5.7 Institutional Delivery – 2011-12

Traditionally, deliveries were taking place at home in the past. This has changed significantly in recent years. Most of the families prefer to take help and assistance from either the hospital or private health centers. In other words, deliveries with help from institutions are becoming a common practice. This is evident from the data that most of the deliveries recorded by the health department personnel at the village and health center level (see Table-5.11).

Table No.5.11: Share of Institutional Deliveries to Total Deliveries across Taluks -2011 (%)

Sl. No.	Name of the Taluk	Share of Institutional Deliveries
1	Bhadravathi	99.86
2	Hosanagara	98.70
3	Sagara	99.76
4	Shikaripura	99.73
5	Shivamogga	99.83
6	Soraba	99.82
7	Thirthahalli	99.82
	District	99.8

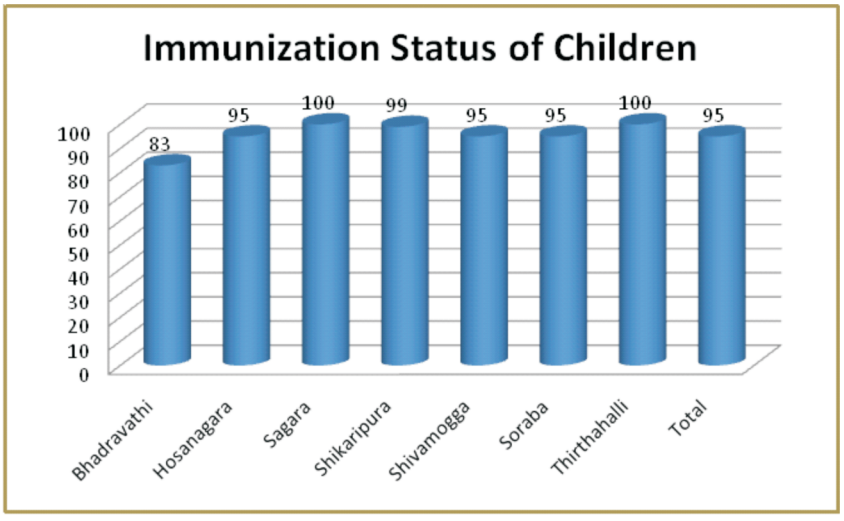
Source: Department Of Health, Shivamogga, 2011

The rate of institutional delivery for the district reported during 2011-12 was 99.8. Thus, excepting a smaller percentage of the cases almost all the deliveries are reported to be happening in hospitals. The reasons cited for non-institutional deliveries are the lack of transport facility, immediate onset of pain etc., The rate of institutional delivery is not found to vary significantly across the taluks.

5.8 Immunization of Children – 2011-12

One of the prominent programmes of the Health Department is to immunize children to ensure healthy growth of children. It will directly contribute towards reducing mortality among children. Generally, immunization is done during the first five years of the child. The rate of immunization depends on a number of factors like initiative from local health worker, awareness among families about its need, facilities available and so on.

Fig. 5.6 : Immunization Status of Children



The immunization status of children is found to vary marginally across taluks. The district average is 95 percent. Thus, there is a gap of 5 per cent children who are either not protected through vaccines or drop-out during different phases of immunization. The two taluks reporting 100 per cent coverage are the Sagara and Thirthahalli. The coverage is as low as 83 per cent in Bhadravathi taluk. The taluks of Hosanagara, Shivamogga and Soraba have recorded coverage of only 95 per cent. There is need for sustaining the existing coverage and making efforts to reach 100 percent in all taluks remains a goal to be achieved in the coming years.

5.9 Underweight Children

All newly born children will have a normal range of weight to be healthy children. However, there will be a few children who are either over or underweight when compared to healthy children. The children with underweight are given more attention as it would directly affect their health. There are official records which document the weight of children from time to time.

Table No. 5.12: Percentage of Underweight children -2011 ("%)

Sl. No.	Name of the Taluk	Percentage of Underweight children
1	Bhadravathi	2.60
2	Hosanagara	8.71
3	Sagara	9.83
4	Shikaripura	6.00
5	Shivamogga	1.70
6	Soraba	19.20
7	Thirthahalli	6.90
	District	7.93

Source: Department Of Health, Shivamogga, 2011

The district records 5.2 per cent of underweight children. The Soraba taluk has the highest percentage of underweight children, where as the lowest percentage is in Shivamogga and Bhadravathi taluks. All other taluks have relatively a higher share of the underweight children with more than the district average. These taluks need special attention and additional efforts to improve health status of children.

5.10 Communicable Diseases – 2011-12

Most of the communicable diseases have been either eradicated or tackled in all parts of the country. There are programmes implemented by Governments at the state and national level. However, some people get affected by these diseases either due to non- availability of the required treatment or lack of immunity on the part of affected individuals. An estimate of the percentage of people affected in Shivamogga district is given in Table-5.13.

Table No.5.13: Percentage of People Affected by Major Communicable Diseases - 2011

Sl. No.	Name of the Taluk	Percentage of people affected by major communicable diseases
1	Bhadravathi	1.2
2	Hosanagara	0.2
3	Sagara	0.2
4	Shikaripura	0.9
5	Shivamogga	0.3
6	Soraba	0.1
7	Thirthahalli	0.1

Source: Department Of Health, Shivamogga, 2011

Among the taluks in the district, the Bhadravathi taluk has a higher percentage of people affected by communicable diseases. The two other taluks with relatively higher percentage are in Shikaripura [0.9%] and Shivamogga [0.35%]. This may be due to migration of people to these places in recent times.

5.11 Performance of various Health Schemes:

Yeshasvini is one of the governments most popular health care scheme which aims to provide quality health care within the reach of rural co-operator based on the collective power of masses to provide for themselves, expensive health care through 'Self Funded' schemes in Karnataka.

The scheme was proposed by Dr Shetty of Narayana Hrudayalaya and later operationalized by the government in 2003. Such public-private partnerships must be encouraged in the health care sector to ensure quality health service is available to even the most backward taluks in the district.

According to the Government of Karnataka website on Yeshasvini:

1. Yeshasvini is one of the largest Self Funded Healthcare Scheme in the country.

2. Offering a low priced product for a wide range of surgical cover, nearly 823 defined surgical procedures to the farmer cooperators and his family members.

3. It is a contributory scheme wherein the beneficiaries contribute a small amount of money every year to avail any possible surgery during the period.

4. The beneficiaries are offered cashless treatment subject to conditions of the scheme at the Network Hospitals spread across the State of Karnataka.

However, the penetration of this scheme at the grassroots level is dismal and calls for improved awareness and execution of programs. The taluks of Bhadravathi, Hosanagara and Soraba alone show signs of utilization of health insurance. Even in these taluks, the number of users is not over 60 percent (see Table-5.14).

Table No.5.14: Health Insurance Coverage of Families - 2011 (%)

Sl. No.	Taluk	Percentage coverage of families with Health Insurance schemes like Yeshswini
1	Bhadravathi	60
2	Hosanagara	38
3	Sagara	0
4	Shikaripura	0
5	Shivamogga	0
6	Soraba	35
7	Thirthahalli	0

Source: Department Of Health, Shivamogga, 2011

It is not conventional for families to invest in health care unless they are already ill. The government must make special efforts to educate people about the need for investing in health care.

5.12 Per Capita Expenditure Analysis on Health Sector – 2011-12

An analysis of per capita expenditure on health becomes important as it is likely to affect poor families in accessing the required health facilities. The problem becomes acute in the event of poor implementation of the programmes and the existing administrative apathy only. The per capita expenditure for the district as a whole is 62.09 (see Table-5.15)

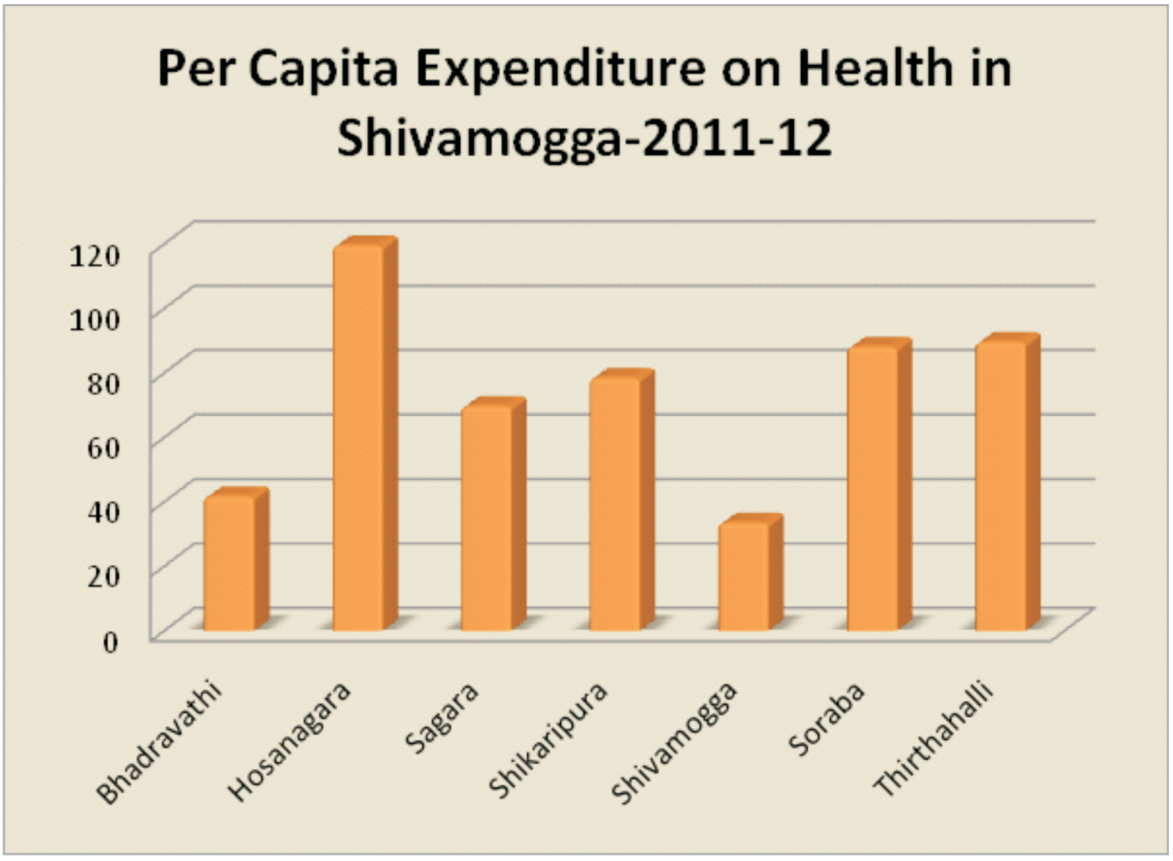
Table No. 5.15 : Per Capita Expenditure across Taluks - 2011 (in Rs.)

Sl. No.	Name of the Taluk	Per Capita Expenditure [in Rs.]
1	Bhadravathi	41.73
2	Hosanagara	119.53
3	Sagara	69.68
4	Shikaripura	78.46
5	Shivamogga	33.52
6	Soraba	88.07
7	Thirthahalli	89.56
	District	62.09

Source: Department Of Health, Shivamogga, 2011

The health expenditure across taluks is found to vary considerably. The lowest health expenditure during the year under review is reported from Shivamogga taluk and it is only Rs.33.52. On the contrary, the highest expenditure is reported from Hosanagara taluk [Rs.119.53]. The factors accounting for the varied health expenditure could be the varied public health infrastructure and the number of programmes implemented in the respective taluks or the region. Apart from increasing per capita expenditure in all taluks especially in taluks with low expenditure, there is also a need for effective utilization of the money spent on various programmes.

