

KARNATAKA STATE REPORT

Karnataka

Index

S. No.	Content	Page No.
1	Summary of Approvals	2 – 5
2	Demographic Profile	6 – 7
3	Progress of NRHM	8 – 12
4	Reproductive & Child Health	13 – 16
5	Immunization	17 – 17
6	Revised National Tuberculosis Control Programme (RNTCP)	18 – 20
7	National Vector Borne Disease Control Programme (NVBDCP)	21 – 22
8	National Leprosy Eradication Programme (NLEP)	23 – 23
9	Integrated Disease Surveillance Project (IDSP)	24 – 24
10	National Programme for Control of Blindness (NPCB)	25 – 25
11	National Iodine Deficiency Disorder Control Programme (NIDDCP)	26 – 26
12	RoP Approvals under Mission Flexible Pool	27 - 34
13	Analysis of some RCH Indicators	35 – 3

KARNATAKA

Summary of Approvals

Financial Management under NRHM (Rs. in crore)					
Years	Allocation	Release	Expenditure	% Release against Allocation	% Expenditure against Release
2005-06	187.56	199.27	124.04	106.24	62.25
2006-07	298.29	284.02	159.93	95.22	56.31
2007-08	395.95	314.62	330.69	79.46	105.11
2008-09	424.66	470.46	499.33	110.78	106.14
2009-10	429.03			0.00	
Total	1735.50	1268.37	1113.99	73.08	87.83

S. No.	Timeline Activities	Achievement	%
1	ASHA	Selection	27195
		Training	3378
2	VHSC	23026	78
3	24X7 PHCs	898	53
4	Mobile Medical Unit	19	66
5	Rogi Kalyan Samiti	2988	142

Budget Allocations (2005-09) (Amount in Crores)			
	Allocation	Releases	Expenditure
RCH Flexipool			
2005-06	64.27	28.80	13.75
2006-07	85.43	73.20	41.21
2007-08	69.25	42.62	76.07
2008-09	104.69	122.92	110.52
2009-10	106.84		
Total (A)	430.48	267.54	241.55
NRHM Flexipool			
2005-06		48.84	0.00
2006-07	71.78	84.38	4.25
2007-08	125.48	88.54	74.47
2008-09	91.20	105.85	161.97
2009-10	94.27		
Total (B)	382.73	327.61	240.69
National Disease Control Programme			
2005-06	23.29	23.33	24.39
2006-07	23.04	27.87	26.19
2007-08	31.69	17.82	13.97
2008-09	39.04	26.22	13.25
2009-10	35.57	3.66	0.00
Total (C)	152.63	98.91	77.80
Grand Total (A + B + C)	965.84	694.06	560.04

Record of Proceedings (2005-2009) for Mission Flexible Pool

Approval for Infrastructure (Rs. in Crore)						
S. No	Health Facilities	2005-06	2006-07	2007-08	2008-09	2009-10
1	Sub C	8.14		30.00	1.73	14.21
2	PHC			0.00	1.00	21.10
3	CHC	16.20	34.60	21.66	7.40	13.05
4	DH			0.00	0.00	0.00
5	Equipment			0.00	0.00	1.12
6	Transport			0.00		46.81
7	Others		11.73	11.86	50.72	7.76
	Total	24.34	46.33	63.52	60.85	104.04

Approval for Human Resource Support (Rs. in Crore)						
S. No	Personnel	2005-06	2006-07	2007-08	2008-09	2009-10
1	Doctors			0.00	0.00	10.89
2	Specialists			0.00	1.19	0.00
3	Staff Nurses			0.00	0.00	28.93
4	ANM			0.00	8.10	16.04
5	Others			0.00	13.82	27.56
	Total	0.00	0.00	0.00	23.11	83.42

Approval of other activities (2005-2009) in Rs. Lakh							
S.No	Initiative	2005-06	2006-07	2007-08	2008-09	2009-10	Remarks
		Released	Approved	Approved	Approved	Approved	
ASHAs							
1	Selection, Training and mobilisation of ASHA		293.4		771	2099.68	
2	Performance related incentives to ASHAs					1366	
	TOTAL		293.4		771	3465.68	
Untied Funds, Annual Maintenance Grants and RKS funds related matters							
3	Rogi Kalyan Samiti		45				
4	RKS-District Hospitals			120	120	85	
5	RKS-CHCs			254	325	178	
6	RKS-Taluka hospitals					147	
7	RKS-PHCs			584		2195	
8	State Untied Fund			200	200		
9	District Untied Fund			270	200		

10	Untied Fund for CHCs					162.5	
11	Untied Fund for PHCs		420.25			548.75	
12	Untied funds for Urban Health Centres					17	
13	Untied Fund for SC	814	814.3	814.30	814.00	814.30	
14	Untied fund for VHSC			2000	2000	3102.6	
15	Untied Fund & AMG for CHC			381.00	487.00		
16	Untied Fund & AMG for PHC			1259.25	1646		
17	Annual Maintenance Grant - CHC					325	
18	Annual Maintenance Grant -PHC		840.5			719.5	
19	Annual Maintenance Grant- SC					455.7	
20	Annual Maintenance Grant-ANMTC					19	
21	Annual Maintenance Grant to Maternity Hospital in Dharwar Corporation				50.00		
	TOTAL	814	2120.05	5882.55	5842	8769.35	
Infrastructure related matters							
22	MMU		1173.12	1121.12	312	782.5	
23	Emergency & Referral Services				500	3898	
24	Janani Suraksha Vahini					334.35	
	TOTAL		1173.12	1121.12	812	5014.85	

Status of Infrastructure 2005-2010

	As per RHS 2008	New Construction	Upgradation / Renovation
Number of Sub Centre	8143	138	
Number of PHC	2195	94	1
Number of CHC	323	4	146
Number of DH	17 As per State Data Sheet, NRHM		14

Status of NRHM as on 15.05.2009

1	ASHA	Selection	27195
		Training	3378
2	VHSC		20000
3	Joint A/C @ Sub Centre and VHSC		20000

4	24X7 Facility	1228	
5	FRU	79	
6	Contractual Manpower	Doctors & Specialist	1007
		AYUSH Doctors	669
		Staff Nurse	3349
		Paramedics	98
	ANM	1035	
7	JSY Beneficiaries (in Lakhs)	7.97	

National Disease Control Programme

NLEP

The state has already achieved the goal of elimination of leprosy. The state is advised to carry out in depth situational analysis in districts/blocks reporting large number of new cases and take suitable actions

IDSP

Karnataka is a phase-II state under IDSP. All districts are reporting weekly Surveillance data and Outbreak Reports in time but these data need to be entered in IDSP portal.

NBCP

UCs for GIA released to State Blindness Control Society not being received timely. SOE for Cash Grant are also not being received timely. Performance of School Eye Screening Programme needs to be improved.

NVBDCP

Kala-azar is major problem in the state and has been targeted for elimination by the year 2010. Capacity building for case management and strengthening of health facilities need to be taken on priority basis for diagnosis and case management.

RNTCP

Overall performance of the State is not good. Total Case Detection and cure rate need to be improved. This appears to be due to gaps in key HR (STO, DTO and other levels), weak supply chain management and supervision.

