CHAPTER - III

EVOLUTION OF HOSPITAL ADMINISTRATION IN ORISSA
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The State of Orissa in its present geographical form came into being only on 1st of April in the year 1936. Before that there was no separate unified territorial unit known as Orissa. From history of Orissa it is learnt that "in 1803, the Bhonslas of Nagpur ceded Orissa to the East India Company. Added to the Company's Bengal Presidency, the Orissa territory was designated as the districts of Cuttack, Balasore and Puri. It was administered by an official who combined in him the functions of a Collector, Judge and Magistrate. In 1803, Cuttack, Balasore and Puri areas were brought under the 'regulations' or administrative laws enacted by the Governor General in Council at Calcutta. The remaining, territories in Orissa were the non-regulation areas. These areas were administered by the tributary chiefs".¹

Orissa, one of the 28 constituent states of the Indian Union, extends over 4.8 per cent of the total area of the country (i.e., 155,707 Sq. kms) and ranks 9th among the states in terms of area.² The state of Orissa in its present form lies on the eastern coast of India, surrounded by Bihar in the north, West Bengal in the north-east, Bay of Bengal in the east, Andhra Pradesh in the south and south-east and Madhya Pradesh in the West. According to the 2001 census, it has a

². Status of Health in Orissa, Orissa Voluntary Health Association, Bhubaneswar, 2003, pp.4-5.
population of 36,706,920 of which 18,612,340 are male and 18,094,580 are female. In all, it consists of 30 districts, 58 subdivisions, 171 tehsils, 314 blocks, 15,124 villages and 31 towns.

In Orissa, medical care in western lines started almost 130 years ago much ahead of other regions due to several reasons. The protracted journeys of pilgrims to and from the Puri Dham naturally created a lot of health problems. This perhaps necessitated the establishment of some way side dispensaries and health aid centres. The biggest of such a centre was located in Cuttack at the site where the present SCB Medical College and Hospital is situated. This dispensary continued to function till the British occupation of Orissa in 1803 A.D. The British rulers, in due course of time realized the strategic importance of this dispensary at Cuttack and converted it into a small hospital. That tiny sapling of an ordinary health aid centre through passage of time has blossomed into the present sprawling tree of the medical college complex which has ushered in higher medical education in our state.3

The Feudatory state of Orissa consist of a group of 24 dependent territories attached to the Division of Orissa, and comprise the following states: Athgarh, Athmallik, Bamra, Baramba, Bonai, Daspalla, Dhenkanal, Gangpur, Hindol, Kalahandi, Keonjhar, Khandpara, Mayurbhanj, Narsinghpur, Nayagarh, Nilgiri, Pallahara, Patna, Rairakhol, Ranpur, Sonepur, Talcher and Tigiria of these the states of Bamra, Kalahandi, Patna, Rairakhol and Sonepur were

formerly attached to the Chhattisgarh Division of the Central Provinces; Bonai and Gangpur were formerly attached to the Chota Nagpur Division and the remaining states formerly known as the Tributary Mahals formed part of Orissa. They lie between 22°34' and 19°2'N and 82°32' and 87°11'E and have a population of 3,173,395 and an area of 28,125 square miles.

The number of dispensaries maintained by the States was 39 in 1907-08 and two more were in the course of construction. All the dispensaries were in the charge of qualified Civil Hospital Assistants. All the dispensaries were well supplied with medicines and surgical instruments and have accommodations for male and female indoor patients. Medical attendance for females had of late years begun to receive attention and there were female Civil Hospital Assistants attached to the dispensaries of Dhenkanal, Kalahandi, Keonjhar, Mayurbhanj, Nilgiri and Patna. A great change had come over the people of the Garhjats in their attitude towards the use of European medicine and submission to Surgical operations. The figures below of patients treated during the last five years, show the great increase in the popularity of the state dispensaries during that period.

