

ಕರ್ನಾಟಕ ವಿಧಾನ ಪರಿಷತ್ತು

ಚುಕ್ಕೆ ಗುರುತಿಲ್ಲದ ಪ್ರಶ್ನೆ ಸಂಖ್ಯೆ	192
ಮಾನ್ಯ ಸದಸ್ಯರ ಹೆಸರು	ಶ್ರೀ. ಸಿ ಎನ್. ಮಂಜೇಗೌಡ (ಸ್ಥಳೀಯ ಸಂಸ್ಥೆಗಳ ಕ್ಷೇತ್ರ)
ಉತ್ತರಿಸಬೇಕಾದ ದಿನಾಂಕ	15.07.2024
ಉತ್ತರಿಸುವ ಸಚಿವರು	ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸಚಿವರು

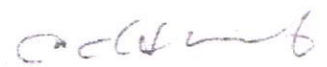
ಕ್ರ.ಸಂ	ಪ್ರಶ್ನೆ	ಉತ್ತರ
ಅ	ರಾಜ್ಯದಲ್ಲಿ ತ್ರಿಚೇಗೆ ಡೆಂಗೂ ಜ್ವರ ವ್ಯಾಪಕವಾಗಿದ್ದು ಇದರ ನಿಯಂತ್ರಣಕ್ಕೆ ಸರ್ಕಾರ ತೆಗೆದುಕೊಂಡಿರುವ ಕ್ರಮಗಳಾವುವು?	ರಾಜ್ಯದಲ್ಲಿ ಡೆಂಗೂ ನಿಯಂತ್ರಣಕ್ಕೆ ಕೈಗೊಂಡಿರುವ ಮುಂಜಾಗ್ರತ ಕ್ರಮಗಳನ್ನು ಅನುಬಂಧ - 1 ರಲ್ಲಿ ನೀಡಲಾಗಿದೆ.
ಆ	ಯಾವ ಯಾವ ಜಿಲ್ಲೆಗಳಲ್ಲಿ ಕಳೆದ ಆರು ತಿಂಗಳುಗಳಿಂದ ಎಷ್ಟೆಷ್ಟು ಡೆಂಗೂ ಜ್ವರದ ಪ್ರಕರಣಗಳು ವರದಿಯಾಗಿರುತ್ತವೆ?	ರಾಜ್ಯದಲ್ಲಿ 1ನೇ ಜನವರಿ 2024 ರಿಂದ 11.07.2024ರ ವರೆಗೆ ಒಟ್ಟು 8221 ಡೆಂಗೂ ಪ್ರಕರಣಗಳು ವರದಿಯಾಗಿವೆ. ಜಿಲ್ಲಾವಾರು ವಿವರವನ್ನು ಅನುಬಂಧ -2 ರಲ್ಲಿ ನೀಡಲಾಗಿದೆ.
ಇ	ಬಿ.ಪಿ.ಎಲ್. ಕಾರ್ಡ್‌ದಾರರು ಹಾಗೂ 60 ವರ್ಷ ಮೀರಿರುವ ಎಲ್ಲಾ ಹಿರಿಯ ನಾಗರಿಕರಿಗೆ ಇತರ ಉಚಿತ ಯೋಜನೆಗಳಂತೆ ಇವರುಗಳಿಗೂ ಸಹ ಖಾಸಗಿ ಹಾಗೂ ಸಾರ್ವಜನಿಕ ಆಸ್ಪತ್ರೆಗಳಲ್ಲಿ ಉಚಿತ ಚಿಕಿತ್ಸೆಯ ಭಾಗ್ಯ ನೀಡಲು ಸರ್ಕಾರ ಕೈಗೊಳ್ಳುವ ಕ್ರಮಗಳಾವುವು? (ಪೂರ್ಣ ಮಾಹಿತಿ ಒದಗಿಸುವುದು)	<p>ಕರ್ನಾಟಕ ಸರ್ಕಾರವು ರಾಜ್ಯದ ಜನತೆಗೆ ಸಾರ್ವತ್ರಿಕ ಆರೋಗ್ಯ ರಕ್ಷಣೆ ಒದಗಿಸುವ ಉದ್ದೇಶದಿಂದ ಯುನಿವರ್ಸಲ್ ಹೆಲ್ತ್ ಸ್ಕೀಮ್ ಆದ "ಆಯುಷ್ಮಾನ್ ಭಾರತ - ಆರೋಗ್ಯ ಕರ್ನಾಟಕ" ಯೋಜನೆಯನ್ನು ಜಾರಿಗೊಳಿಸಿರುತ್ತದೆ.</p> <p>ಬಿಪಿಎಲ್ ಪಡಿತರ ಕಾರ್ಡ್ ಹೊಂದಿರುವವರಿಗೆ ಒಂದು ವರ್ಷಕ್ಕೆ ರೂ. 5 ಲಕ್ಷಗಳವರೆಗೆ ಉಚಿತ ಚಿಕಿತ್ಸೆ ಲಭ್ಯ. ಎಪಿಎಲ್ ಕಾರ್ಡ್ ದಾರರು ಅಥವಾ ಬಿಪಿಎಲ್ ಕಾರ್ಡ್ ಹೊಂದಿಲ್ಲದವರಿಗೆ ಸರ್ಕಾರಿ ಪ್ಯಾಕೇಜ್ ದರದ 30% ರಷ್ಟು ಚಿಕಿತ್ಸಾ ವೆಚ್ಚವನ್ನು ಸರ್ಕಾರದ ವತಿಯಿಂದ ಸುವರ್ಣಾ ಆರೋಗ್ಯ ಸುರಕ್ಷೆ ಟ್ರಸ್ಟ್ ಭರಿಸುತ್ತದೆ. ಉಳಿದ 70% ರಷ್ಟು ಚಿಕಿತ್ಸಾ ವೆಚ್ಚವನ್ನು ಫಲಾನುಭವಿಗಳೇ ಭರಿಸಬೇಕಾಗಿರುತ್ತದೆ. ವಾರ್ಷಿಕ ಮಿತಿ ಪ್ರತಿ ಎಪಿಎಲ್ ಕುಟುಂಬಕ್ಕೆ ರೂ.1.50 ಲಕ್ಷವಿರುತ್ತದೆ.</p> <p>ಈ ಯೋಜನೆಯಡಿ ಒಟ್ಟು 1650 ಚಿಕಿತ್ಸಾ ವಿಧಾನಗಳು ಲಭ್ಯವಿದ್ದು 171 ತುರ್ತು ಚಿಕಿತ್ಸೆಗಳಿಗೆ ಯಾವುದೇ ರೆಪರಲ್ ಇಲ್ಲದೆ ನೇರವಾಗಿ ನೊಂದಾಯಿತ (ಸರ್ಕಾರಿ ಅಥವಾ ಖಾಸಗಿ) ಆಸ್ಪತ್ರೆಗೆ ದಾಖಲಾಗಿ ಒಳರೋಗಿಯಾಗಿ ಉಚಿತ ವೈದ್ಯಕೀಯ ಚಿಕಿತ್ಸೆ ಪಡೆಯಬಹುದು. ಈ ಯೋಜನೆಯನ್ನು ಸರ್ಕಾರಿ ಆದೇಶದನುಸಾರ ಅನುಷ್ಠಾನಗೊಳಿಸಲಾಗಿದೆ. (ಆದೇಶ ಅನುಬಂಧ-3ರಲ್ಲಿ ಲಗತ್ತಿಸಿದೆ)</p> <p>ಈ ಯೋಜನೆಯಡಿಯಲ್ಲಿ ಯಾವುದೇ ವಯಸ್ಸಿನ ಮಿತಿ ಇರುವುದಿಲ್ಲ.</p>

ಆಕೃತ 55 ಎಸ್‌ಎಂಎಂ 2024

(ದಿನೇಶ್ ಗುಂಡೂರಾವ್)
ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ
ಸಚಿವರು

ಡೆಂಗಿ ಜ್ವರವು ಉಡಿಸ್ ಸೊಳ್ಳೆಗಳಿಂದ ಹರಡುವ ಸೂಚಕವಾಗಿದ್ದು, ಇವರ ನಿಯಂತ್ರಣಕ್ಕಾಗಿ ರಾಜ್ಯದಲ್ಲಿ ಅಗತ್ಯ ಕ್ರಮಗಳನ್ನು ಕೈಗೊಳ್ಳಲಾಗಿದೆ.