Demographic, Socio-economic and Health profile

HEALTH INDICATORS OF KARNATAKA

The Total Fertility Rate of the State is 2.1. The Infant Mortality Rate is 47 and Maternal Mortality Ratio is 213 (SRS 2004 - 06) which are lower than the National average. The Sex Ratio in the State is 965 (as compared to 933 for the country). Comparative figures of major health and demographic indicators are as follows:

Table I: Demographic, Socio-economic and Health profile of Karnataka State as compared to India figures

S. No.	Item	Karnataka	India
1	Total population (Census 2001) (in million)	52.85	1028.61
2	Decadal Growth (Census 2001) (%)	17.51	21.54
3	Crude Birth Rate (SRS 2007)	19.9	23.1
4	Crude Death Rate (SRS 2007)	7.3	7.4
5	Total Fertility Rate (SRS 2007)	2.1	2.7
6	Infant Mortality Rate (SRS 2007)	47	55
7	Maternal Mortality Ratio (SRS 2004 - 2006)	213	254
8	Sex Ratio (Census 2001)	965	933
9	Population below Poverty line (%)	20.04	26.10
10	Schedule Caste population (in million)	8.56	166.64
11	Schedule Tribe population (in million)	3.46	84.33
12	Female Literacy Rate (Census 2001) (%)	56.9	53.7

Table II: Health Infrastructure Karnataka

Particulars	Required	In position	shortfall
Sub-centre	7369	8143	-
Primary Health Centre	1211	2195	-
Community Health Centre	302	323	-
Multipurpose worker (Female)/ANM at Sub Centres & PHCs	10338	8028	2310
Health Worker (Male) MPW(M) at Sub Centres	8143	3762	4381
Health Assistant (Female)/LHV at PHCs	2195	1170	1025
Health Assistant (Male) at PHCs	2195	837	1358
Doctor at PHCs	2195	2814	-
Obstetricians & Gynaecologists at CHCs	323	215	108
Physicians at CHCs	323	192	131
Paediatricians at CHCs	323	116	207
Total specialists at CHCs	1292	691	601
Radiographers	323	30	293
Pharmacist	2518	1983	535
Laboratory Technicians	2518	1242	1276
Nurse/Midwife	4456	1647	2809

(Source: RHS Bulletin, March 2008, M/O Health & F.W., GOI)

The other Health Institution in the State are detailed as under:

Health Institution	Number
Medical College	36
District Hospitals	17
Referral Hospitals	57
City Family Welfare Centre	2
Rural Dispensaries	176
Ayurvedic Hospitals	122
Ayurvedic Dispensaries	589
Unani Hospitals	13
Unani Dispensaries	51
Homeopathic Hospitals	20
Homeopathic Dispensary	42

Note on Progress of NRHM in Karnataka (June 2009)

Karnataka has implemented the activities of National Rural Health Mission efficiently and effectively for attaining the goals and objectives of National Population Policy and Millennium Development Goals. The State is committed to enhance the health status of its population with strong focus on improving health outcomes especially among women, children and vulnerable populations such as Scheduled castes, Scheduled tribes and tribal groups. NRHM has transformed public health service delivery in the State. The decentralization, responsiveness to local needs, paradigm shift in health system management and availability of untied funds has improved the facilities and their credibility among members of the public. Brief information on progress of activities is as follows:

Institutional Framework of NRHM

Progress of institutional setup at state and district level is comparatively slow. Meeting of State & District Health Mission are not very regular and need attention. Meeting of State Health Mission held 2 times and of District Health Mission held 254 times. Merger of societies is completed in 29 districts. 23026 VHSCs has been constituted & 20000 Joint Accounts at sub centre level are operationalised. Rogi Kalyan Samiti is operational at 26 DH, 253 CHCs & 2193 PHCs. 29 districts have started developing their own IDHAP, out of 29 districts

Infrastructure Improvements

A total of 898 PHC have been strengthened with three Staff Nurses each to make them functional for 24x7 works. And, 325 CHC are functioning on 24X7 basis & facility survey completed in 143 (including others health institution below district level). A total of 13 SDH, 17 DH, 117 CHC and others below district level are functioning as FRUs. 19 districts have functional Mobile Medical Unit (MMU)

Human Resources

A total of 27,195 ASHAs have been selected & 11,205 are trained upto 5th Module. And, 11205 ASHAs have been provided with drug kits. A total of 7028 Sub-centres are functional with an ANM. About, 134 SCs are strengthened with 2nd ANM. The state has appointed 701 Contractual AYUSH Doctors. As far as manpower is concerned, 59 Specialist, 514 Doctors, 4012 SN, 1126 ANMs recruited on contractual basis to improve the health services in the State.

Services

Institutional deliveries improved from 6.16 lakhs (2006-07) to 6.35 lakhs (2007-08). During the year 2008-09 the state had 6.82 lakhs Institutional deliveries. JSY beneficiaries increased from 2.33 lakhs (2006-07) to 2.83 lakhs (2007-08). The numbers of JSY beneficiaries 3.31 lakh during the year 2008-09. Female sterilizations have increased from 3.69 lakh (2006-07) to 3.50 lakh (2007-08) and male sterilisation has increased from 576 (2006-07) to 1804 (2007-08). During the year 2008-09, 310000 female & 2000 male sterilization have been reported. 14 districts are implementing IMNCI & 6900 people trained so far. 266721 VHND held since the launch of NRHM. First Phase of Community Monitoring has been operationalised in the state.

General

Overall improvement in health system since NRHM

Achievements Made

- Medical doctors, paramedics and staff nurses availability has improved in the public health services.
- Public Health system at district level is under the purview of *Panchayat* system.
- District Health Action Plans created in all district and meetings of DHS take place regularly.
- Web based HMIS is functional in the State.
- Trained ASHAs are available in C category districts of the State, and provided with ID cards. To strengthen this programme there is a need to create support systems and communication material for ASHAs.
- Community monitoring actions are through VHSCs.
- Good convergence with NACP III and ICDS in VHND.
- Implementation of Suvarna Arogya Chaitnya School Health Program by the State.
- Holographic maternity card to improve the ANC and PNC programme.

Areas for Further Improvement

- Capacity Building of Samiti members for utilization of funds need to be strengthened.
- District Hospital, FRU needs strengthening.
- New Born Care and Management of sick new born at peripheral facilities needs strengthening
- Quality Assurance needs focused attention.
- Greater guidance and closer monitoring to untied fund utilization.
- AYUSH doctors role to be clearly defined and oriented about NRHM.

Infrastructure

- State is pooling infrastructure resources from different sources. Need to focus on quality of construction in a few places.
- Facility Surveys undertaken and gaps identified.
- Engineering Cell of Health Department doing the construction. Quality of construction to be improved.
- PHC Taluka Hospitals have shown improvement in physical infrastructure to deliver RCH services. New born care needs attention.

Human Resources

- Contract appointment of Specialists, Doctors, staff nurses, ANMs and Lab Technicians has been made to meet shortfall.
- MBBS doctors trained in Emergency Obstetric care and live saving anaesthetic skills have been posted to designate FRUs. Signs of improvement in availability of HR. Coverage to be widened for EMOC and LSAS trained MOs.
- ANM training centres to be strengthened.
- Need to review cadre management and service condition of doctors.
- Additional financial incentives to doctors and staff nurses. Priority to C category and tribal districts is commendable.

