CHAPTER XVI

MEDICAL AND PUBLIC HEALTH SERVICES

Survey of Public Health and Medical facilities in early times

So far as the history of medical and public health institutions in the district is concerned, there existed a small dispensary in the premises of present medical college at Cuttack during the days of the Maratha rule in the later half of the eighteenth century. The sole purpose of that dispensary was to render whatever little medical assistance was then available and feasible to sick pilgrims enroute to and from Puri, especially during the famous 'Car Festival' of Lord Jagannath. Devout Hindus from Kashmir to Kanyakumari converged every year on the 'Puri Dham' in hundreds and thousands during the months of June or July to attend the nine-day-long famous festival. On account of the poor sanitary conditions existing then and mainly due to non-availability of safe potable water many of them were naturally stricken with cholera, gastroenteritis and such other diseases on their protracted journeys. This was a regular and annual feature for which the Maratha rulers had thoughtfully established some road-side small dispensaries to cater to the needs of these ailing prilgrims and the one at Cuttack was by far the biggest and comparatively well-equipped. This dispensary continued to function admirably till the British occupation of Orissa in 1803 A.D.

Further, the British rulers, in course of time, realized the strategic importance of this dispensary at Cuttack and converted it into a small hospital. Regular financial assistance was made available and the hospital ran smoothly for years thereafter. Following the great famine of 1865-66, the British rulers were forced willy-nilly to undertake some development works in Orissa which required provision of huge funds. Some substantial provisions were made by diverting money from the "Annachhatra Fund" to run the hospital smoothly. Until the seventies of the last century there were only two institutions to afford charitable medical relief, besides a Lunatic Asylum, viz., the Cuttack Dispensary or Annachhatra Dispensary and the Jajpur Dispensary. The Cuttack Dispensary, being a charitable institution was crowded with pilgrims, some of whom were half-famished, while others were brought in the last stage of diarrhoea, dysentery and other wasting diseases. Naturally such an institution failed to attract respectable patients, when nearly all the indoor patients were pilgrims, or starving people picked up on the road and brought in by the police. The state of affairs of the Jajpur Dispensary was very similar.

In 1875, a large hearted Briton, Dr. Stewart, the then Civil Surgeon of Cuttack, mooted the idea of starting a medical school utilising the hospital at Cuttack as an infrastructural nucleus. In this endeavour, he received the support and patronage of the then Lt. Governor, Sir Richard Temple and Divisional Commissioner, Mr. T.E. Ravenshaw and thus was born the Orissa Medical School. In 1916-17, the Orissa Medical School was affiliated to the Bihar and Orissa Medical Examination Board which granted the L.M.P. Diploma.

During early thirties the district, apart from the Cuttack General Hospital, had certain hospitals for particular classes such as canal and railway employees. It had 26 dispensaries of which three, namely the Cuttack branch dispensary and the dispensaries of Jajpur and Kendraparha were municipal institutions and one was maintained by the Government at Banki for the Banki Government estate. Besides, the District Board maintained 19 dispensaries at various places in the interior,namely Dharmashala, Raisungura, Jagatsinghapur, Pattamundai, Raghunathpur, Sukinda, Manijanga, Tendakura, Haripur Hat, Patkura, Niali, Aul, Marshaghai, Balikuda, Asureswar, Kalapathar, Korei, Mangalpur and Binjharpur. There were also some private institutions at Barachana, Anantapur, Rajkanika and Rajnagar maintined by the zamindars of those places.

Orissa became a separate province in the year 1936. Thereafter, many notable efforts were made by the then lion-hearted politicians who subsequently tried their best to establish the first University in Orissa, the Utkal University in the year 1943. The Orissa Medical School was upgraded to a Medical College in 1944 and was affiliated to this University in 1948. This college was renamed as the Sriram Chandra Bhanja Medical College in 1951.

Prior to the establishment of the allopathic hospitals and owing to educational backwardness and on religious grounds people were reluctant to accept the modern medical system. People had some blind belief regarding the infectious diseases. People believed in witchcraft and sorcery. Before the introduction of the modern systems of healing, the ancient Ayurvedic system played a vital role. The Kavirajas and Vaidyas were the chief exponents of this system. Owing to the lack of state patronage and development of allopathic system, the ipmortance of Kaviraji system gradually declined but still survives.

By and large, the modern allopathic system is widely accepted by the people irrespective of their financial status. Even though Ayurvedic and homoeopathic systems of treatment are now being encouraged by the Government, more stress is given for extension of allopathic medical facilities with the establishment of a number of hospitals and dispensaries within the easy reach of the people.

Vital Statistics

Cuttack being one of the oldest districts of the state, major part of it enjoyed the benefits of registration system from an early British period. The ex-state areas which merged with the district in 1948 came under registration system with effect from the 1st January, 1952. Prior to 1965, vital statistics were collected through the Chowkidars in rural areas. In urban areas, the District Health Officers were responsible for their collection. The Chowkidar reported the birth and death events to the Thana Officers periodically for registration. On receipt of monthly figures from the Thana Officers and from the Health Officers, the District Health Officers sent the consolidated return to the State Director of Health Services.

The statistics obtained through this system were sufficiently accurate for the purpose of calculating the approximate growth of population as well as the relative healthiness and unhealthiness of different areas and years, although little reliance could be placed on the classification of diseases to which deaths were attributed. The collection of vital statistics considerably suffered owing to the transfer of the Chowkidars to the pay roll of the Grama Panchyats as they avoided to attend the parade at the police-stations. After the abolition of the Chowkidari syatem in 1965, various attempts were made for effective collection of the information through Grama Panchayats under the Orissa Grama Panchayats Act, 1964 and the Grama Rakhi Ordinance, 1967 which proved futile.

The Registration of Births and Deaths Act, 1969 (Act No. 18 of 1969) and the Orissa Registration of Births and Deaths Rules, 1970, which were extended to the whole of the state of Orissa, came into force with effect from the 1st July, 1970. The Health Officer or in his absence the Executive Officers in the urban local bodies or the Thana Officers in the rural areas are appointed as the Registrars under these rules. The Chief District Medical Officer acts as the District Registrar while the Director of Health Services, Orissa acts as the Chief Registrar. The responsibility to make reports about the births and deaths within a stipulated time devolves on the head of the house

or household. Besides, officers/persons in charge of various institutions like hospitals, nursing homes, hotels, running trains and buses, etc. are also responsible to notify about the births and deaths. Specified time limit has been prescribed for submission by the Registrars of monthly returns of births and deaths of their respective jurisdictions except urban areas with a population of more than thirty thousand both to the District Registrar and the Chief Registrar. In the case of urban areas containing a population over thirty thousand, weekly and monthly returns are to be submitted directly to the Chief Registrar only. Properly worked out, the system is expected to yield relatively better results.

The statement in Appendix I contains vital statistics of the district for ten years from 1980 to 1990 whereas the figures relating to number of deaths due to different causes have been included in Appendix II. It clearly indicates that a large number of deaths occurred in rural areas each year, particularly of diseases like dysentery, T. B., whooping cough and tetanus, etc.

Diseases common to the district

The district was not considered healthy till Independence. Malaria, cholera, smallpox, dysentery, diarrhoea and other diseases like hook worm were described among the principal diseases of the district in the Bihar and Orissa District Gazetteer, Cuttack (1933). These diseases were commonly found in almost all parts of the district.

Malaria and cholera were both endemic in the district, and it was only needed the appropriate combination of climatic conditions to cause the epidemic. Inadequate and badly distributed rains in 1924 favoured the outbreak of both diseases, and excessive rain in 1925, followed by serious floods in 1926, adversely affected the health of the people, and retarded the adjustment of the natural balance.

But the impact of science on the society in general, and the medical science in particular in recent years, has revolutionised the situation. Incidences of malaria, cholera and smallpox, which once took a heavy toll of lives every year, have been put under control. Among the diseases common at present are fever, dysentery and diarrhoea, respiratory and heart diseases, etc.

Fever

Rise in the normal body temperature due to various causes is commonly termed as fever. Different kinds of fever such as malaria fever, filaria fever, enteric fever and fever due to influenza and bronchitis, etc., are not rare in the district.

Cholera

L. S. S. O' Malley wrote in the Bihar and Orissa District Gazetteer, Cuttack (1933), "Cholera accounts for deaths in large number and transformed into an epidemic by the Snan Jatra and Ratha Jatra festivals at Puri which occur at the time of June and July, the most favourable moment for the spread of the disease. The journey of the pilgrims, the over-crowding, lack of adequate sanitation, tainted food and water-supplies, all combine to produce an epidemic, which the returning pilgrims spread in all districts through which they pass. Special and elaborate arrangements for sanitation, segregation and inoculation have done much in the thirty years to lessen the severity of the outbreak, and its effects in the district of Cuttack has also been less marked since the advent of railway, which now transports rapidly thousands who would otherwise, have passed slowly through the district on foot spreading contagion as they went".

The system of inoculation to check the spread of the disease among the pilgrims was introduced in 1927. In the next year another campaign on similar lines was organized which yielded good results. This preventive measure undoubtedly became popular in subsequent years. Experiments were also made with the invisible non-filterable micro-organism known as bacteriophage. Occurrence of cholera seems to have been high in 1955 to 1959 in which 1956 was the most sporadic year of deaths. Due to improvement of drainage, conservancy arrangements and other public health measures and with the advancement of medical science and other public health measures, the incidence of this disease has been checked and it is no longer considered formidable or fatal. In fact, not a single death due to cholera has been reported during last three years ending 1989.

Smallpox

Till late fifties of this century smallpox was almost an annual visitor. It is mentioned in the Bihar and Orissa District Gazetteer, Cuttack (1933) that Cuttack had a bad record of the disease when compared with the rest of the Bihar and Orissa Province. In 1926, there was a serious epidemic. The average death rate of Cuttack

was more than the double of the provincial average during 1918 to 1927. It was very much worse even before that when the average death rate from the disease was high.

This disease last visited the district in an epidemic form in 1958 when it claimed the lives of quite a number of people. However, after introduction of vaccination on a mass scale through the intervention of World Health Organization, smallpox as a disease has practically vanished not only from this country but also throughout the world.

Dysentery and Diarrhoea

Dysentery and diarrhoea belong to the same group of intenstinal disease as cholera, the transmission of which is associated with the infection of the individual by contact or by the contamination of the water-supply by excreta, or of food by flies. They tend to assume epidemic form under the same conditions as cholera and it is not, therefore, surprising that they are unusually prevalent in Cuttack. During early thirties the average mortality due to these diseases was more than five times of the provincial average and outbreaks mostly occurred either in the hot weather when water-supplies were shrinking, particularly if the monsoon was late in arriving, or in the late autumn, if monsoon ceased early, when all available water is utilised for irrigation. At present the incidence of dysentery and number of lives it claimed are comparatively less. During the five years ending 1989, on an average 1,204 people died due to this disease in the district.

Tuberculosis

Tuberculosis, though not common, still claimed 314 lives on an average during last five year ending 1989. Air being the chief medium of infection, its large-scale diffusion may be attributed to the present unrestricted movement of public.

Other diseases

Among other principal diseases, which claimed more lives during the last five years ending 1989, mention may be made of tetanus, malaria, cancer, anaemia, heart attack, pneumonia, bronchitis and asthma, influenza, jaundice, liver diseases, paralysis and diseases arising out of senility. The most prevalent diseases which are not fatal

are elephantasis and diabetes mellitus. All these diseases can be easily eradicated provided more improvement is made in education, hygiene and the economic condition of the people.

The statement in Appendix II deals with the number of deaths caused by different diseases in the district from the year 1985 to 1989.

Public Hospitals and Dispensaries

After Independence, a spectacular increase is marked in the field of establishment of hospitals, primary health centres, dispensaries and maternity and child welfare centres in the district.

The Chief District Medical Officer, previously known as the Civil Surgeon, is in overall charge of the medical administration of the district. He works under the Director of Health Services, Orissa, Bhubaneshwar. The Chief District Medical Officer supervises and gives necessary instructions for smooth functioning of the health institutions in the district, previously controlled by the District Health Officer.

In the present set-up, subordinate to the Chief District Medical Officer, there are a number of officers like Additional Chief District Medical Officer, Assistant District Medical Officers (Medical and Public Health), Medical Officer (P. H.), District Leprosy Officer, District Malaria Officer, Project Officer, U. K. Aid School Medical Officer, all the Subdivisional Medical Officers and other Medical Officers posted in different hospitals and dispensaries of the district.

TheAdditional Chief Medical Officer (F. W.) is in charge of Family Welfare and Maternity Child Welfare Programme in the district and is assisted by a number of doctors and a host of technical and non-technical staff. The Assistant District Medical Officer (P. H.), assisted by a number of staff, is responsible for public health activities of the district such as control of cholera, smallpox, chickenpox and any other epidemic. The Assistant District Medical Officer (Medical), besides being in charge of the District Headquarters Hospital, is directly responsible for the administrative control of all the medical institutions of the district. He is also the Subdivisional Medical Officer of the Sadar subdivision for its smooth functioning. He is also the Drawing and Disbursing Officer for the office of the Chief District Medical Officer, all dispensaries, medical aid centres and subsidiary health centres of the Sadar subdivision. There is a District Malaria Officer to

implement the Malaria Control and Eradication Progrmme in the district. In the remaining subdivisions of Kendraparha, Jagatsinghapur, Banki, Jajpur and Athagarh, the Chief District Medical Officer is assisted by five Subdivisional Medical Officers for both administrative and technical supervisions. The Chief District Medical Officer, in addition to his supervisory responsibility, also acts as the District Registrar under the Registration of Births and Deaths Act, 1969.