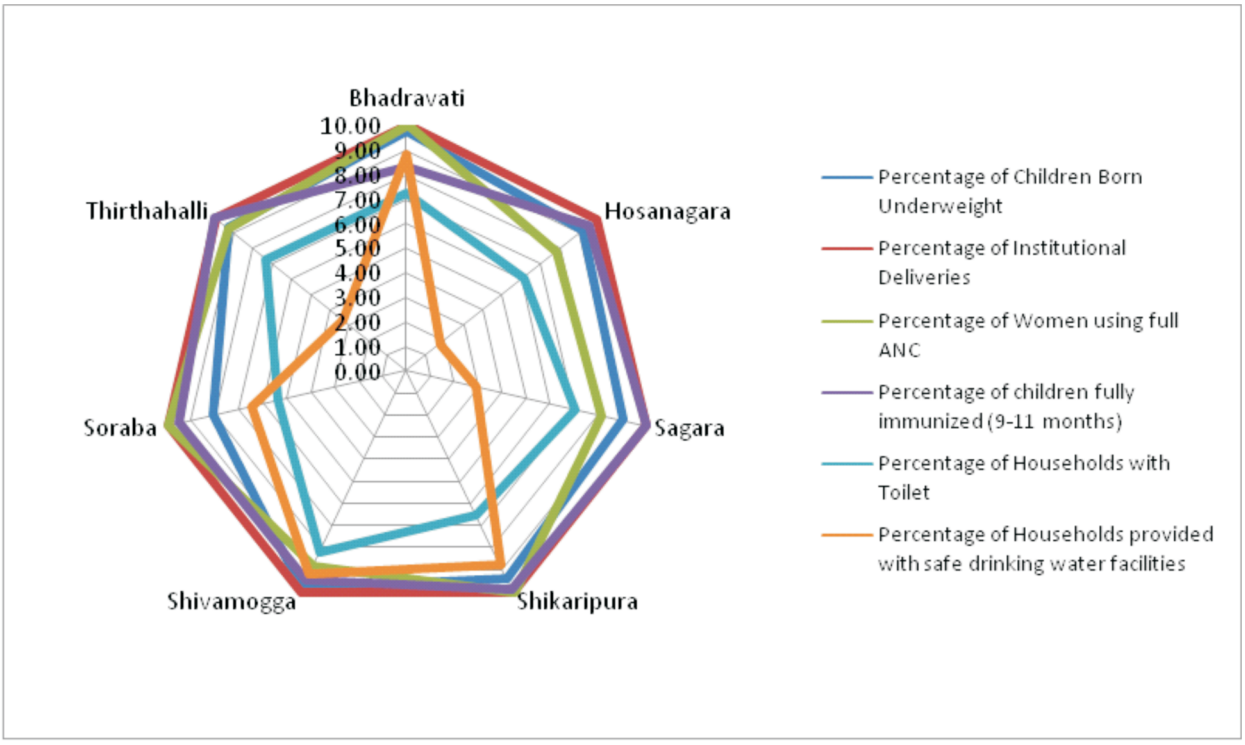
Fig.5.7: Per Capita Expenditure on Health in Shivamogga-2011-12



5.13 Radar Analysis for Health

The indicators of Radar Analysis on Health are representative of the overall health and wellbeing of newborn children, expecting mothers and hygiene standards of households in the district. The indicators are the Percentage of Children Born with Underweight, Percentage of Institutional Deliveries, Percentage of Women using full ANC, Percentage of Children completely Immunized within 11 months, Percentage of Households with Toilets and Percentage of Households having Safe Drinking Water. The corresponding values for each of these indicators have been converted into a 10-point scale so that higher value indicates a positive trend for the taluk.

Fig.5.8: Radar Analysis for Health



The first extremely positive trend across the district is the extremely high percentage of Institutional Deliveries. This indicates that women are receiving appropriate medical attention required during the time of child birth and that there are doctors on hand to begin the post-natal care. Another encouraging sign is the large proportion of women who are using full ANC care in each taluk. Finally, it is noticed that barring Soraba, every taluk has an extremely small percentage of children who are born underweight. There could be further research to understand anomaly of a relatively high percentage of underweight children being born in Soraba taluk.

It is also noticed that overall immunisation of children within 11 months is being well taken care. The data relating to the access of clean drinking water to the households is a matter of concern. Barring urban centres of Shivamogga, Bhadravati and Shikaripura, there is large scarcity of clean drinking water in the other taluks. This is an important priority for the health policy of the government.



