

CHAPTER 15

MEDICAL AND PUBLIC HEALTH SERVICES

Gulbarga district which generally has a dry and healthy climate, was a part of the previous Hyderabad state. Before reorganisation of states, the data available regarding the Health and Medical Services of those days is very little. In those days home medicine, traditional medicines, Indian system of medicine, (Unani and Ayurvedic systems) were in vogue and they were helpful to the people in curing their physical and other ailments. Influenza disease which spread in the district in 1918 turned out to be very fatal. Cholera, Plague, Malaria and other diseases which spread vastly in the district often and often resulted in a heavy loss of life. This district which witnessed drought often has tottered under severe summer and has witnessed scarcity of water and food. It has resulted in people suffering from hunger and malnutrition and has become a breeding place for epidemics like cholera. Lack of cleanliness among people, consumption of polluted water from tanks and wells and there by, people becoming victims of Guinea worm disease was an usual affair. The government had not properly adopted systematic controlling methods of epidemics. So the menace of epidemics during summer could not be controlled. During the Nizam's rule a systematic way of controlling epidemics was not in vogue. People used to follow the Indian System of Medicine. Many Hakims enjoyed royal patronage. But the people in cities enjoyed the benefit of the medical facilities. People were well versed regarding the medical herbs and the home medicines provided relief to majority of people. In every village few families possessed unusual knowledge regarding Ayurveda, Traditional Medicine, depended and on the medical profession for their livelihood. It is found that those people had vast experience in treating all sorts of diseases. The locally available herbs and medicinal plants were their medicinal resources.

With the arrival of the British Officers of East India Company, the modern Allopathic system came into practice here, in the second half of the nineteenth century. Nasiruddaul (Nasir-ul-doul), the sixth Nizam brought the allopathic system into use in this area and helped in its

development. It is learnt that the allopathic system of treatment was the privilege of only the English soldiers, till 1870.

The health and medical services have to cater to the ever changing change in time with the problems of society. Fatal diseases like Plague, Smallpox, Cholera which played havoc a few decades ago, have been completely eradicated or under control. The new turns in life like modernization, industrialization, and urbanization have posed variety of new problems to the public. Problems like heart diseases, Cancer, AIDS, Polio, Lung diseases, Blindness, Diarrohea, are troubling the people, leprosy, tuberculosis and malaria have continued to be health problems. Efforts have continued for solving these problems. The government has planned to provide 'Health For All' programme and is continuing its efforts to control epidemics, to popularize population control programmes, to reduce mortality rate and there by creating a healthy society. A systematic public health service has a history of over a century behind it. The Medical Department first started its work in the British occupied provinces in 1884 and in the beginning it restricted its activities only to identify the diseases and control of small pox by inoculation. It did not take up any controlling measures till 1922. From 1922, the government issued an order to vaccinate all children in the age group of six months to one year. In the same year the public health department was constituted.

The Gulbarga Civil Hospital, started in 1896 paved the way for the establishment of medical institutions and their development in the district. Later, civil hospitals were started in all taluk centres. Unani and Ayurvedic clinics were established in the outskirts of the city. The number of such clinics and maternity homes was very low and could not cater to the needs of the people. The government had not given much attention to this need of the rural masses. Till 1924 out of the total amount spent by the government over the hospitals, very little amount was spent for rural medical care. In 1926 the Gram Panchayat Rules were implemented. Accordingly programmes were chalked out to enlighten the rural people about the importance of rural sanitation and the Gram Panchayaths were asked to chalk out programmes for their implimentation. The Royal Commission of Agriculture in its report or 1928 submitted that rural sanitation was at its lowest in the country and that the villages are source of diseases. As per the recommendations of the Commission, the government turned its attention towards rural health and came forward to provide necessary medical service to the rural people. Considering the difficulty of providing a hospital to each and every village, the government formulated a plan, as per which it announced financial assistance to qualified doctors who came forward to start dispensaries in villages. Free medicines were supplied to such dispensaries and they were called 'Subsidized Rural Dispensaries'. A few Local Fund Hospitals also worked along with these dispensaries in the district.

After 1956, the scenario changed and the rural health and medical services vastly improved as per with the requirement of the times. A few programmes like effective health education, increase in facilities for treatment and implementation of different schemes were included in the Five-Year Plans and considerable progress was achieved in every plan. In the last eight developmental Plans, extension of public health and medical services, publicity of family planning programmes, modernization of district hospitals and increasing the number of beds, effectively controlling

discases like malaria, plague, small pox, leprosy, tuberculosis, starting new medical colleges and giving prime importance to medical education by starting research centres in those colleges, and other measures have been planned in stages. The government has improved rural medical service by establishing Primary Health Centres, controlling epidemics, Popularizing Family Planning, implementing, health education in schools and social welfare schemes.

The government has brought about a revolution in the field of medical service by starting Primary Health Centres and Primary Health Units and sub-centres in rural areas and has also started General Hospitals in taluk centres.

It is learnt that there were 12 Combined Dispensaries, 16 Primary Health Units, two Local Fund Hospitals and eight dispensaries under the administration of district hospital, and seven Ayurvedic dispensaries in the district in 1965. In 1978 there were five General Hospitals, 17 Primary Health Centres, 55 Primary Health Units and 18 Family Welfare Centres. The total number of beds available in these hospitals was 1009. In 1984 there was an increase in the number of health units with five hospitals, 22 -Primary Health Centres, 56 -Primary Health Units, three - E.S.I dispensaries, one -Railway Dispensary and the total number of beds available in these rose to 1220. The details of health centres as in 1995 are given here- Government General Hospitals - 12, Primary Health Centres 92, Primary Health Units - 25, Indian System of Medicine Hospitals - four and the total number of beds available is 2,060. Other than these, 11 clinics, 20-family welfare centres, 647 sub-centres and hundreds of private nursing homes and 459 drug stores are functioning in the district.

Birth and Death Statistics :

Even to-day we find ordinary people living in villages and cities, who do not understand the significance of registering the births and deaths occurring in a family. In the beginning, a collection of data of births and deaths was not done scientifically. Police Patil or Patels in villages and the Municipality staff in the towns municipality did the job. This data collected was submitted to the concerned Tahsildar every month, Who in turn submitted it to the District Officer and he dispatched it to the Sanitary Commissioner. This system was in vogue prior to 1915. In order to improvise this an amendment was brought to this Act in 1915 - 16 for verifying the records. A few more rules were included to the system of registration in 1918 The Births and Deaths and Marriage Registration Act was enacted in 1969. According to this act, everyone has to register the birth, death and marriage data pertaining to his family with the assistant registration officer. The village accountant did the registration in rural areas and the town municipality or city corporation did the it in cities. This act of 1969 came into force from January 1971. As per this Act, the Deputy Commissioner of the district was the Registrar for the district and the district officers of Bureau of Economics and Statistics Department were the additional registrars.

Sample Registration System:

The Registrar General, Birth, Death and Marriage Government of India, implemented a modern registration system for collection of data on births and deaths. According to this system,

Table 15.1 : Taluk-wise Details of Health Centres and Beds available in Gulbarga District (1995-96)

Taluk	Hospitals		Nursing Homes		Primary Health Centres		Primary Health Units	Community Health Centres		Family Welfare centres	Sub Centres		Family Planning Surgical centres	
	No.	Beds	No.	Beds	No.	Beds		No.	Beds		Rural	Urban		
	Government												Private	
	No.	Beds	No.	Beds	No.	Beds	No.	Beds	No.	Beds	No.	Beds	No.	Beds
Afzalpur	-	-	8	-	-	-	37	42	2	1	30	-	37	-
Aland	1	30	3	15	2	56	11	66	3	2	60	1	50	1
Chincholi	-	-	-	-	1	5	9	54	-	2	60	1	39	-
Chittapura	-	-	3	37	-	-	8	48	4	4	120	2	54	4
Gulbarga	1	850	4	309	33	401	8	48	3	-	-	2	51	57
Jevargi	-	-	5	-	-	-	8	48	4	1	30	1	44	-
Sedam	-	-	8	-	-	-	5	30	1	2	60	1	30	-
Shahapur	-	-	2	8	2	10	11	60	-	1	30	1	45	-
Surpur	-	-	-	-	4	17	10	60	1	1	30	1	52	-
Yadagir	-	-	1	100	3	39	13	78	2	2	60	1	48	-
Total No. in the District	2	880	34	469	45	529	90	534	20	16	480	11	450	57

The Government Hospitals in taluk centres (except Aland and Gulbarga) have been upgraded and converted as Community Health Centres.