At present (1990-91) there are 31 public hospitals (allopathy) in the district. The other hospitals include police hospitals and jail hospital managed by the Home Department, one Red Cross hospital, municipal hospitals, etc. To provide medical relief to the rural people of the district, so far one hundred twenty primary health centres, nineteen additional primary health centres, thirty-seven dispensaries, seven medical health centres and twenty-four subsidiary health centres, apart from medical institutions managed by different voluntary organizations, and local bodies have also been established. There are also a number of child welfare centres and leprosy eradication units, etc. For all practical purposes, the primary health centres are regarded as miniature hospitals in which provisions for accommodating a few indoor patients are also available. They serve as a nucleus both for curative and preventive measures and make health services available within the easy reach of the rural people. Rural family welfare centres are also attached to the primary health centres.

A list of medical institutions with their location, year of establishment, etc. are given in Appendix III. Detailed information relating to some of the principal hospitals of the district is furnished below.

Sriram Chandra Bhanja Medical College Hospital, Cuttack

The Orissa Medical College, Cuttack, which was renamed as Sriram Chandra Bhanja Medical College in the year 1951 in recognition of the efforts and donation made by the late Maharaja Sriram Chandra Bhanja of Mayurbhanj is the premier hospital of the State of Orissa.

Presently, the S. C. B. Medical College with its attached hospital is a huge institution, comparable to the best of its kind in the country. The wide range of speciality and super speciality training and treatment facilities which are available here make it one of the outstanding medical centres in the eastern region.

The following table indicates the total number of departments with their bed strength (Male, Female, Child) sanctioned from time to time along with cabins and mixed cabins.

Name of the Department	Male	Female	Child	Mixed cabins	Cabins	
(1)	(2)	(3)	(4)	(5)	(6)	
1. Medicine	88	43	..	..	..	
2. Neurology	21	10	..	..		
3. Haematology	3	2	..	..		
4. Endocrinology	5	2	..	..	..	
5. Nephrology	2	2	..	..		
6. Gastroenterology	16	2	..	..		
7. Cardiology	12	7	..	4 (ICU)		
8. General Surgery	80	39	20	..		
9. Cardio Thoracic Surgery	12	12	..	..	..	
10. Neuro Surgery	24	6	4	..	..	
11. Plastic Surgery	8	8	..	..		
12. Gastroenterology Surgery	6	2	1			
13. Urology	10	2	..			
14. Orthopaedic Surgery	20	10	..	..		
15. Paediatrics	..	..	40	..		
16. O. post partum	204	..	11	..		
17. Skin & V. D.	36	..	14	..	..	
18. Eye	50	25	..			
19. E.N.T.	24	17	..	..		
20. Dental	4	1	..			
21. Casuality	6	6	..	..		
22. T. B. & Chest	42	42	..		..	
23. Mental	30	20	10		..	
24. Infectious	42	26	..	..		
25. Experimental Surgery	7	3	..	..		
26. Hand Surgery	10	..	..	..	..	
27. Accident Surgery	9	11	..	..		

Besides the above facilities, there are six general nursing homes, one staff nursing home, four Kanika Cottages, five Jeypur cabins and three staff cabins provided to the needy patients for treatment.

There is a Blood Bank unit functioning in this hospital. This unit is managed by 3 Assistant Surgeons assisted by other technical staff. For birth control and family welfare, there is also a 'post-partum' unit under the administrative control of the Principal of this college. Besides, another Blood Bank is also functioning separately round the clock close to the hospital named as the Orissa Red Cross Blood Bank headed by a Director with other technical staff for immediate availability of blood.

This is a teaching hospital and its components, namely teaching units and the treating units are interlinked. The teaching programme is co-ordinated and controlled by the Principal who is usually a senior Head of the Department with administrative ability. The different disciplines have one or more units or teams under a Head of the Department who co-ordinates teaching programmes in post-graduate and undergraduate levels in non-clinical, paraclinical and clinical disciplines. He is also the administrative head of his department and in charge of the patient management of his unit. The Superintendent of the Hospital (a senior Professor) is the co-ordinator, and is responsible for the quality of hospital care. The unit of the team comprises Professors / Associate Professors, one or more Assistant Professor and Junior Teachers (previously named as Registrars) along with Residents and post-graduate students. The Superintendent co-ordiantes the medical services and looks after staff, medical records, pharmacy, medicolegal investments and the technicians through the Head of Department, nursing staff through the Chief Matron and Assistant Matron, Class IV staff through the Steward / Assistant Steward.

Besides, to assist the Principal and Superintendent and to relieve them of non-medical administrative duties like general maintenance of buildings, kitchen, stores and lundry, etc., an Administrative Officer (Senior Class I Officer of O.A.S. cadre) has been appointed for the college and hospital. In addition, an Accounts Officer who functions as the Drawing and Disbursing Officer for the college and hospital staff is also posted. He is responsible to the Administrative Officer. This college hospital is under overall control of the Director of Health Education.

Besides the above officers, there are also one prinicipal Tutor, one Chief Matron, one Store Medical Officer, 32 Assistant Surgeons including 9 Lady Assistant Surgeons, 20 Leave-*cum*-Training Medical Officers, 32 Junior Teachers, 46 Pharmacists and Operation Theatre Assistants, 53 Laboratory Technicians, 2 V. D. Investigators, 23 Radiographers, 4 X-Ray Attendants and other ministerial staff, etc.

There are also a number of other teaching staff working in this Medical College. The following statement contains information about the strength of posts of teachers sanctioned for this college upto the end of 1990-91.

Sl. No.	Name of the Department	Professor	Associate Professor	Assistant Professor	Lecturer
(1)	(2)	(3)	(4)	(5)	(6)
1	Anatomy ..	1	3	4	8
2	Physiology ..	1	2	4	7
3	Bio-chemistry ..	1	2	2	3
4	Pharmacology ..	1	2	3	5
5	Pathology ..	1	4	4	15
6	Microbiology ..	1	1	2	3
7	S. P. M. ..	1	1	3	2
8	Medicine ..	4	2	12	6
9	Paediatrics ..	2	3	9	4
10	T. B. & C. D. ..	1	1	4	1
11	Skin & V. D. ..	1	1	2	3
12	Psychiatry ..	1	..	2	2
13	Surgery ..	4	2	10	6
14	Orthopaedic Surgery ..	1	2	4	2
15	Opthalmology ..	2	..	6	6
16	E. N. T. ..	1	..	2	1
17	F. M. T. ..	1	1	..	4
18	Anaesthesiology ..	1	2	5	..
19	Dentistry (Dental Wing)	2	1	3	9

Sl. No.	Name of the Department	Professor	Associate Professor	Assistant Professor	Lecturer
(1)	(2)	(3)	(4)	(5)	(6)
20	Radio Diagnosis ..	1	1	2	--
21	O. & G. ..	3	2	10	8
22	Cardiology ..	1	..	2	2
23	Cardio Thoracic Surgery	1	..	1	2
24	Plastic Surgery ..	1	..	1	1
25	Endocrinology ..	1	..	1	1
26	Nephrology ..	...	...	...	...
27	Haematology ..	1	1	1	..

The units such as clinical laboratory, casualty, radiology are kept open round the clock. The casualty unit has been provided with 12 observation beds.

Operation theatres are available for departments like general surgery, orthopaedic surgery, cardio thoracic surgery, opthalmic, E. N. T., etc. There is also an emergency operation theatre which functions in odd hours for emergency cases, in addition to normal deserving operation cases.

There is a school in the hospital for imparting training in Nursing and Midwifery. Paramedical training facilities are also available in this medical college hospital. There is also a lady health visitors' training centre under the control of the Superintendent of the said training centre. To accommodate the trainees, there are two hostels.

At present, this medical college extends facility for post-graduate training in all the 21 broad specialities like general medicine, surgery, obstetric and gynaecology, paediatrics, psychiatry, opthalmology, otorhinolaryngology, etc. Excepting cardiology and neurosurgery which have post-doctoral training facilities, other super speciality disciplines have come up at the meantime. These are neurology, nephrology, clinical haematology, endocrinology, gastreoenterology, urology, cardio-thoracic surgery and plastic surgery. Though these super-speciality disciplines do not have post doctoral training facilities as yet, they render yeoman service none the less by way of making available highly skilled and most modern forms of therapy to the needy patients of our State.

The following table indicates the number of patients treated in this college hospital from 1986-87 to 1990-91.

Year	No. of patients treated			
	Indoor			
	Male	Female	Children	Total
(1)	(2)	(3)	(4)	(5)
1986-87	20,059	17,136	10,296	47,491
1987-88	21,521	22,634	11,107	55,262
1988-89	19,561	22,637	11,075	53,273
1989-90	14,942	28,297	12,207	55,446
1990-91	26,008	23,157	6,083	55,248

Year	No. of Patients treated				Daily average of patients	
	Outdoor					
	Male	Female	Children	Total	Indoor	Outdoor
(1)	(6)	(7)	(8)	(9)	(10)	(11)
1986-87	2,70,355	1,49,108	76,252	4,95,715	130	1,358
1987-88	2,09,735	1,61,093	63,574	4,34,402	151	1,190
1988-89	3,09,570	1,51,019	62,097	5,22,686	146	1,432
1989-90	3,39,427	75,376	59,691	4,74,494	152	1,300
1990-91	2,48,432	1,31,296	57,980	4,37,708	151	1,199

Sardar Vallav Bhai Patel Institute of Paediatrics, Sishubhawan, Cuttack

This institution is situated near the river Kathjodi in Cuttack town. It was the Governor's House of Orissa. After shifting of Governor's House to Bhubaneshwar, it was handed over to the Indian Red Cross Society on the first day of January, 1961 and again it was handed over to the Health and Family Welfare Department on the first day of April, 1966. Now it is a 200-bedded hospital with 28 doctors (male—21 and female—7). It caters medical services not only to the people of Orissa but also to the people of other states.

The institution has (1) Paediatric Medicine, (2) Paediatric Surgery, (3) E. N. T., (4) Orthopaedic Surgery, (5) Radiology, (6) Psychiatry, (7) Pathology, (8) Bio-chemistry, (9) Emergency O. T., (10) Emergency Service round the clock and (11) Urban Family Welfare Centre with immunisation facilities.

Number of in-patients and out-patients during the last five years are given below*:

Year	Number of		Total
	In-patients	Out-patients	
(1)	(2)	(3)	(4)
1990-91	6,010	52,611	58,621
1991-92	6,570	52,927	59,497
1992-93	6,241	50,217	56,458
1993-94	6,484	47,678	54,162
1994-95	7,302	56,963	64,265

In this institution, Post Graduate and Under Graduate teachings are being conducted. There is a library for the medical students and teachers. Superintendent is the head of this institution. For P. G. and U. G. teaching, the Principal, S. C. B. Medical College, Cuttack has been declared as *Ex-officio* Director.

* Superintendent, S. V. P., Sishubhawan, Cuttack

Acharya Harihar Regional Centre for Cancer Research and Treatment Society, Cuttack

The erstwhile Cancer Wing of the S. C. B. Medical College Hospital, Cuttack was upgraded to the rank of a Regional Centre for Cancer Research and Treatment on 2nd February, 1981. It functioned under the administrative control of the State Government till 1984 when it was converted into an autonomous body for better promotion of its aims and objectives such as comprehensive care of cancer patients, academic and research activities and initiation of Cancer Control Programme. The centre was then registered under the Societies Registration Act in the name and style of Regional Centre for Cancer Research and Treatment Society with effect from 24th April, 1984. Subsequently, on the decision of the Governing Body, it has been renamed as the Acharya Harihar Regional Centre for Cancer Research and Treatment Society, Cuttack.

This institute is headed by a Director who is in overall charge and assisted by 3 Professors, 5 Associate Professors, 5 Assistant Professors, 14 Lecturers, 3 Assistant Surgeons, one Store Medical Officer, 3 Physicists, 1 Assistant Matron, 17 Staff Nurses, 2 Nursing Sisters, 2 Pharmacists, 2 Senior Radiographers, 7 Radiographers, 1 Darkroom Assistant, 4 Senior Technicians, 4 Junior Technicians along with other Class I, Class II, Class III and Class IV staff.

The Centre provides out-patient department and in-patient department in favour of oncological discipline, namely radiation oncology, surgical oncology, pathological oncology and Medical oncology. The Centre is equipped with operation theatre and administrative block. Besides, the Centre extends facilities like X-Ray, pathological investigation, Co-60 and theratron-780 treatment, Iodine uptake facilities, whole body C. T. Scanner treatment planning system, RT-200 Deep X-Ray, Buchler after-loading Brachy-therapy Unit. The specialists are permanently absorbed in Radiotherapy Department, Obstetrics and Gynaecological section, surgical unit and medical oncology unit.

Out of a total number of 130 beds, 68 are meant for males and 62 for females in different wings of the hospital including cabins and nursing homes.

This centre has taken up an extensive training programme for the doctors in practice to expose them in all aspects of oncology. A similar project has also been prepared to train up the paramedical personnel. The staff of this institute are selected by the science committee for undergoing training inside and outside the State.