Fig.5.9: Medical Checkup at PHC in Shivamogga Taluk



Fig.5.10: Mini water Supply at Hittle

Radar Graphs for Each Taluk

Fig.5.11: Bhadravathi

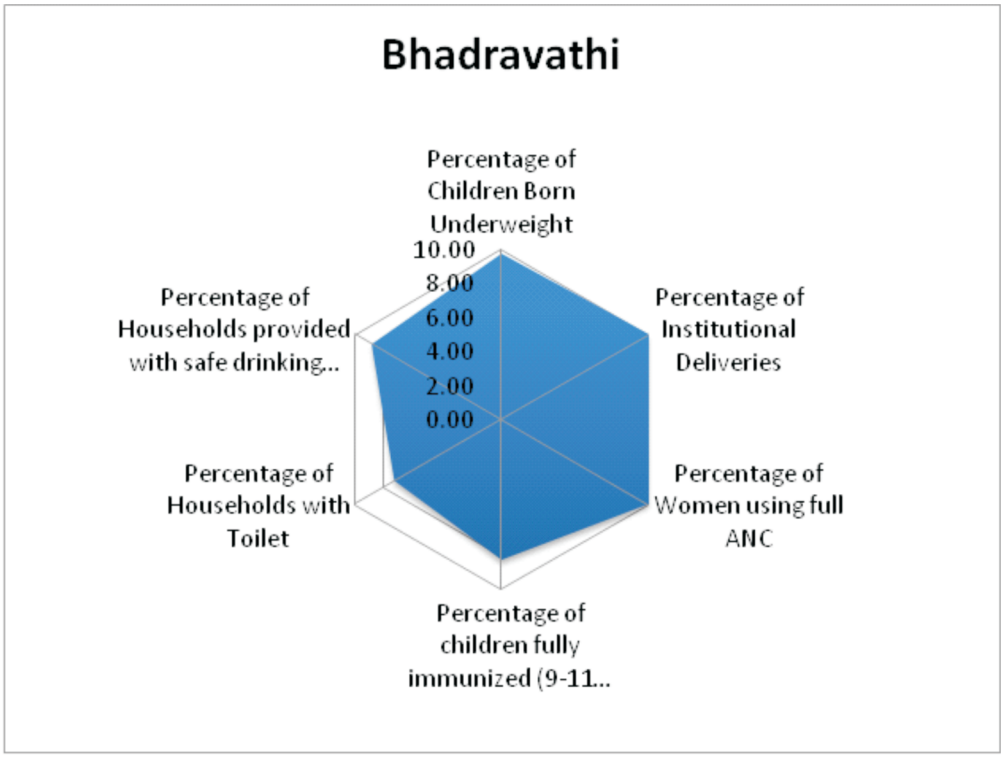


Fig.5.12:Hosanagara

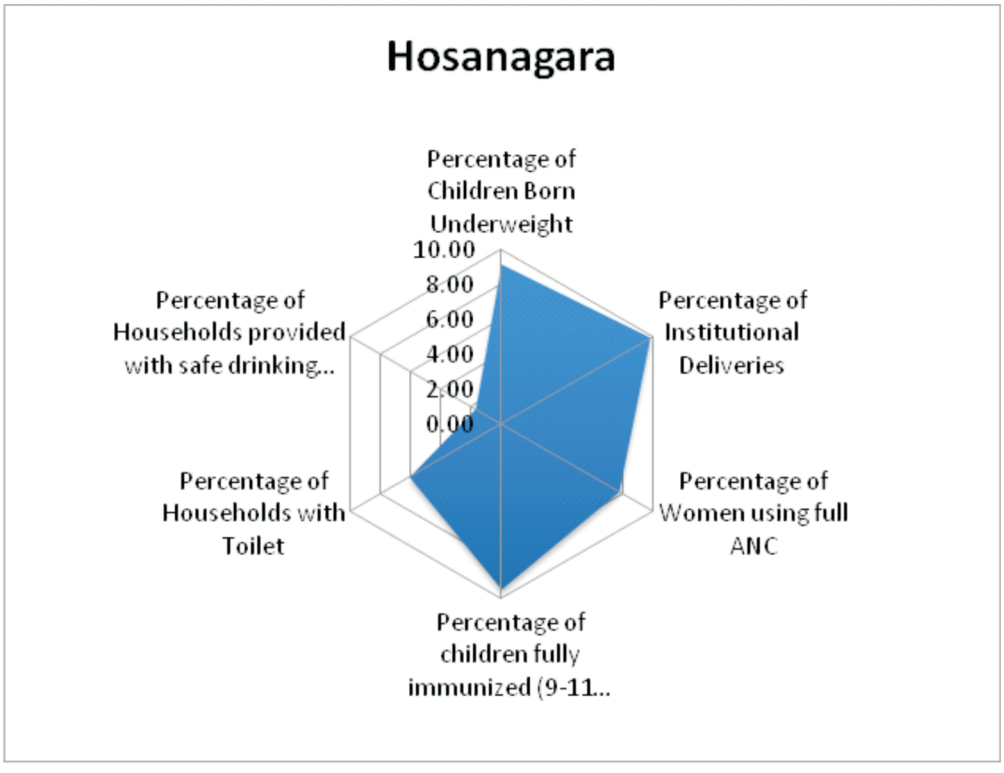


Fig.5.13: Sagara

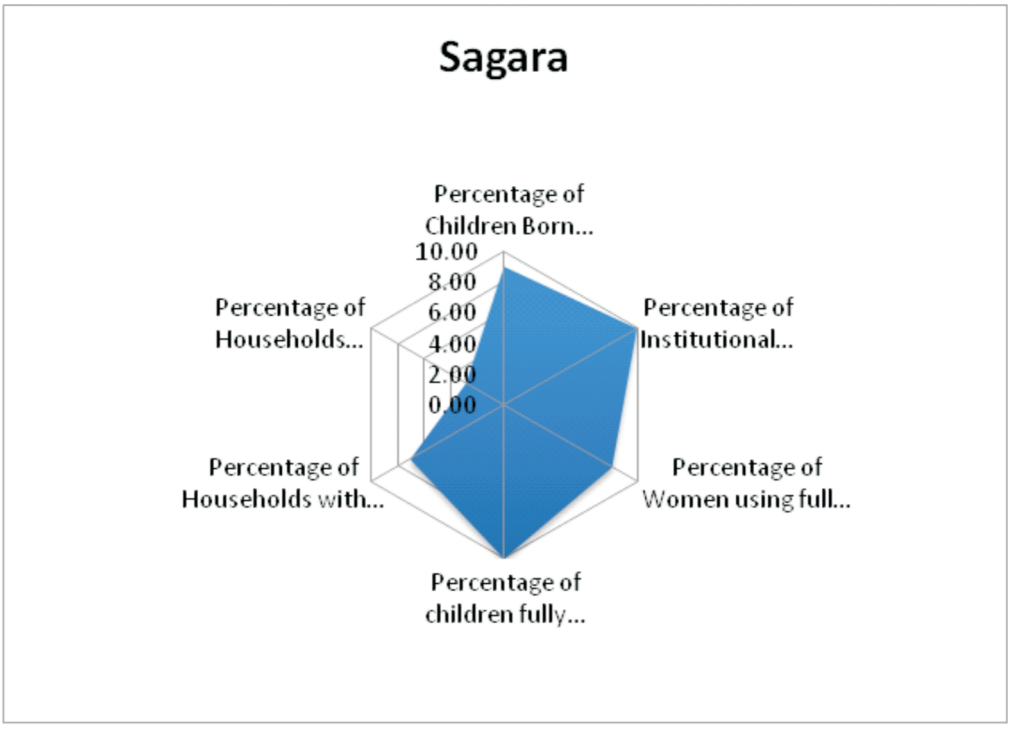


Fig.5.14: Shikaripura

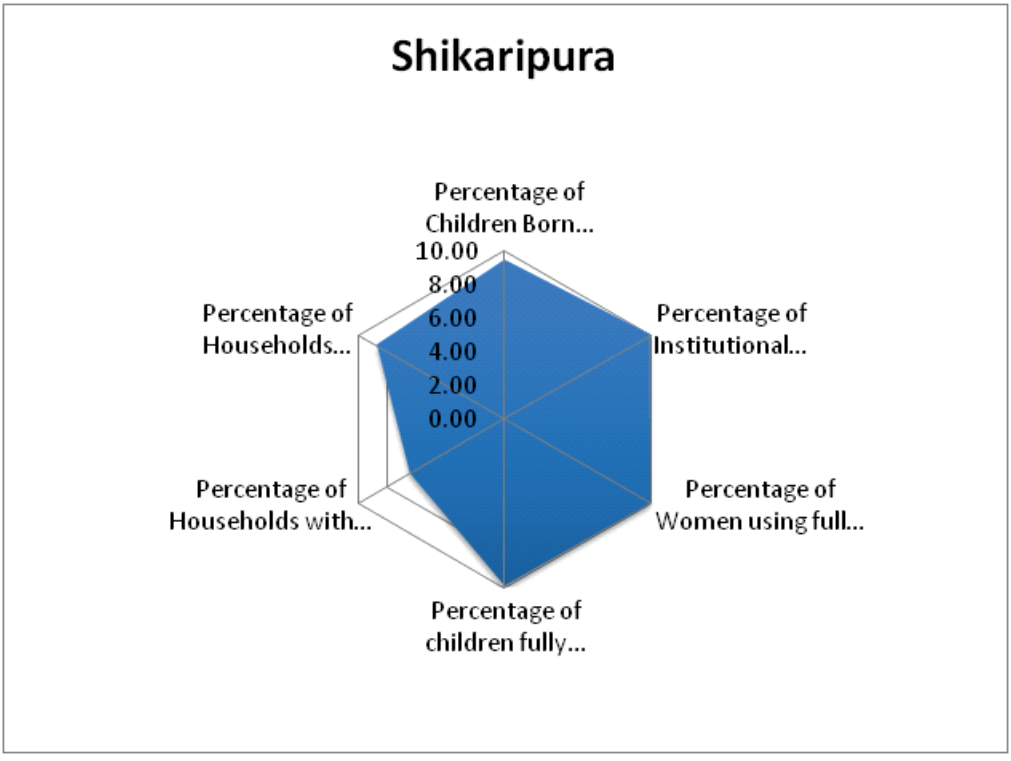


Fig.5.15: Shivamogga

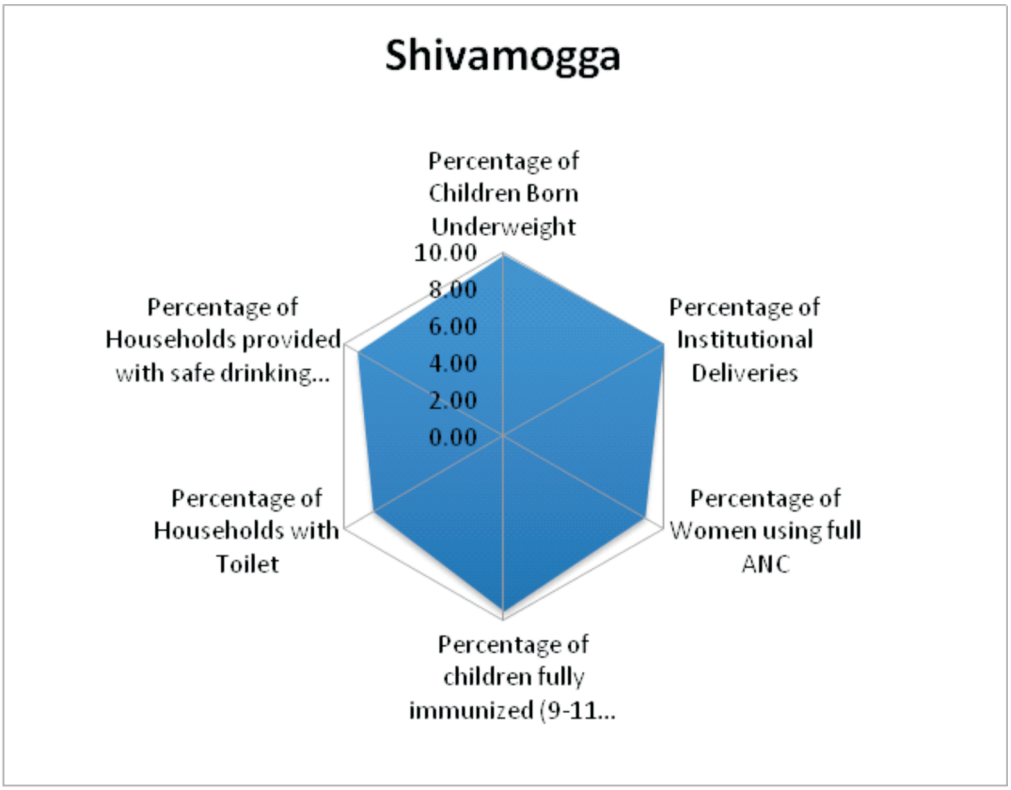


Fig.5.16: Soraba

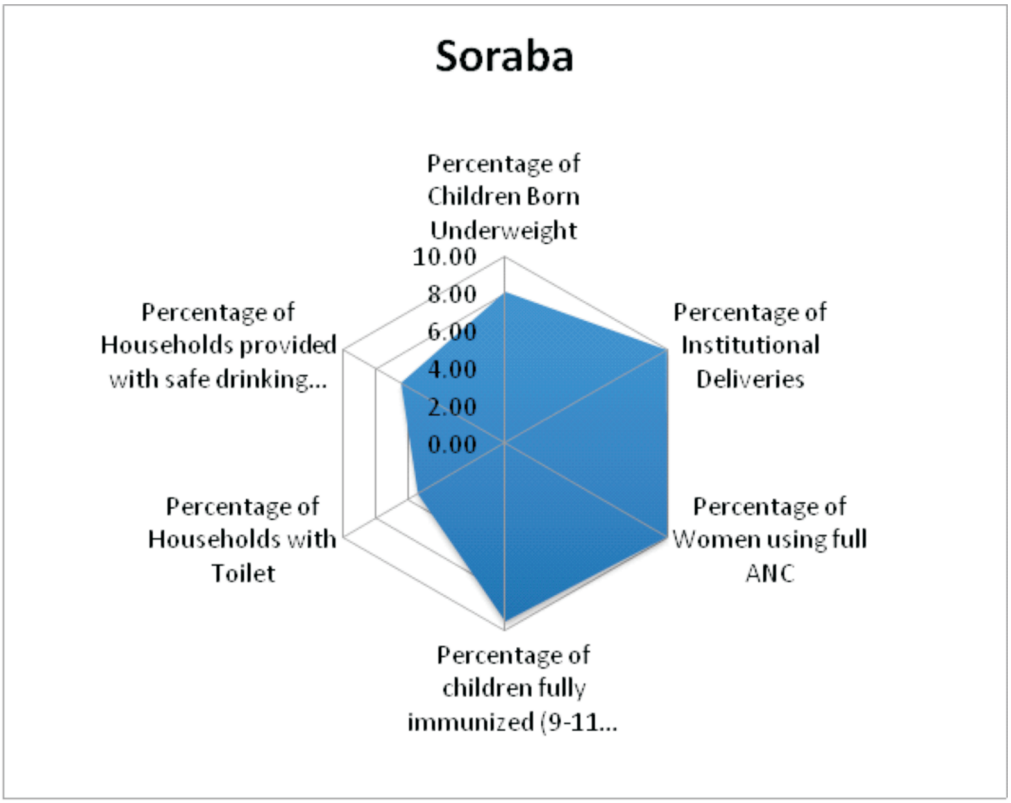
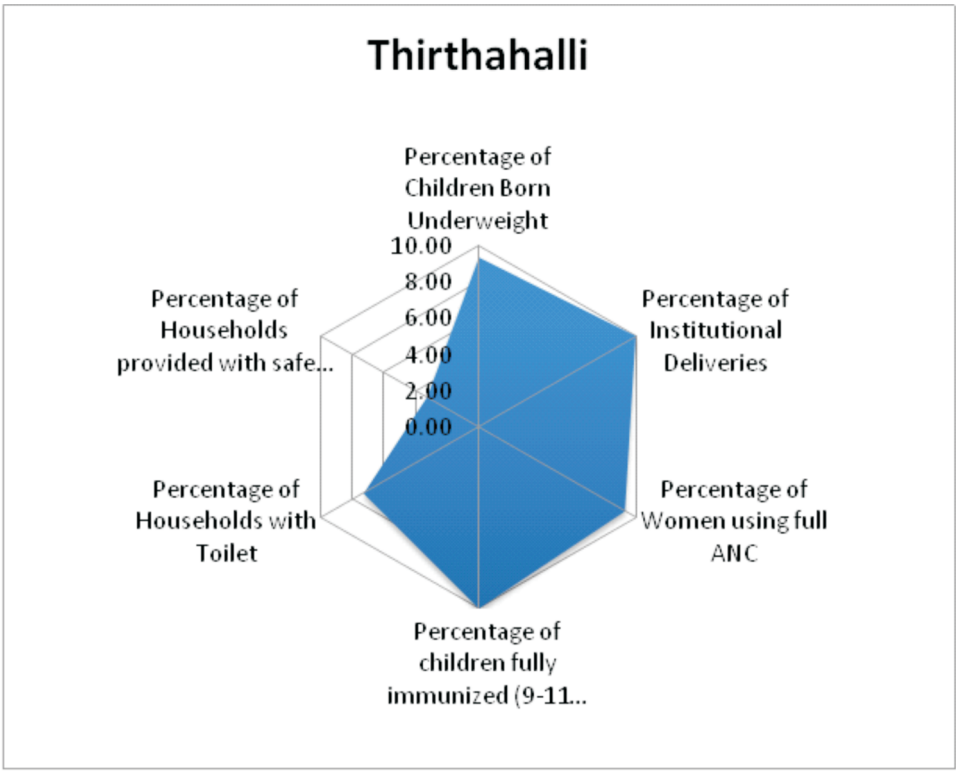


Fig.5.17: Thirthahalli



5.14. District Specific Issues

The Lead Agency has identified two specific aspects relating to the district .The first aspect refers to a pathological dimension while the second aspect refers to health infrastructure. These include Kyasanur Forest Disease and the services of 24x7 Primary Health Centers. This has also been endorsed by the officials of the district

5.14.1 KYASANUR FOREST DISEASE

Incidence of unnatural monkey deaths in the forest and fever cases with fatalities in a group of 4 villages during the early part of 1956 prompted the local health authorities of Soraba to investigate the cause of illness. A clinical examination of blood, motion, urine of patients, water flies and mosquitoes did not reveal any etiological agent.. Similar incidence of a large number of human cases and monkey deaths during January to March 1957 facilitated in taking up intensive investigations in collaboration with an expert team from Virus Research Centre (VRC) Poona, (Indian Council of Medical Research and Rockefeller Foundation Organisation). This helped in the discovery of the etiological agent "VIRUS" (related antigenically to R.S.S.E Complex group). This disease is known as Kyasanur Forest Disease(KFD).

Initially in 1957, the KFD endemic area was restricted to about 200 sq. K.m. of Shivamogga District. The focus widened in the subsequent years covering additional areas of Sagar, Sorab and Shikaripura Taluks of Shivamogga District. KFD remained confined to these three taluks until 1972. Since 1972 five additional foci of KFD virus activity resulting in human disease and mortality among monkeys, have appeared in other districts namely Shivamogga, Uttara Kannada, Chickmagalur, Udupi and Dakshina Kannada. The KFD virus activity in human extended to Chamarajanagara district in 2013 and monkey positive for KFD virus was also detected in Mysuru district. It is found that the first case of KFD was reported in Thirthahalli taluk. One KFD Confirmed death is also reported from Thirthahalli Taluk. The data relating to the samples tested across taluks is given below:

Particulars	Shivamogga				Uttara		Kannada		Chikmagalur		Mangaluru		Total	
	Thirthahalli		Hosanagara		Honnavara		Bhatkal		N.R.Pura		Mangaluru			
Samples	Tested	Positive	Tested	Positive	Tested	Positive	Tested	Positive	Tested	Positive	Tested	Positive	Tested	Positive
Positive villages	94	51	19	6	12	8	1	1	4	1	6	1	136	68
Human	289	129	35	8	27	16	1	1	6	1	7	1	365	156
Monkey	1	1	0	0	0	0	1	1	0	0	0	0	2	2
Ticks	52	7	47	1	18	0	5	0	8	0	13	0	143	8

Manipal Center for Virus Research has taken up fever surveillance for Febrile illness in Thirthahalli & Hosanagara Taluk to study the disease pattern

The district officials of Shivamogga have carried out two pronged campaign on KFD. The first measure is the active and intensive surveillance carried out by the field staff of KFD Field Station Sagar , Honnavar & Belthangadi, affected PHC's . This has been monitored by the Deputy Director, VDL,Shivamogga District Health Officers, District Surveillance Officers and Taluk Health Officers. The second measure is vaccination. The timing of the vaccination is linked to the transmission cycle so that people are protected. The population at risk is immunized. Which includes: (a) Previously affected villages. (b) Surrounding villages around the monkey death. (c) Area where new cases are detected. (d) Area where infected ticks are found.

