

## CHAPTER 15

**MEDICAL AND PUBLIC HEALTH SERVICES**

Normally, Dharwad district has a healthy climate. The occurrence of Cholera in 1818, and its reappearance in the second half of 1858, and the frequent appearance of Malaria since 1862 were the most dangerous epidemics that affected the people of the District. After 1898 plague caused number of deaths and ailments in Dharwad and Hubli. In the whole of Bombay Presidency, it was in Dharwad district that the maximum number of deaths occurred due to plague. In the year 1876-77 the district suffered enormous loss of lives due to severe famine coupled with water and food shortage and malnutrition. In addition to wide spread diseases like cholera, and fever, the district also suffered from guinea worm disease frequently in some parts. In 1918 Influenza which was popularly known as Guddavvan Bene affected the general health of the people.

Health service has been a changing phenomenon from time to time depending on the emerging health problems. Diseases like Smallpox, Plague, Cholera and Malaria and such other serious epidemics, which were prevailing about four to five decades ago have completely been eradicated or brought under control. Modernisation, industrialisation, urbanisation and such other new turning points are creating new problems affecting public health in different forms. Heart diseases, ailments relating to Blood pressure, cancer, accidents, lung diseases, malnutrition in infants, blindness, dysentery, tuberculosis, leprosy and such other diseases still continue to be serious health hazards. Government is continuing all its efforts to achieve the target of 'Health to all in the Nation' by 2000 AD. By controlling contagious diseases, the Government could reduce the number of deaths considerably. Family planning is playing a very significant role in reducing the birth rate. We are progressing towards achieving the target of a healthy society.

Earlier to Dharwad district coming under the British rule, Ayurveda and Unani system of Medicine were widely prevalent. Side by side, native medicine known as Naativaidya also has developed along with the civilization and it is considered to be the root of all other systems of Medicine. Rural doctors and Hakims though illiterate were very sharp, skilled and experienced in prescribing medicines made of roots, herbs, plants and barks of trees. They were treating common problems of health using the above herbal medicines in resisting, preventing and curing ailments. For causes like snakebites, insectbites, migraine and such other problems requiring emergency care and surgery, these native

medical practitioners administered medicines and also chanted Manthras, advising people to wear Tayitha (talisman) and such other traditional treatments which also gave relief. Even today, some villagers do believe in such things and are continuing these therapies. For snake bite people are made to drink Theertha, (sacred water) collected after Abhisheka of VishaParihareshwara Linga in the temple at Balambeed in Hirekerur Taluk during Kalyana Chalukya's period. It is believed to be an antidote for venom. Ayurveda system was the most popular till the advent of allopathy. Small provincial rulers used to appoint royal doctors or Raja Vaidyas. They were experts in treating all types of diseases. Tribal people and Lambanis were supplying herbal roots to such *pandits*. Even today people have not lost faith in such herbal medicines and indigenous medicinal systems.

For the first time Allopathy system of medicine was introduced in the district for treating the British soldiers stationed in conotment areas and to take care of their health. Gradually it spread across the district. British Government had introduced this system by opening Government Allopathic Hospitals and health centres. The hospitals in Dharwad, Hubli, Gadag and Haveri were established in 1830, 1859, 1864 and 1878 respectively.

In the Post Independent India, the Government has been opening various types of health centres and health units to take care of public health and primary health care in rural areas. As such, the Primary Health Centres, Sub Centres, Health Units, Maternity homes are established and to extend minimum maternity related services for scheduled castes and scheduled tribe colonies several other programmes are in vogue. By opening more and more Community Health Centres in sub-divisional level, medical service is made available to all individuals. By the time of state reorganization in the Dharwad district, a number of government run hospitals and the local bodies like District Boards and Taluk Boards had already been running dispensaries. Besides the Dharwad Civil Hospital, there were Hospitals run by the princely states viz., Savanur, Kundgol, Shirhatti and Laxmeshwara. There were also six District Board Hospitals located at Hangal, Hirekerur, Kalghatagi, Mundargi, Ron and Shiggaon. Municipal Dispensaries were there in Gadag, Haveri, Hubli, Navalgund, Nargund and Ranibennur. The private aided hospitals were functioning at Byadgi(1), Gadag (1), Hosaritti (1) and Hubli (2). There was one Ayurvedic Dispensary functioning at Gadag. Thirty six medical practitioners were treating the public in various places of the district and they were getting monitory assistance from the government for their services. Such subsidy scheme (i.e., Subsidised Medical Practitioners) was implemented since 1936. Practitioners with different grades of medical education were getting different rates of monthly assistance in the range of Rs.80 to Rs. 500. By 1951-52 an amount of Rs.56,000 was spent for such honorariums to local medical services rendered under the Subsidised Medical Practitioner Scheme.

In 1992-93, seventeen government Hospitals, eighty five Health centres, thirty two Primary Health Units, six hundred Sub Centres, nine dispensaries and sixteen Family Planning Centres were functioning in the District. In 1993-94, 7,94,278 out-patients and 16,588 in-patients were given treatment in several Hospitals and Health Centres in the district.

**Table 15.1 : Details of Information about Health Institutions and their associated services in Dharwad district**

	1983-84	84-85	85-86	86-87	87-88	1988-89	1989-90 (upto 30.9.89)
<b>I. Health Institutions</b>							
1. Hospitals	9	9	9	9	9	9	9
2. Primary Health Centres	39	44	44	57	60	60	60
3. Primary Health Units	26	26	26	41	41	58	58
4. Other Hospitals	20	20	20	20	20	20	20
5. Sub-centres	541	586	586	600	600	600	600
6. Beds	2,155	2,155	2,155	2,151	2,211	2,211	2,211
<b>II. Medical Staff</b>							
1. Doctors	111	115	120	120	126	126	138
2. Nurses	40	40	40	40	40	57	57
3. Women Health Workers	681	681	681	681	681	681	681
<b>III. Family Welfare</b>							
1. Operations	21,858	18,797	28,181	25,764	21,159	21,522	10,709
2. IUD	4,490	7,312	13,327	13,108	11,726	11,890	4,890
3. Oral Pill Users	2,524	7,942	5,744	5,579	5,520	5,939	3,344
4. Contraceptive Users	6,671	9,708	29,536	11,923	21,158	22,319	11,688

Source : District Health and Family Welfare Office, Dharwad

### SMP Centres

Government of India started Subsidiary Medical Practitioners Centres to provide medical services to rural areas under the First Five year plan. These centres had already started functioning since 1934, working under the control of the District Local Board, Dharwad. These Centres were located in the following places 1. Mugad of Dharwad taluk 2. Yaraguppi, Chabbi, Hebasur-Hubli taluk. 3. Annigeri-Navalagund taluk. 4. Mulagund, Lakkundi, Hombal of Gadag Tq. 5. Dambal-Mundaragi taluk. 6. Thadas, Hulagur, Andalagi, Dhundashi-Shiggaon taluk. 7. Medleri, Kuppellur, Thumminakatti-Ranibennur Taluk. 8. Thasavalla, Bommanahalli, Adur, Kusunur-Hangal taluk. 9. Guthal, Suranagi-Haveri taluk. 10. Hamsabhavi, Kunnur, Sooddambi, Masur, Thadakena Halli – Hirekerur taluk. 11. Konnuru, Menasigi - Naragund taluk. 12. Sudi-Ron taluk. 13. Erebudihal, Elewala-Kundgol taluk. 14. Mishrikoti, Hulakop, Thabakadahonalli and Bommigatti of Kalghatgi taluk. (Source: First Five year Plan, Mumbai State, Dharwad District 1954.)

**Vital statistics**

General public in villages and towns were not aware of the utilitarian value of vital statistics of births and deaths. It is so, even today in many cases, and hence satisfactory statistical data is not available. Due to the century old method of data collection which was un-scientific, recording of facts could not be very accurate. The registration of births and deaths was the duty of Police Patils in villages and Municipalities in municipal areas. Data so collected was submitted to the concerned Tahasildar every month under the Registration of Births, Deaths and Marriages Act, 1969 and the Rules of 1970, thereunder. The Deputy Commissioner of the District is the District Registrar of Births, Deaths and Marriages and the District Statistical Officer is the Additional District Registrar. The registration of births, deaths and marriages is done by the Village Accountants in the rural areas, and by the Municipalities and Town Panchayats in urban areas.

**Sample Registration System**

The Registrar General for Births and Deaths and Marriages in India has introduced the Sample Registration System (SRS) to collect facts and figures. This system envisages the following : 1) to register the number of births and deaths in rural areas regularly, 2) to ascertain the figures so obtained, (3) to make the people understand the reason for the mortality rate variation and (4) to assist the department to design health improvement programmes. Separate statistical figures would be arrived at corresponding to rural and urban areas at both state and national levels, depending on the numerical data collected by adopting various statistical methods and formulae. Dharwad-Hubli cities and Gadag-Betageri. Mulgund in Gadag taluk, Laxmeshwara Urban zone in Shirhatti taluk, a part of Mugad in Dharwad Taluk, Handinal and Soma Sagar of Hangal Taluk, a part of Devagiri in Haveri taluk, Chennalli and a part of Rattihalli in Hirekerur Taluk, a part of Honnetthi and Yakalapur of Ranibennur Taluk, Basarakod and part of Lakkalakatti, Menasigi of Ron taluk, parts of Hattimattur and Karadagi in Savanur taluk, a part of Hothanahalli in Shiggaon taluk and Undenahalli of Shirhatti taluk, are the rural and urban units selected for sample registration system in Dharwad district.

Birth rate is calculated based on births for every 1000 population for a particular area, annually. Infant mortality rates are also established in demographic studies. Still births, maternal deaths, infant deaths, and such other problems are the social aspects of health. Hence these rates are considered to be the basic parameters to determine the health of a society on the whole. Since birth and death rates are assessed Zone wise, specific facts and figures corresponding to particular districts are not available. Therefore, a table is prepared to depict the rate of birth and death in district with reference to rural and urban zones separately for 1980 to 1991 and indicated in Table 15.2.

**Table 15.2 : Particulars of Births and Deaths registered between 1980 and 1991 in Dharwad district**

Sl.No.	Reported in the District	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991
1.	Number of births	59,197	49,856	59,079	62,580	57,393	53,363	80,545	63,304	67,212	73,384	78,402	78,832
2.	Number of Deaths	11,301	18,391	17,483	17,697	17,526	15,379	22,997	17,174	20,117	19,985	20,056	24,615
3.	Number of still births	682	562	221	750	499	439	610	567	608	401	498	570
4.	Number of infant deaths	1,242	1,609	1,691	1,406	1,199	820	1,060	1,044	1,258	1,373	1,026	1,951
5.	Number of Maternal Deaths at the time of delivery	78	95	75	56	40	47	41	36	60	66	28	48
6.	Birth rates *												
	Rural	28.9	29.2	28.8	30.2	20.9	30.9	29.9	29.9	30.1	29.1	29.0	27.9
	Urban	24.4	25.7	25.7	26.0	28.5	26.2	26.8	26.3	24.9	25.1	25.0	24.0
	Total	27.6	28.3	27.9	29.1	30.3	29.6	29	28.9	28.7	28.0	28.0	26.9
7.	Death Rates *												
	Rural	10.7	10.2	10.2	10.6	10.7	9.8	9.4	9.7	9.5	9.6	8.8	9.8
	Urban	6.6	6.3	6.4	6	6.6	6.1	6.8	6.1	7.0	6.5	6.1	6.9
	Total	9.6	9.1	9.2	9.3	9.6	8.8	8.7	8.7	8.8	8.8	8.1	9.0
8.	Infant Mortality rate*												
	Rural	79	77	71	80	84	80	82	86	83	89	80	87
	Urban	45	45	47	41	43	41	47	41	46	53	39	47

\* Applicable to the entire state

Source : Sample Registered Data provide by Registrar General of Births and Deaths for columns 6 to 8  
Annual Report prepared as under Births and Deaths Registration Act 1969 for columns from 1 to 5