<table>
<thead>
<tr>
<th>Year</th>
<th>Figure in lakh</th>
</tr>
</thead>
<tbody>
<tr>
<td>1903-04</td>
<td>2,73,167</td>
</tr>
<tr>
<td>1904-05</td>
<td>2,75,624</td>
</tr>
<tr>
<td>1905-06</td>
<td>2,93,719</td>
</tr>
<tr>
<td>1906-07</td>
<td>3,05,617</td>
</tr>
<tr>
<td>1907-08</td>
<td>3,33,566</td>
</tr>
</tbody>
</table>
One of the most marked features of these years was the rapid strides made in vaccination work in the states. In some of the states, principally the 17 states formerly known as the Tributary Mahals of Orissa, vaccination was paid for by the people.¹⁴

Before 1936, the various regions of Orissa were with the other neighbouring states. The southern part of present Orissa was with the previous great state of Madras. The native states (Gadjats) were autonomous units (British administered provinces). The districts of Mugalbandi were with the Bengal Presidency. Likewise the western parts were with the previous Central Province. In 1912, Bengal became an independent state and the major portion of Orissa went into the province of Bihar. During that period, Orissa and Bihar became combined province.⁵

In the year 1912, Orissa and Bihar provinces were separated from the Bengal Presidency and the new province of Orissa and Bihar was created.

The year 1913 was a very healthy one. The number of births registered during the year 1913 was 1,443,789 as compared with 1,458,295 in the preceding year, while the number of deaths fell from 1,063,428 to 999,382. The death rate (29.14) was the lowest on record since the year 1899 while the birth rate was 42.10 which was slightly lower than the record of 1912 (42.52) but was considerably in excess of the average of the five preceding years 1907-1911 (39.09). The rate

⁵ A.K. Dulua, Kara Pradarsika (Oriya), Magnum, Bhubaneswar, 1986, p.27.
of infant mortality during the year (171.75 per mile) was the lowest recorded in any province in India.

At the opening of the year 1913-14 there were 328 hospitals and dispensaries of all classes in the province. Thirteen dispensaries were opened and two closed, leaving a total of 339 at the end of the year. The floating dispensary in Cuttack and the four itinerant dispensaries in Angul and Balasore were much appreciated by the public.

The number of out-patients treated increased from 2,932,159 to 3,040,333. The number of in-patients, however, increased from 44,550 in 1912 to 53,542 in 1913.

Remarkable progress in vaccination was made in the Orissa Feudatory states, the total number of vaccinations had gone up from 165,967 in 1906-07 to 387,190 in 1912-13 and of revaccinations from 43,498 to 215,438.6

The year 1916 opened with 366 hospitals and dispensaries spreading over all classes and closed with 387 institutions a net increase of 21. Of these 15 were opened by local bodies, two were private-aided, one private non-aided and six Railway hospitals. Of the three closed during the year, two were Railway dispensaries and one private non-aided. The work of the regular dispensaries was supplemented by an increasing number of peripatetic dispensaries of which there were 20 during the year. These travelling dispensaries were especially useful in reaching places otherwise inaccessible to medical relief and enabling doctors to visit the poor in their homes. The

total number of patients treated by these dispensaries declined from 81,712 in 1915 to 69,852 during the year under report.

Following the enactment of the Medical Acts in Bombay, Madras and Bengal, the Local Government during the year passed a similar Act for Bihar and Orissa, and a Council of Medical Registration had been formed.

During the year 1916, 3,463,145 patients were treated as compared with 3,446,782 in the year 1915. Of these 50,625 were indoor patients and 3,412,520 out-door patients in the year 1916 against 50,487 and 3,396,295 respectively in the previous year.\(^7\)

In 1921 the Bihar-Orissa Legislative Council passed a resolution recommending that Government should take immediate steps to see that at least one dispensary was opened within the jurisdiction of every police station.\(^8\)

The provision of medical relief in rural areas was in the hands of the district boards and since the Reforms large grants had been made by Government for the construction of dispensaries in pursuance of a resolution of the Legislative Council that there should be a dispensary in every police station area.\(^9\)

The history of Orissa as a separate province began from the 1st April 1936. The creation of the new Province brought about several

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changes in the administration of the Medical Department, the Medical Department being combined with the Departments of Jails and Public Health under one administrative officer, the Director of Health and Prisons Services, Orissa.\textsuperscript{10}

