>-</td>
</tr>
<tr>
<td>1</td>
<td>Bacteriological analysis of water for isolation of V, Cholera No of samples received.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of sample analysed.</td>
<td>12</td>
</tr>
<tr>
<td>2</td>
<td>In stool cholera bacteriology analysis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Samples received</td>
<td>164</td>
</tr>
<tr>
<td>Sl. No</td>
<td>Section Wise</td>
<td>No of samples analyzed</td>
</tr>
<tr>
<td>-------</td>
<td>-----------------------------------------------------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td></td>
<td>Negative</td>
<td>164</td>
</tr>
<tr>
<td></td>
<td>Positive</td>
<td>-</td>
</tr>
<tr>
<td>3</td>
<td>Food Samples analysis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Samples analyzed</td>
<td>58</td>
</tr>
<tr>
<td></td>
<td>Bacteriology found</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Bacteriology not found</td>
<td>45</td>
</tr>
<tr>
<td>III</td>
<td><strong>Yellow Fever Vaccination and International Certificate Given</strong></td>
<td>5307</td>
</tr>
<tr>
<td>IV</td>
<td><strong>CHEMICAL EXAMINER’S LABORATORY</strong></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>No of Lokayuktha samples received.</td>
<td>114</td>
</tr>
<tr>
<td></td>
<td>No. of samples analysed</td>
<td>114</td>
</tr>
<tr>
<td></td>
<td>No of samples found Positive</td>
<td>114</td>
</tr>
<tr>
<td>2</td>
<td>No. of Blood and Urine samples received for alcohol</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>No. of samples analysed</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>No of samples found Positive (As per ISI standard )</td>
<td>0</td>
</tr>
<tr>
<td>V</td>
<td><strong>WATER TESTING (CHEMICAL) LABORATORY</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total samples.</td>
<td>379</td>
</tr>
<tr>
<td></td>
<td>Analyzed samples</td>
<td>379</td>
</tr>
<tr>
<td></td>
<td>Number of samples fit for potable purpose</td>
<td>332</td>
</tr>
<tr>
<td></td>
<td>Number of samples found unfit for potable purpose</td>
<td>47</td>
</tr>
<tr>
<td>VI</td>
<td><strong>STATE FOOD LABORATORY</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No of food samples received under FSSA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No of food samples analyzed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No of food samples received under Non FSSA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No of food samples analyzed</td>
<td></td>
</tr>
</tbody>
</table>

### 1.25. 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. The Honourable Chief minister of the State is the Chief Patron of the trust and the Honourable Ministers for Health and Family Welfare and Medical Education are other main patrons. The Principal Secretary to the Government, Department of Health & Family Welfare is the Chairman of the Trust and the Executive Director SAST is the member secretary. Apart from this,
there is an Empanelment & Disciplinary Committee, the Chairman of which is Dr. H. Sudharshan and the Member Secretary is Director (MM).

In the series of Third Trust Board Meetings held during 2013-14 and 2014-15 under the Chairmanship of Principal Secretary to Government, Health & Family Welfare Department, the activities taken up by the Trust and the recommendations of the Empanelment and Disciplinary Committee during the year 2013 -14 and 2014-15 were discussed and ratified. The objective of the Government in providing cashless health benefit to BPL families in the State is being implemented under Vajpayee Arogya Shree Scheme through SAST

**Vajpayee Arogyashree Scheme**

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 Arogyashree Scheme was introduced by the State Government vide Order No. HFW/216/CGI/dated 20th Feb 2009, the scheme was first launched in Gulbarga Division covering 14.39 lakhs B.P.L. families and G.O. No. HFw 143 CGE 2010 dated 20-08-2010 thereafter facilities extended to Belgaum division covering 17 lakhs B.P.L Families. The Government vide its Order No. HFW/113/CGI/2012, Bangalore dated 21-06-2012, the scheme was extended to cover both Bangalore and Mysore divisions thus covering the entire 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 ₹ 1.50 lakhs with a floating provision of ₹ 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 139 Super speciality Hospitals in the State and 37 Super speciality Hospitals in the border areas of neighbouring state totalling to 176 Network Hospitals covering about 449 different surgical health procedures along with 60 follow-up packages so that BPL families will have the services of quality Standards without any discrimination.

**Arogyamitras (VAS)**

The Arogyamitras appointed by the Trust and working in the nearest Community Health Centres, Taluk Hospitals, District Hospitals and working in the empanelled Network Hospitals may be contacted by the beneficiaries to avail the free benefits of the Scheme. Presently, 132
Arogyamitras are placed in network hospitals and 360 Arogyamitras are working in district and taluk hospitals in the State.

The newly appointed Arogyamitras have been given training and also refresher trainings are given at frequent intervals. To retain the trained and experienced Arogyamitras, commensurate remuneration is also being given which has reduced their turnover.

**Health Camps**

The Trust organises regular free health camps in all the four divisions of the State. In Gulbarga and Belgaum, the monthly camps are held at Sub-divisional and District levels. In Bangalore and Mysore, the camps are held at District &Taluk levels. The place and date of the camp is confirmed by the network hospital one month in advance so that before the conduct of camp, sufficient publicity is undertaken by them to enable maximum BPL families to avail the benefit of free check up. Both Government and private network hospitals participate in the camp and screen the people for any signs of any tertiary ailment. Such of those patients identified are referred to the network hospital for detailed check up and treatment.

**ASHA workers:** ASHA workers are working under the Department of Health & Family Welfare. There is an ASHA worker per 1000 population and these ASHA workers give awareness about seven tertiary diseases to all the families coming under their jurisdiction. The ASHA workers have been trained about the benefits under the scheme as well as to observe major disease symptoms in any person so as to promptly refer them to the network hospital for further treatment. To encourage and motivate the ASHA workers to be vigilant and to promptly identify the patients, an incentive of ₹ 250/- per treated referred and treated case is given by the Trust. Over and above this, an extra ₹ 100/- is given for referring women or SC / ST members. This is to ensure that the most disadvantaged section get the benefit of immediate and quality health care services. During 2014-15, a total of 2008 ASHA workers have received incentive totalling to ₹ 6.08 lakhs compared to 2013-14 wherein only 637 workers had received ₹ 2.37 lakhs as incentive. The SC / ST and women beneficiaries who have availed treatment identified and referred by ASHA workers is as follows:

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Beneficiaries</th>
<th>2013-14</th>
<th>2014-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Scheduled Caste</td>
<td>2095</td>
<td>4365</td>
</tr>
<tr>
<td>2</td>
<td>Scheduled Tribe</td>
<td>790</td>
<td>2002</td>
</tr>
<tr>
<td>3</td>
<td>Women</td>
<td>13994</td>
<td>16948</td>
</tr>
</tbody>
</table>

Other than these, other BPL eligible beneficiaries can directly visit the empanelled Hospitals and can avail facilities.
Major decisions taken for the benefit of the beneficiaries:

Towards providing qualitative and required health care services, SAST has always undertaken reforms and mid-course corrections to enable all stakeholders to actively participate in the successful implementation of the scheme.

In this regard, after a detailed analysis, it was found that the network hospitals were not very keen in taking more cases under Neurology and Renal as it was felt that the benefit package offered under these two specialties was not economical. Thus, to have rational pricing, SAST constituted a consultative committee comprising of experts in the field and as per the committee’s recommendations, the benefit package rate was revised with the approval of the Trust Board. The outcome of this initiative is reflected below:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Specialty</th>
<th>Cases Treated 2013-14</th>
<th>Cases Treated 2014-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Neurology</td>
<td>2566</td>
<td>3445</td>
</tr>
<tr>
<td>2</td>
<td>Renal</td>
<td>2836</td>
<td>7426</td>
</tr>
</tbody>
</table>

1. The decision of the Government to roll out the scheme through Karnataka has been benefitting large number of BPL families. Year by year, more number of families are coming forward to undergo treatment for tertiary care. From 2010-11 to 2014-15, the scheme has grown by eight fold. During the year 2014-15, a total of 42693 preauths were approved at a cost of ₹ 230.28 crore, which will be paid to the network hospitals after the treatment is completed.

