

## CHAPTER XVI

### MEDICAL AND PUBLIC HEALTH SERVICES

FROM the early times, the Ayurvedic system has been prevalent in the area as in other parts of India. The Ayurvedic doctors (*vaidyas*) were noted for their knowledge of the medical properties of many herbs, plants, etc. The medicines that were supplied to the patients were well within the means of the clientele, and there was no need to depend on costly drugs since the required herbs, plants and the like were easily available in the rural areas. Many simple remedies were fairly efficacious for common ailments. In many villages there were at least one or two families which were well-versed in the Ayurvedic system of medicine. The *vaidyas* some of whom have received institutional training, have continued to carry on their practice both in the urban and rural areas and the common people have considerable faith in the system. There are a few Ayurvedic dispensaries also in the district.

#### Earlier Period

With the advent of the Muslim rule in the region in the fourteenth century, the Unani system of medicine was introduced and helped by the rulers during the several centuries since then. But this did not displace the practice of Ayurveda. The Unani doctors (*hakims*) did not penetrate into the rural areas, their practice being generally confined to the towns. They enjoyed not only the patronage of the Muslim aristocracy but also of a considerable section of the Hindus. The Bahamani King Alaud-din Ahmed II (1436-1458 A.D.) ordered construction of a splendid *Shafa Khana* (hospital) at Bidar for which several villages were endowed to meet its expenditure. Both Hindu and Muslim physicians were appointed to look after this hospital which catered for patients of all communities. In the *Shafa Khana* besides the Unani, the Ayurvedic system was also made use of for treatment by employing the *Vaidyas*, and medicines and diet were provided free of cost to the patients. It is understood that

Khawaja Mahmud Gawan, the renowned scholarly prime minister of the Bahamani Sultan in the fifteenth century greatly encouraged the Unani system of medicine. After the fall of the Bahamanis, the successive Muslim dynasties continued to extend every help to the Unani system and its practitioners. In the year 1890 A.D. a separate Department of Unani Medicine was formed by the Nizam's Government, for starting and maintaining Unani dispensaries at Hyderabad and other bigger towns of the Hyderabad State.

With the close contact with the English East India Company and the British officers the Western System of medicine came into vogue. Nasir-ud-Doula, the sixth Nizam, ushered in the Allopathic system in the Hyderabad State. A Medical Department was created in the year 1844. It had only some curative functions and except for vaccination against small-pox there was no other preventive medicine in use until 1912. Though the heavy mortality caused by the out-breaks of epidemics such as cholera and plague, awakened the Government to the need for more active State participation in respect of health of the people, the efforts were confined to the promotion of sanitation by making it one of the important duties of the local bodies. The level of health services was unsatisfactory even in urban areas and the position was much worse in rural parts. Sanitary reform, village planning and housing schemes were practically unknown in the rural parts of the State, while such medical and maternity relief as had been provided was totally inadequate to meet the needs of the people.

In the year 1913, the head of the Medical Department was also designated as the Sanitary Commissioner. In the same year travelling dispensaries one for each district were started and they were headed by Assistant Surgeons who were also *ex-officio* District Sanitary Assistants. Compulsory primary vaccination of children between the ages of six and twelve months was introduced in the State in 1922 during which year a Department of Public Health was established. A detailed survey of hook-worm infection was completed in some parts of the country in 1927 by the anti-ankylostomiasis campaign of the International Health Board under the Rockefeller Foundation of America and the immensity of the problem was clearly demonstrated. As a result, the Government started a rural sanitation campaign in 1928 for the prevention and control of hook-worm infection in the State. The rural sanitation staff consisted of one sanitation unit which worked in the several districts by rotation. The chief activities of this unit were: (1) educational propaganda on prevention of hook-worm infestation and the dangers of soil pollution, (2) hook-worm treatment and (3) provision of latrines in the villages.

During the  
rule of  
Nizams

At the end of 1934, a separate Deputy Director of Public Health was put in charge of public health matters of the State to assist the Director of Medical and Public Health Department. The Unani units were continued to be under a separate Unani Medical Department. A District Hospital was inaugurated at Bidar in 1935. Later on, dispensaries were started in some taluk headquarters.

#### Sanitation

After the introduction of community development schemes and after the establishment of new local bodies, high importance has been attached to sanitation. Primary health centres were established for providing both curative and preventive services in the rural areas. The village panchayats are also taking up rural sanitation work in their respective places by way of construction of drains, soak-pits, hand-flush latrines, etc. Rural water supply schemes are being implemented for supply of wholesome water to the villagers. Under a scheme taken up in the year 1950, qualified practitioners of both Western and Indian systems of medicine were given small subsidies as an inducement to settle down in selected villages and to set up private practice there. The liability of the Government on account of the scheme was restricted to the payment of subsidy for the medical practitioner and the midwife. The cost of medicines and other contingent charges were met by the local boards concerned. The grant of subsidy was made subject to the condition that the medical practitioner should give free treatment to the needy. The practitioner was at liberty to accept such fees for medical attendance and treatment as he could get from the well-to-do patients. Besides, these dispensaries were maintained entirely from the funds of local boards.

During the recent famine years of 1971-72 and 1972-73, there was some occurrence of dysentery, gastro-enteritis, disorders of gastro intestinal tract and deficiency disease specially of Vitamin A and Vitamin B. But the spread of these diseases was checked by giving timely treatment to the ailing persons. To check their growth, two mobile medical units were started one with its headquarters at Humnabad for the taluks of Basavakalyan, Bidar and Humnabad, and the other at Bhalki as its headquarters for the taluks of Bhalki and Aurad. Each of these units consisted of one Male Medical Officer, one Lady Medical Officer, one Junior Health Inspector, one Pharmacist and one Auxiliary Nurse-Midwife. These Mobile Medical Units were well equipped and treated the patients on the spot. An amount of Rs. 1,28,284 was spent on drugs, diet, etc., during the recent two famine years on these two mobile units. In addition to these two mobile medical units, the

dispensaries in the district were also provided with additional drugs to treat the ailing patients.