Note: Hospitals with a minimum facility of 30 beds and modern equipment are termed Community Health Centres

the data of births and deaths should be continuously recorded. This data should be accurately verified and their credibility should be improved. It should enable to formulate the reasons for deaths. This collected data should be properly processed by statistical methods and thus the rate of births and deaths at state and national levels and rural and urban areas would be found.

For model sample registration, two urban census enumeration block of Gulbarga district-Lakshmishwar (one census emmeration Block (CEB))one block of Alanda Taluk, Shahabad (Two block) of Chittapur Taluk and Surpur (one block) have been selected and for rural areas, Madana Hipparaga (one block) of Alanda Taluk and Elinavadagi villages, kudahalli of Chincholi taluk, Belagumpa and Sala halli of Chittapur Taluk, Naron (one block) of Alanda Taluk, Halli Sagara of Shahapur Taluk (one block) and Konkal region have been selected as model registration units.

In a particular area, for a population of 1000, the births and deaths occurring in a year is called birth rates and death rates. In the same way in the study of population, the death rates of children are also recorded. Children born dead and the death of mothers during delivery are also included. There are many reasons for such social problems. So this data is considered an indicator of the health status of the society. As the birth data is provided on the basis of ranges, the districts wise details are not available. So the data regarding the births and deaths in the rural and urban areas of the state from 1980 to 1991 are given in the table separately. In the tables 15.3 and 15.4, the data regarding the number of children born dead, number of children who died during delivery and the number of mothers who died during delivery in the Gulbarga district in the same period is given.

Epidemic Diseases:

Lack of cleanliness, impure food, consumption of polluted water and environment cause harmful effect on people and make them prone to diseases. The polluted areas where large numbers of people reside become the source for mosquitoes, flies and cause for the spreading of epidemics. It is a known fact that epidemics like Cholera, Malaria, Small Pox and Plague spread fast and result in large number of deaths. In order to prevent the, spread of deadly diseases, government has taken measures. By the methods adopted by the government, a few epidemics have been completely controlled. The controlling measures like insecticide spraying, vaccination (small Pox), rural sanitation etc. have helped in controlling the epidemics. When the epidemics become rampant in the district, health inspectors and health attendants visit these places, examine the patients and conduct a survey of the intensity of the diseases and report it to the District Medical Officer and take up controll measures. Certain communicable diseases that spread in the district have been discussed here under.

Cholera

This disease which usually causes havoc during summer, is endemic in the beginning, but spreads fast. The number of people attacked by this disease in the district is gradually coming down. In 1961, this disease had spread fast and taken a toll of 555 lives. The number of people who died of this disease in 1981 was put at 34 and in 1991 it was only seven. At present, Cholera

cases are very rare and people are not alarmed about this disease. The number of deaths that occurred in the last 15 years (from 1981 to 95) by Gastroenteritis and Cholera are given here. The number the brackets indicates the number of deaths. 1007 (150), 1502(138), 514(17), 1032(35), 1050(53), 1004(39), 2119(148), 2112 (138), 1162 (64), 1413 (79), 2505 (146), 2815 (113), 2689 (81), 1947 (47) and 2163 (58).

Influenza

This disease made its appearance in the form of a contagious disease (Spanish flu) in June-July 1918 in the district. Later it spread fast and created panic among the public. People have still not forgotten the havoc it created during 1918-19. The commencement of this disease was not taken very seriously. But in the same year during October, the disease spread both in urban and rural areas and affected people. The antibiotics required had not been identified. So a large number of people succumbed to this disease. This disease is not playing much havoc probably because of the availability of a suitable medicine. Again in 1957, the wave of this disease spread in most parts of the district. Because of preventive measures and necessary treatment, there were not many deaths. People termed it Singapore Flu. This disease being air borne, spreads fast. The antibiotics are the most suitable medicine for this disease. The patient suffering from this disease may touch a temperature of 105^o.F. This temperature suddenly comes down and weakens the patient.

Plague

The district is completely free from this disease and from 1980 onwards no deaths have been reported. This disease, made its appearance during 1897-98 and was found the different parts of the nation. Sometimes, it appeared endemic. Under Malaria Prevention Programme, sprinkling of pesticides like D.D.T., gradually brought down other communicable disease also. India has been free from plague for 20 years. But pneumonic plague has re-appeared in some parts of Gujarat and Maharashtra. The control methods prevented it from spreading to other states. This disease spread by affected rats is of two types- Pneumonic and Bubonic. The number of deaths that occurred in the district from 1958 to 1961 has been five, two, six and five respectively.

Small Pox

This disease mostly affects children and can be prevented by vaccination. It appeared long back and the British Government had undertaken immunization programme as early as 1830. This disease is caused by a virus called 'Variola'. As per a record, the number of deaths caused by this contagious disease from 1958 to 1961 has been 549, 108, 35 and 56. Gradually, the seriousness of the disease came down and since two decades this has been completely eradicated. In order to eradicate this disease, the Central Government commenced The National Small Pox Eradication Programme in 1961. For all children in the age group of 0-1 year, primary vaccination and later revaccination once in four years was under taken. But still it appeared here and there in small numbers. The World Health Organisation with the assistance of experts in the field, undertook special plans and programmes in urban and rural areas and gave wide publicity regarding the

Table 15.2: Details of Registration of Birth and Deaths from 1980 to 1991 in Gulbarga District

	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991
1	2	3	4	5	6	7	8	9	10	11	12	13
No. of births	12,221	14,393	18,563	11,877	14,818	20,991	24,264	23,633	27,871	28,460	33,491	33,512
No. of deaths	3,768	7,046	7,116	4,340	4,758	7,257	6,775	7,511	9,979	9,594	7,053	12,263
No. of children still born	141	24	48	27	32	114	74	5	81	78	38	542
No. of infant deaths	349	424	482	227	278	202	330	305	416	507	314	631
No. of death of mothers during delivery	35	20	22	11	14	13	17	23	16	13	8	44
*Birth ratio Rural	329	392	288	302	309	309	299	299	301	291	280	379
Urban	244	257	257	260	285	262	268	263	249	251	250	240
All	276	283	279	291	303	296	290	289	287	280	269	269
*Death ratio Rural	107	102	102	106	107	98	94	97	95	96	88	98
Urban	66	63	64	60	66	61	68	61	70	65	61	69
All*96	91	92	93	96	88	87	87	88	88	81	90	90
*Death of children 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
All*71	69	65	7	74	69	73	75	74	80	70	77	77

*Note: Applicable to Karnataka (District-wise data not available)
 Basis: Serial No. 1 to 5 birth and death registration regulation annual reports. (Directorate of Economic and Statistics).