Table 15.3 : Number of deaths in Dharwad district due to different reasons

Sl.No.	Cause of Death	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991
1.	Plague	-	-	-	-	-	-	-	-	-	-	-	-
2.	Cholera	-	30	24	10	8	22	56	48	35	16	29	17
3.	Malaria	149	49	12	48	22	33	19	32	31	22	14	-
4.	Typhoid	57	35	49	30	28	14	24	16	21	46	44	27
5.	Other fevers	2,902	2,494	2,583	1,818	1,644	1,227	2,210	1,282	1,540	1,276	1,969	1,170
6.	Dysentery and Diarrhoea	298	219	190	143	100	66	68	50	159	77	155	191
7.	Respiratory Diseases	3,250	1,973	272	2,390	302	73	300	103	29	101	33	53
8.	Tuberculosis	620	6	570	646	564	481	917	434	890	844	648	766
9.	Leprosy	10	9	15	9	14	3	13	07	54	9	8	10
10.	Maternal Deaths	78	95	75	56	40	47	41	36	60	66	28	48
11.	Suicide	40	28	30	62	27	14	29	15	34	49	30	34
12.	Drowning	102	69	63	31	49	30	9	52	59	30	14	46
13.	Wounds and Accidents	65	106	169	119	125	134	373	83	108	226	206	175
14.	Deaths by wild animals	1	-	3	2	1	3	4	1	4	6	2	8
15.	Snake Bites	32	44	34	33	37	35	47	40	81	122	83	46
16.	Rabies	11	10	14	10	12	8	10	8	15	9	7	5
17.	Tetanus	39	22	61	16	41	26	81	31	248	236	284	233
18.	Diphtheria	39	29	95	188	174	28	163	108	85	106	127	99
19.	Whooping Cough	7	-	3	1	9	1	1	1	19	9	1	1
20.	Polio	8	6	6	5	5	15	7	14	20	7	16	12
21.	Polio	-	-	-	-	4	15	15	4	9	7	4	5
22.	Pulmonary Milatus	-	634	29	7	17	1	22	15	20	48	63	28
23.	Death by poisoning / Food poisoning	-	-	-	-	149	37	53	36	92	139	107	71
24.	Chicken pox	-	52	132	36	51	35	27	7	34	23	12	20
25.	Cancer	-	348	382	361	448	377	1555	468	628	628	516	545
26.	Diabetes	-	70	31	55	20	15	38	16	56	88	55	35
27.	Anaemia	-	26	478	28	44	61	62	30	94	85	108	55
28.	Menengitis	-	6	9	10	116	27	45	25	36	42	32	45

Sl.No.	Cause of Death	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991
29.	Heart Disease	-	26	60	44	79	114	35	39	140	152	158	91
30.	Heart Attack	-	341	324	390	495	455	969	659	891	1,205	602	1,092
31.	Pneumonia	-	8	16	-	7	-	6	34	145	45	10	21
32.	Influenza	-	7	14	-	6	2	2	2	7	15	4	8
33.	Asthma	-	2,360	2,504	1,540	2,618	2,729	3,220	3,017	3,433	3,565	3,985	4,320
34.	Jaundice	-	43	73	16	80	84	48	13	96	82	51	81
35.	Other Diseases	3,920	7,271	6,275	8,925	9,714	7,703	11,249	9,969	7,633	7,700	8,198	11,481
36.	Causes not stated	303	1975	2,438	668	476	1,459	1,279	479	3,311	2,895	2,445	3,462

Source : Registrar General of Births and Deaths, Annual Report 1994

### THE INDIAN SYSTEM OF MEDICINE

The Indian system of Medicine and Homeopathy got separated from the Health Department in 1972 and formed into an independent Directorate. Ayurveda, Unani, Homeopathy, Yoga, Nature Cure and Siddha Vaidya – all these come under this Directorate, Training Courses of Nursing for three and a half year, Pharmacist Training for Unani and Ayurveda, Diploma Course in Panchakarma and Ophthalmology of ten months are conducted by it. At present, the department is running many Ayurvedic hospitals, four Homeopathic and one Nature Cure Hospital. Hubli, Mantur, Rayanala, Gadag, Betageri, Yavagal, Itagi, Petha Alur, Kalkeri, Anur, Joyisara Halli, Hanasi, Amaragol and Hebbal have Ayurvedic dispensaries, Nigadi, Sammasagi, Gondi, Karjagi have Homeopathy dispensaries and Kopparasi has a Unani dispensary.

Vaidya Panduranga Vishnu Jayade of Hubli, Vaidya Basavaiah Churchihalmath of Mundargi, Vaidya K.R. Katageri of Hubli and Dr. K.G. Desai (Dhanvantri Gold Medalist) of Hubli are receiving monthly pension in the Ayurveda system of Medicine in the district. In the Homeopathi system of Medicine, Mutalik Desai of Dharwad, Govindaraya Nagappa of Haveri, H.H. Sinnur of Dharwad, K.G. Mannur (Harnimann Gold Medalist) of Hubli. In the Unani system of medicine, Abdul Rehman Khan of Dharwad, H.A. Hafeez of Islampur-Ranibennur, Hadadi R.G. Kalal of Gadag Betgeri and Shamarao Hanumantharao Chitragar of Dharwad, Basavakumar Mulagundamath of Shigli, Y.S. Jakkarady of Bengeri - Hubli and Shivarivarad of Gadag in Nature cure system are getting monthly pension in the district.

### EPIDEMICS

Consumption of impure water, contaminated food, lack of cleanliness affect the health of people and make them fall prey to serious epidemics. Due to pollution in environment, flies and mosquitoes cause serious diseases to spread and make public life miserable. Plague, Cholera, Malaria, Small pox, Tuberculosis and such other epidemics become fatal and many fell prey to such epidemics. From time to time the government is implementing various measures and programmes to control and prevent such problems by cleaning the villages, spraying disinfectants, administering inoculation, and such other measures, regularly. Through these programmes implemented by the Government, complete control of some such diseases could be achieved. Certain widespread epidemics in the district are discussed here under.

**Malaria** : Female Anopheles, variety of mosquito spreads this disease. By controlling and preventing such disease carrying mosquitos, it would be possible to control the spreading of the disease. 3,484 people died due to malaria in 1933 and before that, the statistical data available was stated as death due to fever. In 1949, it was reported that there were only 129 deaths due to this epidemic. Reason for the change in situation was due to spraying of Dichloro Diphenyl Trichloroethane (DDT) in the district since 1946. Areas comprising less than 40,000 population, were brought under these DDT spray programme. Dharwad, Hubli, Gadag Town Municipalities were supplied with DDT free of cost. In 1953, the National Malaria Eradication Programme was started in the country. The measures contained under this programme included spraying of DDT and Malathion insecticide on a sustained basis for 3-4 years besides undertaking diagnostic and curative measures like collection and examination of blood samples and on such examination, if proved positive, administering intensive treatment. The programme also envisages destroying the sources of infection and the ultimate eradication of the disease. In 1945-46 the State Malaria Institute conducted Malaria Survey in the district. The survey disclosed the fact that Malaria infection was more concentrated in Dharwad, Hubli, Hangal, Kalghatgi,



Ranibennur, Shiggaon, Hirekerur and Haveri Taluks in the western part of the district and the Eastern part of the District was free from such infections. The Government appointed Health workers in these areas. These workers were required to make house to house visit once in two weeks, identify the persons who were suffering from Malaria fever, secure the blood samples of such persons, provide them with appropriate dosage of chloroquin tablets, and on examination of the blood samples if confirmed that such persons were affected with the disease of Malaria, they were to be provided with intensive anti-malaria treatment, to undertake survey with a view to prevent the spread of Malaria. Undertaking of such measures as spraying of DDT twice, and spraying Malathion thrice, and such other timely steps, are also envisaged. Blood smears were collected from 26,26,857 people, during the decade between 1970 and 1980. 25,02,410 blood samples were examined and it was ascertained that 88,241 persons were affected by this disease. Intensive treatment was given to 49,499 patients. 85 Primary Health Centres are engaged to collect the data and prepare report on instances of malaria in the district.

**Plague :** In recent years Plague is well under control. It made its appearance in 1897 and took a heavy toll in the second half of 1898. In that year, plague spread to 320 towns and villages in the district and affected 37,990 people and 30,802 people died on account of the disease. Then it spread to Gadag. It was very severe, between 1901 and 1905, and gradually reduced. But again in 1911-1912 the epidemic became fatal. Due to speedy infectious trend of the disease it resulted in heavy toll and tormented people. The people started leaving their home-towns and began to build new villages and towns. Spraying disinfectants and such other controlling measures gradually reduced the number of deaths and seriousness of this epidemic. No such instances of occurrence of plague is reported after 1978. In 1976 Plague Alarming Unit in the National level was formed and it started functioning under the Directorate General of Health and Family Welfare. To trace out and identify occurrence of plague, its local and concentrated infectious regions, to impart training and to take up controlling measures were the programmes of the unit. As per the statistical data provided by the Bombay Presidency Gazetteer from 1896-97 to 1915-16, instances of plague and the number of deaths that occurred are enlisted below.

Extract from the Bombay Presidency Gazetteer

1896-97-(1)1, 1897-98 (96) 72; 1898-99 (37,990), 30,802 1899-1900 (9,426), 7,131 1900-1901 (2,639) 1,941 1901-1902 (50,078), 35,889 1902-1903 (4,931), 34,679, 1903-1904 (54,212) 39,337 1904-1905 (NA) 19,678 1905-1906 (NA), 4,009 1906-1907 (NA), 398 1908-1909 (3018), 2,300 1909-1910 (1361), 1147 1910-1911-(6,057), 4,365 1911-1912 (48,369) 33,245 1912-13-(2,168), 1,588 1913-1914-(10,230), 7,328 1914-1915 (2,945), 2,312 and 1915-1916 (9,808), 6,855. (The figures in the bracket indicate the number of persons affected by plague, and the figures following the bracket indicate the number of deaths).

**Small Pox :** Small pox had been affecting the district for a very long time and by 1830 itself the British Government had implemented the initial measure of vaccinating the people to ward off the epidemic and they were known as Devi, Maili, Daaku etc. (In 1883 Maili was administered for 28,340 for the first time and 738 for the second time). Due to polluted atmosphere, contaminated food consumption and lack of cleanliness, this disease spreads. The periole virus spreads the disease from one to another. 2,653 and 2,612 people were victims to this fatal disease in 1872 and 1877 respectively. Between 1866 and 1893 totally 13,337 persons i.e., an average of 713 and from 1902 to 1921 totally 2870 i.e., an average of 143 persons died per annum, as per the data available from a report. In the

post independence period also, in 1952, 92 persons died in the district from this epidemic. The Central Government launched a National Small Pox Eradication Programme to eradicate this problem. First course of vaccination for all the children born in the district up to 0-4 years of age and then onwards vaccination is repeated once in 4 years. Despite such effective programmes small pox was apparent here and there on a small scale. To trace out the existence of the disease and root it out once for all, with the objective of identifying the source for the prevalence of small pox and to take preventive measures to thwart the spread of the disease, the World Health Organisation with the assistance of specialists in field undertook several special schemes. For the eradication of Small Pox by undertaking intensive visits to houses in both urban and rural areas and extensive research works were undertaken. Besides giving wide publicity to the campaign, in 1975 a Nationwide campaign was chalked out to attain the target of zero small pox in the country. In 1978, the nation was declared 'small pox free'. Since 1970 no incidence of small pox is reported. Sufficient precautions are being taken and special awards were being given to those who report such instances of small pox.

**Cholera** : Cholera is a very serious contagious disease and if not treated on time, would turn fatal. Normally, impure food, dirty water, lack of cleanliness are the causes for spread of this disease. It being a very serious health problem, has been causing innumerable ailments and deaths among the public. Many British soldiers who came to Hubli in 1818 became victims to this fatal epidemic. According to statistical data available in Bombay Gazetteer (1884) between 1866 and 1883 about 34,045 people (at an average of 1891 per annum) died due to this epidemic. The year 1866 witnessed maximum deaths totalling 11,172 people constituting 33.87% of the population. As inoculation and such other preventive measures were implemented, gradually the severity of the disease got decreased. During 1876-78, famine was accompanied by the severe outbreak of cholera which proved fatal to many. Again between 1902 and 1921 totally, 18,462 people died at an average rate of 924 per annum. As per the statistical data, cholera is not affecting so often in recent years indicating that the disease is well under control. As soon as it is noticed that the disease has appeared in some areas, the Government declares these areas as cholera affected and takes measures such as administering anti cholera inoculation to all the people in the declared area, spraying of disinfectants, educating public about health in villages etc. In every district Cholera control Health workers teams are formed. The disease is very much under control due to supply of protected drinking water from borewells, in the past three years. The number of deaths due to cholera and number of people inoculated was as follows. In 1990 seven people were affected by the disease and two died and 10,205 persons were inoculated. Similarly in 1991, number affected was 15 out of whom two died and 36,349 were inoculated. The corresponding figures for 1992 were ten, two and 1,31,152 respectively.

**Tuberculosis** : Tuberculosis, known as TB has become a serious health problem and is caused by Tubercle bacillae. As per a report of 1952, 1,335 persons died of TB in Dharwad district itself. The Government has implemented The National TB Control Programme in all the districts by opening District TB centres and appointing trained doctors and staff as under national programme of General Health for all, to prevent the problems of infection in the initial stage itself, through BCG vaccination, health education to public, checkup and treatment till the patient is cured completely, Examining sputum and X-ray of lungs and such other programmes are undertaken in all District Hospitals, Primary Health Centres and Health Units conduct sputum examination. From 1990-91 to 1993-94, sputum examination of 5,496 persons was conducted out of which 1,244 people were found positive to TB and were treated in the District Hospital and TB centres. From 1990-91, to 1993-94 BCG vaccination was

administered to 99,731; 88,943, 89,048 and 95,291 children respectively in the district. In 1993-94 17,579 persons were examined, and 4,787 TB patients were identified.