The number of in and out-patients treated in the centre during the period 1988 to 1990 are furnished below :

Year (1)		No. of Outdoor patients (2)	No. of Indoor patients (3)
1988	..	13,665	2,060
1989	..	14,172	1,980
1990	..	13,250	1,755

City Hospital, Cuttack

The City Hospital of Cuttack was started on 26th January, 1959. The Chief District Medical Officer, Cuttack is the Superintendent of the institution. Like other District Headquarters Hospitals of the State, the Assistant District Medical Officer (Medical) acts as the Deputy Superintendent. The Chief District Medical Officer is assisted by as many as 34 doctors who are attached to different wards. The present staff of the hospital, besides the number of doctors mentioned above, constitute 1 Assistant Matron, 6 Pharmacists, 17 Nurses, 4 Nursing Sisters, 7 Laboratory Technicians, 2 Radiographers, 1 Lady Health Visitor, 2 Clerks and 76 Class IV employees. The hospital is mainly divided into (1) Operation theatre, (2) X-Ray Unit, (3) Male Medical and Surgical Ward, (4) Female Medical and Surgical Ward, (5) Labour Ward, (6) Pathology, (7) Paediatrics (male & female), (8) O. P. D. (male & female) with Dispensing, (9) Malaria Unit etc. Besides this, some more clinics such as antenatal and post-natal clinic, anaesthesia, opthalmology; ear, nose and throat (E. N. T.) etc. are attached to it.

Specialist services in the field of medicine, surgery, obst. & gynaecology, anaesthesia, opthalmology, E. N. T., pathology, paediatrics and radiology, etc. are available in the hospital. Ambulance service is provided to the serious patients in case of emergency on payment. Besides, facilities like immunisation, laboratory service, Maternity and Child Health Care, the casualty service round the clock etc. are worth mentioning. At present provisions of 110 beds are available in the hospital, out of which 60 are for males, 40 for females and 10 for casual patients.

The following table indicates the number and daily average of in and out-patients treated in the hospital during the year 1988-89 to 1990-91.

Year (1)		Indoor (2)	Daily average (3)	Outdoor (4)	Daily average (5)
1988-89	..	3,691	..	87,553	240
1989-90	..	20,096	55	86,684	237
1990-91	..	N. A.	N. A.	N. A.	N.A.

Subdivisional Hospital, Jajpur

The Subdivisional Hospital, Jajpur was established in the year 1947. The Subdivisional Medical Officer is in charge of the hospital and is assisted by four Assistant Surgeons, one Assistant Health Officer, three Laboratory Technicians, one Radiographer, two Pharmacists, twelve Nurses and other Class III and Class IV staff who are all permanent.

There are also three specialists on surgery, medicine, gynaecology and paediatrics.

Besides the administrative block, the hospital consists of an operation theatre, an out-patient block, post-mortem room, a surgical ward, a labour ward, a medical ward, a paediatric ward and an infection ward. The bed strength of the hospital is 65, out of which 49 are for male and 16 for female patients.

The hospital is provided with an X-Ray Plant, Blood Bank, Leprosy Clinic, T. B. Clinic, Family Welfare Clinic, Pathological Laboratory, antirabies and cancer treatment facilities.

The statement given below indicates the number of in and out-patients (both new and old cases) treated in the hospital during 1988-89 to 1990-91.

Year		No. of Outdoor patients	No. of Indoor patients
(1)		(2)	(3)
1988-89	..	1,59,013	37,867
1989-90	..	1,75,423	38,672
1990-91	..	1,78,992	40,332

The number of daily average of indoor and outdoor patients treated as based on 1990-91 figures are 110 and 490 respectively.

Subdivisional Hospital, Banki

Initially, in the pre-Independence period, this subdivisional hospital functioned as a dispensary. Its original out-patient block is more than a century old. This became the subdivisional hospital in the year 1978.

The Subdivisional Medical Officer is in charge of the hospital and is assisted by three Assistant Surgeons, two Pharmacists, eight Nurses, four Laboratory Technicians and other technical and non-technical employees. In addition to the above staff, there are five specialists, two in obstetric and gynaecology and one each in medicine, surgery and paediatrics.

The hospital provides accommodation for 36 patients and mainly divided into out-patient block, male medical ward, male surgical ward, operation theatre, specialist out-patient block, infection ward,

obstetric and gynaecology ward, labour room and paediatric and maternity child ward. The hospital is well equiped with an X-Ray plant and a pathological laboratory. Besides this, a tuberculosis clinic and a family welfare clinic are attached to this hospital. Facility for antirabies treatment is also made available here.

The number of in and out-patients treated in the hospital during the period 1988-89 to 1990-91 are furnished below :

Year		No. of Outdoor patients	No. of Indoor patients
(1)		(2)	(3)
1988-89	..	1,59,127	14,838
1989-90	..	1,52,008	18,493
1990-91	..	1,25,308	14,856

The number of daily average of outdoor and indoor patients treated as per 1990-91 figures are 348 and 41 respectively.

Subdivisional Hospital, Kendraparha

Primarily this hospital was managed by the Kendraparha Municipality till 1947 and was taken over by the Government in the same year. It became a subdivisional hospital in the year 1960 and was declared as a referral hospital. In the year 1983, this hospital became a full-fledged hospital and was running with 60 beds. By now it has raised its bed strength to 110 out of which 25 beds are yet to commence.

The Subdivisional Medical Officer, Kendraparha is the Administrative head of the hospital and is assisted by 7 Assistant Surgeons, 3 Pharmacists, 18 Staff Nurses and 3 Nursing Sisters, 5 Laboratory Technicians, 1 Radiographer and other Class III and Class IV staff. There are also 7 Specialists in different wings such as medicine, surgery, paediatric, O. & G. and orthopaedics.

The hospital consists of an out-patient block, an operation theatre, an administrative block, post-mortem room, surgical ward, labour ward, medical ward, paediatric ward and infection ward. The hospital is also provided with facilities like X-Ray plant, blood bank, T. B. Clinic, Family Welfare Clinic, antirabies treatment, pathological laboratory, etc.

The Subdivisional Medical Officer is in charge of Epidemic Control Unit, Health Worker (F) Training Centre and othr peripherial medical institutions inside the subdivision, besides his office.

Apart from the above facilities, an A. N. M. Training Centre is functioning here since 1967. The strength of the trainees are 40 (annually). The staff of the centre include one Principal Tutor, 2 Sister Tutors and 6 other Class III and Class IV employees.

The statement given below indicates the number of in and out-patients treated in the hospital during 1988-89 to 1990-91.

Year	No. of Outdoor patients	No. of Indoor patients
(1)	(2)	(3)
1988-89 ..	1,14,323	28,227
1989-90 ..	1,15,703	32,020
1990-91 ..	1,15,656	29,036

The number of daily average of outdoor and indoor patients treated as based in 1990-91 figure are 316·8 and 79·5 respectively.

Subdivisional Hospital, Jagatsinghapur

The Subdivisional Hospital at Jagatsinghapur was established in the year 1974. Presently, the hospital is having 36 beds of which 18 are for male and 18 for female patients.

The Subdivisional Medical Officer, Jagatsinghapur is assisted by 14 Assistant Surgeons, one Pharmacist, 8 Staff Nurses, 5 Laboratory Technicians, 2 Midwives and other Class IV employees. Temporary arrangements of specialist service is also provided to the patients at the time of exigencies.

The hospital consists of an out-patient block, operation theatre, surgical ward, labour ward, medical ward, paediatric ward and infection wards, etc. The hospital is also provided with facilities like an X-Ray Plant, a T. B. Clinic, a Family Welfare Clinic, anti-rabies treatment and a pathological laboratory.

The statement given below indicates the number of in and out-patients treated in this hospital during 1988-89 to 1990-91.

Year	No. of Outdoor patients	No. of Indoor patients
(1)	(2)	(3)
1988-89	1,94,217	20,173
1989-90	1,96,943	20,805
1990-91	2,07,883	22,714

The number of daily average figures of both out door and indoor patients during 1990-91 were 632.

Subdivisional Hospital, Athagarh

The Subdivisional Headquarters Hospital at Athagarh was established in 1926 by the then Ruler of Athagarh. Prior to Independence, it was a small hospital. The extension of building was made during 1976 with the provision of a labour room, maternity ward and female ward. A ten-bedded indoor ward was constructed under U. K. Aid project which is functioning since 1982. Another 30-bedded indoor ward is also under construction.

The Subdivisional Medical Officer, Athagarh is in overall charge of the hospital and is assisted by 8 Doctors of whom five are Specialists in Surgery, Medicine, Paediatric, and Obstetric and Gynaecology. Besides them, the hospital has 3 Laboratory Technicians, 2 Pharmacists, 3 Junior Laboratory Technicians, one Radiographer, 8 Staff Nurses, 2 Mid-wives and other employees. The total bed strength of the hospital is 34, comprising 16 for male, 14 for female and 4 for child patients. The hospital is mainly divided into an out-patient block, operation theatre, administrative block, post-mortem room, surgical room, labour ward, medical ward, paediatric and infection ward, etc.

The hospital is provided with an X-Ray Plant, Blood Bank, Tuberculosis Clinic, Family Welfare Clinic, Anti-rabies Treatment, Pathological Laboratory, etc.

The statement given below indicates the number of in and out-patients treated in this hospital during 1988-89 to 1990-91.

Year	No. of Out-door patients	No. of Indoor patients
(1)	(2)	(3)
1988-89	1,11,312	12,708
1989-90	1,28,066	13,523
1990-91	1,16,031	13,619

The number of daily average of out-door and indoor patients treated as based on 1990-91 figures are 350·86 and 42·5 respectively.

Madhusudan Matrumangal and Sisu-Kalyan Samiti, Cuttack

The Madhusudan Matrumangal and Sisu Kalyan Samiti was established in 1927 at Tinikonia Bagicha, Cuttack as a voluntary organisation. Originally, it was registered under the Societies Registration Act and in course of time the Samiti has been reconstituted as a Trust Board since February 1975. This board consists of its office bearers like chairman, organising secretary, honorary general secretary-*cum*-treasurer and other members. It is managed mainly by public donations.

For the smooth running of the institution, the board appointed the staff like an Administrative Officer, a Lady Assistant Surgeon, 3 Nursing Staff, one part-time pathologist and other official staff. Specialist doctors attended the institution as and when required.

There are altogether 15 beds which includes 8 for maternity and other 7 for all purpose, both male and female patients.

The average of out-door and indoor patients treated daily during 1990 were 18 and 8 respectively.

Netaji Subhas Seva Sadan Trust Board, Oriya Bazar, Cuttack

The Netaji Subhas Seva Sadan was established in the year 1952 and named after one of the main architects of India's Independence, Netaji Subhas Chandra Bose. Netaji was born in the building which is housing the Seva Sadan at present. The State Government purchased this building soon after Independence. The Chief Minister is the Chairman of the Trust Board which manages the Seva Sadan. A Superintendent has been appointed on honorary basis to look after the daily administrative matters.

The hospital has 21 beds, 19 for female and 2 for male patients. It mainly renders facilities for treating maternity cases (both indoor and out-door patients), common cases (medical and minor surgery) and cases of family welfare.

There are one Specialist for Obst. and Gynaecology, one Lady Doctor, one doctor in charge of Family Welfare Programme, one Laboratory Technician, one Radiographer, one Lady Health Visitor, one Family Planning extension Educator, one Pharmacist, one Family Planning Field Worker and other technical staff and office bearers. It receives grant-in-aid from Government of Orissa, Central Social Welfare Board, Cuttack Municipality and contributions from the patients and members.

The in and out-patients treated during 1988, 1989 and 1990 were 38, 337, 42, 976 and 47,089 respectively.

Ayurvedic and Homoeopathic Institutions

The Ayurvedic and Homoeopathic systems of treatment are now becoming popular under the patronage of the State Government. All these systems of treatment are less expensive in comparison to allopathic system. In order to develop these systems throughout the state, a Directorate has been created by the State Government since 1st September, 1972.

Ayurvedic Insttiutions

There is no Ayurvedic Hospital but 43 Ayurvedic dispensaries are functioning in the district. Each dispensary consists of one Medical Officer, one Ayurvedic Distributor and one part-time Sweeper-*cum*-night Watcher. The Inspector of Ayurvedic is the supervisiong officer for the district.

A list of Ayurvedic dispensaries with their location and date of establishment is given in Appendix IV.

Homoeopathic Institutions

In the district there is no homoeopathic hospital but 53 homoeopathic dispensaries are functioning. One Medical Officer and one Homoeopathic Assistant chiefly constitute the staff of each dispensary.

A list of homoeopathic dispensaries of the district with their location and date of establishment is given in Appendix V.

Unani

There is no Unani Hospital in the district, but there are 2 Unani dispensaries functioning at Fogol (Nischintkoili) and Kendraparha (Municipality). The dispensary at Fogol was established on 16th February, 1982 whereas the Kendraparha dispensary was opened on 31st August, 1988. Each of the dispensaries is in charge of a Medical Officer who is assisted by one Distributor and one part-time Sweeper-*cum*-Night Watcher.

Maternity and Child Welfare

There are as many as 14 maternity and child welfare centres in the district. Out of these centres, twelve located at Jajpur Road, Gopalpur, Kendraparha, Jajpur, Benipur, Galupada, Manijanga, Padmapur, Kalapathar, Kalyanpur, Tangi and Chaudwar are managed by the Health Department and the other two located at Manitira and Gobardhanapur are managed by the Harijan and Tribal Welfare Department. Besides the above centres, the rural areas are also covered by a number of sub-centres.

The Assistant District Medical Officer (Family Welfare) is directly responsible for the proper management of these centres. For proper supervision he is assisted by the Medical Officer in charge of respective primary health centres, the Lady Health Visitor, the Auxiliary Nurse-mid-wives, Dhai and Female Attendant. Each of the sub-centres is managed by one full-time trained Dhai and one part-time Ayah.