2. By analysing the flow of beneficiaries from different parts of the State, it was observed that majority of the patients from North Karnataka had to travel long distances to come to Bangalore for treatment by incurring lot of expenditure. This was due to the fact that majority of the super specialty hospitals were located in Southern Karnataka and this was causing hardship to the people. Recognising this problem and to ensure that the beneficiaries have easy accessibility to hospitals nearer to their town, the Trust took the decision to empanel bordering State super specialty hospitals in Andhra Pradesh and Maharastra. A total 37 hospitals have been empanelled under the scheme. This has been convenient to the people as during 2013-14 a total of 934 people were treated and during 2014-15 a total of 2543 BPL people have undergone treatment in these hospitals.

3. For the seven tertiary illness, the number of procedures for treatment have been enhanced from 402 procedures to 449 procedures and follow up treatment increased for 50 follow up packages to 60.

4. The scope of Neo-natal treatment has been expanded to include children also with paediatric surgeries benefitting more children with heart ailments.
5. The major milestones set by the World Bank to be achieved by the Trust in this sector have been fulfilled satisfactorily and reimbursements have been claimed regularly.

6. Action taken for approval of pre-auth within 24 hours and claims settlement within 7 days resulting in more than 90% of preauths being approved within 24 hours and claims are being settled within 7 days through RTGS.

7. A GO has been issued by the Government directing the Government/Autonomous institution to utilise the funds received from SAST under VAS that 70% of the package amount to be utilised by the hospital for expenditure related to patients and remaining 30% of the package amount to be shared by the treating unit and their supporting staff as incentive. This initiative of SAST is yielding results as the share of government hospitals has increased from 6% to currently 26% of the total cases approved.

8. All district hospitals are also treating patients from the second follow up care onwards, which is a very important component in the full recovery of the patient.

9. A thorough relook into the procedures in each of the specialty was undertaken. All unused procedures have been deleted and new procedures as recommended by specialists have been added keeping patient care and requirement in view.

10. To ensure that only the genuine patients approach the hospital for treatment, a circular was issued wherein the diagnostic investigation charges have been fixed. The NwH can collect this investigation charges from the beneficiary and only if the beneficiary becomes a VAS beneficiary, the NwH will refund the investigation charges so collected.

11. In view of the growing popularity of the scheme, the Trust Board Members felt the need to have a perspective plan in place so as to guide the Trust scientifically while expanding the activities of the scheme. The Trust perspective plan has been prepared.

12. The perspective plan advocates more visibility for the scheme by mobilizing resources from potential donors eligible for exemption under section 80c. The Trusts intends to tap corporate sector to donate as part of their CSR.

13. Statutory Audit and Internal Audit is built in to have transparency in all the transactions of the Trust. Due to this, it was brought to the notice that the amount released to the District Health Officers during the mega launch of the scheme has not yet been accounted for fully. Hence action was taken to get utilization certificate from the districts so much so that utilization certificates have been obtained accounting for about ₹ 30.00 lakhs. Effort is on to get the certificate for the balance small outstanding amount.
14. To have uniform policy, Trust Board decided that only those hospitals empanelled under VAS alone are eligible under RAB scheme.

15. M/s M.D. India have taken over as the Implementation Support Agency (ISA) of the Trust from 1st July 2014.

**Network Hospitals:** All the Health Assurance Schemes implemented by SAST is on a Public-Private Partnership basis. Thus super specialty hospitals both public and private have an important role to play in delivering qualitative health services to the poor BPL families without discrimination. These hospitals are empanelled based on a fixed set criteria and only those hospitals fulfilling these criteria are empanelled.

In terms of number of cases treated under the scheme during 2014-15, the top 10 hospitals details are given below:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Hospital Name</th>
<th>District</th>
<th>Total Cases</th>
<th>Amt. Lakhs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>KIDWAI Memorial</td>
<td>Bangalore</td>
<td>4244</td>
<td>1803.06</td>
</tr>
<tr>
<td>2</td>
<td>Sri Jayadeva Cardiology</td>
<td>Bangalore</td>
<td>4244</td>
<td>1803.06</td>
</tr>
<tr>
<td>3</td>
<td>Narayana Hrudhalaya</td>
<td>Bangalore</td>
<td>3167</td>
<td>2341.92</td>
</tr>
<tr>
<td>4</td>
<td>KLE Dr. Kole Hospital</td>
<td>Belgaum</td>
<td>1472</td>
<td>858.11</td>
</tr>
<tr>
<td>5</td>
<td>Vydheyi Hospital</td>
<td>Bangalore</td>
<td>1388</td>
<td>655.56</td>
</tr>
<tr>
<td>6</td>
<td>JSS Hospital</td>
<td>Mysore</td>
<td>1110</td>
<td>496.80</td>
</tr>
<tr>
<td>7</td>
<td>Patil Nursing Home</td>
<td>Gulbarga</td>
<td>1063</td>
<td>275.09</td>
</tr>
<tr>
<td>8</td>
<td>Narayana Hrudhalaya Surgical Hospital</td>
<td>Mysore</td>
<td>932</td>
<td>472.80</td>
</tr>
<tr>
<td>9</td>
<td>SJCICR</td>
<td>Mysore</td>
<td>922</td>
<td>416.87</td>
</tr>
<tr>
<td>10</td>
<td>Bharath Institute of Oncology</td>
<td>Mysore</td>
<td>808</td>
<td>421.43</td>
</tr>
</tbody>
</table>

The position of top 10 hospitals undergoes change every year as per the specialty and the proactive measures taken by the hospitals in treating more patients.
For specialist doctors having good experience, the Trust has given flexibility for the same doctor to be utilized in the related medical stream. For ex. A paediatric oncology doctor can also treat related ailments pertaining to children. Notwithstanding this flexibility given, there is still shortage of specialists doctors in many district hospitals especially in North Karnataka. Trust is sensitive to this issue and will be exploring various means to address the same in due course.

Upgradation of hospitals in terms of infrastructure, manpower and hygienic environment is crucial to continued qualitative service delivery. To encourage and motivate network hospitals to acquire NABH accreditation is a priority area of SAST. With the approval of the Board, an incentive system has been introduced for hospitals acquiring Entry Level, Progressive Level and finally NABH. Differential incentive system is applicable at each stage to motivate the hospitals to move to higher level thereby earning more incentive as well as ensuring high quality and patient safety.

The Trust is continuously taking efforts to considerably enhance the role of government hospitals in the scheme.

New Schemes of Government of Karnataka:

Rajiv Arogya Bhagya

With the successful implementation of VAS for BPL families, the Government felt that there are still many needy, disadvantaged people, who are outside the category of BPL. To cover them also and with the strong commitment to move towards Universal Health Coverage in the Tertiary Sector, the government announced and has launched the Rajiv Arogya Bhagya Scheme for APL families. The main features of the scheme are:

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

1. General Ward: Expenditure on a co-payment basis – 30 % by beneficiary & 70 % will be paid to NwH under the scheme of the basic VAS rates.

2. Semi-Private & Private: 50 % of the basic VAS rate will be paid under the scheme and the balance will have to be paid by the beneficiary to the NwH.