5.14.2 Handigodu Disease

Handigodu Disease is a peculiar joint disease occurring in an endemic form in parts of Shivamogga and Chikmanglur district of Karnataka State. Other names given to this disease are Basapura Syndrome and Endemic Familial Arthritis of Malnad.

The disease has been precipitated in a circumscribed area since 1975. It resembles other peculiar osteoarticular problems like Kashinbeck Syndrome and Mselini Joint Disease.

But despite concerted research efforts by the National Institute of Nutrition, Hyderabad, the India Council of Medical Research, New Delhi, the Govt. Of Karnataka, the St. John's Medical College and the Sanjay Gandhi Institute if Medical Science, Lucknow, Over a Span of 14 years, the aetiopathogenesis of the Handigodu Disease is yet unknown.

Research has thus exclusively shown that the diet, the water and the environment are not responsible for the disease. The genetic angle is yet to be studied

Salient epidemiological features are that the Harijans are predominantly affected, through now the disease has affected all castes; major joints in the body, esp. The hip joint, are affected, with severe bony pain being the commonest symptom; there is an absenbce of diagnostic signs at birth or in early childhood; and swarfism is a conspicuous phenomenon.

The disease was first noticed in village Handigodu, 10 kms from sagar, a Taluka

Headquarters in Shivamogga District, and hence the name, well known for its arecanut cultivation and sandalwood handicrafs, the people are prosperous and the societies well organized and cooperative.

A Baseline Survey of Families with Patients of Handigodu Disease

Handigodu Disease is a peculiar osteoarticular disease geographically limited to a circumscribed area around sagar taluk in District Shivamogga, Karnataka. First noticed in 1975, the disease has so far defied scientists in identifying the cause. The disease cripples the affected, and thus has severe physical, mental and social dimensions.

In order to plan a comprehensive programme of rehabilitation of families affected by the disease, the Zilla Parishad, Shivamogga requested BAIF Development Research Foundation to conduct a Baseline Survey among 10 Villages around Sagar.

The Survey was conducted during November-December 1995. Data was collected in both quantitative and qualitative manners.

A total of 92 families with 153 patients were surveyed. This survey documented 13 new cases, since the last documentation in 1989. All families come in the lower socio-economic status group, belong to the backward and scheduled castes. They work mainly as labour and illiteracy is very high (92%).

Of the 153 patients, 6 totally crippled. The rest have varying levels of deformities in upper and lower limits. Pain is the major symptom and severely limits the physical work of the patients. Dwarfism is a conspicuous phenomenon. Most patients are in the productive are group, and absence of marriage has become a social problem.

The families have benefitted by getting houses, electricity and a source of water. Those with>65% handicaps get a stipend/pension from the Government. Philanthrophic organizations have distributed amenities like blankets and utensils. All families have availed of bank loans, but have failed to utilize the resources properly.

5.14.3 24x7 PHCs Operationalisation

Primary Health Centers are the cornerstone of rural health services. It is the first port of call in rural areas for the sick and those who directly report or are referred from Sub-centers for curative, preventive and promotional health care. There are 103 PHCs in Shivamogga district. During the year 2008-09, 24 PHCs were identified as 24X7 centers. They are located in different taluks. There are 2 centers in Bhadravati, 2 in Tirthahalli, 5 in Hosanagara, 4 in Sagara, 5 in Soraba, 5 in Shikaripura and 1 in Shivamogga. These PHCs have been functioning with holistic planning and additional infrastructure. Apart from the regular staff, there will be an additional MBBS doctor, three contractual staff nurses and a nursing assistant for night duty. There is also the provision of medicine supply along with other requirements on the basis of the services extended by respective center.

5.14.4 Success Stories

Many new schemes and programmes have been implemented by different agencies. One of the recent progamme is the Bala Sanjeevini. A few cases are listed to examine its implementation:

5.14.4.1 Case Study 1: Co-ordination between Anganawadi centre and Family

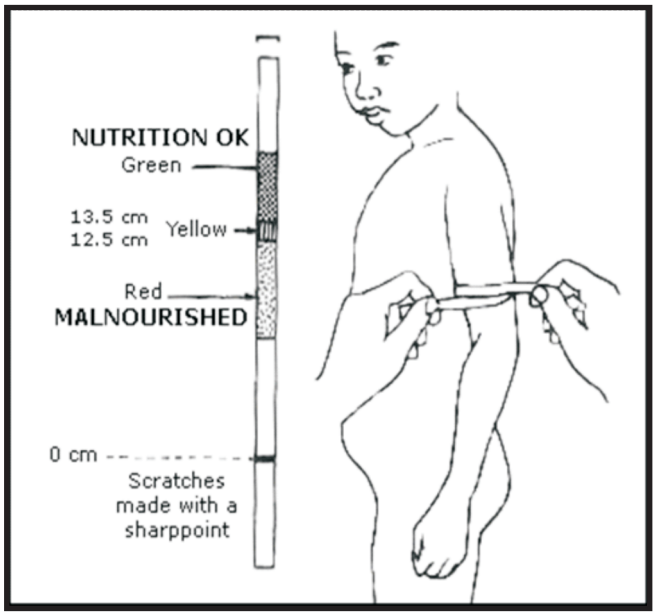


Fig.5.18: Assessment of the Health Status of the Child

Mohammed Suphian bin Mohammed Izaz was born on 16th of June 2009 was to a minority labour family. The child was admitted to the Anganwadi Centre at Millagatta. The anganwadi worker observed that the child was going through loss of weight and it was categorized as 'severe'. Immediately, the worker and the attendant informed the parents about the problem confronting the child. The parents were advised to take extra care of the child and provided tips on home remedies such as feeding greens and vegetables, toffees etc.,

Further, he was enlisted under the supplementary feeding programme. He was provided with milk, eggs and the supplementary food items. The parents took extra care of the child. Inspite of all this, the child did not show symptoms coming out of the problem. On the basis of the advice of the local medical officer, the child was taken to Nanjappa Life Care Hospital in Shivamogga City. After a detailed investigation, it was understood that the child was suffering from a cardiac problem. The child was operated upon and the required assistance was provided under the Bala Sanjeevini programme of the health department. Now, the child has recovered and there is improvement in his health.

5.14.4.2 Case Study 2: Medical assistance through Bala Sanjeevini

Varshini bin Satheesha was enrolled at Thoppinagatta Anganwadi Centre. The child was suffering from health problems frequently. After noticing the problem, a detailed medical examination was conducted. It was found that the child had cardiac associated problem with a hole in its heart. In order to help the child and the family, the parents were motivated to enroll the child under the Bala Sanjeevini Programme. Subsequently, on 3-2-2013 the child went through a surgery successfully at Narayana Hridayalaya, Bangalore. Now, the child has come out of the problem. Now, the child is able to live like any other normal child.

■ ಬಡತನ ರೇಖೆಗಿಂತ ಕೆಳಗಿರುವ ಮಕ್ಕಳಿಗೆ ಉಚಿತ ಚಿಕಿತ್ಸೆ ■ 1 ವರ್ಷದೊಳಗಿನ ಮಕ್ಕಳಿಗೆ 50, 6 ವರ್ಷದೊಳಗಿನ ಮಕ್ಕಳಿಗೆ 35 ಸಾವಿರ ರೂ.

20 ಆಸ್ಪತ್ರೆಗಳಿಗೆ ವಿಸ್ತರಣೆಯಾದ 'ಬಾಲ ಸಂಜೀವಿನಿ' ಯೋಜನೆ

■ ಶ್ವೇತಾ ನಾಯ್ಕ್

ಬೆಂಗಳೂರು: ಬಡತನ ರೇಖೆಗಿಂತ ಕೆಳಗಿರುವ ಮಕ್ಕಳಿಗೆ ಆರೋಗ್ಯ ಭಾಗ್ಯ ನೀಡಲೆಂದು ಜಾರಿಯಾದ 'ಬಾಲ ಸಂಜೀವಿನಿ' ಯೋಜನೆಯನ್ನ ಈಗ ರಾಜ್ಯದ ಇಪ್ಪತ್ತು ಪ್ರಮುಖ ಆಸ್ಪತ್ರೆಗಳಿಗೆ ವಿಸ್ತರಿಸಲಾಗಿದೆ.

ಬಡ ಕುಟುಂಬದ ಆರು ವರ್ಷದೊಳಗಿನ ಮಕ್ಕಳಿಗೆ ಯೋಜನೆಯಡಿ ಆರೋಗ್ಯ ಸೇವೆ ಒದಗಿಸಲಾಗುತ್ತದೆ. ಒಂದು ವರ್ಷದೊಳಗಿನ ಮಕ್ಕಳಿಗೆ 50 ಸಾವಿರ, ಒಂದರಿಂದ 6 ವರ್ಷದೊಳಗಿನ ಮಕ್ಕಳಿಗೆ 35 ಸಾವಿರ ರೂಪಾಯಿ ನೀಡಲಾಗುವುದು. ಕೂಲಿ ಕಾರ್ಮಿಕರಿಗೆ ಅವರ ಮಕ್ಕಳನ್ನು ಚಿಕಿತ್ಸೆಗೆಂದು ಕರೆತರಲು ಸಾಗಿಗೆ ಪೆಟ್ಟಿಗಾಗಿ ದಿನವೊಂದಕ್ಕೆ 100 ರೂಪಾಯಿ ನೀಡಲಾಗುವುದು. ಇದಕ್ಕಾಗಿ ಸರ್ಕಾರದಿಂದ 16 ಕೋಟಿ ರೂ. ಮೀಸಲಿಟ್ಟಿದ್ದು, ಅದರಲ್ಲಿ ಈವರೆಗೂ 14 ಕೋಟಿ ರೂ. ಹಣವನ್ನು 7,900 ಕ್ಕೂ ಹೆಚ್ಚು ಮಕ್ಕಳು ಚಿಕಿತ್ಸೆ ಪಡೆದುಕೊಂಡಿದ್ದಾರೆ.

ಬಿಪಿಎಲ್ ಕಾರ್ಡ್ ಹೊಂದಿರುವ ಹಾಗೂ ಅಂಗನವಾಡಿಯಲ್ಲಿ ದಾಖಲಾದ 0-6 ವರ್ಷದ ಮಕ್ಕಳು ಯೋಜನೆಯ ಸೌಲಭ್ಯ ಪಡೆಯಲು ಅರ್ಹರು. ಚಿಕಿತ್ಸೆ ವೇಳೆ ಮಗುವಿನೊಂದಿಗೆ ಪೋಷಕರೊಬ್ಬರಿಗೆ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಉಳಿದುಕೊಳ್ಳಲು ಅವಕಾಶವಿದೆ.



ನಮ್ಮ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ 'ಬಾಲ ಸಂಜೀವಿನಿ ಕಾರ್ಡ್' ತೆರೆಯಲಾಗಿದೆ. ಈ ಚಿಕಿತ್ಸೆಗೆಂದು ಬರುವವರು ಬಿಪಿಎಲ್ ಕಾರ್ಡ್ ಅಥವಾ ಅಂಗನವಾಡಿಯಿಂದ ಅನುಮತಿ ಪತ್ರ ತಂದಲ್ಲಿ ಉಚಿತ ಸೇವೆ ನೀಡಲಾಗುವುದು.

ಡಾ. ವೇಮಲತಾ ನಿರ್ದೇಶಕರು, ಇಂದಿರಾಗಾಂಧಿ ಮಕ್ಕಳ ಆರೋಗ್ಯ ಸಂಸ್ಥೆ.