Before the reorganisation of States the medical and health services in the district were looked after by an officer designated as Civil Surgeon and Health Officer. After 1st November 1956, a separate post of District Health Officer was created who was posted to be in charge of administration of all curative and preventive health services in the district. The Medical and Public Health Departments of the State were amalgamated in 1965. An officer designated as Director of Health and Family Planning Services (Recently, in 1977, the Department is redesignated as Health and Family Welfare Services and may be referred to accordingly wherever the word 'Family Planning' occurs) was the head of the reorganised Department at the State level. At the district-level, two independent officers were appointed, *viz.*, District Surgeon in charge of the District Headquarters Hospital and district Health and Family Planning Officer. Both these officers are responsible to the Regional Deputy Director of Health and Family Planning Services, Gulbarga Division, Gulbarga.

Reorganisa-  
tion of  
Department

The District Health and Family Planning Officer, Bidar, is in charge of the public health and family-planning wing of the Department at the district-level. He is both a technical and administrative officer and deals with public health matters such as control of epidemics, malaria eradication, maternity and child welfare, vital statistics, sanitation, health education and laboratory work associated with public health. His functions as Family-Planning Officer include propaganda on family planning, supply of contraceptives, conducting of camps for vasectomy and tubectomy operations and loop insertions. In addition, curative health services, preventive health services, technical guidance to local bodies on matters pertaining to public health are also attended to by him. He is also in overall charge of all the medical institutions at the taluk-level in the district.

Under the Family Planning Programme, he is assisted by a male Medical Officer of Health, a Lady Medical Officer, two District Extension Educators (one male and one female), one Assistant District Health Officer for the whole district, one Medical Officer of Health for Aurad, Bidar and Bhalki taluks, and another Medical Officer of Health for Basavakalyan and Humnabad taluks, two Health Assistants, a Nurse, a Statistical Assistant, a Projectionist and necessary ministerial and class IV officials. In so far as the work of the District Laboratory is concerned, the District Health and Family Planning Officer is assisted by a Medical

Officer of Health, four Senior Laboratory Technicians, four laboratory attenders and two peons. Under the Maternity and Child Health Programme, there is a District Nursing Supervisor to assist the District Health and Family Planning Officer. In addition, medical officers and staff of several medical institutions in the taluks such as Primary Health Centres, Health Unit Type Dispensaries, Combined Dispensaries, Civil Dispensaries and Reduced Scale Local Fund Dispensaries are also under the administrative control of the District Health and Family Planning Officer.

**Vital  
statistics**

With a view to securing better registration of births and deaths, rules were revised in 1915-16 according to which inspecting revenue officers were required to scrutinise entries made in the registers maintained by the village officers. A new regulation was issued in 1918 with a view to improving the system and it laid down that the entries with reference to births and deaths had to be certified by a technical officer after a sample check-up in the area concerned. This proved helpful in correcting the deficiencies to some extent. In urban areas, however, the bye-laws of the municipalities provided for the registration of births and deaths. Now, the Director, Bureau of Economics and Statistics, Bangalore, is the authority to enforce the provisions of the Acts on registration of births and deaths.

A new legal measure called the Registration of Births and Deaths, 1969, was brought into force in the district in 1970 in order to streamline the system. Now live births, still births, deaths and other related statistics are registered by the village *Patels* in rural areas who are designated as Registrars for the purpose. They have to send the monthly returns to the Tahsildar of the taluk. The Deputy Commissioner of the district has been designated as the District Registrar of Births, Deaths and Marriages. The District Statistical Officer is the Additional District Registrar of Births and Deaths. Through the Tahsildars of the taluks, the births, deaths and other related statistics are sent to the Director, Bureau of Economics and Statistics, Bangalore, who is the *ex-officio* Chief Registrar of Births, Deaths and Marriages. There is also a Joint Director for Demography for looking after the implementation of the Act and Rules in the State, and a Deputy Director who is in charge of vital statistics, has been appointed as the Deputy Chief Registrar. In the urban areas, the Health and Sanitary Inspectors of the municipalities collect these statistics and send them to the Chief Registrar. In respect of health unit areas, the Health and Sanitary Inspectors

collect the statistics and during their visits, they have to check up the figures registered by the village officers.

A Sample Registration System was introduced in Karnataka in 1966 in the rural areas and in 1968 in the urban areas. The scheme was launched by the Registrar General of India with the aim of providing reliable annual estimates of vital rates of births and deaths on a current and continuous basis for the rural and urban areas at the State and National levels. In order to record the extra events which occurred and missed by the enumerators and supervisors during the previous half year, the six months reference period was extended to one year and the period relating to the previous half year is termed as extended reference period. Usually, now a local school teacher is asked to maintain a continuous record of births and deaths as they occur, in respect of the usual residents of the sample area. The school teacher entrusted with this work is paid an honorarium. Seven rural units were selected in Bidar district for this purpose out of 150 rural and 60 urban sample units in the State.

Sample  
Registration  
System

The rise or fall in population of an area can be attributed to some extent to the condition of health and well-being of the people, medical facilities available, standard of living, attitude about family-planning, etc., and there may be other causes like migration and immigration of people from one area to another for various reasons (See Chapter III also).

The crude birth-rate is defined as the number of live births per thousand of mid-year population in any given year. Similarly, the crude death-rate is defined as the number of deaths per thousand of mid-year population in any given year. It is stated by the State Bureau of Economics and Statistics that the registration of vital events has been found to be deficient to a considerable extent. Based on the information received from the Chief Registrar of Births, Deaths and Marriages, the sub-joined table gives the number of births and deaths reported from 1970 to 1975 :

Crude Birth  
and Death  
rates

Year	No. of births reported	No. of deaths reported
1970	4,481	2,147
1971	4,787	1,950
1972	6,218	2,172
1973	5,705	4,641
1974	6,480	3,121
1975	8,511	3,041

The registered death-rate has been generally falling since 1961. The fall in the death-rate is, to a large extent, due to the intensive, preventive and curative facilities provided and a better standard of living. There has been a systematic drive to control epidemics. The fall in the birth-rate may be attributed, to a certain extent, to the intensive family-planning drive that is being carried on for the past several years. There is a growing consciousness among the people, especially among the educated class, to limit their families.