With the purpose of identifying TB and to treat the patients, District TB Centre was opened in Hubli, having jurisdiction of Dharwad district, District TB specialist is the Head of the centre, who is assisted by four senior Health Assistants, two Lab Technicians, one X-ray technician, and other Control staff members to carry out the programme. Sputum examination, taking X ray arranging TB control camps and treating TB patients are the functions of this centre. All other TB units in Health Centres, work under the guidance of this centre.

**Leprosy** : Leprosy is continuing to be a big social and public health hazard. It is targeted to eradicate Leprosy completely by 2000 AD and for this purpose the National Leprosy Eradication Centre is established. Other health institutions are also rendering Leprosy relief services. Leprosy level in Karnataka is of moderate level as detected in 1991-92. Prevalence rate of this disease was 1.6 per 1000 persons. However it accounts for 2.4 in Dharwad district and hence focussed attention is required to eradicate the problem. This disease is more apparent in Gadag, Mundargi, Ron, Shirhatti, Nargund and Dharwad taluks in the district. The Eradication programme was started as early as 1982 itself by starting Leprosy Control Centre. District Leprosy Officer being the Head of the Centre, supervises other centres in the district. The other centres are at Haveri, Shirhatti, Gajendragad, Hangal and in urban centres of Ranibennur, Gadag, Hubli- KMC and Dharwad District Hospital. SET (Survey, Education and Treatment) centres are in Haveri, Hangal Gajendragad and Shirhatti. Hospital for handicapped and crippled (*spismoss*) in Hubli is functioning like the Leprosy Eradication Centre.

Stage by Stage, Multi Drug Treatment was introduced with the assistance of Switzerland and is being implemented. National survey of leprosy patients started and 14,461 new patients were identified and were given Multi Drug treatment. Before starting this new system of medicine, there were 13,040 old patients and they were also given this new treatment. By the end of March 1991. 19,120 patients got both Multi Drug treatment and monotherapy and were completely cured. By the end of 1991-92 totally 38,64,629 people were examined from 1986-87 till 1991-92. 14,461 patients suffering from leprosy were detected, including 10,312 old patients and of whom 8,808 were cured. In 1993-94, 1,992 leprosy patients were cured.

**Guineaworm Disease** : Guineaworm disease, locally is called *Naaruhunnu*. Eradication programme was taken up as a centrally sponsored scheme which was started in 1982 with funding pattern of 50:50, by both the Government of India as well as the State Government. Much before the scheme was brought into force, this disease, appeared here and there, The Central Government with the aim of ensuring total eradication of this disease has achieved the target in 1992. In 1990 and 1992 no Guineaworm case was reported. Every year during April, June and December months, surveys on the prevalence of Guineaworms are conducted in every village through each Primary Health Centre in the district. Super Chlorination of drinking water sources. Measures like drilling bore wells in both rural and urban areas, providing safe drinking water, educating the public about hygiene and to avoid using water directly from the ponds and tanks were the measures undertaken to prevent the disease. District level officers supervise these preventive measures and programmes.

**AIDS** : Simultaneous appearance of fever, diarrhoea, herpes and such other problems in an individual continuously for a long time may be symptoms of Acquired Immuno Deficiency Syndrome (AIDS). Patients loose resistance power. AIDS control programme was chalked out and brought into

force in 1987. In most of the cases this disease spreads by sexual contact. By imparting health education, evil effects of this disease are made known to people. AIDS preventive centres and Blood Test Centres are opened in Karnataka Medical College Hospital Hubli. No instance of AIDS affected patients was traced out in 1990. In 1991-92 only one patient was identified in Maganur village of Naragund taluk and through health education messages, awareness is being created among the public. Seven persons were affected by AIDS in 1992-93 out of which five from Dharwad, one from Hubli and one from Alnavar Primary Health Centre one case from Thegur were reported and all these persons belonged to age group 19 to 42 of which there were six males and one female as per the report. In 1993, 29 instances were identified and in 1994 out of 11 cases identified, one patient died on account of AIDS. Only by blood test infection of AIDS to the person would be ascertained. Health Education is imparted to public and with the help of relatives of patients and with the co-operation of police, examination of the blood samples of sex workers is undertaken. The Government has made it mandatory for all Blood Banks to conduct AIDS test for all the blood donors in the first instance, and thereafter attach a label to the blood bottle certifying that it is free from AIDS.

**Fluorosis** : Additional fluoride contained in drinking water causes fluorosis. This is an incurable disease. Probably fluoride pollution in underground water in many places of the country is traced and if fluoride is found in more than required quantity, it could cause fluorosis. People who continuously consume water in areas where fluoride concentration is more than 1 PPM are susceptible to this disease. The problem is found in 38 villages of two Taluks of Shirhatti and Mundargi in Dharwad district. Epilepsy, pain in joints, backbone, waist and legs, headache, constipation, thirst, weakness and fatigue, loss of appetite, sensation of frequent urination are the symptoms of this ailment. Dental fluorosis is a case where brown dots appear on the teeth. To start with the teeth gradually turn yellow in colour and then decay. Bone fluorosis is a case wherein bones become soft gradually and the shape of body would change and it will not be possible to stand firm and move independently. Government identifies the villages where the disease is found and conducts survey of water sources and on the basis of such survey reports, programmes at various stages or multigradational programme to eradicate the problems are being implemented stage by stage. In the first stage, awareness was created among people about this disease and a two day training was given to doctors, health workers, other Government Officials and voluntary organisations during 1988-89 and 1990-91. It is also envisaged to identify water sources unfit for human consumption and also to undertake Dental check up of school going children affected by this disease. In the next stage, epidemic-ecology surveys were undertaken to check the water sources and the level of chemicals in water. In the third stage precautionary measures are taken to see that people don't drink water which is not potable and healthy. Public education camps are organised to emphasise the significance of balanced diet and calcium and vitamin C. proper knowledge is given about dental care and health, to use water only after testing and to take precautionary measures. A survey of 60,756 people was carried out and it was found that 3,699 persons were suffering from bone fluorosis and 12,012 from dental fluorosis.

### **Ayurveda**

Ayurveda is an essential system of medicine cultivated as a symbol of Indian Medical Tradition. It was expounded in the Vedic Age and despite the onslaught of time the system has retained its importance and has been protecting health of the people successfully. This system has been recognised as the one of the foremost traditional medical disciplines. Life span, health care and treatment for many diseases affecting human beings are all included in this system, *vaatha*, *piththa* and *kapha* (gas,

acidity and sputum) are the three basic elements on which Ayurveda analyses the diseases and disorders in the human body. This system imparts relief methods controlling *Thridosha* effects. It is true that Allopathy system that was introduced in India during the British rule had to an extent shaken the public faith in the Ayurveda. But nowadays, it is a commonly held belief that Ayurveda is a Medical science. It is developing as a parallel medicinal system to allopathy. Government is also helping this Indian Medical System for its comprehensive development.

### **Ayurveda Education**

The opening of the Ayurvedic Universities with the objective of spreading Ayurvedic education has helped government and non-government institutions in spreading the Ayurvedic concepts. Earlier to the state re-organization (i.e. in old Mysore division) mixed ayurvedic system was in practice. Since there was no academic institution for this system in North Karnataka, and as a result of the increasing need for the same and on Ayurveda Vaidya P.A Halsikar's efforts and guidance, the Ayurveda University was established in Hubli in 1954. To start with, there were nine faculty members and twenty eight students admitted to the course. In 1956 the academy could arrange to get equipments on subsidy and financial support from the Mumbai Government.

In 1961 Hubli Ayurveda Seva Samithi took charge of this institution. Dr.Hardikar was guiding this new institution. This college started imparting Bachelor of Ayurvedic Medicine and Surgery (BAMS) a five and a half year course of Ayurveda Acharya degree. It was affiliated to the Karnataka University in 1970. There is a Hospital attached to the college. The central Government sanctioned Rs. five lakh for the establishment of the college to have it in its own building. Hubli-Dharwad Corporation assisted the academy to get a site of 5 acres at Heggeri in Hubli at a very low price. A well equipped full-fledged hospital was constructed at a cost of Rs. 12 lakhs. For the convenience of students, Library, physiology, Anatomy, Laboratory, Post-Mortem room and other Departments were also functioning in the Hospital. Yoga is also included as a discipline in the curriculum. The University has got its own drug manufacturing unit. Pre-maternity checkup and post delivery treatment facilities are also available. Diabetes and gastritis are taken up as research subjects in this college. Even for Epilepsy and Leukoderma patients, expert physicians give treatment. The institution has a well equipped Research Department. Post graduate courses in Ayurveda are also held here.

In 1992-93 there were four Ayurvedic colleges in the district at Gadag, Haveri, Hubli and Mundaragi, with a strength of 127, 25, 40 and 22 students respectively. In 1993-94 there were seven colleges, one in Hubli, two in Gadag one each in Mensigi, Haveri, Ron and Dharwad, where totally 225 students got admitted every year.

## HEALTH INSTITUTIONS

### **District Hospital, Dharwad**

This is the oldest hospital in the district established as early as in 1830. Formerly, it was a Civil Hospital which was later shifted to the new building in 1881. It treated 356 in-patients and 5,276 out-patients that year. This hospital was managing all other government and aided hospitals in the district. By 1952, there were 77 beds in the hospital with 'X' ray facility. Out of the total beds, 17 beds were provided in the maternity block and six beds for patients of infectious diseases division. In 1952, 3,189 in-patients and 15,211 out-patients were treated in the hospital. Government upgraded the

hospital by increasing bed strength from 170 to 250. In 1994 the out-patients department started functioning in the new wing of the hospital building.

As per a record in 1993-94, the hospital received a grant of Rs.75,000. At present the hospital is providing the most modern medical facilities. General medicine, Surgery, Gynecology, Paediatrics, Anesthesia, Radiology, Orthopaedics, Ophthalmology, ENT, Skin and Venereal diseases and Dental hygiene departments are in the hospital. Every department is functioning under the supervision of expert physician and surgeon. There are sixteen specialists in the hospital. In 1993, a Mobile Ophthalmology unit was sanctioned and was working under the hospital authority. By the end of March, 1994, in 4 months span 1,973 patients were examined for eye problems and 52 persons were given prescription for spectacles and 456 persons were operated upon for cataract and they were provided spectacles free of cost by this mobile unit under the beneficiaries scheme.

The hospital has Family Planning Centre, TB centre, Leprosy division, and maternity ward. During 1990-91 and 1993-94. The progress achieved by the hospital is as follows :

Particulars	1990-91	1993-94
<b>I. Under Family Welfare Programme</b>		
Vasectomy Operations	4	2
Tubectomy	399	467
IUD Placement	351	434
Nirodh	198	500
<b>II. Under PPC</b>		
Deliveries	1,439	1,487
MTP (Medical Termination of Pregnancy)	55	29
<b>III. MCH Programme</b>		
DPT (Diphtheria Pertussis Tetanus Toxoid)	1,760	1,160
D and T Vaccine (Diphtheria and Tetanus)	1,347	1,602
TT to Mothers	1,780	1,825
Polio	1,760	1,460
Measles	1,058	1,275
BCG	2,423	1,840
<b>IV. Miscellaneous</b>		
Sputum Exam for TB	1,087	1,420
TB Patients treated	354	261
Leprosy Patients Treated	271	140
Eye Test (National Blindness Control Programme)	N/A	18,705
Cataract Operation	N/A	5,411
Persons given spectacles	N/A	2,503

In 1991-92, 1992-93, 2,85,584 and 2,88,325 out-patients and 7,689 and 7,106 in-patients respectively were treated while 249 and 216 persons died in the hospital respectively. 1,359 surgeries were conducted and 1,570 delivery cases were attended to in 1993-94.

The District Surgeon is the Chief Medical Officer, Five Medical Officers, 9 Assistant Surgeons, one Dentist and 164 other staff members are also working in the hospital.

### **Karnataka Medical College Hospital**

KMC hospital was established in 1957 and started functioning from 1960. To start, with, it had a capacity of 150 beds. Now there are 790 beds. Hospital and housing complex are constructed over an area of 110 acres of land. The hospital is well equipped with 'X' ray unit, Blood Bank, Pharmacy, IV liquid production unit, Nursing centre and such other facilities. Endoscopy, Dialysis, Ultrasound, Plastic Surgery, Thoracic Surgery and such other special clinical facilities are also available in this hospital. The hospital has a team of expert doctors, modern equipments, laboratories with its own drug unit functioning. The hospital is extending all faculties of medical services and has grown into Grade-I hospital. There are 20 beds in Leprosy ward and 40 beds in TB patients ward in the hospital.