The first triennial report of the working of the hospitals and dispensaries in the Province of Orissa was from the 1st April 1936 to the 31st December 1938. In the beginning of the triennium there were 176 hospitals and dispensaries in the province. It closed with 175. Two new dispensaries were opened in 1936, two in 1937 and one in 1938. The total number of beds available in all classes of medical institutions for both sexes was 1,185, 1,230 and 1,326 during the years 1936, 1937 and 1938 respectively. The number of patients treated as outpatients during 1938 was 2,210,989 as compared with 2,056,904 in 1937 and 1,847,499 in 1936. The dispensaries were steadily gaining popularity from year to year.

There were separate wards in all Sadar hospitals and certain other hospitals for treatment of women. There was also a female hospital in the district of Ganjam maintained by the London Baptist Missionary Society.

A Standing Medical Board had been established for the purpose of examining officers who may require leave or may wish to retire on medical grounds and for the medical examination of candidates for gazetted appointments in Government Service.

\textsuperscript{10} S. Solomon, A Short Summary of the Administration of Orissa in 1936, p.15
Bacteriological and pathological examinations, analysis of food, water, etc. which were previously being carried out for this province at the King Institute, Guindy, Madras and the Public Health Laboratory and the Medical College, Patna, were now being done at the Provincial Pathological and Bacteriological Laboratory established at Cuttack in 1938. All materials requiring chemical examination in connection with medico-legal cases were, however sent to the Chemical Examiner to the Government of Bengal, Calcutta, for which an annual contribution was paid to the Bengal Government.

A Council had been formed with the Director of Health and Inspector-General of Prisons, Orissa, as President and a Registrar and the registration of qualified medical practitioners had been taken up.

The Orissa branch of the British Empire Leprosy Relief Association was inaugurated in April 1937, with His Excellency the Governor as President and 100 members of whom 10 were life members, 68 ordinary members and 22 supporting members.

The Provincial Branch of the Indian Red Cross Society, Orissa was formed in October 1936, with His Excellency the Governor as ex-officio President and Lady Hubback and the Hon'ble Minister for Health and Local Self-Government as Vice-President. The Executive Committee of the Indian Red Cross Society, Orissa, Branch, administered the Victoria Memorial Scholarship Fund, Orissa Branch. A sub-committee of the Indian Red Cross Society, Orissa Branch, also dealt with the maternity and child welfare of the Province.

A Scheme prepared by the Director of Health and Inspector General of Prisons, Orissa, for anti-leprosy work was sanctioned in
1938 for the province. The main principle of the scheme was that it provides for extensive survey, propaganda, registration and treatment of lepers and above all for the voluntary isolation of lepers in village groups.

There was no Pasteur institute in the province, patients being treated at the Pasteur Centre at the Cuttack General Hospital and at the headquarters hospitals at Berhampur and Koraput. Government sanctioned the creation of two more centres one at Parlakimedi and the other at Sambalpur which have since been opened.\textsuperscript{11}

Compulsory vaccination on licensed system was introduced as an experimental measure in the rural areas of the districts of Cuttack and Balasore in 1941. The Orissa Prevention of Adulteration and Control of Sale of Food Act, 1938 came into operation in the urban and semi-urban areas of the Province in 1941. In order to safeguard the health of the rural population the introduction of the Act in the rural areas was considered very necessary and action was being taken in this direction.\textsuperscript{12}

The total number of births recorded in 1943 was 237,028 against 241,296 in 1942 showing a decrease of 4,268 births in 1943. The birth rate was 30.75 against 31.50 in 1942.

\textsuperscript{11} Triennial Report on the working of the Hospitals and Dispensaries in Orissa for the year 1936, 1937 and 1938, Health and Local Self-Government Department, Government of Orissa, 1941, pp.2-4.

The total number of deaths registered in 1943 was 233,584 against 194,726 in 1942 showing an increase of 38,858 deaths in 1943. The death rate was 30.30 in 1943 against 25.43 in 1942.\textsuperscript{13}

Maternity and Child Welfare work in the Province was taken up in right earnest in April 1942 when the appointment of a Women's Medical Service Officer as Superintendent of Medical Aid to Women and Children, Orissa was made.

