

**Report of the Public Hearing at
D.J. Halli, Bangalore**

December 2013

Table of Contents

I. Background.....	3
II. The Public Hearing.....	3
III. Proceedings of the public hearing:.....	5
IV. Gaps highlighted through testimonies.....	6
A. Health.....	6
B. Anganwadis.....	7
C. Pensions and disability.....	8
V. Response of the Respondents.....	8
A. Regarding health services:.....	8
B. Regarding anganwadis:.....	11
C. Regarding disability and pensions:.....	12
VI. Response of Shri Sampath Kumar, Corporator.....	15
VII. Recommendations of the Jury	16
A. To the BBMP's health department, Department of Health & Family Welfare and Autonomous government health institutions in Bangalore city.....	16
B. To the Department of Women and Child Development.....	18
C. To the Tahasildar, Bangalore Urban (North) and Department of Social Security and Pension	19
D. To the Department of Disability Welfare.....	20
E. General recommendations:.....	21
VIII. Annexures:.....	25

Report of the Public Hearing at D.J. Halli

12th December 2013, Football Maidan, D.J. Halli,

Bangalore

I. Background

D.J. Halli (Devarajeevanahalli) is a large contiguous locality situated between Tannery Road and Sultanpalya towards the northern part of Bangalore. Known by this generic name, the area encompasses the areas of D.J. Halli (Ward No. 47) and Muneshwara nagara (Ward No. 48). The area is largely habited by low-income families and has several declared and un-declared slums, and has a cumulative population of about 1 lakh of which the majority belong to the Muslim community.

The death of a 6-year old child Kum. Meghala in July 2013, attention to which was brought by various activists and organisations, and thereafter highlighted in the media, drew the attention of the State Government to the highly vulnerable conditions of the people living here including rampant malnutrition, unhygienic environment, inhuman living conditions under which people are forced to live, denial and inability to access essential services such as health, nutrition, pension and disability services, etc.

Over several meetings in different mohallas and areas, people expressed a need for a Public Hearing to be held in D.J. halli to start the process of addressing the issues related to health, anganwadis, disability and pensions. It is in this context that the Public Hearing came to be organised.

II. The Public Hearing

The public hearing was held on 12th of December 2013 at the Football Maidan, D.J. halli in the presence of the following members of the Jury:

1. Shri. Sheik Lathief, Secretary Karnataka State Minorities Commission.

2. Shri. C. G. Hungund, Member, State Human Rights Commission, Karnataka.
3. Fr. Edward Thomas, Member, Karnataka State Commission for Protection of Child Rights.
4. Smt. Manasa Devi, Assistant Commissioner, Office of the Commissioner for PWDS.
5. Prof. (retd) Nagari Babaiah, People's Democratic Forum.
6. Smt. Gowri, Samanata Mahila Vedike.
7. Smt. Pushpalatha, Dalit Bahujan Movement, Karnataka.
8. Smt. Madiena Taj, Garments and Textiles Workers' Union Mysore Road.
9. Dr. Vasu H. V., Karnataka Janashakthi.
10. Adv. Clifton D' Rozario, Advisor to the Commissioner of the Hon'ble Supreme Court in the Right to Food case (W.P. No 196/2001).

Officials from various departments participated in the Public Hearing as respondents:

- ***For issues related to Pensions***

1. Smt. R. Manjulamma, Deputy Tehsildar, DJ Halli Hobli

- ***For issues related to Disability***

2. Shri. G. Mohan, District Disability Welfare Officer, Department of Disability Welfare

- ***For issues related to Anganwadi***

3. Smt. Eshrath Afza, Deputy Director, Department of Women and Child Development
4. Shri. Ramesh Halbhavi, Deputy Director, Bangalore Urban district, Department of Women and Child Development

- ***Elected representative***

5. Shri. R. Sampath Raj, Corporator, DJ Halli, Ward 47

- ***For issues related to construction of new anganwadis***

6. Shri. Kiran B., AE, BBMP, Ward 47, DJ Halli

- ***For issues related to DJ Halli Maternity Home and UFWC***

7. Dr. Venkatesh T., MOH (MCH&PN), BBMP
8. Dr. B. Sunita, MOH (Sarvagnanagar) and I/C Administration UFWC-DJ Halli, BBMP
9. Dr. Manasa S., Assistant Surgeon, I/C Administration maternity home-DJ Halli, BBMP

In addition the following officials from these departments were present at the Public Hearing:

1. Vasudeva N., Revenue Department, G.S. Nagawara, AC Post
2. D.V. Annapurna, Assistant CDPO, Bangalore North taluk, Department of Women and Child Development
3. H.R. Saroja, Supervisor, Department of Women and Child Development
4. Dr. Manjunath, RCH Officer, Bangalore Urban, Department of Health and Family Welfare
5. Dr. D. Ravishankar, DPMO, Bangalore Urban, Department of Health and Family Welfare
6. Dr. Anand K., MoH, PHC Amruthahalli, Department of Health and Family Welfare

III. Proceedings of the public hearing:

The public hearing began at 11.00 a.m. with Smt. Mohsina welcoming all the Jury Members, Respondents and the people and laid out the context for the Public Hearing while highlighting the various problems faced by the citizens of D.J. Halli. She urged for a responsive system that took cognizance of people's needs. Sumathi, an activist, introduced the respondents and jury. Akhila, an activist, gave a brief description of the overall objectives of the public hearing as well as its structure. Following this Dr. Sylvia, a doctor and activist, facilitated sharing of detailed testimonies from 10 persons who had experienced hardships, denials, discrimination related to health care, disability, anganwadi and pensions.

After each individual testimony, the members of the Jury had some clarifications and also requested to see the relevant documents. After the detailed testimonies, there was an open house where many persons shared similar experiences. The various issues raised by the participants are summarized below:

IV. Gaps highlighted through testimonies

The detailed testimonies brought out the following gaps in the provision of essential services:

A. Health

1. In spite of being declared a 24/7 UFWC-maternity home there was an absence/shortage of doctors and other staff at the UFWC-maternity home leading to unnecessary referrals to private and other tertiary hospitals. This was increasing the cost of care leading to catastrophic health expenditure, loss of possessions and homes. Many persons were now repaying loans with interest rates of more than 30%.
2. Bad attitude of staff towards the residents of D.J. Halli especially the Muslim community and language barriers. Many women are turned away arbitrarily when they arrive for care.
3. Problems in getting birth certificates from the hospital especially when they don't pay the bribe of Rs. 300/- demanded from them.
4. Undue financial expenditure for antenatal care for blood and urine investigations, ultrasound scanning and delivery charges. The costs for a normal delivery was around Rs. 2000/- and for a complicated one, anywhere ranging from Rs. 10,000 – 25000. Different bills issued by the UFWC-maternity home and receipts for outside prescriptions for even basic iron and folic acid tablets were shared with the jury.
5. Lack of basic primary health care, unavailability of even basic drugs and lab testing. This included simple wound dressings and management of patients with epilepsy, diabetes and hypertension.
6. The treatment provided at the UFWC and maternity homes over a period of time has made people in the community to lose confidence

in the public system Even in very desperate situations they don't find it worthwhile to seek treatment at the UFWC or the maternity home.

B. Anganwadis

1. Children are being turned away from the anganwadis that have reached their maximum capacity for intake
2. Take home rations (THR) not being issued in a timely manner. The amount of THR was arbitrary and most pregnant and lactating women receive no THR.
3. Severely Malnourished children were not able to access services such as the Rs.750 for medicines. The families still ended up paying out of pocket for treatment.
4. Lack of basic facilities for the children such as drinking water, toilets, and safety at the anganwadi premises.
5. Pregnant women not being registered at the anganwadi especially if they had come to their natal homes for delivery and had initially been registered elsewhere.
6. The insufficiency of anganwadis in the area was highlighted and residents of Srinivas Nagar, Jhanda Galli, Tippu Mohalla, and Maulana Compound in D.J. Halli submitted a written request for establishment of anganwadi in their area.
7. The severely malnourished children being taken to Bowring Hospital complained about the rude and unco-operative behavior of the hospital staff, and their reluctance in admitting the children. Further the parents are forced to pay for all the tests on their children and are not being given the daily incentive as per norms.

C. Pensions and disability

1. Corruption in issuing disability certificates and pensions. Bribes were collected to issue pension certificates and to deliver pension money to the homes of the beneficiaries

2. People are made to run around from one office to another and from one table to another for submitting forms, for any clarification about delayed/ stopped pensions.
3. Confusion about the revised pension rates. Many persons eligible for receiving Rs. 1200/- for disability >85% continue to receive Rs. 400/-
4. Many persons with disability are unable to access essential medicines at the UFWC. They spend anywhere between Rs. 600 - 1500 for anti-epilepsy and other medications.
5. People with disability have to travel long distances and pay for physiotherapy services provided by NGOs. Lack of essential services and a prohibitive lack of accessibility for people with disability had led to additional health complications.
6. There has been no survey to date to enumerate the disabled persons in the area.

V. Response of the Respondents

A. Regarding health services:

The Jury took objection to the fact that none of the senior health officials – the Chief health Officer (CHO) Dr. Vatsala, Dr. Balasundar, Medical superintendent, Dr. Savitha, were present in spite of the organizers informing them well in advance about the public hearing.

The BBMP Health department officials responded to the testimonies and questions raised by the jury.

They said that there is one doctor in charge of the UWFC. The contract doctor who had been on duty from 9 – 4 had resigned three weeks ago and the OBG post had been lying vacant. Dr. Manasa who was the administrative in-charge and posted at Siddaiah road hospital is now going to temporarily manage the maternity home till such a time a permanent doctor is appointed.

In response to the respondent's claims that they faced a shortage of staff and money, the jury directed that the health department need not focus on their issues related to shortages of staff and funds but rather focus on finding solutions at the earliest to the serious denials faced by

the community at DJ Halli. It was emphasized that sustainable solutions need to be identified by BBMP as a demonstration of their accountability to the community.

In response to a question raised by the jury about whether BPL patients were charged the same rates as the others, the health department was unable to answer the question about whether BPL patients were given exemptions. Whereas one of the respondents claimed to charge BPL patients, another respondent denied this.

The respondents were questioned in detail about how the medicines are procured. The health department stated that they receive an amount of Rs. 25000 per month from user fees of which 20000 is used by the maternity department and 5000 from the UFWC which is inadequate to provide all the medicines required. Patients are therefore given prescriptions for even basic medicines to be bought from outside. Apparently there had been a regular supply of medicines to the PHC before August 2012. Currently the supply is irregular. This was procured by the Chief Health Officer.

With regard to the question raised about the availability of glucometers, the respondents stated that each centre was given 500 strips for testing. The essential drug list also includes anti-epileptic drugs, anti-hypertensive and anti-diabetic medications.

The health department stated that they were in touch with Indiranagar Rotary club who would be providing protein biscuits to malnourished children in DJ halli. With regard to interventions for children with SAM, the WCD department reported that they have formed seven teams of anganwadi teachers and link workers to conduct a door to door survey to record cases of malnourishment in children between the ages of 0-6years. The respondents said that screening of children for malnutrition had been standardized. They said that there was a severe shortage of pediatricians. Their list had 3600 children identified as SAM. They have also requested the Indian Medical Association and medical colleges for additional pediatricians. They refer serious cases to the nutrition

rehabilitation centres. However, the respondents claimed that many people don't go to the NRC.

The jury observed that many patients from DJ halli who are being referred to Bowring Hospital are facing a lot of difficulties such as the bad attitude of the doctors and the high user fees which are unaffordable to many. Doctors are deciding who gets admitted to the NRCs and the daily wages of Rs. 150 as mentioned in the government order (GO) are not being provided to the mother of the child. The jury noted that when referrals are made, there should be a system of communication between the primary and the tertiary health centres to ensure care of the patient and delivery of all the services specified in the central scheme to the beneficiaries. The jury wanted to know why volunteers who brought in children to the SAM ward were being shouted at and prevented from entering the hospital by the NRC staff. The issue of dignity of patients and treatment meted out to them by the health department was raised. The testimony of the patient who said *"They treat us like this because we are poor. We are not given any dignity"* was quoted by the jury.

Dr Venkatesh from the health department responded that they would henceforth establish effective communications with the different referral hospitals. He said that they also have ambulance services at the UFWC, which can be used by patients free of cost to visit referral hospitals. This would be available at all times for the community of DJ Halli, he said.

A complaint box would also be set up at a prominent place in the hospital premises. The respondents said that they would publicly display contact details of all the staff who the community could approach with any concerns. A local grievance officer would be appointed to cater to grievances.

B. Regarding anganwadis:

Turning its attention to Department of WCD, the jury wanted to know why families of SAM children have not been provided with BPL

cards. There are not enough anganwadis for the specific populations of the different slums in DJ Halli. The DWCD was asked about how they were addressing the specific needs of malnourished children with cerebral palsy and mental retardation.

The DWCD responded by saying that they are keen to increase the number of anganwadis from the existing 18 by another 40. 18 anganwadis were inadequate even by their own standards however anganwadis comes under the CSS projects. Although the government of Karnataka has given its approval the government of India has to also give permission. The respondents claimed that the anganwadi teacher could not be blamed for ineffective delivery of services as they have to stick to the mandate and guidelines given to them.

They stated that supervisors have already identified 22 new places to set up anganwadis but there are problems. The main issue was that buildings identified for rent for the proposed anganwadi centres don't have property papers, however the government is ready to make an exception and allow for the setting up of the centers in these places. 50% new anganwadis would be functional by the end of the month.

As for BPL cards, the DWCD stated that it was the responsibility of the Food and Civil Supplies Department with whom they are in touch for DJ halli. They said that they have been trying to connect families with SAM children to the Food and Civil Supplies department however families are not able to procure evidence of address proof such electricity bills which makes it difficult to issue cards.

The jury raised concerns about the state of existing anganwadis. It has been 5 months since a child had died of malnutrition and funds had also been released however anganwadis had no toilets, gas, utensils fridge or stove. The minority rights commissioner, Mr. Sheikh Latif directed that a complaint be issued to the commission about these problems, and a notice would be issued to the DWCD.

The DWCD claimed that there was a marked increase in weight of children with SAM. They said that they however found it difficult to access

children with congenital problems. They asked for suggestions and said that they would take action against anganwadi teachers who had not been functioning effectively.

The jury observed that 18 anganwadis for a population of 1 lakh was inadequate.

The DWCD officials informed the Jury that the Spirulina foundation has been distributing spirulina to children in the anganwadis. According to the respondents, this supplement has been advised for usage from the Department of Women and Child Development (DWCD). The company had apparently approached the respondents offering to distribute the spirulina free of cost to the government which was found to be a good reason by the DWCD to include the drug in the regular care of the under 6 children. The Jury took objection to this and said that children from poor communities are not guinea pigs and any intervention that lacks an evidence base should not be introduced in the community. For such purposes there are clinical trials across the country and necessary laws that support. Adv. Clifton D'Rozario said that there is a clear treatment protocol recommended by the Justice NK Patel committee and this should be followed rather than some intervention just because it is free.