Service Delivery

- Web based system introduced in district. HMIS needs to be harmonized with NRHM needs.
- Large scale involvement of NGOs. PHCs outsourced to NGOs.
- OPD, Institutional deliveries are increasing in Sub-centers & PHCs. There are fixed monthly outreach plans at Sub-Centres. Significant initiatives by the State to increase postnatal care, investigation of maternal deaths and for spacing methods

An Analysis of Financial Monitoring Report for the FY 2008-09

A. RCH Flexible Pool

Component wise expenditure & Utilization under RCH against the approved PIP

Karnataka				Rs. in lakhs
	Activities	SPIP	Expenditure	% Utilization against PIP
A.1	Maternal Health	3000.00	3368.46	112.28%
A.2	Child Health	300.00	0.00	0%
A.3	Family Planning Services	3550.00	1991.78	56.11%
A.4	Adolescent Reproductive and Sexual Health/Arsh	40.00	0.00	0%
A.5	Urban RCH	147.00	41.25	28.06%
A.6	Tribal RCH	280.00	0.00	0%
A.8	Innovations/PPP/ NGO	34.00	507.29	1492.03%
A.9	Infrastructure & Human Resources	10847.00	2556.57	23.57%
A.10	Institutional Strengthening	293.00	78.50	26.79%
A.11	Training	850.00	633.01	74.47%
A.12	BCC / IEC	325.00	203.65	62.66%
A.13	Procurement	696.00	1287.39	184.97%
A.14	Programme Management	657.00	383.95	58.44%
	Total	21019.00	11051.85	52.58%

Based on table above and records available in FMG, the observations and areas of concern are as under:-

General Observations:

1. Rs.110.51 crore, i.e.53% of the PIP approved 210.19 crore, has been utilized by the state under RCH-II as compared to average national level expenditure of 71%.
2. There is 52% increase in the expenditure as compared to 2007-08.
3. The expenditure under MH 112.28%, is a significant achievement.
4. The expenditure under Training 74%, is also a good achievement of the state.
5. Since the launch of RCH-II programme, Rs. 238. crore i.e. 89% has been utilized by the state against the release of Rs.267.54 crore during the period 2005-06 to 2008-09.

Areas of concern:

1. Nil expenditure is reported under Child Health, Adolescent Reproductive and Sexual Health/ARSH and Tribal RCH activities.
2. The expenditure on Innovations/PPP/ NGO has crossed the approved PIP limit by over 1392%. It should be looked into.
3. The expenditure on Procurement has crossed the approved PIP limit by over 84%. It should also be looked into.
4. Expenditure in activities less than 30% i.e. Urban RCH ,Infrastructure & Human Resources and Institutional Strengthening ,Performance need to be improved.

A. Mission Flexible Pool

Component wise expenditure & Utilization under NRHM against the approved PIP

Karnataka			Rs. in lakhs	
	Activities	SPIP	Expenditure	% Utilization against PIP
B1	ASHA	771.00	633.97	82.23%
B2	Untied Funds	4947.00	6280.86	126.96%
B3	Hospital Strengthening	1740.00	2689.82	154.59%
B4	Annual Maintenance Grants	50.00	0.00	0%
B5	New Constructions/ Renovation and Settingup	3900.00	0.00	0%
B6	Corpus Grants to HMS/RKS	445.00	354.97	79.77%
B8	Panchayati Raj Initiative	200.00	0.00	0%
B9	Mainstreaming of AYUSH	0.00	792.78	Error
B10	IEC-BCC NRHM	100.00	367.45	367.45%
B11	Mobile Medical Units (Including recurring expenditures)	312.00	0.98	0.31%
B12	Referral Transport	179.00	1173.31	655.48%
B13	School Health Programme	250.00	871.56	348.62%
B14	Additional Contractual Staff (Selection, Training, Remuneration)	1601.00	184.27	11.51%
B16	Training	360.00	248.08	68.91%
B17	Incentives Schemes	0.00	2314.10	Error
B22	New Initiatives/ Strategic Interventions (As per State health policy)	1462.00	47.65	3.26%
B23	Health Insurance Scheme	360.00	0.00	0%
B24	Research, Studies, Analysis	0.00	25.00	Error
B25	State level health resources centre(SHSRC)	100.00	0.00	0%
B26	Support Services	325.00	0.00	0%
B27	NRHM Management Costs/ Contingencies	1072.00	212.19	19.79%
B.28	Other Expenditures (Power Backup, Convergence etc)	373.00	0.00	0%
	Total	18547.00	16196.99	87.33%

Based on table above and records available in FMG, the observations and areas of concern are as under:-

General Observations:

1. Out of Rs.185.47 crores approved by the NPCC and released Rs.105.85 Crores, state has utilised Rs.161.96 crores i.e. 87% of approved PIP, which is a good achievement.
2. There is 287% increase in the expenditure as compared to 2007-08.
3. Since the launch of the programme, Rs.327.61 crores were released to the state, the utilization is Rs.208.08 crores (63.51%) and Rs. 119.53 crores (36.49%) remains unutilized.
- 4.State incurred more than 100% expenditure on activities like Untied Funds and Hospital Strengthening, which is a good achievement.

Areas of Concern:

1. Nil expenditure is reported under Annual Maintenance Grants, New Construction, Panchayati Raj Initiatives, Health Insurance Schemes, SHSRC, Support Services and other expenditures activities against PIP allocation.

2. No allocation was made under Mainstreaming of AYUSH, Incentives Schemes, Research, Studies, Analysis activities but the expenditure incurred during the year.
3. The expenditure of Rs.11.73 crore incurred by the state under Referral Transport under NRHM is six times more than the approved amount of Rs.1.79 crore, which shows excess utilization against the approved PIP amount.
4. The expenditure of Rs.8.71 crore incurred by the state under School Health Programme under NRHM is three times more than the approved amount of Rs.2.50 crore, which showed excess utilization against the approved PIP amount.
5. Totals of sub heads are not mentioned in FMR by the state.
6. There is expenditure less than 20% in certain activities which are Mobile Medical Unit, Additional Contractual Staff, New Initiatives /Strategic Interventions and NRHM Management Cost. The Performance in these activities need to be improved

BRIEFING NOTE ON RCH II: KARNATAKA

A. Background/ current status

1. RCH II Goals

Karnataka's MMR at 213 (SRS 04-06) is the worst amongst the southern states. The IMR (SRS 2007) at 47 has reduced from 52 (SRS 2003). TFR at 2.1 (SRS 2007) is in line with the national target for 2012 (refer Annex 1).

2. RCH II Outcomes

Karnataka's progress during the four year period between DLHS 2 (2002-04) to DLHS 3 (2007-08) could have been better (refer Annex 1):

- Mothers having full ANC's increased from 29.6% to 37.7%.
- Institutional deliveries increased from 57.9% to 65.1%.
- Full immunisation in children 12-23 months increased from 71.3% to 76.7%.
- Children with diarrhoea receiving ORS has increased from 32.7% to 45.5%.
- Unmet need for family planning remained static (from 15.1% to 15.8%). Further, use of modern contraceptives has marginally increased from 57.7% to 60.8%.

3. Expenditure

Audited expenditure has increased from Rs. 13.75 crores in 05-06 to Rs. 41.21 crores in 06-07 and Rs. 72.52 crores in 07-08; reported expenditure in 08-09 was Rs. 110.52 crores i.e. 52.6% of allocation (Rs. 210.20 crores). JSY accounted for 26.5% of the reported expenditure in 08-09.