During 1980 - 22,366 and 2,35,156 in patients and out-patients were treated in the hospital. In 1981, 17,123 inpatients and 1,67,006 out-patients received treatment

The statistical data about various clinical services provided in the hospital during 1990-91 and 1991-92 was as follows :

Sl.No.	Particulars	1990-91	1991-92
1.	No.of out patients treated	3,20,675	3,28,501
2.	In patients treated	20,341	21,139
3.	Maternity service	2,862	2,897
4.	Surgical Operations	7,206	7,362
5.	X-ray films taken in the hospital	18,000	20,000
6.	Screening done in the Hospital	4,000	5,000
7.	TB patients under treatment	2,824	3,757
8.	Leprosy patients under treatment	663	802
9.	Operations conducted in the family planning unit		
	a) Vasectomy	7	1
	b) Tubectomy	693	729
	c) Leproscopy	78	79
10.	Woman and Child health programme		
	1. DPT	673	1,091
	2. DT Vaccinations	204	741
	3. TT Injections	1,211	1,795
	4. Polio drops	673	1,090

In total there are 591 staff members in the hospital who include the Superintendent, Medical Officers, Surgeons, Chief Pharmacists, Nurses and Compounding Assistants and other non-medical staff. The City Leprosy Centre is functioning with an out-patient department affiliated to the hospital. Karnataka Medical college got affiliated to the Karnataka University in 1960.

The KMC offers degree and post-graduate courses in subjects like 1) General Medicine 2) Surgery 3) Gynecology and natalcare 4) Paediatrics, 5) Orthopaedics 6) ENT 7) Ophthalmology 8) X-ray wing 9) Dermatology 10) Pathology 11) Bacteriology 12) Anti diseases and social medical science 13) Anatomy 14) physiology 15) Biochemistry 16) Judicial Medical Science (forensic medicine) 17) Anesthesia 18) Dental clinical science 19) Tuberculosis 20) Heart and Lungs 21) Plastic Surgery 22) Pharmaceutical Science. Every year 130 students to medical degree course and 150 to post graduate course are getting admitted to the college to undergo professional training courses. The Hospital is having its own library. 15,968 medical books are stacked in the central library of the college where there is provision for 200 students to study at a time.

#### **Karnataka Mental Health Institute**

The Karnataka Mental Health Institute was started in Dharwad in 1845. Initially it was named as Lunatic Asylum. With the objective of protecting and segregating the mentally unsound from the general public, the British government confined them up in one place and extracted work from them after providing food and medical care.

In 1943, this Asylum was renamed as Mental Hospital. It was under the supervision of the District Civil Surgeon till 1960. And in 1960, for the first time to treat mental illness, specialists in psychiatry were appointed as Chief Resident Medical Officers. By that time, specific drugs were procured to treat the mentally ill patients. The hospital has its own medical staff, and team of experts and clinical facilities. At present the hospital is being headed by a Psychiatrist. Being converted into a teaching hospital (academic hospital) it is imparting education to post graduate medical students and nurses. In 1992, the hospital was renamed as Karnataka Mental Health Institute. Now this institute is extending research programmes along with academic programmes. This hospital has a building complex over an area of 13 acres of land having its own out-patients' wing, 20 bedded open ward laboratory and has a total of 375 bed strength. The hospital has ' X ' ray unit, blood bank, ophthalmological facility, heart specialists, service and such other special facilities. A Medical superintendent, three psychiatrists, two general physicians, three psychologists and 136 other staff members are working. In 1990-91, 3,274 new out-patients and 27,312 old patients and 4,748 in-patients were treated. In 1993-94, 3,542 new patients and 36,000 old patients were treated. On an average 108 patients per day are being treated here.

#### **Cancer Hospital**

The Karnataka Cancer Therapy and Research Institute was established in Navanagar in Hubli as a result of the sincere efforts of an expert doctor like B.R.Patil, to overcome the lack of cancer therapy facilities in North Karnataka. This is one of the nine regional institutions which became an autonomous body in 1986. Hubli Corporation donated 5 lakhs of rupees and also 10 acres of land and the present building was completed in 1977. The aim of the society is to treat cancer patients and to educate the public in this regard. At present the number of beds has increased to 150. The hospital is modernised with sophisticated equipments. Initially 1,060 cancer patients were treated in the first year and



presently 15,816 people are getting post treatment care and checkup. Presently, there are 110 in-patients that includes 15 beds where treatment is extended free of cost.

### Co-operative Hospital, Hubli

Initially, this hospital was functioning as Bhavani Hospital. As the space available was found to be very limited, one Kharshide Bai Jagamanwala, a Parsi lady, donated a spacious site where the present hospital is situated. In 1924 the building was completed and the hospital has started working in its own new building. To start with it was a 36 bedded hospital, now has increased its bed strength to 150. The Hospital has a separate maternity wing. For out-patients there is a separate wing. Treatment for all types of diseases is available in the hospital. Pure Indian Ayurvedic Medicine system is being practised here. The hospital has facilities such as 'X' ray and a well equipped operation theatre. It also extends treatment to Heart patients, patients with optical problems, ENT and arthritis. Medical students are provided with an opportunity for internship. One specialist, one lady doctor and five Ayurvedic degree holders are working here. In 1987, 7,061 out-patient and 3,632 in-patients were treated in this hospital.

### Chitaguppi Hospital

Started as a Municipal Dispensary in a site given in charity by Rao Bahadur Srinivas Rao Balaji Chitaguppi, it was converted into a Hospital in 1936. In 1961 it was handed over to the corporation.

The Hospital has in-patient and out-patient wings, maternity ward, 'X' ray unit, laboratory and such other facilities which were added subsequently. At present, it has 86 beds. A Surgeon / Chief Resident Medical Officer and seven doctors are working under him. One Heart specialist, 3 staff nurses (ANM), laboratory and X-ray technicians and other staff assist him. PPC and family planning centres are attached to the hospital. The progress of the hospital for the years 1991-92 to 1993-94 is as follows :

Particulars	1991-92	1992-93	1993-94
1	2	3	4
<b>I) Family Welfare</b>			
Vasectomy Operations	-	1	2
Tubectomy	-	860	1,990
IUD Placement	185	224	
<b>II) MCH Programme</b>			
DPT Vaccine	1,036	1,346	993
D& T	1,023	969	990
TT to mothers	2,591	2,304	1,929
Polio	1,356	1,340	993
BCG Vaccine	2,355	1,917	2,012
Measles	1,220	1,076	8,917

1	2	3	4
<b>III) Miscellaneous</b>			
Out-patients	45,490	46,439	34,942
In-patients	5,062	5,765	4,409
Maternity cases attended	1,364	1,421	1,345
Surgeries conducted	464	674	571
X rays taken	40	218	120

### Corporation Allopathic Hospital

Located in the centre of the city, adjacent to the Dharwad City bus stand, the Corporation Allopathic Hospital was established in 1951. It is a full fledged hospital with a bed strength of 48 and has all the modern medical facilities. Attached to the hospital, a maternity ward and a family planning unit are functioning. Under its control, a X ray unit, clinical laboratory, and such other facilities are also available here.

A Surgeon, of the rank of The Chief Medical Officer is the head of the Hospital. He is assisted by two male and two female doctors, one compounder, two lab-technicians, one nurse, five ANM and other staff members. In the jurisdiction of the hospital, influenza and dysentery problems are found very often and the such patients are treated in this hospital. The services rendered in the hospital during 1990-91 and 1991-92 were as follows :

Particulars	1990-91	1991-92
1. Out-patients	45,249	43,369
2. In-patients	1,905	1,219
3. Maternity cases	1,657	1,519
4. Surgeries	638	558
5. Screening	19	14
6. X-rays taken	3	1
7. T.B. patients under treatment	7	5
<b>Under Family Welfare Programme</b>		
1. Vasectomy Operations	2	1
2. Tubectomy and Laperoscopic operations	638	604
3. IUD placement	194	200
<b>Under Women and Child Health Programme</b>		
1. DPT Vaccination	2,878	1,437
2. DT	1,657	1,615
3. TT	4,377	2,896
4. Polio	2,878	1,437

### Lourd Charity Hospital

This charity hospital was established in 1972 in Dharwad. Housed in its own building, the hospital is equipped with 75 beds with a labour ward and a laboratory. In 1978 the 'X' ray unit and in 1989 Ultra Sound Scanning facilities were added. General surgical treatments, eye operations, orthopaedic operations, operations related to maternity and confinement and such other clinical facilities are available in this hospital. Three surgeons, one cardiologist, two paediatricians, one obstetrician and three general physicians, (all honorary) are rendering services in this hospital.

In 1992, 22,874 out-patients were treated and in 1993 and 1994 out-patients treated were 27,604 and 20,205 and the in-patients treated were 5,046 and 4,579 respectively.

In 1992 and 1993 patients who got obstetrical treatment were 412 and 363 respectively. During the same period, (1993) major operations conducted were 406 and minor surgeries performed were 436. In 1992 and 1993, 2,634 and 2,009 X-rays were taken. In the same period 213 and 222 TB patients were treated. In 1993, under immunisation programme 585 DPT, 948 TT, 245 BCG and 138 measles cases were treated. Family welfare methods are being advocated to the public by the hospital staff and the various methods of planning are being advised. This hospital in Dharwad is popularly known as German Hospital in the district.

### Railway Hospital

The Railway hospital (South Central) which was started in Hubli in 1962 was later shifted to a new building complex. In the beginning there were only 49 beds and at present there are 174 beds. Women's ward, surgical ward, children's ward, general ward, isolation ward, T.B. Ward, casualty wing, X-ray unit and laboratory are accommodated in the hospital. A Senior Medical Superintendent is the head of the hospital who is also the Chief Medical Officer.

X-ray, screening, ECG, EEG, USG, and Tread mill facilities are available in the hospital. Cardiac treatment, ophthalmological treatment, ENT, gynaecological problems, are also attended to here and surgeries are conducted with special medical care.

The services rendered in the hospital during 1992-93 and 1993-94 are as follows :

Particulars	1992-93	1993-94
1. Out-patients treated	2,13,448	4,12,871
2. In-patients treated	4,519	4,460
3. Delivery cases attended	319	282
4. Operation conducted	1,671	749
5. 'X' rays taken	10,274	10,373
6. T.B. patients treated	572	176
7. Laprosy patients treated	5	4

	1991-92	1992-93	1993-94
<b>Under Family Welfare Programme</b>			
1. Vasectomy operations	36	27	26
2. Tubectomy	395	329	277
3. IUD Placement	170	160	148
<b>Under MCH Programme</b>			
1. DPT Vaccine	3,365	2,716	1,278
2. D & T	1,108	1,003	643
3. TT for Mothers	1,802	1,422	855
4. TT for children	1,515	3,565	2,416
5. Polio	3,308	2,716	691
6. BCG	681	527	1,278

### **Vivekananda General Hospital**

This hospital was originally established by Indian Women's Aid Society in Deshpande Nagar in Hubli as a women's hospital in 1920. It was named as Vivekanda Hospital in 1982. Being a 68 bedded hospital, it has all the special facilities like surgery, casualty, etc., Incubators, X-ray, Dialysis, ECG, clinical laboratory, Blood Bank and such other amenities are also available here. An Honorary Chief Medical Officer, a Lady Medical Officer, an Asst. Medical Officer and other staff are working here.

The services rendered by the hospital during 1992-93 and 1993-94 are as follows :

Particulars	1992-93	1993-94
1. Out Patients	7,569	8,062
2. In-patients	1,845	1,915
3. Deliveries	104	120
4. Surgeries	737	800
5. X-rays and Screening	201	292
6. Tubectomy Operations	—	6
7. IUD placement	—	12

### **MGM Tuberculosis and Chest Diseases Hospital, Gadag**

Mahathma Gandhi Memorial Tuberculosis and Chest Diseases hospital, Malasamudra, Gadag was started in 1959 as a private health institution. Later in 1967 the government took over the administration and enhanced the status of the hospital and increased the bed strength from 22 to 62. The Hospital has its own building and is housed in an area of 53 acres of land. It is five kms away from Gadag and is catering to the needs of patients from Raichur, Bellary, Bijapur districts also in addition to Dharwad district. It is famous as a model hospital for Tuberculosis patients. Many specialists, surgeons, eye specialists and paediatricians are serving in the hospital. 2,593 TB patients were treated during 1990-

92. In the same period, out-patients treated were 2,336, in-patients 1,095, 1,363 X-rays taken and 11,195 screening tests were conducted.

### General Hospital, Gadag

General Hospital Gadag which was started in 1864 as a Municipal Dispensary, was later converted into a Cottage Hospital in the year 1975. In 1982-83 it was elevated as a General Hospital. All modern facilities are made available and special clinical facilities are also provided in this hospital. The Hospital has DMM, labour ward, Maternity services centre (PPC), A Family Planning Centre and a Leprosy Clinical Centre. Other special medical services available in this hospital include cardiac treatment, anaesthesia, general surgery, X-ray facility, dental clinic and gynaecology unit. Specialist service in every department is made available to the patients.