C. Regarding disability and pensions:

The jury recommended that there be an organized effort to conduct a survey to recognize those beneficiaries who were eligible for the disability pension scheme. There was objection to people with disabilities having to run around to different departments to obtain disability certificates and pensions. The pensions department was directed to conduct a pension *adalat* before the end of this month and ensure that all persons who had been denied pensions, had their cards cancelled or who hadn't been receiving money that was due to them as per the severity of disability be identified and issued pensions immediately.

The district disability welfare officer said that in 2013, 5 lakh disabled people had been identified in Bangalore Urban. He made a

commitment to co-ordinate with the pension department and ensure that the survey gets done by the end of the month to identify how the issues of people with disabilities could be addressed.

The *upa-tahsildar* stated that over 1500 pending pension orders still at their office for the DJ Halli Hobli (comprises of 9 wards). They will issue a message to the mobile numbers for the beneficiaries to come and collect the cards.

An issue was raised that people had to pay a bribe to get the appropriate disability certification. Payment of a bribe ensured that more disability was recorded. Many people who were illiterate had faced this problem. The pension department argued that it was the other way around as people with disabilities often threatened and abused doctors who certified disabilities as less than 85%. The jury asked the community if they could furnish evidence that persons with disabilities over 85% had been issued certificates with less severe disabilities. This evidence was handed to the jury by some community members.

People had complained about having to pay a bribe to the postman for receipt of the disability pension. However the *upa-tahsildar* expressed her inability to do anything about this and that it would have to be taken up with the postal department.

The pension departments said that with the new directive that people with severe disability (>85%) would get Rs. 1200 there was some confusion among the implementing staff such as the village accountant who was in turn confusing people. A fresh application was to be submitted for the revised pension amounts but this was not being adequately communicated leading to confusions. They claimed that many pension order copies were lying uncollected at the office.

The pensions department was reminded that there had been several complaints regarding pensions and that people had struggled to access the service. They were directed to make the processes simple and convenient for the persons with disability.

The jury directed that a pension *adalat* be held at the earliest for all kinds of pensions (disability, old age, widow etc). The corporator offered to support this.

The respondents were asked to view these issues from a human rights perspective within the government framework. The health department was asked to take cognizance of the fact that health issues would not wait till such a time the department was ready to deliver services. There was an urgent and pressing need expressed by the community with required an immediate and appropriate response.

Sharing information with the community through the use of information leaflets, posters and information boards was strongly emphasized.

The jury also said that information should be provided in Kannada as well as the local language of the place

The disability welfare officer shared his mobile number with the community and that he was available to anyone who would like to get information about the disability schemes and other related information. He spoke about Enable India, an NGO that provides vocational training and employment services. He asked that they be contacted for any support. He also spoke about the National Trust Act, which provides insurance for those with cerebral palsy, MR and other multiple disabilities. It is a life long insurance of Rs 200. It is free for BPL card holders and for APL card holders.

VI. Response of Shri Sampath Kumar, Corporator

The Corporator, Shri Sampath Kumar responded by saying that there was confusion in the community about which ward comes under DJ Halli. Ward 47 came under DJ halli whereas ward no. 48 is Munishwaranagar. The community is not aware who comes under which jurisdiction. He claimed to have improved the sanitation, roads and drainage. According to him, 90% of residents are staying on government unauthorized land without *hakku patras*, ID proof or residence proof. The

slum Board had said that if the residents of DJ Halli agree for the declaration of the slum area, the board can help with housing problems by helping set up G+3 houses in the area with multi-storey buildings. The residents have refused. He said that the Roshan nagar area is actually not fit for housing as it is actually a water quarry that collects sanitation outflow. He stated that he had doubts about 22 anganwadis coming up in the next year as there is no provision on part of the government to provide advance for the centres that will be set up. He criticized the government policy of not having any funding for building advances for anganwadis. He would be able to identify spaces if the government was willing to pay an advance towards rents.

Dr. Vasu sought an explanation from Mr. Sampath raj as to why so many families of children with SAM in his ward had not received BPL cards. To this he responded by saying he gets several applications for BPL cards everyday and was making sure that people get the cards.

The jury panel discussion was then facilitated by Sheikh Lathief, who suggested that all the suggestions put forth be acted upon as soon as possible and preferably before 31st March as State schemes usually lapse. The *adalats* and necessary committees for pension and anganwadi need to start immediately to ensure implementation of services to the beneficiaries in the DJ Halli area. The meeting concluded at 3.00P.M

VII. Recommendations of the Jury

A. To the BBMP's health department, Department of Health & Family Welfare and Autonomous government health institutions in Bangalore city

Drawing from the testimonies, presentations by the respondents and the interactions, we recommend to the concerned officials to undertake the following actions immediately:

1. A permanent doctor should be made available round the clock at DJ Halli to serve the RCH and general healthcare needs of a population over 1 lakh (Ward 47 and 48).
2. Given the prevalence of malnutrition as evident during the screening camps, immediate steps are required to operationalize the NRC in DJ Halli and to make it functional. Special needs of SAM children with other medical conditions and children with disability should be met locally at the UFWC. A pediatrician should visit the UFWC for a minimum of three days in a week.
3. Free essential medicines as per the WHO guidelines should be made available. These would cover for all the conditions that are currently being referred to private hospitals or tertiary centres. These include hypertension, diabetes, epilepsy, mental illness etc. Supply of free essential medicines should be followed up by stopping the practice of writing out prescriptions to buy medicines from private chemists/hospitals.
4. The over-charging from patients over and above the prescribed user-fees should end immediately and there should not be a single further case of people being turned away when they arrive for medical care.
5. A fully equipped and functioning government lab within the area with scanning and x-ray facilities is a much needed requirement in the area given its population and morbidity levels. Pregnant women now are referred to private facility where they pay 600 per scan!
6. Considering that there are numerous cases of non-issuance of birth certificates – in some cases for 3-4 years – and charging for money for the same, arrangements should be made on an urgent basis for birth certificates to be issued free of cost *in the UFWC or maternity hospital itself within a particular time frame for all deliveries in the area* irrespective of whether the babies are born at home or in an institution.

7. Disability certificates should be issued by the doctor in the local UFWC and prevent hardships involved in making multiple visits to hospitals located far away (like NIMHANS and Indira Gandhi Hospital)
8. Drinking water facility and clean well-maintained toilets should be provided in the DJ Halli maternity home/UFWC.
9. BBMP, the Departments of WCD and HFW should ensure strict adherence to the **treatment protocol for children with SAM issued by the Justice N.K. Patil committee**. This should be prominently displayed at the AWC and UFWC. BBMP, the Departments of WCD and HFW should refer any suggestions for changes to the treatment protocol for children with SAM to a formally constituted technical committee.
10. On no account should irrational, unscientific elements such as spirulina or commercial fortified biscuits be introduced into the treatment protocol for children with moderate/ SAM.
11. A grievance redressal system must be put in place: A person from the BBMP should be appointed whose duty is to act on complaints received from the community. A list of names and phone numbers should be put up whom people can call in case of any problems
12. Capacity building of the staff is needed to be able to deliver comprehensive preventive, promotive, curative and rehabilitative primary health care with rational process of referral to tertiary centres.
13. Free Physiotherapy services should be provided in the DJ Halli UFWC to prevent families from having to travel long distances and pay for these most essential services for adults and children with disability which will improve their quality of life.
14. When referrals are being made, there should be a system of communication between the primary and the tertiary health centres to ensure care of the patient and delivery of all the services specified in the central scheme to the beneficiaries.

15. An ambulance service should be available free of cost at all times at the DJ halli Maternity home and UFWC
16. Patients and volunteers at Bowring are being abused by the NRC staff and prevented from entering hospital premises. The health department must follow up this at Bowring hospital to ensure it would not happen again.

B. To the Department of Women and Child Development

Having heard the testimonies and the response from the concerned department, we direct the Department of Women and Child Development to immediately act upon the following directions:

1. Families of children with SAM should be issued BPL card to facilitate their access to various entitlements across departments.
2. Eggs and milk should be given to all children enrolled in the anganwadi and not only SAM children, to prevent the onset of malnutrition. The money for procuring eggs, milk and other local produce should be given at the beginning of the month to prevent the teachers from paying out of pocket. The money should reflect market rates of eggs and milk so that teachers do not have to pay the difference out of pocket.
3. All pregnant and nursing women should be enrolled and registered at the anganwadi and have access to all the facilities they are entitled to. Currently women get no supplementary nutrition due to a pathetic budgetary allocation for women's health. This is the root cause of malnourished women giving birth to malnourished children and the state is enabling this by not prioritizing maternal nutrition.
4. WCD department should equip some of the anganwadis in the DJ halli area to provide care and support for children with disability. Staff trained in care of children with disability along with additional support staff should be appointed.
5. 18 anganwadis are grossly inadequate to respond to the needs of the children in DJ halli. Newly sanctioned 40 anganawdis should be

made functional immediately. Issues related to paying advance for renting anganwadis should be resolved at the earliest.

6. There should be no pre-packed foods given at the anganwadi.
7. There should be a functional grievance redressal mechanism for grievances related to non-admission, denial of ration etc.
8. All anganwadis should compulsorily have drinking water and toilet facilities.

C. To the Tahasildar, Bangalore Urban (North) and Department of Social Security and Pension

We heard of people's struggles particularly those who are most vulnerable- the elderly, adults and children with disability and single women related to seeking pensions. These are issues which can be easily resolved by the concerned departments. The fact that people have to resort to a public hearing implies a failure on the part of the concerned departments. We therefore urge the concerned departments to undertake the following actions without any further delay:

1. Pension *adalat* should be become a standard routine strategy to address issues related to pension on an ongoing basis and not as a stop gap measure. The tahsildar's office and the concerned departments - Social Security and Pension, Disability and WCD should visit the community on a fixed day, place and time every month to receive filled pension forms, issue pension cards, disability cards. These *adalats* should be well publicized, well ahead of time and should be held in D.J. Halli itself.
2. There should be a locally available and easily accessible grievance redressal mechanism for complaints about cancellation of pension, delayed pension, bribery, and inadequate amounts being remitted.
3. All pensions for the elderly, those with disability, widows/ single women should be delivered at their doorstep without having to pay bribes
4. Pension for old age, disability (irrespective of levels of disability),

widows/ single women should be increased to Rs.2000 a month given the increasing prices of essential commodities and special vulnerabilities of these groups.

5. The documents required for issue of disability card should be specified and made simple.

D. To the Department of Disability Welfare

We note with deep concern the high prevalence of disability among adults and children in DJ halli. It is indeed shocking that the concerned department has not even initiated a survey to understand the extent of the problem. This is a gross failure. However lack of data should not become yet another ruse for not initiating immediate actions to alleviate the pressing problems of persons with disability in the area. We direct the concerned departments to undertake the following actions without delay:

1. A comprehensive survey should be undertaken to estimate the number of people with disability by type in the DJ Halli area so that government services provided through different departments can be made more responsive to the specific needs of those with disability. Disability cards should be issued on the spot.
2. The department of disability welfare should work with the Department of WCD, Health and BBMP to ensure that the newly opened NRC in DJ Halli maternity home/ UFWC functions as an integrated community-based child care centre that provides specialized care for children with disabilities, such as nutritional care, physiotherapy, medical care, access to mobility aids and support to use the same and so on. This will provide relief for care givers whose own health and financial situation is very fragile.
3. Anganwadis in DJ halli should be specifically equipped to provide care and support for children with disability.
4. Documentation of degree of disability and certification of the same should be done at the local PHC and in an objective manner so as to leave no room for bribe-taking and arbitrariness. The documents

required for issue of disability card should be specified and made simple.

5. All persons with disability should get free mobility aids suitable to their unique needs through the disability welfare department without having to depend on NGOs and private agencies
6. All surgeries for children /adults with disability should be made available free of cost at government tertiary hospitals.
7. Hospitals like NIMHANS should become PWD - friendly in terms of processes and procedures
8. All schemes for persons with disability related to housing, income generation, loans, mobility, scholarships should be widely publicized and made easily accessible
9. All essential medicines, including those for epilepsy, which many children / adults with disability require should be available free of cost in DJ halli UFWC.

E. General recommendations:

There are certain issues that are common across departments. These directions are in the larger interest of facilitating trust between the departments and the people they serve, ensuring transparency in the functioning of public services and safe-guarding public facilities from encroachment by private providers. We thereby direct all government functionaries to act upon the following:

1. There should be quarterly public meetings in the wards where administrators from different departments are present to take immediate action for various problems and complaints from the public.
2. All government staff should be able to converse in the local language or seek help of those who can translate.
3. Criminal liability should be imposed on those officials found guilty of discrimination based on language, religion or caste
4. Government facilities such as anganwadis and UFWC/ maternity

home should not be sites for advertising / trial / recruitment of people/ patients for services of private agencies – be it private hospitals, agencies handing out free products of any kind and so on.

5. Government facilities should not rent out/ hand over any part of the premises for any private entity such as outreach of private hospitals, clinics and so on.

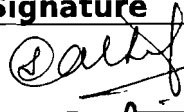
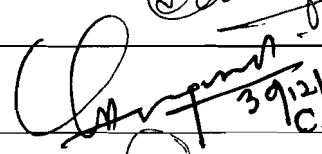
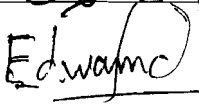
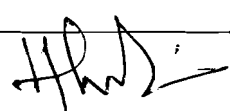
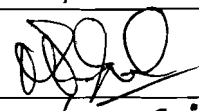
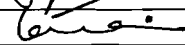
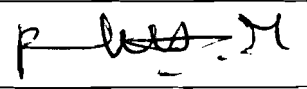
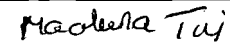
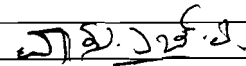
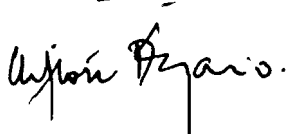
The Jury would also like to remind that subsequent to the death of Kum. Meghala in July 2013, various officials and Ministers have visited D.J. Halli and a slew of promises have been made which are yet to be kept. In a meeting held on 29/08/2013, in the chambers of the Minister for Women and Child Development, several decisions were made which are yet to be implemented. These include:

- Recognizing that there are numerous malnourished children in the area and that there was lots of garbage contributing to various diseases, the garbage was to be removed within a week.
- All anganwadis was to be provided water supply and repaired by the BBMP.
- Medicines and other necessary vitamins would be provided to all severely malnourished children by the BBMP.
- Steps would be taken to increase the daily incentive to be provided to the caregivers of severely malnourished children in D.J. Halli so that they admit their children to the NRCs.
- 40 new anganwadis would be opened in D. J. halli.
- Special drive would be conducted to provide BPL cards to the families of all severely malnourished children.
- NRC would be opened at D.J. halli hospital.

