

CHAPTER 15

MEDICAL AND PUBLIC HEALTH SERVICES

Dakshina Kannada district being a coastal district has special climatic conditions. This area has more of moisture content and the rainy winter and summer seasons can be easily identified. There will be more of atmospheric pressure before the onset of rainy season (Jun-Oct). During Nov-Feb there will be winter season having pleasant and cool weather. After March, there will be an increase of temperature and during April-May, there will be more rise in temperature due to summer. The average annual rainfall is about 3,975.2 mm in the district. The local plantations and food habits of people have an impact on the Health and Medical system. More ill-health conditions are seen in low-lying areas of *malnad* villages that are situated in-between hill ranges of Dakshina Kannada district, which comprises of western ghat region. Sweating is more in this coastal district due to all these natural conditions. It can be seen that people working with physical labour are healthier in this district.

Since ancient times, Ayurveda, Homeopathy, Unani and other medical systems existed in Dakshina Kannada district. Allopathic System of medicine came into existence soon after the arrival of East India Company during the rule of Britishers. Till 1950, Dakshina Kannada district was a part of Madras Presidency. Later it formed the part of Madras state which was renamed as Tamil Nadu in 1968. It became a

part of Mysore state in 1956 under the States Reorganisation Act, 1956. Mysore state was renamed as Karnataka State in 1973. Therefore, it is appropriate to analyse the various activities undertaken in respect of Public Health by the erstwhile Madras Government in this district. Different Vaccination Programmes were started to prevent the diseases in Madras State during 1802. Vaccination was first introduced in India in that year. James Anderson was responsible for this and this vaccination programme was under the control of Revenue department till 1851. Eventhough it was brought under the supervision of Medical wing, the health care of the common man of the of the district was under the control of the Civil Surgeon. In April 1864, Sanitation Department was established in Madras. It had a Chairman and four members including a Member-Secretary. It was functioning till 1866. Several proposals were sent to Government for registration of important health related statistical data after 1897. Madras Birth and Death Registration act was implemented in Dakshina Kannada district in 1899. Due to the implementation of Montego - Chelmsford Reforms in 1919 only matters relating to the Sanitation and Public Health and Local Bodies were transferred to the control of Ministers. In course of time, the Sanitation Department was modified into Public Health Department.

These new rules came into effect from 1st April 1923 in Dakshina Kannada district. Madras Health Act was implemented in 1939. This act was enforced in Dakshina Kannada district in the same year. The responsibility of registration of Births and Deaths was looked after by *Patels* of villages. The data of Births and Deaths were maintained by Town Panchayats and Municipalities in Towns. Village *Patels* and Local Body institutions used to send these data to the Registrar General of Birth and Deaths through Tahsildars. The Health Inspectors of the respective zones were not only used to collect but also used to verify the data collected by Village *Patels* about their systematic collection and registration of data.

Urbanization, Industrialization, Modernization have not only created adverse effects on the health of people but also created new problems. New health problems like Cancer, Heart ailment, AIDS, Respiratory related diseases, Blindness and Polio have been haunting people. Because of this, the Health and Medical Services are constantly undergoing changes, thus the dreaded diseases like Plague, Small Pox, Typhoid, Cholera and other diseases are either eradicated or under control. But diseases like Tuberculosis, Leprosy, and Malaria are continuing to be problematic. The Government is making efforts for

solving these health problems. The Government is making its efforts to implement the new programmes through the Health and Family Welfare Department under the "Health for All By 2000 AD" Programme by taking up new research programmes to prevent diseases, to bring down the mortality rates and to create healthy community.

Ayurvedic System

Ayurveda System of Medicine is followed in India since ancient times as a traditional medical system. In Ayurvedic System, a close relationship has been established between physical conditions of human beings and natural conditions of the area. This system is a part of Sanskrit learning centres. Now, to teach this system, Ayurvedic colleges have been established. Ayurvedic Doctors have knowledge of plantations, food and medicinal value of plants for the treatment. Due to this, the Ayurvedic doctors were able to treat the Chronic diseases with the help of medicinal plants and other materials that are available for preparing drugs. The ancient system of Ayurveda has helped in treatment of disease by using the locally available herbs and plants resources. This indigenous system of medicine is trust-worthy and is popular also. Earlier there were professional Ayurvedic *Pandits* in every village, who knew about the medicinal value of herbs. Even now, such type of one or two families are also seen in villages. A few Ayurvedic *pandits* have extra-ordinary knowledge and they used to treat all types of diseases by giving quality drugs. For common ailments like cold, fever and pain, home remedy drugs or indigenous drugs were in practice. Still, a few doctors who have been educated in institutions of Ayurvedic system are also following this traditional system.

During earlier days, the old persons were extracting oil from flakes, roots and barks of medicinal plants, preparing decoction and powder and were giving them as drugs for patients. They were using the spicy materials i.e., ginger, cardamom and pepper as drugs in large quantities. There are many families in Dakshina Kannada district which patronized the Ayurvedic System and were providing medical services to the people. Amongst them, Ayurveda Bhushana M.V.Sastry of Mangalore and families of Shankaranarayana Bhatta of Panaje Puttur (famous as Panaje Pandit) are noteworthy.

An Ayurvedic Chair in the memory of M.V.Sastry has been established in Mangalore University. Research work, conducting workshops on Ayurvedic Medicine and growing and maintenance of Medicinal plants are the objectives of this Chair. Medicinal plants are

grown in two acres of land by the authorities of this Chair and this garden has 400 plants belonging to 150 species.

People who have migrated from Kerala are also practicing Ayurvedic system in Dakshina Kannada district. Many Ayurvedic educational institutions are there. Now-a-days, both in urban and rural areas, there is an increase of followers of Ayurvedic System. The traditional indigenous system is in vogue in this district. Without studying the Ayurveda in institutions but understanding the signs and symptoms of the diseases through traditional experience and controlling the diseases with the help of preparing decoction, applications (paste) and tablets is known as indigenous system of medicine. There are many families who have been practicing this type of indigenous system of Ayurveda since a long time. Different varieties of medicinal plants are available in several parts and the people have the habit of utilizing them. There are many families of different religions who are practicing this type of indigenous system in Dakshina Kannada district. It is understood that 400 types of varieties of medical plants which are used in indigenous system are there in this coastal district. Under Indigenous line of treatment, the roots, barks, fibres, leaves and stems of these medicinal plants are used for treating about 45 diseases.

Karnataka Ayurveda college, Mangalore is providing Ayurvedic Medical Education in Dakshina Kannada district, Sri Kshethra Dharmasthala Manjunatha temple trust has established Ayurveda colleges in different districts of the State. Apart from this, the nature cure therapy clinic in Dharmasthala has become popular in providing nature cure remedies. Mobile Health facilities are provided to rural people by Sree Kshetra. Many Ayurvedic drug manufacturing units are there in Dakshina Kannada district. Amongst them, the important units are Alva's Ayurvedic Pharmacy, Moodabidare. Sree Durga Parameshwari Ayurveda Pharmacy, Puttur, Sastry Remedies of Mangalore. Ganapaiah Pharmacy and Alva's Pharmacy. These centres have developed Ayurveda Gardens by growing medicinal plants and this is popularly known as *Mijaru Show Bhavan*. This type of cultivating and protecting Ayurveda plants, trees and climbers is in Sri Kshethra Dharmasthala also.

There is much demand throughout the country for Ayurvedic drugs manufactured in this district. The Kotekal Ayurvedic Shala of Kerala and other popular Ayurvedic clinics are providing medical services in the district. Muslims are practicing Unani system of medicine which has been brought from outside. Now-a-days Homeopathy is also becoming popular.

Homeopathy

Homeopathy system of medicine is popular in Dakshina Kannada since a long time. There is a Homeopathy Medical College in the district. Father Muller and St. Xavier institutions are preparing Homeopathic drugs and are supplying to different parts of the country. There are many doctors who are providing Homeopathy Medical Services in the district. Rev. Father Augustus Muller .S.J., who is the founder of Homeopathic poor Dispensary, Kanakanadi, of Mangalore, which was taking care of poor people and treating all diseases in Hindustan, Burma and Ceylon about 110 years ago and other charitable institutions was born on 18th March 1841 in West Felia of Germany. Father Muller established Homeopathy Poor Dispensary in 1880 with an objective to provide quality and pure drugs at low cost to the people.

Because of trust and popularity, the quality of drugs and the influence of being the honourable member of Jesus Society, special encouragement was given by the general public to this Homeopathic Poor Dispensary, in such a manner that undoubtedly it became the first institution among the same type of other institutions in Hindustan. Father Muller established St. Joseph's Leprosy Hospital in order to provide treatment to poor leprosy patients of Dakshina Kannada district. His ambition was to treat this dreaded disease from the trustworthy drugs. Two separate big hospitals were opened by Father Muller for both male and female in 1895 and 1901 respectively.

These are being run by "Sister's of Charity" of Milan. When there was an Epidemic of Bubonic Plague in Mangalore during 1902, Father Muller established an hospital for the treatment of patients, with the financial assistance of Government and also with the help of Christ fraternity of Mangalore. After the death of Father Muller, there was suspicion amongst patients, public and friends about the functioning of these institutions. During this critical juncture "Health Guide" a book which was published and printed several times was revised and published by L.P. Fernandez the senior disciple of Father Muller, in the year 1911. This revised and enlarged book which was twice bigger than the original publication gave satisfaction to the public. This made the Patients and customers to retain the faith in the organization and thereby the respect towards the institution was also maintained. L.P. Fernandez celebrated the Golden Jubilee of his service to the organization on 2nd Dec 1942 and published the Eleventh edition of "Health Guide". Gradually, the distribution of drugs in Hindusthan, Burma, Ceylon and

other countries has increased. In spite of severe business competition, general financial problem and first and second world wars, these organizations continuously provided the services by meeting the demands. The following are the reforms that took place after the death of Father Muller, including establishing of new sections.

The full fledged operation theatre, treatment centre at nominal rate and a memorial section in the name of Father Frechite are there for both the priests and general public. This section has provision for eight patients and is helpful for priests. The other reforms are establishment of Little Flower unit for four patients meant for female patients, Leprosy Hospital extensions in the Ashram buildings with new modern sections. Digging of two new big wells for sufficient water supply to these institutions apart from the existing wells were taken up. The pumps are run by electricity, and in this way the problem of water during summer was solved.