Lady Hubback Maternity and Child Welfare Centre, at Cuttack was assuming the role of a dispensary rather than a Standard Child Welfare Centre. There was also a Maternity and Child Welfare Centre at Berhampur.

In the year 1942 Government maintained School Medical Officer of the Provincial Public Health Service and an Assistant School Medical Officer for medical examination of students of all High Schools and Middle Schools situated in the urban areas. The students of the Middle Schools in the rural areas were examined by the District Board dispensary doctors.\textsuperscript{14}

Work on the Pathological side was increasing year after year. Among other notable events in the year 1942 the formation of the St. John Ambulance, Nursing and Cadet divisions in the province was made.\textsuperscript{15}

\textsuperscript{13} Ibid, p.1.
\textsuperscript{14} Ibid., pp.14-15.
\textsuperscript{15} Ibid., p.25.
Among the Government Medical Colleges, the Sriram Chandra Bhanja Medical College at Cuttack happens to be one of the oldest centre of medical teaching and training in India, which was established on the 1st of June 1944.

During the years (1948, 1949 & 1950) of the triennium, the change of medical administration of the State was held throughout by Lt. Col. B.N. Hajra.

The number of allopathic medical institutions which was only 208 at the commencement of the triennium increased to 366 by the end, and thus the addition was to an extent of 158 institutions.

Seven itinerant dispensaries as indicated below were functioning by the end of the triennium.

(1) At Majhiakhand in Puri district.
(2) At Rayagada in Ganjam district.
(3) At Phulbani in Khondmal district.
(4) At Patnagarh in Bolangir district.
(5) At Titlagarh in Bolangir district.
(6) At Keonjhar headquarters (anti-yaws mobile dispensary)
(7) Sundargarh headquarters (anti-yaws mobile dispensary)

The lack of adequate medical attention noticed in some of the far off and inaccessible areas of the state was thus met to some extent by these travelling dispensaries.

The problem of rendering medical aid to the ailing people in remote areas of the state which were not ordinarily accessible on
account of natural obstructions such as floods, jungles etc. was also solved to some extent by the establishment of the subsidised dispensaries manned by the medical officers. In view of the fact that the conditions of service in those dispensaries on account of less attractive remuneration, the conversion of the subsidised dispensaries into regular ones was under contemplation of Government so as to popularise the institutions.

By the end of the triennium under report seven subsidised dispensaries were functioning at the following places.

- Balasore district : At Irdagarh and Kamarda
- Cuttack district : At Olvara
- Ganjam district : At Narendrapur
- Puri district : At Chandanpur
- Sambalpur district : At Laramba and Kodabahal

A simple and less expensive method of administering simple remedies chiefly to the suffering of aboriginal population in Ganjam and Koraput districts by way of dressing the wounds and ulcers, rendering first aid etc. through the medium of village school teachers entitled the "Village aid men scheme" was brought into operation since 1945. By the end of the triennium 9 village aid men scheme centres functioned at the Ganjam and Koraput districts.

Three hospitals functioned under the management of the Baptist Mission at Berhampur, G. Udayagiri and Serango in the Ganjam districts.
The number of Civil Surgeons in the State was 13 by the end of the triennium.

The cadre strength of the Civil Assistant Surgeons in the state excluding the posts held by the personnel employed on the teaching staff of the medical college and the attached hospital was as noted below in comparison with previous two years of the triennium.