**Infant and  
maternal  
mortality**

Still-birth-rate, prenatal rate, neo-natal rate and post-natal rate are the components and other related indicators of infant mortality. Infant mortality was considerably high in the district in the early decades of this century. The main causes for such deaths are prematurity, bronchitis, diarrhoea, dysentery, fevers, convulsions, sepsis and respiratory diseases. The infant mortality rate has, however, been considerably reduced in recent years with the introduction of modern system of midwifery and rapid implementation of maternity and child welfare services under the plan programmes. The annexed table indicates the number of registered still-births and infant-deaths for the years from 1971 to 1975 as furnished by the Chief Registrar of Births, Deaths and Marriages :

<i>Year</i>	<i>No. of still- births reported</i>	<i>No. of infant deaths reported</i>
1971	80	144
1972	313	142
1973	205	200
1974	197	229
1975	247	294

The main causes for maternal deaths are anaemia, haemorrhage, eclampsia and difficult labour. As in the case of infant-mortality, the rate of maternal mortality, which was high in the earlier decades has been reduced in recent years. This is mainly due to increased facilities provided for the pre-natal and post-natal treatment in the several hospitals and health centres in the district. The sub-joined table shows the year-wise number of maternal deaths reported to the Chief Registrar of Births, Deaths and Marriages :

<i>Year</i>	<i>No. of maternal deaths reported</i>	<i>Year</i>	<i>No. of maternal deaths reported</i>
1971	14	1975	12
1972	9	1975	22
1973	10		

Common diseases

There are insanitary conditions and use of unprotected water, especially in the rural areas. The poorer sections of the people are affected by under-nutrition and mal-nutrition. The common diseases for which a majority of patients are treated in health centres and dispensaries in the district are fevers, diarrhoea, dysentery, and respiratory diseases. The other diseases are pneumonia, typhoid, digestive diseases, gastro-enteritis, worms, ulcers, anaemia, skin diseases, etc. The statement given below shows the number of deaths caused by various diseases in the district from 1971 to 1975 as furnished by the Chief Registrar of Births, Deaths and Marriages :

Year	Deaths due to			
	Plague	Cholera	Malaria	Smallpox
1971	1	19	985	193
1972	..	16	74	3
1973	..	26	100	15
1974	..	3	79	19
1975	..	6	59	8

Cholera control

Cholera is one of the most dreaded communicable diseases. In recent years, there has been a considerable decrease in the incidence of cholera in the district. Whenever there is an outbreak of cholera, groups of necessary health staff are rushed to the places for anti-cholera inoculations. It is found to be very difficult to eradicate cholera because of lack of good environmental sanitation and use of unprotected water. The following table gives the number of cholera attacks and deaths and the number of persons inoculated during the years from 1972 to 1975 :

Year	Attacks	Deaths	Anti-cholera inoculations done
1971	402	nil	1,50,730
1972	490	406	1,80,434
1973	41	nil	1,88,330
1974	15	1	52,281

National Small-pox Eradication

Small-pox was persisting in the district. The incidence was high during the pre-independence years, with a gradual decrease in the later years. The Government set up an expert committee in 1959 to suggest ways and means of eradicating both small-pox and cholera in the State. Based on the recommendations of this committee large scale efforts were made through primary vaccinations to bring the disease under control. The attack phase of the National Small-pox Eradication Programme was completed in March 1974 after covering



85 per cent of the population. The district entered the maintenance phase in the year 1964. The vaccination work is being conducted by Vaccinators, Basic Health Workers and Auxiliary Nurses and Midwives. Vaccination of babies under the age group of 0-1 month is also undertaken by the medical and para-medical staff of the medical institutions. Efforts are being made to do hundred per cent primary vaccinations, and re-vaccinations once in four years. The Government has announced a reward of Rs. 1,000 for those who detect and report small-pox cases. The table given hereunder shows the vaccination figures and number of attacks and deaths from 1970 to 1975 :

Year	Primary vaccination	Re-vaccination	Total	Attacks	Deaths
1970	40,721	80,023	1,20,744	..	..
1971	53,365	88,819	1,42,184	..	..
1972	58,593	2,28,263	2,86,856	24	4
1973	53,581	1,44,226	1,97,807	5	1
1974	48,684	1,84,965	2,33,649	3	1
1975	50,334	1,55,654	2,05,988	nil	nil

**Plague**

The district is very nearly free from the ravages of plague. It may be said that this disease is now completely under control and the incidence has been almost nil in recent years.

**Typhoid**

Typhoid has been prevalent in the district causing some deaths every year. As and when typhoid cases are reported, the health authorities undertake preventive measures such as administering T.A.B. inoculations, chlorination of sources of drinking water and disinfection of infected houses and the patients are treated on the spot and the epidemic is brought under control.

**Malaria**

The National Malaria Eradication Programme is considered to be the biggest programme of the type in the world directed against a single communicable disease, namely, malaria. This national programme is envisaged to be completed in 1986. The incidence of malaria is now very low. Hence the programme to-day has pin-pointed two specific responsibilities, viz., how to continue to keep such areas free from infection and secondly how to liquidate the infection in the residential areas. The National Malaria Control Programme in the new Mysore State was switched over to the National Malaria Eradication Programme during the year 1958 with 19 units covering the entire State. These units started entering the Maintenance Phase of the programme in 1964-65.