1. ಡೆಂಗಿ ಜ್ವರವನ್ನು ಕರ್ನಾಟಕ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ನಿಯಮಗಳ ಅಡಿಯಲ್ಲಿ ಅಧಿಸೂಚಿತ ರೋಗವೆಂದು ಪ್ರಕಟಿಸಲಾಗಿದ್ದು, (Dengue including DHF & DSS, is under notifiable disease act under the Karnataka public health act vide Govt. Notification No.HFW/30SMM/98.Dt.13.03.1998); ಡೆಂಗಿ ಜ್ವರದ ಮುನ್ನೆಚ್ಚರಿಕೆ ಕ್ರಮವಾಗಿ ಎಲ್ಲಾ ಖಾಸಗಿ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳೂ ಸಹ ಡೆಂಗಿ ಪ್ರಕರಣಗಳ ಮಾಹಿತಿಯನ್ನು ಆರೋಗ್ಯ ಇಲಾಖೆಗೆ ಸಲ್ಲಿಸುವುದು ಕಡ್ಡಾಯವಾಗಿರುತ್ತದೆ.
2. ಮುಂಗಾರು ಪೂರ್ವ, ಮುಂಗಾರು ಹಾಗೂ ಮುಂಗಾರಿನ ನಂತರದ ದಿನಗಳಲ್ಲಿ ಡೆಂಗಿಜ್ವರ ಪ್ರಸರಣವು ಅಧಿಕವಾಗುವ ಹಿನ್ನೆಲೆಯಲ್ಲಿ ವರ್ಷದ ಆರಂಭದಲ್ಲಿಯೇ, ಬೆಂಗಳೂರು ನಗರ ಸೇರಿದಂತೆ ಎಲ್ಲಾ ಜಿಲ್ಲಾ ರೋಗವಾಹಕ ಆಶ್ರಿತ ರೋಗಗಳ ನಿಯಂತ್ರಣಾಧಿಕಾರಿಗಳಿಗೆ ಮಾರ್ಗಸೂಚಿ ಸುತ್ತೋಲೆಯನ್ನು ಕಳುಹಿಸಿದ್ದು, ಡೆಂಗಿ ನಿಯಂತ್ರಣಕ್ಕೆ ಸನ್ನದ್ಧಸ್ಥಿತಿಯಲ್ಲಿರಲು ಸೂಚಿಸಲಾಗಿದೆ.
3. ಪ್ರವಾಹ ಹಾಗೂ ನಂತರದ ಸಮಯದಲ್ಲಿ ಉಡಿಸ್ ಸೊಳ್ಳೆಗಳ ಉತ್ಪತ್ತಿ ತಾಣ ನಾಶ ಹಾಗೂ ಡೆಂಗಿ ನಿಯಂತ್ರಣದ ನಿಟ್ಟಿನಲ್ಲಿ ಕೈಗೊಳ್ಳಬೇಕಾದ ಅಗತ್ಯ ಕ್ರಮಗಳ ಕುರಿತು ಮಾರ್ಗದರ್ಶಿ ಸುತ್ತೋಲೆಗಳನ್ನು ಎಲ್ಲಾ ಜಿಲ್ಲೆಗಳಿಗೆ ನೀಡಲಾಗಿದೆ.
4. ಸರ್ಕಾರದ ಅಪರ ಮುಖ್ಯ ಕಾರ್ಯದರ್ಶಿಗಳು ಹಾಗೂ ಅಭಿವೃದ್ಧಿ ಆಯುಕ್ತರ ಅಧ್ಯಕ್ಷತೆಯಲ್ಲಿ ದಿನಾಂಕ:07-06-2024 ರಂದು ಅಂತರ್ ಇಲಾಖಾ ಸಮನ್ವಯ ಸಭೆಯನ್ನು ನಡೆಸಿ, ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ, ಗ್ರಾಮೀಣಾಭಿವೃದ್ಧಿ & ಪಂಚಾಯತ್ ರಾಜ್ ಇಲಾಖೆ, ಶಿಕ್ಷಣ, ಮಹಿಳಾ ಮತ್ತು ಮಕ್ಕಳ ಕಲ್ಯಾಣ ಇಲಾಖೆ, ಕೃಷಿ, ಮೀನುಗಾರಿಕೆ, ಸಾರಿಗೆ ಇಲಾಖೆ ಇತ್ಯಾದಿಗಳ ಇಲಾಖೆಯ ಮುಖ್ಯಸ್ಥರೊಂದಿಗೆ ಸಭೆ ನಡೆಸಿ, ಡೆಂಗಿ ಜ್ವರ ನಿಯಂತ್ರಣದಲ್ಲಿ, ಎಲ್ಲಾ ಇಲಾಖೆಗಳು ಆರೋಗ್ಯ ಇಲಾಖೆಯೊಂದಿಗೆ ಸಹಕರಿಸಲು ಸೂಚಿಸಲಾಗಿದೆ. ರಾಜ್ಯದಲ್ಲಿ ಅತಿಹೆಚ್ಚು ಡೆಂಗಿ ಜ್ವರ ಪ್ರಕರಣಗಳು ವರದಿಯಾಗಿರುವ (ಮೈಸೂರು, ಚಿಕ್ಕಮಗಳೂರು, ಶಿವಮೊಗ್ಗ, ಚಿತ್ರದುರ್ಗ, ಹಾವೇರಿ) ಜಿಲ್ಲೆಗಳ ಜಿಲ್ಲಾಧಿಕಾರಿಗಳಿಗೆ ಪತ್ರ ಬರೆದು ನಿಯಂತ್ರಣ ಕ್ರಮಗಳನ್ನು ಸಮರೋಪಾಧಿಯಲ್ಲಿ ಅನುಷ್ಠಾನಗೊಳಿಸಲು ಸೂಚಿಸಿದರು..
5. ಪ್ರಧಾನ ಕಾರ್ಯದರ್ಶಿಗಳು, ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ, ಇವರ ಅಧ್ಯಕ್ಷತೆ ದಿನಾಂಕ:25.06.2024 ರಂದು, ವರ್ಚುಯಲ್ ಮೂಲಕ ಜಿಲ್ಲಾ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಅಧಿಕಾರಿಗಳು ಮತ್ತು ಡಿವಿಬಿಡಿ ಸಿಬ್ಬಂದಿಗಳ ಸಭೆ ನಡೆಸಿ ಡೆಂಗಿ ಜ್ವರ ನಿಯಂತ್ರಿಸಲು ಸಲಹೆಯನ್ನು ನೀಡಿರುತ್ತಾರೆ.



6. ದಿನಾಂಕ: 25-06-2024 ರಂದು ಸನ್ಮಾನ್ಯ ಮುಖ್ಯ ಮಂತ್ರಿಯವರ ಅಧ್ಯಕ್ಷತೆಯಲ್ಲಿ ಡೆಂಗಿ ನಿಯಂತ್ರಣಕ್ಕೆ ಸಮನ್ವಯ ಸಭೆಯನ್ನು ನಡೆಸಿ ರಾಜ್ಯಾದ್ಯಂತ ಪ್ರತಿ ಶುಕ್ರವಾರ "ಲಾರ್ವಾ ನಿರ್ಮೂಲನ ದಿನ"ವನ್ನು ಆಚರಿಸಲು ಮಾನ್ಯ ಮುಖ್ಯ ಮಂತ್ರಿಯವರು ಸಲಹೆ ನೀಡಿರುತ್ತಾರೆ.

7. ದಿನಾಂಕ: 02-07-2024 ರಂದು ಮಾನ್ಯ ಆರೋಗ್ಯ ಸಚಿವರ ಅಧ್ಯಕ್ಷತೆಯಲ್ಲಿ ಅಂತರ್ ಇಲಾಖಾ ಸಮನ್ವಯ ಸಭೆಯನ್ನು ಏರ್ಪಡಿಸಿ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ, ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ಇಲಾಖೆ, ಗ್ರಾಮೀಣಾಭಿವೃದ್ಧಿ & ಪಂಚಾಯತ್‌ರಾಜ್, ನಗರ ಅಭಿವೃದ್ಧಿ ಇಲಾಖೆ, ಪೌರಾಡಳಿತ ಇಲಾಖೆ, ಬೃಹತ್ ಬೆಂಗಳೂರು ಮಹಾನಗರ ಪಾಲಿಕೆ ಹಾಗೂ ಇತರಾದಿ ಇಲಾಖೆಗಳೊಂದಿಗೆ ಸಭೆ ನಡೆಸಿ ಡೆಂಗಿ ಜ್ವರ ನಿಯಂತ್ರಿಸಲು ತಮ್ಮ ತಮ್ಮ ಇಲಾಖಾ ವ್ಯಾಪ್ತಿಯಲ್ಲಿ ಶೀಘ್ರವೇ ನಿಯಂತ್ರಣ ಕ್ರಮಗಳನ್ನು ಕೈಗೊಳ್ಳಲು ಸೂಚಿಸಿದರು.

8. ದಿನಾಂಕ: 04-07-2024 ರಂದು ಮಾನ್ಯ ಆರೋಗ್ಯ ಸಚಿವರ ಅಧ್ಯಕ್ಷತೆಯಲ್ಲಿ ರಾಜ್ಯಾದ ಎಲ್ಲಾ ಜಿಲ್ಲಾಧಿಕಾರಿಗಳು ಹಾಗೂ ಎಲ್ಲಾ ಕಾರ್ಯನಿರ್ವಾಹಣಾಧಿಕಾರಿಗಳು ಮತ್ತು ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಅಧಿಕಾರಿಗಳ ವರ್ಚುಯಲ್ ಸಭೆ ನಡೆಸಿ, ಜಿಲ್ಲಾಧಿಕಾರಿಗಳಿಗೆ ಎಲ್ಲಾ ಇಲಾಖೆಗಳ ಅಧಿಕಾರಿಗಳು ಪ್ರತಿ ಶುಕ್ರವಾರ ತಮ್ಮ ತಮ್ಮ ಇಲಾಖೆಯ ಕಛೇರಿಗಳಲ್ಲಿ ಲಾರ್ವಾ ನಿರ್ಮೂಲನ ದಿನದ ಕಾರ್ಯಕ್ರಮವನ್ನು ಹಮ್ಮಿಕೊಂಡು ಲಾರ್ವಾ ನಾಶಪಡಿಸಿ ಡೆಂಗಿ ಜ್ವರ ಹರಡದಂತೆ ಕ್ರಮಕೈಗೊಳ್ಳಲು ಸೂಚಿಸಿದರು.

9. ದಿನಾಂಕ: 08-07-2024 ಮತ್ತು 09-07-2024 ಸನ್ಮಾನ್ಯ ಮುಖ್ಯ ಮಂತ್ರಿಯವರ ಅಧ್ಯಕ್ಷತೆಯಲ್ಲಿ ರಾಜ್ಯಾದ ಮುಖ್ಯ ಕಾರ್ಯದರ್ಶಿಗಳು, ಅಪರ ಮುಖ್ಯ ಕಾರ್ಯದರ್ಶಿಗಳು, ಎಲ್ಲಾ ಇಲಾಖೆಯ ಪ್ರಧಾನ ಕಾರ್ಯದರ್ಶಿಗಳು ಹಾಗೂ ಕಾರ್ಯದರ್ಶಿಗಳು ಮತ್ತು ಎಲ್ಲಾ ಜಿಲ್ಲಾಧಿಕಾರಿಗಳು ಹಾಗೂ ಕಾರ್ಯನಿರ್ವಾಹಣಾಧಿಕಾರಿಗಳ ಸಭೆಯನ್ನು ನಡೆಸಿ ಡೆಂಗಿ ನಿಯಂತ್ರಣಕ್ಕೆ ಎಲ್ಲಾ ಇಲಾಖೆಗಳ ಸಮನ್ವಯತೆಯೊಂದಿಗೆ ಸಮರೋಪಾಧಿಯಲ್ಲಿ ಡೆಂಗಿ ಜ್ವರ ಹರಡದಂತೆ ಎಲ್ಲಾ ನಿಯಂತ್ರಣ ಕ್ರಮಗಳನ್ನು ಹಾಗೂ ಎಲ್ಲರಿಗೂ ಸೂಕ್ತ ಚಿಕಿತ್ಸೆ ದೊರೆಯುವಂತೆ ಮತ್ತು ಮರಣ ಪ್ರಕರಣಗಳು ಸಂಭವಿಸದಂತೆ ಸೂಕ್ತ ಕ್ರಮಕೈಗೊಂಡು ಕ್ಷಿಪ್ರ ಕಾರ್ಯಾಚರಣೆ ಪಡೆಯನ್ನು ತಮ್ಮ ತಮ್ಮ ಜಿಲ್ಲೆಯಲ್ಲಿ ರಚಿಸಿ, ಡೆಂಗಿ ಕಂಡು ಬಂದ ಗ್ರಾಮಗಳಿಗೆ ಶೀಘ್ರವೇ ಭೇಟಿನೀಡಿ ನಿಯಂತ್ರಣ ಕ್ರಮಕೈಗೊಳ್ಳಲು ಸೂಚಿಸಿದರು. ಪ್ರತಿ ಶುಕ್ರವಾರ ಎಲ್ಲಾ ಜಿಲ್ಲಾಧಿಕಾರಿಗಳು ಸೇರಿದಂತೆ ಜಿಲ್ಲೆಯ ಎಲ್ಲಾ ಇಲಾಖೆಯ ಅಧಿಕಾರಿಗಳು ಹಾಗೂ ಸಿಬ್ಬಂದಿಗಳು ತಪ್ಪದೇ ಲಾರ್ವಾ ನಿರ್ಮೂಲನ ದಿನವನ್ನು ನಡೆಸಲು ಸೂಚಿಸಿದರು.