It is the opinion of the Jury that the implementation of these decisions has to be ensured immediately else it is not just the health of the children and the residents that would be impacted, but also their faith in the government.

One recurring fact through the Public Hearing was that the families are steeped in poverty despite all being hard-working people. This indicates that the wages of the people are very low. In fact one of the deponents stated that “*Jab rozi nahin to kuch bhi nahin*”. This is an aspect that requires the earnest attention of and immediate action by the State Government.

We trust that the State Government and the concerned departments will take cognizance of the directions from the Jury and immediately undertake actions on the same. We urge all officials working in these departments to be respectful and responsive to people’s needs and strive towards ensuring people’s timely and easy access to their entitlements.

Jury Members	Signature
Mr. Sheik Lathief, Secretary, Karnataka State Minorities Commission.	
Mr. C. G. Hungund, Member, State Human Rights Commission, Karnataka.	 39/12/2013. C.G. HUNGUND Member
Fr. Edward Thomas, Member, Karnataka State Commission for Protection of Child Rights.	 Karnataka State Human Rights Commission Bengaluru
Ms. Manasa Devi, Office of the Commissioner for PWDS.	
Prof. (retd) Nagari Babaiah, People’s Democratic Forum. Bangalore	
Ms. Gowri, Samanata Mahila Vedike.	
Mrs. Pushpalatha, Dalit Bahujan Movement - Karnataka.	
Ms. Madiana Taj, Garments and Textiles Workers’ Union.	 Madiana Taj
Dr. Vasu H. V., Karnataka Janashakthi.	 Dr. Vasu H. V.
Adv. Clifton D’ Rozario, Advisor to the Commissioner of the Hon’ble Supreme Court in the Right to Food case (W.P. No 196/2001).	 Clifton D’ Rozario.

VIII. Annexures:

1. Testimonies of persons who deposed at the Public Hearing.
2. Request for anganwadi by the residents of Srinivas Nagar, Jhanda Galli, and Tippu Mohalla, all localities in D.J. Halli, received during the Public Hearing.
3. Minutes of the meeting held on 29/08/2013, in the chambers of the Minister for Women and Child Development.

Testimonies on health services, anganwadis and pensions

Devarjeevanahalli – Public hearing

12/12/2013

Copies for jury

Table of Contents

Testimony 1: Yasmeen Taj – Diabetic ulcer	2
Testimony 2: Salma, mother of Yashin and Sufian – [Congenital anomalies with severe mental retardation]	4
Testimony 3: Noorunissa and Hassena Jan (achondroplasia -80% disability)	6
Testimony 4: Naseema, Mother of Nawaaz, 4 years [Cerebral palsy].....	8
Testimony 5: Rihanna, 23 years – [Pregnancy induced hypertension and neonatal death]	10
Testimony 6: Seema, 25 years– child with Severe acute malnutrition (SAM).....	12
Testimony 7: Shamsunissa (48 years) and Syed Inayat Pasha (60 years), [Elderly couple with disability]	14
Testimony 8: Shameen Taj, 60 years caregiver for Haseena, (visually disabled) and Sakeena, (mental retardation and epilepsy)	16
Testimony 9: Kamar Taj, Burden of health care expenses	17
Testimony 10: Heena Kausar and Shabana, Modi Road, Jhanda galli.....	20

Testimony 1:

Yasmeen Taj (37 years) – Diabetic ulcer

Yasmeen Taj (37 years) lives near Hyder Ali Circle in DJ Halli in a one room tenement with her husband and six children. Yasmeen's husband is a dry fruits vendor who earns Rs 4000-5000 per month which is the sole earning support for his family

Yasmeen has been suffering from diabetes for the past 8 years and over a period her health condition has progressively deteriorated to the extent of confining her to her house. When she was diagnosed with diabetes, she was referred from the maidan urban family welfare centre (UFWC), DJ halli to a private hospital - Ambedkar Medical College. She was prescribed a regular dosage of diabetic medications which are not available for free at the local UFWC. Bowring hospital provides medicines for free but only for one week so she makes a monthly trip to Sai Baba Hospital in Whitefield which gives month-long dosage for free. She takes an auto to Cantonment Railway Station, a train from there to Whitefield and then a bus to Sai Baba Hospital. Each trip

costs her Rs 200. When she doesn't have the money she skips taking medicines. She has been unable to bear the cost of regular consultation, diabetic medications or tests required to monitor her sugar levels. Lack of adherence to medicines has led to a severe case of diabetic foot. Her left leg is infected and swollen. She is not able to move around and is confined to her house. She is not able to work and contribute to family income due to her condition and is making Agarbathis at home. The foot recently required a procedure and was done in Bowring hospital which cost the family around Rs 5000/-. The condition in the foot has made it difficult for her to go to Sai Baba Hospital also leaving her in an extremely helpless condition.

A year ago, her 16 year old daughter, Sameena got burnt in an accident while lighting a kerosene lamp in the house which has left her severely burnt from her torso downwards. There was no ambulance to take them to a hospital and they had to hire an auto. She has visited multiple private hospitals but there has been no improvement so she has stopped taking any treatment and is continuing with oil massages at home. An NGO offered help with rehabilitation like training with tailoring but after 2-3 visits the project was closed down. Sameena and her family are dealing with her injuries by themselves without any medical or financial support like pension.

Yasmeen's elder sister Shaheen, was diagnosed with kidney problems recently at a private clinic and was advised admission to a hospital. After Yasmeen's recent treatment in Bowring which cost them Rs 5000/- they don't have any money or capacity to take loans. Shaheen is under severe discomfort, there is swelling in her feet, face and abdomen too but cost of admission in even the public hospital is so prohibiting that she is going through all this without seeking any care. Shaheen's husband abandoned her nine years ago but she doesn't know if she would be eligible for any kind of pension.

Issues and Demands

1. The treatment provided at the UFWC over a period of time has made people in the community to lose confidence in the public system. Even in very desperate situations they don't find it worthwhile to seek treatment at the UFWC.
2. If the UFWC had screened Yasmeen for diabetes and hypertension and adequately treated with free medicines that were locally available, she would not have progressed to a situation that requires tertiary level management.
3. Patients of chronic illnesses such as hypertension and diabetes should be able to collect their medications free of cost at the UFWC and they should not be made to visit every second day or week for collecting medications.
4. There is an urgent need for an ambulance to be stationed in this area for patients who are too ill to walk or come by an auto.

5. Patients of accidents should be extended financial support and rehabilitative schemes from the government.
6. The UFWC should be able to do dressings for diabetic ulcers and other wounds to avoid patients having to go to a tertiary or private hospital every day.

Testimony 2:

Salma, mother of Yashin and Sufian – [Congenital anomalies with severe mental retardation]

Salma aged 29 years is a housewife and her husband Nanjum Pasha is an Auto driver. They have three children- Daughter Mehak is eight years old and goes to UKG in a private school. Yashin is 7 years and Sufian is 5 years old.

Health issues

Yashin and Sufian have a similar genetic condition. The children were born at Bowring hospital. Both boys did not acquire any of the usual milestones such as neck support, sitting, walking etc. Yashin is unable to see or hear.

Sufian is unable to see but has some hearing ability and responds with 'ha' or 'na'. The children cannot perform any activities of daily living and need constant support for feeding and cleaning. Neither of the children have bowel or bladder control.

The family's struggle of accessing basic entitlements for the children with disability

Both the children have been taken to multiple hospitals for check up. They are reassured that the children will get better but there has been no improvement.

Sufian has been getting seizures since the age of 6 months, and they had to spend a lot of time and money at NIMHANS for his treatment. Finally his fits were controlled only after admission into a private clinic.

At NIMHANS they were referred for MRI several times. This could be done only at Victoria for which they paid Rs. 2000 each time. For the MRI they had to go twice – once to get the appointment and the next time to get the MRI. The medicines for Sufian cost Rs 1.50 per tablet and Rs. 6 per tablet for morning and evening dose.

4 months ago Sufian was admitted in CSI for seizures. Because of the health expenses, the family had to sell their own house and now live in a rented home paying Rs. 2500/- month

2 months back both the children were diagnosed to have SAM at a health screening camp and both had been admitted at Bowring hospital. *were there for 8 days. not received the daily amount.*

Yashin was operated for cataract through Lions club but he still could not see. He was advised lens insertion but the doctor said that unless he gains some neck support and is able to sit on his own, the operation could put his life at risk. Since Yashin as yet doesn't have neck control or sit on his own his parents have not taken him for the lens insertion. The parents have spent almost a lakh on each child but find that there has been no improvement at all in anyway.

Sufian was also operated for cataract and they had to pay around 10,000/- for this surgery but there has been no change in his vision. *at Lions Hospital, Calicut*

Salma used to take the children to the school near the anganwadi where "Altu miss" does exercises for the children. There is no cost for this but it did not help the children much and Salma found it difficult carrying the children back and forth. Salma used to take the children to APD, Lingarajpuram every day (except Sundays). She had to pay Rs. 550 per child per month and her expenses for travel by auto was around Rs. 100 every day. Although she used to go everyday to APD, she did not see any improvement in her children.

NIMHANS had referred them to Mobility India for mobility support where they had to buy the chairs costing Rs. 2000 for Yashin and Rs.1000 for Sufian. The chairs were not comfortable and the children would cry when made to sit on it. However Mobility India refused to take the chairs back even though they were unused saying 'Goods once sold will not be taken back'.

Anganwadi

The anganwadi supplies the family every month with 2 kg of rice, ¼ kg groundnuts, ¼ kg chillis, 2 kg godhi rava, ¼ kg green gram dal and since the last four months with 2 kg of milk powder.

Pension

Salma has been running from pillar to post for the last two years to get pensions for the children. She has got disability cards at Bowring but no pensions as yet. She is given different excuses and asked to come back repeatedly. At the taluk office, she was asked to bring her ration card. She didn't have and they didn't accept any other ID that she had including aadhar card.

Demands

1. The concerned departments - Social Security and Pension, Disability and WCD should fix a day and venue every month in the community where disability cards, pension cards and all complaints related to pension be it old age, widow or disability pension are received and attended to.
2. The department of disability welfare should work with the Department of WCD, Health and BBMP to convert some anganwadis in DJ halli and the newly opened NRC in DJ Halli maternity home/ UFWC into integrated day care centres that provide specialized care for children with disabilities such as physiotherapy, medical care, nutritional care, access to mobility aids and support to use the same and so on. This will provide relief for care givers whose own health and financial situation is very fragile.
3. All essential medicines including those for epilepsy which many children / adults with certain kinds of disability require should be available free of cost in DJ halli UFWC.
4. All persons with disability should get free mobility aids suitable to their unique needs through the disability welfare department without having to depend on NGOs and private agencies.
5. All surgeries for children with disability to be available free of cost at government tertiary hospitals.
6. Hospitals like NIMHANS to become disable- friendly in terms of processes and procedures.

Testimony 3:

Noorunissa and Hassena Jan (Achondroplasia -80% disability)

Noorunissa (70 years) lives in a one room tenement with her husband Sayyad Bastan, 70 years, her sister Hassena Jan, 50 years and her 9 year old grand-daughter Balkais. Noorunissa and her husband themselves very elderly people are primary care providers for Hassena who has 80% disability due to a condition called Achondroplasia. She moves by dragging herself on the floor. Noorunissa's son supports the family and is the lone earning member. Noorunissa's daughter has mental health issues and is not able to care for her children. So Noorunissa has additional responsibility of caring for one of her children Bilkais who lives with her now.

Haseena's issues related to disability

Haseena's disability pension increased from Rs.400 to Rs.500 in November this year. Earlier the pension used to be sent to her by money order. But now she has been asked to go to the post office in person to collect it. This is a huge struggle. Sayyad and Noorunissa have to carry her and seat her in the auto. They also being elderly it is getting more and more difficult each time. The auto costs Rs.100/- per visit to go to Arabic college post office, where she has to go sign. They have requested the post office to send pension home many times, even agreed to pay postman 20/-, but to no avail. She feels Rs. 400-500/- per month is not enough to meet even her most basic needs. They have visited the Taluk office in Majestic, disability office near Dairy circle and Ambedkar hospital to submit letters asking for increase in pension. She has been provided a wheel chair to move around.

A week ago she received a notification that her pension has been increased to Rs.1200 and that it will be sent to her by money order. This hasn't happened yet.

She complains of chest pain, breathlessness, pain in left hand and leg. She has been spending nearly 300/- to 400/- on medicines per month. She has been consulting private doctors and has spent Rs.100 per visit to the doctor. One of the doctors prescribed her the following:

Inj. Deriphylline 1 c.c Ins stat
Inj. cpm 5 ml Ins stat
Rx Deriphylline Retard (150 ml)
Mahacef plus
Res c.c
Flexon

She says she is unable to read from her left eye after she consumed these medicines. She has not consulted any doctor yet regarding this.

Noorunissa and Sayyad Bastan's old age pension

Sayad Bastan has applied for old age pension and opened an account at post office on 3/9/13. He has also received a notification a week ago that his pension will be released from January 2014. This also remains to be seen.

Noorunisa is yet to apply for pension. She has no clue about how to go about doing so. She is waiting for people who helped her husband get pension to help her as well.

Many middle-men have approached her with offers of getting her pension in lieu of money.

Demands

- Old age and Disability (irrespective of levels of disability) pension should be increased to Rs.2000 a month given the increasing prices of essential commodities and special vulnerabilities of those who are elderly and those with disability.
- People are made to run around from one office to another and from one table to another for submitting forms, for any clarification about delayed/ stopped pensions. This is unacceptable particularly so because those being made to run around are the elderly, persons with disabilities and their caregivers. In order to prevent this situation, concerned authorities (in this case the tensildar's office) should visit the community on a fixed day, place and time every month so that those who want to submit pension forms, those who have complaints about delayed pension, inadequate amounts being remitted etc can all approach the concerned authorities at a place close to their homes.

Testimony 4:

Naseema, Mother of Nawaaz, 4 years [Cerebral palsy]

Naseema (36 years old) has a son Nawaz (4 years old) and they have lived in DJ Halli for several years. She and her husband have a BPL card for the last 10 years. Naseema has 5 children, 3 boys and 2 girls including Nawaz who was diagnosed with cerebral palsy.. Naseema's husband drives an auto. His diabetic condition prevents him from earning regularly, and he can work for 2 weeks in a month. Naseema has to carry Nawaz with her everywhere and sometimes takes on work like peeling garlic, once every 2 days, which earns her Rs. 30/ day. Naseema, her five children and husband live in a one room and a kitchen. Their rent for the house in DJ Halli is Rs.1200 a month. The other children go to school either government school or Hope Foundation school.

Nawaz's health and nutritional issues

Nawaz was a home delivery who developed persistent seizures on the second day of birth. His mother Naseema rushed him in a panic to a private hospital called Manjushree where he was admitted for two days. The costs at this hospital were exorbitant and Naseema had to spend around Rs. 10,000/- which she got by selling her earrings and brass vessels. When the private hospital became unaffordable, they

took Nawaz to Indira Gandhi Institute of Child health (IGICH) where he was kept in the intensive care unit (ICU). Here he was given a prescription for treatment of epilepsy and cerebral palsy. Naseema has approached several government hospitals and has not been able to access these medicines. They are not available at the local pharmacies as well because of which she has to go all the way to NIMHANS each time the drug supply runs out.