The hospital building is spacious and clean and is very near, so as to provide medical service at a fixed time. A new X-ray unit (Radiology) unit was opened in 1988. This has served the demand of not only of the Inpatients but also the patients of Dakshina Kannada district and other districts. This unit has Surface Therapy section having facilities of Diagnostic Unit, Ultra Violet Ray Unit and Indecto Thermia Therapy. After the establishment of Obstetrics and Gynacological units the wishes of the needy people were satisfied. This unit consists of separate wards both for 15 poor patients and for patients on payment.

Population and Birth-Death Rates

The population of Dakshina Kannada district was 8,98,380 during 1901. It has increased to 18,97,730 in 2001. During 90's this district which had eight taluks has now been divided into Udupi district which includes Udupi, Kundapur and Karkal taluks and Dakshina Kannada District. Now this district consists of five Taluks only.

The rate of increase of population during the decades ending 1960, 1970 and 1980 was 17.50%, 24.01% and 23% respectively. During 1941-50, the average birth rate in Dakshina Kannada district was 35.5. When compared to the previous Madras State it was more (31.7%). During the same period the death rate in the district was 19.5%. When compared to the previous Madras State it was less (21.5). The birth rate which was less from 1941 to 1945, started increasing in later years. The death rate during this decade was less except in 1944. Due to the

epidemic of fever in 1955, there was increase in mortality rate. The patients who died due to fever during 1941-50 decade constituted about 32% of the total deaths. During 1941-45 this number was 7.4 per thousand and by 1946-50 it came down to 5.1. The maternal deaths during the last years of this decade decreased. In 1947 the Maternal mortality rate was 8.26 per 1000 live births reduced to 4.23 per 1000 live births in 1950. The increase in population of the district is shown in Table 15.1.

Table 15.1 : Table showing the growth of population since 1901 in the district

Year	Total Population	Difference	% of Difference in Decades
1901	8,98,380	-	-
1911	9,41,058	+43,278	+4.82
1921	9,84,054	+42,396	+4.50
1931	10,63,156	+9,102	+8.04
1941	11,73,538	+1,10,382	+10.38
1951	13,30,917	+1,57,379	+13.41
1961	15,63,837	+2,32,927	+17.50
1971	19,39,315	+3,75,478	+24.01
1981	23,77,000	+4,37,685	+23.00
1991	26,92,000	+3,15,000	+13.00
2001	18,97,730	-18,95,038	-

Source: District Health Department, Dakshina Kannada.

There was decrease of birth rate in 1884. But it decreased considerably in 1888. If the births are observed in every month of these years, then it can be seen that the births are more during March-July months and less births during Sept-Oct months. The disease wise percentage of deaths caused are Fever (35.63%), Diarrhoea (9.24%), Small Pox (2.44%), Cholera (1.54%) and other diseases (49%). The statistics of the births and deaths of the district during 1882-92 are given in the Table 15.2

After 1900, it was seen that the birth rate was more during the beginning of decade in 1960. There was decrease of births in 1968. There was decrease of both births & deaths in 1965 and 1968. The details of births and deaths from 1962 to 1970 are given in Table 15.3.

Table 15.2: The Statistics of Birth and Deaths in Dakshina Kannada District.

Year	Popula- tion yearly average	Total Births			Total Deaths		
		Total	Male	Female	Total	Male	Female
1882	9,68,400	25,530	13,047	12,483	15,840	8,425	7,415
1883	9,77,800	27,624	14,091	13,533	20,220	10,647	9,582
1884	9,87,200	27,213	13,823	13,390	23,952	12,131	11,821
1885	9,96,700	27,761	14,233	13,528	24,710	12,814	11,896
1886	10,06,300	31,253	16,047	15,206	21,778	11,161	10,617
1887	10,16,000	33,117	16,977	16,140	19,998	10,421	9,577
1888	10,25,000	30,831	15,878	14,953	24,189	12,717	11,472
1889	10,35,700	30,544	15,480	15,004	20,017	10,400	9,527
1890	10,45,800	30,854	15,638	15,216	25,341	13,254	12,087
1891	10,55,800	30,808	15,769	15,039	19,722	10,359	9,363
1892	10,66,000	33,580	16,967	16,613	23,453	12,084	11,369

Source: District Health Department, Dakshina Kannada.

Table 15.3: The Statistics of Births and Deaths in Dakshina Kannada District.

Year	No. of Births	No. of Deaths
1962	53,705	16,789
1963	48,748	14,402
1964	34,473	9,418
1965	41,413	12,077
1966	38,301	10,971
1967	36,233	12,500
1968	34,265	9,914
1969	37,857	10,541
1970	39,346	9,893

The number of Births and Deaths registered in Mangalore City during 1882-1892 is given in Table 15.2. During that period, there were more male births than female births. This point can also be observed in the number of deaths that occurred in the city. The number of births and deaths belonging to different religions can be seen in Table 15.5.

Table 15.4: The Number of Deaths Recorded due to Several Diseases from 1956 to 1960.

Diseases	1956	1957	1958	1959	1960
Cholera	-	-	5	-	1
Fever	2,287	4,437	3,660	3,228	2,922
Small Pox	3	12	89	49	41
Plague	-	-	5	7	-
Diarrhoea	506	816	764	812	598
Respiratory Diseases	455	1,484	1,554	1,067	1,333
Malaria	116	92	137	95	66
Total	3,367	6,841	6,214	5,258	4,961

Source: District Health Department, Dakshina Kannada.

Table 15.5 : The Number of Births and Deaths Registered in Mangalore City

	Years	1882	1883	1884	1885	1886
Births	Total	1,027	1,012	930	927	1,022
	Male	533	554	498	487	556
	Female	494	458	432	440	466
Religion wise Births	Hindus	597	598	517	518	534
	Muslims	148	131	145	135	213
	Christians	282	283	268	274	275
Deaths	Total	805	813	643	889	837
	Male	412	440	355	434	424
	Female	393	373	288	455	413
Religion-wise Deaths	Hindus	448	483	368	493	459
	Muslims	170	180	141	191	176
	Christians	187	150	134	204	202
	Others	-	-	-	1	-

Source: District Health Department, Dakshina Kannada.

Table 15.5 : (Contd.)

	Years	1887	1888	1889	1890	1891	1892
Births	Total	1,457	1,195	1,273	1,012	1,357	1,322
	Male	732	619	684	533	664	644
	Female	725	576	589	479	593	678
Religion wise Births	Hindus	793	682	721	555	714	708
	Muslims	267	197	235	167	216	236
	Christians	397	316	317	290	327	378
Deaths	Total	1,122	1,311	958	764	834	1,255
	Male	541	664	466	391	410	632
	Female	581	647	492	373	424	623
Religion-wise Deaths	Hindus	602	799	572	439	467	687
	Muslims	287	244	199	161	163	225
	Christians	233	268	187	164	204	343
	Others	-	-	-	-	-	-

Source: District Health Department, Dakshina Kannada.

If the No. of births that occurred during different months of the years are observed, then the No. of births are more in June-July months. It can also be seen that more No. of deaths occur during rainy months July-August. The births and deaths that occurred during the different months of 1882-1892 decades can be seen in Table 15.6 & Table 15.7.

Table 15.6 The Number of Births in Different Months from 1888-1892 in the District

Years	Jan	Feb	March	April	May	June
1888	2,842	2,679	2,792	2,768	2,638	2,966
1889	2,465	2,347	2,696	2,589	2,625	3,075
1890	3,228	2,893	2,888	2,747	2,813	2,727
1891	2,412	2,270	2,293	2,526	2,591	3,085
1892	3,130	2,952	3,073	2,981	2,980	3,323
Total	14,077	13,141	13,742	13,611	13,647	15,176
Average	2,316	2,628	2,748	2,722	2,729	3,035
Average No. of Births in a Month (%)	8.99	8.39	8.78	8.69	8.72	9.69

Source: District Health Department, Dakshina Kannada District.

Table 15.6 (Contd.)

Years	July	August	Sept	Oct	Nov	Dec	Total
1888	2,996	2,424	2,110	1,946	2,160	2,497	30,818
1889	2,991	2,514	1,962	2,159	2,296	2,813	30,532
1890	2,766	2,429	1,996	1,939	2,103	2,312	30,841
1891	3,314	2,690	2,237	2,225	2,336	2,816	30,795
1892	3,267	2,745	2,241	2,191	2,156	2,561	33,570
Total	15,334	12,802	10,546	10,460	11,051	12,969	1,56,556
Average	2,561	2,561	2,109	2,092	2,210	2,594	31,311
Average No. of Births in a Month (%)	9.80	8.18	6.74	6.68	7.08	8.28	100.00

Source: District Health Department, Dakshina Kannada District.

Table 15.7, Table Showing the Number of Deaths in Different Months from 1882-1892

Years	Jan	Feb	March	April	May	June
1882	1,527	1,613	1,281	1,007	1,098	1,264
1883	1,743	1,477	1,338	1,129	1,359	1,932
1884	2,053	1,856	1,636	1,431	1,686	2,071
1885	2,201	1,845	1,684	1,518	1,612	2,050
1886	2,528	2,115	1,817	1,340	1,329	1,850
1887	1,860	1,645	1,415	1,229	1,245	1,818
1888	2,144	283	1,792	1,487	1,525	2,025
1889	2,636	1,829	1,533	1,238	1,189	1,638
1890	2,133	1,883	1,603	1,400	2,293	2,654
1891	2,581	2,032	1,477	1,356	1,385	1,451
1892	904	1,697	1,532	1,274	1,487	2,312
Total	23,310	20,075	17,108	14,459	16,203	21,065
Average	2,119	1,825	1,555	1,314	1,473	1,915
Average Rate of Deaths	9.75	8.39	7.15	6.04	6.78	8.81

Source: District Health Department, Dakshina Kannada District.

Table 15.7 (Contd.)