B. Key achievements

1. Maternal Health, including JSY

- Number of JSY beneficiaries in the state increased from 0.51 lakhs in 05-06 to 2.33 lakhs in 06-07 and 2.83 lakhs in 07-08. A total of 3.31 lakh beneficiaries have availed of the services in 08-09.
- State has operationalised 147 FRUs (against the target of 254) and 898 PHCs as 24x7 (against the target of 1679).
- Training on Life Saving Anaesthesia Skills (LSAS): 11 medical colleges have been identified, 24 master trainers and 70 MBBS doctors have been trained in LSAS against a target of 254.
- Training in comprehensive Emergency Obstetric Care (EmOC): Bangalore has been identified as training centre, 5 master trainers each at both state and district level, and 24 MBBS doctors have been trained in EmOC against a target of 254.
- Skilled Birth Attendant training (SBA): 29 districts have been identified, 24 state level master trainers and 2716 SNs/ ANMs have been trained as SBA, against a target of 9530.
- Madilu programme: Kits containing 19 items essential to the mother and the baby in the post-delivery period are given to women in BPL category who have delivered in institutions in tribal areas. Each kit is worth Rs.825/-.
- State has announced various incentives/ awards to enhance the performance of trained doctors:
 - Incentive to the EmOC and LSAS trained doctors – Rs.1000/- per case for LSCS upto a maximum of Rs. 7000/- per month
 - Awards for best specialist in each category of OBG, Paediatrician, Anaesthetist @ Rs. 10,000 per specialist amongst the specialists at FRU and district hospital
 - Difficult area allowance to operationalise PHCs
- 29% of the planned VHNDs were held in 08-09 (1.52 lakh out of 5.2 lakh planned).

3. Child Health

- 14 districts are implementing IMNCI and around 7000 personnel have been trained so far.
- Home Based New Born and Child Care (HBNCC): planned to be introduced in 6 C category districts and Chamarajnagar
- State is planning to establish NICU in 17 District Hospitals. 108 SNCUs are already reported to be functioning in the state.

4. Other initiatives

- Considering lack of specialists in the system, state has made provision for on-call specialists as per requirement at the facility level.
- Bhagyalakshmi scheme to secure future for the girl child in BPL families: Any girl child born in a BPL family after 31.03.06 is eligible to get Rs.10, 000 from the government which is deposited in her name, and the amount can be encashed after she attains 18 years of age.
- Yashaswini Health Insurance scheme – Under this scheme farmer can avail facilities for surgery at selected hospitals in Shimoga district .The members of the agricultural societies and banks may become members of the scheme by paying Rs.120/- in one instalment. The members are provided with a Yashaswini card. Owners of this card may undergo free surgical operations in selected hospitals. There is also provision for women of SC/ST communities under this scheme

C. Key issues

1. Maternal Health

- State is yet to initiate training of medical officers in management of common obstetric complications.
- Pace of facility operationalisation is slow; only 58% of FRUs and 54% of PHCs have been operationalised so far. During a recent review meeting, the state indicated a total of 171 anaesthetists available in the public health system. These should be urgently rationalised to increase the number of functional FRUs.
- State needs to identify high load facilities to increase SBA training sites, since only 28% of the training target has been achieved.
- The state also presented during the recent JRM- IV meeting that it had trained 207 MOs in safe abortion services. The service is provided only at the FRUs and not at the 24x7 PHCs. State must ensure that this service should also be provided at the PHCs.
- Full range of services is not being provided during VHNDs; further, state needs to ensure that at least planned VHNDs are held as per schedule.

2. Child Health

- State has shortage of personnel to provide newborn care services; moreover pace of child health training is slow.
- Neonatal mortality rate (NMR – infant deaths within 4 weeks of life per 1000 live births) at 26 (SRS 2007) accounts for 55% of the IMR, while early NMR (infant deaths within one week of life per 1000 live births) at 20 (SRS 2007) accounts for 77% of the NMR. 48 hours stay at the facility after delivery does not always take place; this is clearly a missed opportunity to address early neonatal mortality.
- State doesn't have nutritional rehabilitation centres in place, to treat severe acute malnutrition.

A. Progress on Key Indicators

1. RCH II Goals

INDICATOR	KARNATAKA		INDIA	
	Trend (year & source)		Current status	RCHII/NRHM (2012) goal
Maternal Mortality Ratio (MMR)	228 (SRS 01-03)	213 (SRS 04-06)	254 (SRS 04-06)	<100
Infant Mortality Rate (IMR)	52 (SRS 2003)	47 (SRS 2007)	55 (SRS 2007)	<30
Total Fertility Rate (TFR)	2.3 (SRS 2003)	2.1 (SRS 2007)	2.7 (SRS 2007)	2.1

2. RCH II Outcomes

S. No.	RCH OUTCOME INDICATOR	KARNATAKA		INDIA*	
		DLHS-2 (2002-04)	DLHS-3 (2007-08)	DLHS-2 (2002-04)	DLHS-3 (2007-08)
1.	Mothers who received 3 or more antenatal care checkups (%)	78.6	81.6	50.4	51.0
2.	Mothers who had full antenatal check-up (%)	29.6	37.7	16.5	19.1
3.	Institutional deliveries (%)	57.9	65.1	40.9	47.0
4.	Children 12-23 months age fully immunised (%)	71.3	76.7	45.9	54.1
5.	Children age 6-35 months exclusively breastfed for at least 6 months (%)	34.1	38.3	22.7	24.9
6.	Children with diarrhoea in the last 2 weeks who received ORS (%)	32.7	45.5	30.3	33.7
7.	Use of any modern contraceptive method (%)	57.7	60.8	45.2	47.3
8.	Total unmet need for family planning - both spacing methods and terminal methods (%)	15.1	15.8	21.4	21.5

* - Provisional results for DLHS-3

B. Trends in Financial Expenditure

(Rs. crores)

	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09
Release	28.80	73.20	42.62	122.92
Audited Expenditure	13.75	41.21	72.52	110.52*

* - Audited expenditure for 2008-09 is not yet available; reported expenditure is provided.

- Allocation for 2008-09: Rs. 210.20 crores.

C. Progress on Key Strategies

1. Demand side interventions

S. No.	Indicators	Achievement (no. of beneficiaries)			
		2005-06	2006-07	2007-08	2008-09
1	Janani Suraksha Yojana	50,542	2,33,147	2,83,000	3,31,000
2	Total Sterilisation	3,76,308	3,75,303	3,52,185	na
3	IUD Insertions	2,97,265	2,91,134	2,78,894	na

(Source: M&E Division reports, and JSY reports from the states)

2. *Technical interventions*

S. No.	Indicators	Achievement upto March 2009	
		Number	%
1.	No. of First Referral Units (FRUs) operationalised	147	57.9 (against the target of 254 FRUs)
2.	No. of PHCs operationalised to provide 24-hour services	898	53.5 (against the target of 1679 PHCs)
3.	No. of private institutions accredited under JSY	430	NA
4.	No. of districts implementing Integrated Management of Neonatal & Childhood Illness (IMNCI)	14	48.3 (out of 29 districts)
5.	No. of people trained in IMNCI	6,900	NA
6.	No. of Village Health & Nutrition Days (VHNDs) held	2,66,721	NA

(Source: NRHM MIS report, April 2009)

Immunization

Karnataka

Evaluated Immunization Coverage

Survey Indicator	NFHS 1 (1992-93)	NFHS 2 (1998-99)	NFHS 3 (2005-06)	CES (2005)	CES (2006)	DLHS 2 (2002-04)	DLHS3 (2007-08)
FI	52.2	60.0	55.0	86.9	84.0	71.3	76.7
BCG	81.7	84.8	87.8	94.3	96.9	92.4	96.9
Measles	54.9	67.3	72.0	88.8	89.8	77.2	85.2
DPT3	70.7	75.2	74.0	89.4	87.4	83.3	84.8

Progress

- As per the evaluated survey the **full immunization** is **76.8 %** as per DLHS-3(2007-08). The coverage of BCG at **96.9%** and Measles at **85.2 %** is impressive.
- Karnataka is one of the states who have **completed** the **Immunization training** of Health workers.
- The District level AEFI committees have been constituted in all the districts.