Table 15.3 : Number of Deaths occurred in Gulbarga District during 1980 to 1991 owing to Various Reasons

Reason for death	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991
1	2	3	4	5	6	7	8	9	10	11	12	13
Plague	-	-	-	-	2	2	-	1	1	-	-	-
Cholera	-	34	4	21	8	11	10	26	60	18	23	77
Malaria	136	71	21	49	4	12	15	11	26	9	6	23
Typhoid	18	4	7	2	-	1	4	10	23	5	1	2
Other kinds of fever	1887	2123	2266	1186	778	1085	818	1404	2160	2040	1173	2613
Diarrhoea	48	28	84	6	13	23	15	15	32	26	23	36
Respiratory diseases	115	90	58	101	16	73	118	1	22	14	90	38
Tuberculosis	241	-	212	138	119	267	203	226	362	304	154	320
Leprosy	3	8	7	5	18	3	3	5	15	12	8	5
Deaths during delivery	35	20	22	11	14	13	17	23	16	13	8	44
Suicide	29	19	26	10	14	17	11	14	24	23	9	22
Drowning	41	45	36	9	56	31	18	22	60	49	31	54
Wounds and Accidents	133	98	151	39	37	168	98	52	40	77	22	105
Deaths caused by wild animals	-	-	1	-	-	4	1	1	3	5	3	3
Snake bite	20	31	39	21	14	28	21	22	42	59	34	50
Rabies	10	-	5	1	2	5	1	2	8	9	3	8
Paralysis	5	4	6	1	6	12	6	-	20	13	7	18

Continued....

Reason for death	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991
1	2	3	4	5	6	7	8	9	10	11	12	13
Diphtheria	3	14	13	4	16	15	15	9	32	7	5	24
Whooping cough	13	-	4	-	3	6	1	-	13	17	5	1
Polio	4	2	6	-	4	2	5	4	14	9	3	10
TB	1	-	22	-	-	1	6	12	10	9	4	8
Disease of Lungs	-	2229	-	-	9	9	4	6	25	5	5	8
Foodpoisoning,												
Consumed poison	-	-	-	-	58	6	6	17	58	58	38	43
Measles	-	216	59	12	6	28	2	17	8	12	3	33
Cancer	-	30	40	23	65	79	56	69	97	92	32	66
Diabetes	-	6	10	-	4	1	2	3	7	12	17	6
Anaemia	-	5	26	1	4	13	1	2	17	10	3	4
Disease of the Brain	-	1	3	1	45	11	3	8	20	14	12	10
Disease of the Heart	-	7	38	-	28	59	4	7	28	19	11	15
Heart attack	-	94	68	14	171	269	121	140	192	187	115	101
Pneumonia	-	3	1	1	15	1	-	8	21	12	7	11
Influenza	-	-	-	-	23	1	-	-	2	1	2	6
Asthma	-	423	274	146	262	372	276	265	431	438	166	554
Jaundice	-	17	50	9	18	36	36	14	45	64	32	49
Other diseases	628	2897	2770	2109	2509	3300	3207	4043	3414	3334	3458	5006
Without symptoms of the disease	398	727	69	420	417	1286	1671	1052	2634	2618	1621	2859
Total	3768	7046	7116	4340	4758	7257	6775	7511	9979	9594	7053	1226

Source : Annual report of 1969, Death and Birth Registration Act

disease and its prevention. In 1978, India was declared free from small pox. Awards are given those who report incidence of this disease.

Malaria

The National Malaria Eradication Programme was started in the country in 1953. Prior to this, this programme was limited to the Malnad regions of old Mysore. It was extended to all parts of the state in 1958. At present all the 92 Primary Health Centres are Reporting Centres of Malaria cases. The deaths that occurred due to Malaria in the district from 1958 to 1961 respectively were 748, 1,797, 1,252, 1,712 which gradually it came down. In 1982 the number of deaths was 21. In recent years i.e. from 1993 to 1995, according to the statistical data obtained from the District Malaria Controlling Officer, blood samples collected from 3,56,972, 3,23,902, 2,94,254 persons respectively and on examination 4,227, 5,589, 6,332, persons were found to have been suffering from Malaria, infection, and out of them 4,063, 5,458, 5,842 persons respectively were treated.

Tuberculosis

Tuberculosis has become a major health hazard caused by Micro bacteria. Tuberculosis Control Programme has been included in medical services and District Tuberculosis Centres have been established in all districts of the state and National Tuberculosis Control Programme has been taken up in all the districts. Trained personnel and doctors have been posted and the programme is being executed. By administering B.C.G. vaccination the primary infection is prevented. In Gulbarga district, the District Tuberculosis Centre commenced its work in 1967 under the guidance of the District Tuberculosis Officer. There are 107 Primary Health Centres in the district which identify the patients and provide short term treatment to them. The programme, which commenced during 1989-90 in various districts, was also started in this district and has been extended, so far to 37 Rural Health Centres. The District Tuberculosis Centre and seven general hospitals have X-Ray and sputum examining facilities and a few centres have only sputum examining facility. As on 1993-94, 4840 patients were under treatment and 503 are under short term treatment.

Leprosy

Leprosy is still a social and public health hazard. The government plans to eradicate this disease by the end of this century. It is taking controlling measures by establishing National Leprosy Eradication Centres. Community Voluntary Organisations and other medical institutions have been cooperating with the government in its programme by providing Leprosy Eradication services. In Gulbarga district the prevalence is 2.4 (per thousand). So the government is paying attention to control this disease.

Under the National Leprosy Eradication programme, the Office of the District Leprosy Controlling Officer was started in Gulbarga in 1977. National Leprosy Eradication Centres are established in Gulbarga and Jevargi and National Leprosy Control Units are established in Surapur and Yadgir. There are 50 SET centres in the district. In 1988 multi drug treatment was commenced.

During 1993-94, 6,32,349 persons were examined for Leprosy and 2,674 persons have been cured.

AIDS (Acquired Immuno Deficiency Syndrome)

AIDS has been the most horifying health hazard of this century. This disease weakens the power of immunity of the body. Loss of weight, prolonged Diarrhoea, fever which attacks at intervals, are symptoms of this deadly disease. The control of AIDS programme was started in Karnataka in 1987. All the district hospitals of the state have taken up blood test, health education and have involved themselves in controlling measures.

A person suffering from AIDS causes its spreading. Sex with an AIDS patient, extra marital relationship, tranfusion of blood, may result in the disease getting transmitted from one person to the other. In 1994, 38 HIV positive cases were reported in the Gulbarga district and two of them proved to be fatal. In 1995, out of 23 cases, no death has been reported.

Filaria

Filaria is prevalent in the Gulbarga district. This disease is caused by micro filaria. As a measure of identifying the disease, the government often takes up a survey, identifies the patients, treats them and undertakes mosquito control programmes. Under the National Filaria Control Programme, three control units have been started in Gulbarga, Surpur and Yadgir. Beside evening dispensaries function at Chitapura, Shapur Shahabad, Aland, Sedam, Chincholi and Gurumitkal. In these dispensaries blood testing facility is also available. If the presence of micro filaria is found, treatment is provided. In 1993 blood samples were obtained from 72,911 persons and tested, out of them 3,617 cases were found to have the disease. In 1994 the numbers were 67,174 and 2,696 respectively. The patients are given DEC tablets in the centre and the menace of the disease is being reduced.

Guinea Worm Disease

Lack of cleanliness among public, consumption of impure water in rural and urban areas, use of step wells have been causes of this disease. A few areas in the Gulbarga district suffer from for this disease. Guinea worm disease Eradication Programme is centrally sponsored and the expenditure is borne by the State and Central Governments. This plan was started in 1982, When the Central Government started this with the goal of complete eradication of cases. In order to achieve the goal, intensive checkup of these cases and 'supervision of health education programmes were conducted by the officers of the district. Progress was achieved in providing, safe drinking water to the people of rural and urban areas, cleaning the water sources and other programmes. In April 1991, 39 cases of Guinea worm disease were identified in 12 villages and treatment was provided. By the end of the year it came down to three villages and six patients. At present no cases of Guinea worm disease have been recorded.