Now at four years, Nawaz is still on the same medication. He was also required to have regular physiotherapy because of his cerebral palsy and danger of painful muscle contractures but his mother is not able to take him regularly to NIMHANS because of the travel costs and inability of Naseema to leave the other children and her ill husband alone. Nawaz is sometimes taken for physiotherapy at the Association for People with Disability clinic in Lingarajpuram but this is at the rate of Rs.100 per session which Naseema finds financially very difficult.

Since Nawaz was delivered at home, the maidan hospital has not issued him a birth certificate. He has a disability card, prescriptions from Indira Gandhi OPD, discharge summary from Manjushree Hospital, immunization record and records of ante natal check-ups. Nawaz has only been given tonics and protein for free by government hospital or at the free camps. His epilepsy and CP related medicines cost an average of Rs. 650-700 a month and are not easily available.

Multiple issues faced by Naseema and Nawaz

1. **Cost of care of Nawaz:** Nawaz's medication costs Rs. 650-700 a month from any chemist and is not given free at either NIMHANS or Bowring. Nawaz should get physiotherapy but this costs Rs.100 at the APD unit at Lingarajpuram – including cost of commuting by auto and costs of clinic, physiotherapy would cost Rs. 1800 a month. Nawaz's father's insulin injection costs Rs.3000 each month which manages with the support of his friends.
2. **Ration from anganwadi and shop:** Naseema gets ration from the anganwadi which includes 750 gms of pulses, jaggery, oil, half kilogram of milk powder, 4 eggs in a week. On her BPL card she gets approximately 27 -30 kg of rice in a month at the rate of Rs.1 per kg, but she says that the ration amounts are reducing. Nawaz is again losing weight. He is both severely malnourished and suffering from epilepsy and cerebral palsy.
3. **Pension:** Nawaz has a disability card but so far has not received any pension. He is in the process of applying for it but it has been difficult to do the paper work because first he did not have a birth certificate as he was a home delivery, and secondly Naseema has to take care of five children including Nawaz who requires special care all the time and has been unable to follow up on pension.

Demands

1. The concerned departments - Social Security and Pension, Disability and WCD should fix a day and venue every month in the community where disability cards, pension cards and all complaints related to pension be it old age, widow or disability pension are received and attended to.
2. Disability certificates should be issued by the doctor in the local UFWC and prevent hardships to the family with a child with disability requiring multiple visits to hospitals located far away (like NIMHANS and Indira Gandhi Hospital)
3. Birth certificates should be issued to all children in the local UFWC within a particular time-frame irrespective of where the child was born.
4. Free Physiotherapy services should be provided in the DJ Halli UFWC to prevent families from having to travel long distances and pay for these most essential services for adults and children with disability which will improve their quality of life.
5. The newly opened NRC in DJ Halli should be made operational so that treatment for SAM is provided in DJ halli, closer to the community. The functioning and management of the NRC should be in consultation, involvement and participation of mothers.
6. All essential medicines including those for epilepsy which many children/adults with certain kinds of disability require should be available free of cost in DJ halli UFWC
7. A comprehensive survey should be undertaken to estimate the number of people with disability by type in the DJ Halli area so that government services provided through different departments can be made more responsive to the specific needs of those with disability.

Testimony 5:

Rihanna, 23 years – [Pregnancy induced hypertension and neonatal death]

Rihanna is married to Zia, 25 years, who works as a carpenter. She is now in her mother's house for the last three months where she had come for her delivery. Her mother, father, two sisters and two brothers live in this house in Eidgah Muhalla.

Rihanna's struggle with basic antenatal care

When Rihanna missed her periods, she went to a private clinic near the madrasa and Jamia Ashrafia school which is open from 10 am to 12 pm, where her urine was tested and her pregnancy test was positive. She considered going to the maidan

hospital for her antenatal check but she was dissuaded by many of her neighbours and friends saying that the doctor at the maidan hospital was never available, the staff treated patients badly, they took bribes for everything (300 for urine test, 300 for blood test and 600 for birth certificate with additional costs for delivery totalling upto Rs 1500 – 2000) and that they would anyway refer to Bowring or Vani Vilas at the last minute.

Fearing all this, she started going to Bowring for her antenatal check up. They had to spend almost 70 – 80 Rs. just for travelling to Bowring and back. She was always told she was normal during examinations and each time a test was done, she was asked to come back the next day to collect reports. This made it very inconvenient for her.

In her 6th month of pregnancy she developed swelling of her feet and face. She went to Bowring where they said they did not have beds for 'fits' and referred her to Vani Vilas. She reached Vani Vilas at 1 am. For three days she was admitted in Vani Vilas. She was asked to get four injections from outside, with each costing Rs. 500/- (total of Rs. 2000/- for injections). They had to give the doctor Rs. 5000/- in an envelope. The family had to take a loan for the treatment and are now repaying with interest. Rihanna, her mother, aunt and sister spoke at length about the callous attitude of the staff at Bowring. Patients and attenders were abused and insulted. After 3 days Rihana lost the baby and she was discharged. After that she continued to have swelling and headache. She was diagnosed to still have high BP at a private clinic where she paid Rs. 250 per visit for doctor's consultation and medicines. Now she says she feels better but depressed about having lost the baby.

Rihanna, her mother and aunt feel that the maidan hospital is of no use to the local people and has a very bad reputation.

Her mother lost her husband two years ago but still has not got a pension. She had applied for it two months ago. Rihanna's sister has a knee deformity for which they had applied for a pension card. They had to run around for almost 8 months to get that pension card. She has to go and collect the pension (Rs. 400) at the post office. If it has to be delivered at home she gets only Rs. 380/- as the post man takes a commission for delivering pension at the house.

Demands

1. Good quality free antenatal check up at the maidan hospital.
 - a. Early identification of women with risk factors and appropriate planning for delivery. This includes screening for high BP through BP measurements and urine tests.
 - b. Nutrition counseling at the weekly antenatal/immunization clinic including demonstration of nutritious recipes by staff and mothers

- c. Ensuring adherence to IFA tablets and AN visits.
2. Improvement in attitude and behavior of staff in the maternity home/ UFWC
3. All mandatory blood and urine tests related to AN care should be compulsorily conducted FREE of cost in the laboratory located in the DJ halli maternity home/ UFWC. All consumables, reagents and facilities needed to carry out lab investigations as per norms should be regularly supplied in adequate quantities to the DJ halli maternity home/ UFWC. Collection of Rs. 300 for blood /urine tests should be stopped immediately.
4. Creation of a People's Committee in the DJ halli maternity home and UFWC that has primarily women from the community who use services of the facility along the lines of Arogya Raksha Samiti to provide oversight for the functioning of the DJ halli maternity home and UFWC and ensure complaints about staff behavior, bribes, facility upkeep, availability of medicines area acted upon immediately.
5. Periodic open public meetings in the wards where decision making administrators from different departments are present who take immediate action for various problems and complaints from the public.

Testimony 6:

Seema, 25 years– child with Severe acute malnutrition (SAM)

Seema is 25 years old and her husband Omar Siddiqui, 28 years, works as coolie. They have four daughters – the eldest, Sania, is 8 years old and goes to 2nd std. at a government school; Aalia and Firdaus (5 and 3 years) go to the anganwadi at Eidgah Mohalla and Fazleen is 1 year old.

Delivery at the maidan hospital: When she was carrying Fazleen, Seema went to the PHC for check up every month from the fourth month of her pregnancy. Nothing was given to her free – Injections had to be bought from outside (5 injections post delivery, Rs 250 each); even glucose was bought from the medical store; blood testing and scanning were not done at the PHC and had to be done outside at a clinic; she was even told that she had to pay to use the toilet facilities. She wasn't told that she could get scanning done for free at Bowring hospital, and was sent instead to Ambedkar, where she paid Rs 550 for her scan (see attached photo of bill). And she was sent to Anand clinic for blood testing for anaemia post delivery (Rs 150). All in all, she spent around Rs. 2000/- for her delivery at maidan hospital.

Besides this they took money for discharge and demanded money for the birth certificate – when Seema said that all their money had been spent on hospital costs and they didn't have any for the certificate, they were given a birth certificate without a name and asked to bring Rs 250 and come back in a week's time for the name to be entered. The birth certificate still has no name.

The total amount spent on the delivery was around Rs 2000 rupees and the only thing that was given free of charge was one bottle of glucose.

Anganwadi: A year ago, Firdaus was declared 'weak' (SAM) by the anganwadi, when she was weighed there; they have been giving rations, tonics and protein at the anganwadi for Firdous for the last one year. Someone has been coming once a month from the anganwadi to check on her health and weight.

Firdous and Aliya go to anganwadi and get food and milk, Firdaus gets eggs also in addition to this. Fazleen doesn't get anything, but she has also been declared 'weak', so this needs to be followed up.

At one of the health camps, tonics were prescribed for Firdous, which Seema purchased from outside paying Rs 180. She was told that the amount would be reimbursed by the anganwadi. The anganwadi teacher had taken Seema to the maidan hospital and requested the medical officer to sanction the amount, but the MO had refused. Seema hasn't received the reimbursement yet.

BPL card: Since Firdous was diagnosed as SAM, the family is eligible for a BPL card. The anganwadi teacher has said she'll help with this, but it hasn't happened in the last year. Seema has filled out a form and has paid 300 rupees – 150 for the papers, 150 for an identity card as bribe, but to no avail.

Janani Suraksha Yojana: They have not received any money under this scheme after the births of their daughters.

Bhagyalakshmi scheme: They have been given a bond in Aliya's name but are yet to open a bank account as required; they were told to wait for five years before opening a bank account, in case the girl dies. They want help in getting the details about this scheme clarified. (The rules stipulate that the parents should have undergone family planning operations after the birth of the third child, but they now have four daughters. Since they were told to wait for five years and were also not provided with clear details on the bond, this situation needs to be looked into).

Firdaus, Sania and fazleen have not received any bonds in their names.

Demands:

1. AN care services should be completely free. Women should not be charged even the user fee that they are presently paying. In rural PHCs under the NRHM and in some secondary hospitals in Bangalore city antenatal care is free.
2. There have been several complaints about the laboratory services in the DJ halli maternity home/ UFWC– about excess charge, about sending samples to private labs for testing, giving false reports and so on.
 - a. Collection of Rs. 300 for blood /urine tests should be stopped immediately.
 - b. All mandatory blood and urine tests related to AN care should be compulsorily conducted FREE of cost in the laboratory located in the DJ halli maternity home/ UFWC.
 - c. All consumables, reagents and facilities needed to carry out lab investigations as per norms should be regularly supplied in adequate quantities to the DJ halli maternity home/ UFWC.
 - d. Samples should not be sent to private labs for testing
 - e. Oversight of lab functioning to ensure no false reports are issued
3. All medicines required for the treatment of children with SAM should be made available free of cost, at the DJ Halli maternity home/ UFWC. Parents of children with SAM should NOT be given any prescription to buy medicines from private chemists/ hospitals or made to pay any money upfront.
4. Families of children with SAM should be issued BPL card to facilitate their access to various entitlements across departments.
5. Help with opening the bank account for the Bhagyalakshmi bond needs to be provided.

Testimony 7:

Shamsunissa (48 years) and Syed Inayat Pasha (60 years), [Elderly couple with disability]

Shamsunissa (48 years) and Syed Inayat Pasha (60 years) are an elderly couple who live in a rented home in DJ halli since the last several years. They have five girls and two boys. One son drives an auto and the other is an auto mechanic. Four of the daughters are married. One daughter is unmarried and stays with the parents. Their

youngest daughter dropped out of 8th Std to take care of her parents who need a lot of physical support and assistance even for activities of daily living such as using the bathroom, preparing meals, moving around etc.

Shamsunissa has polio and foot and spine deformity. She has to drag herself on the floor to get from one room to another. Syed Inayat Pasha has also had polio and has short malformed legs so he also has to drag himself on the floor. They get Rs. 500 each from the pensions department. He used to have a cycle but now it has become old and he is unable to use it. He has a problem with his right hand so he would need to operate the gears with his left hand.

The couple face multiple issues on a day to day basis. Some of these are described.

1. **Housing** - The owner of the house where they are staying in now wants them to vacate by February or March. The owner hasn't informed them directly but the contractor had come and said that they are planning to build/renovate because of which they would have to vacate. They don't have money to pay advance anywhere else. Now the rent is Rs. 1500 per month. They have received no housing support or house allocation from government inspite of repeated visits to different ministers and offices. They feel that family quarters are given to many people who don't really need them but they themselves have been denied housing options. They have submitted many petitions but to no avail
2. **Maintenance of family** – They get 28 kg of rice @ Rs 1/- and sugar through the ration card. Earlier they used to get 13 litre of kerosene. That dropped to 8 L and now it is 4 litres.
3. **Health** - Recently their younger daughter was unwell and had to be admitted at a private hospital. This was a struggle for the parents in terms of traveling to the hospital and managing expenses. When their daughter was admitted for 12 days they spent around Rs. 12000 at Ambedkar for auto and other expenses. They have a Rs. 20000 loan now which they are trying to repay. Shamsunissa has hypertension and diabetes for last 6 years and Syed Inayat for the last 9 years. The cost of their medicines work up to Rs. 1500 per month for the couple because of which they take irregular medications. In Jayadeva cost of treatment is and they have to pay around Rs. 600 for each report.
4. **Disability card** - They paid Rs. 3000 to get the disability card made. The family had to go to Sanjay Gandhi hospital for the disability certification. Language is a barrier in these government offices. Disability should be certified locally to avoid untold hardships to disabled people. Syed says '*We had to climb 6 floors to go to the office. When we went there the person in charge of pensions was not there. Even if they give*

me disability benefits free of cost I will not take it. It is a torture trying to access any government facility or scheme. There is no izzat"

5. **Pension collection** - They have a pension card only since the last 4 years. Syed gets his pension at the house, but Shamsunissa has to go to the post office to collect pension. Then they have to pay Rs. 100 for the auto to take them and bring them back. They had contacted the local MLA to see if he could make the process of collecting pensions easier but he asks them to come back at a later date.

Demands

1. They demand that there is some income generation scheme so that disabled people are able to support their children and their needs.
2. They want the pension to come to the house without having to pay bribes.
3. They want mobility assistance – wheelchairs/cycles etc that is suitable for their unique disability.
4. The couple is unable to meet the expenditure of treatment for diabetes and hypertension. They demand that all screening for these conditions, diagnosis and treatment be done at the local UFWC rather than being referred to private or tertiary hospitals.