Issues

- The State may consider revision of RI micro-plans and strengthen tracking of beneficiaries to reduce dropout and further improve the coverage.
- There is need to strengthen AEFI surveillance through improved reporting.
- There is need to improve coverage of **Hepatitis B** vaccine in the state under routine immunization.
- The State should plan immunization trainings of Medical Officers and other Immunization related field staff.

Comments

- The State needs to further improve service delivery and other infrastructure as **Rubella** vaccine is going to be introduced shortly in form of **MR vaccine** for children of 16-24 months.

Brief on National TB Control Programme in State of Karnataka

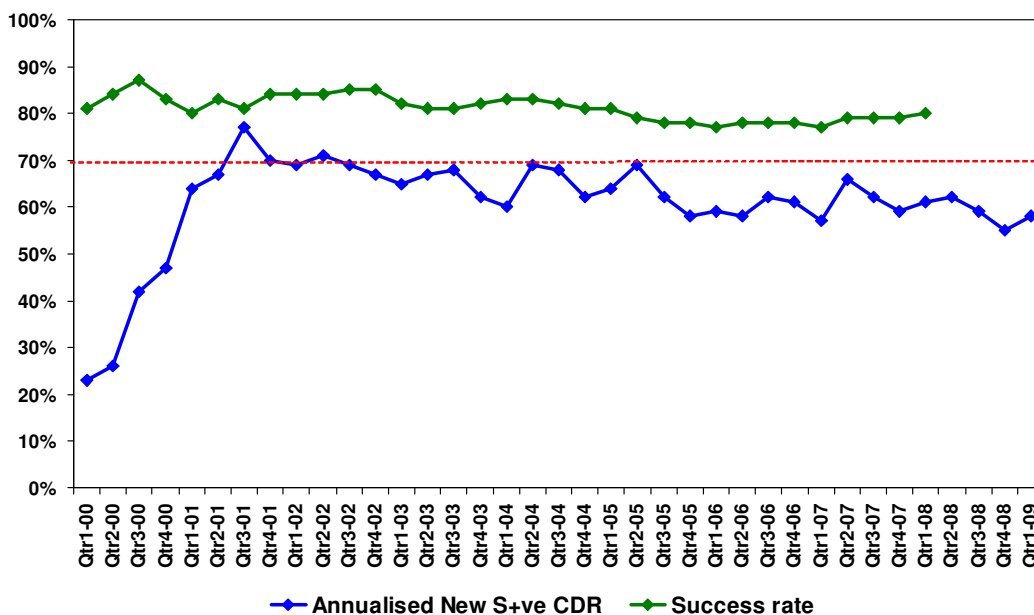
1. Infrastructure

Total Population	-	580kh
No. of Districts/reporting Units	-	30
No. of Tuberculosis Units (TUs)	-	124
No. of Designated Microscopy Centres (DMCs)	-	638

2. State level performance (Based on quarterly reports for 1st quarter of 2009)

- Overall performance of the State is not good.
- Overall 181 TB suspects/lakh pop are examined in 1st quarter 2009 which is good except few districts.
- In spite of good referral, case finding is low. TCD rate of 114/lakh and NSP case detection rate of 44/lakh (58%) are both low.
- Sputum conversion rate of 87% is lightly low but cure rate of 78% in new smear positive patients is very low and also shows downward trend.

Annualized New Smear-Positive Case Detection Rate and Treatment Success Rate in DOTS Areas, Karnataka, 2000-2009*



*Population projected from 2001 census

*Estimated no. of NSP cases - 75/100,000 population per year (based on recent ARTI report)

3. District-wise Performance (Based on quarterly reports for 1st quarter of 2009)

- TCD rate of <102/lakh (50%) in 10 (33%) of 30 districts is very low.
- Similarly NSP case detection rate of 38/lakh (50%) in 9 (30%) of 30 districts is very low.

- Sputum conversion rate is very low (<85%) in 10 districts and cure rate is very low (<80%) in 19 districts.

District	Suspects examined per lakh population	Annualised total case detection rate (against >144 lakh)	Annualised new sputum positive case detection rate (against >53/lakh)	Sputum conversion rate in new smear positive cases (against >90%)	Cure rate in new smear positive cases (against >85%)
Bagalkot	168	115	47 63%	84%	74%
Bangalore City	246	134	41 55%	89%	74%
Bangalore Rural	221	107	48 63%	85%	77%
Bangalore	132	149	47 63%	90%	81%
Belgaum	154	116	43 58%	91%	83%
Bellary	176	123	48 64%	92%	75%
Bidar	147	105	38 50%	90%	75%
Bijapur	128	110	26 35%	81%	71%
Chamarajanagar	177	142	53 71%	88%	74%
Chikmagalur	178	127	51 68%	90%	84%
Chikkaballapur	208	90	34 46%	86%	85%
Chitradurga	154	140	64 85%	89%	82%
Dakshina Kannada	174	89	34 45%	86%	77%
Davanagere	185	111	46 62%	90%	77%
Dharwad	161	108	37 49%	88%	78%
Gadag	159	97	45 60%	89%	84%
Gulbarga	120	111	35 46%	75%	66%
Hassan	194	97	43 58%	90%	83%
Haveri	139	84	34 46%	80%	78%
Kodagu	191	67	34 45%	83%	80%
Kolar	202	96	43 58%	85%	75%
Koppal	169	122	60 80%	83%	88%
Mandya	278	107	47 63%	91%	79%
Mysore	262	130	49 66%	90%	78%
Raichur	164	158	66 88%	87%	80%
Ramanagara	157	106	44 59%	81%	62%
Shimoga	175	97	40 54%	90%	80%
Tumkur	197	113	50 67%	84%	78%
Udupi	202	82	35 46%	82%	86%
Uttara Kannada	196	83	28 37%	82%	79%
Total	181	114	44 58%	87%	78%

4. Funds status as on 31st March 2009 (Rs. in lakh)

C/F	Funds released	Other Income	Expenditure	Balance
143.49	797.00	10.96	920.63	30.82

5. Issues

- **Human Resource**
 - Post of STDC Director is vacant.
 - 5 of 30 districts do not have full time DTO.
 - Post of 6 MO-TCs, 6 STSs and 2 STLs are also vacant.
 - Vacant posts of key personnel should be filled on priority.

- **Supervision and Monitoring**
 - State level Internal Evaluation is conducted regularly but there is delay in taking action at the district level on the recommendations of IE.
 - Supervisory activities are sub-optimal at all levels (State, district and sub district level. Patients placed on treatment are not followed up resulting in very low treatment outcome.

- **Logistics** – Mechanism of transportation of drugs from State to districts is not optimal and needs to be strengthened.

- **Performance**
 - Overall performance of the State is not good. TCD rate of 114/lakh remains very low and 10 (33%) of 30 districts have very low TCD rate of less than 50%. Similarly 9 districts (30%) of 30 districts have very low new sputum positive case detection rate of 50%.
 - Sputum conversion rate is very low in 10 districts and cure rate is very low (<80%) in 19 (63%) of 30 districts. Cure rate in retreatment sputum positive patients is as low as 51% due to very high default rate 21% and death rate of 11%.

- **Recording & Reporting**
 - Capacity at STC to analyse data and to compile reports is suboptimal. There is delay in submission of State level quarterly reports.
 - There is no mechanism to provide feedback on the quarterly reports of the districts.

- **TB HIV Collaboration**
 - State Coordination Committees and Technical Working Group Meetings are held regularly.
 - The linkage of the co infected patients to ART is weak and needs to be strengthened.