The centres open thrice a week in the afternoon. Services are offered by these centres both through clinical and domiciliary methods. The staff conduct door-to-door visits for attending anti-natal and the post-natal cases. However, complicated cases are usually referred to the specialists in the district/subdivisional headquarters hospitals. At these centres and also in the homes of the patients IUD insertions are conducted. Tetanus toxoid and prophylaxis against nutritional anaemia

(Folifer Tablet) are given to the expectant mothers. Advice is given to the ladies who have bad obstetric history for regular check up. The patients are also given instructions on health education and the utility of family planning. Children under 5 years are examined in the centres and are given proper treatment and advice. Triple antigent and D. T. (Diptheria, Tetanus) are given to the children, besides oral polio vaccines and booster doses. Prophylaxis against nutritional anaemia and vitamin 'A' solution to prevent blindness are also given. The utility and necessity for adopting family planning methods and to contact the clinic regularly are highlighted.

The performance of immunisation, maternity and child health in this district under the Family Welfare Programme is given under Appendix VI.

Private Hospitals and Nursing Homes

Besides the Government institutions, a number of private dispensaries, clinics and nursing homes under different systems of medicine function in the district. The number of these medical institutions is gradually increasing day by day. The allopathic practitioners are seen in large numbers in the urban areas but the homoeopathic and Ayurvedic practitioners are more or less evenly distributed both in urban and rural areas.

Medical and Public Health Research Centres and Institutions disseminating knowledge on Public Health

There is no medical and public health research centre under the Health Department in the district except the Shri Ram Chandra Bhanja Medical College, Cuttack and the Acharya Harihar Das Regional Centre for Cancer Research and Treatment, Cuttack about which mention has already been made in earlier paragraphs.

Family Welfare

The Family Welfare Programme was officially introduced in the State in the year 1956. In the beginning, the programme was confined to provide services at the clinics situated in urban areas only. Gradually it was extended and after 1963-64 it was taken up all over the State.

This programme is implemented in the district under the administrative control of the Director of the Family Welfare, Orissa and follows the organisational pattern recommended by the Central Government.

In the district, there is a District Family Welfare Bureau consisting of officers and staff (as per Government of India pattern) who look after the planning and implementation of the Family Welfare Programme in the district. The Assistant District Medical Officer (Family Welfare), who is in charge of the District Family Welfare Bureau, works under the overall supervision and control of the Chief District Medical Officer.

One rural family welfare centre is attached to each of the Primary Health Centres/Additional Primary Health Centres in the district. In urban areas, post-partum centres (in Medical College and District Headquarters Hospital) along with urban family welfare centres at different places provide necessary services to the urban population. Funds for sterilization advance are provided to all hospitals, dispensaries and mobile units to conduct sterilization operations. The staff of the institutions are also given incentives in shape of money for such activities.

Each Primary Health Centre has a number of sub-centres functioning under it, and each sub-centre which is managed by an Auxiliary Nurse, Midwife/Multipurpose Worker (Female) caters to the needs of 5,000 to 8,000 population. Besides, Multipurpose Workers (Male), each covering a population of 5,000, are posted in different parts of the state.

At the village level, there is a Community Health Visitor (C. H. V.) for 1,000 population who is employed by the community and paid honorarium of Rs. 50 per month by the Medical Officer. Under the traditional Birth Attendant Scheme, there is one traditional Birth Attendent (Dhai) for each village who is trained to conduct deliveries in scientific manner. She is supplied with a UNICEF kit.

The I. U. C. D. insertion and sterilization are made available at the Block level. Clinical and other follow-up services are also rendered to the beneficiaries. Complicated cases are referred to the consultant Gynaecologists for advice. The sterilization operation is relatively more popular. The recanalization facility available in Medical College Hospital goes further in raising popular faith in this kind of operation. Financial benefits like compensation for loss of wages and transport charges are given to those who undergo vasectomy or sterilization operation. The male Government servants who accept vasectomy methods are provided with free medical services and leave from duty for six working days and female Government servants who take to family planning operation are allowed 14 days special casual leave. In addition, recently Government have issued

Green Cards providing a number of benefits to the persons having not more than two children undergoing vasectomy or tubectomy operations below their reproductive age. The benefits given (in recent past) to the Green Card Holders by Government are given below :

(a) 5 per cent reservation of all the houses both in rural and urban area irrespective of whether they are built by Government or by the Housing Board.

(b) 8 decimals of land are allotted to each of these couples free-of-salami.

(c) 5% of lower-income group house and middle-income group house loans are granted to the Green Card Holders.

(d) 5 per cent of seats are reserved for the children of the Green Card Holders for taking admission in Medical and Engineering Colleges and Polytechnics including I. T. I.

(e) Two advance increments (incentive allowance) are given to the Government employees.

The following table indicates the progress of achievement made in the district under the Family Welfare Programme during the period 1985-86 to 1989-90.

Item	1985-86	1986-87	1987-88	1988-89	1989-90
(1)	(2)	(3)	(4)	(5)	(6)
Rural Family Welfare Centres	42	41	41	41	41
Urban Family Welfare Centres	3	3	3	2	2
Voluntary Organisation	2	2	1	1	1
Local Bodies Organisation	..	..	..	..	..
Post Partum Centres	5	7	8	10	10
Vasectomy	1,393	3,045	1,839	3,434	5,996
Tubectomy	23,446	24,663	21,341	24,836	23,563
Intra Uterine Device Insertion	14,970	18,080	21,687	26,692	27,322
Conventional Contraceptive Users	24,986	26,867	34,962	44,358	46,192
Oral Pills Users	3,674	6,080	7,909	9,274	9,999
Oral Pills distributed	47,764	79,038	1,02,811	1,20,565	1,29,987

The family welfare message seems to have reached remote corners of the district through mass media and extension approach. The agricultural-off-seasons are selected for intensive service activities as the majority of the people live in the village, who, owing to their educational and cultural backwardness seldom approach the family planning centres for advice. The services of the audio-visual team attached to the District Family Planning Bureau are utilised in educating the rural folk for the acceptance of small family norm. Besides, various other steps like cinema show, mass meeting, exhibition, etc. are being undertaken to popularise the programme of family welfare among the rural and urban people.

A Family Welfare Training Centre is functioning in the district which caters to the training needs of various categories of staff working under the Family Welfare Programme.

Nutrition Programme

For implementation of the Nutrition Programme, a State Nutrition Division was established at Bhubaneshwar under the direct control of the Director of Health Services and Family Welfare, Orissa.

The main object of the programme is to improve the nutritional status of the vulnerable population by supplying food, nutrients in the form of medicines and by preventing infection through immunisation programme. The State Government are implementing Supplementary Feeding Programme for pre-school and school (primary) children, pregnant and lactating mothers through the Panchayat Raj Department. The Supplementary Feeding Programme was launched throughout the State to supplement the calories and protein intake of the vulnerable sector of the population. It is implemented through the Special Nutrition Programme, Integrated Child Development Services (I.C.D. S.), Maternity and Child Health Feeding Programme and up-graded Special Nutrition Programme. The supply of nutrients is being done through the Maternity and Child Health Programme, in form of Vit. 'A' and folifer tablets. Through Immunization programme efforts are also being made to protect the children from infection. By and large it promotes a better understanding of simple principles of nutrition among the masses through nutrition education and practical demonstration in the field.

The State Nutrition Division has not any peripherial staff in the district of Cuttack. But the staff placed at the headquarters under the administrative control of the Deputy Director of Health Services (Nutrition) functions for the whole of the State.

In the recent past, different nutritional assessment surveys and some special surveys have been organised at Athagarh, Paradeep Port and Cuttack city by the National Nutrition Monitoring Bureau attached to the State Nutrition Division, where some instructions were given to the mothers regarding the balanced diet for pregnant women and children. It also helps to educate the mothers regarding breast-feeding, weaning food during pregnancy and environmental sanitation, etc.

Health Education

As per the pattern prescribed by the Government of India, the Health Education Bureau which was started in the state in 1960 is attached to the Director of Health Services and Family Welfare, Orissa. At the national level, the Central Health Education Bureau formulates plans for health education activities for the country. Similarly, the State Health Education Bureau prepares annual plan for health education activities in the state. The Government of Orissa, so far, have not sanctioned Health Education Bureau at the district level as has been established in other states on the recommendation of Central Health Education Bureau. Since July 1983, the State Health Education Bureau has been amalgamated with Mass Education and Media Wing of the State Family Welfare Bureau. The set-up of Family Welfare Wing at State, District, Community Development Block and village levels have taken up health education as part of their activities. The district family welfare audio-visual unit also undertakes health education through films and film strips. At the Community Development Block level the Block Extension Educator (F. W.) undertakes health education work. However, the health publicity unit goes round the state as and when necessary and through audio-visual media, mass and group programmes impart health education to public. Besides, health instruction at school is imparted by trained Health Educators. In large fairs and festivals health education is provided to the public through audio-visual media, posters, leaflets, booklets of different diseases, designed and printed by the Health Education Bureau. The services of Health Publicity Assistant and Health Educators are also utilised during natural calamities and epidemics.

SANITATION

Administrative set-up

Presently, subordinate to the Chief District Medical Officer, the Assistant District Medical Officer (Public Health) is directly in charge of the Sanitation and Public Health Organisation. The sanitation and

public health measures of the municipalities is managed by the Health Officers, sanitation including all public health activities of Notified Area Councils are maintained by the Sanitary Inspectors. These Officers are responsible to maintain the sanitation and public health measures in their respective areas and to work under the direct supervision and control of the Assistant District Medical Officer, Public Health, Cuttack. Separate conservancy staff are maintained by the respective Municipalities and Notified Area Councils.

In rural areas, the Medical Officers of the Primary Health Centres are in charge of public health affairs and sanitation, under the supervision of the Assistant District Medical Officer (P. H.). They are assisted by three Sanitary Inspectors each. The other workers subordinate to them are Vaccinators, Special Cholera Workers, Basic Health Workers, Health Workers (male)) and Disinfectors designated as senior helpers. With the help of other staff the Medical Officers look to the sanitary conditions in the area under them. Meanwhile the Food Inspectors have been posted to the district and subdivisional headquarters who are looking after the sanitation work of the hotels and restaurants.

Activities of Health and Sanitation Organisation

Various organisations function in the district to improve and maintain the health and sanitary conditions. The activities may be broadly divided into three categories such as prevention and control of principal communicable diseases, providing protected water-supply and drainage system and other miscellaneous functions like slum clearance, etc.

A brief account of different programmes for the maintenance of health and sanitation in the district is given below;

Cholera Control Programme

The Cholera Control Programme was introduced in the district in 1970. Under this programme there are as many as 65 Sanitary Inspectors, 72 Disinfectors, 32 Cholera Supervisors and 80 Special Cholera Workers (Health Workers—Male) working in the different Primary Health Centres of the district. They work directly under the supervision of the Medical Officers of the Primary Health Centres. Normally, they supervise regular chlorination of wells and other drinking and domestic water resources, ensure surveillance over outbreak of cholera in the villages, inoculate the vulnerable groups of population as a preventive measures against cholera and gastroenteritis.

They also collect stool samples where outbreak of cholera is suspected and take precautionary measures sufficiently ahead. A Medical Officer is posted in this District Headquarters as Medical Officer, Cholera Control Programme and he supervises the programme on behalf of the A. D. M. O. (P. H.)

From 1st September, 1979 a Cholera combat team in-charge of a Medical Officer is functioning in the District Headquarters under the control of the Assistant District Medical Officer (P. H.). To assist the Medical Officer in his work, one Sanitary Inspector, two special Cholera Workers, two Auxiliary Nurse, Midwives and one Laboratory Technician have been posted. The team attends to the cases of outbreak of cholera and other epidemics in the district.

In addition to the cholera combat team at the District Headquarters, one Assistant Health Officer and the Medical Officer in-charge of the Mobile Field Hygiene Unit are also looking after the Epidemic Control Programme. Advance control measures are also undertaken regularly with the help of existing Multipurpose Health Workers.

The achievements (both advance measures and control measures) under the programme during the period from 1981 to 1990 are given in the following table :

Year	Innoculation	Disinfection		
		Well	Ghat	Houses
(1)	(2)	(3)	(4)	(5)
1981 ..	5,30,870	1,98,705	28	1,220
1982 ..	7,28,650	1,70,218	32	977
1983 ..	4,37,215	1,65,120	38	835
1984 ..	6,28,841	2,06,357	53	576
1985 ..	4,50,070	1,37,702	18	160
1986 ..	1,27,547	1,25,613	20	218
1987 ..	1,90,406	1,06,915	101	807
1988 ..	1,83,930	1,48,060	42	1,182
1989 ..	1,56,476	1,80,102	21	932
1990 ..	3,90,299	2,21,105	13	3,184

National Smallpox Eradication Programme

Smallpox was endemic during 1951 to 1960. Many people lost their lives owing to this disease. The largest mortality of the decade was in the year 1952 being 4,789. Worst affected in the epidemic were the police-station areas of Banki, Kendraparha, Pattamundai, Aul, Rajnagar and Binjharpur. In 1958, smallpox appeared again in viral form and took a toll of 4,700 lives. Deaths during 1955 and 1960 were 58 and 98 respectively. After the introduction of the Smallpox Eradication Programme in the year 1970, the occurrence or death due to smallpox gradually came down and has totally disappeared. The International Assessment Commission for Smallpox has certified India as a smallpox free country since April 1977.

As the Smallpox Eradication Programme has achieved its goal, the staff engaged in this programme have taken up new activities of immunisation against childhood communicable diseases under the Expanded Programme on Immunisation from 1978.

National Malaria Eradication Programme

Previously Malaria Control Units were functioning in the state and the malaria staff were confined to malaria work only. Subsequently the plan of operation was changed and the units were merged with the Multipurpose Health Programme in 1977. Presently, the Multipurpose Health Workers are doing the malaria control work in addition to the other control programmes.