10. ಡೆಂಗಿ ರೋಗದ ಶೀಘ್ರ ಪತ್ತೆಗಾಗಿ ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತರು ಹಾಗೂ ಆಶಾ ಕಾರ್ಯಕರ್ತೆಯರು ಮನೆಮನೆಗೆ ಭೇಟಿ ನೀಡಿ ಜ್ವರ ಸಮೀಕ್ಷಾ ಕಾರ್ಯವನ್ನು ನಿರಂತರವಾಗಿ ಮಾಡುತ್ತಿದ್ದಾರೆ. ಇದೇ ಸಮಯದಲ್ಲಿ ಡೆಂಗಿ ಜ್ವರದ ಲಕ್ಷಣಗಳು ಹಾಗೂ ಈಡೀಸ್ ಸೊಳ್ಳೆಗಳ ಉತ್ಪತ್ತಿ ತಾಣ ಮತ್ತು ಅವುಗಳ ನಿರ್ಮೂಲನೆಯ ಕುರಿತು ಸಾರ್ವಜನಿಕರಿಗೆ ಮಾಹಿತಿ ನೀಡಿ ಅರಿವು ಮೂಡಿಸುತ್ತಿದ್ದಾರೆ.

20/07/24

11 ಹೆಚ್. ಜ್ವರ ಪ್ರಕರಣಗಳು ವರದಿಯಾಗುತ್ತಿರುವ ಸ್ಥಳಗಳಲ್ಲಿ ಫಿವರ್ ಕ್ಲಿನಿಕ್ ಸ್ಥಾಪಿಸಿ, ಡೆಂಗಿ ರೋಗವನ್ನು ಪತ್ತೆ ಹಚ್ಚುವ ಮತ್ತು ಚಿಕಿತ್ಸೆ ನೀಡುವ ಕಾರ್ಯವನ್ನು ಮಾಡಲಾಗುತ್ತಿದೆ.

12 ಶಂಕಿತ ಡೆಂಗಿ ಪ್ರಕರಣಗಳ ರಕ್ತದ ಮಾದರಿಗಳನ್ನು ಸೆಂಟಿನಲ್ ಪ್ರಯೋಗಾಲಯಗಳಲ್ಲಿ ಉಚಿತವಾಗಿ ಪರೀಕ್ಷಿಸಲಾಗುತ್ತಿದೆ. ಇದಕ್ಕಾಗಿ, ಅಗತ್ಯವಿರುವ ELISA ಆಧಾರಿತ ಎನ್‌ಎಸ್‌1 ಹಾಗೂ ಐ ಜಿ ಎಂ ಕಿಟ್ಟುಗಳನ್ನು ಸಾಕಷ್ಟು ಪ್ರಮಾಣದಲ್ಲಿ ಎಲ್ಲಾ ಪ್ರಯೋಗಾಲಯಗಳಿಗೆ ಸರಬರಾಜು ಮಾಡಲಾಗಿದೆ.

13. ಬಿಬಿಎಂಪಿ ವ್ಯಾಪ್ತಿಯಲ್ಲಿನ ನಗರ ಆರೋಗ್ಯ ಕೇಂದ್ರಗಳಲ್ಲಿ ಸಂಗ್ರಹಮಾಡಿದ ಶಂಕಿತ ಡೆಂಗಿ ರಕ್ತ ಮಾದರಿಗಳನ್ನು ಹೆಚ್‌ಸಿಡ್ವಯು ರಸ್ತೆಯಲ್ಲಿರುವ ಆಸ್ಪತ್ರೆಯಲ್ಲಿನ ಎಸ್‌ಎಸ್‌ಎಲ್ ಪ್ರಯೋಗ ಶಾಲೆಯಲ್ಲಿ ಪರೀಕ್ಷೆ ಮಾಡಲಾಗುತ್ತಿದೆ.

14. ಎಲ್ಲಾ ತಾಲ್ಲೂಕು ಹಾಗೂ ಜಿಲ್ಲಾ ಆಸ್ಪತ್ರೆಗಳಲ್ಲಿ ಡೆಂಗಿಜ್ವರ ಪ್ರಕರಣಗಳ ನಿರ್ವಹಣೆ ಮತ್ತು ರೋಗ ಲಕ್ಷಣಗಳಿಗೆ ಅನುಗುಣವಾದ ಚಿಕಿತ್ಸೆಗೆ ವ್ಯವಸ್ಥೆ ಮಾಡಲಾಗಿದೆ. ಅಗತ್ಯವಿದ್ದಲ್ಲಿ ಹೆಚ್ಚುವರಿ ವಾರ್ಡ್‌ಗಳ ವ್ಯವಸ್ಥೆ ಮಾಡಲು ಸೂಚಿಸಲಾಗಿದೆ. ಪ್ರಾಥಮಿಕ ಆರೋಗ್ಯ ಕೇಂದ್ರಗಳಲ್ಲಿ ಸಾಮಾನ್ಯ ಡೆಂಗಿ ಜ್ವರಕ್ಕೆ ಬೇಕಾದ ನಿರ್ವಹಣಾ ವ್ಯವಸ್ಥೆಯನ್ನು ಸಹ ಒದಗಿಸಲಾಗಿದೆ. ಡೆಂಗಿ ರೋಗ ನಿರ್ವಹಣೆಗೆ ಬೇಕಾಗುವ ಜೀವರಕ್ಷಕ ಔಷಧಿಗಳು ಮತ್ತು ರೋಗ ಲಕ್ಷಣಗಳಿಗೆ ಅನುಗುಣವಾಗಿ ಬೇಕಾದ ಔಷಧೋಪಚಾರಗಳನ್ನು ತಾಲ್ಲೂಕು ಹಾಗೂ ಜಿಲ್ಲಾ ಮಟ್ಟದಲ್ಲಿ ಸಾಕಷ್ಟು ಪ್ರಮಾಣದಲ್ಲಿ ಇರಿಸಲಾಗಿದೆ.

15. ಡೆಂಗಿ ರಕ್ತ ಸ್ರಾವಜ್ವರ (ಡೆಂಗಿ ಹೆಮರೇಜಿಕ್ ಪೀವರ್), ನಿರ್ವಹಣೆಗಾಗಿ ಜಿಲ್ಲಾ ಮಟ್ಟದಲ್ಲಿ Blood component ಗಳ ಲಭ್ಯತೆಯ ಬಗ್ಗೆ ಇಲಾಖೆಯ ಅಂತರ್ಜಾಲದಲ್ಲಿ ಅಪಾಲೋಡ್ ಮಾಡಲಾಗಿದೆ ಹಾಗೂ ಈ ಮಾಹಿತಿಯನ್ನು ಪ್ರತಿ ದಿನವು ಪರಿಷ್ಕರಿಸಿ ಪ್ರಕಟಿಸಲಾಗುತ್ತಿದೆ. (ಇ ರಕ್ತಕೋಶ, e-Raktkosh)

16. ಡೆಂಗಿ ಖಚಿತ ಪಡಿಸಿಕೊಳ್ಳಲು ಎಲಿಸಾ ಆಧಾರಿತ NS1 & IgM ಪರೀಕ್ಷೆಗೆ ತಲಾ ರೂ 300 - ಮೀರದಂತೆ ಹಾಗೂ Screening test ಗಳಿಗೆ (NS1, IgM & IgG) ರೂ 250/- ಗಳ ಶುಲ್ಕವನ್ನು ಖಾಸಗಿ ಆಸ್ಪತ್ರೆ ಹಾಗೂ ಖಾಸಗಿ ಪ್ರಯೋಗಶಾಲೆಗಳಿಗೆ ನಿಗದಿಗೊಳಿಸಲಾಗಿದ್ದು, ಸರ್ಕಾರಿ ಆಸ್ಪತ್ರೆಗಳಲ್ಲಿ ಉಚಿತವಾಗಿ ಪರೀಕ್ಷಿಸಲಾಗುತ್ತಿದೆ.

17 ರಾಜ್ಯ ಹಾಗೂ ಬಿಬಿಎಂಪಿ ವ್ಯಾಪ್ತಿಯಲ್ಲಿ "ವಿಬಿಡಿ ಮರಣ ತಪಾಸಣಾ ಸಮಿತಿ" (VBD Death Audit committee) ಯನ್ನು ರಚಿಸಲಾಗಿದ್ದು, ಈ ಸಮಿತಿಯು ಶಂಕಿತ ಡೆಂಗಿ ರೋಗದಿಂದ ಸಂಭವಿಸಿರಬಹುದಾದ ಎಲ್ಲಾ ಮರಣ ಪ್ರಕರಣಗಳ ವರದಿಗಳನ್ನು ಪರಿಶೀಲಿಸಿ ನಂತರ ದೃಢೀಕರಿಸಲಾಗುತ್ತಿದೆ.

18. ಡೆಂಗಿ ನಿಯಂತ್ರಣಕ್ಕೆ ಈಡಿಸ್ ಸೊಳ್ಳೆಗಳ ಉತ್ಪತ್ತಿ ತಾಣ ನಾಶವು ಪ್ರಮುಖವಾಗಿರುವುದರಿಂದ, ಆರೋಗ್ಯ ಸಿಬ್ಬಂದಿ ಮತ್ತು ಆಶಾ ಕಾರ್ಯಕರ್ತರು ಪ್ರತಿ ಮನೆಯ ಒಳಾಂಗಣ ಮತ್ತು ಹೊರಾಂಗಣದಲ್ಲಿನ ನೀರಿನ ಶೇಖರಣೆಗಳಲ್ಲಿ

ಈಡ್ಲಿನ್ ಸೂಚ್ಯ ಉತ್ಪತ್ತಿ ತಾಣಗಲನ್ನು ಪತ್ತೆಹಚ್ಚಿ ಅವುಗಲ ನಿರ್ಮೂಲನೆಗೆ ಕ್ರಮಕೈಗೂಳ್ಳುತ್ತಿದ್ಲಾರೆ.

19. ಈಡ್ಲಿನ್ ಲಾರ್ವಾ ಸರ್ಮೀಕ್ಸ್ ಹಾಗೂ ಉತ್ಪತ್ತಿ ತಾಣ ನಾಶ ಚಟುವಟಿಕೆಗೆ ಅಗತ್ಯವಿರುವ ಟಿರ್ಮಿಫಾಸ್ ದ್ರಾವಣ ಹಾಗೂ ತುರ್ತು ಸಂದರ್ಭಗಲಲ್ಲಿ ಒಳಾಂಗಣ ಧೂರ್ಮೀಕರಣಕ್ಕೆ ಬಳಸುವ ಪೈರಿಥ್ರಿಮ್ ಂಕ್ಟಾಕ್ಟಾ ರಾಸಾಯನಿಕಗಲ ಅಗತ್ಯ ದಾಸ್ತಾನು ಲಭ್ಯವಿಡ್ಲು ಸರ್ಮರ್ಪಕವಾಗಿ ಬಳಸಲಾಗುತ್ತಿದೆ.