ಯಾವ ಖಾಯಿಲೆಗೆ ಚಿಕಿತ್ಸೆ?

ಮೂತ್ರಕೋಶ ಅಥವಾ ಕಿಡ್ನಿ ಸಮಸ್ಯೆ, ರಿವರ್ ತೊಂದರೆ, ನ್ಯೂರೋಲಾಜಿಕಲ್ ಡಿಸಾರ್ಡರ್ಸ್, ಸೆರೆಬ್ರಲ್ ಪಾಲ್ಸಿ/ಸ್ನಾಯುಸೆಳೆತ, ಅತಿಸಾರ, ಮಗುವಿನ ಶ್ವಾಸ ಚಿಕಿತ್ಸೆ, ವಿಷಮಂತುವಿನ ಕಡಿತಕ್ಕೆ ಒಳಗಾದರೆ, ವಿಷ ಸೇವನೆ, ಹೃದಯ ಸಂಬಂಧಿಸಿದ ರೋಗ, ಕೋಂಕು ರೋಗ, ತೀವ್ರತರ ಸ್ನಾಯುಸೆಳೆತ, ಎನ್ಸೆಫಲೈಟಿಸ್ - ಮೆದುಜ್ವರ, ಮಲೇರಿಯಾ, ರಕ್ತಹೀನತೆ, ಮಧುಮೇಹ, ನವಜಾತ ಶಿಶುವಿನ ಲಿವರ್ - ಮೂರು ಚಿಕಿತ್ಸೆ, ರಕ್ತ ಸಂಬಂಧಿ ಕಾಯಿಲೆ ಮತ್ತು ಅಪಘಾತಕ್ಕೆ ಚಿಕಿತ್ಸೆ ಪಡೆಯಬಹುದು.

ಯಾವ ಯಾವ ಆಸ್ಪತ್ರೆ ಸೇರ್ಪಡೆ

- ಬೆಂಗಳೂರಿನ ಇಂದಿರಾಗಾಂಧಿ ಮಕ್ಕಳ ಆರೋಗ್ಯ ಸಂಸ್ಥೆ ಮತ್ತು ವಾಣಿವಿಲಾಸ ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಆಸ್ಪತ್ರೆ
- ರಾಯಚೂರಿನ ಸಹೋದಯ ವೈದ್ಯ ಕಾಲೇಜು ಆಸ್ಪತ್ರೆ
- ಧಾರವಾಡದ ಎಸ್.ಡಿ.ಎಂ ವೈದ್ಯ ವಿಜ್ಞಾನ ಕಾಲೇಜು ಮತ್ತು ಆಸ್ಪತ್ರೆ
- ಚಿತ್ರದುರ್ಗದ ಬಸವೇಶ್ವರ ಆಸ್ಪತ್ರೆ
- ಮಂಗಳೂರಿನ ಕಸ್ತೂರಬಾ ವೈದ್ಯ ಕಾಲೇಜು ಆಸ್ಪತ್ರೆ ಲೇಡಿ ಗೋಷ್ ಹಾಗೂ ವೆನ್ಲಾಕ್ ಆಸ್ಪತ್ರೆ
- ವಿಜಾಪುರದ ಬಿ.ಎಂ. ಪಾಟೀಲ್ ವೈದ್ಯ ಕಾಲೇಜು ಆಸ್ಪತ್ರೆ ಮತ್ತು ಡಾ. ಬಿಡರಿ ಅಶ್ವಿನಿ ಆಸ್ಪತ್ರೆ
- ಮೈಸೂರಿನ ಚೆಲುವಾಂಬ ಆಸ್ಪತ್ರೆ
- ಬಾಗಲಕೋಟೆಯ ಹಾನಗಲ್ ಕುಮಾರೇಶ್ವರ ಆಸ್ಪತ್ರೆ ಹಾಗೂ ಸಂಶೋಧನಾ ಕೇಂದ್ರ
- ಕೋಲಾರದ ಆರ್.ಎಲ್. ಜಾಲಪ್ಪ ವೈದ್ಯ ಆಸ್ಪತ್ರೆ
- ದಾವಣಗೆರೆಯ ಬಾಪೂಜಿ ಮಕ್ಕಳ ಆರೋಗ್ಯ ಸಂಸ್ಥೆ ಮತ್ತು ಎಸ್.ಎಸ್.ಎಂ ಆಸ್ಪತ್ರೆ
- ಬೆಳಗಾವಿಯ ಡಾ. ಪ್ರಭಾಕರ ಕೋರೆ ಉಚಿತ ಆಸ್ಪತ್ರೆ
- ಗುಲ್ಬರ್ಗದ ಎಂ.ಆರ್. ವೈದ್ಯಕೀಯ ಕಾಲೇಜ್ ಬಸವೇಶ್ವರ ಮತ್ತು ಸಂಗಮೇಶ್ವರ ಆಸ್ಪತ್ರೆ
- ಮಣಿಪಾಲದ ಕೆಎಂಸಿ ಆಸ್ಪತ್ರೆ
- ಬಳ್ಳಾರಿಯ ವಿಜಯನಗರ ವೈದ್ಯ ವಿಜ್ಞಾನ ಕಾಲೇಜು ಮತ್ತು ಆಸ್ಪತ್ರೆ
- ಹಾಸನದ ಸಿಎಸ್ಐ ರೆಡ್ ಕ್ರಾಸ್ ಆಸ್ಪತ್ರೆ

Thanks to Vijayavani 22.9.2013 HBT

Fig.5.19: News Paper Clipping on the Bala Sanjeevini Programme

The cases mentioned above indicate as to how children needing health and medical assistance have received benefits. It is also evident that along with the required health facilities, the families have also got financial assistance and timely guidance.

5.15 An Overview: Performance and Inadequacies of Health Care system

The review of health care status in the district indicates certain limitations and inadequacies. Although it is not formally mentioned, there is always "some cost "involved in getting the required facility. Sometimes, the cost involved may be beyond their reach and thereby rural people especially the poor fail to have access to minimum health facilities.

The performance of health care facilities in Shivamogga district have been significant as majority of people are the beneficiaries. The decline in mortality rate is demographically positive. The supportive measures for reducing mortality have been most conspicuous in recent times. The programmes of health implemented by the governments at the state and national level seem to have succeeded in reaching out to more and more people. There are many measures relating to mothers health and child care which have been contributing towards healthy families and communities.

Fig.5.20: Health Checkup for School Children



Fig.5.21: Immunization for Children in Shivamogga City



Chapter 6

INCOME, POVERTY AND UNEMPLOYMENT

6.1 Introduction

A high rate of growth coupled with employment opportunities for the ever-increasing labour force and simultaneously ensuring livelihood sustainability is an enormous challenge for all governments. The high inflation rate has created strain on the lives of people and pressure on resources. The national and local governments are actively involved in alleviating poverty and enhancing the standard of living of its citizens in a stable and sustainable manner.

The Tendulkar Committee (year) set about the methodology to assess poverty in India. It serves as a benchmark against which the constant crusade against poverty can be measured by studying the proportion of individuals which fall below poverty line. Although there have been several representations indicating that poverty line is far too low with most families falling below, it serves as a tough line with which poverty alleviation could be gauged. Sometimes, a few families may not truly be suffering from crippling poverty. The district of Shivamogga has a large number of families below poverty line. The ensuing paragraph seeks to analyse Income, Poverty and Unemployment characteristics of the district to have a better understanding of the life of people.

6.2 Districts and Taluk Income

One of the crucial factors of human development at the district level is its income. An estimate of income of Shivamogga and all its seven taluks will provide a basis to understand development. The data relating to income from different sectors is given inTable-6.1

Table No.6.1: GDDP and NDDP by Sectors - 2004-05 & 2008-09

[Rs. In Lakhs]

Sectors	GDDP at Current Price [2008-09]	GDDP at Constant Price [2004-05]	NDDP at Current Price [2008-09]	NDDP at Constant Price [2004-05]
Primary	213687	151107	201125	140765
Secondary	211168	165226	175773	135822
Tertiary	387955	319547	351886	291251
Total	810716	731022	634824	570683

Source: Directorate of Economics and Statistics, 2004-05 & 2008-09

The district income data for the year 2008-09 is compared with the corresponding data for 2004-05. This comparison will reveal the general trend in the overall District Income and the type of economy (primary, secondary or tertiary) having the largest gains. There is an increase in the primary, secondary and tertiary economies fron 2004-05 to 2008-09. In 2004-05, the primary and secondary sectors contributed 1,51,107 and 1,65,226 (Rupees in lakhs) respectively compared to 2,13,687 and 2,11,168 in the 2008-09 period. However, the tertiary component of the GDP was the largest in both time periods with 3,19,547 and

3,87,955 respectively. This shows that the service sector is strong at the district level as a whole. It is also evident that sectors like agriculture, mining and industry have been making significant progress.

The District Per Capita Income is Rs. 40, 606 with a positive trend in the Gross Domestic Product after correcting for inflation. The data in Table-6.2 lists the per capita income at the current prices for each taluk in the district. Hosanagara has the highest per capita of Rs.61,405 and Thirthahalli has the lowest per capita of Rs. 31,810. It is found that Shikaripura also has lower per capita when compared to the district average. The remaining taluks have a per capita GDP which is higher than the district average.

Table No.6.2: Taluk per Capita Income at current prices (In Rs.) - 2010

Bhadravathi	Hosanagara	Sagara	Shikaripura	Shivamogga	Soraba	Thirthahalli
57107.23	61405.31	46924.60	32463.40	41436.09	44072.44	31810.19

Source: Directorate of Economics and Statistics, 2010.

An important caveat to be noted in Shivamogga is that it is most densely populated taluk and therefore, the slightly above average per capita GDP of Rs. 41,436 is positive.

6.3 Agriculture: Cropping pattern, Irrigation and livestock

Agriculture plays a major role in defining economic and social landscape of most districts in Karnataka. In order to examine the contribution of agricultural sector to the economy of the district, a detailed analysis of all related aspects like irrigation intensity, cropping intensity, food grain production, forest area etc., are being attempted. It is necessary to analyse data of each taluk so that the contribution from each taluk toward the economy of the district becomes evident.

The data given in Table 6.3 describes the key agricultural indicators that explain the agricultural profile of the various taluks. The cropping intensity is highest at Bhadravathi and least at Hosanagara. All other taluks have a cropping intensity ranging between the highest and the lowest values in the district. It is found that the percentage change in the Net Sown Area over 2001-2011 is highest for the taluks of Hosanagara (15.24) and Soraba (14.13). Inspite of improvement in the net sown area in these taluks, the maximum percentage of degraded land prevails. Therefore, efforts need to be made towards sustainable growth in these two taluks. In contrast, the percentage change in the Net Sown Area is extremely low for Bhadravathi (1.12 percent) and Shikaripura (1.99 percent) taluks, respectively. Since the net sown area is extremely low for a period of 10-years, there is scope for further restoration of land.

Table No. 6.3: Taluk-wise data on crop intensity - 2011 (%)

Sl. No.	Details	Cropping Intensity	Percentage change in NSA(Net Sown Area) over the years (2001-2011)	Per-capita food grain production in Kgs.	Per Capita forest cover in Ha.	Irrigation Intensity	Percentage of area degraded to TGA	Percentage of leguminous crops in the GCA
1	Bhadravathi	132.8	1.12	254.81	26.43	129.8	1.14	0.9
2	Hosanagara	106.9	15.24	419.73	24.62	113.9	2.92	0.1
3	Sagara	107.2	4.64	398.11	34.08	113.8	0.48	0.2
4	Shikaripura	126.9	1.99	1006.49	44.15	126.7	0.91	1.6
5	Shivamogga	118.8	10.2	308.71	38.52	123.6	1.61	0.7
6	Soraba	112.2	14.13	942.56	23.24	113.7	2.74	1.5
7	Thirthahalli	107.3	4.14	306.41	38.07	115.6	1.32	0

Source: Department of Agriculture, Shivamogga, 2011.