683 Multipurpose Workers are working in 206 medical institutions of the district. The workers posted in the Primary Health Centres make door-to-door visits in the villages and collect blood samples from the suspected patients. The blood slides are examined in the Primary Health Centres and the laboratories after which radical treatments are given to the malaria positive cases.

The area under attack phase is served annually with two rounds of D. D. T. spray and sometimes on special rounds. Besides, monthly and fortnightly surveillance is also conducted in these areas. In the area included under the consolidated phase, regular surveillance is also carried out and focal spray planned when malaria positive case is detected.

Blood slides are collected from fever cases and radical treatment given to the malaria positive cases. To prevent death from malaria, many fever treatment depots and drug distribution centres are opened to provide anti-malaria drugs to the patients as and when needed.

The Chief District Medical Officer is in overall charge for implementation of the National Malaria Eradication Programme in the district. Subordinate to him, the District Malaria Officer acts as the Programme Officer. A list of other staff except the ministerial and non-technical personnel engaged for the implementation of the programme is furnished below.

Particulars of staff (1)	Number (2)
Assistant District Malaria Officers ..	2
Assistant Malaria Officer ..	2
Laboratory Technicians (Including N. M. E. P. & B. H. S.)	43
Surveillance Inspector ..	18
Surveillance Workers ..	74
Basic Health Inspector ..	69
Basic Health Worker ..	289
S. F. W. ..	2

The following table indicates the surveillance activities in the district during the period 1986-1990.

Year (1)	Blood slides collected (2)	Blood slides examined (3)	Total positive (4)	Total radical treatment (5)
1986 ..	2,69,314	2,69,314	3,591	3,349
1987 ..	2,97,325	2,97,325	1,506	1,413
1988 ..	2,87,304	2,87,304	1,590	1,544
1989 ..	2,99,517	2,99,517	1,691	1,627
1990 ..	3,09,614	3,09,614	4,284	4,170

The table indicates the detail assessment of spraying under the N. M. E. P. in the district during the period 1986 to 1990

Year	Total No. of Sections in the district	Status of spraying	Number of Sections spraying	Population of the spray section	Round of spray	Target		Sprayed		Percentage of Coverage	
						Rooms	C. S.	Rooms	C. S.	Rooms	C. S.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1986 ..	741	Sprayed	174	11,02,367	1st	4,71,902	79,703	1,08,870	40,981	23·3	51·4
		with D. D. T.	174	11,02,367	2nd	4,71,902	79,703	1,08,497	38,333	22·9	48·0
1987 ..	685	Ditto	182	11,62,367	1st	5,84,238	81,028	1,24,650	50,826	21·3	62·7
			175								
			21	1,26,655	2nd	59,009	11,355	14,987	7,538	25·4	66·3
1988 ..	..	..	..	..	No spray	..	..	.	..	..	..
1989 ..	664	D. D. T.	9	60,473	1st	18,067	3,669	10,639	3,669	58·9%	100%
	.	..	..	.	2nd	..	..	Nil	..	..	..
1990 ..	640	D. D. T.	20	1,23,342 As per Mid year Population	Special Round	55,744	16,133	34,401	13,061	61·71	80·96

National Filaria Control Programme

With the help of the Government of India, National Filaria Control Programme was started in the State in 1955-56. The National Filaria Control Programme, Cuttack Unit was established next year i. e., in 1956-57. This apart, four more Filaria Control Units located at Kendraparha, Jajpur, Chaudwar and Paradeep were also opened in subsequent years to implement the above programme. The above units are covering their respective Municipalities and Notified Area Councils. Besides, four filaria clinics are also functioning at Jajpur, Kendraparha, Banki and Jagatsinghapur. The clinics cover their respective towns with 8 kilometres peripheral belt.

The Filaria Control Unit at Cuttack is controlled by the Medical Officer, Health, whereas the units at Kendraparha and Jajpur are kept in-charge of the Health Officers of the respective municipalities. The unit at Chaudwar has been placed under the Executive Officer of the Chaudwar Municipality whereas the Medical Officer of the Government Hospital, Paradeep looks after the Paradeep Unit. Out of the four filaria clinics, the two located at Jajpur and Kendraparha are controlled by the Health Officers of respective municipalities whereas the other two clinics located at Banki and Jagatsinghapur are placed under the respective Subdivisional Medical Officers.

National Filaria Control Programme is a centrally aided programme. The operational guidelines are being issued by the Government of India which provide 50 per cent assistance. The programme is restricted to urban areas only. The activities undertaken by the units of the programme are as follows :

(i) Antilarval operation to check missing trend of mosquitoes, (ii) detection of micro-filaria carriers and their treatment in order to reduce the micro-filaria load from the community and (iii) assessment of the results of antilarval measures as well as chemotherapeutic measures by way of collection of ethomological data.

The total strength of the principal staff engaged in the district for implementation of this scheme are 11 Filaria Inspectors, 15 Superior Field Workers, 12 Insect Collectors, 5 Junior Laboratory Technicians/Laboratory Assistants, 2 Malaria Inspectors and 13 Malaria Supervisors.

Once in a week, antilarval operation is being undertaken in each of the breeding places of the respective affected towns with the mosquito larvicidal oil or organ phosphorous compounds. Thus in every month each breeding place is treated four times to prevent emergence of adult mosquitoes from the aquatic forms. Mosquitoes are collected and examined for determination of mosquito density- infection and ineffective rate. Blood samples are collected during- 8 p. m. to 12 midnight for detection of the microfilaria load from the community.

The following table indicates the achievements of the units made under this scheme during the years 1989 to 1991.

Year	No.of Mosquitoes			No. of Blood Slides			Larvicidal oil used in litre
	Collected	Examined	Found positive	Collected	Examined	Found RV+ve for M. F.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1989	33,117	23,998	341	476	476	20	1,09,125
1990	27,718	20,535	299	481	481	11	88,749
1991	28,215	19,687	218	37	37	4	1,04,548

Tuberculosis Control Programme

The Anti-T. B. Demonstration and Training Centre, Cuttack started functioning since 1964. It demonstrates that it is possible to diagnose and treat T. B. patients on ambulatory basis. Besides, it provides training to the medical and paramedical personnel to offer Tuberculosis services in collaboration with the general health services in both urban and rural areas of the district. It assesses the achievements of the National T. B. Control Programme. The key programme personnel of this centre are trained at the National Tuberculosis Institute, Bangalore.

The Superintendent is in overall charge of this centre so far the planning, training and administration is concerned. To assist the Superintendent in his work, there are an Additional Superintendent in charge of T. B. Sub-Centres, T. B. isolation Centres, D. T. P. and O. P. D. etc., one Bactriologist, one Epidemiologist, two Assistant Surgeons, one Senior Treatment Organiser, one Treatment Organiser, one Statistical Assistant, one Public Health Nurse, one Senior Laboratory Technician, two Junior Laboratory Technicians, five Health Visitors, one Senior Radiographer, one Radiographer, etc. The Superintendent of the centre helps the Chief District Medical Officer regarding the T. B.

Control Programme. He gives reports and returns to the Chief District Medical Centre on this programme. The Superintendent also visits the other medical institutions of the district and supervises the work of the T.B. Control Programme.

As per the National Sample Survey, 2 per cent of the population are suffering from this disease. In the past, to control the disease B. C. G. vaccination was being given to the age group from 0—19 years, but at present B. C. G. vaccination is only given to children at 0-1 year of age. Some health education camps are organised from time to time in rural areas of the district for T. B. and chest diseases and to treat T. B. patients.

So far, 79 T. B. sub-centres in 79 peripheral institutions have been opened in the district. There are 30 tuberculosis isolation beds in the District T. B. Centre, Cuttack for treatment of patients. In the year 1991, 3,484 people were given B. C. G. vaccination in the Sisu Bhawan Demonstration Training Centre, Cuttack.

The year-wise achievement of the programme from 1987 to 1991 is given below :

	1987	1988	1989	1990	1991
Total Sputum examination	1,21,124	13,368	17,847	19,054	1,763
Total Sputum positive	659	584	934	919	881
Total No. of X-Ray done	8,074	9,863	9,969	12,258	7,567
Total No. of X-Ray positive	2,210	2,152	2,383	2,009	2,077
Total No. of T. B. patients detected	100	221	201	321	247
Total No. of T. B. patients cured	1,243	1,203	1,160	1,136	1,157

Anti-Leprosy Work

The district is long known for its endemicity of leprosy for which the National Leprosy Control Programme was in operation since 1955. The anti-leprosy work is being carried out throughout the district by the State Government as well as different voluntary agencies. The main

object of this work is to give health education, conduct population survey, detect and offer treatment to the patients. The control programme is undertaken by District Leprosy Unit, Leprosy Eradication Units, Upgraded Urban Leprosy Centres, Temporary Hospitalization Wards and Leprosy Homes and Hospitals.

The Chief District Medical Officer is in overall charge of the anti-leprosy activities in the district. The District Leprosy Officer supervises all the control units of the district. There are 6 leprosy colonies in the district, two located in Cuttack and one each at Paradeep, Chaudwar, Jajpur Road and Kendraparha.

There is a Leprosy Home at Nayabazar in Cuttack established by the Mission organization in the year 1919 and is now managed by the Hind Kustha Nivaran Sangha (H. K. N. S.) having 430 beds. A Leprosy Hospital is also functioning in this campus consisting of 120 beds. These institutions have been taken over by the State Government with effect from the 4th March, 1985.

The Hind Kustha Nivaran Sangha, being a voluntary organization, receives financial assistance mainly from two sources viz., State Health and Family Welfare Department, and the Community Development Department. These departments are entrusted firstly to ensure identification and treatment of the patients and the responsibilities of rehabilitation of cured leprosy patients.

The following table indicates the target and achievement of leprosy cases detected and treated during the period 1986-87 to 1990-91:

Year	Target	Achievement
(1)	(2)	(3)
1986-87	6,390	6,183
1987-88	4,500	9,082
1988-89	4,500	4,998
1989-90	4,000	4,706
1990-91	4,500	6,093

Prevention of Food Adulteration

Under the provisions of the Central Prevention of Food Adulteration Act, 1954, which came into force in the State of Orissa in 1959, the Director of Health and Family Welfare Services, Orissa, acts as the food health authority for the State. The main object of prevention of Food Adulteration Act, 1954, is to prevent adulteration of food and to ensure purity of food sold to the general public. Under the Director of Health and Family Welfare Services, there are four full-time Food Inspectors for the district. For better implementation of the Act, the Assistant District Medical Officer (P. H.), Cuttack and the Health Officer, Cuttack Municipality have been declared as part-time Food Inspectors. The Chief District Medical Officer, Cuttack is authorised by the Government to accord written consent for the institution of prosecution for offences under the prevention of the Food Adulteration Act within his jurisdiction including Municipalities and Notified Area Councils.

The duties of a Food Inspector are to inspect as frequently as may be prescribed by the local health authority all establishments licensed for the manufacture, storage or sale of articles of food within the local area assigned to him. He can lift the samples of any article of food which is suspected to be adulterated or misbranded. The food samples collected by the Food Inspectors are examined in the State Public Health Laboratory, Bhubaneshwar for its genuinity.

During the last 3 years (1989 to 1991), 628 food samples collected from the district were examined in the laboratory under the prevention of Food Adulteration Act, of which 191 were found adulterated.

The table below shows number of water samples collected from different parts of the district during the period 1989—1991 and the result of their examination.

Year	Chemical Analysis		Bacteriological Examination	
	Total cases examined	No. found unsatisfactory	Total cases examined	No. found unsatisfactory
(1)	(2)	(3)	(4)	(5)
1989	194	152	191	36
1990	106	86	163	35
1991	182	142	187	36

School Health Services

The School Health Services aims at early detection of diseases of the school-going boys and girls and their treatment and prevention. The other activities of the organisation include promotion of health of the school-going children and maintenance of adequate hygienic surroundings. Health cards are issued to the students who suffer from diseases and require investigation and special treatment. The disease which is found common among the students of this district are vitamins A & B deficiency, skin disease, dental caries, tonsil, defective vision, worm infection, etc.

The School Health Services started functioning in the district since 1936, after Orissa became a separate province. Till 1980 from its inception, it was located in the building of the Inspector of Schools, Cuttack Circle I, Cuttack. Since then the office has shifted to Jhanjirimangala and functions there till now.

The School Medical Officer assists the Chief District Medical Officer in the school health programme. He submits reports and returns to the Chief District Medical Officer from time to time.

The statement given below indicates the total number of schools covered, number of students examined and number of students found suffering in the district during the years 1987-88 to 1991-92.

Year	No. of schools covered	No. of students examined	No. of students found suffering
(1)	(2)	(3)	(4)
1987-88 ..	53	11,351	1,852
1988-89 ..	39	10,547	2,042
1989-90 ..	77	13,949	2,434
1990-91 ..	33	10,168	1,886
1991-92 .. (Up to February, 1992)	37	7,279	1,566

Drug Control

The Drug Control Administration chiefly aims at the effective control over the quality, purity and potentiality of the drugs manufactured, sold and distributed in the State. Earlier, the Director of Health and Family Welfare Services, Orissa functioned as the *ex-officio* Drugs Controller. But at present, the Drugs Control Administration is vested in a separate functionary namely Drugs Controller, Orissa, Bhubaneshwar. The district is directly in charge of three Drugs Inspectors of the Cuttack Range I, Cuttack Range II and Cuttack Range III with their headquarters at Cuttack. The important functions of the organisation are enforcement of the Drugs and Cosmetics Act, 1940 and the rules made thereunder which seek to exercise control over manufacture, sale and distribution of drugs, cosmetics and homoeopathic medicines. Besides, the organisation also scrutinises objectionable advertisements, enforces the Dangerous Drugs Act in liaison with the Excise authorities, ensures drugs price display and price control, and issues essentiality certificate to the pharmaceutical industries.