20. ಪ್ರತಿ ಆಶಾ ಕಾರ್ಯಕರ್ತೆಯರಿಗೆ ಲಾರ್ವಾ ಸರ್ಮೀಕ್ಸ್ ನಡೆಸಲು ಗೂರವಧನ ರೂ 200/-ಗಲನ್ನು ಪ್ರತಿ ತಿಂಗಲು ನೀಡಲಾಗುತ್ತಿದೆ. ಆರೂಗ್ಯ ನಿರೀಕ್ಷಣಾಧಿಕಾರಿಗಲು ಮತ್ತು ಪ್ರಾಧರ್ಮಿಕ ಆರೂಗ್ಯ ಸುರಕ್ಷತಾಧಿಕಾರಿಗಲಿಗೆ ಪ್ರತಿ ತಿಂಗಲು ರೂ 300/-ಗಲನ್ನು ನೀಡಲಾಗುತ್ತಿದೆ.

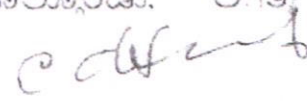
21. ಸಹ ನಿರ್ದೇಶಕರು ಂನಾವಿಬಿಡಿಸಿಪಿ, ಇವರ ಅಧ್ಯಕ್ಷತೆಯಲ್ಲಿ ವಲಯವಾರು ಸಭೆಯನ್ನು ಪ್ರತಿ ವಾರಕ್ಕೂಮ್ಮೆ ವರ್ಚುವಲ್ ರೂಧ್ಯಮದ ಮೂಲಕ ನಡೆಸಲಾಗುತ್ತಿದ್ದು, ಬಿಬಿಂಂಪಿ ಸೇರಿದಂತೆ ಜಿಲ್ಲಾವಾರು ಡೆಂಗಿ ಪರಿಸ್ಥಿತಿಯನ್ನು ವಿಶ್ಲೇಷಿಸಿ, ನಿಯಂತ್ರಣಕ್ಕಾಗಿ ಅಗತ್ಯ ಸಲಹೆ ಸೂಚನೆಗಲನ್ನು ನೀಡಲಾಗುತ್ತಿದೆ.

22. ಬಿಬಿಂಂಪಿ ವ್ಯಾಪ್ತಿಯ ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಗಲಲ್ಲಿ ಚಿಕಿತ್ಸೆ ಪಡೆಯುವ ಡೆಂಗಿ ಪ್ರಕರಣಗಲ ರೂಹಿತಿಯನ್ನು IHIP Portal ಮೂಲಕ ಪಡೆಯಲಾಗುತ್ತಿದ್ದು, ವಿವರವನ್ನು ಸಂಬಂಧಪಟ್ಟ ವಾರ್ಡ್ ವೈದ್ಯರೂಂದಿಗೆ ಹಂಚಿಕೂಂಡು ತುರ್ತಾಗಿ ನಿಯಂತ್ರಣ ಕ್ರಮಗಲನ್ನು ಕೈಗೂಳ್ಳಲಾಗುತ್ತಿದೆ.

ಡೆಂಗಿ ನಿಯಂತ್ರಣದ ನಿಟ್ಟಿನಲ್ಲಿ ಅನುಷ್ಠಾನಗೂಳಿಸಿರುವ ಆರೂಗ್ಯ ಶಿಕ್ಷಣ ಚಟುವಟಿಕೆಗಲು:

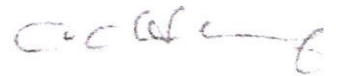
ರೂಹಿತಿ ಶಿಕ್ಷಣ ಮತ್ತು ಸಂಪರ್ಕ ಸಂವಹನ ಚಟುವಟಿಕೆಗಲ ಮೂಲಕ ಸಮುದಾಯದಲ್ಲಿ ಉತ್ತಮ ಜಾಗೃತಿ ಮೂಡಿಸಲು ಸ್ಥಳೀಯ ಭಾಷೆಗಲಿಗನು ಗುಣವಾಗಿ ಐಇಸಿ ಚಟುವಟಿಕೆಗಲನ್ನು IPC, Mid Media, Social Media, News Media, Mass Media, Digital Media ಗಲನ್ನು ಪರಿಣಾಮಕಾರಿಯಾಗಿ ಬಳಸಿಕೂಳ್ಳಲಾಗುತ್ತಿದೆ.

- 1) ಡೆಂಗಿ ಜ್ವರ ನಿಯಂತ್ರಣಕ್ಕಾಗಿ ಪ್ರತಿ ವರ್ಷ ರೂ 16 ರಂದು ರಾಷ್ಟ್ರೀಯ ಡೆಂಗಿ ದಿನಾಚರಣೆಯನ್ನು ಆಚರಿಸಲಾಗುತ್ತಿದ್ದು, ವಿವಿಧ ಕಾರ್ಯಕ್ರಮಗಲನ್ನು ಹಮ್ಮಿಕೂಂಡು ರಾಜ್ಯ, ಜಿಲ್ಲೆ, ತಾಲ್ಲೂಕು ಹಾಗೂ ಗ್ರಾಮವಾರು ಆಚರಿಸಿ ಸಾರ್ವಜನಿಕರಿಗೆ ಅರಿವು ಮೂಡಿಸಲಾಯಿತು.
- 2) ಜುಲೈ ರೂಹೆಯನ್ನು ಡೆಂಗಿ ವಿರೂಧಿ ರೂಸವನ್ನಾಗಿ ಆಚರಿಸಲಾಗುತ್ತಿದೆ.
- 3) ಈ ಸಂದರ್ಭದಲ್ಲಿ, ದೂರದರ್ಶನ ಹಾಗೂ ಆಕಾಶವಾಣಿಯಲ್ಲಿ ನಡೆದ ಸಂದರ್ಶನದಲ್ಲಿ, ಹಾಗೂ ಫೂನೂಷನ್ ನೇರ ಕಾರ್ಯಕ್ರರ್ಮದಲ್ಲಿ ರಾಜ್ಯ ಮತ್ತು ಜಿಲ್ಲಾ ಮಟ್ಟದ ಅಧಿಕಾರಿಗಲು ಪಾಲ್ಗೂಂಡು, ಅಗತ್ಯ




ಮಾಹಿತಿಯನ್ನು ಹಾಗೂ ಡೆಂಗಿ ನಿಯಂತ್ರಣದಲ್ಲಿ ಸಮುದಾಯದ ಪಾತ್ರದ ಕುರಿತು ಸಂಪೂರ್ಣ ಮಾಹಿತಿಯನ್ನು ನೀಡಿರುತ್ತಾರೆ.

- 4) ಶಾಲಾ ಶಿಕ್ಷಕರುಗಳಿಗೆ ಡೆಂಗಿ ನಿಯಂತ್ರಣ ಮತ್ತು ಮಂಜಾಗ್ರತೆ ಬಗ್ಗೆ ಅಡ್ವೋಕೆಸಿ ಕಾರ್ಯಾಗಾರವನ್ನು ನಡೆಸಲಾಗಿದೆ. ರಾಜ್ಯ ಮಟ್ಟ, ಜಿಲ್ಲಾ ಮಟ್ಟ, ತಾಲ್ಲೂಕು ಮಟ್ಟದಲ್ಲಿ ಅರಿವು ಮೂಡಿಸಲಾಗಿದೆ ಅದರಂತೆ ತರಬೇತಿ ಹೊರತಿದ ವಿಜ್ಞಾನ ಶಿಕ್ಷಕರು ಮಕ್ಕಳಿಗೆ ಡೆಂಗಿ ಬಗ್ಗೆ ಅರಿವು ಮೂಡಿಸಿ ಸಾರ್ವಜನಿಕರ ಪಾತ್ರದ ಬಗ್ಗೆಯೂ ತಿಳಿಸಿರುತ್ತಾರೆ.
- 5) ಗ್ರಾಮ/ವಾರ್ಡ್ ಮಟ್ಟದಲ್ಲಿ ಅಡ್ವೋಕೆಸಿ ಕಾರ್ಯಾಗಾರಗಳನ್ನು, ಗ್ರಾಮದ ಮುಖಂಡರು, ಚುನಾಯಿತ ಪ್ರತಿನಿಧಿಗಳು, ಶಾಲಾ ಶಿಕ್ಷಕರು ಅಂಗನವಾಡಿ ಕಾರ್ಯಕರ್ತೆಯರು, ಸ್ತ್ರೀ ಶಕ್ತಿ ಸಂಘದ ಪದಾಧಿಕಾರಿಗಳು, ಸ್ವಯಂ ಸೇವಕರು, ಹಾಲು ಉತ್ಪಾದಕರ ಸಂಘದ ಸದಸ್ಯರುಗಳು, ಧಾರ್ಮಿಕ ಮುಖಂಡರು ಒಳಗೊಂಡಂತೆ ನಡೆಸಲಾಗಿದೆ.
- 6) ತಾಲ್ಲೂಕು ಮಟ್ಟದಲ್ಲಿ ಎಲ್ಲಾ ಪಂಚಾಯಿತಿ ಅಭಿವೃದ್ಧಿ ಅಧಿಕಾರಿಗಳಿಗೆ (ಪಿ.ಡಿ.ಓ) ಅಡ್ವೋಕೆಸಿ ಕಾರ್ಯಾಗಾರಗಳನ್ನು ಹಮ್ಮಿಕೊಂಡು ತರಬೇತಿ ನೀಡಲಾಗಿದೆ.
- 7) ದಿನ ಪತ್ರಿಕೆಗಳಲ್ಲಿ ಡೆಂಗಿ ಜ್ವರ - ನಿರ್ವಹಣೆ - ನಿಯಂತ್ರಣ ಕುರಿತು ಜಾಹಿರಾತು ಮೂಲಕ ಪ್ರಚಾರ ಪಡಿಸಲಾಗಿದೆ.
- 8) ಸನ್ಮಾನ, ಮುಖ್ಯ ಮಂತ್ರಿಯವರಿಂದ ಮತ್ತು ಮಾನ್ಯ ಆರೋಗ್ಯ ಸಚಿವರಿಂದ ಡೆಂಗಿ ಜ್ವರ ಮತ್ತು ನಿಯಂತ್ರಣ ಕುರಿತು ಸಾರ್ವಜನಿಕರಿಗೆ ವಿಡಿಯೋ ಸಂದೇಶವನ್ನು ಎಲ್ಲಾ ಸಾಮಾಜಿಕ ಜಾಲತಾಣದಲ್ಲಿ ಪ್ರಚಾರಗೊಳಿಸಲಾಗಿದೆ.
- 9) ಮಾನ್ಯ ಆರೋಗ್ಯ ಸಚಿವರು ಪ್ರತಿ ಶುಕ್ರವಾರ - "ಲಾರ್ವಾ ನಿರ್ಮೂಲನ ದಿನ" ವನ್ನು ಆಚರಿಸುವ ಕಾರ್ಯಕ್ರಮವನ್ನು ದಿನಾಂಕ:28-06-2024 ರಂದು ಬಾಗಲಕೋಟೆ ಜಿಲ್ಲೆಯಲ್ಲಿ ಚಾಲನೆ ನೀಡಿದರು.
- 10) ಪ್ರತಿ ಶುಕ್ರವಾರ - "ಲಾರ್ವಾ ನಿರ್ಮೂಲನ ದಿನ" ವನ್ನು ಆಚರಿಸಲಾಗುತ್ತಿದ್ದು, ಆ ದಿನದಂದು ಎಲ್ಲಾ ಅಧಿಕಾರಿಗಳು ಹಾಗೂ ಸಿಬ್ಬಂದಿ ವರ್ಗದವರು ತಮ್ಮ ತಮ್ಮ ವ್ಯಾಪ್ತಿಯ ಮನೆ - ಕಛೇರಿ- ಶಾಲಾ-ಕಾಲೇಜು ಸಂಸ್ಥೆಗಳು (ಸರ್ಕಾರಿ ಹಾಗೂ ಖಾಸಗಿ) ಈಡಿಸ್ ಲಾರ್ವಾ ಉತ್ಪತ್ತಿ ತಾಣಗಳನ್ನು ನಾಶಪಡಿಸುವ ಕಾರ್ಯವನ್ನು ಮಾಡಲಾಗುತ್ತಿದೆ.
- 11) ಡೆಂಗಿ ಜ್ವರ ಹೆಚ್ಚು ಕಂಡುಬಂದ ಪ್ರದೇಶಗಳಲ್ಲಿ ಜ್ವರ ಚಿಕಿತ್ಸಾ ಕೇಂದ್ರವನ್ನು ತೆರೆದು ಡೆಂಗಿ ಜ್ವರದ ಚಿಕಿತ್ಸೆ ನೀಡಿ - ನಿರ್ವಹಣೆ - ನಿಯಂತ್ರಣ ಕುರಿತು ಆರೋಗ್ಯ ಶಿಕ್ಷಣ ನೀಡಲಾಗುತ್ತಿದೆ.
- 12) ಪ್ರದರ್ಶನ ಫಲಕಗಳೊಂದಿಗೆ (ಫ್ಲೆಕಾರ್ಡ್) ಜಾಥಾ ಕಾರ್ಯಕ್ರಮ ಹಾಗೂ ವಸ್ತು ಪ್ರದರ್ಶನ ಮಾಡಲಾಗುತ್ತಿದೆ.
- 13) ಹೋರ್ಟಿಂಗ್‌ಗಳು, ಬ್ಯಾನರ್‌ಗಳು, ಪೋಸ್ಟರ್‌ಗಳನ್ನು (ಜನಜಂಗುಳಿ ಪ್ರಮುಖ ಸ್ಥಳಗಳು) ಅಳವಡಿಕೆ.