Table III.1
Cadre strength of Civil Assistant Surgeon during year 1948-50

<table>
<thead>
<tr>
<th></th>
<th>1948</th>
<th>1949</th>
<th>1950</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>41</td>
<td>48</td>
<td>48</td>
</tr>
<tr>
<td>Female</td>
<td>8</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Leave Reserve (Male)</td>
<td>12</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Leave Reserve (Female)</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>63</td>
<td>72</td>
<td>72</td>
</tr>
</tbody>
</table>

The position in respect of Sub-Assistant Surgeons is as indicated below:

Table III.2
Cadre strength of Sub-Assistant Surgeon during year 1948-50

<table>
<thead>
<tr>
<th></th>
<th>1948</th>
<th>1949</th>
<th>1950</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>175</td>
<td>176</td>
<td>176</td>
</tr>
<tr>
<td>Leave Reserve</td>
<td>42</td>
<td>57</td>
<td>55</td>
</tr>
<tr>
<td>Temporary</td>
<td>29</td>
<td>33</td>
<td>46</td>
</tr>
<tr>
<td>Female</td>
<td>24</td>
<td>29</td>
<td>30</td>
</tr>
<tr>
<td>Leave Reserve</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>271</td>
<td>296</td>
<td>308</td>
</tr>
</tbody>
</table>
The aforesaid staff relates only to the number employed by Government.

The statistics of the number of patients treated in Medical institutions of class I (State Public), III (Local and Municipal Fund), IV (Private aided) and VII (Rural subsidised), the daily average number and the total bed strength in all such hospitals were furnished below as compared with the previous triennium.

Table III.3
Strength of Bed and Patient
(in the Year 1945-1947)

<table>
<thead>
<tr>
<th>Year</th>
<th>Bed Strength</th>
<th>Indoor</th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
<td>Male</td>
</tr>
<tr>
<td>Last triennium</td>
<td>1325</td>
<td></td>
<td></td>
<td>16869</td>
</tr>
<tr>
<td>1945</td>
<td>832</td>
<td>493</td>
<td>1325</td>
<td>16869</td>
</tr>
<tr>
<td>1946</td>
<td>793</td>
<td>507</td>
<td>1300</td>
<td>16548</td>
</tr>
<tr>
<td>1947</td>
<td>831</td>
<td>546</td>
<td>1377</td>
<td>17872</td>
</tr>
<tr>
<td>The Average for the triennium</td>
<td></td>
<td></td>
<td></td>
<td>17096</td>
</tr>
</tbody>
</table>

Table – III.4
Strength of Bed and Patient
(in the year 1948-1950)

Triennium under report

<table>
<thead>
<tr>
<th>Year</th>
<th>Bed Strength</th>
<th>Indoor</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>2319</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1948</td>
<td>1452</td>
<td>867</td>
<td>2319</td>
</tr>
<tr>
<td>1949</td>
<td>1752</td>
<td>1057</td>
<td>2809</td>
</tr>
<tr>
<td>1950</td>
<td>1775</td>
<td>1125</td>
<td>2900</td>
</tr>
<tr>
<td>Average in the triennium</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table III.5
List of Out-door Patients
(year 1945, 1946, 1947)

<table>
<thead>
<tr>
<th>Year</th>
<th>Males</th>
<th>Females</th>
<th>Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Triennium</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1945</td>
<td>10,44,233</td>
<td>3,25,613</td>
<td>3,66,312</td>
<td>17,36,158</td>
</tr>
<tr>
<td>1946</td>
<td>11,39,149</td>
<td>3,36,354</td>
<td>3,59,217</td>
<td>18,34,720</td>
</tr>
<tr>
<td>1947</td>
<td>11,12,915</td>
<td>3,54,820</td>
<td>3,94,200</td>
<td>18,95,697</td>
</tr>
<tr>
<td>Average</td>
<td>10,98,766</td>
<td>3,38,929</td>
<td>3,73,243</td>
<td>18,22,192</td>
</tr>
</tbody>
</table>

Table III.6
List of Out-door Patients
(year 1948, 1949, 1950)

<table>
<thead>
<tr>
<th>Triennium under report</th>
<th>Males</th>
<th>Females</th>
<th>Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1948</td>
<td>19,91,859</td>
<td>5,42,404</td>
<td>6,82,165</td>
<td>32,16,428</td>
</tr>
<tr>
<td>1949</td>
<td>21,44,050</td>
<td>6,08,449</td>
<td>7,76,267</td>
<td>35,28,766</td>
</tr>
<tr>
<td>1950</td>
<td>22,54,809</td>
<td>6,89,424</td>
<td>8,15,739</td>
<td>37,59,972</td>
</tr>
<tr>
<td>Average</td>
<td>21,30,239</td>
<td>6,13,426</td>
<td>7,58,057</td>
<td>35,01722</td>
</tr>
</tbody>
</table>