- **Intermediate Reference Laboratory (IRL)**
 - Due to various issues in the past, the site for IRL was not finalized till recently. Now the site for IRL has been fixed to be in the SDS-TB Hospital
 - The civil works need to be planned with the possible assistance of State Government/NRHM for funds.
 - IRL Staffs are in place and trained in Culture and DST. They are performing it using the laboratory of NTI.

Fact Sheet on NVBDCP-Karnataka

Background Information

- The State has 27 districts with a population of 52.85 Million. There are 254 CHCs, 1679 PHCs, 8143 Sub-centers and 29406 villages. There are 7244 Multipurpose Worker (Female)/ANM, 3762 Health Worker (Male), 1170 Health Assistants (Female)/LHV, 837 Health Assistant (Male) and 1242 Laboratory Technician. In addition, the state has 1044 functioning Fever Treatment Depots (FTDs) 1203 Malaria Clinics.

Malaria

Epidemiological Situation

Year	Total Slide examined	Total Malaria Cases	Total Pf Cases	Deaths
2006	9924797	62842	16459	32
2007	8867947	49355	11295	18
2008	8878353	47162	9957	7
2009(upto Mar.)	2097694	5638	991	0

- Incidence of total malaria, Pf cases and deaths due to malaria has been showing consistent decline during the last three years.
- 7 high endemic districts would be covered under World Bank Assisted National Vector Borne Disease Control Project during Phase-II.

Elimination OF Lymphatic Filariasis

- The goal of Elimination of Lymphatic Filariasis in the country is set to be achieved by 2015. In pursuance to achieve this, Government of India during 2004 initiated Mass Drug Administration (MDA) with annual single dose of DEC tablets to all the population living at the risk of filariasis excluding pregnant women, children below 2 years of age and seriously ill persons. The population coverage of MDA in the state was 85.22% in 2004, 83.31% in 2005, 90.20% in 2006, 89.67% in 2007 and 90.53% in 2008.*
- Line listing of Lymphoedema and Hydrocele cases was also initiated in 2004 for morbidity management and as per updated report (2007), there are 15326 Lymphoedema and 2600 Hydrocele cases.*

Japanese Encephalitis

- J.E. cases have been reported repeatedly from Bellary, Raichur, Kollar, Koppal, Bangalaoore (Rural) and Chitradurga districts. JE incidence since 2006 is given below. During 2006 Bellary was covered under JE vaccination. Kolar and Raichur were covered during 2007 and Kopal and Mandhya were covered during 2008.*

Year	Cases	Deaths
2006	73	3
2007	32	1
2008	3	0
2009(Prov. upto March)	10	0

DENGUE

Total of 230 Dengue cases and no death was reported during the year 2007 and in the year 2008, total of 339 dengue cases and 3 deaths were reported whereas in 2009 till 27th May, 71 cases and 1 death has been reported.

Year	Cases	Deaths
2006	109	7
2007	230	0
2008	339	3
2009 (Upto. 27 th May)	71	1

CHIKUNGUNYA

Earlier in 2007, 27 districts of the state reported 1705 suspected Chikungunya cases and in 2008, the state reported 46510 cases. In 2009 till 27th May, 3784 suspected Chikungunya cases have been reported. Out of 1112 samples tested, 404 were confirmed for Chikungunya.

For proactive surveillance 7 Sentinel Surveillance Hospitals/ laboratory have been identified in the state and linked with National Institute of Mental Health & Neuro Sciences, Bangalore –the Apex Referral Laboratory. NIV Pune has been entrusted the supply of IgM ELISA test to the identified institutes.

Central Assistance

(Rs. In lakhs)

Year	Allocation			Release/Expenditure		
	Cash	Kind	Total	Cash	Kind	Total
2004-05	0.00	453.96	453.96	0.00	316.77	316.77
2005-06	0.00	372.25	372.25	164.44	356.29	520.73
2006-07	186.61	396.75	583.36	319.42	374.25	693.67
2007-08	514.88	396.27	911.15	116.70	247.56	364.26
2008-09	440.00	401.34	841.34	440.00	241.46	681.46
2009-10(B.E.)	319.50	250.55	570.05			

Issues

Malaria

- The state should gear up malaria surveillance and other anti malarial activities during non transmission season in agency areas to avoid any outbreak. The state needs to fill up all vacant posts including male MPWs.

Filaria

- Although Government of Karnataka has initiated action for management of lymphoedema and surgical operation of Hydrocele, strengthening of CHCs would be required to sustain such interventions.
- The line listed lymphoedema and Hydrocele cases need to be mapped

Dengue/Chikungunya

- The state needs to keep the vigil to avoid outbreak situation

STATUS OF NATIONAL LEPROSY ERADICATION PROGRAMME IN KARNATAKA

- **Epidemiological scenario-**
The state has achieved the goal of elimination of leprosy (i.e. prevalence rate of less than 1 case /10000 population). There were 3002 leprosy cases on record as on March 2009.
- **New case detection and treatment completion-**
During 2008-09, a total of 4411 new leprosy cases were detected as compared to 4522 new cases detected during the corresponding period of previous year. Out of 4401 cases discharged during the year, 4277 cases (97.2%) were released as cured after completing treatment.
- **Reconstructive Surgery for leprosy affected persons-**
There are 3 recognized NGO centres providing reconstructive surgery services to leprosy affected persons with disability in the state viz. Hubli Hospital, Dharwad; Sri Ramkrishna Sewa Ashram, Tumkur and TLM, Belgaum. In the year 2008-09, 61 reconstructive surgeries were performed in these institutions.
- NLEP action plan for the year 2009-10 amounting to 170.3 lakhs has been approved for the state.

Issues -

1. Large numbers of new leprosy cases are being detected in the state every year which suggest active transmission of the disease in the community. The state is advised to carry out indepth situational analysis in districts/blocks reporting large number of new cases and take suitable actions like –
 - (i) Ensuring completion of treatment in each of the new cases detected.
 - (ii) Enhance awareness of the community to improve self reporting of suspected cases to health facility and
 - (iii) Carrying out family contact survey against all multibacillary and child cases.
2. The state has listed around 400 grade II disability cases in the last 5 years. RCS services are being provided by 3 institutions. The state should utilize the services of these institutions effectively for conducting RCS so that the backlog of leprosy cases with disability could be reduced.
3. There are about 26 leprosy colonies in the state. The state should ensure provision of proper health care facilities like ulcer care, provision of supportive drugs and dressing materials to the persons affected with leprosy residing in these colonies.

Integrated Disease Surveillance Project (IDSP) –Fact sheet as on 17 June 2009

Integrated Disease Surveillance Project (IDSP) was launched by Hon’ble Union Minister of Health & Family Welfare in May 2005. It is a decentralized; State based Surveillance Program in the country. It is intended to detect early warning signals of impending outbreaks and help initiate an effective response in a timely manner.

Karnataka is a phase-II state under IDSP and has been inducted in the program during May 2005. Dr Usha Vasankar , from Directorate Health Services, Govt of Karnataka has been designated as the Project Director (IDSP). The first installment of grant-in-aid in the project of Rs 241.70 lakhs has been released so far.

The component wise action points are as under

1. Manpower

Surveillance Officer and RRT team at state and district Headquarter designated.

Consultant finance, Consultant Training, are presently vacant.

Administrative assistant and Accountant appointed at State Surveillance Unit are appointed.