- 14) ಮುದ್ರಿತ ವಸ್ತುಗಳು ಮೂಲಕ ಐಇಸಿ ಚಟುವಟಿಕೆಗಳು (ಕರಪತ್ರ, ಮಡಿಕೆಪತ್ರ, ಭಿತ್ತಿ ಪತ್ರಗಳು, ಇತ್ಯಾದಿ.)
- 15) ಸ್ಥಳೀಯ ಚಾನಲ್‌ಗಳಲ್ಲಿ ಟಿ.ವಿ.ಸ್ಕ್ರೀನ್‌ಗಳು ಸ್ಕ್ರಾಲ್ ಸಂದೇಶಗಳ ಭಿತ್ತರ.
- 16) ಸಾಮಾಜಿಕ ಮಾಧ್ಯಮಗಳ ಮೂಲಕ ಸಂದೇಶಗಳು ಮತ್ತು ಸಮೂಹ ಮಾಧ್ಯಮದ ಮೂಲಕ (ಫೇಸ್‌ಬುಕ್, ಯೂಟೂಬ್, ವಾಟ್‌ಆಪ್, ಇತ್ಯಾದಿ.) ಸಂದೇಶಗಳು ಹಾಗೂ ವಿಡಿಯೋಸ್ಕ್ರೀನ್‌ಗಳ ರವಾನೆ.
- 17) ಬಸ್ಸುಗಳು ಮತ್ತು ಬಸ್ ತಂಗುದಾಣಗಳ ಮೇಲೆ ಪ್ರಚಾರ ಹಾಗೂ ರಾಜ್ಯ ಸಾರಿಗೆ ಬಸ್ ನಿಲ್ದಾಣಗಳಲ್ಲಿ ಮೈಕಿಂಗ್, ವಿಡಿಯೋ ಅಡಿಯೋ ಕ್ಲಿಪಿಂಗ್‌ಗಳನ್ನು ಭಿತ್ತರಿಸುವುದು.
- 18) ಪ್ರತಿದಿನ ಘನತ್ಯಾಜ್ಯ ಸಂಗ್ರಹಣಕ್ಕೆ ಬರುವ ವಾಹನಗಳ ಮೂಲಕ ಡೆಂಗಿ ನಿಯಂತ್ರಣ ಕುರಿತು ಮೈಕಿಂಗ್ ಮೂಲಕ ಪ್ರಚಾರ ಪಡಿಸಲಾಗುತ್ತಿದೆ.

ಒಟ್ಟಾರೆಯಾಗಿ, ಡೆಂಗಿ ಜ್ವರ, ನಿರ್ವಹಣೆ, ಅಗತ್ಯ ಮುಂಜಾಗ್ರತಾ ಹಾಗೂ ನಿಯಂತ್ರಣ ಕ್ರಮಗಳ ಕುರಿತು ಸಾರ್ವಜನಿಕರಿಗೆ ಅರಿವು ಮೂಡಿಸಲಾಗುತ್ತಿದೆ ಎಂಬ ಮಾಹಿತಿಯನ್ನು ತಮ್ಮ ಅವಗಾಹನೆಗೆ ಸಲ್ಲಿಸಲಾಗಿದೆ.


DEPUTY DIRECTOR-NVRD/CP
Directorate of Health & FM
Anapurna Suda, Marginal Road
Bengaluru-560023

ಅನುಬಂಧ -2

ದಿನಾಂಕ:01.01.2024ರಿಂದ ದಿ:11.07.2024ರವರೆಗೆ ಜಿಲ್ಲಾವಾರು ದೃಢಪಟ್ಟ ಹಾಗೂ
ಮರಣಹೊಂದಿದ ಡೆಂಗೂ ಪ್ರಕರಣಗಳ ವಿವರಗಳು:-

SL NO	District	Dengue	Number of deaths
1	Chikkamagaluru	580	-
2	Mysuru	540	1
3	Haveri	496	1
4	Dharwada	334	1
5	Chitradurga	320	-
6	Shivamogga	315	1
7	Mandya	315	-
8	Dakshina Kannada	263	-
9	Hassan	262	2
10	Udupi	215	-
11	Tumakuru	207	-
12	Kalaburagi	203	-
13	Davanagere	199	-
14	Vijayapura	198	-
15	Belagavi	177	-
16	Uttara kannada	129	-
17	Kodagu	125	-
18	Chikkaballapura	101	-
19	Koppal	101	-
20	Ballari	92	-
21	Bidar	72	-
22	Ramanagar	71	-
23	Kolar	71	-
24	Chamarajanagar	67	-
25	Bagalkote	65	-
26	Gadag	62	-
27	Vijaya nagar	45	-
28	Raichur	43	-
29	Bangaluru (U)	42	-
30	Bangaluru (R)	32	-
31	Yadageri	16	-
Total		5758	06
BBMP		2463	1
Total		8221	07



Proceedings of the Government of Karnataka

Subject : Integration of Ayushman Bharat -- Arogya Karnataka Scheme - reg.

Read : 1) Karnataka Integrated Public Health Policy 2017

[http://www.karnataka.gov.in/hfw/kannada/Documents/Karnataka Integrated Public Health Policy 2017 PDF](http://www.karnataka.gov.in/hfw/kannada/Documents/Karnataka%20Integrated%20Public%20Health%20Policy%202017.PDF)

2). Karnataka Vision 2025 Document

https://navakarnataka2025.in/sites/sites/default/files/health%20and%20nutrition_10th%20Jan.pdf

3). National Health Policy 2017

<http://mohfw.gov.in/sites/default/files/9147562941489753121.pdf>

4) G.O. No. HFW 91 CGE 2017 dated 1/3/2018

5) Operational Guidelines on Ayushman Bharat National Health Protection Mission (AB-NHPM) of National Health Agency, MoHFW.

6) G.O. No. HFW 91 CGE 2017 dated 1/6/2018


7) Circular No. DHS/PS/38/2018-19 dated 21/06/2018

8) Circular No. DHS/PS/38/2018-19 dated 23/06/2018

Background

1 The Karnataka Integrated Public Health Policy 2017 read at (1) above envisages attainment of the highest possible level of good health and well-being of all people in the State through a preventive, promotive, curative and rehabilitative healthcare orientation, with universal access to affordable and quality healthcare services to all, and inclusion of health in all developmental policies. The Policy also envisages that all the fragmented social insurance schemes be merged into a single health assurance plan to improve efficiency and outreach. The policy expects the State Government to develop robust and sustainable financing mechanisms by strengthening the public sector and harnessing private services (not-for-profit), to ensure that public services of the highest quality are maintained, keeping the public health interest in mind, whenever needed.

2. The Karnataka Vision 2025 Document read at (2) above envisions achieving Universal Healthcare through an equitable, accessible, affordable, qualitative and well governed health system for the people of Karnataka. The document aims to achieve this vision by strengthening and reforming public healthcare system to enhance its credibility, efficiency and effectiveness, establishing objective, transparent and unobtrusive regulations and regulatory mechanism for the private hospitals, and using technology for sector management from a service delivery perspective.


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3. The National Health Policy read at (3) above envisages universal access to quality healthcare services without anyone having to face financial hardship as a consequence. The policy further envisages the following.

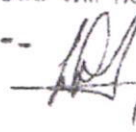
- (i) Assuring availability of free comprehensive primary healthcare services for all aspects of reproductive, maternal, child and adolescent health and for the treatment of the most prevalent communicable, non-communicable and occupational diseases in the population.
- (ii) Ensuring improved access and affordability, of quality secondary and tertiary healthcare services through a combination of public hospitals and well measured strategic purchasing of services in healthcare deficit areas, from private care providers, especially the not-for profit providers.
- (iii) Achieving a significant reduction in out of pocket expenditure of healthcare costs thereby reducing the proportion of households experiencing catastrophic health expenditures and consequent impoverishment.

4. In order to achieve the goal of Universal, Equitable and Sustainable healthcare as envisaged in the Vision document "Arogya Karnataka" a Universal Health care Scheme was launched on 2/3/2018, wherein cashless treatments upto Rs. 2.00 lakh for specified treatments are provided based on eligibility criteria.