The year-wise activities of this organisation for the period 1986-87 to 1990-91 are furnished below :

Year	No. of samples drawn			Inspection of sales premises and manufacturing units, etc.			Prosecution launched		
	Range-I	Range-II	Range-III	Range-I	Range-II	Range-III	Range-I	Range-II	Range-III
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1986-87	84	40	67	328	471	163	1	1	1
1987-88	80	39	58	324	238	158	..	3	2
1988-89	71	57	64	365	193	185	4	1	3
1989-90	106	62	103	306	242	220	..	3	Nil
1990-91	133	103	119	502	208	218	2	3	3

The analysis of the drug samples is made in the Central Drugs Laboratory, Bhubaneshwar. Action under the provisions of the relevant Acts are taken against the sale of misbranded and sub-standard drugs.

Underground Drainage and Protected Water-supply

The inhabitants of the district were depending on rivers, wells, ponds, canals, etc. for their drinking water requirements prior to the setting up of the State Public Health Engineering Organisation. Surface water is not a dependable source due to geographical and agro-climatical conditions. In the saline inundated areas, due to saline intrusion, there is need for installation of deep tube-wells for provision of safe drinking water-supply.

In all urban areas and most of the rural areas of the district, water-supply has been made by the Public Health Engineering Organisation through large dia tube-wells and river sources after proper treatment. But in the rural areas the drinking water supply is made through hand-pumps, tube-wells as it is economical, easier and less time-consuming.

Water-supply to Towns

Prior to 1949, there was no community water-supply in Cuttack city. In the year 1949, provision was made for water-supply of 48 litres *per capita* per day. Ground water was taken as the source of that scheme. Public fountains were provided for the consumers. The scheme was gradually revised afterwards. Subsequently, a number of improvement/augmentation were implemented in order to cater to the growing demand of the fast growing population of the city. At present by execution of a scheme "improvement of water-supply to the Cuttack city", sinking of tube-wells at different places is under progress. Water-supply is now being provided to a population of 4 lakh of people through 1,200 numbers of street stand posts and 17,200 numbers of house connections. The total water-supply per day is estimated to be 17 Mgd. i. e., 77 Mld. The water-supply is effected from 55 numbers of deep tube-wells, located at different places in the city with the help of submersible, electric driven pumping sets. The distribution network which measures 260 km. (approx.), consists of C. I. and P.V.C. pipes of varying sizes. Major length of C. I. pipes for about 100 km. were laid initially in the early 1949 and now need replacement.

The water-supply to the city is effected in 4 (four) shifts for 10 hours a day. The standard of water is quite good except the presence of iron in a few tube-wells which contributed a little to the quality of water. The water since supplied from deep tube-wells needs no treatment except chlorination.

The piped water-supply is being made through large dia tube-wells in other urban areas like Kendraparha, Jagatsinghapur, Jajpur town, Jajpur Road, Athagarh , Chaudwar, Banki, Paradeep, etc. All the municipalities and N. A.C.s come under the purview of the Chief Engineer, Public Health (Urban) so far as the water-supply and sewrage schemes are concerned.

From among the different urban water-supply schemes of the district, the comprehensive water-supply scheme to Cuttack town, phase I has been completed in which out of 20 numbers of 14″×8″ dia tube-wells, 13 numbers have been commissioned. The next phase of the scheme for improvement of water-supply to Cuttack town is now under implementation. Besides the above schemes, the piped water-supply to Chaudwar Municipality, which is now under implementation, is scheduled to be completed by the end of 1992.

Separate water-supply projects have also been made under Public Health Engineering Organisation for the towns of Kendraparha, Jajpur, Jajpur Road and Pattamundai, details of which are furnished in the table given below:

Sl. No.	Items	Names of the Water-Supply Scheme			
		Kendraparha	Jajpur	Jajpur Road	Pattamundai
(1)	(2)	(3)	(4)	(5)	(6)
1.	Population (1991) (Provisional)	35,009	27,310	25,504	28,908
2.	Projected population	24,000	20,000	13,200	24,600
3.	Date of commencement	13·01·1967	2.10.1969	1.6.1969	Under construction as the administrative approval is awaited.
4.	Requirement of water (Design Demand)	0.70 Mgd.	0.40. Mgd.	0·29 Mgd.	1.722 Mld.
5.	Capacity of reservoir	..	100 lakh gallons	50,000 gallons	
6.	Source of supply ..	Surface water	Surface water	Surface water	
7.	Mode of supply ..	Standpost and house connections	Standpost and house connections	Standpost and house connections	

Besides the above, some other towns and Notified Area Councils like Jagatsinghapur, Banki and Athagarh have also adopted water-supply schemes. The Jagatsinghapur town water-supply scheme has

commenced in the year 1981 and started supplying water by September 1983 through the tube-wells. In addition to this, the extension of piped water-supply scheme at Jagatsinghapur Notified Area Council is also in progress with an estimated cost of Rs. 14·83 lakh. The work to supply piped water to Banki N. A. C. was taken up and completed in the year 1981. But the work for augmentation of water-supply to the N. A. C. which started in 1989 is in progress. The scheme for piped water-supply through tube-wells to Athagrarh N. A. C. was started in the year 1980 and completed soon. Since 1988 further work started to improve water-supply to that town. One R. C. C. overhead tank having a capacity of one lakh gallon is being made to cater to the needs of the people.

Rural Water-Supply

Until the implementation of the Five Year Plans in 1951, no attention was perhaps given to the problem of providing the rural people with wholesome and potable water. They were generally depending on the polluted water of the tanks, pools, wells, rivers, etc. During the past few years, different schemes have been undertaken at different times to ameliorate their difficulties. Brief accounts of these schemes are furnished below.

Minimum Needs Programme

The Minimum Needs Programme, a State plan scheme, was carried throughout the State with a view to providing safe drinking-water to the rural people only through tube-wells. Apart from piped water-supply to the six villages, viz., Kishannagar, Tulanga and adjoining villages, Kanpur,Jaraka-Chahata,Olasuni Hillock and Badambagarh, this programme envisages to provide each identified village with at least one tube-well for this purpose.

Information regarding installation of tube-wells for drinking-water in the district for problem villages and non-problem villages as on 1st April, 1991 are given below with proper classification.

	For problem villages
1. Total No. of inhabited Revenue Villages	6,036 (1981 Census)
2. Total No. of identified Villages	4,678
3. Total no. of running tube-wells	17,177
4. Total no. of defunct tube-wells	4,613
5. Status of the village—	
(*a*) Fully covered(C)	3,445
(*b*) Partially covered (P)	651
(*c*) Not covered (N)	..
(*d*) Turned to partially covered (TP)	425
(*e*) Turned to not covered (TN)	158
6. Balance No. of villages to be fully covered	1,816 with 2,563 tube-wells.

For non-problem villages

1. Total No. of unidentified (Non-problem) villages	1,358
2. Total number of running tube-wells	2,055
3. Total number of defunct tube-wells	630
4. Status of the non-problem villages	
(*i*) Fully covered (C)	790
(*ii*) Partialy covered (P)	448
(*iii*) Not covered (N)	120
(*iv*) Turned to covered (TP)	67
(*v*) Turned to not covered (TN)	52
5. Balance No. of villages to be fully covered	687 with 795 tube-wells

Piped water-supply under local Development Work Programme

The State Government decided in November 1961 to launch a systematic rural water-supply programme. The villages with a population of 2,000 and above were to be provided with piped water-supply and those with less population to have sanitary wells or tube-wells fitted with hand pumps. According to the decision at the first instance six villages of Kishannagar, Tulanga and adjoining villages Kanpur, Jaraka-Chahata Olasuni Hillock and Badambagarh were selected to be covered under the Minimum Needs Programme.

Works in all the above villages have been successfully completed. The piped water-supply schemes at Tulanga and its adjoining villages were completed by DANIDA as a pilot seheme in May 1985. Later on it was taken over by the Public Health Department from October 1990 for its maintenance.

The details of rural water-supply schemes under the programme in the district is given below :

Items	Kishan-nagar	Tulanga and adjoining villages	Badam-bagarh	Kanpur	Olasuni Hillock	Jaraka-Chahata
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1. Population (1981)	5,705	12,200	5,355	4,364	Completed and commissioned on 30-1-1992	5,906
2. Year of commencement	1989	1984	1974	1974	..	1987
3. Water-supply effected during	1991	1985	1976	1976	..	1989
4. Source	Tube-well	Tube-well	Tube-well	Intake well from river Mahanadi	..	Large dia Tube-well
5. Partly complete	Ongoing	Complete	Complete	Complete	..	Complete
6. Operational authority	Executive Supply Division-1,	Engineer, Scheme, Cuttack	Cuttack	Rural Water	..	P. H. Dvn. No. III, Cuttack

Tube-Well Scheme

Tube-wells numbering 18,819 were installed in different villages under different schemes by 1st April, 1991 in the district. The Rural Water-Supply Programme was integrated with the Rural Development Department and works connected with the programme are executed through respective Community Development Blocks with the technical help of the public health engineering organisation.

Accelerated Rural Water-Supply Programme

The Accelerated Water-supply Programme is a centrally sponsored scheme implemented in the district to provide safe drinking-water to rural problem villages of the State through piped water-supply as well as tube-wells having no safe drinking-water source within a time-bound scheme.

Slum Improvement Clearance

Growth of slums, which is common in modern cities and towns, not only destroys the beauty of the towns and cities but also pollutes the surroundings.For the improvement of slum areas and for rehabilitating the slum dwellers of the district, the Slum Improvement and Clearance Scheme has been in operation in several towns where the problem is acute. In recent past, the Government have abolished the scheme for making tenements for the urban poor. But presently, the environmental improvement of urban slums is under implementation and under this Scheme grant-in-aid is given to different urban local bodies for providing basic amenities such as water-supply, street light, road, drain, community bath, community latrine and sewerage to the slum dwellers at the *per capita* cost of Rs.525/-. During the year 1991-92, only the Municipalities of Cuttack, Kendraparha and Jajpur have received grants of Rs. 5,20,000/—, Rs. 78,700/—and Rs.52,500/- respectively to utilise the same for the above purpose.

APPENDIX I

Vital statistics of the district

Year	Birth			Death			Infant deaths		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1980	12,918	47,764	60,682	4,280	18,685	22,965	962	3,165	4,127
1981	11,741	52,434	64,175	4,666	15,569	20,235	980	3,139	4,119
1982	12,919	56,375	69,294	4,655	17,591	22,246	867	3,482	4,349
1983	13,786	66,071	79,857	5,168	18,147	23,315	1,121	3,965	5,086
1984	12,148	63,191	76,339	5,682	21,171	26,853	1,141	4,266	5,407
1985	13,782	63,701	77,483	5,081	20,500	25,581	752	4,146	4,898
1986	14,473	73,818	88,291	5,083	21,263	26,346	824	5,078	5,902
1987	17,090	81,066	98,156	5,432	25,989	31,421	1,031	6,813	7,844
1988	17,805	88,222	1,06,027	5,700	26,186	31,886	1,018	5,898	6,916
1989	19,656	86,184	1,05,840	6,182	29,003	35,185	1,326	6,594	7,920
1990	19,896	84,547	1,04,443	5,988	27,190	33,178	887	5,478	6,365

Year	Birth rate for 1,000 population			Death rate for 1,000 population			Infant mortality rate for 1,000 population		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1985	25·06	14·39	15·57	9·24	4·63	5·14	54·56	65·09	63·21
1986	25·53	16·44	17.74	8·96	4·74	5·21	56·93	68·79	66·85
1987	29·36	17·81	19·11	9·30	4·71	6·12	60·33	84·04	79·91
1988	29·63	19·12	20·33	9·48	5·67	6·11	57·17	66·85	65·23
1989	31·81	18·42	19·98	10·00	6·20	6·64	67·46	76·51	74·83
1990	31·33	17·83	19·43	9·43	5·74	6·17	44·58	64·79	60·94

APPENDIX II

Statement showing the number of deaths by various diseases in the district for the years 1985 to 1989

Sl. No.	Name of disease	1985			1986		
		Urban	Rural	Total	Urban	Rural	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	Cholera ..	..	11	11	..	2	2
2	Typhoid ..	..	191	191	2	299	301
3	Food Poisoning ..	..	9	9	1	16	17
4	Dysentery ..	204	992	1,196	244	842	1,086
5	T. B. ..	116	127	243	97	177	274
6	Leprosy ..	1	29	30	1	30	31
7	Diptheria ..	17	22	39	27	19	46
8	Whooping Cough ..	1	52	53	..	45	45
9	Tetanus ..	151	117	268	149	116	265
10	Poliomyelitis ..	..	8	8	..	13	13
11	Measles ..	2	84	86	..	32	32
12	Rabies ..	..	19	19	3	8	11
13	Malaria ..	5	70	75	29	21	50
14	Cancer ..	27	241	268	39	322	361
15	Diabetes Melitus ..	14	41	55	27	23	50
16	Anaemia ..	24	750	774	23	972	995
17	Meningitis ..	15	8	23	10	8	18
18	Heart Attack ..	90	437	527	155	526	681
19	Pnemonia ..	41	25	66	15	46	61
20	Influenza ..	4	262	266	..	164	164
21	Bronchitis and Asthma	42	247	289	55	332	387
22	Jaundice ..	3	85	88	7	165	172

APPENDIX II

Statement showing the number of deaths by various diseases in the distrct for the years 1985 to 1989