Years	July	August	Sept	Oct	Nov	Dec	Total
1882	1,544	1,454	1,287	1,260	1,125	1,382	15,837
1883	2,614	1,939	1,725	1,463	1,436	2,015	20,220
1884	2,995	2,773	2,085	1,835	1,697	1,833	23,951
1885	3,004	2,601	2,246	1,988	1,791	2,165	24,705
1886	2,340	1,963	1,681	1,598	1,501	1,711	21,773
1887	2,244	1,746	1,670	1,638	1,528	1,955	19,993
1888	2,264	2,101	2,012	2,140	1,958	2,653	24,184
1889	1,868	1,729	1,484	1,585	1,397	1,887	20,013
1890	2,875	2,498	2,089	1,962	1,880	2,065	25,333
1891	1,731	1,576	1,465	1,543	1,482	1,642	19,721
1892	2,549	2,836	2,212	1,859	1,645	2,149	23,447
Total	26,028	23,214	19,956	18,871	17,440	21,448	2,39,177
Average	2,366	2,110	1,814	1,716	1,586	1,950	21,743
Average Rate of Deaths	10.88	9.71	8.34	7.89	7.29	8.97	100.00

Source: District Health Department, Dakshina Kannada District.

The main reason for the death was spread of several Communicable diseases during that time. The deaths were occurring due to Cholera, Small Pox, Fever, Diarrhoea, Injuries, Suicides and Accidents and Snake bites. The figures of occurrence of deaths due to different reasons can be seen in table 15.8.

Table 15.8 The Number of Deaths due to Different Diseases in the District (1882-1892)

Years	Cholera		Small Pox		Fever		Diarrhoea		Injuries/ Suicides		Acci- dents	Snake Bites	Other rea- sons	Total Deaths		
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female				Total	Male	Female
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1882	101	80	246	170	2,392	2,070	1,060	824	33	22	378	68	8,396	15,840	8,425	7,415
1883	-	-	404	291	3,829	3,535	1,288	1,080	39	31	353	83	9,246	20,229	10,647	9,582
1884	-	-	377	300	5,161	5,224	1,166	995	39	26	372	75	10,217	23,952	12,131	11,821
1885	5	9	414	332	4,646	4,347	1,260	1,105	52	20	322	79	12,119	24,710	12,814	11,896
1886	-	-	120	104	3,980	3,747	1,259	1,050	37	29	372	89	10,991	21,778	11,161	10,617
1887	38	40	327	282	3,597	3,270	955	726	37	40	377	80	10,229	19,998	10,421	9,577
1888	694	733	772	657	3,574	3,106	1,239	963	46	43	317	70	11,975	24,189	12,717	11,472
1889	187	166	195	159	3,201	2,805	994	787	46	32	326	76	11,043	20,017	10,490	9,527
1890	-	-	25	38	5,510	4,794	1,388	1,053	38	30	299	62	12,104	25,341	13,254	12,087
1891	174	183	77	70	4,062	2,557	763	596	42	33	323	69	9,778	19,722	10,359	9,363
1892	609	657	269	216	4,596	4,172	884	680	65	32	364	62	10,847	23,453	12,084	11,369
Total	1,808	1,368	3,226	2,619	44,598	40,627	12,258	9,859	474	338	3,803	813	1,16,940	2,39,229	1,24,503	1,14,726
Average	164	170	293	238	4,054	3,694	1,114	896	43	31	346	74	10,631	21,748	11,318	10,430

Source: District Health Department, Dakshina Kannada District.

The number of deaths due to fever, diarrhoea and Small Pox diseases were more. The number of deaths in the age group of less than 5 years was more in the district, when compared to the number of deaths of persons of other age groups during 1883 to 1892 and this can be viewed in the Table No. 15.9.

Table 15.9, Table Showing the No. of Deaths in different Age Groups in the District (1883-1892)

Years	Below 1 year		1-5 years		5-10 years		10-15 years		15-20 years		20-30 years		30-40 years		40-50 years		50-60 years		60 years and above	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1883	2,269	1,991	1,163	1,147	396	412	271	255	374	498	1,049	1,179	1,282	1,010	1,229	720	1,084	820	1,526	1,545
1884	2,369	2,099	1,345	1,421	534	537	322	320	447	525	1,172	1,440	1,482	1,216	1,423	990	1,268	1,135	1,768	2,138
1885	2,747	2,953	1,879	1,953	705	654	350	318	357	477	1,172	1,325	1,395	1,130	1,329	828	1,149	968	1,728	1,888
1886	2,446	2,204	1,472	1,482	603	613	326	283	341	447	1,036	1,240	1,234	1,028	1,195	744	1,040	873	1,463	1,702
1887	2,532	2,190	1,061	1,004	431	389	264	248	303	394	948	1,140	1,210	985	1,195	782	989	820	1,486	1,622
1888	2,856	2,448	1,439	1,482	537	549	350	301	430	533	1,349	1,445	1,537	1,154	1,412	882	1,171	905	1,631	1,773
1889	2,474	2,148	1,095	1,072	430	395	280	220	313	427	940	1,102	1,237	914	1,416	695	1,115	851	1,457	1,702
1890	2,832	2,543	1,565	1,539	637	595	372	322	418	514	1,203	1,386	1,500	1,154	1,503	887	1,343	921	1,875	2,224
1891	2,445	2,102	1,201	1,209	466	459	255	221	355	399	873	1,031	1,202	872	1,099	659	930	713	1,533	1,697
1892	2,782	2,461	1,217	1,269	522	535	339	277	496	528	1,103	1,378	1,348	1,087	1,346	829	1,121	870	1,815	2,133
Total	25,752	22,539	13,437	13,578	5,261	5,138	3,121	2,765	3,834	4,742	10,845	12,666	13,427	10,550	12,877	8018	11,210	8,878	16,282	18,424
Average	2,575	2,254	1,344	1,358	526	514	312	276	383	474	1,084	1,267	1,343	1,055	1,288	802	1,121	887	1,628	1,842
%	22.19	21.01	11.58	12.65	4.53	4.79	2.69	2.58	3.30	4.42	9.35	11.81	11.57	9.83	11.10	7.47	9.66	8.27	14.03	17.17

Source: District Health Department, Dakshina Kannada district.

Table 15.10 : Particulars of the Registration of Births and Deaths

Sl. No.	Taluk	1991-92	1992-93	1993-94	1997	1999	2000
1	Birth and Death Registration Units	654	654	654	273	381	381
2	Birth and Death Registration Centres	-	-	-	-	-	-
3	Total Births Registered	57,564	56,022	56,065	39,420	39,333	38,641
4	Total Still Births Registered	514	432	530	387	555	430
5	Total Deaths Registered	17,680	18,332	19,030	13,165	13,291	13,364
6	Total Infant Deaths Registered	530	565	658	465	454	471

Table 15.11: Particulars of the No. of Infant Deaths in the District

Years	Births	Infant Deaths	Death rate per 1000
1995-96	41,469	574	13.8
1996-97	40,474	539	13.3
1997-98	39,731	558	14.0
1998-99	20,660	339	16.4
1999-2000	22,003	409	18.5
2000-01	21,423	326	15.2
2001-02	21,394	346	16.1
2002-03	22,543	357	15.8
2003-04	22,282	360	15.7
2004-05	23,108	209	9.0

**Table 15.12 : Particulars of the Different Indicators
Relating to Births and Deaths**

Year	Total Births	Birth Rate	Infant Deaths	IMR	Maternal Deaths	MMR	CPR	Deliveries in Institutions
1998-99	20,393	11.8	395	19.5	18	4	51.7	83
1999-2000	21,788	12.6	407	18.7	28	3	52.3	86
2000-01	21,542	12.6	326	15.1	24	1	53.4	89.7
2001-02	21,394	11.3	346	16.2	21	0	53.4	90.8
2002-03	22,543	11.8	327	15.5	14	0.6	54.6	92.6
2003-04	22,921	11.9	334	14.6	20	0.82	62.4	94.5
2004-05	23,107	11.8	209	9.0	24	1.03	62.6	95.8

Note : IMR-Infant Mortality Rate, MMR-Maternal Mortality Rate, CPR-Cardio Pulmonary Resuscitation
Source: District Health Department, Dakshina Kannada District.

Communicable Diseases

It was important to control Communicable diseases under Health Programmes, Wherever any Communicable disease used to occur in Community, the health staff were finding the main source or causes of spread and were taking necessary measures to control them. Preventive measures to avoid spreading the diseases were also taken up by them. Suitable immunizations to prevent the diseases were provided by them. The measures for the prevention and spread of the diseases were, to maintain the quality of drinking water, cleanliness of slum dwelling areas and proper disposal of waste materials. Cholera, different types of fever, Small Pox, Plague, Vomiting, Diarrhoea, Malaria, Respiratory Diseases, Typhoid and Tuberculosis, were the communicable diseases that were seen in these areas. To prevent the Communicable diseases intensive vaccination programmes were taken up during the decades of 1940. To prevent the Communicable diseases, even today the Health Department is undertaking immunization programmes. The data regarding this can be seen in Table 15.13.

SMALL POX

More Small Pox cases were seen during the decades of 1940 and because of this, the number of deaths were more. The number of deaths due to small pox came down in later years. This data can be seen in Table 15.14.

Table 15.13 : Particulars of the Number of Vaccinations given to Prevent the Diseases.

Year	Primary Vaccinations	Repeated Vaccinations
1948	45,455	1,00,417
1949	39,634	1,49,644
1950	58,855	2,74,508
1951	53,365	2,12,695
1952	55,915	1,35,015
1953	59,015	1,71,561
1954	61,147	1,66,633
1955	48,651	1,43,825
1956	50,532	1,21,859
1957	43,361	1,12,348

Source: District Health Department, Dakshina Kannada District.

Table 15.14: Particulars of the Number of Deaths due to Small Pox

Year	Number of Cases	Number of Deaths
1945	1,342	254
1946	270	48
1947	72	11
1948	80	21
1949	236	43
1950	661	154
1951	312	70
1952	90	21
1953	48	17
1954	23	9
1955	29	5
1956	19	8
1957	70	12

Source: District Health Department, Dakshina Kannada district.

In order to prevent Small Pox, intensive Vaccination Programme was taken up to include more people. The number of vaccinations given can be seen in Table no. 15.15 Due to this the number of deaths during 70's came down drastically.

Table 15.15: Particulars of the Number of Vaccinations given to Prevent Small Pox and Number of Deaths due to Small Pox.

Year	Number of Primary Vaccinations given	Number of Repeated Vaccinations	Total	Small Pox	
				Number of Cases	Number of Deaths
1966	44,292	2,87,474	3,31,766	77	24
1967	57,964	2,63,227	3,11,191	60	13
1968	69,671	2,77,265	2,96,936	17	5
1969	84,655	2,93,591	3,68,246	2	2
1970	76,783	2,36,826	4,13,609	1	-
1971	73,128	96,168	2,69,296	-	-

Source: District Health Department, Dakshina Kannada district.