In the Bidar district, the Attack Phase of the programme lasted for three years ending in 1958 for bringing down the incidence

of infection to a minimum level by the use of insecticides like D.D.T. and it was switched over to the Consolidation Phase in 1964. The area of the National Malaria Eradication Programme Unit at Bidar includes the five taluks of Bidar district and three taluks of Gulbarga district and divided among four sub-units. Each sub-unit covers roughly a population of two taluks and is headed by a Senior Malaria Inspector who is assisted by a Junior Malaria Inspector. Surveillance was introduced after two years of the Attack Phase in the year 1960. (The procedure by which individuals in an area with malaria parasites are detected is called surveillance). The Malaria Surveillance Worker has to visit every house once in a fortnight, where there are fever cases, collect blood smears from fever cases and gives presumptive treatment to fever cases with aminioquinoline tablets. If a positive case is detected, immediate action has to be taken for radical treatment of the case, mass and contact blood survey and D.D.T. spraying in order to check the spread of the disease. The sub-joined table gives the relevant figures from 1968 to 1975 :

Year	Blood smears collected and examined		Mass contact and follow-up action	Malaria Parasite Positive Cases	Radical treatment given
	Active	Passive			
1968	1,38,151	14,291	39,112	164	N.A.
1969	1,42,241	21,788	36,710	116	N.A.
1970	1,31,013	23,176	35,348	236	233
1971	1,09,749	25,059	38,499	336	335
1972	71,916	18,965	20,028	857	827
1973	1,27,993	35,673	40,379	3,858	2,436
1974	1,36,994	36,700	13,355	28,906	4,920
1975	1,39,074	31,721	4,945	41,188	13,757

In keeping with the Government policy of providing more and better medical facilities, primary health centres and units were established in the rural parts of the district during the successive Five Year Plan periods. In 1975, there were eight Primary Health Centres of the Government of India type covering a population of about 60 thousand each. On an average, there are six beds in each primary health centre and two beds in each primary health unit for the treatment of in-patients. The main basic health services that are being rendered to the rural people through these health centres and health units are :

- (1) curative service, (2) control of communicable diseases such as malaria, small-pox, cholera and tuberculosis, (3) family planning, maternity and child health services, (4) health education, (5) school health services, (6) collection of vital statistics and (7) environmental

**Primary Health Centres and Units**

sanitation. The staff attached to each of the Karnataka type health units comprises of an Assistant Medical Officer of Health, a Junior Health Inspector, a Pharmacist, three Midwives and three members of class IV staff.

The staff of each of the Government of India pattern health centres consists of one Medical Officer of Health, a Health Visitor, a Junior Health Inspector, a Pharmacist and three class IV officials, and in addition for looking after the family-planning aspect of the work there is an Extension Educator, a Pharmacist and a Health Assistant for every 20 to 30 thousand of population and an Auxiliary Nurse-Midwife for every ten thousand population under the Medical Officer of Health. A table showing the particulars of Primary Health Centres, Health Unit Type Dispensaries, Medical Sub-centres are given at the end of the chapter (Tables I to III). Under the malaria-eradication programme, there is a Medical Officer of Health, an Assistant Unit Officer, a Senior Microscopist, 17 Junior Microscopists, four Senior Malaria Inspectors, four Junior Malaria Inspectors, 111 Malaria Surveillance Workers, four Superior Field Workers and ten Field Workers. All these staff work under the control of the District Health and Family Planning Officer.

**Family-  
Planning**

A State branch of the Family Planning Board has been functioning since 1957. An extended family-planning programme was started in 1965 when a separate District Family Planning Bureau was established to look after, guide and co-ordinate the family-planning activities in the district. For purposes of better co-ordination and supervision of family-planning work, the District Health Officer was re-designated as District Health and Family Planning Officer. There are eight Primary Health Centres, each of which has been provided with a vehicle for facilitating the family planning work. Maternity-cum-sterilisation wards and residential quarters for the programme personnel, both at the Primary Health centre level and Medical Sub-centre level are being provided. The Bidar region was considered as an area of moderate growth-rate of population since the population increased by 24.26 per cent in the decade 1961-71 in this district as against 24.22 per cent in Karnataka State during that period.

**District  
Family-  
Planning  
Bureau**

Formerly, the family-planning programme was being implemented on the basis of clinical approach. This was found to be inadequate for the rural areas. Hence, the extension approach was adopted wherein the education and service facilities were extended to the door steps of the rural community and the entire population, both urban and rural, was brought under the extended re-organised family-planning programme in 1965. A District Family-Planning Bureau started functioning in the year 1965. An eligible couples

survey was taken up and completed in the entire district. It was found that the number of eligible couples for practising family planning methods was about one lakh. In June 1975, there were eight Family Planning Centres, one each at the eight Primary Health Centres in the district. In addition to these, the medical personnel of the various medical institutions in the district are co-ordinating the family-planning services.

The District Family-Planning Bureau is managing the programme operations with the help of five functional components, namely, (1) Mobile Sterilisation Unit, (2) Mobile I.U.C.D. Unit, (3) Education and Information Division, (4) Field Operator and Evaluation Division and (5) Administrative Division. These are directly responsible to the District Health and Family-Planning Officer who is the controlling officer and chairman of the District Mass Media Co-ordination Committee. All the key personnel in the organisation are progressively trained so as to enable them to act effectively in implementing the programme.

Facilities have been provided in all bigger medical institutions in the district for conducting vasectomy and tubectomy operations. Such operations are also being done at camps in rural areas arranged for the purpose under the supervision of the Medical Officer of Health (Family-Planning, Maternity and Child Health). In order to popularise these surgical methods of family-planning, the services of the private medical practitioners are also utilised wherever possible. The authorised private practitioners who render family planning services at their own clinics or nursing homes can claim Rs. 30 per case of vasectomy, Rs. 40 per case of tubectomy, and Rs. 11 per case of I.U.C.D., provided they render service free of cost to the patients, give free pre-and post-operative follow up treatment and attend to any complications noticed later on.

Vasectomy  
and  
Tubectomy

The Primary Health Centres in the district also conduct couple surveys, and selected couples are advised through individual contacts to adopt temporary or permanent family-planning methods. A device of family-planning for women popularly known as loop (an intra-uterine contraceptive device) was introduced in the district in the year 1965. Services are rendered either at medical institutions or at clinics and a sum of Rs. three is paid per case as compensation to the acceptor for the first time, and the worker who motivates the case is paid a rupee per case. *Nirodh* is being issued free of charge at the medical institutions and by the health workers during their domiciliary visits. In addition, it is being sold at subsidised rates at selected medical shops and at commercial shops.