Sl. No.	Name of disease	1987			1988			1989		
		Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
(1)	(2)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
1	Cholera ..	..	..	..	..	..	..	..	..	..
2	Typhoid ..	1	202	203	1	182	183	2	199	201
3	Food Poisoning ..	8	15	23	4	13	17	1	9	10
4	Dysentery ..	208	938	1,146	190	1,085	1,275	212	1,104	1,316
5	T. B. ..	94	210	304	87	259	346	52	350	402
6	Leprosy ..	..	37	37	..	39	39	..	45	45
7	Diptheria ..	7	3	10	31	2	33	43	10	53
8	Whooping Cough ..	..	21	21	1	11	12	..	6	6
9	Tetanus ..	170	97	267	179	103	282	140	117	257
10	Poliomyelitis ..	..	2	2	..	..	..	..	..	..
11	Measles ..	7	53	60	5	22	27	1	27	28
12	Rabies ..	8	..	8	5	..	5	5	4	9
13	Malaria ..	5	2	7	18	4	22	24	6	30
14	Cancer ..	52	387	439	30	594	624	47	638	685
15	Diabetes Melitus ..	27	63	90	47	135	182	48	194	242
16	Anaemia ..	20	810	830	22	1,369	1,391	40	1,543	1,583
17	Meningitis ..	39	..	39	1	1	2	3	3	6
18	Heart Attack ..	131	643	774	266	1,034	1,300	137	1,247	1,384
19	Pneumonia ..	45	57	102	55	133	188	63	210	273
20	Influenza ..	22	242	264	7	158	165	2	262	264
21	Bronchitis and Asthma ..	57	501	558	38	711	749	68	1,102	1,170
22	Jaundice ..	5	166	171	13	245	258	7	345	352

Sl. No.	Name of disease	1985			1986		
		Urban	Rural	Total	Urban	Rural	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
23	Liver Disease ..	15	69	84	20	72	92
24	Ulcer ..	..	79	79	10	250	260
25	Appendicitis ..	2	4	6	..	24	24
26	Syphillis and Urinary System	..	..	..	..	2	2
27	Abortion ..	..	8	8	..	7	7
28	Complicated Pregnancy and Child Birth	9	20	29	9	39	48
29	Birth Injuries ..	107	98	205	119	126	245
30	Paralysis ..	6	162	168	7	201	208
31	Senility ..	397	5,566	5,963	406	6,490	6,896
32	Others not classified ..	3,711	10,244	13,955	3,466	9,251	12,717
33	Bites ..	27	84	111	21	147	168
34	Accidental Burns ..	3	19	22	201	27	228
35	Falls, Drowning ..	3	51	54	2	98	100
36	Accidental Poisoning ..	9	47	56	15	55	70
37	Transport Accident ..	3	17	20	16	58	74
38	Other Accident ..	31	132	163	104	121	225
39	Suicide ..	1	69	70	2	111	113
40	Homicide ..	..	4	4	1	6	7
	Total ..	5,081	20,500	25,581	5,083	21,263	26,346

Sl. No.	Name of disease	1987			1988			1989		
		Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
(1)	(2)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
23	Liver Disease ..	15	117	132	40	241	281	40	350	390
24	Ulcer ..	8	291	299	26	415	441	1	520	521
25	Appendicites ..	..	6	6	..	15	15	..	3	3
26	Syphillis and Urinary System ..	..	7	7	1	6	7	..	1	1
27	Abortion ..	..	5	5	..	3	3	..	3	3
28	Complicated Pregnancy and Child Birth	2	21	23	28	39	67	2	22	24
29	Birth Injury ..	86	112	198	99	130	229	132	244	376
30	Paralysis ..	9	343	352	8	490	498	10	582	592
31	Senility ..	594	8,142	8,736	213	1,803	2,016	319	1,929	2,248
32	Other not classified	3,701	11,817	15,518	4,206	16,102	20,308	4,699	16,930	21,629
33	Bites ..	20	156	176	18	201	219	24	255	279
34	Accidental Burns ..	..	18	18	10	52	62	1	37	38
35	Falls, Drowning ..	3	102	105	10	134	144	7	198	205
36	Accidental Poisoning	12	49	61	10	55	65	9	64	73
37	Transport Accident	2	58	60	21	62	83	9	72	81
38	Other Accident ..	72	34	106	18	187	205	25	181	206
39	Suicide ..	2	140	142	..	143	143	7	186	193
40	Homicide		5	5	1	8	9	2	5	7
	Total		..	..	5,700	26,186	..	5,700	26,186	83,886

APPENDIX III

Name, location, year of establishment, etc of the Medical institutions in the district

Name and location (1)	Year of establishment (2)	Doctors (3)	Number of Pharmacists (4)	Nurses (5)
1. S. C. B. Medical College Hospital, Cuttack	1951	..	..	..
2. City Hospital, Cuttack ..	1959	34	6	16
3. Jagatsinghapur Hospital, Jagatsinghapur	1982	1	1	1
4. Nadia Sahaspur Hospital, Sahaspur	1962	1	1	1
5. Bhagatpur Hospital, Bhagatpur ..	1950	1	1	2
6. Raisunguda Hospital, Raisunguda	1903	1	1	2
7. Subdivisional Hospital, Kendraparha	1983	15	..	..
8. Subdivisional Hospital, Jajpur ..	1947	15	..	..
9. Mangalpur Hospital, Mangalpur ..	1958	3	1	2
10. Jajpur Road Hospital ..	1977	4	1	2
11. Baitarani Road Hospital ..	1930	1	1	..
12. Gopalpur Hospital, Gopalpur ..	1960 (Dispensary) 1973 (Hospital)	1	1	2
13. Jagatsinghapur Subdivisional Hospital, Jagatsinghapur	[1900 1974	14	2	5
14. Paradeep Port Hospital and P. P. C., Paradeep	N. A.	4	1	2
15. Subdivisional Hospital, Athagarh	1895	13	..	..
16. Khuntuni Hospital, Khuntuni ..	N. A.	1	1	..
17. Narasinghapur Hospital, Narasinghapur	N. A.	2	1	..
18, Jorum Hospital, Jorum ..	N. A.	4	1	2

N.A: Not Available

Name and location	Year of establishment	Doctors	Number of Pharmacists	Nurses
(1)	(2)	(3)	(4)	(5)
19. Tigiria Hospital, Tigiria ..	N. A.	2	1	..
20. Badamba Hospital, Badamba ..	N. A.	1	1	1
21. Subdivisional Hospital, Banki ..	1978	13	..	..
22. Kalapathar Hospital, Kalapathar	N. A.	2	1	2
23. S. V. B. Sishu Bhawan, Cuttack ..	1960	..	..	..
24 Mental Health Institute, Cuttack	..	..	..	..
25 Cancer Institute, Cuttack ..	..	..	..	..
26. Police Hospital, Buxibazar ..	..	..	..	..
27, Police Hospital, Tulasipur ..	..	..	..	..
28, O. S. A. P. Hospital, Cuttack ..	..	..	..	..
29, Jail Hospital, Cuttack ..	..	..	..	..
30. Dayashram Hospital, Kilapadia	..	..	..	..
31. Leprosy Home & Hospital, Nuabazar				
PRIMARY HEALTH CENTRES				
1. Bentakar P. H. C. ..	1959	2	2	..
2. Arada P. H. C. ..	1990	1	1	..
3. Kandarpur P. H. C. ..	1990	1	1	..
4. Adaspur U. G. P. H. C. ..	1964	5	1	2
5. Govindpur P. H. C. ..	1949	1	1	..
6. Maidharpara P. H. C. ..	1967	3	1	..
7. Munduli P. H. C. ..	1966	1	1	..
8. Mahanga U. G. P. H. C. ..	1962	5	1	2
9. Tangi U. G. P. H. C. ..	1967	5	1	2
10. Bhatimunda P. H. C. ..	1985 S.H.C 1989 P.H.C.	1	1	2
11. Mangarajpur P. H. C. ..	1989	1	1	..

Name and location (1)	Year of establishment (2)	Doctors (3)	Number of Pharmacists (4)	Nurses (5)
12. Salepur P. H. C. ..	1958	2	1	..
13. Tentol P. H. C. ..	1991	1	1	..
14. Padmapur P. H. C. ..	1966	1	1	..
15. Gundipadia P. H. C. ..	1991	1	1	..
16. Nischintakoili P. H. C. ..	1966	2	1	..
17. Santapur P. H. C. ..	1978	1	1	..
18. Asureswar P. H. C. ..	1930	1	1	..
19, Niali P. H. C. ..	1966	2	1	..
20. Kasarda P. H. C. ..	1956	1	1	..
21. Krushnaprasad P. H. C. ..	1991	1	1	..
22. Indupur P. H. C. ..	1964	2	1	..
23. Ayeba P. H. C. ..	1988	1	1	..
24. Derabis P. H. C. ..	1968	2	1	..
25. Harianka P. H. C. ..	1988	1	1	..
26. Danapur P. H. C. ..	1991	1	1	..
27. Balia P. H. C. ..	1989	1	1	..
28. Patakura P. H. C. ..	1961	5	1	2
29. Tendakura P. H. C. ..	1923	1	1	..
30. Madhusudan P. H. C. ..	1989	1	1	..
31. Pattamundai P. H. C. ..	1965	5	1	2
32. Chandannagar P. H. C. ..	1967	1	1	..
33. Sanjharia P. H. C. ..	1991	1	1	..
34. Andara P. H. C. ..	1972	1	1	..
35. Tulasidia P. H. C. ..	1990	1	1	..
36. Alapua P. H. C. ..	1991	1	1	..
37. Rajnagar P. H. C. ..	1963	2	1	..
38. Talachua P. H. C. ..	1979	1	1	..
39. Dangamal P. H. C. ..	1968	1	1	..
40. Iswarpur P. H. C. ..	1990	1	1	..

Name and location	Year of establishment	Doctors	Number of Pharmacists	Nurses
(1)	(2)	(3)	(4)	(5)
41 Aul P. H. C. ..	1961	6	1	2
42 Batipada P. H. C. ..	1980	1	1	..
43 Koniahat P. H. C. ..	1978	1	1	..
44 Olavar P. H. C. ..	1991	1	1	..
45 Babar P. H. C. ..	1988	1	1	..
46 Badakul P. H. C. ..	1991	1	1	..
47 Tikhiri P. H. C. ..	1992	1	1	..
48 Marshaghai P. H. C. ..	1964	2	1	..
49 Pailo P. H. C. ..	1989	1	1	..
50 Nankar P. H.C. ..	1991	1	1	..
51 Karilopatna P. H. C. ..	1991	1	1	..
52 Markandapur P. H. C. ..	1964	2	1	..
53 Sujanpur P. H. C. ..	1988	1	1	..
54 Baruanchhak P. H. C. ..	1988	1	1	..
55 Sukinda P. H. C. ..	1957	2	1	.
56 Duburi P. H. C. ..	1982	1	1	..
57 Affa P. H. C. ..	1989	1	1	..
58 Dangadi P. H. C. ..	1959	5	1	2
59 Rabana P. H. C. ..	1989	1	1	..
60 Jakhapura P. H. C. ..	1989	1	1	..
61 Dasarathpur P. H. C. ..	1957	2	1	..
62 Ahiyas P. H. C. ..	1983	1	1	..
63 Kayangola P. H. C. ..	1991	1	1	..
64 Korei P. H. C. ..	1961	2	1	..
65 Panikoili P. H. C. ..	1988	1	1	..
66 Masudpur P. H. C. ..	1985	1	1	..
67 Pachhikot P. H. C. ..	(Sanctioned yet to open)	1	1	..
68 Dharmashala P. H. C. ..	1960	2	1	..

Name and location	Yaer of establish-ment	Doctors	Number of Pharmacist	Nurses
(1)	(2)	(3)	(4)	(5)
69. Aruha P. H. C. ..	1989	1	1	..
70. Kotapur P. H. C. ..	..	1	1	..
71. Gangadharpur P. H. C. ..	1991	1	1	..
72. Arabal P. H. C. ..	1991	1	1	..
73. Chhatia P. H. C. ..	1985	1	1	..
74. Madhuban P. H. C. ..	1956	2	1	..
75. Kundapatna P.H.C. ..	1991	1	1	..
76. Baunsamuli P. H. C. ..	1975	1	1	..
77. Binjharpur P. H. C. ..	1962	2	1	..
78. Ramachandrapur P. H. C. ..	..	1	1	..
79. Pritipur P. H. C. ..	1954	1	1	..
80. Jari P. H. C. ..	1985	1	1	..
81. Uttangarh P. H. C. ..	..	1	1	..
82. Bari P. H. C. ..	1964	2	1	..
83. Ratnagiri P. H. C. ..	1979	1	1	..
84. Balia P. H. C. ..	1972	1	1	..
85. Krushnanagar P. H. C. ..	1988	1	1	..
86. Mandasahi P. H. C. ..	1964	2	1	..
87. Kaduapada P. H. C. ..	1983	1	1	..
88. Piteipur P. H. C. ..	..	1	1	..
89. Manijanga P. H. C. ..	1964	4	1	2
90. Sanra P. H. C. ..	..	1	1	..
91. Kolar P. H. C. ..	..	1	1	..
92. Kanakpur P. H. C. ..	..	1	1	..
93. Kujang P. H. C. ..	..	1	1	..
94. Malahunka P. H. C. ..	(Sanctioned yet to open)	1	1	..
95. Erasama P. H. C. ..	..	1	1	..
96. Panchapalli P. H. C. ..	..	1	1	..