Table 15.16: Particulars of the Achievement of Progress of Health Department Programmes during the last 4 years in Zilla Panchayat of Dakshina Kannada district.

Details of Programme	2001-02			2002-03			2003-04			2004-05		
	Target	Achievement	%	Target	Achievement	%	Target	Achievement	%	Target	Achievement	%
BCG	23,870	21,956	92.0	24,045	22,995	95.6	23,602	23,422	99.2	24,242	9,849	40.6
DPT / Polio	23,870	22,394	94.0	24,045	23,494	97.7	23,602	23,495	99.5	24,242	9,668	40.0
Measles	23,870	21,995	92.1	24,045	22,979	95.95	23,602	23,131	98.04	24,242	9,423	39.0
T.T to Pregnant Mothers	26,050	23,784	91.3	26,160	24,991	95.5	26,214	25,188	96.1	26,725	10,385	39.0
IUD	8,060	7,588	94.0	8,080	7,523	93.0	8,165	7,759	95.0	8,202	3,530	43.0
Oral Pills	9,332	9,361	100.3	9,416	9,257	98.3	9,499	9,474	99.7	9,504	4,070	43.0
Nirodh	5,536	5,035	90.6	5,385	5,288	98.0	5,366	5,441	101.4	5,470	5,375	98.3

Source: District Health Department, Dakshina Kannada district.

Note: BCG- Bacillus Calmette Guerin, DPT-Diphtheria Pertusis Tetanus, TT-Tetanus Toxoid, IUD: Intra Uterine Device.

Table 15.17: Table Showing the Spleen Rate and the Parasite Rate (%) in different Parts of District (1949)

Area	Spleen Rate	Parasite Rate
Belthangadi	17	5
Guruvayanakere	19	2
Laila	31	12
Dharmasthala	38	11

Source: District Health Department, Dakshina Kannada district.

The Plague disease was seen more in the district during 1940 decades. The disease was controlled when the spraying of DDT Dichlorodiphenyl Trichloro Ethane was taken up. (After 1952)

MALARIA

This disease is caused by a Parasite called Plasmodium and spread by female Anopheles Mosquitoes. This disease which is seen globally is spread by mosquitoes where there is stagnant water and in marshy areas and people get affected severely by this disease. This disease is seen more in coastal and Malnad areas. This can be controlled by the spraying of Insecticides. This disease is treated by prescribing quinine tablets. After the introduction of National Malaria Control Programme by Government of India in 1953, the control of the disease has become effective.

Type of Malaria depends on the species of the parasite. High fever and shivering are the symptoms of the disease. In the diseased person the number of red blood corpuscles become less in the body and anaemia is caused due to this. Due to enlargement of spleen the death may occur. The blood smears will be drawn from the fever cases and if the case is diagnosed as Malaria, Chloroquine tablets will be given. In the disease affected places the insecticides like DDT will be sprayed. In order to create awareness of the disease the Health workers take up house to house visit every fortnight, draw blood smears from fever cases and give chloroquine tablets as presumptive treatment and send these blood smears to Primary Health Centres for laboratory examination. If the case is confirmed as Malaria suitable radical treatment will be given and in order to prevent the spread of the disease the Health Department will take up a rapid community Blood smear survey and spraying of insecticides. It has seen that due to new guidelines given by Government of India in 1977, the incidence of malaria has decreased by 30%. (Modified plan of operation of NMEP) All hospitals, Community Health

Centres and Primary Health Centres in the district provide control measures, Laboratory services and Treatment of Malaria. In earlier days the measures to control Malaria were unknown. Revenue officials and Post office Officials used to distribute Quinine tablets in the Villages. This disease was rampant in Malnad areas and in Dakshina Kannada district. Even now this disease is more in this district. The Malaria Control Programme was started in 1948 in this district.

Initially this programme was limited to four regions of the district. The spleen rate and Parasite rates during 1949 in these four regions can be seen in Table 15.17. The Malaria control office was in Puttur taluk. The sub offices of this head office were in Bellare, Sulya, Uppinangadi and Belthangadi till 1950. Later this programme was also extended to Karkala Taluk. In 1952 it was extended to villages of Kundapur taluk also. The DDT spraying was taken up during the seasons of the spread of the disease (Dec-June). Due to this programme considerable result was seen. The details of the treatment in different hospitals during 1947 can be seen in Table 15.18. The spraying of Insecticides to control malaria was stopped in 1957. Later Malaria control programme was re-organized. The records show that 92 persons died due to Malaria in 1957-58

Table 15.18: Particulars of the Percentage of Treatment given to Malaria Disease Cases in different parts of the District (1947-51)

Hospitals	% of Treatment given to Malaria Disease Cases				(%)
	1947	1948	1949	1950	1951
LF Hospitals, Kadaba	59.6	59.4	46.0	26.5	24.3
Rural Hospital, Uppinaangadi	45.4	37.1	31.9	26.0	19.1
LF Hospital, Belthangadi	44.1	55.1	36.3	27.5	24.1
LF Hospital, Sulya	35.8	32.7	28.9	17.7	13.8
Spleen Rate	-	45.9	38.8	23.5	9.45
Parasite Rate	-	8.3	3.5	1.0	0.55

Source: District Health Department, Dakshina Kannada district.

During 1960, a programme was launched to protect effectively against Malaria. The entire district was divided into 135 units and the responsibility of each unit was given to Malaria workers. The main responsibility of these workers was to visit each house in their areas, identify persons suffering from fever, send blood smears to laboratory for

diagnosis and provide treatment to those identified as suffering from Malaria. After this programme, these workers were appointed in Primary Health Centres in October 1961.

The details of examination of Blood Smears conducted from 1965 to 1971 is given in Table 15.19.

Table 15.19: Table Showing the Results of Blood Smears Examination under Malaria Control Programme

Year	Passive Surveillance Blood Smears	Confirmed Cases	Active Surveillance Blood Smears	Confirmed Cases	Mass Blood	Confirmed Cases
1965	11,812	1	31,159	-	667	-
1966	13,710	-	29,536	-	793	-
1967	16,870	-	40,011	1	250	-
1968	16,999	1	36,561	1	1,476	-
1969	17,785	6	20,267	6	73,708	63
1970	15,039	2	44,597	4	2,139	1
1971	15,192	36	41,210	33	12,718	46

Source: District Health Department, Dakshina Kannada District.

Table 15.19(A): Table Showing the details of Malaria Eradication Programme in the District

Year	Number of Blood Smears Examined	Number of Malaria Cases	Number of Patients given treatment
1998	25,5506	7,994	7,982
1999	21,4487	4,438	4,433
2000	22,1479	2,653	2,653
2001	26,6661	4,441	4,437
2002	2,82,905	5,069	5,065
2003	3,25,690	6,344	6,341
2004	4,86,851	1,416	1,415
2005	3,28,862	16,154	16,140

Source: District Health Department, Dakshina Kannada district.

Leprosy

This Leprosy was pestering the Indians since many centuries. The Leprosy patients were treated with humiliation by the society. As per the

estimates of Leprosy workers who were working for Leprosy control programme there were 12,000 to 15,000 Leprosy patients in the district during the decades of 1960. Efforts were made to eradicate this disease by *Kushta Roga Nivarana Sangha*, *Dharma Pracharaka Sangha* and Father Muller Charitable Institute apart from city Municipalities of the state Government.

Table 15.20: Particulars of the Number of Leprosy Patients Treated in the District

Year	New Patients	Number Cured	Old Patients	Total
1962	129	398	4	531
1963	160	421	5	586
1964	194	428	7	624
1965	268	408	2	678
1966	404	874	9	1,287
1967	495	1,244	15	1,754
1968	587	1,624	15	2,226
1969	665	2,050	14	2,729
1970	703	2,343	20	3,066
1971	743	2,612	25	3,380
Total	4,348	12,397	116	16,861

Source: District Health Department, Dakshina Kannada district.

Leprosy Control Centre came into existence in 1955. This centre was working with the co-operation of the *Hindu Kushta Nivarana Sangha* of Dakshina Kannada district Branch to control and eradicate the disease. The main functions of this centre was to conduct the survey of Leprosy Patients, provide education for prevention, supply of essential drugs to different hospitals and opening of Leprosy Treatment centres in Rural Areas By 1970, there were about ten leprosy treatment centres in the district. Out of them five were working independently and other five centres were attached to local fund dispensaries. Five centres are working with *Hindu Kushta Nivarana Sangha* and other four are Government hospitals at Shirva, Mulki, Vittala and Bantval. The data about the treatment given to leprosy patients during this period can be seen in Table 15.20. The National Leprosy Control Centre was established on 3rd August 1959 and it was extended to 101 Villages having a population of 2,58,499. This Centre had Koteswar, Vandse, Byndoor and

Shankaranarayana sub centres. Now these areas are in Udupi District. The number of Patients treated, the expenditure incurred for treatment during three years from 1969 to 1972 is given in table 15.21.

Table 15.21: Particulars of the Number of Leprosy Patients Treated and the Expenditure for the National Leprosy Control Centre

Years	No. of Leprosy Patients Treated	No. of new Patients Treated	Total Expenditure in Rs.
1969-70	292	40	37,069
1970-71	339	50	37,452
1971-72	254	38	39,312
Total	885	128	1,13,833

Source: District Health Department, Dakshina Kannada district.

Table 15.21(A): Table Showing the details of Treatment given to Leprosy Patients in the District

Years	No. of New Patients Identified	No. of Patients Cured
1995	469	542
1996	462	534
1997	531	066
1998	384	518
1999	409	369
2000	217	267
2001	300	387
2002	25	254
2003	162	221
2004	153	154
2005	082	126
2006	044	056

Source: Health Department, Bengaluru.

As per the survey conducted in 1954, 15% of the population were infected in Mangalore city. The rate of infection varies with different parts of the district and this is given in table 15.22.

Table 15.22: Particulars of the Leprosy Infection Rate in different parts of the District

Place	Infection Rate of the Micro-Organism (%)	Expenditure towards the disease (%)
Udupi	9.6%	1.8%
Puttur	4.0%	0.7%
Karkala	8.1%	0.7%
Ullala	4.6%	0.6%
Surathkal	2.6 %	0.1%
Manipal	4.2%	0.2%

Source: District Health Department, Dakshina Kannada District.