Indian Systems of Medicine and Homeopathy

The Indian System of Medicine and Homeopathy were separated from the Health Department in 1972 and an Independent Directorate was constituted. The Indian Systems of Medicine like Ayurveda, Unani, Yoga, Nature, Siddha and Homeopathy come under the range of this Directorate. The divisional office of the department started functioning in Gulbarga in 1985 under an Deputy Director, Indian System of Medicine and Homeopathy. Prior to this, this was under the control of the District Health & Family Welfare Officer. This directorate provides short term training in pharmacy, training for nurses Panchakarma and eye care.

The Deputy Director supervises the establishment of drug stores, supply of medicines, construction of buildings, encouraging family welfare programmes and offering active cooperation in other National Health Programmes. At present there are 3 Ayurvedic Hospitals and 24 Ayurvedic dispensaries in the district.

The Ayurveda Hospital at Chitapur has 10 beds, Afzalpur 10 beds and Kamalpur of Gulbarga Taluk has 6 beds. Similarly Ayurvedic hospitals have been started in Devala Gangapura, Balurgi, Kallur, Ghattargi, Chowdapura of Afzalpur taluk, Sannur of Gulbarga taluk, Chenchenasura, Madiyala, Jidaga of Alanda taluk, Salagar, Chimmanachoda of Chicholi taluk, Alahalli, Hebbal, Mangalagi, Honagunta, Tonasanahalli (T) Revai of Chitapur taluk, Kulageri and Gownalli of Jevargi taluk, Motakapalli of Sedam taluk and Hallikuni, Honageri, Madwara and Yanagundi of Yadgir taluk. At Rangampet, Thimmapura (a part of Surpur) a 6 bedded Unani Hospital is functioning. There are eleven Unani Dispensaries in the district. These are located -at Jilanabad (Gulbarga tq.), Udachana (Afzalpur tq.), Hiroli (Aland tq.), Ratakakal (Chincholi tq.), Tangali (Chitapur tq.), Andola (Jevargi tq.), Belavara (Jevargi tq.), Vanadurga (Shahapur tq.) and Kadachur (Yadgir tq.). There are two Government Homeopathic Dispensaries at Yadgir and Tintani of Surapur taluk. Dr. Virupakshaiah Channabasava Sastry Hiremath, Jevargi was granted monthly pension from the department of Indian system of Medicine and Homeopathy during 1992 - 93. Hakim Badruddin Ahmed of Gulbarga a Unani practitioner, also was granted the same in 1983-84. A Homeopathic Medical College started by the Hyderabad Karnataka Education Society has an intake of 50 annually.

MEDICAL INSTITUTIONS

District Hospital

The civil hospital of the yesteryears was renamed as District Hospital in 1967 and was well equipped. Prior to this, this hospital functioned as a prominent Civil Hospital of the district in the old building and supervised the functioning of other hospitals and health institutions of the district. In 1965 this hospital had 14 medical officer and had 126 beds. The number of beds here when it was up graded as a district hospital was 136. At present this is a very prominent hospital of the district with 750 beds. It functions as a referral hospital for all lower level hospitals and medical institutions. It is equipped with modern clinical equipments and provides all types of specialist services. The District Surgeon and the Superintendent are the chief officers of the

hospital. The hospital has a pharmacy, an emergency unit, dialysis unit, TB unit, central unit (CCS), blood bank, X-ray unit, training centre, leprosy section, Psychiatry section, STD (Venereal diseases) treatment section, dental unit, a laboratory under leprosy control programme, and is also functioning as a teaching hospital for the medical college. This hospital provides training for health visitors. The burn ward built at a cost of 1.3 lakhs is about to be commissioned. In this hospital 1,126 persons get treatment as outpatients and 51 as inpatients daily. In 1993 - 94 and 1994 - 95, the number of persons treated as outpatients was 4,11,043 and 4,52,029 respectively. The number of persons who were treated as inpatients was 18,667 and 18,630 respectively. During the same period, 3,097 and 3,214 women respectively were provided delivery services. The number of surgeries conducted were 4,789 and 4,369 respectively. Under Family Welfare Programme the number of vasectomy operations conducted during 1992 - 93, 93 - 94, 94 - 95 are respectively four, two and eight. Tubectomy operations conducted were 473, 616, 637 and IUD placements, 311, 309, 368 respectively. The ophthalmic department of the hospital treated, 16,868 persons during 1993 - 94 and 317 persons were operated upon.

The city leprosy centre is adjacent to the hospital and during 1993 - 94 it treated 264 patients. During the same period, the Tuberculosis section provided treatment to 261 patients. The AIDS section identified 12 cases during 1993 - 94 and one person was proved HIV positive.

Peripheral Cancer Centre

The Peripheral Cancer Centre was established at Gulbarga in 1987. A major share 90 lakhs has been donated by the public to bring up this hospital. 1,464 patients were admitted during 1990-92 and radio therapy treatment was given in 1,024 cases. This center was declared a first grade testing center in 1992, the number of beds was increased to 50 and more equipment was purchased and the first stage of construction was completed. The Government appointed a 11 member new local administrative committee with the Deputy Commissioner as its president to look after its administration and supervision. Under the guidance of the Kidwai Memorial Institute of Oncology of Bangalore, the second stage of construction was started. Many voluntary and other organizations have liberally donated towards the construction and purchase of required equipments of the four divisions, of this hospital- (a) Radio therapy (b) Nuclear medicine (c) Outpatient unit (d) Inpatient unit. Contribution from-14 HKDB and other organisation, a day's salary from the government servants of Karnataka, Gulbarga division have been given to the hospital. At present only Radio therapy treatment is being given to the patients.

General Hospital, Afzalpur

This was started in 1960. At present the number of beds in this hospital is 30. This hospital is provided with a laboratory, surgical ward and maternity section, four doctors, a dentist and other staff. During 1993-94 and 94-95, the number of outpatients who received treatment was 18,979 and 29,061 and the number of inpatients was 654 and 667 respectively. In the same period the number of women who received maternity services was 148 and 178 and the number of T.B. patients who received treatment was 59 and 20 respectively. Under Family Welfare programme during 1992-93, 1993-94 and 1994-95, the number of Tubectomy operations conducted was 379, 406, 496 and IUD was 95, 63 and 49 respectively.

General Hospital, Alanda

In the beginning, this hospital started functioning as a civil dispensary. Later on this was converted to a General Hospital. At present, it has 30 beds, a maternity unit, a laboratory and X-Ray facilities. This has four doctors including, a lady doctor and other staff.

During 1993-94, 1994-95 and 1995-96, the number of outpatients who received treatment 26,530, 37,631 and 31,869 and the number of inpatients was 750, 850, 1189 respectively. The number of patients who received treatment for Tuberculosis has been three, three and 19 respectively. The number of deliveries conducted was 493, 563, 679 respectively. During 1994-95, 1995-96, the number of Tubectomy operations conducted was 163, 152, and IUD placemtn was 29 and 43 respectively.

General Hospital, Chincholi

This hospital functioning with a 30-bed capacity and the Government has ordered the increase of beds to 60. An assistant surgeon is the Senior Officer of the hospital and is assisted by four medical officers, a lady medical officer, a senior medical expert, a laboratory technician and a 34 member staff. During 1993-94 and 1994-95, the number of outpatients who received treatment here was 31,973 and 32,185 and the number of inpatients was 657 and 728 respectively. The number of Maternity services was 300 and 350 respectively the number of leprosy patients who were treated during the same period was 35, 25. The number of Tuberculosis patient was 35 and 27 respectively.

General Hospital, Chitapur

This hospital started functioning during 1914-15 with eight beds. At present the number of beds is 30 and it has a new building. The Assistant Surgeon is the Senior Medical Officer. There are four medical officers including, a lady medical officer, a dentist and other staff to assist him. The hospital is provided with a laboratory, maternity section, surgical section and other facilities. During 1993-94 and 1994-95, the number of outpatients treated here was 24,007 and 30054 and the number of inpatients was 176 and 160 respectively During the same period, the number of maternity services attended was 9 and 12 and surgeries conducted 167 and 160. The number of patients treated for tuberculosis was 25 and 17, and the number treated for Leprosy was 36 and 42 respectively.