The offer letter to the recommended candidates for the positions of state/district epidemiologists (16), microbiologists (3) and state entomologists (1) to be issued by state/district NRHM society which has been communicated to the state by Central Surveillance Unit, IDSP vide DO letter no. T.18015/11/04-IDSP dated 19th February, 2009 from Dr Shiv Lal, Spl. DGHS (PH) and PD, IDSP

2. IT & EDUSAT

EDUSAT (Total No.Sites=7; No.Working= 5)

SIT equipments installed and functional in all sites except

Bangalore Urban Rural not provided with data center equipments ,

Chikkaballapura and Ramanagaram not provided with IT logistic facilities.

3. Laboratory Strengthening

Two priority district laboratory identified by the state were surveyed and state was given sanction in February 2009 to procure required equipments for those two laboratories. This procurement is under progress.

4. Data Reporting

Karnataka has 29 districts. All districts are reporting weekly Surveillance data and Outbreak Reports in time but these data need to be entered in IDSP portal i.e. www.idsp.nic.in

5. Training

Training of Medical officers, Health Workers, DLTs And PLTs completed.

State is yet to identify and suggest names of core trainers for undertaking trainings at all levels under IDSP.

Finance Year	Release(in lakhs)	Expenditure(in lakhs)
2004-05	311.41	-
2005-06	110.00	70.11
2006-07	-	206.00
2007-08	100.00	128.89
2008-09	25.24	132.20
Total	546.65	537.20

FMR received upto March 2009

Audited Accounts and Utilization Certificate for the year 2007-08 received.

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

STATUS NOTE ON KARNATAKA

Magnitude:

Prevalence of blindness:	2001	1.78%
Estimated blind persons:		9.39 lakhs

Infrastructure developed

Regional Institute of Ophthalmology	1	
Upgraded Medical Colleges	5	
Upgraded District Hospitals		24
District Blindness Control Societies		20
Mobile Eye Care Units	29	
Eye Banks		2
Upgraded PHC's		416

Cataract Performance

YEAR	TARGET	ACHIEVEMENT
2007-2008	350000	254546
2008-2009	400000	384447

School Eye Screening

YEAR	TEACHER TRAINED IN SCREENING FOR REFRACTIVE ERRORS	SCREENED	DETECTED WITH REFRACTIVE ERRORS	PROVIDED FREE GLASSES
2007-08	59410	1380881	146029	10652
2008-09	6800	2051441	88801	20677

GIA released to Distt. Blindness Control Societies /State Blindness Control Society

(Rs in lakhs)

YEAR	RELEASED	EXPENDITURE	BALANCE
2007-2008	679.00	517.80	161.20
2008-2009	1179.92	1077.57	102.35

Issues

- UCs for GIA released to State Blindness Control Society are not being received timely.
- SOE for Cash Grant are also not being received timely.
- Performance of School Eye Screening Programme needs to be improved.

NIDDCP**Karnataka**

	Activity	Amount proposed	Amount Approved	Remarks
1	Establishment of IDD Control Cell	7.50	6.00	There is no fund provision for workshops, training and maintenance under NIDDCP. The state government may carry out activities as per fund allocation of GOI
2	Establishment of IDD Monitoring Lab	-	3.50	
3	Health Education and Publicity	6.95	12.00	
4	IDD surveys	5.00	2.50	
5	Workshop & training	9.55	-	
6	Lab maintenance	1.00	-	
	Total	30.00	24.00	

Mapping of Record of Proceedings of the NPCC of NRHM for 2005-06 to 2009-10

The mapping charts the NRHM Mission Flexipool approvals contained in the RoP in following broad thematic chapters

1. ASHA (including selection, training, drug kits, mentoring, specific performance incentives and anything else associated with ASHA)
2. Infrastructure related matters (including construction, strengthening, renovation, new construction etc), equipments, transport (ambulances, EMRI, associated expenses) and others)
3. Human Resource related matters (including HR salary, contractual payments, incentives, etc)
4. Programme Management related matters (including PMUs, SHS/DHS, SHSRC, IDHAP, M&E, Mobility support to SHS etc)
5. Untied funds, AMG & RKS related matters
6. Training & Capacity Building related matters (including trainings, workshops, training institutions including their upgradation or new construction, courses, etc)
7. Innovations (including Procurement of medicines, School Health, Health Mela, Insurance, Accreditations, Monthly VHND etc)

NATIONAL RURAL HEALTH MISSION							
Karnataka							
	Total MFP Approvals		7270.57	15788.67	18547	35932.9	
RoP Approvals for Various Years in Rs. Lakh							
S.No	Initiative	2005-06	2006-07	2007-08	2008-09	2009-10	Remarks
		Released	Approved	Approved	Approved	Approved	
ASHAs							
1	Selection, Training and mobilisation of ASHA		293.4		771	2099.68	
2	Performance related incentives to ASHAs					1366	
	TOTAL		293.4		771	3465.68	
Infrastructure related matters							
3	Civil works for last year- 53 taluka, 36 CHCs, 12 DH, 200 SCs				3800		
4	Construction of ANMTC				360	341.6	
5	Upgradation of 7 DH to IPHS				400.00		
6	Upgradation of Taluka Hospitals to FRUs				740		

7	Spill over works of upgradation of FRUs to IPHS					775	
8	Construction of CHC			1032.00			
9	Spill over works at CHCs					530	
10	Upgradation of CHC to IPHS	1620	3460	1134.00			
11	Spill over works at PHCs					2110	
12	Construction of PHC				100		
13	Upgradation of PHCs				100		
14	Construction of SC			3000.00			
15	Spill over works at Sub centres					1085	
16	MMU		1173.12	1121.12	312	782.5	
17	Emergency & Referral Services				500	3898	
18	Janani Suraksha Vahini					334.35	
19	Equipments to new PHCs					140	
20	Furniture to new PHCs					25	
21	Equipment to newly constructed SC					32.4	
22	Equipment to model 24 x 7 PHCs					28	
23	Furniture to model 24 x 7 PHCs					4.9	
24	Furniture to Newly constructed sub centers (155 Sub centers)					21.6	
25	Rent for Sub centre				173	336	
	TOTAL	1620	4633.12	6287.12	6485	10444.35	
Human Resources related matters							
26	Appointment of Specialists			180			
27	Incentives to Specialists (CHCs) - Incentive to EMOC and LSAS trained MBBS doctors working in FRUs					116.26	
28	Specialist Camps at talukas				268	410.2	
29	Specialist Camps at DH				144		
30	Medical Officer at PHC			330.48			
31	Hospital Management Specialist for 17 DHs, 4 General hospital				50		

32	Public Health Specialists in Districts				69		
33	AYUSH Doctors				791	1302.53	
34	Hiring of driver/driver for ambulances				179		
35	Trainee Staff Nurse at SC			180			
36	Staff Nurse at CHC			165.8			
37	Lab Technician			70.22			
38	Drivers for Ambulance			211.2			
39	ANM			180	810	630	
40	Providing one Refrigerator Mechanic to each District and one to State HQ by outsourcing					45	
41	District Programme Assistant			21			
	TOTAL			1338.7	2311	2503.99	
Programme Management related matters							
42	SHSRC			65.00	100.00	100.00	
43	BPMUs			422.20	508.00	507.94	
44	BPMU Office			35.20			
45	Preparation of DHAP	270					
46	Monitoring & Evaluation					637.25	
47	Audit Fees					8.1	
48	Concurrent Audit system					14.4	
49	Management cost					422.4	
50	Strengthening of financial system				30		
51	Programme & management cost for integrating RTI/STI/Blood bank/TB					120	
52	Mobile Phones @ CHC			2.2			
53	Recurring cost at CHC			2.1			
54	Mobile Phones Recurring cost				2		
55	Mobility support for 8143 sub centre ANMs ,LHV(1679) & MOHs of 2195 PHCs					386	
56	Accreditations of PHCs/CHCs/FRUs/D Hs for NABH					200	
	TOTAL	270		526.70	640.00	2396.09	