Filariasis

This Communicable disease is caused by Micro filaria which is a thread like bacteria. Eventhough it is not a fatal disease but it is a social stigma disease causing swelling of the legs that can't be brought to normal condition. These bacteria are present in the lymphatic glands of the infected person. When the mosquito bites this infected person, they carry these bacteria and if they bite a healthy person, it spreads the disease. In this way the disease spreads in the community. Especially this disease is seen in the coastal areas of Karnataka State. In order to reduce the density of the disease, intensive spraying of insecticides is done once in every week and the filarial control units conduct biological survey to identify the cases and later give DEC tablets for 12 days to the patients. The filaria control programme is there since 1955. The various measures (data) undertaken in the district to control filaria disease is given in table 15.22 (A).

Tuberculosis

Tuberculosis is another Communicable disease which is pestering Dakshina Kannada district. There are many hindrances to control this disease which is caused by micro bacterium tuberculosis, is spread through droplet infection through air. Even though sufficient drugs and BCG immunization are there to control this disease it has many hindrances like poverty, indiscriminate spitting of sputum by tuberculosis patients, deficiency of Nutritious food which have come in the way of controlling the disease.

National Tuberculosis Control Programme has been integrated and it is implemented in all the districts of the State. As per the Tuberculosis

Table 15.22 (A) Details of the Activities of Filarial Control Programme in the District.

Years	No. of persons Examined	No. of persons Treated	No. of Patients Cured
1995	4,431	71	91
1996	8,195	103	155
1997	10,614	107	298
1998	9,167	121	290
1999	5,903	64	163
2000	5,287	76	117
2001	6,124	104	136
2002	4,106	140	163
2003	3,065	107	112
2004	6,832	84	117
2005	11,970	820	841

Source: Health Department, Bengaluru.

Control Programme of the Dakshina Kannada district Tuberculosis Control Association came into existence in 1964. It has 42 sub centres throughout the district. The details of the treatment given to the patients in these centres can be seen in Table 15.23. Dakshina Kannada district Tuberculosis Association gave BCG immunization to children as a precautionary measure in order to prevent this disease during 1971.

There are many reasons for the high prevalence of diseases like Amoebiasis, Typhoid and Worm infestations in Urban and Rural areas of the district. Unsafe drinking water supply, unsatisfactory Health System, Hotels with poor sanitation, deficiency of public toilets, open cut fruits and sweets, unhygienic personal habits and less civic sense are the reasons that can be identified for the above causes. The District Tuberculosis Officer controls all the Tuberculosis Control Programmes in all the Public Health institutions that comes under his control. The short term course of treatment is implemented in this district. District Tuberculosis centre and General hospitals have X-ray and sputum examination facilities.

Dengue

Dengue fever is a deadly disease and its severity is seen in children. This is caused by dengue virus. This disease is spread by biting of the mosquito *edix egypti*. There are three types of Dengue. 1) Common

Table 15.23: No. of Patients Treated for Tuberculosis in the District

Year	No. of persons Examined	No. of persons Treated	No. of Patients Cured
2003	10,864	1,407	87
2004	10,997	1,828	85
2005	13,622	2,136	84
2006 (upto Sept.)	9,642	1,696	81

Source: Health Department, Bengaluru.

Dengue 2) D.H.F. Dengue Haemorrhage and 3) Dengue Shock Syndrome (D.S.S.). The main symptoms of the disease are severe fever, severe headache, muscle and joint pains. No specific drug is there for this disease. When the person suffers from the disease, giving liquid food and paracetamol tablets act as an immediate measure and the patient has to be shifted to the hospital immediately. This dengue (Haemorrhage of the blood) fever is mostly seen in children and is very dangerous. After severe fever there will be blood haemorrhage and swelling of the body and later the blood pressure comes down causing death. When the edis egypti mosquito bites a person suffering from dengue the virus enters the mosquito and the same infected mosquito bites a healthy person, he gets dengue disease. Mosquitoes act as carriers of the disease. Therefore it is necessary to take precautionary measure against the mosquitoes by destroying the breeding places of mosquitoes. The disease is caused by mosquitoes which bite in the day light. Children and adults may get this disease through mosquitoes bite.

Wenlock Hospital, Mangalore

As per the orders of the Judiciary of Directors of East India Company, Mangalore hospital was established in 1818. It was shifted to its own building in 1951, as it was functioning in a rented building earlier. The management of the hospital was handed over to the City Municipality in 1871. During the beginning of the first year of its establishment in the year 1848, it treated 45 inpatients and 1,447 outpatients. By the year 1892, the number increased to 328 and 15,133 respectively. Later in 1919, the erstwhile Madras Government took over the Mangalore Municipal hospital under its control. This hospital was named after the then Governor Lord Wenlock. There was a separate

institution called Police hospital and it was functioning in the present lady Goshan Hospital building. This police hospital was merged with Wenlock hospital in 1925.

Table 15.24: Number of Patients treated in Wenlock Hospital and the Expenditure Incurred

Year	No. of Inpatients Treated	No. of Outpatients Treated	Expenditure (in Rs.)
1969-70	15,961	4,70,025	23,23,525
1970-71	15,492	5,06,248	24,72,697
1971-72	16,384	5,91,557	26,47,957

Table 15.25: Number of Patients treated in Lady Goshan Hospital and the Expenditure Incurred

Year	No. of Inpatients Treated	No. of Outpatients Treated	Expenditure (in Rs.)
1969	5,219	52,360	7,17,000
1970	5,374	38,325	7,02,700
1971	5,884	35,770	8,14,000

Table 15.26: Details of Treatment provided in Government Leprosy Control Hospital, Mudushedde

Year	No. of Inpatients Treated	No. of Outpatients Treated	Expenditure (in Rs.)
1969	494	13,478	2,80,082
1970	410	12,047	2,97,642
1971	491	14,008	3,37,859

Source: District Health Department, Dakshina Kannada district.

Government Maternity and Children's Hospital, Udupi was established in 1920. A Government Hospital was established in 1872 in Puttur of Dakshina Kannada district. The management of this hospital was looked after by Puttur Taluk Board till 1928. Later the erstwhile Madras Government was supervising the functioning of the hospital. Building for out patient wing was constructed in 1920. Later in 1936, an additional consulting room for Lady Deputy Surgeon was opened.

Till 1942, this hospital had a bed strength of 25. In 1943, eight bedded maternity section was established. During 1947-58, several developmental works were undertaken. In 1962, another ward of 20 beds

and one office wing was constructed. Later delivery room and quarters for nurses were constructed. An independent outpatient wing was opened in 1969. Now this hospital has X-ray and other modern facilities.

During 1957, daily an average 30 male patients, 15 female patients and six children were treated as inpatients and 120 male patients, 96 female patients and 73 children were treated as outpatients in Puttur Government Hospital. The expenditure incurred for treating them was ₹ 55,125. The number of patients treated in Puttur Government Hospital and the expenditure incurred during 1969-72 can be seen in Table 15.27.

The Government hospital in Kundapur of erstwhile Dakshina Kannada district was opened in 1873. Later several developments and activities took place. By 1970, it had facilities of X-ray and Dental clinic and other facilities. There was a Local Fund hospital under the control of Taluk Development Board, Bantval of Dakshina Kannada district. The Government took over this hospital and upgraded it. In 1972 this hospital had 24 beds strength. The details of the treatment given to the patients in this hospital during 1969-72 is given in table 15.28

Father Muller Charitable Institute, Mangalore.

Father Muller Charitable Institute was established in 1880 along with the Homeopathic clinic. The plague hospital was established when there was epidemic of plague in the district. For treatment of outpatients a big hospital was constructed in 1940. Hospital for leprosy and tuberculosis patients was opened in 1957. Nurses training centre was opened in 1959. The number of patients treated in 1971 by this hospital which is providing Health services to the people can be seen in table no. 15.29. Father Muller established the St. Joseph's Leprosy Hospital. Father Muller treated the leprosy patients with homeopathic drugs. Later many doctors co-operated in treating leprosy patients. The data of the patients treated in this hospital can be seen in Table 15.30.

Table No. 15.27: Number of Patients Treated in Puttur Government Hospital and the Expenditure Incurred

No. of Patients Treated	1969-70	1970-71	1971-72
In patients	2,291	2,441	2,127
Out patients	35,813	40,685	39,047
Expenditure (in Rs.)	1,42,719	1,58,820	1,48,914

Table No. 15.28: Number of Patients in Bantval Government Hospital

Years	No. of Inpatients Treated	No. of Outpatients Treated	Expenditure (in Rs.)
1969-70	566	46,521	Not available
1970-71	660	51,237	10,663
1971-72	644	68,391	1,24,181

Table 15.29: Number of Patients Treated by Father Muller Charitable Institute

Years	No. of Inpatients Treated	No. of Outpatients Treated	Expenditure (in Rs.)
1969-70	12,414	25,863	21,60,753
1970-71	11,663	20,782	23,78,774
1971-72	11,153	29,244	26,15,064

Table 15.30: Details of Treatment given in St. Joseph's Leprosy Hospital

Year	No. of Inpatients Treated	No. of Outpatients Treated	Expenditure (in Rs.)
1969-70	478	7,546	1,89,097
1970-71	497	9,791	1,83,678
1971-72	509	12,931	2,87,339

Source: District Health Department, Dakshina Kannada District.

District Health Department

Administratively the health department has been reorganised. This was included into the Zilla panchayat administration during the decade ending in 1980. The budget allotted to this department in recent years can be seen in different tables. This department gives health education including implementation of Family Welfare Programmes. Karkala, Puttur and Kundapur have taluk level hospitals with bed strength of 100, 85 and 64 respectively. Sanction of the staff and budget for recurring and non-recurring expenditure was obtained to open 10 bedded tuberculosis ward in Karkala General Hospital which is now functioning under world bank project. A proposal has been submitted for expansion of Karkala & Kundapur hospitals. The civil works for construction of new buildings namely building of out-patient wing, Community Health Centres of Belthangadi and Bantval.

Community Health centres of Belthangadi and Bantval are complete and these hospitals are functioning in the new buildings. Community Health Centres at Bantval, Sulya and Mulki are already functioning. Sanction for the 30 bedded hospital to Brahmavara, Hebri, Vamapadavu and Belthangadi Community Health Centres budget for recurring and non-recurring expenditure have been obtained and have already started functioning. Sanction has been accorded for the upgradation of Primary Health Centre Nitte into Community Health centre and the orders for the sanction of posts and budget for recurring and non-recurring expenditure are awaited. 106 Primary Health Centres that have been sanctioned are functioning. Sanction has been accorded to start six new Primary Health Centres along with the staff, and budget for recurring and non-recurring expenditure during 1993-94 and they are ready for functioning in the following places. 1) Adyaru, in Mangalore Taluk 2) Palligrama, 3) Nellikaru and 4) Heergana in Karkala Taluk 5) Hangarakatte in Udupi Taluk and 6) Alur in Kundapur Taluk.