3. Investigation charges to be borne by the beneficiary
For Semi-Private and Private wards, the rates will have to be declared in advance by the respective hospitals. For the benefit of the patient to choose from a variety of hospitals according to his / her convenience, a Mobile App has been developed which will have rates declared by all the hospitals for the procedures.

This scheme was launched on 20th January 2015 and 129 hospitals have already been empanelled. Till March 2015, a total of 233 beneficiaries have availed treatment and the Trust has spent an amount of ₹ 94.00 lakhs towards this treatment.

**Jyothi Sanjeevani Scheme**

This scheme introduced by the government for the exclusive benefit of State Government Employees and their dependants for tertiary treatment in any of the SAST Network Hospitals. The scheme is totally cashless without any upper limit. Employees are identified through KGID number reflected in the State HRMS data.

The eligibility as to the type of ward is per the salary being drawn by the employee.

This scheme was also launched on 20th January 2015 and till date, 140 hospitals have been empanelled and 92 employees have already availed treatment with an expenditure of ₹ 78.40 lakhs borne under the scheme.

**Mukyamantrigala Santhwana Scheme**

Having introduced schemes to move towards Universal Health Coverage, the State Government also acknowledged the need of Trauma care as many precious lives are lost in road accidents. In many cases, the road accident victim’s life could have been saved but for the non-availability of immediate care.

Recognizing the dire need for immediate care to road accident victims, the State Government announced Mukyamantrigala Santhwana Scheme. The scheme envisages immediate trauma care treatment in any of the nearby hospital within the Golden Hour (48 hours) to any person who meets with an accident within the boundaries of Karnataka.

This beneficial life saving facility is available to all persons irrespective of nationality or region. The process of empanelling all Trauma and emergency care hospitals in the State will be taken as per the criteria developed and approved by the Trust Board. Depending upon the severity of the injury and the nature of treatment required, hospitals will be categorized as level 1, level 2 and level 3 hospitals. Severe injury cases will be treated in level 1 hospitals after getting first aid and stabilization in any of the nearby trauma care centre. The services of either 108 or any other private vehicles can be used to transport the injured to the nearby trauma care centre.
The software has been specially developed by NIC for making all transactions totally online. Depending upon the nature and severity of injury, network hospitals will be paid as follows:

1. Claims up to ₹ 5000/- will be scrutinized and approved automatically.

2. Claims of ₹ 5001/- and up to ₹ 15000/- will be scrutinized and approved by ISA only.

3. The cases above ₹ 15001/- and up to ₹ 25000/- will be scrutinized by ISA and “approved and settled” by the Trust.

**SAST - IEC Activities**

**Printing and Distribution of Scheme Calendars**

For wide publicity and to ensure year long high visible publicity, SAST designed and printed a catchy calendars giving full information about Vajpayee Arogyashree, Rajive Arogya Bhagya, Jyothi Sanjeevani and Mukya Mantrigala Santhwana Schemes. At the beginning of the year 2015, the calendars were distributed to all ASHA workers, all stakeholders, Honourable MLAs, MLCs, District officials, Zilla Panchayath members, CEOs, Taluk Panchayaths, Gram Panchayats etc.

**Scheme Information Hand books**

A comprehensive informative handbook about all the three schemes under implementation by SAST compiled and distributed to all stakeholders for easy reference and wider publicity at a very low cost for easy accessibility and coverage of the scheme.

**Doordharshan Media Coverage**

The financial security benefit provided under the schemes unique benefits under the Health Assurance Scheme is widely publicized through the TV media of Doordharshan’s phone in program and through AIR for clarifying various issues about the scheme.

**Launch of New Schemes**: With the successful implementation of VAS, the State Government launched two more new schemes covering APL families through Rajiv Arogya Bhaagya Scheme and Jyothi Sanjeevani Scheme for State Government Employees and their dependants which was widely covered by the print and Mass Media.

**Health Camps**: In the endeavour of taking good qualitative health care to the door steps of the poor people, SAST organizes Health Camps with the active participation of the District Government Hospitals and the Network Hospitals. Specialist Doctors from
Super Speciality Hospital screen the patients and those requiring further tests and treatment are referred to the hospitals for prompt treatment.

Before the Camp, wide publicity is given by the Department of Information & Publicity of Government of Karnataka.

**Special Health Camp Drive for SC / ST Constituencies**

To effectively reach interior and far flung areas and to ensure that the disadvantaged communities of SC and ST families have equitable access to VAS benefits, SAST organized a special health camp drive in September 2014 in 47 SC / ST assembly constituencies in the State. All these camps were conducted with the active participation of the local MLAs for maximum effect and benefit to these people.

In all, during 2014-15, a total of 308 district level camps and 614 taluk level camps were conducted and the identified patients were followed up by our Arogymitras.

**Capacity Building**

Training to stakeholders is a regular feature at SAST.

The number of cases approved alongwith the cost involved during the year 2014-15 is given below:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Division</th>
<th>District</th>
<th>No. of BPL Families</th>
<th>Total Preauths Approved</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Gulbarga</td>
<td>Bellary</td>
<td>367415</td>
<td>1278, 743.80</td>
</tr>
<tr>
<td></td>
<td>Gulbarga</td>
<td>Bidar</td>
<td>286716</td>
<td>1100, 605.07</td>
</tr>
<tr>
<td>1</td>
<td>Gulbarga</td>
<td>Gulbarga</td>
<td>469937</td>
<td>2105, 1003.69</td>
</tr>
<tr>
<td>2</td>
<td>Gulbarga</td>
<td>Koppal</td>
<td>243171</td>
<td>958, 517.92</td>
</tr>
<tr>
<td>3</td>
<td>Gulbarga</td>
<td>Raichur</td>
<td>299873</td>
<td>1371, 764.34</td>
</tr>
<tr>
<td>4</td>
<td>Gulbarga</td>
<td>Yadgiri</td>
<td>197015</td>
<td>828, 425.81</td>
</tr>
<tr>
<td><strong>Total :</strong></td>
<td><strong>Belgaum</strong></td>
<td><strong>Bagalkot</strong></td>
<td><strong>312872</strong></td>
<td><strong>1366, 748.15</strong></td>
</tr>
<tr>
<td>1</td>
<td>Belgaum</td>
<td>Belgaum</td>
<td>732215</td>
<td>2655, 1474.08</td>
</tr>
<tr>
<td>2</td>
<td>Belgaum</td>
<td>Bijapur</td>
<td>344598</td>
<td>1337, 753.96</td>
</tr>
<tr>
<td>3</td>
<td>Belgaum</td>
<td>Dharwad</td>
<td>312523</td>
<td>928, 601.35</td>
</tr>
<tr>
<td><strong>Total :</strong></td>
<td><strong>ALL FOUR DIVISIONS</strong></td>
<td><strong>1864127</strong></td>
<td><strong>7640, 4060.63</strong></td>
<td></td>
</tr>
<tr>
<td>Sl. No.</td>
<td>Division</td>
<td>District</td>
<td>No. of BPL Families</td>
<td>Total Preauths Approved</td>
</tr>
<tr>
<td>--------</td>
<td>----------</td>
<td>-------------------</td>
<td>---------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Cases</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>Gadag</td>
<td>202608</td>
<td>781</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>Haveri</td>
<td>310859</td>
<td>1316</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>Uttara Kannada</td>
<td>238240</td>
<td>1293</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Total:</strong></td>
<td><strong>9676</strong></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>Bangalore Rural</td>
<td>194513</td>
<td>597</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>Bangalore Urban</td>
<td>703453</td>
<td>2368</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>Chikkaballapura</td>
<td>278036</td>
<td>944</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>Chitradurga</td>
<td>342003</td>
<td>1245</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>Davanagere</td>
<td>388003</td>
<td>1589</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>Kolar</td>
<td>299289</td>
<td>1028</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>Ramanagara</td>
<td>234823</td>
<td>1052</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>Shimoga</td>
<td>309561</td>
<td>1387</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>Tumkur</td>
<td>535057</td>
<td>1947</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Total:</strong></td>
<td><strong>12157</strong></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>Chamarajanagar</td>
<td>239396</td>
<td>1056</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>Chikmagalur</td>
<td>222447</td>
<td>1067</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>D-Kannada</td>
<td>186400</td>
<td>1703</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>Hassan</td>
<td>400962</td>
<td>2250</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>Kodagu</td>
<td>88223</td>
<td>428</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>Mandya</td>
<td>412418</td>
<td>2371</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>Mysore</td>
<td>597547</td>
<td>3294</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>Udupi</td>
<td>117441</td>
<td>1051</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Total:</strong></td>
<td><strong>13220</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>GRAND TOTAL:</strong></td>
<td><strong>42693</strong></td>
</tr>
</tbody>
</table>