Untied Funds, Annual Maintenance Grants and RKS fundsrelated matters							
57	Rogi Kalyan Samiti		45				
58	RKS-District Hospitals			120	120	85	
59	RKS-CHCs			254	325	178	
60	RKS-Taluka hospitals					147	
61	RKS-PHCs			584		2195	
62	State Untied Fund			200	200		
63	District Untied Fund			270	200		
64	Untied Fund for CHCs					162.5	
65	Untied Fund for PHCs		420.25			548.75	
66	Untied funds for Urban Health Centres					17	
67	Untied Fund for SC	814	814.3	814.30	814.00	814.30	
68	Untied fund for VHSC			2000	2000	3102.6	
69	Untied Fund & AMG for CHC			381.00	487.00		
70	Untied Fund & AMG for PHC			1259.25	1646		
71	Annual Maintenance Grant - CHC					325	
72	Annual Maintenance Grant -PHC		840.5			719.5	
73	Annual Maintenance Grant- SC					455.7	
74	Annual Maintenance Grant-ANMTC					19	
75	Annual Maintenance Grant to Maternity Hospital in Dharwar Corporation				50.00		
	TOTAL	814	2120.05	5882.55	5842	8769.35	
Training & Capacity Building related matters							
76	Capacity Building for VHSC members				200	1006	
77	Other trainings/capacity building) Diploma in public health at Nagpur)					25	
78	Training of District Accounts Managers					0.4	
79	MMU sensitisation training					2	
80	Arogya Bandhu training					4	
81	RDL training					2	
82	Citizens Help Desk training					2	
83	Multi skill training for AYUSH Doctors					20	
	TOTAL				200	1061.4	

Innovations related matters							
84	Health Melas		224				Innovations
85	School Health Programme				250	1000	Innovations
86	Innovative Scheme- Medilu Kits for SC/ST BPL families				1000	1000	Innovation
87	Yeshaswani Insurance coverage for high risk ANC cases				360		Innovation/Insurance
88	Health Insurance Scheme					1000	Innovation/Insurance
89	Yeshaswini benefit for HIV +ve deliveries					288	Innovation
90	IFA for ANC cases			480.00			Procurement
91	IFA small			200.00			Procurement
92	Procurement of equipment: MH-[Haemoglobino meter, generator for PHC/CHC, Oxygen concentrator, Blood storage units (20 FRUs)]					708.26	Procurement
93	IUD Kits					50	May calculate under Procurement-FP
94	Laparoscope Set					262.5	
95	Mini lap set					50	
96	NSV kits					37.5	
97	Equipment for developing Public Health Directorate					1	Procurement
98	Furniture for developing Public Health Directorate					2	Procurement
99	Equipment to State Health Informatic Center					25	Procurement
100	Furniture to State Health Informatic Center					5	Procurement
101	Generators & UPS					50	Procurement
102	Boyles Apparatus			108.00			Procurement
103	Mosquito nets						Procurement
104	Condom Vending Machines (2/PHC area)			200.00			
105	Additional Programme under Malaria (Bed nets to BPL Families)			500.00			Additionalities under NVBDCP
106	Adult resuscitation Kit			21.60			
107	Diploma in public health				13		

108	IEC Activities				100		
109	NIDDCP				160		
110	PMU under RNTCP				10		
111	IDSP				139		
112	NVBDCP				5		
113	NPPCD				11		
114	General Drugs & supplies-DH					75	
115	General Drugs & supplies-FRU					500	
116	General Drugs & supplies-CHC					195	
117	General Drugs & supplies-PHC					447.75	
118	General Drugs & supplies- SC					337.5	
119	Drug supply for CHC/FRU	1495					
120	Anaemia treatment of prergnant women with parentral iron					201	
121	Misoprostol					150	
122	Vit A procurement			180.00		60	
123	Telemedicine			64	50		In 07-08, telemedicine facility in Mobile Units.
124	ARS Grants to following health facilities.						In 09-10, for 1.Chituguppi corporation Maternity Hospital, Hubli, Women & Children Hospitals (W&CH) at 2. Madikeri, 3. Mangalore (Lady Goshan), 4. HSIS Ghosha Hospital, Bangalore 5. SMT Maternity Hospital, Mysore, 6. W&CH Udupi, 7. W&CH

							Davangere, 8. W& CH Ranibennur, 9. W&CH Gadag, 10. W&CH Chikkamagal ur. 11. Maternity wing of Jayanagar General hospital. 12. Chanmundi maternity Hospital, 13. VV Mohalla maternity hospital in Mysore. 14. Sedum Maternity hospital,
125	KAP study on MCH & DCPs					203	
126	Social unrest & Naxal affected area service action plan					160	
127	Refurbishing state level vaccine store by providing computer, printer ,software for vaccine logistics,internet and civil work					10	
128	Citizens Help Desk					168	
129	Regional Diagnostic Labs					70	
130	Server to store all the data collected from PHC, THO, DHO and other offices related to Health sector					3	IT/MIS
131	Network connection between different program offices under RCH (including Switch, Router, network components and Wireless connectivity, etc,)					10	IT
132	Multimedia Projectors for ppt. presentations					1.5	IT
133	Health Care Waste					15.23	

	Management Training						
134	Distant Education Courses at IGNOU					5	
135	Sponsoring for courses in the country					5	
136	Best performance awards for the key staff working in SCs, PHCs, CHCs, FRUs and DHs					122.8	
137	Miscellaneous					3	
	TOTAL	1495	224	1753.6	2098	7292.04	

District wise Information on Karnataka under some RCH indicators

Districts	Mother received at least one TT injection	Institutional Deliveries	Full Vaccination	Contraceptive Use
India	73.5	47	69.6	54.1
Karnataka	86.9	65.1	85.2	61.8
Bagalkot	82.3	46.6	72.1	46.7
Bangalore Rural	97.6	85	91.8	66.1
Bangalore Urban	98.1	93.9	97.1	57.1
Belgaum	80.5	75.7	90	58.3
Bellary	64.7	45.4	82.3	50.5
Bidar	86.9	65.1	84.9	50.1
Bijapur	73.8	59.8	62.3	50.4
Chamarajnagar	96.1	76.2	93.3	60.9
Chikmagalur	97.8	84	98	67.8
Chitradurga	84.9	63.6	84.7	59.4
Dakshina Kannada	97.9	96	94.9	46.3
Davanagere	89.9	64.8	88.4	60.5
Dharwad	90.5	66.4	90.2	56.9
Gadag	88.9	49.9	88.8	50.2
Gulbarga	74.6	47.6	75	42.4
Hassan	94.5	80.3	88.7	73.4
Haveri	94.5	64	85.8	56.3
Kodagu	96.5	81.7	96.8	62
Kolar	95.8	62.3	94.3	63.1
Koppal	73.7	24.8	80.8	47.5
Mandya	97.9	86.9	96.4	72.6
Mysore	96.6	79.6	93.7	64.8
Raichur	61.3	41.7	69.5	45.5
Shimoga	96.5	71.2	90.8	64.9
Tumkur	94.6	73.1	95.5	63.5
Udupi	96.7	94.3	96	54.2
Uttara Kannada	94.3	82.7	97	60.1

source DLHS-III