Already six Ayurvedic hospitals are functioning. Sanction has been accorded for the opening of Ayurvedic hospital at Kilpadi, near Mulki of Mangalore Taluk during 1993-94. Ayurvedic hospital at Jokatte of Mangalore Taluk has been upgraded into 10 bedded Ayurveda hospital. Primary Health Centre Nada and Kumbashi are functioning with 16 bedded hospitals in their own buildings. At present three filarial control units are functioning at Mangalore. Ullala and Malpe in Udupi Taluk. Sanction has been accorded to start a new unit in Kundapur during 1993-94 along with the posts and budget for recurring and non-recurring expenditure. Already 16 treatment clinics under Blindness Control Programme are functioning in Primary Health Centres and during 1993-94, sanction has been accorded to start Blindness control units one in each of Primary Health Centre. Barkur of Udupi Taluk and Ganjimath in Mangalore Taluk. 738 Sub centres are functioning in Dakshina Kannada district. Under Minimum Needs Programme. ₹ three lakhs have been provided to 12 sub centres during 1993-94.

Five Ambulance vehicles are on road in the district. It has been planned to provide an ambulance vehicle each to Community Health Centre, Belthangadi and Sulya during the year 1993-94. One jeep each to Tribal Mobile Health Units at Sulya, Perdur and Bantval has been provided. During the year 1993-94, totally 17,284 inpatients and 16,25,858 out patients have been treated. In the department four district level officers and one Assistant District Health and Family Welfare Officer in each of the three sub divisions are working. 220 posts of Medical

Officers have been sanctioned in the subordinate offices of this department and 70 posts are vacant. Out of 1,467 Paramedical posts, 507 posts are vacant. 87 posts of Ministerial cadre are vacant out of the sanctioned posts of 206. Letters have been addressed to the Government to fill up the vacant posts. Out of the 106 Primary Health Centres in the district, 85 Primary Health Centres have buildings. Primary Health Centres Subramanya, Katilu and Dharmasthala are functioning in rent free buildings which are provided by concerned temple authorities. Kolalagiri and Sajipanadu hospitals are functioning in rented buildings. Amongst them, for the Primary Health Centres Subramanya Katilu and Kolalagiri, land has been acquired during 1991-92 and the construction of building works are under completion by obtaining 1/3 of the budget from the estimates. The land for the construction of Hospitals in Sarvey Kedur, Navur and Paladka has been obtained and the civil works of the building are under progress. For acquiring the land for the construction of Primary Health Centre, Dharmasthala, an amount of ₹ 1,64,000 has been credited to the revenue department.

During 1993-94, the civil works of the buildings of Seven Primary Health Centres are complete and civil works of 17 Primary Health Centre buildings are under progress. The civil works of the new building of Community Health Centre, Bantval was completed during 1993-94 and it is functioning in the new building. Till 1993-94, Sree kshethra Dharmasthala has given an aid of ₹ 11.00 lakhs to Health Department for the construction of sub centres and now the civil works of 12 sub centres buildings are complete. For the repairs of health institutions and for construction of new buildings a total amount of ₹ 65.00 lakhs has been provided during the year 1994-95. An amount of ₹ 5,57,04,783 towards the expenditure for pay and allowances of Health staff. ₹ 26,23,000 towards contingency expenditure. ₹ 9.95,000 towards supply of furniture to institutions. ₹ 25,03,147 towards drugs ₹ 1655,000 towards rehabilitation in rehabilitation centres, and ₹ 3,19,000 towards linen and bedding has been spent during the year 1993-94.

The details of physical targets and achievements of Health & Family Welfare Programmes is given in Annexure-1. During 1990-91, 152 sterilizations were done. During 1990-91, the number of immunizations given are as follows DPT: 70,000, Polio: 70,000, BCG:81,000, Measles: 56,000 and T.T. for Pregnant mothers: 74,000.

**Table 15.31: Budget Allotment by
Zilla Panchayat for Health Activities**

Sl. No.	Particulars	Years					
		1993-94	1994-95	1995-96	1997-98	1998-99	1999-20
1	Medical and Public Health	211.75	288.10	203.0	239.50	90.50	96.80
2	Indian System of Medicine	7.00	10.00	13.0	15.00	11.34	16.98
3	Family Welfare	232.33	275.78	317.68	451.50	352.80	310.10

1	Family Welfare	2,17,43,481.00
2	Immunization	3,30,461.00
3	Tuberculosis	7,62,947.00
4	Leprosy	26,83,227.00
5	Malaria	35,88,654.00
6	Nursing Programme	1,19,394.00

Source: District Health Department, Dakshina Kannada District.

**Table No. 15.32: Details of Progress of
Health and Family Welfare Department during 1993-94**

	Programme	Target	Achievement	% of Progress
I	Immunization Programme			
1	DPT	59,000	59,284	100.5
2	Polio	59,000	59,601	101.00
3	BCG	58,000	69,804	118.4
4	Measles	59,000	53,315	90.4
5	T.T. (for Pregnant Mothers)	66,300	60,674	91.5
II	Village Sanitation Programme			
6	Rural Sanitary Latrines	309	933	301.00
7	Detection of Leprosy Cases	500	653	130.6
8	Leprosy Cases Cured	1,800	870	48.3
III	Tuberculosis Control Programme			
9	Detection of Tuberculosis Cases	5,118	3,773	73.7
10	No. of sputum Exams of T.B. Cases	11,113	11,616	104.5

	Programme	Target	Achievement	% of Progress
11	Cataract operations	8,200	3,489	42.5
IV	Malaria Eradication Programme			
12	No. of Blood Smears Collected	3,23,040	3,38,439	104.8
V	National Family Welfare Programme			
13	Sterilization operations	17,000	17,755	104.4
14	IUD Insertions	15,700	13,092	83.4
15	Distribution of Nirodh	23,100	17,094	74.00
16	Oral Pills	6,400	5,192	59.00

During 1994-95 the following programmes were undertaken. The financial progress of these programmes is given below.

Sl.No.	Programmes	Financial Progress
1	Family Welfare (Includes Staff Expenditure)	2,55,80,000-00
2	Immunization	6,00,000-00
3	Tuberculosis	64,950-00
4	Leprosy	21,15,000-00
5	Malaria	41,00,000-00
6	MCH	1,50,000-00

Source: District Health Department, Dakshina Kannada District.

**Table No. 15.33: Details of Progress of
Health and Family Welfare Department during 1994-95**

	Programme	Target	Achievement	% of Progress
I	Immunization Programme			
1	DPT	60,000	57,911	96.5
2	Polio	60,000	57,920	96.5
3	BCG	60,000	67,043	111.7
4	Measles	60,000	52,387	87.3
5	T.T. (for Pregnant Mothers)	67,500	57,331	84.9
II	Village Sanitation Programme			
6	Rural Sanitary Latrines	309	1015	328.4
III	Leprosy Control Programme			
7	Detection of Leprosy Cases	500	532	106.4
8	Leprosy Cases Cured	1,800	653	36.2
IV	Tuberculosis Control Programme			
9	Detection of Tuberculosis Cases	5,118	3,821	74.6
10	No. of sputum Exams of T.B. Cases	11,112	8,802	79.2
V	Cataract operations	6,200	5,765	92.9
VI	Malaria Eradication Programme			
12	No. of Blood Smears Collected	3,87,384	2,26,372	58.4
VII	National Family Welfare Programme			
13	Sterilization operations	9,642	7,397	76.7
14	IUD Insertions	8,636	8,866	102.6
15	Distribution of Nirodh	-	7,29,294	-
16	Oral Pills	4,794	4,725	92.6

Source: District Health Department, Dakshina Kannada district.

**Table No. 15.34: Details of Progress of
Health & Family Welfare Department during 1995-96**

	Programme	Target	Achievement	% of Progress
I	Immunization Programme			
1	DPT	58,500	58,759	100.0
2	Polio	58,500	58,759	100.0
3	BCG	58,500	69,300	118.0
4	Measles	58,500	52,407	90.0
5	T.T. (for Pregnant Mothers)	64,000	60,334	94.0
II	Village Sanitation Programme			
6	Rural Sanitary Latrines	320	469	146.5
7	Leprosy Cases Cured	900	542	60.2
III	Tuberculosis Control Programme			
8	Detection of Tuberculosis Cases	5,926	3,737	63.0
9	No. of sputum Exams of T.B. Cases	1,145	1,139	96.1
10	Cataract operations	8,400	8,135	96.8
IV	Malaria Eradication Programme			
11	No. of Blood Smears Collected	3,23,600	4,42,949	136.80
V	National Family Welfare Programme			
12	Sterilization operations	20,500	17,481	85.2
13	IUD Insertions	21,000	16,625	85.0
14	Distribution of Nirodh		20,317	
15	Oral Pills	9,500	7,045	74.15

Source: District Health Department, Dakshina Kannada district.

During 1995-96 the following programmes were undertaken and the progress achieved is given below:

Sl.No.	Programmes	Financial Progress in Rs.
1	Family Welfare (Includes Staff Expenditure)	2,80,06,361.00
2	Immunization	6,20,000.00
3	Tuberculosis	65,403.00

Source: District Health Department, Dakshina Kannada District.

**Table 15.35: Details of Progress of
Health and Family Welfare Department during 1998-99**

	Programme	Target	Achievement	% of Progress
I	Immunization Programme			
1	DPT	24,428	24,081	98.5
2	Polio	24,428	24,081	98.5
3	BCG	24,428	23,153	94.7
4	Measles	24,428	22,352	91.5
5	T.T. (for Pregnant Mothers)	26,868	23,797	86.5
II	Leprosy Control Programme			
6	Detection of Leprosy Cases	210	591	281.4
7	Leprosy Cases Cured	690	497	72.0
III	Tuberculosis Control Programme			
8	Detection of Tuberculosis Cases	2,524	3,019	119.6
9	No. of sputum Exams of T.B. Cases	26,995	11,486	42.5
10	Cataract operations	10,000	9,896	98.9
IV	Malaria Eradication Programme			
11	No. of Blood Smears Collected	3,87,384	2,26,327	58.4
V	National Family Welfare Programme			
12	Sterilization operations	9,642	7,397	76.7
13	IUD Insertions	8,636	8,866	102.6
14	Distribution of Nirodh	-	7,29,294	-
15	Oral Pills	4,794	57,725	92.6

Source: District Health Department, Dakshina Kannada district.