Testimony 8:

Shameen Taj, 60 years caregiver for Haseena, (visually disabled) and Sakeena, (mental retardation and epilepsy)

Shameen Taj's family moved from Islampur village in Tumkur district about 40 years ago and have since been living in DJ halli. Shameen lives near Hyder Ali Circle in DJ Halli with her husband and their two children in a small house. Shameen is a domestic worker.

Eldest of 7 siblings Shameen Taj is also caring for her two sisters Haseena, 40 years old and Sakeena 25 years old who live next door in a tiny room. Haseena is blind in one eye, has epilepsy and is subject to episodes of seizures. Sakeena is blind in both eyes and can only see blurred images. She has also been suffering from seizures for the past 5 years. Both sisters are unable to manage activities of daily living on their own. And Shameen is the primary caregiver.

Struggle to access health care and disability pension

- Health – The family has sought treatment from NIMHANS. But visiting NIMHANS for follow-up has been very difficult and therefore they are not on regular medication for epilepsy. Staff in UFWC has been not only been unsupportive in understanding their issues but also been stigmatizing them. So they have stopped going to UFWC and are forced to seek medical care in private clinics which has been very expensive.
- Disability Card and pension– Haseena is the only who has a disability card receiving Rs 400 on a monthly basis. This amount comes to a bank account. Shameen has tried in the past to apply for a Disability card for Sakeena, but has lost her money to a middleman.

Demands:

1. The UFWC/ PHC should provide follow-up care for medical complications in persons with disability. For instance in this case, medical care for epilepsy can and should be in the UFWC.
2. All medicines including those for epilepsy and seizures should be provided in the UFWC
3. A comprehensive survey of all persons with disability in DJ Halli area should be undertaken immediately and disability cards issued on the spot.
4. A disability pension of Rs. 500 per month is a paltry sum and does not meaningfully contribute to augmenting caregivers' income. The disability pension should be increased to Rs.2000 per month. All persons with disability without any differentiation of their level of disability should be provided the same amount of pension.

Testimony 9:

✓ **Kamar Taj, Burden of health care expenses**

Kamar Taj, her husband Irfaan and their four children aged 15 years, 13 years, 5 years and 3 years respectively now live on the streets of DJ halli. Irfan presently sells bananas on a *gaadi*. Kamar works as a salesperson in a garment store in Govindpur. Their eldest son works in a furniture polishing workshop. Second son has dropped out of school. Their older daughter aged 5 attends school.

Health crisis in the family

Last year 5 year old Mehek started complaining of severe stomach ache and fever. Kamar did not even consider visiting the DJ Halli UFWC as there was no doctor who treated children's health problems. For nearly two months the family made several

trips to Bowring hospital. Every time the child was given de-worming and paracetamol tablets and sent back. Even though the child's situation got progressively worse, not once was any investigation prescribed. Mehek was not eating and her weight dropped from 20kg to 12 kg in this period and she was not identified as SAM for admission in NRC at Bowring Hospital. Kamar made several visits to the private doctors in the community. One of them suggested a scan of the abdomen. During the same time Irfan had to quit his well-paying job in a furniture polishing shop as he was diagnosed with kidney stones and he was passing blood in urine. He was now selling trinkets by the roadside. It was with great difficulty that they were able to mobilise money and get a scanning done which showed that the worms in the abdomen had formed a kind of knot and had not been responding to any de-worming tablets. The family had already spent around 3000 for health care expenses. With Irfan unable to work and mounting health care expenses the family's financial situation was going downhill on a slippery slope. Kamar felt that they had to seek in private hospital as the child did not get better in Bowring. But money was hard to come by.

One day Mehek went into a semi-conscious state and was drowsy and unresponsive. In desperation Kamar rushed her to the nearest private hospital. There they demanded an advance of Rs. 5000. She carried her child to a local benefactor she knew of and begged for money. He paid her 2000 and asked her to admit the child. He wanted a letter from the doctor as proof that the child was admitted. The next day she went back with the letter and he gave her another 3000 rupees. She was not sure how she would raise the money required if the child had to be treated in the hospital. The doctor there was empathetic and said that he will try their best to help. When Mr. Zameer Ahmed visited the hospital the doctor spoke of Kamar's hardship and the former gave her Rs.8000. He also directed that she be reimbursed from the Mayor fund. She had raised hand loans from her mother and sister close to 10000. She felt confident that will somehow sail through. However both her sons and her husband also fell sick. Older son was diagnosed with Dengue and the younger one with typhoid. They both needed a few days' stay in the hospital. Given that her husband was sick she could not admit them in Bowring. And they ended up getting treated in the same private hospital where her daughter was admitted. By the end of this entire episode the hospital bills came up to 80000. She raised loans from a savings group (20000) and the remaining from the open market on interest.

The burden of health care expenses

After Mehek got discharged Kamar followed up with the MLA and several visits later she was sanctioned 10000 of which 2000 was cut by a middleman and she received 8000. By now the family income was very low. Irfan's trinkets business did not earn him much. So he had shifted to selling bananas. To augment family income and to

repay the debts Kamar joined work as a salesperson where she is paid 3000 per month. She was struggling to repay the debts. She managed to repay the loan she had taken from the sangha. But in the process she had failed to pay her rent for several months. She had taken time to pay several times.

About three weeks ago the owner of the house evicted them. Since then the family has been homeless. Kamar has been accommodating her children in her mother's house which is very dilapidated and crowded. Kamar and her husband have been sleeping out in the open.

They have no money and no one is willing to extend them any loan. And no house owner is willing to rent them a place without the customary deposit. The family is on a hand-to-mouth existence supported primarily by Kamar's meagre earnings. The couple are depressed and Kamar often says she would like to end it all. But thinking of what might happen to her children she is taking strength to struggle and fight a daily battle against her life circumstances.

Issues

Kamar's testimony is a classic commentary on the status of the entire public health system today. It illustrates how people are pushed into destitution only because the public health system has been wilfully weakened and people have to depend on the commercialised, often exploitative private hospitals. The resultant health care expenses trap them in a vicious cycle of debt, ill-health and poverty.

In Kamar's case, we see complete absence of a functional comprehensive primary health care, while tertiary care services in government are charged and are unresponsive.

Testimony 10:

✓ Heena Kausar and Shabana, Modi Road, Jhanda galli

Shabana, 25 years, has been married for six months now and is in her 4th month of her first pregnancy. Her husband Sadiq is a fruit vendor.

Pregnancy confirmation and antenatal care

When she missed her periods she visited a private clinic for confirming the pregnancy. The doctor referred her for scanning and based on the results told her she was pregnant. She does not want to seek antenatal care or delivery care in DJ halli maternity home because she has heard of women who have died there during delivery. Instead she has decided she will go to Bowring Hospital.

Shabana's aunt Heena Kausar was very upset with behavior of staff in government hospitals including DJ halli maternity home and Bowring. "They harass us making us run around from one place to another. They treat us so badly. As if we have no respect. Why should we lose our dignity and go to government? When we ask questions they say, if you are so rich why do you come to government hospital. Go to private. We go to private because we have gotten fed up of government hospitals. We end up spending a lot. But at least people don't treat us badly. Here they make us feel as if they are doing us a favor, as if we are a burden on them", she said.

Registration at Anaganwadi

After confirmation of pregnancy, Shabana visited the closest anaganwadi in Shakkarmandi. She was told that registering her name in anganwadi would cost Rs.50. However when her identity card was checked, the address was of Modi road, her mother's home. So the teacher told her she should go to Indirapuram anaganwadi. When she went to this anaganwadi, the teacher was very angry with her and made her run around several times before registering her name. She did not charge any money. The teacher told her that she will get monthly rations, but there was no specific time when the rations will arrive. So she should come to the

ananganwadi everyday and check. And if she does not pick up her rations even once her name will be cut off from the register, she was told. Shabana has been going every day since she registered her name a month ago to check if rations have been supplied. So far they have not.

Issues:

- This is a good illustration of why people are crowding tertiary care facilities such as Vani Vilas, Bowring for antenatal care and delivery services which are supposed to be provided at maternity homes. DJ halli maternity home is so dysfunctional that women are visiting Bowring even for antenatal care women are crowding tertiary care facilities like the Bowring hospital.
- Staff behaviour is rude and disrespectful, robbing them of their dignity. This is seen as the single most important reason why people are not seeking care in government hospitals/ health centres. This is true in case of ananganwadis as well.
- Too few anganwadis in the area are leading to denial of services pregnant women and children.

To,

The Director

Dept of Women and Child Welfare

Govt of Karnataka

Sub: Demand For Anganwadi

Dear Sir/Madam,

We, the residents of Modi Road, Jhande Galli, School Mohalla, DJ Halli, Ward-47 ~~etc~~ would like to bring to your notice that there is no Anganwadi in our area and the nearest anganwadi is quite far away and is already above its capacity.

Our demand from you is to open an anganwadi in our area.

Sincerely.

	Parents	Sign
1. Ali (3 yr)	Salma, Imran	Salma
2. Moham. Suzom (1.5 yr)	Mafis sultana	Mafis
3. Fatima br (2.5 yr)	Reshma	RESHMA
4.		
5. Suhan pashe (3 yr)	Chant Pashe	Chan Pashe
6. Zoya Banu (2 yr)	Razuk	Razuk
7. Asiya (3 yr)	Amjad	FARZANA
8. Moshan (4 yr)	Khader	SULTANA

Sincerely

Parents

Sign

9. Taseena	(3 yr)	Khader	Sultana
10. Waseem	(2 yr)	Khader	Sultana
11. Mubark	(5 yr)	Rahim	U M
12. Yaseen	(3 yr)	Rahim	U M
13. Sufiya	(2 yr)	Rahim	U M
14. Imran	(5 yr)	Amjad	FARZANA
15. Fran	(1 1/2 yr)	Amjad	FARZANA
16. Subiya	(1 yr)	Ayaz	SUMIYA
17. Jathima	(1 1/2 yr)	Naveeda	Naveeda
18. Nazma	(4 yr)	Naveeda	Naveeda
19. Aliya	(2 yr)	Syed	Samir
20. Rehan	(3 1/2 yr)	Shabana	SHABANA
21. Usman	(4 yr)	Arshiya	U M
22. Ayan	(3 yr)	Reshma	RASHMA
23. Kazya	(3 yr)	Yasmeen	U M
24. Mubseen	(4 yr)	Shameen	SHAMEEN
25. Usman	(4 yr)	Shabseen	SHABSEEN
26. Ghoseya	(2 yr)	Shabseen	SHABSEEN
27. Rayan	(4 yr)	Shabeena	Farzana
28. Zobia	(2 yr)	Reshma	RESHMA
29. Yaseen	(4 yr)	Reshma	"
30. Rabiya	(3 yr)	Rizwana	Rizwana
31. Azeem	(3 yr)	Freya	Freya
32. Neha	(1 1/2 yr)	Naghna	Naghna
33. Meedha	(2 1/2 yr)	Zareen	ZAREEN
34. Suhana	(4 yr)	Zareen	"

Sincerely		Parents	Sign
35 nuhera	(-)	- Parent	Parent P
36 Yaseen	(4yo)	Parveen	PARVEEN TAJ
37 Zariib	(3yo)	Tahera	Tahera
38 - Salman	(4yo)	Husna	حسنا
39 - Asma	(-)	- Parent	- Asma
40 - Asijya	(-)	- parent	-
41 - Abu Bakar	(-)	- Gulzar	- GULZAR
42 - Aliya	(3yo)	Jathira	- FatHima
43 - Jatheen	(3yo)	RukSana	- RUKSANA
44 - Zariib	(4yo)	- Asma	-
45 - Ayan	(3yo)	- Asma	ASMA
46 - Tasmiya P	(-)	- Parent	- Tasmiya
47 - Ayan	(4yo)	- Sahera	- O L L
48 - Sajien P	(2yo)	- Tasleema	- Tasleema
49 - Ayesha	(4/11)	- Tabassum	- Tabassum
50 - Joyu	(2.5M)	- Tabeena	- Tabeena
51 - Suheena	(1yo)	- Ayesha	- Ayesha
52 - Joziya	(3yo)	- Noori	- Noori
53 - Husan	(3yo)	- Saleema	- Saleema
54 - Farisya	(3yo)	- Salma	- Salma
55 - Sabir	(3yo)	- Asma	- Asma
56 - Noor	(2yo)	- Yasmeen	- Yasmeen
57 - Ayan	(5/11)	- Mehar	- Mehar

Date - 11th

To,
The Director
Dept of Women and Child Welfare
State Govt of Karnataka

Sub: Opening of Anganwadi in Shrinivas Nagar, DJ Halli, Ward-47

Dear Sir/Madam,

We the residents of Shrinivas Nagar, 2nd Cross, KK Function hall, DJ Halli Main Road, Bangalore- 560045 would like to bring to your attention that there is no anganwadi in our area and the nearest anganwadi is too far and already full. Our area has more than 60 eligible children.

We demand that an anganwadi should be opened in our area. The undersigned are parents of children in 0-6yr age group or pregnant women from the area.

Yours Sincerely

Residents of Shrinivas Nagar

STUDENT'S NAME

CLASS

SUBJECT

ROLL No.

DATE

[][][][][]

Sayeed Khan

Mubeena Khan → 5 - Janera Khanam

Humera Barw → 2 yrs - Asfiya Khanum

Rahman → 2 yrs - Ra Tarfin

Rahema → 5 yrs - Madiney

NAGREENA → 5 yrs - Huda

Motsina → 1 year - Kubar

Salma → 3 years - Huzair

Salma → 5 years - Ahsan

- TABASSUM → 2 years - Azan

- NEEDU BARI → 5 years - Faraz

Shahida firdose → 2 years - Huzair

Rohi Barw → 5 yrs + 4 yrs - Nida Sultana Arshad Sultana

Salma Sultana → 1 yrs - M.D. Hasain

M-D-AMEEN-KHAN → 2 yrs - Asad Ahmed

M-D-ANWAR-KHAN → 5 yrs - M-D-ANWAR-KHAN

Waheeda Barw → 5 yrs + 1 yrs - 3 yrs - Kaleem Ulla

Aysha Sultana → 5 yrs

Syed Faizal → 1 yrs

umme Saba → 2 1/4 yrs

Rehana

Anees Fathima → 2 yrs

Ruk Sar

Siddiq Khan → 4 yrs

A. F. Bari → 5 yrs

A. F. Bari → 5 yrs

Shabana Barw → 5 yrs

Shabana Barw → 5 yrs

Shabana Barw → 5 yrs

Shabana Barw → 5 yrs

Shabana Barw → 5 yrs

Shabana Barw → 5 yrs

Shabana Barw → 5 yrs

Shabana Barw → 5 yrs

Shabana Barw → 5 yrs

Shabana Barw → 5 yrs

Shabana Barw → 5 yrs

Shabana Barw → 5 yrs

Shabana Barw → 5 yrs

Shabana Barw → 5 yrs

Mother	Year	Children
1) Sara	5	Abd Bilal
2) Asfath		
Haseena	1 1/2	Nawaz
NEELUGAT	5	Javeed
Nazuma	4	Jabeena
Nazuma	1/2 2	Rahman
Nazuma	1/2 3	Ayeesha
8	1.50	Adineel
Jabeena	3	Hijera
Yasmeen Taj	1.20	Ayse Salim
	200	Jabeena Taj
Suraiya Sultanah	5. Yes	Ziaduta Shaf
	1 1/2 Yes	hume Sa Naaz
Tabassum	1 1/4	AllyA
Faza Haseena	5	Rahana
NAZIMATAJ	2	Taruniya Taj
Shahreen	3	
Arifa	3	Ummarulla
Humera	8	Abdul Rahm
	2	Ali Hume
	9 1/2	Ashya
SAMEENA	5	Apsa
Reshma	4	Ummi Hani
	2	Fazil - Ahmed
Sumaiya	3	Arshiya - Ban
Salma	5	Simran
Gulshan	5	Umar Faruq
	3	Nuri Haseen
	1/2	fatima Banu

STUDENTS NAME.....