62
PART II

DRUGS CONTROL DEPARTMENT
2.1. Introduction

The State Drug Control Department is existing since 1956 as an Independent body under the control of the Ministry of Health and Family Welfare. 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.

Department has three wings

1. The Enforcement Wing
2. Drugs Testing Laboratory and
3. The Pharmacy Education.

During the period of 2014-15 financial year, a total provision of ₹ 1992.00 lakhs -under Plan scheme, ₹ 1971.49 lakhs under the State Non-plan scheme and around ₹ 118.00 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.

The Department discharges the statutory functions involved in the enforcement of the following enactments

1. Drugs and Cosmetics Act, 1940 and Rules there under.
2. Drugs (Prices Control) Order, 2013 (An order issued under Essential Commodities Act.)

The Department is providing five services under SAKALA Scheme to assure the accomplishment of services to the public within the specified time frame. The licensing activity of the drugs sales establishments is fully computerized 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 will be reflected in departmental portal and around 30,000 auto generated SMS alerts will reach the various stakeholders like retailers, wholesalers, Doctors and Enforcement Officers to prevent the use of substandard drugs. 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 ₹ 26.00 crores.

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

MOU has been entered with the Karnataka Power Corporation Ltd., for the construction of a Multi-storied building of 1,19,000 Sq.ft., to the department in department site situate back side of the existing Drugs Control Department. The construction of the building is under progress.

In the 2015-16 financial year a provision of ₹ 492.00 lakhs has been allocated for the construction of office buildings at Mysore, Belgaum, Ramanagara and Bidar. The work is under progress.

2.2. Organisation set up

Drugs controller is the head of the Drugs Control Department. Drugs Controller is assisted by Additional Drugs Controller. Drugs Control Department is organized into enforcement / administration division, Drugs Testing Laboratory and Pharmacy Education division. Organization is as below.
Enforcement Wing

Enforcement Wing is organized with one Additional Drugs Controller through 13-Deputy Drugs Controller, Deputy Drugs Controller are assisted by 60-Assistant Drugs Controllers (7-ADCs vacant) under Assistant Drugs Controllers

112 Drugs Inspectors are provided. (77- Drugs Inspectors posts are remained vacant as on 31.03.2015. Enforcement wing laterally assisted by State Intelligence Branch where 22-Drugs Inspectors posts provided under an Additional Drugs Controller.

Circles are headed by Assistant Drugs Controllers and are functioning under the jurisdiction of each regional offices of Deputy Drugs Controller.
<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>DDC Regional Office</th>
<th>ADC Circles</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Bengaluru</td>
<td>Bangalore: Circle-1, Circle-2, Circle-3, Circle-4, Circle-5, Circle-6, and Bangalore Rural Circle</td>
</tr>
<tr>
<td>2</td>
<td>Mysore</td>
<td>Mysore: Circle-1 &amp; Circle-2, Chamarajanagar Circle, Kodagu Circle and Mandya Circle.</td>
</tr>
<tr>
<td>3</td>
<td>Hubli</td>
<td>Dharwad Circle, Karwar Circle, Haveri Circle, GadagCircle.</td>
</tr>
<tr>
<td>4</td>
<td>Gulbarga</td>
<td>Gulbarga Circle, Bidar circle and Bijapur circle</td>
</tr>
<tr>
<td>5</td>
<td>Bellary</td>
<td>Bellary Circle, KoppalCircle, Raichur Circle and Yadgir Circle</td>
</tr>
<tr>
<td>6</td>
<td>Belgaum</td>
<td>Belgaum Circle and Bagalkot Circle,</td>
</tr>
<tr>
<td>07</td>
<td>Davanagere</td>
<td>ChitradurgaCircle, Davanagere Circle and Shimoga Circle</td>
</tr>
<tr>
<td>8</td>
<td>Mangalore</td>
<td>Udupi Circle, Mangalore Circle and Chikkamangalur Circle</td>
</tr>
<tr>
<td>9</td>
<td>Tumkur</td>
<td>Tumkur Circle, Chikkaballapur Circle, Kolar Circle and Ramanagar Circle</td>
</tr>
</tbody>
</table>

**PERFORMANCE OF ENFORCEMENT WING**

<table>
<thead>
<tr>
<th>PARTICULARS</th>
<th>2014-15 (31.03.2015)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of manufacturing units in the state</strong></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Drugs Manufacturing units</td>
</tr>
<tr>
<td>b</td>
<td>Loan License Manufacturers</td>
</tr>
<tr>
<td>c</td>
<td>Cosmetic Manufacturing units</td>
</tr>
<tr>
<td>d</td>
<td>Cosmetic Loan License Manufacturing units</td>
</tr>
<tr>
<td>e</td>
<td>Repacking Units</td>
</tr>
<tr>
<td>f</td>
<td>Approved Laboratories</td>
</tr>
<tr>
<td>g</td>
<td>Blood Banks</td>
</tr>
<tr>
<td>h</td>
<td>Blood storage Centers</td>
</tr>
<tr>
<td>i</td>
<td>Cord Blood Bank (Stem Cells)</td>
</tr>
<tr>
<td><strong>Total Number of Sales premises in the State</strong></td>
<td>31981</td>
</tr>
</tbody>
</table>

**NUMBER OF INSPECTIONS CARRIED OUT**

- Sales premises: 21698
- Manufacturing Premises: 191
- Blood Banks / Blood storage Centers: 250/55

**STATUTORY ACTION TAKEN**

<table>
<thead>
<tr>
<th>Sales premises</th>
<th>Suspension</th>
<th>1091</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>License Cancellations</td>
<td>723</td>
</tr>
<tr>
<td><strong>Manufacturing</strong></td>
<td>Suspension of License</td>
<td>02</td>
</tr>
<tr>
<td></td>
<td>Licence Cancellations</td>
<td>45</td>
</tr>
<tr>
<td></td>
<td>Stop Production</td>
<td>04</td>
</tr>
<tr>
<td></td>
<td>Show cause notices</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>Product permission Suspension</td>
<td>30</td>
</tr>
</tbody>
</table>
Blood Banks

<table>
<thead>
<tr>
<th>Particulars</th>
<th>07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Product permission with drawn/Cancelled</td>
<td>07</td>
</tr>
<tr>
<td>Licence Cancellations</td>
<td>-</td>
</tr>
<tr>
<td>Stop Collection</td>
<td>1</td>
</tr>
<tr>
<td>Show cause notices issued</td>
<td>29</td>
</tr>
<tr>
<td>Suspension orders issued</td>
<td>2</td>
</tr>
</tbody>
</table>