General Hospital, Jevargi

It started functioning in 1944 as a 13 bed civil dispensary. With the approval of P.P.C in 1986, it was converted as a 36-bed hospital in 1991. The approval of the Government has been obtained for its upgradation as a modern 100-bed hospital with Indo-German financial assistance. The hospital has X-Ray and laboratory facilities. Three medical officers, a dentist, a R.M.O and 37 members are on the staff. The P.P.C division of the hospital has one medical officer, a paediatrician and eight persons on the staff.

During 1993-94 and 1994-95, the number of outpatients treated in the hospital was 41,200 and 40,654 and number of inpatients was 2,014 and 2,205 respectively. During the

same period, the number of X-rays taken was 427 and 687. The number treated for T.B was 108 and 99 the number of maternity services 281 and 352. Under Family Welfare programme during 1992-93, 1993-94 and 1994-95, Vasectomy cases were 3,0,0 and Tubectomy cases were 357, 304, 370 with 92, 100, 82 IUD cases respectively.

General Hospital, Sedam

This hospital started functioning as a civil dispensary in 1919. In the beginning it was a 6-bed hospital. At present it has 50 beds. This hospital was transferred to a new complex constructed at a cost of 11.5 lakhs in 1994. The Assistant Chief Medical Officer is the head of the hospital. Three Medical Officers, a nursing superintendent and other staff assist him. The hospital provides the facility of an ophthalmologist also.

The number of people treated as outpatients in the hospital during 1994-95, 1995-96 was 47,551 and 45,420 and the number of inpatients were 788 and 896 respectively. During 1993-94, 1994-95 and 1995-96, the number of maternity services was 480, 685 and 578 respectively.

General Hospital, Shahpur

During the reign of the Nizam (1938), this hospital was established as a taluk hospital. In the beginning it had 12 beds. In 1977 this was converted as a combined hospital with 30 beds. In 1982 the number of beds was increased to 50. This hospital has facility for treatment for all types of diseases. Specialist service is also available for maternity section. X-ray unit, laboratory, post partum, filaria control unit and other facilities are available. The assistant surgeon is the head of the hospital and four medical officers, and other staff members assist him. During 1993-94 and 1994-95, the number of outpatients treated here was 45, 855 and 62,236 and the number of inpatients was 1,201 and 1,061 respectively. During the same period, 132 and 148 patients were given maternity services. The number of surgical operations conducted was 396, 895 and the number treated for tuberculosis was 50 and 35. The number of blood smears collected was 5,016 and 2,613 Blood smears tested for filaria 6,856 and 4,695 and Family planning operations conducted was 113 and 143 respectively.

General Hospital, Surpur

In the beginning, this functioned as a combined dispensary. In 1974, this was converted as a General hospital. At present it has 30 beds and adjacent to it is a separate Leprosy unit with 20 beds. This has X-ray and Labour ward facilities. In the Leprosy unit is headed by the staff assists a medical officer assisted by other staff. In 1994 and 1995, the number of outpatients treated was 63,924 and 61,192 and the patients treated as inpatients was 2,124 and 1,849 respectively. The number treated for tuberculosis was 91 and 80. The number of operations conducted was 2,541, number of deliveries conducted was 1,320 and 1,445. During the same period, Family Planning operations conducted under Family Welfare programme was 131 and 179, maternity services was 161 and 287 respectively.

General Hospital, Yadgir

It started functioning as a combined hospital in 1906. In 1972 it was upgraded into a General Hospital with 24 beds. In 1992 the number of beds was increased to 50. The government has approved the proposal to raise the number of beds in the hospital to 100 with effect from 9-12-94. During 1993-94 and 1994-95 the number of people treated as outpatients was 55,986 and 73,628 and the number treated as inpatients was 1,962 and 2,429 respectively. During the same period the number of maternity services was 512 and 419. The number of surgical operations conducted was 105 and 120, X-rays taken 584 and 920 respectively. Number of people treated for Tuberculosis was 112 and 114 and the number of Leprosy patients treated was 52 and 41 respectively.

Basaveshwara Teaching and General Hospital

This is a private High-Tec hospital with modern technical facilities. This started functioning both as a teaching and general hospital in Gulbarga during 1989-90. In the beginning it had a multi facility with 300 beds. At present it has 350 beds and is developing fast. This hospital is equipped with most modern amenities like suction pipeline, oxygen supply facility, radiographic instrument, ultrasound machine, pomat camera, portable X-Ray unit, C-arm image amplifier, C.T. scan facility, endoscope, colonoscope, and video attached branchoscope, which are essential for an inner view of all parts of the human body. This has an airconditioned, seven-bedded intensive care unit, a cardiology, unit and an eight-bed emergency unit. Disease preventive services like histopathology, haematology, frozen section, cytology, microbiology, biochemistry, auto analyser and elisa system are available here. Fully equipped blood bank with, HIV Testing facilities is also available. There are eight fully equipped operation theatres. This hospital is providing training to under-graduate, postgraduate medical, dental, and nursing students. During 1993, 1994 and 1995 the number of outpatients treated was 13,372, 10,839, and 18,108 and the number of inpatients treated was 4,371, 4,236 and 5,617 respectively. In 1995, 158 tuberculosis patients were treated. The hospital has 49 specialist medical staff. It is run by the Hyderabad-Karnataka Education Society.

Sangameshwara Hospital

Sangameshwara Hospital which is a branch of Basaveshwara General Hospital started functioning in Gulbarga as a hospital fully equipped for providing treatment for post-natal and child care. This started as a 100-bed hospital and is equipped with a good laboratory, labour room and surgical unit which are equipped with most modern technical facilities. During 1994 and 95, the number of outpatients treated was 41,627 and 5,737, number of surgical operations conducted was 26 and 349 and number of deliveries was 987 and 1,724. This has a Homeopathy unit also.

Khwaja Bande Nawaz General Hospital

In the private sector, Khwaja Bande Nawaz General Hospital is one of the very well equipped hospitals with all modern service facilities, It started functioning at Gulbarga in 1988.

In the beginning, it came into existence as a 60-bed hospital. At present it is a 200-bed hospital and has plans to increase the number of beds to 300. This hospital has all medical sections with specialists. This hospital is giving free treatment to the poor and charges minimum amount to the public for treatment. Many doctors who have specialized in particular fields are rendering free service here. During 1993-94 and 1994-95, the number of outpatients treated was 15,239, and 16,530 and the number of inpatients was 5,629 and 6,536 respectively. During the same period 544 and 423 surgical operations were conducted and the number of Deliveries conducted was 64 and 55 respectively.

Employees State Insurance Scheme (E.S.I.S)

Employees State Insurance is a central sector scheme. As per the E.S.I Act and related rules of E.S.I 1948, this scheme came into existence in 1958. As per the recent amendment, temporary workers also come under this scheme. It has been implemented for social security scheme and is under the administration of the central labour ministry. This is a prominent social security plan for the labourers. It assists them financially when they suffer from diseases, physically incapacitated. Physically handicapped, at the time of delivery, and when there is death in the family. Under this scheme, medical assistance is provided to all the members of the worker's family. The E.S.I scheme was launched in 1969 in the district. During 1994-95, there were 6,497 policy holders the number rose to 11,162 during 1993-94 and further to 9,284 during 1992-93. There are eight fulltime E.S.I dispensaries in the district. 20 beds are reserved for E.S.I employees in the district hospital.