Intensive propaganda through lectures, film shows, exhibitions, publicity, literature, etc., is being done throughout the district in

order to educate the people in respect of family-planning. In addition, family-planning fortnights are organised every year through out the district, when as many people as possible are covered under the programme. Orientation training camps are also conducted at certain selected centres for providing training to village leaders. The people in the district are evincing more interest than before in the family-planning programme. The sterilisation method (both male sterilisation and female sterilisation), I.U.C.D. placements and use of *nirodh* are becoming popular in the district. Relatively female sterilisation is more popular than male sterilisation and gaining a momentum. The tables given hereunder indicate the targets and achievements in respect of sterilisation, placements of I.U.C.D. and use of conventional contraceptives :

Year	Sterilisation Achievements			I.U.C.D. Insertions	
	Target	Vasec- tomy	Tubec- tomy	Target	Achieve- ment
1969-70	4,000	817	331	1,000	131
1970-71	4,560	441	754	1,160	39
1971-72	2,080	443	967	1,560	36
1972-73	3,540	18,624	776	600	43
1973-74	4,495	52	993	715	72
1974-75	3,000	46	1,304	740	183
1975-76	4,050	..	..	810	472

Year	Conventional Contraceptives			
	Condoms	Jelly and cream	Foam Tablets	C.C. users
1969-70	23,616	..	..	312
1970-71	22,417	135	14	349
1971-72	25,252	121	117	370
1972-73	47,002	6	140	683
1973-74	1,10,695	45	230	1,546
1974-75	1,44,583	78	..	2,008
1975-76	..	..	..	1,799

**Family-  
Planning  
action  
Committee**

There is a District-level Family-Planning Action Committee which is headed by the Deputy Commissioner as the Chairman and it is responsible to the Divisional Family-Planning Action Committee, Gulbarga. The District Health and Family-Planning Officer, the District Surgeon and several non-officials have been nominated as its members. It meets once in a quarter and reviews the progress,

examines administrative and operational problems, faced in implementing the programme and chalks out the plan. Professional organisations like the Indian Medical Association, Bidar branch, social service organisations like the Rotary and Lions Clubs, merchants' and farmers' associations, CARE have been involved in the programme and are co-ordinating their services in organising mass sterilisation camps in the district.

Besides the District Hospital at Bidar, in 1974-75, there were a General Hospital at Basavakalyan, eight primary health centres, one police health centre, five civil dispensaries, one Reduced Scale Local Fund dispensary, five Government Ayurvedic dispensaries, seven medical sub-centres, nine health unit type dispensaries, and two Government Unani dispensaries. A hospital is being maintained by the Gurudwara Sahib Nanak Jhira known as the Guru Nanak Hospital. In addition to these, there is a National Malaria Eradication Programme Centre, a District T.B. Centre, a District Health Laboratory and one National Leprosy Control Centre. The Civil dispensaries are situated at (1) Humnabad, (2) Chitaguppa, (3) Mannaekhalli (4) Aurad and (5) Bhalki having a bed strength of 20, 18, 12, 10 and 10 respectively. The General Hospital at Basavakalyan has a bed strength of 25 only with an X-ray unit attached to it.

**Medical  
institutions**

There are five Ayurvedic dispensaries located at Nirna, Mudbi, Hulsoor, Rajeshwar and Hudgi. They are maintained by the Government, except the one at Hudgi which is maintained by the Taluk Development Board, Humnabad, and have qualified Ayurvedic physicians. The taluk development boards are contributing their mite to these dispensaries. The administrative control of these institutions which was formerly with the District Surgeon, Bidar was transferred to the District Health and Family-Planning Officer in 1968. A table giving particulars of the five Ayurvedic Dispensaries is appended at the end of the Chapter (Table IV).

**Ayurvedic  
Dispensaries**

There are two Government Unani Dispensaries one at Bidar and the other at Mehker in Bhalki taluk both being aided by the taluk development boards. In 1971 the Unani Local Fund Dispensary at Bidar treated 28 out-patients per day on an average, the total number of patients both indoor and outdoor being 14,027. The total expenditure of the dispensary during the year was Rs. 2,770. A table appended at the end of the Chapter gives particulars of the two Government Unani Dispensaries (Table V).

**Unani  
Dispensaries**

The Applied Nutrition Programme is multi-departmental in character. Local social service organisations and international agencies like the UNICEF, FAO and WHO are also associated

**Applied  
Nutrition  
Programme**

with it. Departments of Horticulture, Fisheries, Animal Husbandry, Health Services, Education, Social Welfare and Panchayat Raj and *Yuwaka mandals*, *Mahila mandals*, etc., co-operate in carrying out the programme. The UNICEF provides financial assistance for the training programme and for equipment, while the FAO and WHO provide technical assistance. In this district, the Applied Nutrition Programme was first started in Aurad, Basavakalyan and Bidar taluks in 1968 and subsequently it was extended to the other taluks of Humnabad and Bhalki in 1969 and 1970 respectively.

In order to improve the existing dietary pattern several measures have been taken in the selected blocks. Education of the people about proper nutrition is being carried on through a net work of health workers and the community development block staff who are required to organise practical demonstrations, follow-up talks, discussions, film shows and exhibitions and distribute educational material. The Mid-day Meals Scheme organised by the Department of Public Instruction is closely associated with this programme. As at the end of 1975, there were 365 centres including primary schools, balawadies and *mahila mandals* catering to 14,738 school children and 13,862 pre-school children in the district.

**Special  
Nutrition  
Programme**

A Special Nutrition Programme is in operation in the urban slum areas. As in 1975, there were ten centres for this programme in Basavakalyan taluk only catering to 160 children and 440 mothers. Cereals are given to them in the form of gruel, *Uppittu* etc. The supplements given under this programme include about 300 calories and 12 grammes of protein. The World Food Programme, which is in operation in the district, provides mid-day meals to school students coming from nearby villages. About 717 inmates of 14 hostels run by the Social Welfare Department are also benefited under this programme.