Details of services rendered in the hospital during 1990-91, 1991-92, 1992-93 and 1993-94 are as follow :

Particulars	1990-91	1991-92	1992-93	1993-94
Tubectomy Operations	736	941	1,456	1,057
IUD Placements	189	413	625	478
T.B. Patients treated	192	173	151	197
Major and Minor Operations	1,336	1,270	1,890	1,569
X-rays taken	2,074	2,236	4,723	6,152
Out-patients treated	1,29,198	1,32,019	1,32,020	1,51,340
In-patients treated	3,010	3,240	3,249	5,571
Delivery cases attended	1,565	1,469	1,417	1,518

The number of leprosy patients treated during 1990-91 and 1991-92 were 69 and 133 respectively.

### General Hospital, Haveri

As a Municipal Dispensary, it started in 1878. Later it was converted into a Cottage Hospital in 1962 and the same was taken over by the government in the same year and elevated to the status of a General Hospital. At present, it has a bed strength of 66 which includes six beds in the labour ward. It has an X-ray unit and screening facility, eye clinic, surgical ward, cardiac clinical wing and gynaecological ward with expert doctors and specialists.

Family planning centre, PPC, TB controlling centres are functioning under the control of this hospital administration. Some progressive figures of the hospital for the years 1990-91 to 1992-93 are as follows :

Particulars	1990-91	1991-92	1992-93
1. Out-patients treated	1,25,626	1,33,928	1,27,878
2. In-patients	3,572	3,772	3,997
3. Delivery cases attended	425	454	464
4. Operations conducted	623	694	376
5. X-rays taken	4,491	4,542	4,887
6. No. of screenings	69	161	129
7. T.B. patients treated	334	432	263
<b>Under Family Welfare Programme</b>			
1. Tubectomy operations	353	309	365
2. IUD Placement	254	279	232

#### General Hospital, Navalagund

As a Community Hospital this was started in 1953 at Navalagund. It was expanded in 1959. At the beginning it was a Municipal hospital and the government took it over in 1981. It has 18 beds with X-ray, laboratory and labour ward facilities.

The details of the service rendered in the hospital during 1992-93, 1993-94 are given below

Particulars	1992-93	1993-94	
1. Out-patients treated	29,355	34,025	
2. In-patients treated	374	404	
3. Delivery cases attended	347	368	
4. Surgeries	150	200	
5. T.B. Patients treated	32	20	
6. Leprosy patients treated	102	78	
<b>Under Family Planning Programme</b>			
	1991-92	1992-93	1993-94
1. Tubectomy and Leproscopic operations	275	414	580
2. IUD Placements	15	13	15

#### General Hospital, Ranibennur

This hospital was started in 1937 as a Municipal Hospital and its administration was taken over by the government in 1982 when it was upgraded into a General Hospital. In the initial stage, there were only 29 beds and now it is having 59 beds. One Urban Family Planning Centre and a Leprosy Curing Centre are working under its control. Through some local institutions ophthalmological services are also made available for the public.

The details of services rendered in the hospital during 1992-93 and 1993-94 are given here as under :

Particulars		1992-93	1993-94
1.	Out-patients treated	17,835	24,934
2.	In-patients treated	220	607
3.	Deliveries conducted	360	375
4.	TB patients treated	25	22
5.	Leprosy patients treated	21	23
<b>Under Family Planning programme</b>			
		1991-92	1992-93
1.	Tubectomy and Laproscopic operations	354	371
2.	IUD Placements	197	141

### General Hospital, Savanur

This was established in 1893 in the name of Thyabrej Hospital. Later, it came to have PPC and CHC (Community Health Centre) units in 1986 and 1990 respectively and has been extending health and family welfare services to the public. In the beginning there were eight beds which has been raised to 40 at present.

The details of services rendered in the hospital during 1992-93 and 1993-94 are given here under:

Particulars		1992-93	1993-94
1.	Out-patients treated	23,385	27,873
2.	In-patients treated	968	1,156
3.	Deliveries conducted	324	358
4.	TB patients treated	48	63
<b>Under Family Welfare programme</b>			
		1991-92	1992-93
1.	Tubectomy Operations	129	110
2.	Laproscopic Operations	119	138
2.	IUD Placements	164	171

### General Hospital, Ron

This was started in 1914 as a Clinic and then came under the District Local Board (DLB) administration and later on under Taluk Development Board (TDB). In 1977 government took over

its administration. In 1988 as per The Indian Population Project, IPP III, it attained the status of Community Health Centre having 24 beds and an operation theatre. At present there are 26 beds in the hospital and in-patients treated were 526 and 634 during 1992-93 and 93-94 respectively. Maternity care was given to 141 and 208 women respectively. In the same years, 429 and 641 tubectomy and laproscopic operations were conducted and 25 and 26 TB patients were treated. Leprosy patients numbering 16 each for the above years were given treatment. The hospital has X-ray and laboratory facilities.

### **Sri Dharmasthala Manjunatha Dental College Hospital**

This hospital was started in 1986 at Dhawalanagar, of Sattur in Dharwad under the patronage of SDME Society of Ujire. It has an imposing building complex with ultra modern facilities and with the latest equipments. This prestigious college hospital building was built at a cost of more than three crores of rupees. The Hospital is being run with a surgery wing, special clinical department, laboratory, electronic dental chairs, research department and has a team of experienced doctors. The hospital is a popular and a leading Dental Care Centre in India.

In 1992, there were 20 beds for in-patients, an operation theatre and research departments. At present, everyday about 500 to 600 people visit the hospital for either checkup or for treatment. There are ten out-patient wings. It is said that this is the pioneer hospital in the nation to start oral implantology. In 1991, the college started post-graduate courses with a faculty of nine specialists.

There are 178 dental chairs and 75 of them are regulated by electronic technology. ' X ' ray, dental and general checkup facilities are also available. Mouth and facial surgery, artificial denture, criss cross dental treatment, dental care for children, treatment for cavity in tooth, removal of spoilt teeth and other different facilities are available in the hospital. In 1991-92 and 1992-93 1,46,731 and 1,73,871 in-patients and out-patients respectively were treated here and 80 and 130 surgical treatment cases were also registered here respectively for the above years.

### **Nisarga Jeevana Sadhanalaya**

Self dependency and health at low budget was the motto of Mahathma Gandhi on the basis of which, the Nature Cure Hospital was established in 1973 as a result of the efforts of Sri.Venkateshwara Magadi at Bengeri in Hubli. Nature cure hospital found near Pune was the source of inspiration for the founder of this Hubli Nisarga Jeevana Sadhanalaya. On realising the significance of natural course of treatment, Pune hospital Nature Cure Committee, Hubli and Karnataka government appointed H.Srinivas Reddy as the Nature Cure Assistant Director to assist the famous doctor from Rajasthan, Dr.Rameshwara Pothdaar. The Hospital started functioning in one room in the Khadi Gramodyoga Centre in Bengeri. Now there are 16 rooms, separate wards for men and women and a prayer hall attached to the hospital. In the initial stages there were only two beds and now there are 45 beds. Khadi Gramodyoga Board has offered a building free of cost to the hospital. At present, there is no government aid to the hospital. Public donations are the only source for developmental activities and services. Panchamahabhootha treatment, water treatment (Jala Chikithse) mud treatment (Mrithika Chikithse) Yoga, dieting, massage, meditation, Pranayama, Dhyana and Solar Rays Therapy are practised to cure the problems and ailment of patients here. To start with there were 100 in-patients and 200 out-patients. In 1990-91, 1993-94, 1,880, 604 and 1721, 653 out-patients and in-patients were treated respectively.



Public speeches are arranged to popularise family planning, to educate public regarding the natural way of life and to adopt celibacy and such other programmes in the institute. The monthly magazine 'Arogya and Aahara' (health and diet), Kachha Neeragni Aahara, Jeevantha Aahara, Hrudaya Rogagalu (heart diseases) Dheergayushya (long life) and Godhi Hullina *Kaipidi* (handbook of wheat grass) are some of the books published by the centre.

### **Health Institutions run by the Corporation**

Three General Hospitals, four maternity hospitals, four local dispensaries, four homeopathic dispensaries, three family planning centres and one post partum centre altogether twenty one health institutions are run by the Hubli Dharwad City Corporation.

There are 75 beds in Chitaguppi Hospital, Hubli, 55 in Dharwad Bus stand hospital, 30 in Old Hubli hospital, 14 in Thoravigalli hospital, 16 in Kamanakatti and 10 in Madihala hospital. Totally 200 beds strength is provided in these hospitals. 3,70,202 out-patients and 2,247 in-patients were treated in these hospitals in the year 1985-86. A Medical Termination of Pregnancy Wing is also opened in the Chitaguppi hospital.

The City Corporation arranges family planning operations. Sterilization camps are also arranged by the city corporation through its three Family Planning and Maternity Service Centres. During 1986-87 it had conducted three such mass camps wherein 2,003 people got sterilized voluntarily and an amount of Rs.1,16,300 was spent by the corporation to encourage the programme with incentives and encouragement for the beneficiaries. The Corporation is extending its co-operation in implementation of child and women welfare programmes.

The private hospitals listed below are also providing family welfare services to the public in the district :

1. Comprehensive model centre, Narayanapura Dharwad; 2. Co-operative Hospital, Hubli; 3. Indian christian Mission Hospital, Haveri; 4. Thavaregeri Nursing Home K.C.Park, Dharwad; 5. H.D. Gangala Nursing Home, Hubli; 6. Nalini Hukkeri Maternity Hospital, Dharwad; 7. Kasthurba Maternity and Nursing Home, Gadag; 8. Usha Clinic and Dispensary, Honnur, Hubli; 9. Annapoorna Bai Maternity and Nursing Home, Gadag; 10. Dr.Kulakarni and Dr.Sajjan hospital, Gadag; 11. Hubli polyclinic and general hospital, Hubli ; 12. Dr. Pushpamala R.Lodayi Savalji Devalji Maternity Home, Haveri; 13. Memorial Maternity Home, Haveri; 14. Dr.N.M.Mahabala Shetty Maternity and General Hospital, Old Hubli; 15. Dr.Rohini, N.prabhu Nursing Home, New cotton Market, Hubli; 16. Dr.B.N.Kamalapur Nursing Home, Malamaddi, Dharwad; 17. Karnataka Nursing Home, Hubli; 18. Indian Family Planning Association, Dharwad; 19. Siddeshwara Nursing Home, Hubli; 20. Datta prasad Surgical Clinic, Broadway, Hubli; 21. Aravinda General Hospital, Neelajin Road, Hubli; 22. Bandiwada Base Nursing Home, Hubli; 23. Vivekananda General Hospital, Club Road, Hubli; 24. Dr.Kabadi Nursing Home, Hubli; 25. Dr.K.H.Jithuri Nursing Home, Daajeebanpet, Hubli; 26. Dr.Konnur Nursing Home, Hubli; 27. Dr.Huyilagola Surgical centre, Pinto Road, Hubli; 28. Karnataka Nursing Home, Hosura, Hubli; 29. City Clinic, Hubli; 30. Hiremath Clinic, Hubli; 31. Dr.Mahabala Shetty Nursing Home, Hubli; 32. Dr.Pushpa Joshi Nursing Home, P.B.Road Hubli; 33. Dr.D.R.Jakka Reddy Nursing Home, Hubli; 34. Deenabandhu J.Hallikeri Nursing Home, Keshavapura, Hubli; 35. Dr.R.N.Gokavi Nursing Home, Hubli; 36. Dr.P.B.Patil Nursing Home, Hubli; 37. Dr.Galagali Nursing Home, Hubli; 38. Dr.Vidya Vishwas, Moorusavira Matha Nursing Home, Hubli; 39. Dr.V.H.Kalaburgi Surgical clinic, Haveri; 40. Ashwini Hospital,Ashwini Nagara, Haveri;

41. Dr.Devadhara Hospital, Haveri; 42.Dr.Melody Clinic Maternity Home, V.H.Road, Akki Alur; 43. Dr.Humbaravadi Nursing Home, Gadag; 44. Dr.Alur Nursing Home, Gadag; 45. Dr.Kulakarni Maternity Home, Gadag; 46. Dr.V.D.Chapekar Mathru Nursing Home, Gadag; 47. Dr.Huyalgola Nursing Home, Gadag; 48. Kasthurba Nursing Home, Gadag; 49. Kulakarni Nursing Home, Gadag, Betageri; 50. Dr.Sajjans Nursing Home, Gadag; 51. Kashi Bai Maternity and Nursing Home, Gadag; 52. CD Hospital,Gadag, Betageri; 53. Thavarageri Nursing Home, Dharwad; 54. Dr.Ramana Gowda Nursing Home, Dharwad; 55. Sanjeevini Nursing Home, Ranibennur; 56. Siddeshwara Nursing Home, Belgavigalli, Hubli; 57. Dr.Basavaraja Thelagara Nursing Home, Ranibennur; 58. Dr. Ranjeena Nayaka Nursing Home, Ranibennur.