Table 15.36: Number of Patients Treated (1994-95)

Names of Health Institutions	No. of Patients Treated			Total Number		Average No. of persons treated in a day	Total Expenditure of the Institution		Expenditure per patient		
	Previous Year	Report- ing Year	Previous Year	Report- ing Year	Previous Year		Report- ing Year	Previous Year	Report- ing Year		
	1	2	3	4	5		6	7	8	9	10
Local fund Institutions	-	-	-	-	NA	NA	NA	-	-	-	-
Govt. Medical Institutions	-	-	-	-	NA	NA	-	14,83,043	7,84,004	-	-
Other Medical Institutions	17,284	17,436	16,25,858	16,94,466	16,43,142	17,11,902	4,690	7,23,00,537	7,10,09,573	42.00	43.00
Total	17,284	17,436	16,25,858	16,94,466	16,43,142	17,11,902	4,690	7,37,83,580	7,17,93,577	42.00	43.00

Source: District Health Department, Dakshina Kannada District.

Table 15.37: Number of Patients Treated (1995-96)

Names of Health Institutions	No. of Patients Treated			Total Number		Average No. of persons treated in a day	Total Expenditure of the Institution		Expenditure per patient		
	Previous Year	Report- ing Year	Previous Year	Report- ing Year	Previous Year		Report- ing Year	Previous Year	Report- ing Year		
	1	2	3	4	5		6	7	8	9	10
Local fund Institutions	-	-	-	-	NA	NA	NA	-	-	-	-
Govt. Medical Institutions	-	-	-	-	NA	NA	-	-	-	-	-
Other Medical Institutions	17,436	20,062	16,94,466	17,12,778	17,11,902	17,35,640	4,747	11,96,20,109	7,32,00,537	69.00	42.00
Total	17,436	20,062	16,94,466	17,12,778	17,11,902	17,35,640	4,747	11,96,20,109	7,32,00,537	69.00	42.00

Source: District Health Department, Dakshina Kannada District.

**Table No. 15.38: Details of Progress of
Health and Family Welfare Department during 2000-01**

	Programme	Target	Achievement	% of Progress
I	Immunization Programme			
1	DPT	23,326	23,193	99.4
2	Polio	23,326	23,193	99.4
3	BCG	23,326	22,322	95.6
4	Measles	23,326	22,537	96.6
5	T.T. (for Pregnant Mothers)	26,362	23,903	87.6
II	Leprosy Control Programme			
6	Detection of Leprosy Cases	170	217	127.6
7	Leprosy Cases Cured	300	284	94.6
III	Tuberculosis Control Programme			
8	Detection of Tuberculosis Cases	2,370	2,857	120.5
9	No. of sputum Exams of T.B. Cases	8,798	7,424	84.3
IV	Blindness Control Programme			
10	Cataract operations	8,000	7,986	96.0
V	Malaria Eradication Programme			
11	No. of Blood Smears Collected	2,26,642	2,20,105	97.1
VI	National Family Welfare Programme			
12	Sterilization operations	8,706	7,801	89.6
13	IUD Insertions	10,696	9,865	92.2
14	Distribution of Nirodh (Target free)	-	6,55,237	-
15	Oral Pills	5,165	4,788	92.7

Source: District Health Department, Dakshina Kannada district.

Table 15.39: Number of Patients Treated (1998-99)

Names of Health Institutions	No. of Patients Treated					Total Number		Average No. of persons treated in a day	Total Expenditure of the Institution		Expenditure per patient	
	Previous Year	Report- ing Year	Previous Year	Report- ing Year	Previous Year	Report- ing Year	Previous Year		Report- ing Year	Previous Year	Report- ing Year	
	2	3	4	5	6	7	8		9	10	11	12
Local fund Institutions	-	-	-	-	NA	Not Available	-	-	-	-	-	-
Govt. Medical Institutions	-	-	-	-	NA	NA	-	14,83,043	7,84,004	-	-	-
Other Medical Institutions	21,302	33,040	18,86,725	26,67,8079	19,08,027	26,34,769	72,190	2,52,06,425	3,75,81,526	3,492	3,492	5,490
Total	21,302	33,040	18,86,725	26,67,8079	19,08,027	26,34,769	72,190	2,52,06,425	3,75,81,526	3,492	3,492	5,490

Source: District Health Department, Dakshina Kannada district.

Table 15.40: Details of Immunization and Family Welfare progress in the District

Particulars	1997-98	2001-02	2003-04
DPT	30,772	23,193	23,494
Polio	30,772	23,193	23,494
BCG	32,315	22,322	23,422
Measles	27,831	22,537	23,131
T.T	29,776	23,903	25,188
Sterilization	8,469	7,801	7,759

Source: District Health Department, Dakshina Kannada district.

Table No. 15.41: Number of Patients Treated and the Details of Expenditure (1998-99)

Sl.No.	Name of Health Institutions	Staff Expenditure		Rent	Furniture	Food in patients	Linen	Contin-gency expenditure	Civil works and repairs	Drugs	Total
		Previous Year	Report- ing Year								
1	Local fund Institutions	-	-	-	-	-	-	-	-	-	-
2	Govt Medical Institutions	-	-	-	-	-	-	-	-	-	-
3	Other Medical Institutions	1,18,94,660	22,000	3,32,843	13,53,472	1,99,460	2,02,10,000	49,10,000	4,47,30,000	2,52,06,435	
	Total	1,18,94,660	22,000	3,32,843	13,53,472	1,99,460	2,02,10,000	49,10,000	4,47,30,000	2,52,06,435	

Table 15.42: Number of Patients Treated (2000-01)

Names of Health Institutions	No. of Patients Treated				Average No. of persons treated in a day	Total Expenditure of the Institution		Expenditure per patient			
	In Patients		Out Patients			Previous Report- ing Year	Report- ing Year	Previous Year	Report- ing Year		
	Previous Year	Report- ing Year	Previous Year	Report- ing Year							
1	2	3	4	5	6	7	8	9	10	11	12
Local fund Institutions	-	-	-	-	-	-	-	-	-	-	-
Govt. Medical Institutions	-	-	-	-	-	-	-	-	-	-	-
Other Medical Institutions	4,112	13,468	7,69,090	13,22,179	7,83,208	13,35,647	3,659	10,05,71,000	1,80,99,7925	73.00	54.90
Total	4,112	13,468	7,69,090	13,22,179	7,83,208	13,35,647	3,659	10,05,71,000	1,80,99,7925	73.00	54.90

Source: District Health Department, Dakshina Kannada district.

Table No. 15.43: Details of Number of Immunizations given

Period	1989-90	1990-91	1991-92	1992-93	1993-94
DPT	59,973	70,000	68,361	62,871	59,284
Polio	60,129	70,000	68,550	62,806	59,601
BCG	-	81,000	71,020	73,511	69,804
Measles	-	56,000	55,583	54,733	53,318
T.T. (for Pregnant Mothers)	-	74,000	65,429	65,641	60,674

Table No. 15.44: Number of Patients Treated in Health Institutions of Zilla Panchayat and the Details of Expenditure during the year (2000-01)

Sl.No.	Name of Health Institutions	Staff Expenditure	Rent	Furniture	Food in patients	Linen	Contin-gency expenditure	Civil works and repairs	Drugs	Total
1	Local fund Institutions	-	-	-	-	-	-	-	-	-
2	Govt Medical Institutions	-	-	-	-	-	-	-	-	-
3	Other Medical Institutions	9,02,76,000	-	2,65,000	14,16,000	1,77,000	24,35,000	23,26,000	36,77,000	10,05,71,000
	Total	9,02,76,000	-	2,65,000	14,16,000	1,77,000	24,35,000	23,26,000	36,77,000	10,05,71,000

Source : District Health Department, Dakshina Kannada District

Table No. 15.45: Particulars of the Details of Govt. Institutions coming under the Jurisdiction of District Health Department

SlNo.	Names of Institutions	Taluk	Sub Centres	
			No.	Buildings
1	General Hospitals			
	Puttur	Puttur		
2	Community Health Centres			
1	Mulki	Mangalore	1	1
2	Moodabidire		10	4
3	Belthangadi	Belthangadi	13	4
4	Bantval	Bantval	-	-
5	Vamadapadavu	"	3	2
6	Sulya	Sulya	16	6
7	Vitla	Bantval	9	3
3	Primary Health Centres			
1	Surathkal	Mangalore	12	3
2	Ullala	"	8	4
3	Bajape	"	9	1
4	Ganjee Mata	"	5	2
5	Ambalamogaru	"	5	2
6	Kompadavu	"	4	2
7	Kudupu	"	7	3
8	Kateelu	"	10	3
9	Naatekal	"	13	3
10	Bondel	"	3	-
11	Atturu Kemaral	"	10	3
12	Kaatipalla	"	9	2
13	Kuppepadavu	"	2	2
14	Bolliyaar	"	5	1
15	Kotekaar	"	4	2
16	Adyar	"	5	-
17	Shirthadi	"	4	3
18	Kalmundukar	"	5	1

SlNo	Names of Institutions	Taluk	Sub Centres	
			No.	Buildings
19	Nellikkar	"	2	1
20	Beluvayi	"	4	1
22	Paladka	"	4	3
23	Nariya	Belthangadi	7	2
24	Hathyadka	"	8	-
25	Ujire	"	6	1
26	Kokkada	"	3	2
27	Venooru	"	5	2
28	Naravi	"	3	2
29	Dharmasthala	"	3	2
30	Indabettu	"	4	3
31	Kaniyooru	"		
32	Mundaje	Belthangadi	5	2
33	Aladangadi	"	6	1
34	Padangadi	"	7	1
35	Punjalakatte	Bantval	6	1
36	Kurnad	"	7	4
37	Dyvasthala	"	4	1
38	Maani	"	11	2
39	Adyanadka	"	4	1
40	Manchi	"	6	4
41	Benjanapadavu	"	3	-
42	Sajipa nadu	"	4	3
43	Raayi	"	5	1
44	Kalladka Baltila	"	5	-
45	Panjikal	"	8	1
46	Kanyana	"	3	3
47	Peruvayi	"	3	1
48	Naavooru	"	3	1
49	Pudu	"	5	-
50	Alike	"	3	-
51	Kadaba	Puttur	8	5

SINo	Names of Institutions	Taluk	Sub Centres	
			No.	Buildings
52	Paanaje	"	9	4
53	Uppinangadi	"	8	2
54	Nelkadi	"	7	3
55	Kolthige	"	5	3
56	Eshwaramangala	"	4	3
57	Thingalaadi	"	10	4
58	Koyla	"	7	3
59	Kaaniyooru	"	4	2
60	Shirthadi	"	7	3
61	Sarve	"	6	2
62	Kollamogaru	Sulya	6	1
63	Subramanya	"	7	2
64	Guttigar	"	9	1
65	Bellare	"	10	3
66	Aranthod	"	9	1
67	Pilipanja	"	3	1
4	National Leprosy Control Centres			
1	Moodabidare	Karkala		
2	Puttur	Puttur		

Source : District Health Department, Dakshina Kannada District

Table 15.46: No. of Health Units of District Health and Family Welfare Department.