**Health  
Education**

Health education forms one of the functions of the Health Services Department. The basic health workers, who primarily attend to this aspect of the work, are required to utilise every opportunity, especially during village gatherings, to contact the rural populace and talk to them about various health subjects, sometimes giving practical demonstrations, in regard to personal cleanliness, environmental sanitation, chlorination of water, vaccination, D.D.T. spraying, etc. The Department also arranges for the observance of the World Health Day, Leprosy Day, Anti-Fly Week, Family-Planning fortnight and the like in the district when arrangements are made to give talks, hold exhibitions and screen films on various subjects in villages and towns.

**School Health  
Services**

The aim of School Health Programme is to provide comprehensive health care to the school children, comprising medical examina-

tion, treatment, correctional remedies, etc. The school children are also guided in forming habits and practices necessary to promote their best growth. Under the programme, children in the age-group of 6-11 are being immunised against diseases such as diphtheria, polio and whooping cough. Medical examination of students is done at least two times during a school year. It has been made compulsory to get students medically checked up for diseases of eye, teeth and for malnutrition. During the year 1974-75 eight primary health centres were doing school health service in Bidar district. The sub-joined statement gives particulars of work done in recent years under the School Health programme :

Year	No. of Children covered			Expenditure in Rs.
	Boys	Girls	Total	
1971-72	8,071	573	8,644	8,644
1972-73	7,266	460	7,726	7,726
1973-74	7,727	606	8,333	8,333
1974-75	8,244	659	8,903	8,903

It is roughly estimated that about 7,700 persons are affected by leprosy in Bidar district. Many crippled and disabled patients, who are free from this disease continue to be, however, shunned by society because they linger on with the stigma. With a view to controlling the spread of leprosy in the district by implementing the new techniques, namely, survey, education and treatment, a National Leprosy Subsidiary Centre which was started at Bidar in 1959 was upgraded into a National Leprosy Control Centre in 1972. At the beginning the centre was started with one medical officer and one medico-social worker. Now the centre has one Medical Officer, One Senior Non-Medical Supervisor, one Junior Non-Medical Supervisor and about 15 para-medical workers. The Department of Health Services is also required to make sanitary arrangements during fairs and festivals when people gather in large numbers. Treatment of leprosy cases is arranged at weekly clinics at important places where the Medical Officer of Health examines the cases. In addition, treatment is also given by rural medical practitioners and range health inspectors in several places. The National Leprosy Control Centre has now four subsidiary centres at Bhalki, Bidar, Kamthana and Halbarga and seven sub-centres at Bidar, Janawada, Chillargi, Kamthana, Manhalli, Bagdal and Ranjolkheni (all in Bidar taluk) and eight sub-centres at Bhalki, Bhatambra, Saigon, Dadgi, Khatak Chincholli, Nittur, Halbarga and Byalhalli (all in Bhalki taluk). The sub-joined table gives some particulars of the National Leprosy Control Centre at Bidar :

**Leprosy  
Control**



<i>Calendar year</i>	<i>No. of out-patients treated</i>	<i>Financial year</i>	<i>Expenditure in Rs.</i>
1966	1,675	1966-67	20,704
1967	1,847	1967-68	51,99
1968	2,075	1968-69	34,944
1969	2,396	1969-70	37,318
1970	2,524	1970-71	41,212
1971	2,369	1971-72	30,136
1972	5,308	1972-73	66,831
1973	3,546	1973-74	37,103
1974	3,472	1974-75	1,08,365
1975	5,077	1975-76	1,19,806

**District  
Tuberculosis  
Centre**

A Tuberculosis Chest Clinic, which was opened at Bidar in 1956, was converted into the present District Tuberculosis Centre in 1972. The Chest Clinic had limited its functions to the district headquarters town of Bidar only. Consequent on its conversion into the District T. B. Centre, preventive and curative activities, namely, house to house B.C.G. Vaccination and domiciliary treatment are being carried on. At present, there are twenty referring centres all over the district which after diagnosing the disease provide treatment and also refer the cases for X-ray and Sputum examination to the Centre. Attached to the Centre there is a small laboratory. The B.C.G. (Bacillus Calmette Guerin) Vaccination is given to the persons in the age group of 0 to 20 years. It acts as a preventive against tuberculosis. There is a team of seven B.C.G. technicians with a non-medical team leader in Bidar district which goes from place to place for vaccinating the eligibles. The following table gives some particulars of the District T.B. Centre, Bidar :—

<i>Year</i>	<i>No. of patients treated</i>	<i>B.C.G. Programme</i>		<i>Expenditure in Rs.</i>
		<i>Registration</i>	<i>Vaccination</i>	
1973	517	1,47,568	31,945	88,600
1974	1,023	1,69,046	53,883	1,38,026
1975	641	1,31,490	40,988	1,01,910

**District  
Health  
Laboratory**

A District Health Laboratory was set up at Bidar in 1971. Various pathological tests are made here by analysing the samples received from various medical institutions of the district. In 1975, the laboratory made 7,405 pathological tests of various kinds as against 6384 in 1971. At present it has a Medical Officer of Health three Senior Laboratory Technicians and four Laboratory Attenders.

**District  
Hospital**

As already stated, a District Hospital was started at Bidar in the year 1935. It had periodical expansion and in 1975, it had a

bed strength of 215 and the following sections—(1) Medical, (2) Surgical, (3) Maternity and Child Health, (4) X-ray (since 1963), (5) Dental (since 1968), (6) V.D. Clinic (since 1970), (7) Blood Bank (since 1970), (8) Ophthalmological (1972), (9) Urban Family Planning Centre (since 1965), and (10) a laboratory (since 1974). There is also provision for training nursing students, auxiliary nurse-midwives, lady health visitors, and for doing house surgency after medical graduation. Besides, the District Surgeon, who is the head of the hospital, there were in 1975, 14 Assistant Surgeons of Class II cadre, three Nursing Superintendents out of whom one was of grade I and the other two of grade II, two nursing tutors, 31 nurses, three midwives, three pharmacists and about 141 class IV officials.