### **E.S.I. Dispensaries**

The Employees State Insurance Scheme was implemented in 1958. As per the recent amendments providing healthcare to non-seasonal factory workers and all workers of other factories, industries and other establishments are given medical facilities in the various ESI dispensaries. This scheme provides social protection to all those insured persons, coming under the administrative control of Central Labour Ministry. Under this scheme, treatment to all types of diseases, pregnancy, physical incapacities and weakness, protection against loss of wages and to provide medical care to the family members of the insured, are ensured. At the time of needs like disease, delivery, disability, dependency and for death ceremonies, compensation in the form of cash and such other benefits are available under the State Insurance Scheme. In Dharwad district, there is one ESI Hospital, seven full time ESI Dispensaries, two part time ESI Dispensaries and also are one Employees Facility Dispensary as in 1992-93.

### **Noteworthy Private Medical Services**

Some noted doctors or Nadi Vaidyas have done remarkable achievement in redering their services to public.

Canara Charitable Society and also Prabhu Seva Sangha Hubli under the leadership of Dr.N.M.Prabhu extended special medical services to villagers at their doors. These organisations take the assistance of local Indian Medical Association doctors, corporation, Local Service Organisations etc. Taking financial help, from the Government and the Zilla Parishat, it is rendering services to needy people at appropriate times in rural areas in Uttara Kannada district as well as the rural areas of Dharwad district where medical service is scarcely available. Free Medical Camps are arranged by offering/extending special medical treatments like gastroscopy, endoscopy, ultra sound the most modern equipments are carried to villages to provide modernised treatment and examinations. Even severe ailments are diagnosed and treated free of cost in many villages. For the first time, Canara Charitable Society organised free health checkup camp in villages. Since 1965, more than 50,000 people were benefited by these camps. Piles and Hydrocil surgeries are arranged in free camps by the organisation, with the help of IMA, Rotary, Lions and such other organisations. The most delicate instruments like diagnostic fibre, optic gastroscopic aids and equipments are also carried to villages and more than 1,300 scopies are conducted after 1986.

Ophthalmologist Dr.M.M.Joshi started an eye clinic in Hubli in 1967, which later became a hospital with 60 bed strength and has been arranging free eye camps for weaker sections of society in villages since a long time.

In Bhadrapur village in Gadag taluk, traditional bone setters have been treating people adopting native medicine.

A good number of dental care camps (Dantha Yajnas) within the state and outside are organised by Dr.P.V. Jayade who has been emphasizing the importance of dental care and precautionary measures to be taken and importance of dental health. This notable dentist Dr. Jayade who hails from Hubli has given treatment to thousands of dental patients and conducted free dental checkup and clinical service camps. Taking the aid from associations and such other organisations, many health camps have been organised by him and the government recognized his services and honoured him.

Jaundice is a common disease, which is consistently bothering the people of Gadag taluk. However, one family at Lakkundi has been doing yeoman service to such people and their contribution in the field is commendable, by treating these patients with their indigenous medication. By their knowhow about certain plants and herbs, they have treated thousands of Jaundice patients. In this service campaign, various institutes, voluntary organisations and village chiefs have been extending their cooperation. This service is continuously made available to people in the surrounding areas of the district.

Ayurvedic Practitioner Dr.B.R.Inamdar from Soratur of Gadag taluk has been treating polio patients and those who are affected by paralytic stroke since 1960. People not only from neighbouring villages, but even from far and wide, viz., Maharashtra and Andhra Pradesh come for treatment here. Dr. G.V. Joshi of Hubli, a famous surgeon who operated upon Gangubai Hangal of international repute for her throat problem and set right her voice, is rendering commendable service. He also offers free treatment to the poor.

### **Rural Health Programme**

The state Government under the guidance of Government of India, took up massive health related programmes to be implemented through various Primary Health Centres and Primary Health Units with the objectives of increasing availability of medical facilities in rural areas, medical checkup facilities to be upgraded, quality of treatment to be improved, taking care of the health of a pregnant woman and delivery, protecting the health of children and control of epidemic diseases by undertaking preventive measures. The functions also include making good the lack of medical services and promoting family welfare measures.

### **Community Health Centres**

Community Health Centres are established in taluk centres, normally for a population for one lakh covering four Primary Health Centres. Usually, there will be thirty to fifty beds in such Community Health Centres. They are functioning as referral hospitals for other medical centres and health centres, hospitals located under its jurisdiction. It also provides specialist services. Byadgi, Hirekerur, Shiggaon, Naragund, Mundaragi, Bankapura and Hangal in the district have Community Health Centres.

### **Community Health Centre, Byadgi**

As a Municipal Hospital, it was established in 1933. In 1982, the government took over its administrative control and upgraded it to Community Health Centre status. It has a capacity of thirty beds.

The details of services rendered by this CHC for 1990-91 to 1991-92 are given here under:

Particulars	1990-91	1991-92
1. Out-patients treated	27,810	31,770
2. In-patients treated	358	703
3. Delivery cases attended	122	69
4. T.B. patients treated	27	26
5. Leprosy treated	153	115
6. Tubectomy Operations	195	251
7. Leproscopic Operations	205	162
8. IUD Placement	72	58
<b>Under M.C.H. Programme</b>		
1. DPT Vaccination	411	882
2. DT Vaccine	375	521
3. TT	441	457
4. Polio	411	883

### **Community Health Centre, Shiggaon**

This Community Health Centre was established as far back as 1940 as a Maternity Hospital, which was later converted into PHC in 1976. This was later upgraded into a Community Health Centre in the year 1991. This centre has a strength of 30 beds and provides treatment by specialised doctors. There are eight sub-centres working under this centre.

The details of services rendered by this CHC for the years 1990-91 and 1991-92 are given here:

Particulars	1990-91	1991-92
1. Out-patients treated	23,540	23,515
2. In-patients treated	248	236
3. Delivery cases attended	811	966
4. T.B. patients treated	30	25
5. Leprosy Patients	14	13
6. Operations conducted	8	20
<b>Under Family Welfare Programme</b>		
1. Sterilization	274	341
2. IUD Placement	168	240
<b>Under M.C.H. Programme</b>		
1. DPT Vaccination	861	904
2. DT Vaccine	1,121	991
3. TT	921	999
4. Polio	861	904

**Community Health Centre, Hirekerur**

This hospital started in 1905, was converted into a Maternity Home in 1965 and it became a Community Health Centre in 1989. There are 24 beds in the centre. A Medical Officer, One Lady Doctor and other staff are working here.

The details of services rendered by this CHC in the years 1990-91 and 1991-92 are given here:

Particulars	1990-91	1991-92
1. Out-patients treated	23,314	20,489
2. In-patients treated	421	394
3. Delivery cases attended	315	250
4. TB Patients treated	23	24
5. Leprosy Patients treated	12	18
<b>Under Family Welfare Programme</b>		
1. Sterilization	156	166
2. IUD Placement	55	77
<b>Under M.C.H. Programme</b>		
1. DPT Vaccination	114	174
2. TT (Mothers)	227	142
3. Measles	59	112
4. Polio	114	104
5. BCG	164	202

This centre has an emergency unit also.

**Community Health Centre, Naragund**

It was a Primary Health Centre since 1986 and was upgraded as Community Health Centre in 1993. There were 24 beds in the centre. In 1991-92 and 92-93, the progress of the CHC was as follows:

Particulars	1991-92	1992-93
1. Out-patients treated	8,087	7,988
2. Sterilization	165	290
3. IUD Placement	114	206
4. Delivery Cases	118	44
5. TB patients treated	0	15
6. Leprosy patients treated	44	22

Particulars	1991-92	1992-93
<b>Under M.C.H. Programme</b>		
1. BCG Vaccine	870	895
2. Polio	870	895
3. DPT	870	895
4. TT	930	960
5. Measles	870	895

There are four sub-centres working under this CHC.

### Primary Health Centres

Primary Health Centres are established with the objective of providing medical aid and Health care in rural parts. These are providing medical care and are ensuring prevention of diseases, besides arranging public health hygienic programmes and many other essential health services, such as National and State Health programmes like Malaria eradication (NMEP), TB and leprosy control, immunisation and control of epidemics. Family planning programmes are attended to by these health centres. Prior to this, there were two types of primary health centres viz. Indian Government type and the Mysore type. After 1957, the Indian Type Centres were established. Each Health Centre would cover the Health Care of almost 30,000 people.

Each centre is supplied with medicines and drugs worth Rs. 30,000 every year. One Medical Officer, 4 nurses, one health visitor, one compounder, one junior medical examiner and other medical staff work in such Health Centres. Gradually as the health programme increased with additional activities, the number of staff and doctors was also enhanced. At present, in each health centre, atleast there are two medical officers of whom one will be a Lady Medical Officer. To assist them, nursing assistants, women health visitors, senior and junior health inspectors, lab technicians, health instructors, and multi-purpose health workers exist among the staff. In 1991-92, there were 82 such Primary Health Centres with 584 beds. In 1992-93 there were 85 Primary Health Centres in the district with a total of 646 beds. There are 600 Sub-Centres under the control of these Primary Health Centres.

Essential services available in such Indian type Primary Health Centres are 1. Clinical services 2. Control of Malaria, Cholera, and such other epidemics, 3. Family welfare 4. Mother and child health services. 5. Health Education 6. School Health programmes 7. Environment and hygiene and 8. Birth and death data collection.

Primary Health Centres function in a co-ordinated manner. All the health programmes carried out by the health units and effective implementation of the national programmes that come under its jurisdiction are supervised. 23 primary health centres in the India government pattern (GOIP) were established between 1965-66 and the others are approved as under Minimum Needs Programme in Dharwad district. The details of the Primary Health Centres opened in the district are given here :1981-82-1, 1984-85 -2, 1985-86 -6, 1986-87 -3, 1987-88 -3, 1988-89 -17, 1989-90 -17, 1990-91-4, 1991-92 -3, 1992-93-3, 1993-94-3. The total number of beds in the above centre was 660.

In 1993-94, the Government sanctioned new health centres in Huyilagol, Annigeri, and Araleshwara. Some general data regarding all health centres is given in Table 15.4.

**Table 15.4 : General information of Primary Health Centres in Dharwad district**

Sl. No.	Primary Health centre	Year of Est.	No. of Beds	Sub-Centres	Out Patients	Maternity cases	Family Welfare		Mother and Child Health Prog.			TB patients	Leprosy patients	
							Operation performed	IUD	DPT	D&T	IT for pregnant women			Polio
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<b>Byadgi Taluk</b>														
1.	Shankripura	1988-89	6	8	-	538	241	191	725	617	909	734	5	12
2.	Kaginelli	1964	6	9	4,610	558	348	245	1,021	1,050	1,166	1,021	9	30
3.	Chikkabasur	1980	12	9	23,739	549	283	173	748	785	962	748	1	14
4.	Kadaramandalagi	1992	6	4	2,650	279	131	84	368	412	439	366	-	5
<b>Dharwad Tq.</b>														
5.	Alhawara	1965-66	6	10	-	731	260	247	1,101	917	1,266	1,101	7	34
6.	Mugad	1991-92	6	7	1,325	584	230	175	639	710	980	639	-	5
7.	Uppina Betageri	1981-82	6	6	-	586	235	177	791	790	965	791	9	21
8.	Garag	1955	6	7	17,324	615	266	213	772	769	973	772	4	11
9.	Amminabhavi	1982	6	7	9,265	564	243	176	737	1,102	914	737	8	4
10.	Hebballi	1992	6	7	8,780	498	229	149	745	1,066	934	745	4	13
<b>Gadag Tq.</b>														
11.	Mulagund	1962	6	17	9,285	452	334	1553	1,480	1,848	1,558	42	45	-
12.	Lakkundi	1957	6	9	14,337	1,249	322	241	986	1,115	1,150	986	7	21
13.	Hombal	1989-90	6	7	2,049	573	216	157	850	703	752	658	-	10
14.	Kurthakoti	1988-89	6	8	13,287	534	277	189	858	930	1,066	877	3	13
<b>Hangal Tq.</b>														
15.	Hangal	1965-66	30	8	-	706	162	153	513	544	649	513	38	7
16.	Thilavalli	1980	6	6	4,794	570	210	132	633	611	817	633	13	8