Another aspect relating to agricultural sector is the food production. It is found that the taluks of Shikaripura and Soraba have overwhelmingly the highest per capita food grain production with 1006.49 kgs and 942.56 kgs (see Table-6.3). Bhadravati taluk has the lowest per capita food grain production. This is Inspite of high cropping intensity in the taluk. It is also found that Bhadravati taluk has the highest irrigation intensity, but it has the lowest per capita food production. Soraba taluk has low irrigation intensity but its food grain production is very high. Some of these variations among taluks could be explained in terms of efficiency in cultivation of crops, the type of crops, quantum of water required or used for the crops.

The highest food grain producing taluks of Shikaripura and Soraba also have the highest percentages of leguminous crops in the Gross Cropped Area. This could explain the higher produce, as leguminous crops are known for being beneficial to the soil by increasing its nitrogen content. Although Bhadravathi taluk has a high leguminous crop percentage, it is not reflected in increased produce. In terms of forest cover area, Shikaripura taluk has the high forest cover, while Soraba taluk has the lowest forest cover area.

6.3.1 Livestock

Animal husbandry is an important sector which provides employment and supplements income of the family. It contributes significantly to the economy of the district. The nature and extent of contribution depends on the profile of the livestock in the district. The total livestock held in the district in 2007 is about 9.64 lakhs (see Table-6.4). Of them 5.79 lakhs are cattle, 1.91 lakh are buffaloes and the rest of them are either goats or sheeps. Among the taluks, Sagar and Soraba are found to be having the largest number of livestock. The least is in Bhadravathi taluk. This may be due to socio-economic and climatic factors. Thus, the large percentage of livestock held is the cattle. As a result of this, dairying has emerged as an income generating activity in many families of the district. It must be noted that the presence of Shivamogga Milk Union in the district is evidence to this development.

Table No. 6.4: Details of Livestock's across Taluks - 2007 (No.)

Sl. No.	Taluk	Total Livestock	Cattle	Buffaloes	Sheep	Goats
1	Bhadravathi	121121	57423	28992	11302	10715
2	Hosanagara	128136	86551	24747	21	2510
3	Sagarg	154024	99459	34412	584	2036
4	Shikaripurg	123787	71987	20844	4793	16777
5	Shivamogga	140662	84282	21316	7708	10533
6	Soraba	152163	87188	30723	671	19003
7	Thirthahalli	144299	92264	30213	115	106
	District	**964192**	**579254**	**191147**	**25194**	**61680**

Source: Department of Animal Husbandry, 2007

Box 1- SHIVAMOGGA DAIRY,
Shivamogga Milk Union Limited, Shivamogga (Karnataka)

Shivamogga Co-operative Milk Union (SHIMUL) was established in the year 1987 as part of implementing the operation flood II programme in the state of Karnataka. The area of operation of the union covers the three southern districts of Karnataka i.e., Shivamogga, Davanagere and Chitradurga. The operation flood and the subsequent perspective plan program implemented in the milk shed with the financial and technical assistance of NDDB has sought to develop dairying through establishment of viable three tier co-operatives to link the rural dairy farmer with the urban consumers, thereby improving the standard of living of the under privileged dairy farmers of the region. The present turnover of the union is Rs.150 Crores. Union has a paid up share capital of Rs.550 Lakhs. There are 766 Anand pattern co-operative societies in the area of operation of the union with a farmer membership of 1,17,000.

6.4 BPL households, MGNREGA

The task of eradicating poverty is a key objective of the current Five Year Plan as well as that of any responsible government. This could be achieved by systematically reducing number of households below poverty line. According to the data available (Table-6.5), the discouraging reality is that majority of the families in the district are below poverty line. The district level percentage of families below the poverty line is 76.52 percent in rural areas and 68.41 percent in urban areas. The data confirms that all the families have been provided with Ration Cards both in rural and urban areas..

Fig.6.1: Vented Dam Construction under WGDP Programme at Shikaripura Taluk120



Fig 6.2: Vented Dam Foot Bridge Construction under WGDP Programme at Shikaripura Taluk121



Fig.6.3 : Construction of Vented Dam works under WGDP Programme at Sagara Taluk



Table No. 6.5: Household statistics of BPL families - 2011 (%)

Sl. No.	Taluk	% of BPL Families to Total Families		% of BPL Families provided with Ration Card		BPL Families As % To the District Total	
		Rural	Urban	Rural	Urban	Rural	Urban
1	Bhadravathi	84.76	81.58	100	100	13.96	20.77
2	Hosanagara	69.30	36.52	100	100	6.88	0.34
3	Sagarg	67.85	55.41	100	100	8.56	5.92
4	Shikaripurg	80.86	82.07	100	100	12.76	5.92
5	Shivamogga	88.56	64.02	100	100	14.15	32.94
6	Soraba	73.51	78.72	100	100	12.42	1.37
7	Thirthahalli	63.17	45.52	100	100	7.79	1.15
	District	76.52	68.41	100	100	76.52	68.41

Source: Statistical Department, 2011

Further, Hosanagara taluk has the least proportion of BPL families when compared to the district total. However, Bhadravathi and Shivamogga taluks have an exceedingly higher percentage of BPL families, especially in rural areas. The prevailing trend indicates that percentage of BPL families in rural area is relatively higher for most of the taluks. It is only in Shikaripura and Soraba, the percentage of BPL families is higher in urban areas in relation to the total families.

Table No.6.6 Percentage of BPL card holders - 2011 (%)

Sl. No.	Taluks	Percentage of BPL Cards issued to Total Ration Cards
1	Bhadravathi	83.29
2	Hosanagara	67.62
3	Sagara	63.81
4	Shikaripura	81.12
5	Shivamogga	72.70
6	Soraba	73.80
7	Thirthahalli	61.31
	District	73.58

Source: Department of Food and Civil Supplies, Shivamogga, 2011.

Simultaneously, it is observed that the percentage of BPL cards issued in relation to the total ration cards is relatively higher in all taluks. The lowest is in Shikaripura and the highest is in Bhadravathi taluk (see Table-6.6).

In order to help families to move out from" below the poverty line" and to enable unemployed workers to secure work, the government has institutionalised a scheme that guarantees a minimum number of days of part- time work with specified wages. This scheme will help workers to improve their income. The scheme is Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) which seeks to guarantee at least 100 days of wage employment in a bid to enhance livelihood security. The details relating to MGNREGS are given in the Table-6.7.

Table No. 6.7 : Schematic Details for poverty Alleviation MGNREGS and Others Programmes with percentage of population covered - 2011 (No. & %)

Sl. No.	Taluk	% of Population Covered under MGNREGS	Per Capita expenditure incurred under MGNREGS and other programmes	% of Population covered under other programmes of poverty alleviation	Total man – days of employment generated
1	Bhadravathi	9.63	115.49	5.05	314511
2	Hosanagara	9.99	98.78	9.29	203389
3	Sagara	19.06	87.59	12.78	329963
4	Shikaripura	14.54	119.18	10.23	260383
5	Shivamogga	9.41	105.33	3.17	260695
6	Soraba	14.56	89.11	12.91	368464
7	Thirthahalli	8.73	124.61	7.89	117011
	District	**12.33**	**103.12**	**7.54**	**1854416**

Source: Zilla Panchayath, Shivamogga, 2011.

The MGNREG scheme has covered 12.33 percent population of the district. Sagar taluk has the highest percentage with 19.06 percent. The least percentage (8.73 percent) cover is in Thirthahalli taluk. There are other programmes implemented by the Government to alleviate poverty which have covered 7.54 percent population of the district. All the poverty alleviation programmes together have covered 19.87 percent population of the district. There is need for increasing the coverage under poverty alleviation programmes especially for the BPL families in the district.

The per capita expenditure incurred by the government to implement these schemes is Rs. 103.12 for the district. Among the taluks, Thirthahalli has the highest per capita expenditure 125 (see Table-6.7). The low per capita expenditure prevails in Soraba and Sagar taluks. As a matter of fact, these two taluks have high percentage of the population eligible for poverty alleviation programmes. One of the basic objectives of these programmes is to generate employment opportunities. It is found that all the poverty programmes together have created a total of 18,54,416 days of employment in Shivamogga district. Among taluks, Thirthahalli has the lowest number of days of employment generated, whereas Soraba has generated highest number of days of employment. This could be due to the low wages

offered through various schemes (Rs.153 per day) when compared to the locally prevailing wages (Rs.170 to 200 for women and Rs.200 to 300 for men). However, the benefits of poverty alleviation programmes have been reaching the beneficiaries with a need for qualitative improvement. Such a thing needs to manifest in terms of reduction in the number of families below poverty line along with enhanced standard of living among the families of the beneficiaries.

6.5 Landless households

Poverty and income in any district is directly associated with number of households owning land or not owning land. Owning land is a key asset for any household as it indicates economic prosperity. It also fulfils the needs of human beings. The land is either land for cultivation or land for building houses. The data given in Table-6.8 indicates number of landless households and the houseless families.

Table No.6.8 : Details of Landless Households and Housing - 2011 (No. & %)

Sl. No.	Taluks	No. of Landless Households	Percentage of Landless Households	Percentage of HHs having Pucca Houses (Pucca House: Good House as per Census Definition)	Percentage of Households provided with house sites	Percentage of Houses constructed for houseless poor families (RDPR data)
1	Bhadravathi	33527	42.06	54.22	0.76	42.69
2	Hosanagara	6260	22.92	46.14	0.84	34.37
3	Sagara	11287	23.32	38.10	0.68	25.9
4	Shikaripura	1833	3.54	47.11	5.56	39.95
5	Shivamogga	55856	47.50	63.23	20.23	37.61
6	Soraba	1136	2.43	31.91	2.38	30.59
7	Thirthahalli	6975	19.74	46.07	3.63	48.34
	District	116874	35.32	50.18	6.12	36.38

Source: Census of India 2011, Zilla Panchayath, Shivamogga & Department of Agriculture, Shivamogga. 2011

The percentage of landless households is highest for Shivamogga taluk, where 47.50 percent of households do not own land. Bhadravati taluk also has relatively higher percentage (42.06%) of landless households. The taluks of Shikaripura and Soraba have the lowest proportion of households which are landless (Table-6.8). All the other taluks have a lower percentage of landless in the district.

Another aspect associated with households is the ownership of houses or sites. It is found that only two taluks have over 50 percent of pucca houses owing to the urban nature of the taluks. These include Shivamogga and Bhadravati. Soraba has the least number of pucca houses in the district. In the entire district, the overall percentage of pucca houses among households continues to be relatively low. There are many households which have benefitted from various schemes with either sites or houses built for poor families (Table-6.8). Thirthahalli has constructed the highest number of houses (48.34 percent) for the houseless. Inspite of progress, the landless and the houseless need a concerted and sustained support to improve their living condition.

6.6 Employment and Unemployment

The data about employment trends is a key indicator of the livelihood people enjoy in a taluk or the district. Table 6.9 has taluk-wise data on Work Participation Rate, Decadal Growth Rate of Employment and Percentage of Cultivators to Total Workers. The Work Participation Rate in taluks indicates that only about half of the population of the district is engaged in productive work. This will have strain on finances. The taluks of Soraba and Thirthahalli have the higher WPR where as Shivamogga and Bhadravati taluks have lower work participation rate (see Table-6.9). As a matter of fact, both these taluks are more industrialised with high density of population and increasing employment opportunities.

Table No.6.9: Work Participation and Percentage of Cultivators across Taluks - 2011 (%)

Sl. No.	Taluk	Work Participation Rate (WPR)	Decadal Growth rate of Employment	Decadal Population Growth Rate	Percentage of Cultivators to Total workers
1	Bhadravathi	47.41	0.1	0.25	14.81
2	Hosanagara	52.62	0.13	2.8	34.85
3	Sagara	52.72	0.11	2.65	34.77
4	Shikaripura	51.04	0.09	11.54	36.38
5	Shivamogga	44.27	0.15	13.96	13.58
6	Soraba	57.71	0.11	8.21	40.92
7	Thirthahalli	54.42	-0.12	-0.84	29.7
	District	49.72	0.09	6.71	26.20

Source: Census of India, 2011

The decadal growth rate of employment in terms of the number of new jobs created in the span of 10 years, is an extremely important indicator of the trend in the district .The highest employment growth rate is found in Shivamogga taluk and the lowest is found in Thirthahalli taluk. It is the only taluk that has seen a negative growth rate in jobs. The most significant aspect is that the decadal growth rate of employment is much lower than the decadal population growth rate across all taluks. It implies that there isn't enough job creation in the district at present. Thus, there is a need for making efforts to stimulate economy to provide more jobs.