5. Similarly, in order to provide financial protection to poor and vulnerable families against catastrophic health expenditure and to reduce out of pocket expenditure for accessing health services due to hospitalization, Government of India has decided to roll out the Ayushman Bharat Scheme to provide holistic health care to all citizens including preventive health promotion as well as primary, secondary and tertiary care.

With this vision, the AB-PMJAY aims to help achieve the Sustainable Development Goals (SDG3) of providing Universal Health care (UHC). It will provide for cashless hospitalization services of upto Rs. Five lakh per family per year to over ten crore poor and vulnerable families (approximately 50 crore) beneficiaries.

6. Since both the schemes have the common goal, scope and similar modalities for providing specified treatments to the poor and vulnerable sections of society, integrating both the schemes and having a single scheme is inevitable. Implementation of both the schemes in a standalone mode will not be a workable


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model due to the fact that it would be a difficult task to distinguish the beneficiaries of two schemes at the field level.

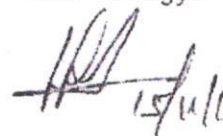
PREAMBLE : ..

7. The Universal Health Coverage (UHC) scheme, "Arogya Karnataka" as it is known was launched on 2.3.2018, with the goal of providing Universal Health Coverage, to all residents of the State, by way of providing 1530 specified healthcare treatments vide G.Os at Ref (1) and (3) above. Eligibility is based on Aadhaar card and the entitlement is based on the definition of the National Food Security Act 2013. For the "eligible patient" treatment is to be free or with a nominal user fee; with an assistance of Rs.30,000/- for Complex secondary care and up to Rs. 1.5 lakh per family, per year with an additional Rs. 0.5 lakh, per family in case of emergency, for Tertiary and Emergency care. For general patients, the Government will bear 30% of the cost of package rates.

8. Government of India has come out with a centrally sponsored scheme (CSS) called Ayushman Bharat - National Health Protection Mission, on 21.3.2018, later renamed as Pradhan Mantri Jan Arogya Yojana (PMJAY), to provide health protection to over 10 Crore poor families identified based on the latest Socio-Economic Caste Census (SECC) data/RSBY thus covering about 50 crore beneficiaries in the country. The Operational guidelines are at Ref (2) above. The financial cover provided under the scheme is Rs.5.00 lakh per annum per family.

9.- The centrally sponsored Rashtriya Swasthya Bhima Yojane that was implemented in an insurance mode and was servicing about 62 lakh families who come under the 8 deprivation criteria has come to a close on 31/8/2018. It is this category of population, including those who are in the SECC data, that will now be the beneficiaries under the Ayushman Bharat-PMJAY scheme.

10. Since the State already has a Universal Health Coverage scheme "Arogya Karnataka" and Ayushman Bharat is a similar scheme of the Government of India albeit with a smaller coverage but higher financial assistance, it has been felt advisable to integrate both the schemes "Ayushman Bharat" and "Arogya Karnataka", to achieve operational efficiency.


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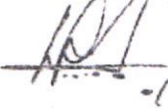
11. The integrated scheme shall be called "Ayushman Bharat-Arogya Karnataka" and shall have common coverage, scope and implementation modalities under co-branding arrangements.

12. In the light of this integrated scheme necessary modifications and addendums of the Government Orders referred at (1) and (3) above are necessary. The amendments made in this G.O are to be read in conjunction with the Government Orders cited. Hence the following order.

Government Order No. HFW 69 CGE 2018
Bangalore, Dated 15.11.2018

Scope

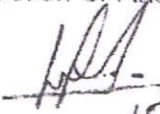
1. Administrative approval is hereby accorded for providing Universal Health Coverage to all the residents of Karnataka by integrating the existing health scheme of the Government of Karnataka, "Arogya Karnataka" and Government of India health scheme "Ayushman Bharat".
2. The integrated scheme shall be called "Ayushman Bharat - Arogya Karnataka" and shall be implemented in an "Assurance Mode". The same name shall be used in all scheme documents, IEC material and communication with stakeholders and shall be referred to as an integrated health scheme of both Government of Karnataka and Government of India.
3. The integrated health scheme shall operate a revised list of procedures numbering 1628, that has been arrived at by combining and rationalizing the 1530 procedures in ArK and 1349 procedures in Ayushman Bharat by way of Primary health care, simple secondary health care, complex secondary health care, tertiary health care and emergency health care as specified in Annexures-1, 2A, 2B, 3 and 4 respectively attached to this order.
4. Universal health coverage as assured in this new scheme shall exclude the following categories of residents as they can avail healthcare through other schemes.
 - a. Residents covered under Employees' State Insurance Scheme;
 - b. Residents covered under health assurance or health insurance schemes of their employers.


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- c. Residents who have taken private health insurance policies on their own;
- d. Residents covered under Central Government Health Scheme of the Government of India;
- e. Employees of Government of Karnataka till the amendment of the Karnataka Government Servants' (Medical Attendance) Rules;
- f. Members of Karnataka Legislature till the amendment of the Karnataka Legislature (Members Medical Attendance) Rules 1968.

Enrollment of patients

5. There shall be a one-time enrollment of patients on an IT portal to be established by Suvarna Arogya Suraksha Trust (referred as SAST hereafter), as and when they approach any PHI for treatment for the first time or any other enrollment facility as designated from time to time. A patient approaching an empanelled private hospital in case of emergency (as per Annexure 4) without a referral from a PHI can be enrolled at a designated enrollment centre or a PHI after stabilization and discharge from hospital. Till such time for that single incident he can get treatment under the scheme by producing his Aadhar card and PDS card.
6. Under the Ayushman Bharat- Arogya Karnataka scheme the enrolment card shall be called AB-ArK Card and the unique ID generated while enrollment shall be called AB-ArK ID.
7. On successful enrollment based on Aadhaar authentication, a unique identity number "AB-ArK ID" shall be generated and a health card called "AB-ArK Card" shall be provided to the patient at the enrolment center on payment of a fee of Rs.10/- (Ten) only".
8. Arogya Karnataka Card shall be henceforth called as AB-ArK Card and shall be understood as AB-ArK Card, wherever mentioned in the referenced GOs and Circulars issued related to the "Arogya Karnataka" Scheme. Enrollment cards that have already been issued under the "Arogya Karnataka" scheme shall remain valid for the integrated "Ayushman Bharat- Arogya Karnataka" scheme
9. In case of loss of the health card, a duplicate card can be obtained at any PHI or at enrollment centers on payment Rs. 20 (twenty) only on production of Aadhaar


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or PDS card and on Aadhaar authentication.

10. For a patient not having Aadhaar, enrollment for Ayushman Bharat-Arogya Karnataka scheme can be done based on the PDS card. Such person shall be provided treatment in the PHIs, but will need to get enrolled for Aadhaar before getting any referral to a private hospital.

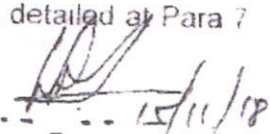
11. It shall be the responsibility of the PHIs to set up the required number of enrollment counters and outpatient registration counters in their respective hospitals. The competent authority may designate places such as Common service centres, B1 and K1 centres, or any other place convenient to the public for obtaining a health card. If felt necessary, the competent authority may put in place any system/procedure of issuing health cards to the public expeditiously. However the cost of the health card in these centres other than PHIs will be fixed by the competent authority.

12. The patients availing healthcare services under the integrated scheme shall be categorized as detailed below

- i. **Eligible Patient:** A patient who is a resident of Karnataka State and belongs to "Eligible Household" as defined under the National Food Security Act, 2013; This category shall also include the beneficiaries listed in the SECC data and the enrolled members of the hitherto existing Rashtriya Swasthya Bhima Yojane.
- ii. **General Patient:** A patient who is a resident of Karnataka State but does not come under the definition of "Eligible Household" as defined under the National Food Security Act, 2013, or does not produce the eligible household card.

13. The basic features of the enrollment process are detailed in Annexure-5.

14. Pregnant women and children requiring reproductive and child health services, persons requiring preventive healthcare for non-communicable diseases, and persons requiring curative health care for communicable diseases shall also be enrolled through Health & Wellness Centers in similar manner as detailed at Para 7 to 13 above and in Annexure-5


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Cost of treatment to be borne by the Government

15. Financial assistance up to Rs.5.00 lakh will be provided for specified simple secondary care, complex secondary health care, tertiary health care and emergency health care listed in Annexures-2A, 2B, 3 & 4 to this G.O, per annum, for a family that comes under the definition of "Eligible Patients" as defined at Para-12 above. This will be on family floater basis meaning one or more persons of the family can use the full cover of Rs. 5.00 lakhs. One person can also use the entire Rs.5.00 lakh.

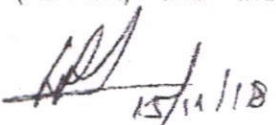
16. The benefit limit for 'General Patient' as defined in Para 12 (ii) above shall be 30% of Government package rates, with overall annual limit of Rs.1.50 lakh per family, per year on co-payment basis.

Eligible Patient

17. The complex secondary health care treatments, tertiary health care treatments, and emergency healthcare treatments, as specified in Annexures-2B, 3 and 4 respectively, given to eligible patients in the PHIs shall be free subject to limits mentioned at para-17 above. The State Government shall reimburse the cost to the concerned PHI as per the limit of the package rates fixed and detailed in para-60 of this order.

18. The complex secondary health care or tertiary health care treatments given to an eligible patient by an empanelled private hospital on a referral from a PHI and emergency health care treatment as listed in Annexure-4 given without referral from a PHI shall be free for the eligible patient. The cost of treatment up to the package rate shall be reimbursed to the concerned empanelled hospital that provides the treatment, subject to the prescribed annual limit as in Paras-15 and 16 above. The empanelled hospital cannot charge more than the approved package rate. In case the family limit is exhausted, the excess amount for the treatment shall be borne by the patient.

19. All the members of 62 lakh beneficiary families enrolled under the Rashtriya Swasthya Bhima Yojane Scheme shall also be "Eligible beneficiaries" of the integrated scheme "Ayushman Bharat-Arogya Karnataka" (AB-ArK) and the expenditure incurred on this set shall be maintained separately.


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General Patient

20. Complex secondary health care treatments, Tertiary healthcare treatments and Emergency care treatments, to a general patient shall be on co-payment basis in a PHI and in an empanelled private hospital, subject to being referred from a PHI for treatments listed in Annexures-2B, and 3. For emergency procedures listed in Annexure-4, a referral will not be required. This treatment shall also be on a co-payment basis.

21. The concerned PHI or the empanelled private hospital can charge such patient its publicly-disclosed rates. The reimbursement under the scheme shall be limited to 30 percent of the package rate for that treatment prescribed by the Government or 30% of the actual amount charged for the treatment, whichever is lower. The balance 70 percent should be collected from the patient.

Patient without referral

22. In case of a patient, irrespective of his category being eligible or general, getting treatment in an empanelled private hospital without a prior referral from a PHI, except in an emergency, for the treatments listed in Annexure-4, reimbursement shall not be made for such treatment. Such patient shall bear the entire cost of the treatment by himself.