Units	No.
Primary Health Centres	66
Community Health Centres	7
General Hospitals	1
Treatment Centres of Indian System of Medicine	11
No. of Sanctioned posts of doctors	140
No. of Doctors working	123
No. of Sanctioned posts of Nurses	78
No. of Nurses working	78
No. of Ambulances	11
Total No. of Staff members	1182

Source: District Health Department, Dakshina Kannada District.

Table 15.47: Number of Primary Health Centres, Community Health Centres and Other Statistical Data

Taluk	PHC	CHC	General Hospital	Indian System of Medicine	No. of Posts of Doctors sanctioned	No. of Doctors working
1	2	3	4	5	6	7
Belthangadi	12	1	-	2	21	18
Bantval	16	2	-	1	29	26
Mangalore	21	2	-	8	51	46
Puttur	11	-	1	-	25	21
Sulya	6	1	-	-	14	12
Total	66	7	1	11	140	123

Source: District Health Department, Mangalore.

In recent years the family welfare programme has gained importance. The main reason for this is the impact of excess growth of population and its effects. The first family welfare centre in Dakshina Kannada district was opened in 1955 at Lady Goshan Hospital. The State Family Welfare Board is functioning since 1957. The target and achievement of different Family Welfare activities can be seen in Table

No. 15.48. The branch of Family Planning Association of India was established in Dakshina Kannada district in 1956. Different Health services were given in schools. The Primary Health Centres in the district are conducting medical examinations in schools, apart from providing treatment and educating about preventive measures in schools.

**Table No. 15.48: Targets and Achievements
Under Family Welfare Programme**

Years	Sterilization			IUD Insertion			Use of Contraceptives		
	Target	Achievement	Percentage	Target	Achievement	Percentage	Target	Achievement	Percentage
1	2	3	4	5	6	7	8	9	10
1964-65	-	986	-	-	-	-	-	-	-
1965-66	-	1,321	-	-	1,803	-	-	-	-
1966-67	5,469	1,614	29.5	13,254	4,540	14.5	-	-	-
1969-70	9,250	2,283	24.9	2,295	1,231	53.6	11,470	4,706	41.0
1970-71	9,835	2,154	20.0	2,740	1,133	41.3	15,855	5,189	32.7
1971-72	4,505	4,395	93.4	2,015	913	45.3	6,410	5,179	80.7

Source: District Health Department, Dakshina Kannada district.

**Table No. 15.49: Details of Medical Exam. and
Treatment by the Primary Health Centres of the District.**

Name of Centres	No. of Schools selected	No. of Children
Brahmavara	8	1,881
Hiriyadka	8	1,684
Sulya	11	1,955
Total	27	5,520

Table 15.50: Progress of Family Welfare Programme

Years	Sterlization			IUD Insertion		
	Target	Achievement	Percentage	Target	Achievement	Percentage
1	2	3	4	5	6	7
1995-96	20,500	17,481	85.2	21,000	16,625	79
1996-97	25,450	17,267	67.8	20,200	18,759	92.7
1997-98	24,250	16,999	70	19,260	17,247	89.5
1998-99	9,642	7,397	76.7	8,636	8,866	102.6
1999-20	8,506	7,904	93	8,629	10,283	119
2000-01	8,706	7,801	89.6	10,676	9,868	92.2
2001-02	8,060	7,588	94	9,332	9,361	100.3
2002-03	8,080	7,523	93	9,416	9,257	98.3
2003-04	8,175	7,759	95	9,499	9,474	99.7
2004-05	8,202	7,576	92.4	9,504	9,126	96
2005-06	8,144	5,326	65.4	9,374	6,394	68.2

Source: District Health Department, Dakshina Kannada district.

Table 15.50: Contd.

Years	Use of Contraceptives			No. of CC used
	Target	Achievement	Percentage	Achievement
	7	8	9	10
1995-96	9,500	6,894	72.5	20,317
1996-97	10,895	9,364	86	12,614
1997-98	10,375	8,037	77.4	19,198
1998-99	4,794	4,440	92.6	10,129
1999-20	4,684	4,556	97.2	9,166
2000-01	5,292	4,788	90.4	9,100
2001-02	5,556	5,035	90.6	20,007
2002-03	5,385	5,441	98	20,414
2003-04	5,366	5,298	101.4	10,526
2004-05	5,470	5,356	97	10,789
2005-06	5,417	5,359	98.9	6,682

Source: District Health Department, Dakshina Kannada district.

Medical Institutions

The Medical educational institutions are increasing in the district. There were two allopathic medical education institutions in the district during 1990-91. Nearly 2,634 students were studying in these institutions. About 285 students were studying in the two institutions of Indian system of medicine. About 615 students were studying in three Dental Colleges. There were 18 hospitals with bed strength of 4,541 in the district during 1990-91. There were 106 Primary Health Centres having bed strength of 757. Apart from it there were 16 Primary Health Units and 29 Family Welfare Centres.

During 1997-98, 66 Primary Health Centres, one Primary Health Unit and 18 Family Welfare Centres were there in the district with a bed strength of 510. In Dakshina Kannada district during 2000-01, there were five hospitals with 1200 beds and 65 Private Nursing Homes with 1,083 beds. 73 Private Nursing homes with a bed strength of 1,711, were there during 2003-04. During 2001-02 there were 68 Primary Health Centres with a bed strength of 396. Six Community Health Centres and 66 Family Welfare Centres with 210 beds were there. During 2003-2004 the number of Primary Health Centres have been increased to 73, and thus increasing the bed strength to 787. During the same period there were seven community Health Centres with 215 beds.

Important Medical Education Institutions in Dakshina Kannada District: 1) Kasturba Medical College 2) Father Muller Medical College 3) K.S. Hegde Memorial Medical College, Nitte. 4) Yenepoya Medical College 5) A.B. Shetty Dental College.

Rural Sanitation Programme

The aim of this programme is to maintain the sanitation in rural areas. The main activity under this programme is to build sanitary latrines for rural folk. The details of this programme are given in Table 15.51.

Table 15.51: Number of Latrines Constructed under Rural Sanitation Programme and its Expenditure

Year	No. of Toilets constructed	Expenditure (Rs. in Lakhs)
1995-1996	20,949	287.418
1997-1998	9,025	137.181
1998-1999	8,022	114.176
1999-2000	7,193	93.892

**Table No. 15.52: Details of Health Institutions
Functioning in the District**

SINo	Institutions	1997-98	2000-01	2003-04
1	Medical College Students	21,684	53,116	1,04,984
2	Dental College Students	-	42,097	41,800
3	Allopathic Hospitals	-	-	5
4	Hospitals of Indian System of Medicine	-	-	6
5	Private Hospitals	-	65	73
6	Primary Health Centres	66	68	73
7	Community Health Centres	-	-	7
8	Family Welfare Centres	18	66	66
9	Blood Banks	-	-	12
10	Birth-Death Registration Units	273	381	381

Source: District Health Department, Dakshina Kannada district.

Pulse Polio Programme

As per the slogan of World Health Organisation i.e., "To eradicate polio by 2000 A.D", the Government launched this Pulse Polio Programme for immunizing all children with polio vaccine throughout the country. This was started in 1995 and the polio vaccine is given in all the Hospitals of the district, Primary Health Centres, Primary Health Units and Sub-centres. The Government has undertaken this programme to give this polio vaccine to all the children of below five years of age on two fixed days, in two rounds in a year.

Indian Medical Association

The Indian Medical Association was established in 1942 as a voluntary organization of the Professional Allopathic Doctors. The branch of this organization was started in 1930 with 20 members in Mangalore. The association provides Public Health Services, conducts special lectures and debates to doctors and other activities. It encourages its members to participate in National and State Health Programmes and gives instructions to co-operate in Family Welfare Programme, Maternal and Child Health Services and Universal Immunization Programmes. Periodically it conducts free health check up camps and free specialist services. A recreation club was opened by the association in January 2000 for the purpose of entertainment to its doctor members and their family members. Indoor game facility is also there. "Doctors Day" is also observed as a cultural event.

Drug Control Department

The Drug Control department has the Primary responsibility of Providing good quality drugs at controlled prices to the customers, with strict control over the manufacture of Drugs and Cosmetics in the State in order to protect the health of customers. This department conducts tests of the manufactured drugs before their supply for marketing. This department functions under three divisions. 1) Administration and Implementation of Drug Laws, 2) Drug Testing Laboratory and 3) Pharmacy Education.

As per the Drugs and Cosmetics Act 1940, there is an office to enforce this act throughout the district. The main functions of this office are, to give license for the manufacture of Drugs and Cosmetics and marketing, to Caution the persons who Manufacture Adulterated drugs, to subject to Quality Control the manufactured Drugs and Cosmetics and also send the samples for Scientific Analysis. The Acts and Rules related to drug control like 1) The Drugs (Prices control) Order 1987. 2) Drugs and Magic Remedies (Objectionable Advertisement) Act 1954 3) Pharmacy Act 1948 4) Act relating to giving license to Drug Manufacturers under Import Business Rules. 5) Poison Act 1919 and Karnataka Poison Act 1918 and 6) Narcotic Drugs and Psychotropic Substances Act 1985, are enforced by the Drug Inspector.

* * * * *