6.7 Main and Marginal workers

Generally, workers are classified as main and marginal workers. The proportion of these two categories of workers will indicate Livelihood Opportunity in the district. The term"livelihood" implies the capability of people in securing food, shelter, and other necessities required for survival. It also indicates sustainable livelihood opportunities for the next generation.

Table No.6.10: Livelihood Opportunity Index for the district - 2011 (%)

Sl. No.	Taluk	Livelihood Opportunity Index [LOI]			LOI
		Total workers % to population – WPR	% of main workers to total workers	% of other workers to main workers	
1	Bhadravathi	38.54	81.15	49.44	0.58
2	Hosanagara	42.01	77.53	34.56	0.52
3	Sagara	42.66	84.54	45.69	0.58
4	Shikaripura	40.84	80.78	23.34	0.47
5	Shivamogga	34.37	91.54	68.61	0.62
6	Soraba	46.17	77.08	18.51	0.46
7	Thirthahalli	56.75	83.6	26.92	0.53
	District	40.71	82.11	43.39	0.55

Source: Census of India, 2011

The main workers are those who have regular employment throughout the preceding year, approximately 183 days of economically productive activity. The marginal workers are those who have found work in the preceding year but without regularity. In comparison to the total population, the average workforce of the district is only 40.71 percent. The remaining persons are non-workers. Although work participation rate is lower in Shivamogga and Bhadravati taluks, they have higher ratio of main and marginal workers. This could be due to the wide range of employment opportunities available to all age-groups of people including children and the elderly. A very positive aspect for the district is that within the workforce, a large percentage of workers are main workers. The most significant aspect to be noted is that Shivamogga taluk has the highest Livelihood Opportunity Index rate of 0.62 which is higher than the district rate of 0.55. This could be justified in terms of the fact that the taluk is also the head quarter of the district and it is also the taluk which is relatively more urbanised and industrialised.

6.8 Work Participation

Work participation by the population in the working age-group is a significant aspect of economy. The proportion of men and women working in rural and urban areas provide opportunities to earn livelihood and to improve standard of living. It is in this context, the present report intends to analyse gender differentials and place of residence.

6.8.1 Gender differentials

The work participation by men and women in Shivamogga district has a uniform pattern among different category of workers. It is observed that male workers have a higher participation among the total workers (see Table-6.11).This is also true for the category of main workers. It is only among the marginal workers, the percentage of participation is higher among the female workers in rural areas. The same trend prevails across taluks. Among taluks, Shivamogga is an exception with higher participation of male marginal workers. This could be justified by the fact that the majority of the migrant workers reaching the district headquarter are likely to constitute marginal male workers.

Table No.6.11:Work participation pattern by Gender and place of Residence - 2011 (%)

Sl. No.	Taluks	Total Working Population				Main Workers				Marginal Workers			
		Rural		Urban		Rural		Urban		Rural		Urban	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1	Bhadravathi	65.93	34.07	78.79	21.21	71.34	28.66	80.67	19.33	44.98	55.02	69.05	30.95
2	Hosanagara	65.04	34.96	79.51	20.49	72.48	27.52	81.88	18.12	39.71	60.29	66.45	33.55
3	Sagara	59.94	40.06	78.95	21.05	66.26	33.74	81.83	18.17	27.50	72.50	59.56	40.44
4	Shikaripura	64.17	35.83	83.30	16.70	71.71	28.29	71.71	28.29	33.06	66.94	33.06	66.94
5	Shivamogga	69.45	30.55	78.96	21.04	71.86	28.14	80.05	19.95	51.20	48.80	62.43	37.57
6	Soraba	61.26	38.74	78.16	21.84	70.76	29.24	80.12	19.88	30.07	69.93	64.88	35.12
7	Thirthahalli	62.84	37.16	77.87	22.13	68.66	31.34	78.23	21.77	35.43	64.57	65.81	34.19
	District	64.09	35.91	79.21	20.79	70.47	29.53	80.81	19.19	36.57	63.43	65.39	34.61

Source: Census of India, 2011

6.8.2 Rural-Urban differentials

The distribution of workers in rural and urban areas of Shivamogga district has an uniform pattern with more number of workers living in rural areas. However, Shivamogga taluk is an exception. It has a higher proportion of workers living in urban areas. This could be justified by the fact that it is more urbanised and industrialised than other taluks. Another factor to be noted is that Shivamogga city attracts most of the migrants as the district headquarters of the district. The proportion of workers in urban areas of Bhadravathi taluk (38.22 percent) is more than the proportion prevailing in the district (36.27 percent). This trend is a possibility as Bhadravati is an industrial town.

Table No.6.12 Distribution of Workers by Place of Residence - 2011 (%)

Sl.No.	Taluk	Workers		
		Total	Rural	Urban
1	Bhadravathi	42.49	61.78	38.22
2	Hosanagara	47.42	90.51	3.62
3	Sagara	47.51	75.46	34.54
4	Shikarpura	45.05	83.90	16.10
5	Shivamogga	39.65	41.16	58.82
6	Soraba	51.21	96.06	3.04
7	Tirthahalli	49.87	92.35	7.65
	District	44.54	49.10	36.27

Source: Census of India, 2011

The taluk-wise distribution of workers by place of residence is shown in Table-6.12. It is found that higher ratio of workers live in rural areas. Sometimes, workers working in a town may as well prefer to live in their own village and commute daily to their work place as it is economically more viable. Among taluks, Soraba, Thirthahalli and Hosanagara have most of the workers living in rural areas. This is true as these taluks are predominantly agrarian in nature.

6.9 Occupational Pattern

Occupational pattern go a long way in explaining the GDP of the district as well as the composition of sectors in terms of primary, secondary and tertiary. In consonance with the general trend, it is evident that the district proportion of male cultivators is much higher than female cultivators. Conversely, the proportion of female agricultural labourers is much higher than the male agricultural labourers. This trend prevails in all the taluks with some variation. The highest proportion of male cultivators are found in Bhadravathi taluk where as the lowest proportion is found in Sagar taluk.

Table No.6.13: Occupational Pattern-Sex-wise–2011 (In Percentage)

Sl. No.	Taluk	Total Cultivators		Agricultural Labourers	
		Male	Female	Male	Female
1	Bhadravathi	88.49	11.51	46.18	53.82
2	Hosanagara	82.60	17.40	35.00	65.00
3	Sagara	69.82	30.18	22.65	77.35
4	Shikaripura	83.36	16.64	32.39	67.61
5	Shivamogga	85.51	14.49	45.04	54.96
6	Soraba	81.92	18.08	28.06	71.94
7	Thirthahalli	77.26	22.74	36.02	63.98
	District	81.01	18.99	34.46	65.54

Source: Census of India, 2011

In case of agricultural labourers, the highest female ratio prevails in Sagar taluk, while the lowest proportion is found in Bhadravathi taluk (Table-6.13). This pattern confirms the fact that a taluk with higher percent of male cultivators may tend to have lower percentage of female agricultural workers. This could be explained in terms of the fact that women are likely to supplement their labour to the male cultivators as it is not only natural but also economically beneficial. The contrary situation of lower proportion on male cultivators gets associated with higher percentage of female agricultural labour. This is likely to happen as majority of women workers invest their labour to supplement family income. It also becomes an economic necessity for the family.

Table No.6.14: Non-agricultural Workers - 2011 (%)

Sl. No.	Taluk	Percentage of Non agricultural workers (main + marginal)
1	Bhadravathi	51.53
2	Hosanagara	29.11
3	Sagara	42.82
4	Shikaripura	23.07
5	Shivamogga	65.78
6	Soraba	15.88
7	Thirthahalli	33.22
	District	42.23

Source: Census of India, 2011

The table 6.14 lists out the percentage of non-agricultural workers in each of the taluks. This includes both main and marginal workers. The taluks of Soraba, Shikaripura, Hosanagara and Thirthahalli have a large share of cultivators and thereby labourers are involved in agricultural work. It is due to this reason that the proportion of non-agricultural workers is less than a third of the total. In contrast, the major share of non-agricultural workers

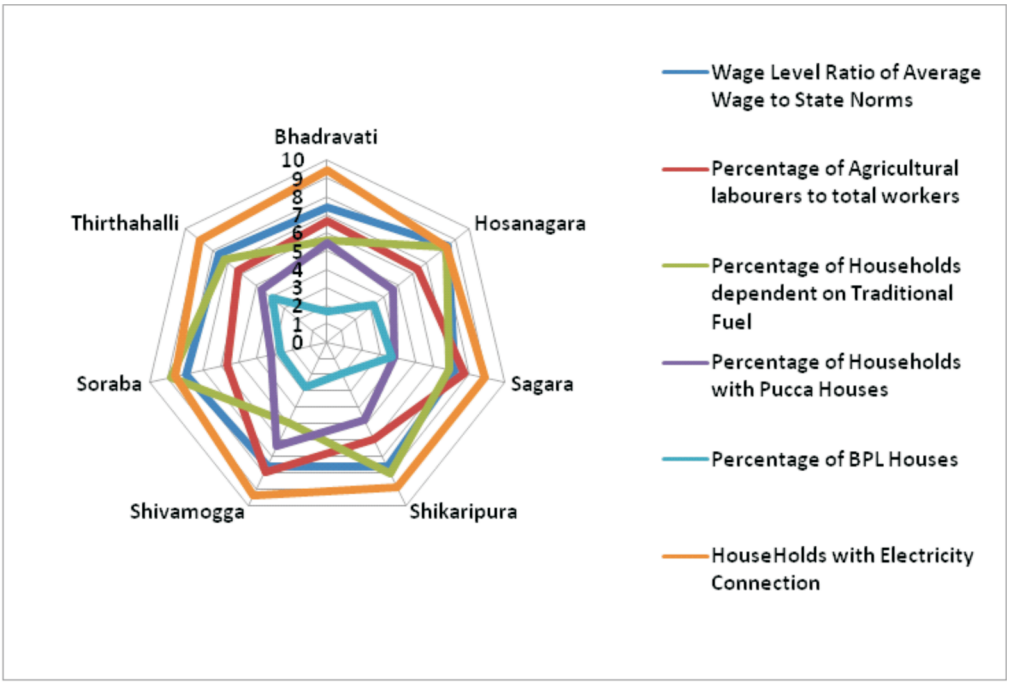
prevails in Bhadravathi, Sagar and Shivamogga taluks. This could be justified by the fact that Sagara is urbanised where as Bhadravathi, and Shivamogga are both urbanised and industrialised taluks.

6.10 Child Labour

The Department Of Women and Child welfare has been performing the task of identifying and rehabilitating children who are employed, especially those in the school going age-group. There are government funded projects like Karnataka Resource Centre on child labour and a few non-governmental organisations are working in a sporadic way. The efforts made by different agencies will have to be co-ordinated and streamlined in order to rehabilitate children already working and to eradicate child labour

6.11 Radar analysis for living standard

Fig.6.4: Radar analysis for living standard



The Radar Analysis chart for the taluks in Shivamogga district for six indicators provide comparison at the inter-taluk and intra-taluk performances. It gives an indication of the areas of improvement for each taluk. All indicators have been scaled using the prescribed scaling technique so that values are between 1 and 10 with 10 being the most favourable and 1 being the least favourable rank. It is evident that all the taluks have very high proportion of families below Poverty Line. Although Tendulkar Committee has set poverty line quite low, this matrix could be used to examine the status of the district.

The Radar diagram indicates that the number of families below poverty line in all the taluks have a low value of less than 5. The first task in this direction is to validate authenticity of the claim made by the beneficiaries to ascertain their eligibility. The second task would be to improve land quality, encouraging the growth of small businesses and creation of jobs so as to raise families above the poverty line. Although the district average of households using traditional cooking fuel is low, it is noticed that the densely populated regions of Shivamogga and Bhadravathi continue to have a considerable number of households using traditional fuel. This is a significant area to be improved through government intervention. The number of households with electricity has increased. It is a positive for development which could contribute towards improved quality of life in

the district.