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
17.	Kusanur	1989-90	6	6	-	539	170	76	650	662	803	650	-	2
18.	Adur	1987-88	6	7	11,037	678	239	168	650	688	836	713	10	4
19.	Sheshagiri	1988-89	6	6	2772	479	165	138	673	727	825	673	-	23
20.	Belagala Pete	1989-90	6	8	11,923	658	234	172	636	799	814	631	-	17
21.	Bommanahalli	1992	6	6	16,324	481	177	131	570	506	750	570	1	17
22.	Baichavalli	1993	6	8	-	658	265	121	658	675	853	658	1	3
	<b>Haveri Tq.</b>													
23.	Katenahalli	1964	6	7	5,694	528	263	211	768	671	827	769	2	20
24.	Handiganur	1965-66	6	17	-	1010	507	351	1,684	1,677	2,051	1,684	4	54
25.	Kabburu	1970	6	7	5,665	631	279	193	690	753	812	719	5	25
26.	Devagiri	1990	6	8	1,418	-	238	173	654	579	797	654	-	24
27.	Agadi	1991	6	6	1,856	-	217	187	685	807	861	685	-	19
	<b>Hirekerur Tq.</b>													
28.	Rattihalli	1985-86	6	10	-	481	319	248	922	1,200	1,104	947	19	20
29.	Koda	1965	6	12	19,479	964	395	125	1,009	894	1,173	1,009	32	64
30.	Chikkerur	1984	6	10	11,516	849	390	250	1,031	1,030	1,242	1,031	9	10
31.	Hamsabhavi	1989	6	8	5,805	488	248	166	637	687	792	637	4	24
32.	Kudupali	1992	6	3	1,876	614	121	77	311	310	376	319	-	4
33.	Masur	1978	6	6	14,665	427	251	175	581	603	805	581	2	60
34.	Kadur	1991-92	6	3	-	481	108	77	255	232	370	255	9	22
	<b>Hubli Tq.</b>													
35.	Byahatti	1963	6	7	19,515	650	252	197	795	682	1,009	827	7	14
36.	Ingala Halli	1985	6	9	7,965	412	201	163	643	663	757	645	15	12
37.	Aralikatte	1988-89	6	8	-	486	210	140	582	608	797	504	-	15
38.	Noolvi	1992	6	10	5,017	532	303	214	790	908	981	791	1	23



1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	<b>Kalghatgi Tq.</b>													
	39. Kalghatgi	1965-66	30	10	-	343	239	150	846	930	1,300	858	14	13
	40. Mishrikoti	1985-86	6	6	-	280	173	150	606	684	798	642	1	9
	41. Mukkal	1988-89	6	7	-	401	192	111	544	658	544	8	12	-
	42. Galagi Hulakoppa	1992	6	5	2,638	186	173	166	724	658	832	724	-	19
	<b>Kundgol Tq.</b>													
	43. Kundgol	1960	30	6	4,545	501	272	172	805	665	1,000	805	19	20
	44. Gudgeri	1984-85	6	7	-	560	269	182	745	879	875	745	8	19
	45. Ingalagi	1988-89	6	6	5,900	643	195	145	509	650	793	509	-	10
	46. Yalawala	1992	6	5	8,750	569	175	-	783	957	805	783	-	6
	47. Samshi	1989-90	6	6	-	633	197	160	615	230	875	655	-	20
	<b>Mundargi Tq.</b>													
	48. Dambal	1954	6	11	-	948	277	187	932	1,026	1,050	932	6	18
	49. Bagewadi	1988-89	6	8	292	828	216	176	687	905	872	715	-	33
	50. Hirevaddatti	1986-87	6	9	-	1,038	286	184	1,063	921	1,239	1,063	-	20
	<b>Nargund Taluk</b>													
	51. Nargund	1986	6	9	8,089	1,127	293	193	772	745	850	772	11	11
	52. Shirola	1968	6	9	10,439	670	254	191	820	339	884	847	18	17
	<b>Navalgund Tq.</b>													
	53. Morab	1965-66	6	14	-	1,107	297	236	1,360	867	1,693	1,360	7	18
	54. Annigeri	1968	6	8	17,019	991	365	290	1,033	1,340	1,506	1,033	10	19
	55. Shalawadi	1988	6	6	4,564	648	228	157	657	622	731	657	-	8
	56. Alagawadi	1988-89	6	7	9,067	327	301	227	787	752	1,065	787	-	14
	<b>Ranibennur Tq.</b>													
	57. Honnatti	1963	6	10	14,608	762	286	204	796	913	976	837	6	19

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
58.	Medleri	1985-86	6	8	-	784	280	199	735	749	954	735	7	26
59.	Kuppellur	1954	6	7	-	529	234	124	678	842	798	682	6	9
60.	Thumminakatti	1988-89	6	4	-	-	135	95	407	362	447	407	7	8
61.	Halageri	1990	6	4	5,720	631	203	187	705	778	990	705	-	9
62.	Makanur	1989-90	6	9	9,827	735	303	141	382	311	1,154	762	5	22
63.	Devaragudda	1991	6	8	1,685	625	263	186	688	737	898	688	2	15
<b>Ron Tq.</b>														
64.	Hole Alura	1965-66	6	9	12,295	853	281	212	969	303	1,111	956	11	18
65.	Shanthageri	1988-89	6	7	-	765	155	94	936	508	825	736	-	11
66.	Nidagundi	1981-82	6	11	-	1,199	285	207	1,078	1,280	1,274	1,115	7	46
67.	Belavamiki	1954	6	10	2,924	864	275	228	1,058	1,045	1,202	1,058	-	18
68.	Naregal	1988	6	7	16,665	564	119	85	426	433	495	426	4	13
69.	Sudi	1984-85	6	6	-	788	166	142	602	720	754	685	-	13
70.	Abbigeri	1990-91	6	6	-	722	241	128	715	570	826	715	-	24
<b>Savanur Tq.</b>														
71.	Hatthi Matthura	1974	6	9	10,105	1,690	266	187	730	849	960	730	16	24
72.	Thavaranamellahalli	1986-87	6	8	5,618	797	174	175	814	887	504	814	4	22
73.	Yalavigi	1988-89	6	10	-	871	281	176	829	1321	961	829	1	24
74.	Karadagi	1992-93	6	4	-	-	-	-	-	-	505	-	-	15
<b>Shiggaon Tq.</b>														
75.	Shiggaon	1976	30	8	23,540	741	341	240	904	1,254	1,150	904	25	13
76.	Thadas	1988	6	6	25,743	654	270	160	983	875	905	963	11	9
77.	Hulagoor	1988-89	6	8	-	720	243	134	730	266	945	730	5	10
78.	Bankapura	1965-66	30	4	-	556	215	170	805	974	1,034	805	9	7
79.	Konanakeri	1989-90	6	7	-	566	109	118	391	402	318	391	-	8

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
80.	Chandapura	1992-93	6	-	-	-	-	-	-	-	-	-	-	2
	<b>Shirhatti Taluk</b>													
81.	Shirhatti	1965	30	11	20,953	1,088	405	228	1,361	1,228	1,370	1,361	24	42
82.	Shigli	1985-86	6	5	7562	584	192	103	493	515	651	507	2	20
83.	Suranagi	1984-85	6	7	18,952	867	268	134	597	606	780	603	21	33
84.	Chellatti	1988-89	6	6	18,422	849	175	73	567	354	770	567	12	31
85.	Hebbal	1989-90	6	7	-	632	160	102	564	706	826	561	-	14

Source : Information received from concerned P.H.C's

### **Primary Health Units**

Composite Dispensaries, Drugs Centres, Local Fund Dispensaries Taluk Board Dispensaries, Municipal Dispensaries, Ayurveda, Homeo Dispensaries and Government clinics which were functioning earlier in rural areas are identified and named as Primary Health Units from 1978. Like PHC's these units take care of medical needs of the public and their progress. They also participate in national health projects and public health care programmes. These units generally serve a population of 15 to 20 thousand people. These units regularly report the health programmes undertaken in their areas to the PHC's. There will be a medical officer in each unit and to assist him there will be compounders, nurses, midwives and menial staff. A Maternity ward is attached to each unit. In 1992-93, there were 34 primary health units with a total of 55 beds. In 1991-92, there were 35 units, but at present there are 33 units in the district. They are Koliwad of Hubli Taluk, Sangameshwar of Kalghatagi Taluk, Havanur, Guthala, Devihosur and Hosariti of Haveri Taluk, Kajjari, Karur Airani, Itagi, Sunakal Bidri of Ranibennur taluk; Thadakana Halli, Hallur, Hosaveerapura and Medur of Hirekerur Taluk, Hulkoti, Kadadi and Kanavi of Gadag taluk, Chikkanaragunda of Naragund taluk; Savadi, Gajendragad and Mushigeri of Ron Taluk; Kadakol and Kusunoor of Savanur taluk; Lakshmeshwar of Shirhatti taluk; Dhundashi and Hire Bendigeri in Shiggaon taluk; Baradwada of Kundagol taluk and Bammana Halli, Naregal, Shiragod, Kalakeri and Akki Alur of Hangal Taluk.

### **Family Planning**

The National Family Welfare Programme has become an inevitable part of public health under the slogan "Health for all by 2000". By adopting the policy of 2 kids per family, and to reduce the net progeny ratio to 'one child' by the year 2001 has been the motto of the government. Further, the objective of the programme is to reduce the present birth rate of 27.9 to 21 and infant mortality from 70 to 60 and to enhance eligible couple safety ratio from 47.6 to 60.

The Indian Family Planning Association was established in 1949. The concept of Family Planning was officially recognised as a National Programme in India in 1952 and is aimed at ensuring that the country is able to achieve social and economic development through this programme. This programme which is applicable to the entire population in a massive way was given effect to in the second Five year Plan. The objective of the National Programme is not only to control population growth but also to ensure quality of life to people in general. This programme, while laying emphasis on small family norms and well being of mother and child and also aims at securing a healthy footing and a quality life to people, besides conveying the message to the people on the benefits of adopting small family norms and also induce them to undergo Family Planning Programmes voluntarily.

People who visited hospital for getting medical treatment were made to know about contraceptives and the importance of small family in the beginning by this institution. Whereas in the third Five Year Plan, i.e., from 1963, this family planning service was taken to the door step of the people. Since 1966 it is working as a fully equipped Family Planning Department and is functioning through Primary Health Centres, Units, Urban Family Welfare Centres and Maternity Assistance Centres and PPC's. Ensuring good health of the mother and child is an important component of the Family Planning Programme. Besides preventing diseases which may affect the mother and child, vaccination for those who suffer from lack of vitamins and anemia, medicines and tablets on regular course would be given to save their lives, and improvement of their health is being taken care of. Common people participating

actively in this project of preventing population explosion are rewarded with cash prize or such other incentives.

Family Welfare Programme was formerly called Family Planning programme. Subsequently, on realising its significance, by the health department has renamed it as Health and Family welfare Department. The District Health Officer is designated as District Health and Family welfare Officer. Family Planning wing was opened in the district medical officer's office in 1964, later in 1978 it was changed as Health and Family Welfare Department.

District Health and Family Welfare office started functioning from 1978 in Dharwad. Health and Family Welfare Officer is attending to the supervision of both national and state health programmes effectively through various health and medical institutions. To assist the District Health and Family Welfare officer, there is a District Leprosy officer, District Malaria Officer, District Tuberculosis Officer, and a Medical Officer in the district laboratory, an officer in family welfare and health services, Regional Assistant chemical analysts. District Vaccination officers, LCDR officers, District Nursing superintendents, District Health Education Officer, and other staff work under him. In 1991, in the district the number of out-patients treated was 9,06,130 and in-patients treated, was 17,691 and, the number of in-patients died was 178. In 1992, out-patients treated were 8,38,077, in-patients were 17,759 and patients who died were 295. In the divisional, level Joint Director Belgaum, Belgaum Division is the immediate superior officer.

Under Family Welfare programme in Dharwad district the progress achieved was as follows :

Particulars	1993-94
1. Vasectomy Operations	18
2. Tubectomy and Leproscopic Operations	29,426
3. IUD Placement	19,464
4. Nirodh Users	26,322
5. Oral Pills	9,010
<b>Under immunisation Programme</b>	
1. DPT Vaccine	85,423
2. Polio	85,591
3. BCG	95,251
4. Measles	82,521
5. TT (Mothers)	1,02,731
6. Cataract Operations	5,589
7. Blood Test	5,26,887

**Table 15.5 : Details of progress under Family Planning Programme in the district between 1965-66 and 1979-80**

Year	Sterilization		IUD	
	Target	Achievement	Target	Achievement
1965-66	3,900	753	29,250	2,113
1970-71	13,425	4,541	3,520	570
1975-76	13,950	7,803	2,750	809
1979-80	27,170	11,079	5,350	3,816

Source: District Health and Family Welfare Office, Dharwad

**Table 15.6 : Progress of Family Welfare Programme for some years in the district**

Year	Sterilization				IUD	Oral Pills	Nirodh
	Vasectomy	Tubectomy	Laproscopy	Total			
1982	115	13,184*	-	13,299	3,355	3,271	6,344
1986	951	27,230*	-	28,181	13,327	5,744	29,538
1990	145	22,791*	-	22,936	10,880	4,454	12,776
1991	49	22,742*	-	22,791	11,124	5,009	16,006
1992	39	20,810	4,430	25,279	13,858	5,501	26,708
1993	18	23,667	5,956	29,641	18,399	9,046	22,018

\* Includes Tubectomy and Laproscopy

Source: District Health and Family Welfare Office, Dharwad

**Table 15.7 : Taluk-wise details of Family Welfare Programme in the district for 1993-94**

Name of Taluk	Sterilization	IUD	Nirodh	Oral Pills
1	2	3	4	5
Byadgi	1,003	693	911	326
Dharwad	3,982	2,089	2,669	839
Gadag	2,323	1,398	1,255	553
Hangal	1,622	1,091	1,925	665
Haveri	1,913	1,415	1,826	717
Hirekerur	1,832	1,118	1,380	449
Hubli	4,975	2,461	6,091	1,393