CLASS..... SUBJECT.....

ROLL No..... DATE.....

STUDENTS NAME	CLASS	SUBJECT
mathers	YARS	Chorans
to Tasleem	3	Sultan
Nazema	5	Roman
		AASAY AASYA
SHABREEN	5	Mubarak
	1	Fathma
Aneesa Banu	3	Abdul Rahem
	7 months	Abdul Raqeeb
Sabiha Banu	3 months	Afreen Banu
Fauzahan Banu	5	Abdul Rehman
KOUSER	5 months	Syed Majed
Ayesha Zambal	3 3	Rihan
Mahmuda	04	Maimuna
Nahida	03	Abdul Rahman
Husna	05	Rizwana
	03	Russar
	7 months	
Hajira	05 05	Humera
	02	Reehan
Shama	05	Reehan
Reshma	04	Faisal
Sajeda	03	Ismail

Month	Age / yrs	Children
Mohana	1 yr 2 month	Bhagya Lakshmi
1	1 yr 2 month	Banumathi
Amudha	5 yrs	Monica
	4 yrs	Allan
	1 $\frac{1}{2}$ yrs	Neeha
Mustaf	3	Azmad
Agarwal	5	Yaswan
Ahisa Fathima	2	Md. Ummeah
Zahida	8 yrs	Mohsin
Shabana	4 $\frac{1}{2}$ yrs	Zoya
	3 $\frac{1}{2}$	Fahad

STUDENT'S NAME		TOTAL MARKS OBTAINED
CLASS	SUBJECT	
ROLL NO.	DATE	

Majila

1 1/2

Aquna

ASHA

1 1/2

AJAY

1. Ayesh Siddiqi

2-1m

Huzayfa Fatima

2. Haseen Taj

4

Mohammed Aqib

Haseena

5

Ameera

5

Ameera

4

Kulsum

4

Jakeera

9 Mar

Ayalee

Katija

Katija

Phalini

3 M

Raju

R. Vaidaswari

8 M

Vall

2 years

Vinay

Pregnancy

1. Jashni

w/o Murali

4 months

2. Pavithra

w/o Umerh

6 months

3. Asma Taj

w/o Syed Huzan

8 months

4. Rehana

w/o Waseem Baig
Champase

2 months

7 Months

SAMEENA

Ranveer

Mothers

Yrs

Children

Dfreen Dyeshia

3 1/2

2 1/2

3 Months

Omrahfatiima

Uza faliima

Mudassir Gurehi

Nazia Banu

2 1/2

11 months

MD. Subhan

Husnathunnisa

Kulsum Banu

2 1/2

9 months

#Afifa Banu

Aliya Banu.

Shazaiya Banu

1 year

Younus

Noorie Banu

5 years

Shoigan

Ayesha Banu

~~4 years~~

4 years.

Fahim

~~M. INDRA~~

M. INDRA.

4 years

1 1/2

Aijai

Sangie

K. Zameerapur

2

Sangiya

Srinivas nagar 11th Cross

K.K Function hall Devarajevana

Halli Modi road

Bangalore - 560045.

Contact no - 8792136120

To,
The Director
DWCD
Govt of Karnataka,

DWED

Govt of Karnataka,

Sub: Demand for an Anganwadi in DS Halli, Trippe Mohale

Dear Sir/Madam,

We the residents of Toffu Mohalle, DJ Haur, Ward - 47 would like to bring to your notice that our area doesn't have an anganwadi and the nearest anganwadi is too far and too overloaded to serve children of our area.

We demand that an anganwadi be opened in our area as soon as possible.

Yours Sincerely

Neelufar	Hojila	Nazimra Taj
Arabia - 23-10-10	Roshni = 3y	Tasmiya Taj
23/10/2010	Saddiq 29 months	2 years
5/11/15 9/20/12	Rehana	
Shadia 15-12-12	Ali - 10 months	Fareeda
/Kasheer	Shabs-een = 280	Muskan
Yaseen		Li yess
Samreen	Susana Taj	Mujhade
Suan S	Shabta Khanam	5 months
33	5 months 6 months	
Mubeena - 6	Sahara Banu	PARVEEN TAJ
Tasba 250	2 years	Yaseen
Jaffa	Rukhsar Taj	9 months
Zayyap	Husnaba Taj	NAHEEDA (Panna)
300	6 years	FRANHAN (2012)
MALLIKA 35	Nazbeeta Taj	Rabeela
(Mubarak)	2600 month	Rajesh - 2 6 month
21/5/1990		28-4-11
SAHBNAM		praveen 6 month
17/8/1983	Simran = 8 months	15-7-13
SLTANA	MUMTAZ	JABEEN
Shabana		
Loji 6	FARZANA	
Rehana		
SATIDA	Ali = 5y Amseer	
W 9/1	Ghousia = 6y	
Fahreen = 7y	Ayaan = 5y	
Mahin = 7	Rehan = 10	
Aliga = 4y		

ಕರ್ನಾಟಕ ಸರ್ಕಾರ

ಸಂ:ಮಮಇ 455 ಐಸಿಡಿ 2013

ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ಸಚಿವಾಲಯ,
ಬಹುಮಹಡಿ ಕಟ್ಟಡ,
ಬೆಂಗಳೂರು, ದಿನಾಂಕ:25.09.2013.

ಇವರಿಂದ:

ಸರ್ಕಾರದ ಪ್ರಧಾನ ಕಾರ್ಯದರ್ಶಿ,
ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಹಾಗೂ ವಿಕಲಚೇತನರ
ಹಾಗೂ ಹಿರಿಯ ನಾಗರಿಕರ ಸಬಲೀಕರಣ ಇಲಾಖೆ,
ಬೆಂಗಳೂರು.

ಇವರಿಗೆ:

1. ಪ್ರಧಾನ ಕಾರ್ಯದರ್ಶಿಗಳು, ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ, ವಿಕಾಸಸೌಧ.
 2. ಕಾರ್ಯದರ್ಶಿಗಳು, ಪ್ರಾಥಮಿಕ ಮತ್ತು ಪ್ರೌಢಶಿಕ್ಷಣ ಇಲಾಖೆ, ಬಹುಮಹಡಿ ಕಟ್ಟಡ.
 3. ಕಾರ್ಯದರ್ಶಿಗಳು, ಆಹಾರ ಮತ್ತು ನಾಗರಿಕ ಸರಬರಾಜು ಇಲಾಖೆ, ವಿಕಾಸಸೌಧ.
 4. ಆಯುಕ್ತರು, ಬೃಹತ್ ಬೆಂಗಳೂರು ಮಹಾನಗರ ಪಾಲಿಕೆ, ಎನ್.ಆರ್.ವೃತ್ತ.
 5. ನಿರ್ದೇಶಕರು, ಬೆಂಗಳೂರು ವೈದ್ಯಕೀಯ ಮಹಾವಿದ್ಯಾಲಯ.
 6. ಕ್ರಿಷ್ಣನ್ ಡಿ ರೋಜಾರಿಯೋ, ಸರ್ವೋಚ್ಚ ನ್ಯಾಯಾಲಯ ಆಯುಕ್ತರ ಸಲಹೆಗಾರರು.
 7. ನಿರ್ದೇಶಕರು, ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆ, ಬಹುಮಹಡಿ ಕಟ್ಟಡ, ಬೆಂಗಳೂರು.
 8. ನಿರ್ದೇಶಕರು, ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ, ಆನಂದರಾವ್ ವೃತ್ತ.
 9. ಡಾ:ಗಂಗಾಧರ್ ಬೆಳವಾಡಿ, ಮಕ್ಕಳ ವಿಭಾಗದ ಮುಖ್ಯಸ್ಥರು, ವಾಣಿವಿಲಾಸ್ ಆಸ್ಪತ್ರೆ.
 10. ಡಾ:ಎಂ.ತಿಮ್ಮಪ್ಪ, ಮುಖ್ಯಸ್ಥರು, ಪೌಷ್ಟಿಕ ಪುನರ್ವಸತಿ ಕೇಂದ್ರ, ಬೆಂಗಳೂರು ವೈದ್ಯಕೀಯ ಮಹಾವಿದ್ಯಾಲಯ ಸಂಸ್ಥೆ.
 11. ಡಾ:ಎಂ.ರಜಿನಿ, ಜಿಲ್ಲಾ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣಾಧಿಕಾರಿ, ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ.
 12. ಡಾ:ಸುಮಿತ್ರಾದೇವಿ.ಬಿ.ಆರ್, ಉಪನಿರ್ದೇಶಕರು, ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ.
 13. ಡಾ:ನಾಗರಾಜ್.ಎಸ್.ಬಿ, ಮುಖ್ಯ ಆರೋಗ್ಯಾಧಿಕಾರಿಗಳು, ಬಿ.ಬಿ.ಎಂ.ಪಿ.
 14. ಕೆ.ಹೇಮಾಜನಾಯಕ್, ಅಪರ ಆಯುಕ್ತರು (ಆರೋಗ್ಯ), ಬೃಹತ್ ಬೆಂಗಳೂರು ಮಹಾನಗರ ಪಾಲಿಕೆ.
 15. ಡಾ:ವೆಂಕಟೇಶ್, ವೈದ್ಯಾಧಿಕಾರಿಗಳು, ಬಿ.ಬಿ.ಎಂ.ಪಿ.
 16. ಡಾ:ಸುರೇಶ.ಬಿ.ಕೆ, ವೈದ್ಯಾಧಿಕಾರಿಗಳು, (ಆರ್.ಸಿ.ಹೆಚ್) ಬಿ.ಬಿ.ಎಂ.ಪಿ.
 17. ಶ್ರೀ.ಎಂ.ಮೋಹನಕುಮಾರ್, ಎಕ್ಸ್‌ಕ್ಯೂಟಿವ್ ಇಂಜಿನಿಯರ್, ಕರ್ನಾಟಕ ಕೊಳಗೇರಿ ಅಭಿವೃದ್ಧಿ ಮಂಡಳಿ.
 18. ಡಾ:ರಿಯಾಜ್ ಬಾಷ್.ಹೆಚ್, ವೈದ್ಯಾಧಿಕಾರಿಗಳು, ಬೆಂಗಳೂರು ವೈದ್ಯಕೀಯ ಮಹಾವಿದ್ಯಾಲಯ.
 19. ಡಾ:ರವಿಶಂಕರ್, ಡಿ.ಪಿ.ಎಂ.ಒ, ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ.
 20. ಪ್ರಸನ್ನ.ಎ.ಕೆ, ಸಹಾಯಕ, ಆಹಾರ ಮತ್ತು ಗ್ರಾಹಕ ವ್ಯವಹಾರಗಳ ಇಲಾಖೆ.
 21. ಶ್ರೀ.ರಮೇಶ್ ಹಾಲಭಾವಿ, ಉಪನಿರ್ದೇಶಕರು, ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆ, ಬೆಂಗಳೂರು (ನಗರ).
 22. ಶ್ರೀಮತಿ.ಎಂ.ಜಿ.ಪಾಲಿ, ನಿರೂಪಣಾಧಿಕಾರಿಗಳು, ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆ, ಬೆಂಗಳೂರು (ನಗರ).
 23. ಡಾ:ಎಸ್.ಸಿದ್ದರಾಮಣ್ಣ, ಶಿಶು ಅಭಿವೃದ್ಧಿ ಯೋಜನಾಧಿಕಾರಿ, ಬೆಂಗಳೂರು (ಉತ್ತರ).
 24. ಶ್ರೀಮತಿ.ವೀಣಾ ಹರೀಶ್, ಶಿಶು ಅಭಿವೃದ್ಧಿ ಯೋಜನಾಧಿಕಾರಿ, ಸುಮಂಗಲಿ ಸೇವಾಶ್ರಮ.
- (ಕ್ರಮ ಸಂಖ್ಯೆ 1, 2, 3ನ್ನು ಹೊರತುಪಡಿಸಿ ಉಳಿದವುಗಳನ್ನು ನಿರ್ದೇಶಕರ ಮುಖಾಂತರ ಹೊರಡಿಸುವುದು.)

ಮಾನ್ಯರೇ,

ವಿಷಯ: ದಿನಾಂಕ:29.08.2013ರಂದು ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಹಾಗೂ ಕನ್ನಡ ಮತ್ತು ಸಂಸ್ಕೃತಿ ಸಚಿವರ ಅಧ್ಯಕ್ಷತೆಯಲ್ಲಿ ನಡೆದ ಸಭೆಯ ನಡವಳಿಕೆಗಳ ಮೇಲೆ ಕ್ರಮ ಕೈಗೊಳ್ಳುವ ಬಗ್ಗೆ.

ಮೇಲ್ಕಂಡ ವಿಷಯಕ್ಕೆ ಸಂಬಂಧಿಸಿದಂತೆ, ದಿನಾಂಕ:29.08.2013ರಂದು ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಹಾಗೂ ಕನ್ನಡ ಮತ್ತು ಸಂಸ್ಕೃತಿ ಸಚಿವರ ಅಧ್ಯಕ್ಷತೆಯಲ್ಲಿ ನಡೆದ ಸಭೆಯ ನಡವಳಿಕೆಗಳ ಪ್ರತಿಯನ್ನು ಇದರೊಂದಿಗೆ ಲಗತ್ತಿಸಲಾಗಿದೆ. ಸದರಿ ನಡವಳಿಕೆಗಳಲ್ಲಿ ತಮ್ಮ ಇಲಾಖೆಗೆ ಸಂಬಂಧಿಸಿದ ವಿಷಯದ ಬಗ್ಗೆ ಪರಿಶೀಲಿಸಿ ಮುಂದಿನ ಅವಶ್ಯ ಕ್ರಮ ಕೈಗೊಳ್ಳುವಂತೆ ತಮ್ಮನ್ನು ಕೋರಲು ನಿರ್ದೇಶಿಸಲ್ಪಟ್ಟಿದ್ದೇನೆ.