6.12 Success Story

6.12.1 Empowerment of the Poor: A Case Study

A case of Smt.Guthyamma belonging to a Scheduled Caste family in Kannangi Village of Thirthahalli Taluk has been examined to understand the process of empowerment. There are many self-help groups formed by the members belonging to the scheduled caste in the village. These groups take up livelihood activities to earn livelihood and to improve their standard of living. . One of the local leaders referring to the self-help group formed by Smt. Guthyamma points out:

"The self-help groups have been helpful in establishing themselves on par with men in social, economic and political spheres of life. These groups have enhanced their self-esteem and self-confidence and thus, have enabled them to carry on financial transactions with the banks and other financial institutions. The members of self-help groups extend their helping hand in various activities carried out in the nearby villages. This has become a role model for women in other villages".

Smt Guthyamma formed SHG in the Kannangi Village of the Kannangi Grama Panchayath on 16th January 2006. The group was formed with about 16 women members belonging to scheduled caste families. The group also decided to open a bank account in Pragathi Grameen Bank. They registered SHG with the registrar of co-operative society at Shivamogga. The primary goal of the group was to provide security to their savings. The SHG got promoted as a result of the positive support from the banks. The group was introduced into the SGSY programme by a local NGO. The continuous follow-up with the Grama Panchayath and the Taluk Panchayath enabled the Guthyamma's SHG to become a beneficiary under the SGSY Programme. It was provided with a financial assistance of Rs.90, 000. The activity chosen by the group was the production of leaf plate by using the locally available areca nut leaves.

The SHG members underwent a 6 days training programme at the Craft Training Centre in Sagar. The training provided exposure on various nuances of the trade and prepared them for the proposed business venture. After undergoing training, the members of the group took initiative and started working towards establishing a unit in the village. The group decided to hire a separate place for the purposes of production and to store their produce. The group also explored the market for their produce. They found that the potential places for the sale of their produce were the temples, marriage halls, hotels and shops. A team of 10 members of the group decided to work on the marketing strategy for the venture.

At the time of field work, the production capacity of the unit has reached nearly 10000 units. The SHG confirmed that the entire production is sold. As a result of this, the earnings of the members is estimated to be about Rs.3,000/- per month. The members are found to be using their earnings towards both as a capital and for asset creation. These women were initially not aware of their own potential when they formed SHG. This was because that most of them were illiterate, and there was no interaction with other households or members in the village. They had no knowledge of various offices and their functioning. To-day, their participation in SHG and its activities has empowered them with a qualitative change. Some of these changes could be seen in their appearance, interaction and transactions.

6.13 Concluding Remarks

The status of Shivamogga district with regard to its economy is evident from the data relating to income, poverty and employment. The distribution of workers as agricultural and non-agricultural category indicates the spread of workers in rural and urban areas. There is a natural concentration of agricultural labour in taluks where cultivation is the predominant occupation. It is only in taluks which are relatively more urbanised that non-agricultural labour is prominent. There is also the implementation of special programmes of Government to provide employment opportunities to enable families below poverty line to earn their livelihood. Some of these programmes have not only helped the economically poor to sustain their living but also to improve their standard of living.

Fig. 6.5:Basava Vasathi Yojane, Bullapura Village



Fig. 6.6: IAY, Bedarahosalli Village



STANDARD OF LIVING

7.1 Introduction

Human development is the goal while economic growth is the means. So, the purpose of growth should be to enrich people's lives. But far too often it does not. The recent decades show all too clearly that there is no automatic link between growth and human development. And even when links are established, they may gradually be eroded unless regularly fortified by strategic and planned policy management.

Policy makers are often mesmerized by the quantity of growth. They need to be more concerned with its structure and quality. Some of the important dimensions determining the impact of growth on human development are: Equity, Job opportunities, Access to Productive Assets, Social Spending, gender Equality, Population Policy, Good Governance, an active Civil Society etc., Unless governments take timely corrective action, economic growth can become lopsided and flawed. There is need for efforts to avoid growth which is likely to be jobless, ruthless, voiceless, rootless and futureless. In other words, all our efforts in the process of economic growth need to be progressive with a futuristic view.

The traditional view is that economic growth in the early stages is inevitably associated with deteriorating income distribution. This has been proved false. The new hypothesis is that an equitable distribution of public and private resources can enhance the prospects for future growth.

The assertion that the benefits of growth in the early stages would inevitably be skewed towards the rich is based on two principal arguments. The first argument came from Nobel laureate Simon Kuznets, who said that inequality would first rise, as workers left agriculture and took up jobs in industry. This resulted in industrial production which is more widespread. The second argument was advanced by Nicholas Kaldor, who emphasized the importance of savings. He argued that the only way to finance growth would be by channelising the initial benefits into the hands of rich capitalists. Since they have a higher propensity to save and, only they could provide funds for investment. These hypotheses have been disproved by recent evidence of a positive correlation between economic growth and income equality. Many countries like Japan and East Asia have pioneered this form of equitable development while China, Malaysia and Mauritius have been following a similar route in recent years.

The quality of life of people is measured by the basic indicators of clean air and pure drinking water, basic amenities and services. The extent of availability and accessibility to these services is an aspect of Human Development. Some of the indicators are purchasing power determined by employment or earning, health determined by life expectancy and education in terms of in improved literacy levels for both male and female population. In the Indian context all this aspects have to be analysed in detail to assess development. Apart from food

and clothing, shelter occupies the third position which perhaps could be considered to determine the quality of living. It also refers to the economic and physical quality of living in urban and rural areas. The term 'Shelter' is a broad concept beyond the simple meaning of a house or a dwelling unit. It is also the quality of houses which includes access to water supply, basic drainage, access to fuel, bathing and sanitation facilities. In the process of understanding these interrelated aspects, the present chapter outlines the status of communities on housing along with related infrastructure.

7.2 Housing Status

The number of dwelling rooms occupied by a family is a function of both the size of the family and economic standing of the family. This analysis becomes more pertinent in view of increasing number of families moving to poorer quality of houses.

7.2.1 Dwelling Rooms

The status of rural families on the number of dwelling rooms occupied is as follows:

1. The percentage of families occupying houses with 2 to 4 rooms among all the households was 67.15 per cent in 2001 and it is 62.39 per cent in 2011. The percentage of families occupying houses with more than 5 rooms has declined from 12.40 per cent to 9.17 per cent. On the contrary, there is a marginal increase in the number of households occupying houses without exclusive room [3.95 per cent during 2001 and 9.81 per cent during 2011]. There is a marginal increase in the number of households occupying single room as well. Thus, it can be inferred that there is 'crowding' at the household level.

2. It is found that there is a direct correlation between the household size and the number of dwelling rooms occupied. Among rural families with lone members, 53.64 per cent are occupying houses with two to four rooms and 33.21 per cent are living in single room accommodation. About 9.71 per cent have no exclusive room. However, the situation has changed significantly during 2011 [Table7.1]. It is important to note that families with two to four members are better placed than other households. In this category, there are more than two thirds households. Only a fifth are occupying single room houses. Thus, it could be concluded that small and medium sized families are found to be living in dwelling units with better space or accommodation.

The analysis across ownership status and the size of the household seems to highlights better living conditions among the owners. In 2011, there are 19.63 per cent owner living in single room accommodation, and 62.57 per cent living in two to four room accommodations. Only 9.94 percent do not have exclusive rooms. There are marginal changes when compared to 2001. On the other hand, among the tenants, 25.19 per cent of the households are living in single room accommodation and 58.26 per cent are living in two to four rooms accommodations in 2011. Thus, the crowding is more among the tenants which may be the result of lack of availability of better housing accommodation or due to increased rent.

Fig.7.1: Distribution of Households by No. of Dwelling Rooms - 2001 & 2011

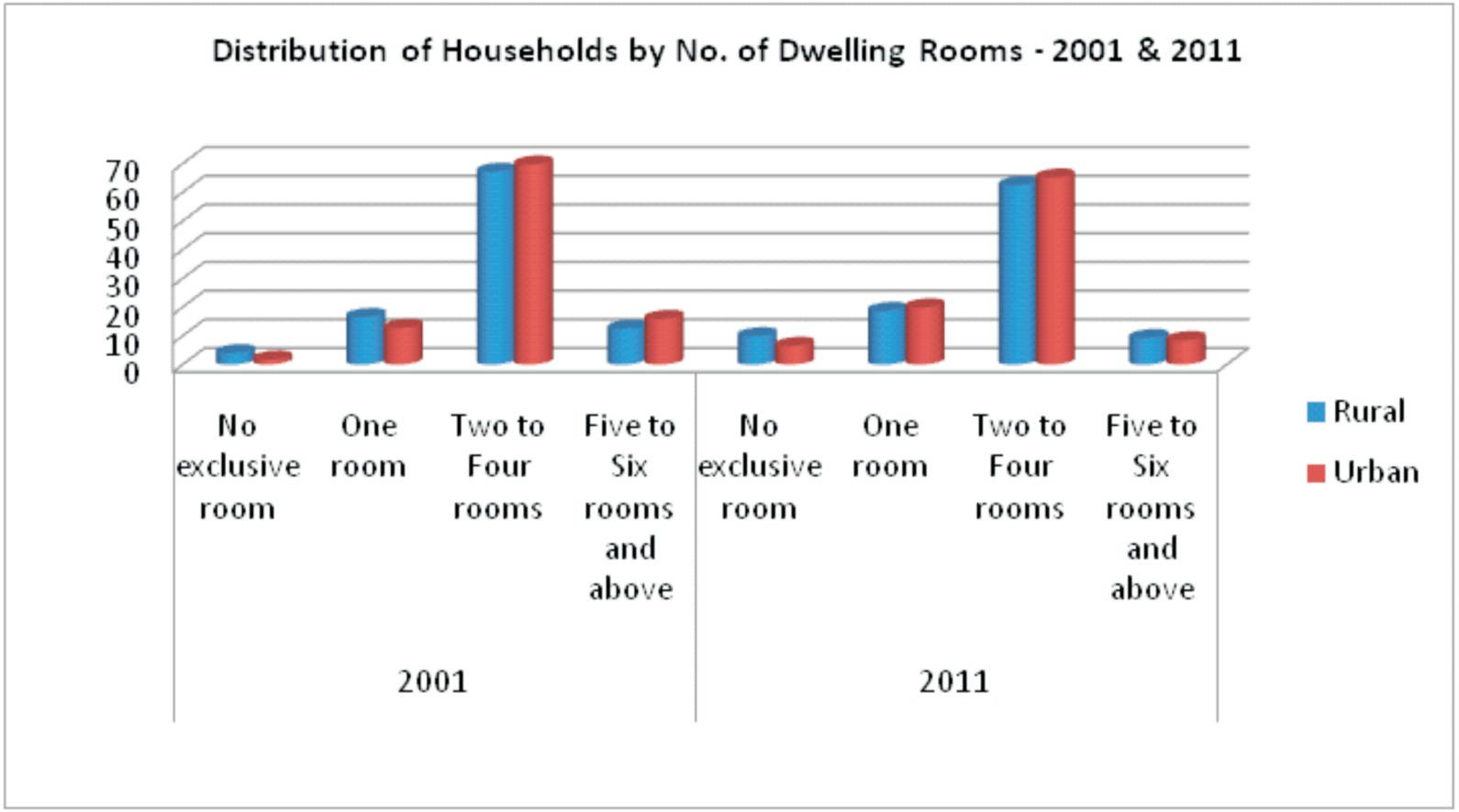


Table No.7.1: Households by No. of Dwelling Rooms -2001 & 2011 (No. & %)

Ownership status	Household size	2001					2011				
		Total number of households	Households having number of dwelling rooms				Total number of households	Households having number of dwelling rooms			
			No exclusive room	One room	Two to Four rooms	Five to Six rooms and above		No exclusive room	One room	Two to Four rooms	Five to Six rooms and above
Rural											
Total	All Households	213,611	8,440	35,246	143,444	26,481	257,060	25,211	47,896	160,370	23,583
		100.00	3.95	16.50	67.15	12.40	100.00	9.81	18.63	62.39	9.17
Urban											
Total	All Households	117,221	2,003	14,909	81,694	18,615	145,079	9,422	28,836	94,527	12,294
		100.00	1.71	12.72	69.69	15.88	100.00	6.49	19.88	65.16	8.47

Sours: Census of India, 2001 & 2011