Number of prosecution cases launched under Drugs and Cosmetic Act, 1940 and Drugs (Price Control) order 1995

<table>
<thead>
<tr>
<th>Legislation</th>
<th>120</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of cases convicted</td>
<td>29</td>
</tr>
</tbody>
</table>

2.3. 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 there under, during the year 2014-15(1st April 2014 to 31st March 2015)

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Particulars</th>
<th>Legislation</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Prosecutions pending at the beginning of the year (i.e. as on 01.04.2014)</td>
<td>540</td>
</tr>
<tr>
<td>02</td>
<td>Prosecutions launched (up to 31.03.2015) (During 2014-15)</td>
<td>118</td>
</tr>
<tr>
<td>03</td>
<td>Total (as on 31.03.2015)</td>
<td>658</td>
</tr>
<tr>
<td>04</td>
<td>Prosecutions decided(as on 31.03.2015)</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td>(a) Cases ended in acquittal/discharged (as on 31.03.2015)</td>
<td>06</td>
</tr>
<tr>
<td></td>
<td>(b) Cases ended in Convictions (as on 31.03.2015)</td>
<td>29</td>
</tr>
<tr>
<td>05</td>
<td>Prosecutions pending as on 31.03.2015</td>
<td>623</td>
</tr>
<tr>
<td>06</td>
<td>Total Number of cases as on 31.03.2015</td>
<td>670</td>
</tr>
</tbody>
</table>

69
Conviction Rate is 82.85%

**DRUGS TESTING LABORATORY WING**

Drugs Test Laboratory division is headed by Chief Scientific Officer. 19 scientific officers are working as government analysts. Out of 113 junior scientific officers 33 posts remained vacant as on 31.03.2015. Chief Scientific Officers are assisted by administrative gazetted assistants.

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

**Drugs Testing Laboratory, Bangalore**

| (a) Number of samples received | 3708 |
| (b) Number of samples analyzed | 3673 |
| (c) Number of samples found to be Standard quality | 3509 |
| (d) Number of samples found to be Not of Standard quality | 164 |
Regional Drugs Testing Laboratory, Hubli

(a) Number of samples received 1577
(b) Number of samples analysed 1551
(c) Number of samples found to be Standard quality 1479
(d) Number of samples found to be Not of Standard quality 72

Regional Drugs Testing Laboratory, Bellary

(a) Number of samples received 1691
(b) Number of samples analysed 1606
(c) Number of samples found to be Standard quality 1540
(d) Number of samples found to be Not of Standard quality 66
Details of total number of samples analysed from all the three laboratories for the period 2014-15

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>DTL/RDTL</th>
<th>Total No. of Samples analysed</th>
<th>Standard quality</th>
<th>Not of Standard Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Bangalore</td>
<td>3673</td>
<td>3509</td>
<td>164 (4.46%)</td>
</tr>
<tr>
<td>2</td>
<td>Hubli</td>
<td>1551</td>
<td>1479</td>
<td>72  (4.64%)</td>
</tr>
<tr>
<td>3</td>
<td>Bellary</td>
<td>1606</td>
<td>1540</td>
<td>66  (4.07%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>6830</strong></td>
<td><strong>6528</strong></td>
<td><strong>302</strong></td>
</tr>
</tbody>
</table>

Total samples for the period 2014-15
2.4. Pharmacy Education

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 Viz., Government College of Pharmacy at Bangalore and Board of Examining authority at Bangalore. Government college of Pharmacy, Bangalore started in the year 1964 under the administrative control of this Department. The Pharmacy education imparting at diploma, Degree and Post Graduate levels. There are 32 sites in Post graduate level, 50 sites for the B-Pharma and 60 sites for D-Pharma in Government College of Pharmacy. 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

 Candidate details for courses during for final examinations during 2014-15

<table>
<thead>
<tr>
<th>Name of the Course</th>
<th>Duration</th>
<th>Month</th>
<th>Appeared in final year exam</th>
<th>Passed</th>
</tr>
</thead>
<tbody>
<tr>
<td>M.Pharm (Master’s Degree in Pharmacy)</td>
<td>2 years</td>
<td>June 2014</td>
<td>27</td>
<td>27</td>
</tr>
<tr>
<td>B.Pharm (Degree in Pharmacy)</td>
<td>4 years</td>
<td>August 2014</td>
<td>44</td>
<td>36</td>
</tr>
<tr>
<td>D. Pharm (Diploma in Pharmacy)</td>
<td>2 years</td>
<td>June 2014</td>
<td>38</td>
<td>33</td>
</tr>
</tbody>
</table>

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 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 96-Private Colleges imparting Diploma in Pharmacy Education and one Government College of Pharmacy in the State.

**D-Pharm examination conducted by Board of Examining Authority**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>No. of the Students appeared for 1st D. Pharm</td>
<td>6147</td>
<td>3402</td>
</tr>
<tr>
<td></td>
<td>Number of Students Passed in 1st D.Pharm</td>
<td>1834</td>
<td>557</td>
</tr>
<tr>
<td>2.</td>
<td>Number of Students appeared for final year D.Pharm</td>
<td>3209</td>
<td>1394</td>
</tr>
<tr>
<td></td>
<td>Number of Students passed in final year D.Pharm</td>
<td>1570</td>
<td>412</td>
</tr>
</tbody>
</table>

### 2.5. Achievements of Drug Control Department for the year 2014-15

Under the Karnataka Guarantee of Services to citizens Act-2011, The Drugs Control Department is providing the following 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.

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Service List</th>
<th>Designated Officer</th>
<th>Designated Officer time limit</th>
<th>Competent Authority</th>
<th>Competent Authority time limit to Dispose</th>
<th>Appellate Authority</th>
<th>Appellate Authority Time limit to Dispose</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Grant of License</td>
<td>Assistant Drugs Controller</td>
<td>30 Working days</td>
<td>Regional Deputy Drugs Controller</td>
<td>15 Working days</td>
<td>Additional Drugs Controller</td>
<td>15 Working Days</td>
</tr>
<tr>
<td>2.</td>
<td>Renewal of License</td>
<td>Assistant Drugs Controller</td>
<td>30 Working days</td>
<td>Regional Deputy Drugs Controller</td>
<td>15 Working days</td>
<td>Additional Drugs Controller</td>
<td>15 Working Days</td>
</tr>
<tr>
<td>3.</td>
<td>Registered Pharmacist Change/ Cancellation</td>
<td>Assistant Drugs Controller</td>
<td>7 Working days</td>
<td>Regional Deputy Drugs Controller</td>
<td>15 Working days</td>
<td>Additional Drugs Controller</td>
<td>15 Working Days</td>
</tr>
<tr>
<td>4.</td>
<td>Competent Person Change/ Cancellation</td>
<td>Assistant Drugs Controller</td>
<td>7 Working days</td>
<td>Regional Deputy Drugs Controller</td>
<td>15 Working days</td>
<td>Additional Drugs Controller</td>
<td>15 Working Days</td>
</tr>
<tr>
<td>5.</td>
<td>Changing of Name</td>
<td>Assistant Drugs Controller</td>
<td>7 Working days</td>
<td>Regional Deputy Drugs Controller</td>
<td>15 Working days</td>
<td>Additional Drugs Controller</td>
<td>15 Working Days</td>
</tr>
</tbody>
</table>
1. Drugs Testing Laboratory, Bangalore has been accredited by NABL.

(National Accreditation Board for Laboratories)

2. **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 and Board of Examining Authority.