There is a provision to give treatment to T.B. cases both as in-patients and out-patients in this hospital which has a separate ward with 20 beds for the purpose. In 1975, the number of T.B. in-patients and out-patients that were treated was 202 and 1,401 respectively as against 199 and 1302 in 1974. The number of in-patients and out-patients who were treated for various other diseases in 1975 was 13,353 and 4,75,486 as against 13,261 and 4,55,691 respectively in 1974. The total number of major and minor operations that were done in the hospital in 1975 was 569 and 410 as against 551 and 169 respectively in 1974. The number of labour cases that were attended to in the hospital in 1975 was 2,092 as against 2,200 in 1974. The number of X-rays taken was 120, screenings 930, and bariums 20 in 1975, as against 698 X-rays, 8,113 screenings and 13 bariums in 1974. The number of vasectomy cases was 51, tubectomy 393 and I.U.C.D. 278 in 1975, while it was 13 vasectomy, 282 tubectomy and 153 I.U.C.D. cases in 1974. The hospital is manufacturing some medicines such as glucose, glucose-saline, normal saline, distilled water and A.C.D. solutions. The expenditure incurred on the hospital in 1974-75 was Rs. 19,75,472 whereas it was Rs. 16,57,533 in 1973-74.

The Methodist Hospital, a charitable institution was founded in 1903. It had periodical expansion and had 25 beds in the beginning while the present bed strength is 50 only. It provides patient cure in medicine, surgery, paediatrics, obstetrics and gynaecology with a separate eye department. Besides a chief medical officer (who is the head of the institution), it has two doctors, 14 nurses, three para-medical staff and 31 ministerial staff. In 1975, the number of in-patients and out-patients that were treated was 1,040 and 9,541 respectively as against 942 and 6,350 in 1974. The number of labour cases that were attended to in the hospital in 1975 was 250 as against 225 in 1974. The total number of major and minor operations that were conducted in 1975 was 35 and 85 respectively as against 27 and 53 in 1974. The number of

**Methodist  
Hospital  
Bidar**

family-planning cases attended to by the institution in 1976 was 112 as against 34 in 1975 and 23 in 1974. The total number of X-ray screenings taken in 1976 was 210 as against 100 in 1975 and 85 in 1974. The expenditure incurred on the hospital in 1974-75 was Rs. 1,73,719 as against Rs. 2,05,905 in 1973-74.

**General  
Hospital  
Basava-  
kalyan**

A Civil Dispensary which was started at Basavakalyan in 1952, was upgraded into a General Hospital in 1970. It has medical, surgery and maternity sections. Leprosy and T.B. cases are treated only in the out-patient department of the hospital. In 1975, the bed strength of the hospital was 25. At present, there is a Medical Officer, a Lady Medical Officer, two Pharmacists, five nurses and seven members of Class IV staff. The total number of in-patients and out-patients treated in 1975 was 429 and 53,728 compared to 177 and 54,576 respectively in 1974. The total number of operations done in 1975 was 170 as against 233 in 1974. The number of maternity cases which received attention in 1975 was 334 as against 262 in 1974. There is a separate section for family-planning wherein eleven tubectomy cases, eight I.U.C.D. cases and four vasectomy cases, were attended in 1975 as against thirteen tubectomy and three I.U.C.D. cases in 1974. The expenditure on this hospital which was Rs. 79,244 in 1974-75 had increased to Rs. 94,055 in 1975-76 (Table showing the particulars of Civil Dispensaries of Bidar district in 1975 is appended at the end of the Chapter) (Table VI).

**Guru Nanak  
Hospital,  
Bidar**

The Guru Nanak Hospital, Bidar was started in March 1970 by the Gurudwara Sahib Nanak Jhira. This hospital is a charitable one where free treatment is given irrespective of caste and creed. It is equipped with an operation theatre, an X-ray plant and E.C.G. and Pathological sets. The present bed-strength of the hospital is 15. It has a medical officer, a lady medical officer, two nurses, two pharmacists and a radiographer. The total number of in-patients and out-patients treated in the hospital in 1975 were 102 and 80,687 as compared to 54 and 47,276 respectively in 1974. The total number of operations conducted from the date of its establishment upto the end of 31st December 1975 is only 197. The total expenditure incurred by the hospital in 1975-76 was Rs. 1,59,438 as against Rs. 1,21,125 in 1974-75.

**Medical  
personnel**

In 1977, there were six physicians with post-graduate qualification, nine graduate surgeons, 67 graduate physicians and a graduate dentist. The Ayurvedic and Unani physicians numbered 35 and 25 respectively. There were 34 pharmacists, four nurses, two health technicians, 125 auxiliary nurse-midwives, 456 paramedical staff, five Unani *Vaid tabeeds*, 33 ministerial staff and 79 class IV officials. The total number of registered medical practitioners

practising Allopathy, Ayurveda and Unani were 71, 103 and 24 respectively. There are three traditional bone setters and massagists at Bidar.

According to the figures furnished by the State Drugs Controller, there were, in 1975, 23 chemists and druggists and 29 qualified pharmacists in the district.

**Chemists  
and  
Druggists**

There is a branch of the Indian Medical Association at Bidar which was started in 1969. In 1976, it had 22 members consisting of doctors of modern medicine in Government service and private practice including specialists. The activities of the Association include organisation of periodical professional meetings of doctors, educating of the public on matters of health, conducting ante-natal, pre-natal and child guidance clinics and family-planning motivation. Under the school health programme, health of about 500 children is being looked after by the Association. Short-term refresher courses which are useful for doctors working in the mofussil areas to get their knowledge refreshed are held every year. The Government of Karnataka is encouraging holding of such courses by deputing doctors to attend them and by giving substantial grants for conducting the courses. Sometimes the meetings of the Association are held at the taluk headquarters also.

**Medical  
Association**

TABLE I

Statement showing particulars of Primary Health Centres in Bidar District for the years 1974 and 1975 and amount of expenditure for the years 1974-72 and 1975-76.