Mobile Train [Jeevan Rekha] Treatment Centre

Providing medical and hospital facilities to those living in very far off places like villages and hilly areas far from the cities is a difficult task. The credit of providing medical facilities at the doors of such villagers goes to the Impact India Foundation. This special service has been provided through a well-equipped hospital service in a moving train. This Jeevan Rekha Train has three bogies from the railway department, a generator, medical experts, medicine, surgical equipments and other necessary medical equipment and has excellent service facility. Arrangement has been made to provide 4 beds also. This special mobile hospital service started in 1991 has already extended the service to rural areas of eight states and has covered a distance of 70,000 Kilometers and has provided treatment to lakhs of outpatients. This unit camped for the first time at Devala Ganagapura, a famous pilgrimage center of Afzalpur Taluk, Gulbarga District on 26th February 1996 and stayed there for a month. Thousands were treated here and polio patients were operated upon. Railway Department, public and the state government extended co-operation and 'Impact India Foundation' spent five lakhs rupees for the purpose.

Rural Health Programmes

The main intention of the programme is to increase the medical facilities in rural areas, upgrading the medical supervision facilities to better the quality of service and protecting maternity

and child health to control the spread of infectious diseases and effectively implementing preventive measures. The intention is not only to popularise the family welfare programmes but also the details are provided here regarding different medical institutions like Rural Health Organisation, Primary Health Centre, Primary Health Units and Community Health Centres.

Community Health Centres

The government is establishing Community Health Centres either in taluk centres or other places. The government has established one Community Health Centres for every four Primary Health Centres or one CHC for one lakh population with 30 bed facility. 50 beded Community Health Centres are also established in revenue sub-division centres. This works as a referral for all health centres and dispensaries functioning in the area. This has the facility of specialist medical staff. There are 16 Community health centres in different places of the district and the total number of beds in them is 450.

Primary Health Centres

There were two types of Primary Health Centres before. They were (1) Government of India Pattern (GOIP) and (2) State Government pattern. After 1957, Government of India Pattern centres were established. One health center each for a population of 20,000 and it looked after the medical facilities and welfare of the people. The government supplies medicines worth Rs.30,000/- to every center and sanctioned two medical officers and the supporting staff to look after the functioning.

During 1994-95, the total number of Primary Health Centres in the district was 92 and out of them Farahabad, Kamalapura (Gulbarga Tq), Naronha, Madana Hipparaga (Alanda Tq), Gabbura (Afzalpur), Nelogi, Yadrami (Jevargi Tq), Vadagera, Doranahalli (Shahapur Tq), Kakkera, Kembhavi (Surpur Tq) Konkala, Yaragola (Yadgir Tq), Mudhola (Sedam Tq), Kollur, Kalagi (Chittapura Tq), Kunchavaram (Chincholi Tq), Health Centers are of GOIP. The total number of beds available in Primary Health Centres is 498. There are 450 sub-centres attached to these Primary Health Centres.

The main health services available in GOIP Primary Health Centres are 1) Clinical services, 2) Control of infectious diseases like Malaria, Cholera, Tuberculosis etc, 3) Family Welfare, 4) Maternal and Child Health Services, 5) Health Education 6) School health services 7) Environmental sanitation and death records.

The list of Taluk-wise Primary Health Centres is given below: -

Afzalpur:- Gobbur, Desai Kallur, Mannura, Atanura, Devala Ganagapura, Marala

Alanda :- Madana Hipparagi, Jidaga, Jadalak, Gola(B) V.K.Salagara, Ambalagi, Bhoosanura.

Chincholi:- Kenchavaram, Sale Beeranahalli, Chimmana Khode, Nidagundi, Kodli, Ratakal, Inapura, Chandanakeri, Salepete.

Chitapura:- Shallagi, Alura(K) Mangalagi, Kollura, Ravura, Alahalli, Jengali, Vadi and Hebbala

Gulbarga:- Farahatabad, Mahagao, Kamalapura, Dongaragao, Sontha, Nandoora(B), Kalhangaragi, Hiresavalagi

Jevargi:- Yadrami, Andola, Ankalagi, Nerogi, Aralagundagi, Ijeri, Nariboli, Birala(B)

Sedam:- Kolakunda, Mudhola, Kurukunta, Kodga, Malakheda

Shahpura:- Doranahalli, Vodageri, Jadibidi, Chittnalli, Bende bembali, Gogi, Hayyala(B), Sagara(A), Shiravala

Surpur:- Guttibasaveshwara, Devara Gonala, Hemanura, Kembhanvi, Kodekal, Veta, Ammapura, Naganar, Kakkeri, Hunasagi

Yadagir:- Sadiapura, Gajarakote, Balichakra, Kandakura, Hattikuni, Honagera, Allipura, Mudnala, Arakeri(B), Yaregola, Konkall and Madhwara

The details of the general data available in a few primary health centres of the district are given at the end of this chapter.

Primary Health Units

In 1978, the government termed the combined hospitals, dispensaries, local fund dispensaries, Taluk Board dispensaries, Municipal dispensaries, Ayurveda and Homeopathic dispensaries as primary health units. Generally, one health unit caters to the medical needs of 20,000 people. Every unit has a medical officer and the required staff. Every unit has a maternity section. During 1995-96, 22 primary Health Units were functioning in the district. The talukwise units are,

Afzalpur:- Udachana, Alanda, Madiyala, Kinisultan, Sarasamba

Chincholi:- Gadikeshwara, Chittapura, Dandothi, Nalavara, Gundagurthi, Aranakal

Gulbarga:- Kiranagi, Sampadagi, Harasindu

Jevargi:- Kodi, Cheratagi

Sedam:- Kanagadda, Itakal

Shahpur:- Vanadurga, Surapura, Naganur, Hasnapura, Hemmara

Yadagir:- Azhalpura, Kadachur

Family Welfare

Family Welfare programme is an indispensable part of public health at the national level. With the slogan Limited Family comprising of two children is a Wealthy Family, the government has a goal to reduce the net reproduction rate to one by 2001 A.D. It has a goal of reducing the present birth rate of 27.9 to 21 and death rate of infants from 70 to 60 and raising eligible couple protection rate from 47.6 to 60 percent.

In 1949, the Indian Family Planning Association was started in Mumbai. Later in 1952 this family planning programme was officially constituted and to become a prominent national

policy and has been a useful plan in achieving the nation's economic and social development. The intention is to persuade people, as per this plan, to reflect, the importance of creating a healthy community through Family Welfare, Mother Child Health Service and make them understand the importance of small family for leading a good life, thereby encouraging them to accept family planning norms voluntarily. In the third Five year plan 1961-66, this programme was taken to the doors on extension basis. This scheme became fullfledged Family Planning Department from 1966. Primary Health Centres/Units and City Family Welfare Centres are contributing their might to the success of this plan.

At the beginning, family welfare programme was called Family Planning Programme. Later after understanding its importance, this was termed as Family Welfare Department. The office of the District Health and Family Welfare Officer started functioning from 1978 at the district level in Gulbarga.

The office of the Joint Director at the divisional level is also at Gulbarga. District health and family welfare officer is in charge of supervision of the health programmes of the district. He has the responsibility of effectively implementing the national and state health programmes through various health and medical institutions of the district. Under the Family Welfare programme during 1994-95, 17,973 Tubectomy operations and 22,231 IUD placements have been achieved.

Mother Child Health Programme

The main aim of this programme is to provide security of health and good health service to pregnant women, and to the women after delivery and to the small children. Distributing tablets to those women and children suffering from anaemia and shortage of Vitamin 'B', and prevention of six mortal diseases which may affect pregnant women, other women and children through vaccination also form part of mother child health service. In this way the health of mothers and children would be improved and their death rate would be comparatively reduced. Under mother child programme, during 1995-96, T.T. Vaccination to 77,162 pregnant women, B.C.G. to 97,778 and polio drops to 70,690 children, 70,697 D.P.T, 68,812 measles, 33,774 D.T., 39110 T.T. vaccination for children below 10 years 24814 T.T. Vaccination for children below sixteen years was administered.