3. Regional Drugs Testing Laboratory, Hubli is under process of obtaining NABL Accreditation

4. Establishing of Government College of Pharmacy in Gulbarga at an estimated cost of ₹ 26 crores is under process, 4.30 acres of land is obtained for construction of college.

5. Analysis of drugs samples from Punjab & Goa States by our State Drugs Testing Laboratories is under process.

6. 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 30,000 auto generated SMS alerts will reach the various stake holders like retailers, wholesalers, Doctors and Enforcement Officers to prevent the use of substandard drugs.

7. During the Period 2014-15 well furnished auditorium with a seating capacity of 254 with latest lighting and sound system is provided in the Drugs Control Department Building to conduct awareness programmes.

Permission for 403 products for export purpose is granted on priority basis to the manufacturer situated in the State.

2538 certificates of pharmaceutical products (COPP) in World Health Organization format are issued to the manufacturers in the State for the registration of their products in the foreign countries.
8. Department in association with the Civic bodies successfully able to acquire the land for own office buildings in places of Mysore, Ramnagara, Gulbarga and Belgaum and the construction work of the buildings are in full swing with the target to have the offices by the financial year 2015-2016.

Construction of Regional Office at Mysore

Ramnagara Circle Office Building at Ramnagara
Construction of Circle Office Building at Bidar

2.6. FINANCE

Budget Allotment and Expenditure for the year 2014-2015
(1.4.2014 to 31.03.2015)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Plan</td>
<td>Non-plan</td>
</tr>
<tr>
<td>Sl. No.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2210-06-104-0-01</td>
<td>500.00</td>
</tr>
<tr>
<td>2</td>
<td>2210-06-104-0-02</td>
<td>175.00</td>
</tr>
<tr>
<td>3</td>
<td>2210-06-104-0-12</td>
<td>349.00</td>
</tr>
<tr>
<td>4</td>
<td>2210-06-104-0-13</td>
<td>256.00</td>
</tr>
<tr>
<td>5</td>
<td>2210-01-110-1-17</td>
<td>70.00</td>
</tr>
<tr>
<td>6</td>
<td>2210-05-105-1-14</td>
<td>50.00</td>
</tr>
<tr>
<td>7</td>
<td>4210-03-105-02-03</td>
<td>447.00</td>
</tr>
<tr>
<td>Total</td>
<td>1847.00</td>
<td>1917.49</td>
</tr>
</tbody>
</table>
Expenditure under plan 77% and under Non-Plan is 85%

Central Sector

(₹ in lakhs)

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>BUDGET HEAD</th>
<th>Budget allotment for 2014-15</th>
<th>Expenditure for the year 2014-15 (upto 31.03. 2015)</th>
</tr>
</thead>
<tbody>
<tr>
<td>II</td>
<td></td>
<td>Plan</td>
<td>Non-Plan</td>
</tr>
<tr>
<td>1.</td>
<td>2210-05-105-1-15 Central Plan Schemes for Research work in Govt., College of Pharmacy, Bangalore and Development of Post graduate courses</td>
<td>118.00</td>
<td>-</td>
</tr>
<tr>
<td>TOTAL:</td>
<td></td>
<td>118.00</td>
<td>-</td>
</tr>
</tbody>
</table>

Expenditure  78%
## REVENUE RECEIPTS FOR THE YEAR 2014-15

(1.4.2014 to 31.03. 2015)  
(₹ in lakhs)

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>BUDGET HEAD</th>
<th>2014-15 Budget Estimate</th>
<th>Revenue Receipts for the year 2014-15 (upto31.03. 2015)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>0210-04-104-2-01 Drugs Controller</td>
<td>800.00</td>
<td>348.25</td>
</tr>
<tr>
<td>2.</td>
<td>0210-03-105-0-01 Government College of Pharmacy &amp; Board of Examining Authority</td>
<td>150.00</td>
<td>187.87</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>950.00</strong></td>
<td><strong>536.12</strong></td>
<td></td>
</tr>
</tbody>
</table>
PART III

AYURVEDA, YOGA & NATURE CURE, UNANI, SIDHA
AND HOMOEOPATHY (AYUSH DEPARTMENT)
3.1. Organisation Set Up

**Government of Karnataka**

**COMMISSIONER**

Health and Family Welfare & AYUSH Services

**DIRECTOR**

Department of AYUSH
(Ayurveda, Yoga & Naturopathy, Unani, Siddha & Homoeopathy)

- Chief Administrative Officer
- Joint Director (M.E)
  - Deputy Director (Ayu)
  - Deputy Director (Unani)
  - Deputy Director (Hom)
  - Deputy Director (NC & Yoga)

- Administrative Officer
- Accounts Officer
- Principals Govt/ Aided/Un Aided Ayush Medical Colleges

- District AYUSH Officers
- SENIOR MEDICAL OFFICER (AYUSH)
- MEDICAL OFFICER (AYUSH)

- Planning Officer
- Prog. Officer: -CSS -NHM -IEC&TRAINING

- Deputy Director (Pharmacy)
- Asst. Controller of Drugs

- Joint Director
- Deputy Director (Pharmacy)

- Deputy Director (Ayu)
- Deputy Director (Unani)
- Deputy Director (Hom)

- Drug Inspector

83
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) Systems of Medicine. 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 (ME), One Chief Administrative Officer, 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 the Dist. Hospitals, Taluk Hospitals and Dispensaries of the Districts.

The Budgetary provision for the year 2014-15 is as follows:

(₹ in lakhs)

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<tr>
<th></th>
<th>State Sector</th>
<th>District Sector</th>
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The Staff Position of the Department is as follows:

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3.2. HEALTH SECTOR

The Hospitals and Dispensaries which comes under ZP Sector are being monitored by the concerned District AYUSH Officer, 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 31-03-2015.

The system wise break up is given here under

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<tr>
<th>Sl. No</th>
<th>Systems</th>
<th>No. of Hospitals</th>
<th>No. of Beds.</th>
<th>No. of dispensaries</th>
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<td>563</td>
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<td>Unani</td>
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<td>402</td>
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<td>Nature Cure</td>
<td>06</td>
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<tr>
<td>5</td>
<td>Yoga</td>
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<td><strong>2445</strong></td>
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DISTRICTWISE DISPENSARIES OF AYUSH DEPARTMENT IN STATE AS ON 31-03-2015

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<th>Ayurveda</th>
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<th>Nature Cure</th>
<th>Total</th>
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<tr>
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**DISTRICTWISE HOSPITALS OF AYUSH DEPARTMENT IN STATE AS ON 31-03-2015**

**Hospitals**

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<th>Sl. No</th>
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<th>Homoeopathy</th>
<th>Nature Cure</th>
<th>Yoga</th>
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TOTAL 563 50 43 5 661
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<td><strong>1732</strong></td>
<td><strong>18</strong></td>
<td><strong>402</strong></td>
<td><strong>16</strong></td>
<td><strong>250</strong></td>
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### 3.3. **AYURVEDA SYSTEM**

There are **Four** Ayurveda Teaching Hospitals are functioning in the state as shown below:

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<th>Sl.No</th>
<th>Hospitals Details</th>
<th>Bed Strength</th>
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<tbody>
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<td>1</td>
<td>Sri Jayachamarajendra Institute of Indian Medicine, <strong>Bangalore.</strong></td>
<td>275 beds</td>
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<tr>
<td>2</td>
<td>Government Ayurveda Medical College and Hospital, <strong>Mysore.</strong></td>
<td>200 beds</td>
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<tr>
<td>3</td>
<td>Taranatha Government Ayurveda Medical College and Hospital, <strong>Bellary.</strong></td>
<td>150 beds</td>
</tr>
<tr>
<td>4</td>
<td>Government Ayurveda Medical College and Hospital, <strong>Shimoga.</strong></td>
<td>100 beds</td>
</tr>
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</table>
Ayurveda Hospitals functioning in the district places under Z.P. control are noted below