Place of Primary Health Centre	Year of establishment	No. of inpatients treated	No. of out-patients treated	No. of operations done	No. of maternity cases attended	No. of inpatients treated	No. of out-patients treated	No. of operations done	No. of maternity cases attended	Expenditure (in Rs.)	
										1974-75	1975-76
		1974					1975				
Santhpur, Aurad taluk	1959	201	14,580	162	19	157	15,408	21	32	1,10,725	1,06,098
Hallikhed (B) Humnabad tq.	1961	1,068	75,589	353	551	1,108	75,782	341	685	1,39,140	1,45,912
Matala, Ba avakalyan taluk	1961	574	10,631	174	178	289	11,718	137	153	1,14,914	1,48,755
Nittur Bhalki taluk	1962	285	17,017	150	26	271	22,441	242	78	1,34,161	1,60,310
Chillargi, Bidar taluk	1962	212	25,106	264	66	237	36,640	334	83	1,06,117	1,37,721
Ghatboral, Humnabad taluk	1962	291	19,855	265	86	349	17,718	350	81	1,15,279	1,30,082
Janawada, Bidar taluk	1964	151	24,668	123	18	185	27,016	119	85	1,27,597	1,17,675
Kamalnagar, Aurad taluk	1964	280	19,225	178	101	315	18,780	137	167	1,38,152	1,53,282

TABLE II

Statement showing the particulars of Health Unit Type Dispensaries in Bidar District

Place of Health Unit Type dispensary	Year of establish- ment	No of out- patients treated	No. of mi- nor opera- tions done	No. of maternity cases attended	No. of out- patients treated	No. of minor opera- tions done	No. of ma- ternity cases attended	Expenditure in Rs.	
								1974-75	1975-76
			<b>1974</b>						
Bagdal, Bidar taluk ..	1971	22,245	31	140	20,834	34	171	27,455	32,695
Rajeshwar, Basavakalyan taluk.	1971	32,471	35	69	36,096	33	132	25,208	29,037
Manahalli, Bidar taluk	1971	19,205	38	137	17,588	26	105	24,027	30,944
Kohinoor, Basavakalyan taluk	1971	10,103	43	77	10,941	8	110	26,019	30,806
Hulsoor, Basavakalyan taluk	1971	21,314	19	257	19,290	40	174	27,527	30,502
Dubulgundi, Humnabad taluk	1971	25,615	39	198	15,870	34	142	33,620	30,438
Kushnoor Thana also called Thana Kushnoor, Aurad taluk	1972	8,196	55	126	13,849	106	134	22,632	23,050
Chordapka also called Chawar Dabka, Aurad taluk.	1972	12,371	19	23	12,955	36	100	15,076	20,143
Chintaki, Aurad taluk..	1972	6,505	8	4	8,230	22	6	..	..

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TABLE III

Statement showing the particulars of Medical Sub-Centres in Bidar District

<i>Sl. No.</i>	<i>Place of the Medical Sub-Centre</i>	<i>Year of establishment</i>	<i>Out-patients treated</i>	<i>No of minor operations done</i>	<i>No of maternity cases attended</i>	<i>Expenditure for 1975-76 (in Rs.)</i>
1	Lakhangaon, Aurad taluk	1974	10,523	15	11	27,403
2	Ujlam, Basavakalyan taluk	1974	10,081	nil	186	29,196
3	Mehkhar, Bhalki taluk	1975	8,388	nil	nil	13,446
4	Khatak Chincholli, Bhalki taluk	1975	8,618	34	135	24,896
5	Kanji, Bhalki taluk	1975	10,139	nil	nil	35,000
6	Holsamandar, Aurad taluk	1975	6,564	8	nil	10,167
7	Ranjolkheni, Bidar taluk	1975	8,805	22	45	27,468

TABLE IV

## Statement showing particulars of Ayurvedic dispensaries in Bidar District

Sl. No.	Name	Year of establishment	Year-wise number of out-patients treated					Year-wise expenditure incurred in Rupees				
			1971	1972	1973	1974	1975	1971-72	1972-73	1973-74	1974-75	1975-76
1	Govt. Ayurvedic Dispensary, Hulsoor	1955	18,980	20,805	32,120	24,185	22,630	2,704	2,606	6,188	10,607	11,585
2	Govt. Ayurvedic Dispensary, Rajeshwar	1955	7,499	5,284	8,237	11,760	12,460	8,053	8,743	11,982	13,952	15,686
3	Govt. Ayurvedic Dispensary, Nirna	1960	11,017	11,275	10,189	9,688	9,905	15,941	15,266	16,046	16,352	18,093
4	Govt. Ayurvedic Dispensary, Mudbi	1965	7,346	6,660	6,770	10,553	11,083	7,475	8,158	7,269	13,600	15,000
5	Govt. Ayurvedic Dispensary, Hudgi	1971	15,271	18,565	27,448	19,641	19,643	8,228	19,260	16,028	14,384	15,956

TABLE V

## Statement showing particulars of Unani dispensaries in Bidar District

Sl. No.	Name	Year of establishment	Year-wise number of out-patients treated					Year-wise expenditure incurred in Rupees				
			1971	1972	1973	1974	1975	1971-72	1972-73	1973-74	1974-75	1975-76
1	Government Unani Dispensary, Bidar	1893	28,848	38,613	45,639	46,102	34,129	17,335	16,089	18,921	17,300	23,935
2	Government Unani Dispensary, Mehkar	1971	12,604	15,441	14,460	14,132	14,964	5,898	5,428	3,918	9,200	15,313



TABLE VI

Statement showing the particulars of Civil Dispensaries of Bidar District as in 1975

Sl. No.	Name and place of the dispensary	Year of establishment	Bed strength	No of in-patients treated	No of out-patients treated	No of major operations done	No of minor operations done	No. of labour cases attended	Expenditure (in Rs.) for 1975-76
1	2	3	4	5	6	7	8	9	10
1	Civil Dispensary, Aurad	1970	14	410	22,418	16	108	144	38,958
2	Civil Dispensary, Bhalki	N. A.	10	602	26,647	100	197	353	51,621
3	Civil Dispensary, Chitaguppa	1935	18	1,374	1,41,310	nil	118	1,462	73,253
4	Civil Dispensary, Mannaekhalli	1955	6	215	21,497	39	38	75	35,797
5	Civil Dispensary, Humnabad	N.A.	20	6,932	49,529	nil	855	652	78,124
6	R.S.L.F. Dispensary, Bhimalkhed	1960	nil	nil	31,014	nil	115	69	20,340

Note. N.A. Not available