School Health Programme

All the primary health centres included medical examination of school children in their programme after the appointment of multipurpose health workers to primary health centres came into existence. As per this programme, the medical officer would examine all the school children and report the cases of suffering children, give them treatment and the children would be administered D and T and T.T vaccines. Under this programme during 1994-95 and 1995-

96, 1,25,549 and 82,932 school children respectively were examined medically and those suffering from health problems were treated. During 1992-93, school Health programme was included in the programme of all Primary Health Centres and Health Units. In that period, 88,208 children were benefited. Health inspection programme for all school children from 1st standard to 4th standard was taken up from July 22, 1996 to July 27 all over the nation. This national health programme was so constituted to cope up in all the primary school children all over Gulbarga district.

Table 15.4 : Development of Educational Programmes regarding Family Welfare undertaken in Gulbarga District during 1992-93 and 1993-94 Progressive Figures

Programmes	1992-93	1993-94
Exhibition of movies	79	107
Exhibition of still pictures	1,383	1,334
Training of M.S.S	25	44
Training in women health Anganawadi Workers and J.H.A(M)	248	264
Joint Training	10	15
Exhibition	1,824	1,630
Training to Dais	16	-
Training of Voluntary organizations	10	10
Debate for pre university students	10	10
Training for Leaders of Labourers	5	3
I.E.C. Training for Medical officers	1	1
I.E.C. Training for Health supervisors	1	2
Training for School teachers	-	20
Quiz programme for High school children	-	20
Group discussion	47,248	43,026
News paper Advertisement	62	754

Pulse Polio Immunisation Programme

Records are available to show that during 1994-95, 46 children suffered from polio. As per the World Health Organisations declaration that polio should be completely eradicated by 2000 AD, a survey has been conducted and this disease has been eradicated in 145 nations. There are a number of polio cases in India and the government has been launching many programmes to eradicate it and pulse polio has been one of them. Under this programme, efforts would be made

to administer Polio Vaccine to all the children in the country and endeavour would be to achieve the goal under this programme, all the hospitals in the district, primary health centres, units and subcentres took up the task on 9.12.95 and 20.1.96 and in these two days, successfully completed two rounds of immunization programme. In this programme 2,44,256 children in the age group of 0-3 years and 9,938 children above 3 years were administered pulse polio vaccine. The repetition of this programme was taken up on 7th Dec 1996 and 18th January 1997 all over India and polio drops were administered to all children below 5 years and the most successful programme of eradicating polio from the nation was instituted.

O.R.S. (Oral Rehydration Solution) Scheme

Consumption of polluted water and food by children result in their sufferings from loose motions, shortage of water proportion in the blood, would weaken them and may cause death. In such situations, if the medical treatment is delayed, immediately, they should be given water orally again and again to save them. ORS is a solution prepared from the salt. This is boiled and cooled water to which salt and sugar are mixed. The readymade salt mixture packets are available in all Health Centres. These packets are called O.R.S. (Oral rehydration solution). In all the districts having the Universal Immunization Programme, the O.R.S. scheme has come into force. Under this programme, training is imparted to the Medical Officers and Health Assistants. Health Education is given to the public. This programme is popularised through supply of O.R.S. packets to all Health Centres and enlighten people about the scheme.

Family Planning Association of India

Indian Family Planning Association as a self-service institution was established in 1949. This has 47 branches all over India and gets assistance from International Planned Parenthood Federation, the State Government and the Central Government. Added to this, it has extended its service through 22 integrated rural development programme. It has taken up two types of programmes.

- 1) Family Planning education and motivation - maternity and child health care
- 2) Family Planning service and Mother Child Health Care

As a branch of this association, Gulbarga Family Planning Association started functioning at Gulbarga in 1973. The range of work of this branch is 25 Km around the city comprising of 36 villages.

This association is running City Family Welfare Centres along with Population Education Wing, Mobile Education and service division, MTP and Nursing divisions, Gulbarga planning unit along with local voluntary members and staff with financial assistance and guidance from I.P.P.F. is rendering service.

Table 15.5: Details of Health and Family Welfare Programmes in the District (1995-1996)

Talukas	Family Planning (sterilization operations)						Administered Vaccines					Medical Stores
	Vase-ctomy	Tubectomy	Laparo scopic	Total	DPT	Polio	BCG	Measles	T.T (Pregnant women)			
Afzalpur	-	1,278	-	1,278	3,914	3,914	5,047	4,155	4,537	15		
Aland	-	2,310	2	2,312	7,651	7,651	7,680	7,480	8,322	17		
Chincholi	-	1,196	100	1,296	5,235	5,235	5,460	5,558	5,332	20		
Chitapura	3	1,686	2	1,691	6,664	6,664	7,084	7,274	7,885	33		
Gulbarga	10	4,102	89	4,201	13,370	13,370	15,877	11,830	15,316	232		
Jevargi	-	1,188	5	1,193	5,202	5,202	5,748	4,825	5,867	13		
Sedam	-	941	140	1,081	4,687	4,687	5,033	5,027	4,304	26		
Shahpur	-	877	610	1,487	7,135	7,135	8,111	7,380	7,773	30		
Surpur	1	1,340	596	1,937	8,094	8,094	8,492	6,452	8,644	46		
Yadagir	1	1,476	20	1,497	8,744	8,744	9,250	8,792	9,182	29		
Total	15	16,394	1564	17,973	70,696	70,696	77,782	68,773	77,162	461		

Table 15.6 : Annual progressive list under Universal Immunization Programme in Gulbarga District from 1987-88 to 1995-96

Year	T.T Vaccine for Pregnant women		B.C.G.		D.P.T		Polio		Measure	
	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement
1987-88	66,000	48,994	55,000	47,322	55,000	48,667	55,000	48,667	55,000	40,258
1988-89	66,000	49,807	61,000	61,117	61,000	56,396	61,000	56,396	61,000	52,108
1989-90	67,800	51,182	61,800	50,213	61,800	47,515	61,800	47,595	61,800	40,419
1990-91	70,500	53,535	65,200	62,802	65,200	55,529	65,200	55,929	65,200	52,168
1991-92	71,700	62,458	66,000	66,564	66,000	59,796	66,000	59,796	66,000	59,522
1992-93	73,500	73,229	68,300	65,778	68,300	60,683	68,300	60,683	68,300	64,399
1993-94	81,600	78,917	72,900	79,128	72,900	70,615	72,900	70,615	72,900	77,565
1994-95	94,500	73,917	86,000	71,413	86,000	63,597	86,000	63,597	86,000	61,303
1995-96	88,000	33,818	79,000	33,634	79,000	26,429	79,000	26,429	79,000	28,296

(upto the end of September)

Achievement of the last three years of Gulbarga Family planning Association

Methods	1993	1994	1995
Vasectomy	-	02	02
Tubectomy	810	964	962
Laparoscopy	116	57	135
I.U.D.	176	280	346
O.P(Oral Pills)	353	389	463
Nirodh	330	421	514

Along with the President the Consultative Committee comprises of five members. This branch of the association has 28 people on its staff roll and a Programme Director.

The following private hospitals and nursing homes of the district are providing Family Welfare Planning services and have been recognized (All are situated in Gulbarga city).