<table>
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<tr>
<th>Sl.No.</th>
<th>Name of the District</th>
<th>Bed strength</th>
<th>Taluk level Hospitals</th>
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<tbody>
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<td>1</td>
<td>Vijayapur</td>
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<td>2</td>
<td>Dharwar</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Karwar</td>
<td>10</td>
<td>10 beds</td>
</tr>
<tr>
<td>4</td>
<td>Mandya</td>
<td>25</td>
<td>6 beds</td>
</tr>
<tr>
<td>5</td>
<td>Hassan</td>
<td>25</td>
<td>25 hospitals</td>
</tr>
<tr>
<td>6</td>
<td>Madikeri</td>
<td>10</td>
<td>29 hospitals</td>
</tr>
<tr>
<td>7</td>
<td>Tumkur</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Bidar</td>
<td>15</td>
<td>10 beds</td>
</tr>
<tr>
<td>9</td>
<td>Raichur</td>
<td>15</td>
<td>06 beds</td>
</tr>
<tr>
<td>10</td>
<td>Koppal</td>
<td>06</td>
<td>05 beds</td>
</tr>
<tr>
<td>11</td>
<td>Chamarajanagara</td>
<td>10</td>
<td>There are 112 Hospitals &amp; 563 Ayurvedic dispensaries functioning in the State.</td>
</tr>
<tr>
<td>12</td>
<td>Gadag</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Bagalkot</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Kalaburgi</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Mangalore</td>
<td>15</td>
<td></td>
</tr>
</tbody>
</table>

3.4. UNANI SYSTEM

There is one Unani teaching Hospital functioning in the state details shown below.

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Hospital Details</th>
<th>Bed Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Government Unani Medical College and Hospital, Bangalore.</td>
<td>100 beds</td>
</tr>
</tbody>
</table>

Unani Hospitals functioning in the State details as shown below

<table>
<thead>
<tr>
<th>Sl.No</th>
<th>Place</th>
<th>Bed strength</th>
<th>Dist. &amp; Taluk Level Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Bangalore</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Mysore</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Kalaburgi</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Bellary</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Bidar</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Vijayapur</td>
<td>10</td>
<td>10 beds</td>
</tr>
<tr>
<td>7</td>
<td>Shimoga</td>
<td>10</td>
<td>6 beds</td>
</tr>
<tr>
<td>8</td>
<td>Raichur</td>
<td>10</td>
<td>There are 50 Unani Hospitals</td>
</tr>
</tbody>
</table>
### Dist. & Taluk Level Hospitals

<table>
<thead>
<tr>
<th>Sl.No</th>
<th>Place</th>
<th>Bed strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Bangalore</td>
<td>100</td>
</tr>
<tr>
<td>2</td>
<td>Mysore</td>
<td>20</td>
</tr>
<tr>
<td>3</td>
<td>Kalaburgi</td>
<td>50</td>
</tr>
<tr>
<td>4</td>
<td>Bellary</td>
<td>10</td>
</tr>
<tr>
<td>9</td>
<td>Ramanagar</td>
<td>10</td>
</tr>
<tr>
<td>10</td>
<td>Tumkur</td>
<td>10</td>
</tr>
<tr>
<td>11</td>
<td>Manvi, Raichur Dist.</td>
<td>06</td>
</tr>
<tr>
<td>12</td>
<td>Thimmapur Rangampet, Yadagiri Dist.</td>
<td>06</td>
</tr>
<tr>
<td>13</td>
<td>Alanda, Kalaburgi District,</td>
<td>10</td>
</tr>
</tbody>
</table>

### Homoeopathy Hospitals

There is one Unani teaching Hospital functioning in the state details shown below

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Hospital Details</th>
<th>Bed Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Government Homoeopathy Medical College and Hospital, Bangalore</td>
<td>100 beds</td>
</tr>
</tbody>
</table>

Homoeopathy Hospitals functioning in the State details as shown below

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Name of the district</th>
<th>Bed strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Kalaburgi</td>
<td>15</td>
</tr>
<tr>
<td>2</td>
<td>Mysore</td>
<td>10</td>
</tr>
<tr>
<td>3</td>
<td>Hassan</td>
<td>10</td>
</tr>
<tr>
<td>4</td>
<td>Shimoga</td>
<td>10</td>
</tr>
<tr>
<td>5</td>
<td>Bellary</td>
<td>10</td>
</tr>
<tr>
<td>6</td>
<td>Vijayapur</td>
<td>10</td>
</tr>
<tr>
<td>7</td>
<td>Kolar</td>
<td>10</td>
</tr>
<tr>
<td>8</td>
<td>Mangalore</td>
<td>10</td>
</tr>
<tr>
<td>9</td>
<td>Kodagu</td>
<td>10</td>
</tr>
<tr>
<td>10</td>
<td>Bangalore</td>
<td>05</td>
</tr>
<tr>
<td>11</td>
<td>Badami, Baglakote Dist,</td>
<td>10</td>
</tr>
<tr>
<td>12</td>
<td>Sakaleshpura, Hassan Dist,</td>
<td>10</td>
</tr>
</tbody>
</table>

There are 43 Homoeopathic Dispensaries are functioning in the state.
3.6. NATURE CURE AND YOGA SYSTEM

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Name of the district Place</th>
<th>Bed strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>K.G.Koppal, Mysore Dist.</td>
<td>06</td>
</tr>
<tr>
<td>2</td>
<td>Somavarpet, KodaguDist.</td>
<td>10</td>
</tr>
<tr>
<td>3</td>
<td>Gundlupet, Chamarajanagar Dist.</td>
<td>10</td>
</tr>
</tbody>
</table>

Two 10 bedded Nature Cure hospitals are functioning in Bangalore and Bellary Ayurveda Teaching Hospitals. 5 Nature cure dispensaries functioning in Rural areas.

YOGA

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

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 Total Number of Samples tested by Drug Testing Laboratory in the year 2014-15.

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Types of Drugs Tested</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Legal Sample</td>
<td>53</td>
</tr>
<tr>
<td>2</td>
<td>Survey Sample</td>
<td>09</td>
</tr>
<tr>
<td>3</td>
<td>Ayurveda Medicines</td>
<td>346</td>
</tr>
<tr>
<td>4</td>
<td>Unani Medicines</td>
<td>71</td>
</tr>
<tr>
<td>5</td>
<td>Raw Drugs</td>
<td>394</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>873</strong></td>
</tr>
</tbody>
</table>

Total Number of Samples tested 873
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. There is one Assistant Drug Controller and two Drug Inspectors in the unit who are under the control of the Drug Licensing Authority. Government also has created Ayush Drug Control Unit each at Mysore, Belagavi & Kalburgi Revenue Districts.