1	2	3	4	5
Kalghatgi	777	577	1,103	360
Kundgol	1,108	801	1,081	380
Mundargi	779	547	459	228
Nargund	767	590	572	292
Navalgund	1,291	910	728	417
Ranibennur	2,109	1,287	1,705	619
Ron	1,599	1,148	1,516	603
Savanur	826	780	989	363
Shiggaon	1,177	822	1,175	374
Shirhatti	1,448	737	1,323	468

Source - District Health and Family Welfare Office Dharwad

**Table 15.8 : Physical and Financial Target and achievement from April 1987 to March 1992 on annual basis under Mass Media Programme**

Planned Programme Material Target Unit	Year	Physical			Financial		
		Target	Achievement	Percentage	Target	Achievement	Percentage
1	2	3	4	5	6	7	8
Mass Media Education							
1. Film Show	1991-92	240	209	87	-	-	-
2. Film scrips show	1991-92	1,542	1,811	69.8	-	-	-
3. Exhibition	1991-92	400	2,907	726	-	-	-
4. Family Planning Training to teachers	1991-92	20	20	100	6,000	6,000	100
5. Family Planning training to nurses	1991-92	10	10	100	5,000	5,000	100
6. Family Planning training to Organisations and Institutions	1991-92	8	8	100	8,000	8,000	100
7. Multimedia Propaganda movement	1991-92	-	8	-	-	-	-
8. Taluk Level Debate to PUC students	1991-92	17	17	100	6,800	6,800	100

	1	2	3	4	5	6	7	8
9. Women Health Organisation, Training and Meetings		1991-92	290	267	92	47,951-0	46,481	96.93
10. AV Equipments Repairs		1991-92	-	-	-	750	750	100
11. World Population Day		1991-92	-	-	-	500	500	100

Source : Office of the District Health and Family Welfare Office, Dharwad

### Family Welfare Committees

At the district level, sub-division level and taluk level, Family Welfare Committees are functioning in the district, under the chairmanship of the Deputy Commissioner, Assistant Commissioner and the Tahasildar respectively. These committees meet every month to review the progress of the programme and submit a report to their official superiors. There is a committee constituted under the Chairmanship of the Deputy Commissioner to decide the quantum of compensation payable in cases where the person undergoing surgery dies during the surgery. In such cases the legal heirs of such person undergoing operation is entitled for a maximum compensation of Rs. 10,000. This compensation was a maximum of Rs. 5000 prior to 1985. Two persons received this compensation during 1989-90, six persons in 1990-91 and four persons received the amount during 1991-92 at the rate of Rs. 10,000.

Family Welfare Bureau is located in the premises of the District Health and Family Welfare Officer's office under the supervision of District Health and Family Welfare officer. This Bureau, has Health Education division, Infertility surgery unit and a Statistics division. A surgeon, a nurse and one assistant are working in the sterilization unit. These staff members assist expert surgeons and conduct minor surgeries also in the operation camps. In the Health Education Section, the District Health Instructors, and Field Health Teachers organise and manage Family Welfare Education training camps, advertisements and such other programmes.

There are 10 Urban Family Welfare centres in Dharwad district viz.,

1. City Family Welfare Centre, Dharwad, (Bharathiya Kutumba Kalyana Kendra); 2. City Family Maternity Hospital, Dharwad; 3. Health and Family Welfare Training Centre, Hubli; 4. City Maternity Hospital, Old Hubli; 5. City Family Welfare Centre, Ganeshpet, Hubli; 6. City Family Welfare Centre, Thoravigalli, Hubli; 7. City Family Welfare Centre, Gajendragad, Ron Taluk; 8. City Family Welfare Centre, Naragund; 9. City Family Welfare Centre, Ranibennur and 10. City Family Welfare Centre, Laxmeshwara.

Hospitals with Medical Termination of Pregnancy (MTP) facilities are : 1. District Hospital, Dharwad; 2. KMC Hospital, Hubli; 3. General Hospital, Haveri; 4. General Hospital, Gadag ; 5. CHC Shiggaon and 6. PHU, Kalhatagi

### School Health Programme

After the system of appointing multi-purpose health workers in Primary Health Centres came in to effect in 1978, all the Primary Health Centres and Units in the district undertook to conduct medical



examination to school children. This programme envisages the medical check up of the school students and provides them with appropriate medicine as well as D and T, TT and other vaccines against diseases. The number of beneficiaries of the above programme for three years from 1989-90, 1990-91 and 1991-92 are given below :

Particulars	1989-90	1990-91	1991-92
1. Children who underwent medical examination	31,852	56,451	97,078
2. Children detected with illness and deficiencies	1,828	19,172	18,740
3. Children treated	1,828	19,172	18,740

### Integrated Child Development Project

This programme was started at the national level in 1975 for the all round development of a child . This is a multifarious programme. Pregnant women, nursing mothers, women in the age group of 15 to 44 and children below six years of age are the beneficiaries of this project. To improve the health and longevity of those suffering from want of nutritious food, good food with vitamins and nutrients are provided through Anganawadis. Medical Officers and mid wives visit anganawadis to check the health conditions of mothers and babies. They record particulars in their health data cards and give advice accordingly. In cases of deficiency in vitamins and proteins, arrangements are made to compensate the deficiency. And in cases of minor ailments, treatment is given on the spot to the patients. If additional treatment is found to be required in cases of major ailments, they advise the patients to go to Primary Health Centre or to District Hospitals. Children upto 6 years, pregnant women, mothers and infants are administered vaccines like DPT, BCG, and so on.

It was in 1976-77 that the Integrated Comprehensive Child Development Programme was implemented in the rural areas of the district for the first time. Subsequently, it was introduced in Ranibennur (1981-82), Hangal (1982-83), Hirekerur (1982-83), Shirhatti (1982-83), Gadag (1983-84), Mundaragi (1983-84), Ron (1985-86), Hubli (1986-87), Hubli-Dharwad urban areas (1991-92) rural and urban areas of Savanur (1991-92) and Kalghatagi Rural (1992-93). The details of disease, vaccine administered for 1990-91 and 1991-92 are given below :

Particulars	1990-91	1991-92
BCG	47,584	18,487
DPT	39,472	43,777
Polio	39,943	44,095
Measles	38,829	42,532
TT (Mothers)	45,339	53,537

(Details are found in Chapter 16)

### Mother and Child Health Programme

The MCH programme includes various aspects and services like supply of nutritious food, vaccine for immunisation against disease and providing vaccines and supply of iron tablets to prevent anemia

and other vitamin tablets to mothers. The success of family welfare programme depends upon improving the health of mothers and children, since they are important in the family. People who participate in the programme, gained more confidence in it when the number of premature and untimely deaths of infants and pregnant women was reduced. It is for this reason that Mother and Child Health Programme is one of the most important programmes in the project. In the direction of ensuring good health of mother and child, the state government has undertaken several measures like appointing District Immunisation Officer who functions from the DHFW office. To prevent throat problems, whooping cough, epilepsy, polio, tuberculosis, measles, influenza and such other fatal problems, vaccines are administered. For Children and pregnant women Health Care Centres are opened in Primary Health Centres and Units, Community Health Centres and General Hospitals in the district. Progress achieved under this programme in the district during 1985 to 1994 is given in table 15.9 hereunder. Details of victims of fatal diseases between 1987 to 1992 are given in table 15.10.

#### **Oral Rehydration Solution Programme**

This Oral Rehydration Solution Programme (ORS) is implemented in all the districts where general vaccination programme is in vogue. Infant mortality may occur due to loss of water content in the body of the child on account of dysentery and vomiting. It is very essential to overcome this problem by treating the child with ORS. All health assistants and medical officers are trained to give this treatment and are provided with ORS packets for the purpose. To educate the public about this problem and to make it popular among the common folk, is the motto of this programme.

#### **Drugs Control**

With the overall objective of protecting the health of consumers, the process of manufacture of medicines, their sale and their quality are regulated by the Drugs and Cosmetic Act, 1940. Under the provisions of the Act, with a view to secure quality medicine to the people, the office of the Drug Inspector was established in Dharwad. This office functions under Drugs Controller, Belgaum Division, Belgaum. Drug inspectors inspect the premises of the manufacturing units of drugs and cosmetics. They have the responsibility of safeguarding public health by making drugs available to them at fair prices. They are also responsible for implementation of other rules relating to the Act like - (1) the Drugs (Price Control) Order, 1987 (2) The Drugs and Magic Remedies (objectionable Advertisements) Act, 1954, (3) the Pharmacy Act, 1948 and Education Regulations thereunder, (4) Import Trade regulations for the grant of Essentiality Certificate; (5) the Poisons Act 1919 and Karnataka Poisons Act 1966 and (6) the Narcotics and Psychotropic Substances Act, 1985.

Departmental supervisory staff are required to identify spurious (fake) drug manufacturers and punish them under the provisions of law. A laboratory is established in Bangalore to examine the drug samples. There were 721 licensed drugs shops in the district in 1992-93 with 481 qualified drug dealers. During the year, 139 samples were sent to Drugs Control Laboratory for examination at Bangalore. There were 24 drug manufacturing units and two cosmetics units (31.12.1992) in the district. The district has four pharmacy colleges and 180 students have provision to get admitted to the course.

#### **Indian Medical Association**

The Indian Medical Association has several branches in Dharwad district. The association gets its members involved in an active way, in organising Family Welfare, Health Programmes, the Mother

and Child Health programmes and other National Health Programmes besides, arranging health checkups camps, sterilization, surgeries, eye examination camps, immunisation camps, camps to identify diseases like leprosy, cancer, TB etc and to take up treatments for the same. The association encourages its members in giving incentives sometimes to participate actively in their respective work centres in programmes like health and hygiene, family welfare, Mother and Child Health programme and other national programmes also. Activities of the association include arranging lectures, debates, short term training camps, seminars, meetings on public and general health programme. It also imparts specific professional training to its members from time to time.

In the district the following are branches registered and the number in the bracket denotes the number of members, Dharwad (144), Hubli(298), KMC, Hubli (89), Ron (13), Hangal (21) Naragund (11), Gadag (70), Ranibennur (33), Haveri (24), Laxmeshwara (16) and Savanur (7).

**Table 15.9 : Details of achievement in immunisation programme for some recent years in district**

Particulars	1985-86	1989-90	1991-92	1992-93	1993-94
1. Target for DPT, Polio, BCG Measles	71,400	76,200	89,700	92,400	97,700
2. DPT					
Achievement	47,093	65,866	80,248	77,090	85,423
Percentage	65.9	86.4	89.4	83.4	87.4
3. Polio					
Achievement	47,466	66,254	80,693	78,834	85,981
Percentage	66.4	86.9	89.9	85.3	88.0
4. BCG					
Achievement	55,503	83,107	88,943	89,048	95,251
Percentage	77.7	109.0	99.1	96.4	87.5
5. Measles					
Achievement	-	54,831	75,414	72,859	82,521
Percentage	-	71.9	84.0	78.9	84.5
6. TT Mothers					
Target	64,790	98,400	97,500	99,400	1,08,800
Achievement	65,238	86,257	98,907	99,218	1,02,731
Percentage	100.7	87.6	101.4	99.8	94.94
7. TT (10yrs)					
Target	23,560	72,420	62,000	65,000	78,358
Achievement	17,562	57,252	67,231	69,226	67,074
Percentage	74.5	79.0	108.4	107.1	85.6
8. TT (16 Yrs)					
Target	11,780	69,000	62,000	65,000	87,300
Achievement	7,608	38,244	55,221	59,699	67,137
Percentage	64.5	55.4	89.0	91.8	76.9
9. D & T					
Target	43,500	74,860	68,900	71,000	94,700
Achievement	48,957	74,536	77,821	75,653	85,246
Percentage	107.7	99.4	112.9	106.5	90.0

Source : District Health and Family Welfare Office, Dharwad

Table 15.10 - Report of Deaths on account of diseases from 1987-88 to 1991-92 in the district

Sl.No.	Year	Diphtheria		Pertussis		Tetanio Netarum		Tetanus		Polio Melittis		Tuberculosis		Measles		Typhoid	
		Attack	Death	Attack	Death	Attack	Death	Attack	Death	Attack	Death	Attack	Death	Attack	Death	Attack	Death
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1.	1987-88	1	-	3	1	7	-	-	-	10	-	183	1	1,027	6	109	-
2.	1988-89	7	-	22	-	1	1	13	2	14	1	176	1	1,544	5	24	-
3.	1989-90	12	-	5	-	2	2	16	2	18	1	54	1	620	5	21	1
4.	1990-91	3	-	5	-	2	-	3	2	36	-	63	-	664	3	-	-
5.	1991-92	4	2	4	-	2	1	3	-	16	-	80	-	1096	6	-	-

Source : District Health and Family Welfare Office, Dharwad.