Name and location	Year of establishment	Doctors	Number of Nurses Pharmacist	
(1)	(2)	(3)	(4)	(5)
97. Dihasahi P.H.C. ..	..	1	1	..
98. Biridi P.H.C. ..	..	1	1	..
99. Bagalpur P.H.C. ..	..	1	1	..
100. Adhangagada P.H.C. ..	..	1	1	..
101. Raghunathpur P.H.C. ..	..	1	1	..
102. Uttarkul P.H.C. ..	..	1	1	..
103. Balikuda P.H.C. ..	..	4	1	2
104. Machhagan P.H.C. ..	1969			
105. Osokona P.H.C. ..	1991	1	1	..
106. Naugan P.H.C. ..	..	1	1	..
107. Alanahat P.H.C. ..	(Sanctioned yet to open)	1	1	..
108. Berhampur P.H.C. ..	..	3	1	..
109. Joranda P.H.C. ..	1990	1	1	..
110. Kanpur P.H.C. ..	..	2	1	..
111. Sagar P.H.C. ..	1979	1	1	..
112. Bindhanima P.H.C. ..	..	2	1	..
113. Nuapatana P.H.C. ..	1977	1	1	..
114. Bhiruda P.H.C. ..	1990	1	1	..
115. Maniabandha P.H.C. ..	..	4	1	..
116. Gopinathpur P.H.C. ..	1989	1	1	..
117. Khairamoda P.H.C. ..	(Sanctioned yet to open)	1	1	..
118. Subarnapur P.H.C. ..	..	1	1	..
119. Damapara P.H.C. ..	..	2	1	..
120. Tulasipur P.H.C. ..	..	1	1	..

Name and location	Year of establish-ment	Doctors	Number of Pharmacist	Nurses
(1)	(2)	(3)	(4)	(5)
ADDITIONAL PRIMARY HEALTH CENTRES				
1. Telengapentha A.P.H.C. ..	1983	1	1	..
2. Basudevpur A.P.H.C. ..	1970	1	1	..
3. Rameswar A.P.H.C. ..	1981	1	1	..
4. Korua A.P.H.C. ..	1966	1	1	..
5. Gobindapur A.P.H.C ..	1966	1	1	..
6. Hatibadi A.P.H.C. ..	1987	1	1	..
7. Gobardhanpur A.P.H.C. ..	1958	1	1	..
8. Radhagram A.P.H.C. ..	1985	1	1	..
9. Kabatabandha A.P.H.C. ..	1964	1	1	..
10. Gadamadhupur A.P.H.C. ..	1960	1	1	..
11. Birupagenguti A.P.H.C. ..	1984	1	1	..
12. Jagannatpur A.P.H.C. ..	..	1	1	..
13. Badijanga A.P.H.C. ..	..	1	1	..
14. Kishorenagar A.P.H.C. ..	..	1	1	..
15. Dasabatia A.P.H.C. ..	1985	1	1	..
16. Deriki A.P.H.C. ..	1983	1	1	..
17. Gurudijhatia A.P.H.C. ..	..	1	1	..
18. Hatamal A.P.H.C. ..	1991	1	1	..
19. Baidyeshwar A.P.H.C				
DISPENSARIES				
1. Zonal Dispensary, Nuabazar ..	1985	1	1	..
2. Zonal Dispensary, Tulasipur ..	1981	1	1	..
3. Sailobarbil Dispensary ..	1989	..	..	..
4. Baranga Dispensary ..	1945	1	1	..
5. Erakana Dispensary ..	1989	1	1	..
6. Nageshpur Dispensary ..	1933	1	1	..
7. Bodargan Dispensary ..	1991	1	1	..
8. Biranilakanthapur Dispensary	..	..	..	..
9. Badapada Dispensary ..	1989	1	1	..
10. Gupti Dispensary ..	1968	1	1	..

Name and location	Year of establishment	Number of Doctors	Pharmacists	Nurses
(1)	(2)	(3)	(4)	(5)
11. Bijoynagar Dispensary ..	1964	1	1	..
12. Ramanagar Dispensary ..	1973	1	1	..
13. F.P.Light House Dispensary, ..	1988	1	1	..
14. Rankal Raghunathpur Dispensary ..	1966	1	1	..
15. Kantipur Dispensary ..	1969	1	1	..
16. Badapada Dispensary ..	..	1	1	..
17. Katara Dispensary ..	..	1	1	..
18 Kanimul Dispensary ..	..	1	1	..
19. Pankapal Dispensary ..	..	1	1	..
20. Redhua Dispensary ..	..	1	1	..
21. Borikina Dispensary ..	..	1	1	..
22. Deobhumi Dispensary ..	..	1	1	..
23. I. T.I. Dispensary, Cuttack ..	..	..	..	..
24. Ravenshaw College Dispensary, Cuttack	..	..	..	..
25. E. S. I. Dispensary, Rajabagicha, Cuttack	..	..	..	..
26. E.S.I. Dispensary, Kalyannagar	..	..	..	..
27. P. & T. Dispensary, Mangalabag, Cuttack	..	..	..	..
28. Government Press Dispensary, Khapuria, Cuttack	..	..	..	..
29. Railway Dispensary, Station Square, Cuttack	..	..	..	..
30. C.R.R.I. Dispensary Bidyadharpur, Cuttack	..	..	..	..
31. Thoriasahi Dispensary, Cuttack	..	..	..	..
32. Sidheswarsahi Dispensary, Cuttack	..	..	..	..
33. Bidanasi Dispensary, Cuttack	..	..	..	..
34. Khannagar Dispensary, Cuttack	..	..	..	..
35. Chauliaganj Dispensary, Cuttack	..	..	..	..
36. Murdakhanpatana Dispensary, Cuttack.	..	..	..	..
37. Ms. Das Dispensary, Tulasipur, Cuttack	..	..	..	..

OTHERS

(A) **Medical Aid Centre**

Korokora, Chandol, Laxminagar, Sankhachilla, Kotapur, Banjangapadia and Balitutha.

(B) **Subsidiary Health Centres**

Bhadreswar, Nrutanga, Santikota, Koyalpada, Orti, Jagannathpur, Palimi, Sanamanga, Rajkanika, Katara, Mahakalparha, Kuhika, Badakuanal, Jenapur, Barachana, Darapani, Bantala, Odisigada, Potanai, Hansura, Jaipur, Tarikunda, Achalkot and Talabasta.

VOLUNTARY ORGANIZATIONS

1. Madhusudan Matrumangala Kendra, Cuttack
2. T. B. Association, Buxibazar, Cuttack
3. The Muslim Youth Cultural Association, Maykahouse, Dewanbazar, Cuttack
4. Satyabrata Cancer Institute, Rauspatna, Cuttack
5. Acharya Harihar Das Memorial Trust, Gunanidhi Bhawan, Cuttack
6. Leprosy Home and Hospital, Cuttack
7. Netaji Subash Seva Sadan, Oriya Bazar, Cuttack

Maternity and Child Welfare Centres managed by both the Health Department and Harijan and the Tribal Welfare Department

12 Hospitals managed by the State Health & Family Welfare Department located at Jajpur Road, Gopalpur, Kendraparha, Jajpur, Benipur, Galupada, Manijanga, Padmapur, Kalapathar, Kalyanpur, Tangi and Chaudwar and two Hospitals at Manitri and Gobardhanpur managed by the Harijan and Tribal Welfare Department.

Institutions managed by Local Bodies

1. Haridaspur Seva Samity
2. Gopabandhu Hospital, Radhagram
3. Sarala Samadhi Pitha, Kanakpur
4. Leprosy Clinic, Chaudwar
5. Madhusudan Matrumangal Kendra, Satyabhamapur
6. M. C. W. Centre, Aurangabad, Bari
7. Govinda Goswami Chikitsalaya, Mahu

Teaching and Training Facilities

1. A. N. M. Training Centre, Kendraparha
2. A. N. M. Training Centre, Danagadi

Leprosy Eradication Unit

Salepur, Marshaghai, Pattamundai, Aul, Cuttack Sadar, Jajpur, Athagarh, Jajpur Road, Kujang, Jagatsinghapur, Banki, Kendraparha and Chandikhol.

APPENDIX IV

List of Ayurvedic Dispensaries in the district

Name of the Dispensary (1)	Date of opening (2)
CUTTACK	
1. Damangadia	.. May 1942
2. Gopinathpur	.. 1967
3. Dhurusia	.. 1944-45
4. Kandarpur	.. 10.12.1949
5. Kandarai	.. 21.10.1980
6. Patanigaon	.. 25.11.1975
7. Sunguda (Unani)	.. 16.1.1982
8. Sahaniajpur	.. 16.3.1971
9. Amansasol	.. 2.8.1980
10 Raniola	.. 1.11.1959
11. Dalijoda Berhampur	.. 21.2.1976
12. Sankheswar	.. 1935
13. Sirasta	.. 1.9.1980
14. Gangadahat	.. 23.11.1979
15. Mulugan	February 1978
16. Belpal	.. 12.2.1972
17. Udranga	.. 1.1.1982
18. Bairi	.. 7.3.1979
19. Siha	.. 5.3.1972
20. Balipadia	.. 30.4.1984

Name of the Dispensary (1)	Date of opening (2)
21. Manitira	.. 13.4.1974
22. Bangarkota	.. 16.3.1972
23. Golkunda	.. 16.2.1972
24. Hatibari	.. 26.3.1972
25. Kankadapal	.. 1.3.1971
26. Hatasahi	.. 6.5.1975
27. Bhuinpur	.. January 1971
28. Govindpur	.. 10.2.1975
29. Nankar	.. 25.8.1980
30. Karilopatna	.. 21.2.1972
31. Orta	.. 1.6.1980
32. Jadupur	.. 13.4.1975
33. Belaranuagan	.. 1972
34. Sanadhanga	.. 1950
35. Chandi Baunsamul	.. 6.11.1975
36. Baro	.. 24.9.1987
37. Kendraparha (Municipality, Unani)	.. 31.8.1988
38. Similipur	.. 25.8.1980
39. Madhuribazar	.. 24.4.1990
40. Biswanathpur	.. 5.8.1990
41. Kuakhia	.. 13.9.1990
42. Balisahi	.. 13.9.1990
43. Mirjapur	.. 24.5.1990

APPENDIX-V

List of Homoeopathic Dispensaries in the district

Name of the Dispensary (1)		Date of opening (2)
1. Kumarpur	..	21.10.1980
2. Arakhapatna	..	17.2.1972
3. Balia	..	5.3.1958
4. Parbatipur	..	26.2.1971
5. Kodal	..	19.2.1971
6. Marichipur	..	6.2.1962
7. Bodhapur	..	24.2.1979
8. Uttarkul	..	24.2.1979
9. Alanahat	..	15.7.1981
10. Pandua	..	20.1.1982
11. Bilikana	..	22.10.1975
12. Baluria	..	26.1.1987
13. Damarpur	..	22.4.1980
14. Bholahat	..	12.3.1972
15. Chaulia	..	12.3.1972
16. Kerargarh	..	4.2.1972
17. Nikirei	..	28.8.1977
18. Palasingha	..	16.5.1985
19. Ostarhat	..	24.3,1980
20. Jagatjorhat	..	25.1.1979
21. Hatasahi	..	25.1.1979
22. Eranch	..	27.11.1974
23. Gopinathpur	..	1.2.1972
24. Patalipank	..	18.11.1980
25. Ramakrishnapur	..	15.2.1968

Name of the Dispensary (1)		Date of Opening (2)
26. Gunupur	..	1.4.1971
27. Goudgop	..	11.6.1973
28. Nrutanga	..	1.1.1981
29. Pallisahi	..	4.5.1980
30. Champatipur	..	6.2.1979
31. Dhanamandal	..	5.3.1980
32. Dahigaon	..	25.5.1981
33. Bhelanga	..	1.2.1972
34. Chatrapada	..	1.2.1972
35. Kumbhiragadia	..	1.2.1972
36. Paikarapur	..	1.1.1976
37. Saudia	..	1.1.1976
38. Bato	..	17.5.1986
39. Barabati	..	13.12.1986
40. Badananpur	..	Not opened
41. Aland	..	21.9 1990
42. Mehendipur	..	Not opened
43. Tandikul	..	Not opened
44. Katunihat	..	Not opened
45. Sanara	..	January 1989
46. Areikana	..	21.9.1990
47. Jagannathpur	..	14.9.1989
48. Panasudha	..	2.9.1990
49. Udayapur	..	January 1989
50. Ankula	..	Opened
51. Angala	..	4.12.1989
52. Tatadhari Ashram		15.8.1990
53. Janardanpur	..	January 1989

APPENDIX VI

Performance of immunisation, maternity and child health in the district under the Family Welfare Programme for 1985-86 to 1989-90

Item	1985-86	1986-87	1987-88	1988-89	1989-90
(1)	(2)	(3)	(4)	(5)	(6)
Tetanus Toxide for Pregnant women	83,834	91,057	10,740	114,031	113,683
Diptheria Pertunis Tetamy (D.P.T.)	85,408	90,620	103,124	111,405	112,200
Polio ..	59,308	91,168	99,330	110,254	111,048
B.C.G. ..	30,063	107,538	150,950	142,448	125,709
Measles ..	..	38,802	76,668	74,486	65,689
Diptheria Tetamy (D.T.) ..	54,230	46,933	80,364	102,011	133,908
T. T. (10 Yrs.) ..	15,018	34,885	44,307	52,992	97,491

MATERNITY AND CHILD HEALTH (M. C. H.)

Item	1985-86	1986-87	1987-88	1988-89	1989-90
(1)	(2)	(3)	(4)	(5)	(6)
1. Prophylaxis against Nutritional Anaemia—					
(*a*) Mother ..	107,866	82,954	104,450	152,947	142,967
(*b*) Children ..	121,312	104,374	139,277	261,642	257,436
2. Baphery laxis against blindness due to Vit. 'A' deficiencies of children	297,564	306,266	264,732	290,990	298,813