ತಮ್ಮ ನಂಬುಗೆಯು,



ಸರ್ಕಾರದ ಅಧೀನ ಕಾರ್ಯದರ್ಶಿ-1,
ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಹಾಗೂ

ದಿನಾಂಕ:29.08.2013 ರಂದು ಮಾನ್ಯ ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಹಾಗೂ ಕನ್ನಡ ಮತ್ತು ಸಂಸ್ಕೃತಿ ಸಚಿವರ ಅಧ್ಯಕ್ಷತೆಯಲ್ಲಿ ಮಕ್ಕಳ ಅಪೌಷ್ಟಿಕತೆ ಹಾಗೂ ಅಂಗನವಾಡಿ ಕೇಂದ್ರಗಳಿಗೆ ಮೂಲಭೂತ ಸೌಕರ್ಯಗಳನ್ನು ಒದಗಿಸುವ ಬಗ್ಗೆ ನಡೆದ ಸಭೆಯ ನಡವಳಿಕೆಗಳು:

ಸಭೆಯಲ್ಲಿ ಹಾಜರಿದ್ದವರು: - ಪಟ್ಟಿ ಲಗತ್ತಿಸಿದೆ.

ಪ್ರಧಾನ ಕಾರ್ಯದರ್ಶಿಗಳು, ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆ, ಬೆಂಗಳೂರು ಇವರು ಸಭೆಯಲ್ಲಿ ಹಾಜರಿದ್ದ ಅಧಿಕಾರಿಗಳನ್ನು ಸ್ವಾಗತಿಸುತ್ತಾ, ಸಭೆಯಲ್ಲಿ ಚರ್ಚಿಸಬೇಕಾದ ಮುಖ್ಯ ವಿಷಯಗಳ ಬಗ್ಗೆ ವಿವರಿಸಿದರು. ಮಾನ್ಯ ಸಚಿವರು ಸಂಬಂಧಪಟ್ಟ ಇಲಾಖಾ ಅಧಿಕಾರಿಗಳು ವಹಿಸಬೇಕಾದ ಈ ಕೆಳಕಂಡ ಕ್ರಮಗಳ ಕುರಿತು ಚರ್ಚಿಸಿದರು.

1. ಡಿ.ಜೆ.ಹಳ್ಳಿ ವ್ಯಾಪ್ತಿಯಲ್ಲಿ ಹೆಚ್ಚಿನ ಅಪೌಷ್ಟಿಕ ಮಕ್ಕಳಿದ್ದು, ಆರೋಗ್ಯಕ್ಕೆ ಪೂರಕವಾದ ವಾತಾವರಣವಿಲ್ಲದೇ ತುಂಬಾ ಕೊಳಕು ಪರಿಸರವಿದೆ. ಡಿ.ಜೆ.ಹಳ್ಳಿ ವ್ಯಾಪ್ತಿಯಲ್ಲಿ ಹೆಚ್ಚಿನ ಸಂಖ್ಯೆಯ ಸಣ್ಣ ಕೈಗಾರಿಕೆಗಳಿದ್ದು, ಅಲ್ಲಿನ ತ್ಯಾಜ್ಯವನ್ನು ಲೋಡ್ ಗಟ್ಟಲೆ ತಂದು ಸುರಿಯುತ್ತಿರುವ ಕಾರಣ ಅನಾರೋಗ್ಯಕರ ಪರಿಸರವಿದ್ದು, ಇದರಿಂದಾಗಿ ಸಾಂಕ್ರಾಮಿಕ ರೋಗಗಳು ಮತ್ತು ಚರ್ಮ ರೋಗಗಳು ಹರಡುವ ಸಾಧ್ಯತೆ ಹೆಚ್ಚಾಗಿದ್ದು, ಒಂದು ವಾರದೊಳಗೆ ಅಲ್ಲಿನ ಕಸವನ್ನು ತೆಗೆಸಲು ಆಯುಕ್ತರು, ಬೃಹತ್ ಬೆಂಗಳೂರು ಮಹಾನಗರ ಪಾಲಿಕೆ ಇವರಿಗೆ ಕ್ರಮ ವಹಿಸಬೇಕೆಂದು ಸೂಚಿಸಿದರು.
2. ಬಿ ಬಿ ಎಂ ಪಿ ವ್ಯಾಪ್ತಿಯಲ್ಲಿ ಕಾರ್ಯ ನಿರ್ವಹಿಸುತ್ತಿರುವ ಎಲ್ಲಾ ಅಂಗನವಾಡಿ ಕೇಂದ್ರಗಳಿಗೆ ಶುದ್ಧ ಕುಡಿಯುವ ನೀರಿನ ವ್ಯವಸ್ಥೆಯನ್ನು ಕಲ್ಪಿಸುವಂತೆ ಆಯುಕ್ತರವರಿಗೆ ಸೂಚಿಸಲಾಯಿತು.
3. ಬೃಹತ್ ಬೆಂಗಳೂರು ಮಹಾನಗರ ಪಾಲಿಕೆಯ ವ್ಯಾಪ್ತಿಯಲ್ಲಿ ಕಾರ್ಯ ನಿರ್ವಹಿಸುತ್ತಿರುವ, ರಿಪೇರಿ ಅಗತ್ಯವಿರುವ ಎಲ್ಲಾ ಅಂಗನವಾಡಿ ಕೇಂದ್ರಗಳ ರಿಪೇರಿ ಮತ್ತು ನಿರ್ವಹಣೆಯನ್ನು ಕೂಡಲೇ ಕೈಗೊಳ್ಳುವಂತೆ ಆಯುಕ್ತರು, ಬೃಹತ್ ಬೆಂಗಳೂರು ಮಹಾನಗರ ಪಾಲಿಕೆ ಇವರಿಗೆ ಸೂಚಿಸಲಾಯಿತು.
4. ಬೃಹತ್ ಬೆಂಗಳೂರು ಮಹಾನಗರ ಪಾಲಿಕೆಯ ವ್ಯಾಪ್ತಿಯಲ್ಲಿ ಕಾರ್ಯ ನಿರ್ವಹಿಸುತ್ತಿರುವ, ಎಲ್ಲಾ ಅಂಗನವಾಡಿ ಕೇಂದ್ರಗಳಿಗೆ ಅಂಗನವಾಡಿ ಕಟ್ಟಡವನ್ನು ನಿರ್ಮಿಸಲಾಗುವುದೆಂದು ಆಯುಕ್ತರು, ಬೃಹತ್ ಬೆಂಗಳೂರು ಮಹಾನಗರ ಪಾಲಿಕೆಯ ಇವರು ತಿಳಿಸುತ್ತಾ, ನಿರ್ಮಾಣಕ್ಕೆ ತಗಲುವ ವೆಚ್ಚದ ಶೇ.50 ರಷ್ಟನ್ನು ಬಿ ಬಿ ಎಂ ಪಿ ಹಾಗೂ ಶೇ.50 ರಷ್ಟನ್ನು ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆಯು ಭರಿಸಬೇಕೆಂದು ತಿಳಿಸಿದರು.

(೬)

5. ಮಕ್ಕಳಲ್ಲಿನ ಅಪೌಷ್ಟಿಕತೆಯನ್ನು ಕಡಿಮೆಗೊಳಿಸಲು ಬೃಹತ್ ಬೆಂಗಳೂರು ಮಹಾನಗರ ಪಾಲಿಕೆಯ ವತಿಯಿಂದ ಗುರುತಿಸಲ್ಪಟ್ಟ ಎಲ್ಲಾ ತೀವ್ರ ಅಪೌಷ್ಟಿಕ ಮಕ್ಕಳಿಗೆ ಕಬ್ಬಿಣಾಂಶದ ಮಾತ್ರ ಮತ್ತು ಸಿರಪ್ ಹಾಗೂ ವಿಟಮಿನ್‌ಯುಕ್ತ ಮಾತ್ರ ಮತ್ತು ಸಿರಪ್‌ಗಳನ್ನು ನೀಡಲಾಗುವುದು ಎಂದು ಆಯುಕ್ತರು, ಬೃಹತ್ ಬೆಂಗಳೂರು ಮಹಾನಗರ ಪಾಲಿಕೆ ಇವರು ತಿಳಿಸಿದಾಗ, 0-3 ವಯೋಮಿತಿಯ ಮಕ್ಕಳ ಮನೆಗೆ ಭೇಟಿ ನೀಡಿ ಆ ಮಕ್ಕಳಿಗೆ ನೀಡುವ ಆಹಾರ ಮಕ್ಕಳಿಗೆ ನೀಡುತ್ತಿದ್ದಾರೆಯೇ ಅಥವಾ ಕುಟುಂಬದ ಇತರೆ ಸದಸ್ಯರುಗಳು ಉಪಯೋಗಿಸುತ್ತಿದ್ದಾರೆಯೇ ಎಂಬ ಬಗ್ಗೆ ಲಿಂಕ್ ವರ್ಕ್ಸ್/ಅಂಗನವಾಡಿ ಕಾರ್ಯಕರ್ತೆಯರು ಖಾತ್ರಿಪಡಿಸಿಕೊಂಡು ಈ ಬಗ್ಗೆ ಪೋಷಕರಿಗೆ ತಿಳುವಳಿಕೆ ನೀಡಬೇಕೆಂದು ಮಾನ್ಯ ಸಚಿವರು ಸೂಚಿಸಿದರು. ಅಪೌಷ್ಟಿಕತೆಯನ್ನು ಕಡಿಮೆಗೊಳಿಸಲು ಈ ಮಕ್ಕಳಿಗೆ ತರಕಾರಿ ಜ್ಯೂಸ್ ಮತ್ತು ನಾರಿನ ಅಂಶವುಳ್ಳ ತರಕಾರಿಗಳನ್ನು ಪಾಪ್ ಕಾಮ್ಸ್ ವತಿಯಿಂದ ನೀಡುವ ಬಗ್ಗೆ ಪರಿಶೀಲಿಸಬೇಕೆಂದು ಮಾನ್ಯ ಸಚಿವರು ಸೂಚಿಸಿದರು.

6. ಬಿ ಬಿ ಎಂ ಪಿ ಪ್ಯಾಪ್ಪಿಯ ಗೋರಿಪಾಳ್ಯ ನಾಯಂಡನಹಳ್ಳಿ, ಟೆಂಬರ್‌ಯಾರ್ಡ್, ಅಜಾದ್ ನಗರ ಹಾಗೂ ಕೋರಮಂಗಲದ ಈಜಿಪುರಗಳ ಕೊಳಗೇರಿಗಳಲ್ಲಿ ಹೆಚ್ಚಿನ ಅಪೌಷ್ಟಿಕ ಮಕ್ಕಳು ಕಂಡುಬಂದಿದ್ದು, ಈಗಾಗಲೇ ವಾಣಿವಿಲಾಸ ಮತ್ತು ಬೊರಿಂಗ್ ಆಸ್ಪತ್ರೆಗಳಲ್ಲಿ ಎನ್ ಆರ್ ಸಿ ಗಳು ಕಾರ್ಯ ನಿರ್ವಹಿಸುತ್ತಿದ್ದು, ಇದರೊಂದಿಗೆ ಕೆ.ಸಿ. ಜನರಲ್ ಆಸ್ಪತ್ರೆ, ಜಯನಗರ ಆಸ್ಪತ್ರೆ, ಸಿ.ವಿ.ರಾಮನ್ ನಗರ ಆಸ್ಪತ್ರೆ, ಫೋಷಾ ಆಸ್ಪತ್ರೆ ಹಾಗೂ ಕಾರ್ಪೊರೇಷನ್ ಆಸ್ಪತ್ರೆಗಳಲ್ಲಿ ಕೂಡಲೇ 5 ಹಾಸಿಗೆಗಳುಳ್ಳ ಎಂ.ಎನ್.ಆರ್.ಸಿ.ಗಳನ್ನು ಆರಂಭಿಸಲು ಕ್ರಮ ವಹಿಸುವಂತೆ ಆರೋಗ್ಯ ಇಲಾಖೆಯ ನಿರ್ದೇಶಕರಿಗೆ ಸೂಚಿಸಲಾಯಿತು.

6. ಬಾಲ ಸಂಜೀವಿನಿ ಆಸ್ಪತ್ರೆಗಳ ಬಗ್ಗೆ ಸಾರ್ವಜನಿಕರಿಗೆ ಹೆಚ್ಚಿನ ಅರಿವು ಇಲ್ಲದಿರುವುದರಿಂದ ಈ ಬಗ್ಗೆ ವಿಶೇಷ ಪ್ರಚಾರಾಂದೋಲನವನ್ನು ಕೈಗೊಳ್ಳಲು ನಿರ್ಣಯಿಸಲಾಯಿತು.

7. ಡಿ.ಜೆ. ಹಳ್ಳಿಯಲ್ಲಿ ಇತ್ತೀಚೆಗೆ ನಡೆದ ಆರೋಗ್ಯ ತಪಾಸಣೆಯಲ್ಲಿ 69 ತೀವ್ರ ಅಪೌಷ್ಟಿಕ ಮಕ್ಕಳನ್ನು ಗುರುತಿಸಲಾಗಿದ್ದು, ಅದರಲ್ಲಿ 8 ಮಕ್ಕಳಿಗೆ ಹೆಚ್ಚಿನ ಚಿಕಿತ್ಸೆಗಾಗಿ ಆಸ್ಪತ್ರೆ ದಾಖಲು ಮಾಡಬೇಕಾಗಿದ್ದು ಮಕ್ಕಳ ಪೋಷಕರು ಆಸ್ಪತ್ರೆಗೆ ದಾಖಲು ಮಾಡಲು ನಿರಾಕರಿಸುತ್ತಿರುವುದಾಗಿ ಉಪ ನಿರ್ದೇಶಕರು, ಮ ಮ ಅ ಇ., ಬೆಂಗಳೂರು ನಗರ ಇವರು ತಿಳಿಸಿದರು.

8. ತೀವ್ರ ಅಪೌಷ್ಟಿಕ ಮಕ್ಕಳನ್ನು ಪೌಷ್ಟಿಕ ಪುನರ್ವಸತಿ ಕೇಂದ್ರಗಳಲ್ಲಿ ದಾಖಲಿಸಲು ಪೋಷಕರು ಆಸಕ್ತಿ ತೋರದಿರುವುದರಿಂದ ಪೋಷಕರಿಗೆ ನೀಡುವ ದಿನಭತ್ಯೆಯನ್ನು ಹೆಚ್ಚಿಸುವ ಬಗ್ಗೆ ಕ್ರಮ ವಹಿಸುವಂತೆ ಮಾನ್ಯ ಸಚಿವರು ಸೂಚಿಸಿದರು.

9. ಬೆಂಗಳೂರು ನಗರ ಪ್ರದೇಶದಲ್ಲಿ ತೀವ್ರ ಅಪೌಷ್ಟಿಕ/ತುರ್ತು ಚಿಕಿತ್ಸೆಯ ಅಗತ್ಯವಿರುವ ಮಕ್ಕಳನ್ನು ಆಸ್ಪತ್ರೆಗೆ ಕರೆದೊಯ್ಯಲು ಸಾರಿಗೆ ವೆಚ್ಚ ಅಧಿಕವಾಗಿರುವುದರಿಂದ ಈಗ ಅಂಗನವಾಡಿ ಕಾರ್ಯಕರ್ತೆಯರಿಗೆ ನೀಡುತ್ತಿರುವ ಸಾರಿಗೆ ವೆಚ್ಚವನ್ನು ಹೆಚ್ಚಿಸಲು ಪರಿಶೀಲಿಸುವುದು.