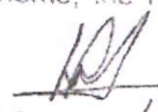
User Charges

23. For the primary healthcare treatments specified in Annexure-1, the concerned PHI may charge their normal user charges. There shall not be any reimbursement to the PHIs or to the patients from the Government for such treatments.

24. In the Integrated scheme user charges shall not be collected by PHIs for the updated list of 1614 procedures in Annexures- 2A, 2B, 3 & 4 annexed to this Government Order, as reimbursement will be made on claims as per the limit of package rates fixed by the Government.

25. The PHIs can collect their normal user charges for such treatment that are not included in the list of 1614 procedures.

26. For the treatments and diagnostics not covered under the scheme, the PHIs may charge their normal user charges.


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Referral system

27. A patient requiring a complex secondary healthcare treatment, as listed in Annexure-2B, or a tertiary healthcare treatment as listed in Annexure-3, shall consult the medical doctor in the nearest taluka or district level PHI first. Based on the outcome of the consultation and evaluation by the medical doctor and the existing medical capability of the concerned PHI, the treatment may be provided in the same PHI or a referral may be provided to a higher-level PHI within the same or neighbouring district. The patient with a referral in any of the districts in the State may also seek treatment in centres of excellence or any higher level PHI in the State capital if he so desires.

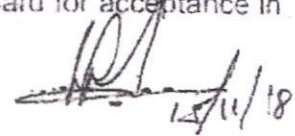
28. In case of non-availability of the required diagnostic facilities in the PHIs to decide the nature of treatment, a referral may be provided to empanelled diagnostic laboratories for investigations.

29. In case the required complex secondary healthcare treatment or tertiary healthcare treatment is not available in the PHIs, a referral shall be provided for availing the treatment in any of the empanelled private hospitals.

30. The referral protocol as prescribed in the circular at Ref. (4) and (5) above for complex secondary healthcare treatments and tertiary healthcare treatments specified in Annexures-2B and 3 respectively shall prevail with respect to the integrated scheme.

31. In case a higher-level PHI in the same district has the medical capability for the required specified complex secondary healthcare treatment or tertiary healthcare treatment of a patient, referral shall be provided for such higher-level PHI only. Only in case of an emergency (as specified in Annexure-4) referral can be made by the referring PHI to any of the empanelled private hospitals.

32. The referring PHI shall not refer a patient to any particular empanelled hospital by name. The referral shall be open for all empanelled private hospitals having the capability and "Ayushman Bharat-Arogya Karnataka" readiness on the day. The patient on being referred shall have the liberty to select any of the empanelled hospitals of his choice. The patient should carry the AB-ArK Card for acceptance in


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the hospital for the treatment. In districts and talukas where the AB-ArK card enrollment has not yet commenced treatment shall be made available on the basis of Adhaar card and PDS card, till such time as the AB-ArK card facility is put in place by the competent authority.

Patient Acquisition

33. A patient needs to be enrolled at a PHI or any other centre designated by the competent authority only once. For any follow up visit or any subsequent visit for another ailment to the same or any other PHI, the patient should carry the AB-ArK Card for the out-patient (OPD) registration based on Aadhaar authentication.

34. In case of AB- ArK card being produced for subsequent visits, there shall not be any requirement of producing Aadhaar card. The OPD registration slip shall be generated based on the Aadhaar authentication facilitated by the IT system based on AB-ArK ID.

35. In the instance of the Ayushman Bharat- Arogya Karnataka card (Ab-ArK) not being produced during subsequent visits, OPD registration can be done by fetching the AB-ArK ID from the IT system based on Aadhaar card or PDS Card and Aadhaar authentication.


36. Once a patient gets referred from a PHI for treatment to an empanelled private hospital, any of such hospitals can accept the patient on successful Aadhaar authentication for providing the treatment. SAST shall provide the required software for the Aadhaar authentication and patient acquisition at the hospital level. Once a hospital accepts the patient, it shall not be open for another hospital to record the patient acquisition.

Implementation agencies

37. Commissioner, Health & Family Welfare and Director Medical Education shall be responsible for implementation and management of the scheme in the PHIs administered by them.

Primary Healthcare Services

38. All primary healthcare services, specified in Annexure-1, shall be provided only


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in the PHIs. Efforts shall be made to provide these services from PHIs most easily accessible to the residents. The outreach of those services shall be strengthened by visits of para-medical staff and ASHA workers to the homes of the residents, especially in respect of RCH services

Secondary Healthcare Services

39. All simple secondary healthcare treatments specified in Annexure-2A shall be provided only in the PHIs. PHIs shall not refer patients to Private Empanelled hospitals for these treatments.

40. All complex secondary healthcare treatments, specified in Annexure-2B shall also be provided in the PHIs subject to medical capability in the PHIs located within the taluka or district of the patient.

41. In case of the PHIs within the district that do not have the medical capability for the required complex secondary healthcare treatment, listed in Annexure-2B, the patient shall be referred for availing treatment from any of the empanelled private hospitals.

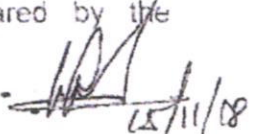
Tertiary Healthcare Services

42. Tertiary healthcare services, as specified in Annexure-3, shall be provided in the PHIs subject to medical capability for the required treatment in the PHIs located within the district of the patient.

43. In case PHIs within the same or neighbouring district do not have the medical capability for the required tertiary healthcare treatment listed in Annexure-3, the patient shall be referred for treatment to any of the empanelled private hospitals. The patient shall be free to approach any Government centre of excellence or higher PHI in the State capital of his choice either with or without a referral for such treatments from any part of the State

Mapping of Implementation agencies

44. The mapping of the PHIs for providing primary healthcare services, secondary healthcare treatments, complex secondary healthcare treatments, tertiary healthcare treatments and emergency healthcare treatments shall be prepared by the


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Commissioner, Health & Family Welfare for the PHIs administered by Health & Family Welfare Department and with Director, Medical Education for the PHIs administered by Medical Education Department. The "Ayushman Bharat-Arogya Karnataka Readiness" of those PHIs shall be placed in the public domain and updated monthly.

45. Similarly, the mapping of the empanelled private hospitals for providing complex secondary healthcare treatments, tertiary healthcare treatments and emergency healthcare treatments shall be prepared by SAST. The "Ayushman Bharat-Arogya Karnataka Readiness" of those hospitals shall be placed in the public domain and updated monthly.

Empanelment of Implementation agencies

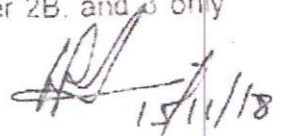
46. All PHIs shall be deemed empanelled under the scheme. However, their "Ayushman Bharat-Arogya Karnataka Readiness" shall be assessed as per the norms to be formulated. Their readiness for the specified treatments shall be placed in the public domain. The PHIs shall empanel themselves in the SAST web portal. There shall be no empanelment fee for the PHIs getting empanelled in the SAST portal.

47. All private hospitals in the State that meet the prescribed norms, as specified in Annexure-6, shall be eligible for getting empanelled with SAST for providing complex secondary healthcare treatments, tertiary healthcare treatments and emergency healthcare treatments.

48. The hospitals empanelled with SAST or Yeshasvini Trust or with RSBY insurance companies, and the Arogya Karnataka scheme shall be given an option to get empanelled in the integrated Ayushman Bharat-Arogya Karnataka scheme, subject to meeting the norms prescribed in Annexure 6.

49. The empanelment of private hospitals in the neighbouring states can also be considered in case of inadequate capacity being available in the PHIs and the empanelled hospitals in the border districts.

50. The hospitals empanelled in the neighbouring states for convenience of the patients from the border districts shall provide the treatments under 2B, and 3 only.


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on referral from the PHIs situated within the State of Karnataka. In case of emergency procedures listed in Annexure-4, a referral will not be necessary. Treatment can be done by obtaining an emergency Preauthorization from SAST based on the eligibility criteria. The hospitals shall ensure that the patient shall be acquired based on the production of AB-Ark ID card or PDS card and Adhaar card till such time as the enrollment facility and distribution of the AB-Ark ID card is rolled out.

51. Empanelment of all private hospitals in the State shall meet the prescribed norms as specified in the amended Annexure to this G.O - Annexure -6.

Package Rates

52. The cost of the specified simple secondary health care treatment, complex secondary health care treatments, tertiary health care treatments and emergency health care treatments shall be based on the package rates, prescribed in Annexure - 7A, 7B, 8 & 9 annexed to this G.O

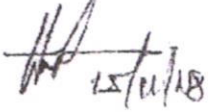
53. Hospitals with entry level NABH accreditation will be given 2% incentive on the package rates and hospitals with full NABH accreditation will be given 5% incentive of the package rates subject to procedure and costing guidelines.

54. Capability gaps in PHIs for simple secondary treatments should be filled on priority. Thereafter, the gaps for complex secondary and tertiary treatments should be addressed, so that most of the packages offered in the scheme are available in Govt. Hospitals itself.

55. The package rates for the empanelled private hospitals shall be fixed and revised periodically as per provisions of the Karnataka Private Medical Establishment Act (KPME Act) based on the recommendations of the Expert Committee. The norms for determining the package rates shall be prescribed by the Government through a separate order.

56. The package rates for the list of treatments in Annexures - 2A, 2B, 3 & 4 of the integrated scheme is detailed in Annexures- 7A, 7B, 8 & 9 of this order.

57. For settlement of the pending claims of the Yeshasvini and RSBY scheme that


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- came to a close on 30.5.2018 and 31.08.2018 respectively, the package rates already fixed for those schemes shall be applicable for settling pending claims.

58. For complex secondary healthcare treatments, tertiary healthcare treatments and emergency healthcare treatments in the integrated Ayushman Bharat- Arogya Karnataka scheme specified in Annexures-2B, 3 and 4 respectively that have been referred to Private empanelled hospitals by PHIs and duly authorized, the reimbursement to empanelled private hospitals shall be 100% of the package rates as noted in Annexure -7A, 7B, 8 & 9 annexed to this GO

59. For purpose of reimbursing the PHIs, if they have treated patients for complex secondary healthcare treatments, tertiary healthcare treatments and emergency healthcare treatments specified in Annexures - 2A, 2B, 3 and 4 of this GO under the integrated Ayushman Bharat- Arogya Karnataka scheme, their cost over and above the normal block grants provided to them shall be reimbursed by SAST as below:

- (i) In case of PHIs including Government Medical Colleges, 50% of the package rate shall be reimbursed for simple secondary care procedures as listed in Annexure 7A
- (ii) 100% of the package rates shall be reimbursed to PHIs for all cardiology speciality cases, of all complex secondary care, tertiary care procedures and emergency procedures listed in the relevant Annexures.
- (iii) For all other specialities, complex secondary care and tertiary care procedures and emergency procedures listed in Annexures - 7B, 8 & 9, 75% of the package rate shall be reimbursed to the PHIs including Government Medical Colleges.
- (iv) These rates shall apply irrespective of the method adopted by the hospitals for the treatment procedures for eg., if a treatment is done using Robotic surgery, laser surgery or laproscopy etc.
- (v) There shall be no reimbursement to the PHIs for primary healthcare treatments conducted by them as specified in Annexure-1 and procedures not mentioned in Annexures.