The number of licenses issued to manufacture Ayurveda, Unani and Homoeopathy Medicine as on 31-03-2015 are as follows

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Systems</th>
<th>No. of Manufacturing license holders</th>
<th>Loan license</th>
<th>No. of Sales</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Whole sale</td>
</tr>
<tr>
<td>1</td>
<td>Ayurveda</td>
<td>233</td>
<td>169</td>
<td>--</td>
</tr>
<tr>
<td>2</td>
<td>Unani</td>
<td>01</td>
<td>0</td>
<td>--</td>
</tr>
<tr>
<td>3</td>
<td>Homoeopathy</td>
<td>13</td>
<td>0</td>
<td>68</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>247</strong></td>
<td><strong>169</strong></td>
<td><strong>68</strong></td>
</tr>
</tbody>
</table>

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 31-03-2015 are as follows

<table>
<thead>
<tr>
<th>Sl.No</th>
<th>Name of System</th>
<th>No. of practitioners</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ayurveda</td>
<td>32346</td>
</tr>
<tr>
<td>2</td>
<td>Unani</td>
<td>1756</td>
</tr>
<tr>
<td>3</td>
<td>Integrated systems</td>
<td>2425</td>
</tr>
<tr>
<td>4</td>
<td>Naturopathy &amp; Yoga</td>
<td>574</td>
</tr>
<tr>
<td>5</td>
<td>Siddha</td>
<td>04</td>
</tr>
<tr>
<td>6</td>
<td>Homoeopathy</td>
<td>12385</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>49490</strong></td>
</tr>
</tbody>
</table>
3.10. ACHIEVEMENTS FOR THE YEAR 2014-15

1. Approximately 14.50 Lakhs out patients and 1.10 lakhs inpatients have taken AYUSH treatment across the state.

2. Approximately 1800 school teachers have trained who inturn impart the yoga training to their school children to improve physical as well as mental ability.

3. The department has carried out AYUSH Awareness programmes, “AYUSH Health camps”, and “Home Remedy” programme to benefit the common people.

4. Govt. has upgraded Kalburgi, Roja (B) Govt. Unani Dispensary into 50 bedded Govt. Unani Hospital in Kalaburgi City.

5. Govt. sanctioned 100 bedded Govt. Unani Teaching Hospital attached to Govt. Unani Medical College, Bangalore.

6. Central Council for Homeopathy has given permission to Govt. Homeopathy Medical College, Bangalore to start P.G. Courses in 5 subjects and State Govt. has increased U.G. seats from 40 to 100.

Proposed plan for the year 2015-16

1. For effective implementation and utility of Ayush medical system Govt. of Karnataka with collaboration of Govt. of India is planned to launch National Ayush Mission.

2. For Effective Public Health Service the Govt. is planned to strengthen Ayush Educational institutions, Hospitals and Dispensaries by providing necessary infrastructure and awareness through I.E.C.

3. As announced in the Budget Speech of 2015-16 the State is planned to start 50 bedded combined Ayush Hospitals at Gadag and Mangalore.

4. It Is Planned To Conduct Home Remedy, Health camps and I.E.C. Programmes in the Rural areas of the state.

3.11. AYUSH MEDICAL EDUCATION

The details of Medical Colleges under this Department as follows

<table>
<thead>
<tr>
<th>System</th>
<th>Government No.</th>
<th>Intake</th>
<th>Aided colleges</th>
<th>No.</th>
<th>Intake</th>
<th>Unaided Colleges</th>
<th>No.</th>
<th>Intake</th>
<th>Total No. of Colleges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayurveda</td>
<td>3</td>
<td>150</td>
<td>5</td>
<td>310</td>
<td>51</td>
<td>2505</td>
<td>59</td>
<td>2965</td>
<td></td>
</tr>
<tr>
<td>Unani</td>
<td>1</td>
<td>50</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>160</td>
<td>04</td>
<td>210</td>
<td></td>
</tr>
<tr>
<td>Homoeopathy</td>
<td>1</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>775</td>
<td>11</td>
<td>875</td>
<td></td>
</tr>
<tr>
<td>Yoga &amp; Nature Cure</td>
<td>1</td>
<td>25</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>270</td>
<td>04</td>
<td>295</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>06</td>
<td>325</td>
<td>5</td>
<td>310</td>
<td>67</td>
<td>3710</td>
<td>78</td>
<td>4345</td>
<td></td>
</tr>
</tbody>
</table>
These AYUSH Medical colleges are affiliated to Rajiv Gandhi University for 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 (BAMS) MEDICAL COLLEGES

FOUR Government Ayurveda Medical Colleges are functioning in the State. The Details of the UG & PG seats (subject wise) in Colleges is as follows.

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of the College</th>
<th>Intake Seats</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>UG</td>
</tr>
<tr>
<td>1</td>
<td>Government Ayurvedic Medical College, Bangalore.</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Government Ayurvedic Medical College, Mysore.</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Taranatha Government Ayurveda Medical College, Bellary.</td>
<td>40</td>
</tr>
<tr>
<td>4</td>
<td>Government Ayurvedic Medical College, Shimoga.</td>
<td>50</td>
</tr>
</tbody>
</table>

**Total 200**

### 3.13. UNANI (BUMS) MEDICAL COLLEGES

One Government Unani Medical College is functioning at Bangalore with an intake capacity of 50 students per Year.

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Name of the College</th>
<th>Intake Seats</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>UG</td>
</tr>
<tr>
<td>1</td>
<td>Government Unani Medical College, Bangalore.</td>
<td>50</td>
</tr>
</tbody>
</table>

### 3.14. HOMOEOPATHY (B.H.M.S) MEDICAL COLLEGE

One Government Homoeopathy Medical College is functioning at Bangalore, from this year Govt. increases intake capacity of U.G. Seats 40 to 100. Central
Council for Homeopathy given permission to Govt. Homeopathy Medical College, Bangalore to start P.G. Courses in 5 subjects.

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Name of the College</th>
<th>Intake Seats</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>UG</td>
</tr>
<tr>
<td>1</td>
<td>Government Homeopathy Medical College, Bangalore.</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3.15. **NATURE CURE & YOGA MEDICAL COLLEGE (BNYS)**

One Government Nature Cure and Yoga college is functioning at Mysore. The Intake capacity of the college is 25 students.

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Name of the College</th>
<th>Intake Seats</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Government Nature Cure and Yoga college, Mysore.</td>
<td>25</td>
</tr>
</tbody>
</table>

3.16. **Other Activities**

**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 demonstration to the students and green herbs required for the hospitals are being grown in these herb gardens. Further, “DhanvantriVana” has been established in 37 acres of land at Nagadevnahalli near Bangalore University campus for development of herbarium and about 500 varities 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, 463 applications have been received at end of March 2014 and the information sought in for has been given. ₹ 11,869/- has been collected and required information was provided.
BIO MEDICAL WASTAGE MANAGEMENT

Under the guideline of the Karnataka State Pollution Control Board and Honourable LokAdalath, from 2011-12. AYUSH Department has maintained Bio-Medical wastage management of Government AYUSH Hospitals and Dispensaries in the state.

SAKAALA YOJANE

Under the new scheme “SAKAALAYOJANE” AYUSH Department has giving 3 Services to public is as follows

1. Issue of Medical Certificate
2. To open a Drug Stores issuing License.
3. As per THE DRUGS AND CONSMATICS ACT and Rules there under issue of Performance and No Conviction Certificates.

NHM 2014-15 Achievements

District level

Man Power

1. Appointment and continuation of services of Ayush Doctors 598.
2. Appointment and continuation of services of Computer Operator 27.
3. Appointment and continuation of services of Cleaning Person 250.
4. Appointment and continuation of services of Staff of Panchakarma Centre 13 Centre’s (7 each presenters)

NHM 2014-15 Achievements

State level

Man Power

1. Salary For Staff of State Wing of NHM total 7 members
2. Establishment of Yoga Naturopathy Hospital in the premises of taluk hospital under PPP mode in association with Shanthivana Trust. 10 such centre’s established under NHM and salary paid under NHM scheme

Trainings

5 Training Programmes conducted in 2014-15, 141 doctors training in different technical skills.

*****