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10. ಡಿ.ಜೆ.ಹಳ್ಳಿ ವ್ಯಾಪ್ತಿಯಲ್ಲಿ ಈಗಾಗಲೇ 18 ಅಂಗನವಾಡಿ ಕೇಂದ್ರಗಳಿದ್ದು, ಜನಸಂಖ್ಯೆ ಆಧಾರದಲ್ಲಿ ಒಟ್ಟು 40 ಅಂಗನವಾಡಿ ಕೇಂದ್ರಗಳನ್ನು ಹೊಸದಾಗಿ ಆರಂಭಿಸಲು ನಿರ್ಧರಿಸಲಾಗಿದೆ. ಸದರಿ 40 ಅಂಗನವಾಡಿ ಕೇಂದ್ರಗಳಿಗೆ ಬೃಹತ್ ಬೆಂಗಳೂರು ಮಹಾನಗರ ಪಾಲಿಕೆ ಇವರು ಸ್ಥಳಾವಕಾಶವನ್ನು ಒದಗಿಸುವಂತೆ ಸೂಚಿಸಲಾಯಿತು. ಸದರಿ ಅಂಗನವಾಡಿ ಕೇಂದ್ರಗಳನ್ನು ವಾರ್ಡ್‌ವಾರು 2 ರಸ್ತೆಗಳಿಗೆ ಒಂದರಂತೆ, ಮೋರಿಗಳು ಇರದ ಜಾಗಗಳಲ್ಲಿ ಸ್ಥಳಾವಕಾಶವನ್ನು ನೀಡಲು ತಿಳಿಸಲಾಯಿತು.

11. ಪ್ರಾಥಮಿಕ ಮತ್ತು ಪ್ರೌಢ ಶಿಕ್ಷಣ ಇಲಾಖೆಯ ವತಿಯಿಂದ ಡಿ.ಜೆ.ಹಳ್ಳಿ ವ್ಯಾಪ್ತಿಯಲ್ಲಿ ಸರ್ಕಾರಿ ಶಾಲೆಗಳ ಆವರಣದಲ್ಲಿ ಅಂಗನವಾಡಿ ಕೇಂದ್ರಗಳನ್ನು ನಡೆಸಲು ಜಾಗವನ್ನು ನೀಡಲು ಸಾಧ್ಯವೆಂದು ಹಾಜರಿದ್ದ ಅಧಿಕಾರಿಗಳು ತಿಳಿಸಿದರು.

12. ಕೊಳಗೇರಿ ಅಭಿವೃದ್ಧಿ ಮಂಡಲಿಯಿಂದ ಹೊಸದಾಗಿ ನಿರ್ಮಿಸುವ ಬಡಾವಣೆಗಳಲ್ಲಿ ಕಡ್ಡಾಯವಾಗಿ ಅಂಗನವಾಡಿ ಕೇಂದ್ರಗಳಿಗೆ ಸ್ಥಳಾವಕಾಶ ಕಲ್ಪಿಸಲು ತಿಳಿಸಲಾಯಿತು.

13. ಆಹಾರ ಮತ್ತು ನಾಗರಿಕ ಸರಬರಾಜು ಇಲಾಖೆಯವರು ಆಪೌಷ್ಟಿಕ ಮಕ್ಕಳಿರುವ ಕುಟುಂಬಗಳಿಗೆ ಬಿ ಪಿ ಎಲ್ ಕಾರ್ಡ್‌ಗಳನ್ನು ಆದ್ಯತೆಯ ಮೇರೆಗೆ ತಕ್ಷಣ ವಿತರಿಸಲು ಕ್ರಮ ವಹಿಸಲು ತಿಳಿಸಿ ಈ ಕಾರ್ಯಕ್ರಮವು ಒಂದು ವಿಶೇಷ ಆಂಧೋಲನದಂತೆ (Special Drive) ನಡೆಯಬೇಕೆಂದು ಸೂಚಿಸಲಾಯಿತು. (ಕ್ರಮ: ಆಹಾರ ಮತ್ತು ನಾಗರಿಕ ಸರಬರಾಜು ಇಲಾಖೆ ಮತ್ತು ಬೃಹತ್ ಬೆಂಗಳೂರು ಮಹಾನಗರ ಪಾಲಿಕೆ).

14. ಶ್ರೀ ಕ್ಲಿಫ್ಟನ್ ರೋಜಾರಿಯೊ, ಆಯುಕ್ತರ ಸಲಹೆಗಾರರು, ಮಾನ್ಯ ಸರ್ವೋಚ್ಚ ನ್ಯಾಯಾಲಯ ಇವರು ತೀವ್ರ ಆಪೌಷ್ಟಿಕ ಮಕ್ಕಳಿಗೆ ಒಂದೇ ಬಾರಿ ಆಹಾರವನ್ನು ಜೀರ್ಣಿಸಿಕೊಳ್ಳುವ ಶಕ್ತಿ ಇಲ್ಲದ ಕಾರಣ ಅಂಗನವಾಡಿ ಕೇಂದ್ರಗಳಲ್ಲಿ ಫೀಡಿಂಗ್ ಸೆಂಟರ್ ಗಳನ್ನು ಪ್ರಾರಂಭಿಸಿ, ಮಗುವಿಗೆ ಪ್ರತಿ 2 ಗಂಟೆಗೊಂದರಂತೆ 5 ಬಾರಿ ಆಹಾರವನ್ನು ನೀಡುವ ವ್ಯವಸ್ಥೆ ಮಾಡುವಂತೆ ಕೋರಿದಾಗ, ಮಾನ್ಯ ಪ್ರಧಾನ ಕಾರ್ಯದರ್ಶಿಗಳು, ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆ, ಇವರು ಈಗಾಗಲೇ ತೀವ್ರ ಆಪೌಷ್ಟಿಕ ಮಕ್ಕಳಿಗೆ ಹಾಲು ಮತ್ತು ಮೊಟ್ಟೆ ಸೇರಿದಂತೆ 3 ಬಾರಿ ಆಹಾರವನ್ನು ನೀಡುತ್ತಿದ್ದು, 5 ಬಾರಿ ನೀಡಲು ಆಡಳಿತಾತ್ಮಕ ಸಮಸ್ಯೆ ಇದೆಯೆಂದು ತಿಳಿಸಿದರು.

15. ಬೆಂಗಳೂರು ನಗರ ವ್ಯಾಪ್ತಿಯಲ್ಲಿ ಜುಲೈ 2013ನೇ ಸಾಲಿನ ಆರೋಗ್ಯ ತಪಾಸಣೆಯ ಪ್ರಕಾರ ಸುಮಾರು 3400 ಆಪೌಷ್ಟಿಕ ಮಕ್ಕಳನ್ನು ಗುರುತಿಸಿದ್ದು, ಅವರಲ್ಲಿ ಬಹುತೇಕ ಮಕ್ಕಳು ಅಂಗನವಾಡಿ ವ್ಯಾಪ್ತಿಯ ಹೊರಗಿನವರೆಂದು ಶ್ರೀ ಕ್ಲಿಫ್ಟನ್ ರೋಜಾರಿಯೊ ರವರು ತಿಳಿಸಿದಾಗ, ಮಾನ್ಯ ಪ್ರಧಾನ ಕಾರ್ಯದರ್ಶಿಗಳು, ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆ, ಇವರು ಸದರಿ ಮಕ್ಕಳನ್ನು ಕೂಡಲೇ ಹತ್ತಿರದ ಅಂಗನವಾಡಿ ಕೇಂದ್ರಗಳಿಗೆ ದಾಖಲಿಸಿ ಐ ಸಿ ಡಿ ಎಸ್ ಯೋಜನೆಯ ಎಲ್ಲ ಸೇವೆಗಳನ್ನು ಒದಗಿಸುವುದಾಗಿ ತಿಳಿಸಿದರು.

16. ಡಿ.ಜೆ. ಹಳ್ಳಿ ವ್ಯಾಪ್ತಿಯಲ್ಲಿ ಹೆಚ್ಚಿನ ಅಪೌಷ್ಟಿಕ ಮಕ್ಕಳಿರುವುದರಿಂದ ಒಂದು ಎನ್ ಆರ್ ಸಿ ಯನ್ನು ಪ್ರಾರಂಭಿಸುವಂತೆ ಶ್ರೀ ಕ್ಲಿಫ್ಟನ್ ರೋಜಾರಿಯೊ ರವರು ಕೋರಿದಾಗ, ಡಿ.ಜೆ. ಹಳ್ಳಿ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಅಥವಾ ಕಾಡುಗೊಂಡನಹಳ್ಳಿ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ 5 ಹಾಸಿಗೆಗಳುಳ್ಳ ಎಂ ಎನ್ ಆರ್ ಸಿ ಯನ್ನು ಆರಂಭಿಸಲು ಕ್ರಮ ವಹಿಸುವಂತೆ ಆರೋಗ್ಯ ಇಲಾಖೆಯ ನಿರ್ದೇಶಕರಿಗೆ ಸೂಚಿಸಲಾಯಿತು.

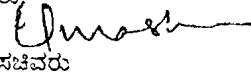
17. ಪ್ರಸ್ತುತ ಅಂಗನವಾಡಿ ಮಕ್ಕಳಿಗೆ ವಾರದಲ್ಲಿ 3 ದಿನ ಕನೇರಹಿತ ಹಾಲನ್ನು ನೀಡುತ್ತಿದ್ದು, ಇದನ್ನು ವಾರದ ಎಲ್ಲಾ ದಿನಗಳಿಗೆ ವಿಸ್ತರಿಸುವಂತೆ ಹಾಗೂ ಕನೇರಹಿತ ಹಾಲನ್ನು ನೀಡುವಂತೆ ಆರೋಗ್ಯ ಇಲಾಖೆಯ ನಿರ್ದೇಶಕರು ಕೋರಿದರು. ಮಾನ್ಯ ಪ್ರಧಾನ ಕಾರ್ಯದರ್ಶಿಗಳು, ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆ, ಇವರು ಕನೇರಹಿತ ಹಾಲಿನ ಪಡಿಯನ್ನು ಕೆ ಎಂ ಎಫ್ ವತಿಯಿಂದ ಖರೀದಿಸುತ್ತಿದ್ದು, ತಾಂತ್ರಿಕ ಕಾರಣಗಳಿಂದಾಗಿ ಕೆ ಎಂ ಎಫ್ ಹಾಲಿನ ಪಡಿಯನ್ನು ಬೃಹತ್ ಪ್ರಮಾಣದಲ್ಲಿ ತಯಾರಿಸಲು ಸಾಧ್ಯವಾಗದೇ ಇರುವ ಕಾರಣ ಮುಂಬರುವ ವರ್ಷಗಳಲ್ಲಿ ಕನೇರಹಿತ ಹಾಲನ್ನು ನೀಡುವ ಬಗ್ಗೆ ಪರಿಶೀಲಿಸುವುದಾಗಿ ತಿಳಿಸಿದರು.

18. ಬೆಂಗಳೂರು ವೈದ್ಯಕೀಯ ಮಹಾ ವಿದ್ಯಾಲಯದಿಂದ ಆಗಮಿಸಿದ್ದ ಅಧಿಕಾರಿಗಳು ಪ್ರಸ್ತುತ ಅಂಗನವಾಡಿ ಕೇಂದ್ರಗಳಲ್ಲಿ ವಯಸ್ಸಿಗೆ ಅನುಗುಣವಾದ ತೂಕದ ಮೂಲಕ ಅಪೌಷ್ಟಿಕತೆಯ ಮಟ್ಟವನ್ನು ಗುರುತಿಸುತ್ತಿದ್ದು, ಎತ್ತರವನ್ನೂ ಕೂಡ ಗಣನೆಗೆ ತೆಗೆದುಕೊಳ್ಳಬೇಕೆಂದು ತಿಳಿಸಿದಾಗ, ಮಾನ್ಯ ನಿರ್ದೇಶಕರು, ಮ ಮ ಅ ಇ., ಇವರು ಕೇಂದ್ರ ಸರ್ಕಾರದ ಮಾನದಂಡಗಳನ್ವಯ ಅಪೌಷ್ಟಿಕತೆಯನ್ನು ವಯಸ್ಸಿಗನುಗುಣವಾದ ತೂಕದ ಮೂಲಕ ಗುರುತಿಸಲಾಗುತ್ತಿದೆಯೆಂದು ತಿಳಿಸಿದರು.

19. ಅಪೌಷ್ಟಿಕತೆಯನ್ನು ತಡೆಗಟ್ಟುವ ಬಗ್ಗೆ, ಗರ್ಭಿಣಿ/ಮಕ್ಕಳ ಪೌಷ್ಟಿಕ ಆಹಾರದ ಬಗ್ಗೆ ಸಾರ್ವಜನಿಕರಿಗೆ ವಿವಿಧ ಮಾಧ್ಯಮಗಳ ಮೂಲಕ ಹೆಚ್ಚಿನ ಪ್ರಚಾರವನ್ನು ಕೈಗೊಳ್ಳಲು ಕ್ರಮ ವಹಿಸುವಂತೆ ಮಾನ್ಯ ಸಚಿವರು ತಿಳಿಸಿದರು.

20. ಇದೇ ಶನಿವಾರ ಅಯುಕ್ತರು, ಬೃಹತ್ ಬೆಂಗಳೂರು ಮಹಾನಗರ ಪಾಲಿಕೆ, ನಿರ್ದೇಶಕರು, ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ, ಕೊಳಗೇರಿ ಅಭಿವೃದ್ಧಿ ಮಂಡಳಿ ಹಾಗೂ ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆಯ 5 ಅಧಿಕಾರಿಗಳ ತಂಡವು ಡಿ.ಜೆ. ಹಳ್ಳಿಗೆ ಭೇಟಿ ನೀಡಿ, ಕೈಗೊಳ್ಳಬೇಕಾದ ಕ್ರಮಗಳ ಬಗ್ಗೆ ಪರಿಶೀಲಿಸುವಂತೆ ತಿಳಿಸಿದರು.

ವಂದನೆಗಳೊಂದಿಗೆ ಸಭೆಯನ್ನು ಮುಕ್ತಾಯಗೊಳಿಸಲಾಯಿತು.


ಸಚಿವರು

ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಅಭಿವೃದ್ಧಿ, ವಿಕಲಚೇತನರ
ಮತ್ತು ಹಿರಿಯ ನಾಗರಿಕರ ಸಬಲೀಕರಣ ಹಾಗೂ ಕನ್ನಡ
ಮತ್ತು ಸಂಸ್ಕೃತಿ ಇಲಾಖೆ.