Payment to implementation agencies

60. An empanelled private hospital providing a complex secondary healthcare or tertiary healthcare treatment, specified in Annexures- 2B and 3, after the referral and pre-authorization, to an eligible patient shall be paid the package rate as per


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Annexures- 7A, 7B and 8 or actual bill amount, whichever is lower, by the SAST. In case of treatment to a general patient, the payment to the empanelled private hospital shall be limited to 30 percent of the package rate or 30% of actual bill whichever is lower up to Rs. 1.5 lakh per family per annum.

61. An empanelled private hospital providing emergency healthcare treatments, specified in Annexure-4 to an eligible patient shall be paid the package rate as per Annexure-9 or actual bill amount, whichever is lower, by the SAST. In case of the treatment to a general patient, the payment to the empanelled private hospital shall be limited to 30 percent of the package rate capped at Rs. 1.5 lakh per family per annum. The reimbursement for emergency healthcare treatment shall be subject to confirmation of the need and emergency on post-treatment basis.


62. A PHI providing a specified complex secondary healthcare or tertiary healthcare treatment or emergency healthcare treatment to an eligible patient shall be paid the package rate as prescribed for the PHIs in Para-59 above or actual bill amount, whichever is lower.

63. For providing treatment to a general patient, the payment to the PHI shall be limited to 30 percent of the prescribed limit of package rate in para- 59(i), (ii) and (iii) above or 30% of actual bill amount subject to the prescribed limit allowed for PHIs as in Para -59 whichever is lower.

Productivity linked incentives for public health institutions

64. A PHI can use up to 10 percent of the reimbursement amount received under the scheme for complex secondary healthcare treatments, tertiary healthcare and emergency treatments to provide productivity linked incentives (productivity to be defined separately) to its medical team involved in the specified treatment. The balance 90 percent of the amount shall be deposited in the Arogya Raksha Fund of the PHI for meeting the expenses of the hospital as per the Fund norms over and above the normal grant-in-aid available from the Government.

65. Reimbursement amount received under the scheme shall also include reimbursement as indicated in para - 59(i) above for simple secondary health care treatments to PHIs only as listed in Annexure - 2A to this G.O.


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Scheme management

66. Suvarna Arogya Suraksha Trust shall be the State Health Agency (SHA) for the integrated "Ayushman Bharat-Arogya Karnataka" scheme. It will co-ordinate with the National Health Agency (NHA) regarding the implementation of the scheme.

67. In addition to supporting the Commissioner Health & Family Welfare and Director Medical Education for implementation and management of the scheme, SAST will facilitate coordination with the Health & Family Welfare Dept., GoK and Medical Education Dept., GoK and MoHFW and monitor implementation of the scheme by private empanelled hospitals. The detailed roles and responsibilities of SAST are at Annexure - 10 to this order.

68. The operational responsibility of delivery of health services in the PHIs shall be with the Commissioner, Health & Family Welfare for the PHIs administered by Health & Family Welfare Department and with Director, Medical Education for the PHIs administered by Medical Education Department

69. The fixing of treatment package rates and their periodic revisions shall require approval of the Government. Any revision to the list of treatments specified in Annexures - 1, 2A, 2B, 3 and 4 shall also require approval of the Government.

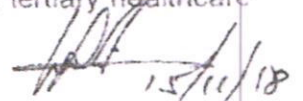
70. The administrative charges payable to SAST for management of the scheme shall be sanctioned through a separate order.

IT System

71. SAST shall establish the IT systems for patient enrollment, patient referral, patient acquisition, and "Ayushman Bharat-Arogya Karnataka Readiness" disclosure of hospitals.

72. The first-time enrolment of patients shall be done on Arogya Karnataka enrollment software.

73. SAST shall provide secured integration and access to its IT systems for the e-Hospital or any other customized software of the PHIs for patient registration after the one-time enrolment, referral management, Ayushman Bharat-Arogya Karnataka readiness information inputs, and submission of reimbursement claims for the simple secondary healthcare, complex secondary healthcare treatments, tertiary healthcare

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treatments and emergency treatments specified in Annexures - 2A, 2B, 3 and 4 respectively.

74. SAST shall provide secured access to its IT systems to the empanelled hospitals for patients' acquisition based on referrals from the PHI, pre-authorization requests and claim submissions.

75. For an "eligible patient" seeking complex secondary or tertiary healthcare treatment, copies of PDS card, Aadhaar card and the referral note should be uploaded on the SAST portal for pre-authorization. The hospital should verify that the patient belongs to the eligible household category as per the PDS card.

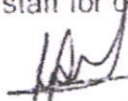
76. For a "general patient" seeking complex secondary or tertiary healthcare treatment, copies of Aadhaar card and the referral note should be uploaded in the SAST portal for pre-authorization. The hospital should verify that the patient is a resident of Karnataka as per the Aadhaar card.

77. For emergency healthcare treatment provided to an eligible patient, copies of PDS card and Aadhaar card should be submitted along with the reimbursement claim.

78. The PHIs and the empanelled private hospitals shall upgrade their information systems to provide relevant information to the SAST IT system, at least on a daily basis, for disclosure to the public.

79. Commissioner, Health & Family Welfare and Director, Medical Education shall be responsible for establishing the patient registration system and patient referral system in their respective PHIs by arranging suitable customization in the e-Hospital software. SAST will facilitate preparation of FRS document for the registration and referral systems based on the protocol to be developed and arranging training of the medical and para-medical staff for using the systems.

80. Commissioner, Health & Family Welfare and Director, Medical Education shall also be responsible for establishing biometric attendance systems in their respective PHIs to ensure assured availability of the medical and para-medical staff for delivery of services.

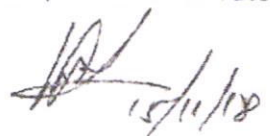

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81. Primary & Secondary Education Department will be encouraged to provide a 'student health module' in its "Students Achievement Tracking System" for implementation of RBSK in government and aided schools.
82. Suvärna Arogya Suraksha Trust shall customize its system to share scheme data relating to scheme implementation and progress, beneficiary data, financial data or any other data relating to the scheme to the Government of India in the format prescribed by the National health Agency.
83. SAST shall provide for inter-operability of PM-JAY beneficiaries of India over all AB-ArK empanelled facilities in the State through its existing IT platform or adopt the National portal to facilitate National Portability.
84. Under Ayushman Bharat-Arogya Karnataka integrated scheme the eligible beneficiary under "Ayushman Bharat" Scheme from other States of the country will be able to get treatment in the State from the Empanelled Health Care Provider (EHCP) network of Karnataka. Similarly eligible beneficiaries from Karnataka can avail treatment outside the State in any Empanelled Healthcare Provider Network under Ayushman Bharat. For this guidelines of AB-NHPM shall be followed regarding modalities of portability under the scheme.
85. This provision will not be applicable to the hospitals of the neighbouring States empanelled with Karnataka. The hospitals in neighbouring States servicing the border areas and empanelled in the integrated Ayushman Bharat-Arogya Karnataka Scheme shall follow the reference norms as laid down in this G.O.
86. It shall be the responsibility of SAST to settle the claims that are raised by the hospitals outside of Karnataka relating to treatment of patients under the national portability norms as stipulated by NHA.

Disclosure to the public

87. SAST shall facilitate placing of the following information in the public domain by Commissioner, Health & Family Welfare and Director, Medical Education for orderly implementation of the scheme and for helping patients make informed choices;

1. Geographical spread of available PHIs and empanelled private hospitals for specified treatments.


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- ii. Readiness of PHIs and empanelled private hospitals for the specified treatments on a daily basis;
- iii. Number of treatments provided by each PHI and empanelled private hospitals;
- iv. Package rate lists approved by the State Government in the integrated scheme;
- v. Package rate list of each empanelled private hospital for general category patients;

The access of the public to the above information shall be facilitated through a suitable Mobile App, Public Website, SMS based query system, and Interactive Voice-based query system and Call Center.

Funding for the scheme

88. The scheme shall be funded primarily from the budget provision available under HOA 2210-80-001-0-01. The scheme description shall be modified as "Ayushman Bhārat-Arogya Karnataka".

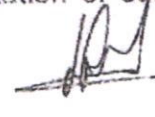
89. For the transition period during 2017-18 and 2018-19, the expenditure for the Yeshasvini scheme patients shall be met from the budget provision available under HOA 2425-00-108-0-57. The provision shall be brought under the Demand for the Health & Family Welfare in the budget for 2018-19.

90. The expenditure for RSBY patients shall be met from the budget provision available under HOA 2210-80-800-0-27 to facilitate separate maintenance of accounts for claiming reimbursement from the Government of India.

91. The expenditure on RBSK patients shall be met from the outlay approved for the National Health Mission programme.

92. The scheme shall be funded primarily from the budget provision available under HoA 2210-80-001-0-01. The scheme description shall be modified as "Ayushman Bharat-Arogya Karnataka", shall be:

- i. The integrated scheme shall be implemented in Assurance Mode.
- ii. The list of 1614 treatments that are annexed to this GO shall be aligned with the codes adopted by NHA for facilitation of data sharing with NHA and National Portability.

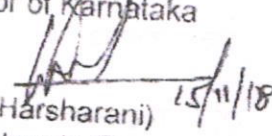

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- iii. The treatments detailed in Annexures-1 and 2A, shall be reserved exclusively for the PHIs. For the services provided through PHIs, SAST shall claim reimbursement from NHA and settle the claims of PHIs relating to these procedures.
- iv. The referral to the private hospitals for other treatments, except emergency cases, shall be through the PHIs as prescribed in paras - 29 to 34 above.
- v. SAST shall establish a back end mapping of "Ayushman Bharat- Arogya Karnataka" unique identity number with RSBY card identity number based on Aadhaar or PDS Card number to facilitate compilation of reimbursement claims and monitoring of healthcare for persons working in the un-organized sectors.

Timeline for implementation

93. The scheme shall be implemented simultaneously in all District level and Taluka level hospitals administered by the Health & Family Welfare Department and Medical Education Department in the State with effect from the date of the issue of this order.
94. All other provisions in the Government Orders and Circulars at reference that are not inconsistent with this order shall continue to be in force.
95. Annexures - 2A, 2B, 3, 4, 7, 8 and 9 of the G.O. No HFW 91 CGE 2017, dated 1/3/2018 are hereby rescinded.
96. This order is issued with approval of the competent authority and concurrence of Finance Department vide its endorsement number FD 557 Exp 5 / 2018 dated 17.9.2018.

By Order and in the Name of the
Governor of Karnataka


(H.C. Harsharani)

Under Secretary to Government
Health & Family Welfare Department
(Health 1 & 2)

To:

- 1 Principal Accountant General of Karnataka (G&SSA), Bengaluru
- 2 Accountant General of Karnataka (A&E), Bengaluru
- 3 Chief Secretary