- 1) Ameenabai Maternity and Nursing Home, 2) Dr. Ghanate Shubha Nursing Home,
- 3) Mamatha Nursing and Maternity Home, 4) Nirmala Maternity and Nursing Home,
- 5) Bheemabai Maternity and Nursing Home, 6) Banale Maternity and Nursing Home,
- 7) Dadeda Maternity and Nursing Home, 8) Mahadevi Malakareddy Nursing Home,
- 9) Navajeevana Nursing Home, 10) Sree Maternity and Nursing Home, 11) Smruti Maternity and Nursing Home,
- 12) Mathru Chhaya Nursing Home, 13) Annapurna Nursing Home,
- 14) Saikrupa Nursing Home, 15) Ashirwad Nursing Home, 16) Sangameshwara Hospital,
- 17) Sagara Maternity Home, 18) Thrupti Nursing Home, 19) Dr. P.G. Shah Nursing Home,
- 20) Sojath Hospital, 21) Sneha Maternity Home, 22) Khwaja Bande Nawar General Hospital
- 23). Shruthika Seva Mandira 24) Ananda Nursing Home 25) Lakshmi Nursing Home,
- 26) Gandhi Clinic, 27) Dr. Gangambika Maternity Hom, 28) Chetana Nursing Home,
- 29) Archana Nursing Home, 30) Sholapur Surgical Home, 31) Harilal Maternity Home
- 32). Hangaraki Maternity and Nursing Home, 33) Asha Maternity and Nursing Home,
- 34) Mathru Chhaya Maternity and Nursing Home, 35) Shabde Surgical Maternity Home,
- 36) Basaveshwara Hospital, 37) Devani Maternity and Surgical Nursing Home, 38) Akkamahadevis Noola General and Maternity Hospital, 39) Sri. Ganesha Nursing Home, 40) Rasheeda Fathima Faiza Nursing Home 41) Dr. Manikarao Patil Jnanarathna Nursing Home, 42) Nagesh Memorial Maternity Hospital, 43). S.B.M. Maternity Hospital, 44) H.K.E.S. Sangameshwara Hospital, 45) Patil Nursing Home, 46) Mahadevi Sainath Andole Maternity Home, 47) Indira Shakthi Nursing Home and 48) Jaya Nursing Home.

Indian Medical Association

There are a few branches of Indian Medical Association (1952) in our state and out of them five are in Gulbarga district. The association induces actively to participate in Family Welfare Programme, Mother and Child Health programme and other National Health Programmes through its staff, motivates people to get treatment for diseases and to undergo tests for AIDS,

leprosy, cancer, tuberculosis and medical checkups. For the public, the association arranges lectures, debates, discussions and training programmes. The association also arranges timely special training for its staff in their profession. The association has its branches at Gulbarga, Wadi, Shahabad, Sedam, Surupur and Yadgir of the Gulbarga district.

Drug Control

The drug control department, with the intention of safeguarding the customers' health and enabling them to get good quality medicines, has imposed strict control over the medicine manufactured and supplied in the state. The department functions through its three important divisions 1) Administration and vigilance 2) Drug testing laboratory 3) Pharmacy Education. As per the Drugs Cosmetic Act. The district has a District drug inspector office to provide good quality medicines to the consumer. This functions under the control of the Office of the Divisional Assistant Drug Controller in Gulbarga. The Assistant Drug Controller of the divisional level has Gulbarga, Bijapur and Bidar districts under his control. This officer is also the Licensing authority for the sale of drugs in Gulbarga division. The drug inspector in the district has his range over the entire district. This officer looks after the inspection of all drugs and cosmetic manufacturing units and the sale of drugs, responsible of protecting public and to see that the drugs are sold at the controlled price to the customers. He is also incharge of issuing license, vigilant regarding manufacturing of fake drugs and arranging for the drugs and cosmetics to undergo proper tests at prescribed norms.

The Drug Inspector will enforce other rules related to drug control are :

- 1) Control of price, Act 1987
- 2) Advertisement regarding drugs and magic remedies objection Act 1954,
- 3) Pharmacy Act 1948,
- 4) Issuing import licenses to drug manufacturing units as per import trade rules .
- 5) Rules of 1919 about poisonous substances and Karnataka Poisonous Substances Rules 1996 and
- 6) Enforcement of Intoxicants drugs and Narcotics Act 1985.

During 1992-93, there were 355 drug stores with licenses and 262 eligible dealers. During 1995-96 the No. of shops rose to 461 and four drug manufacturing units and one cosmetic unit have been registered in the district.

Table No. 15.7 : Statement showing general information of certain Primary Health Centres of Gulbarga District-1994-95

PHC's	Year Estd.	No. of beds	Sub centres	In	Patients (In)	Deliv (Out)	Family Welfare	Women and Child health programmes										Patients		
								STN.	IUD	DPT	TT	MSL	Polio	BCG	TB	Leprosy				
1	2	3	4	5	6	7	8	9	10	11	12s	13	14	15	16	17				
Gobbur																				
(Afzalpur tq)	1963	6	8	245	7,502	765	236	175	596	775	1,488	687	596	713	6	16				
Athanur	1993	6	6	0	17,032	568	233	189	587	686	1,208	863	587	754	-	-				
M.hipparga (Alanda tk)	1963	6	7	432	4,734	796	300	335	994	1,123	720	678	994	742	NA	56				
Koralli	1965	6	4	282	5,894	175	154	62	327	389	668	334	286	445	26	12				
Kadaganji	1989	6	3	141	4,986	21	120	108	342	717	556	247	342	635	12	6				
Jidaga	1994	6	3	NA	3,640	NA	NA	NA	253	173	344	319	319	246	-	-				
Gadikeswara																				
(Cincholi tk)	1993	6	NA	NA	2,647	NA	7	NA	14	13	95	73	13	NA	-	-				
Nidagunda	1963	6	5	4	6,315	121	150	121	759	730	875	681	759	673	-	-				
Sulepath	1981	6	4	168	6,559	22	90	116	454	706	620	-	558	570	15	-				
Chandankera	1986	6	4	59	10,800	215	73	102	675	390	659	680	675	624	11	16				
Hebbala																				
(Chitapur tk)	1986	40	8	280	10,200	384	223	330	755	835	1,047	728	755	800	262	26				
Kalagi	1963	12	7	264	8,944	15	139	129	696	986	552	701	696	867	3	22				
Mangalaji	1991	6	4	75	6,345	NA	31	45	273	300	293	261	273	304	-	-				
Dongaragaon																				

Continued....

1	2	3	4	5	6	7	8	9	10	11	12s	13	14	15	16	17
(Gulbarga tk)	1992	6	3	NA	5,173	NA	88	63	389	618	439	498	389	466	-	-
Mahagaon	1994	6	6	165	5,840	518	127	71	204	634	794	748	704	712	-	-
Sonka	1989	6	4	118	14,277	58	124	88	776	805	549	586	625	14	15	-
Hiresavagi	1989	6	7	NA	10,027	1,071	293	211	573	862	1,071	714	691	804	-	-
Yedrami																
(Jeevargi tq)	1972	6	9	805	15,230	440	247	275	691	1,086	1,072	959	1,178	1,010	53	14
Aralagundi	1989	4	5	60	4,500	50	165	254	1,188	360	893	459	546	596	6	6
Mudhol																
(Sedam tq)	1967	6	6	231	8,336	1,081	216	226	546	1,332	881	1,087	1,099	11	62	-
Sagara																
(Shahapur tq)	1989	6	7	40	8,727	NA	213	174	1,087	942	1,066	967	905	1,263	-	18
Dornahalli	1964	6	5	138	6,818	652	145	88	905	510	816	537	720	700	44	78
Tadabidi	1993	6	4	NA	NA	76	76		720	234	323	255	476	NA	-	-
G.basaveswarra																
(Surpur tq)	1989	6	6	48	3,546	28	168	211	683	71	758	587	683	804	8	10
Kakkera	1969	6	4	131	14,059	51	303	188	1,196	1,307	1,286	920	1,196	1,010	84	96
Naganur	1976	6	5	NA	4,200	587	144	150	630	459	700	630	630	701	331	210
Madavara																
(Yadgir tq)	1994	6	4	NA	3,314	NA	168	32	575	130	364	776	575	502	NA	32
Gajarkot	1987	6	5	318	4,301	NA	88	200	100	2,185	1,061	1,294	1,000	1,050	7	5
Konkal	1995	6	6	85	1,063	28	71	112	850	574	772	961	850	668	133	NA

Information relates to concerned PHCs, NA= not available, STN= sterilization