The proportion of beds to the number of indoor patients treated during each of the year of the triennium is approximately as follows:

1948 ............... 1.22
1949 ............... 1.20
1950 ............... 1.22

Besides the different kinds of special wards in the Sriram Chandra Bhanja Medical College Hospital, Cuttack, each District Headquarters Hospital had been provided with a special ward for the paying patients.¹⁶

In order to improve the facilities for efficient treatment in the District Headquarters hospital three air conditioning plants for the operation theatres at Headquarters Hospital, Berhampur, Balasore and Puri were obtained. There was already installed a plant in the Sriram Chandra Bhanja Medical College Hospital at Cuttack.

There were facilities for X-ray examination of patients at the medical institutions.

A deep therapy set was provided at the Sriram Chandra Bhanja Medical College Hospital to provide facilities for the treatment of cancer cases.

519.19 mgm of radium was available for the treatment of cancer at the Sriram Chandra Bhanja Medical College Hospital, Cuttack by the end of the triennium.\textsuperscript{17}

In addition to the number of the existing allopathic institutions there were also institutions in the state where medical treatment was rendered according to the indigenous system.

During the triennium under report Government sanctioned twenty Ayurvedic dispensaries.\textsuperscript{18}

In 1954, Capital Hospital was established at Bhubaneswar.

The second medical college, the Vir Surendra Sai (V.S.S.) Medical College, Burla, came up in June, 1959 near Sambalpur. This college admitted 107 undergraduate students every year and also imparted P.G. education since 1964 in all broad specialities like its

\textsuperscript{17} Ibid., pp. 21-22.
\textsuperscript{18} Ibid., p.36.
counterpart at Cuttack. The college rendered yeoman service to the health needs of the people of Western Orissa.

The 3rd medical institution, the Maharaja Krushna Chandra Gajapati (M.K.C.G.) Medical College came into existence in the year 1962.¹⁹

Besides the Sriram Chandra Bhanja Medical College Hospital at Cuttack, the district headquarters hospitals at Balasore, Puri, Sambalpur, Berhampur, Keonjhar, Bolangir, Baripada, Sundargarh and the T.B. Hospital at Uditnarayanpur have been provided with Ambulance Service.²⁰

In order to provide Nurses in Hospitals according to the prescribed standard (i.e. One Nurse to 3 beds in teaching hospitals and one to 5 beds in other hospitals), it was proposed to admit an additional 100 trainees during the year, 1974-75. A sum of Rs.1lakhs had been provided to meet the expenditure on stipend for students, contingencies, pay and allowances of the staff.

The Training of Radiographers was discontinued earlier due to lack of scope for their employment. In the year 1974-75, the training had been revived by admitting 20 candidates in the Training Centre at S.C.B. Medical College, Cuttack.

The Training Programme for Laboratory Technicians was also discontinued due to lack of employment opportunity in the state. But in order to meet the additional requirement of Laboratory Technicians for the Hospital Laboratories, the training programme had been revived.

¹⁹ Basudev Kar, Op cit., p.525.
A provision of Rs.3 lakhs had been made for the year 1974-75 for the purchase of essential equipments for the sub-divisional hospitals. There were only 1,420 beds in the District Headquarters Hospitals. To provide more treatment facilities for the people it was proposed to increase the bed strength in District Headquarters Hospitals. During the year 1974-75, 81 class I posts were created for the purpose and services of specialists were made available.

A sum of Rs.125.60 lakhs had provided in the 5th Five-year Plan to provide medicine worth of Rs.8,000 to each Primary Health Centre per year over and above the existing provision of medicines. During the Fifth Plan Period, it was proposed to upgrade 77 Primary Health Centres and Hospital.

Different Public Health Programmes were taken by the Government. They were actions for Cholera control, anti-yaws campaign, leprosy control programme, small pox eradication programme, filaria, malaria eradication programme, nutrition programme.

With a view to prevent adulteration and movement of spurious drugs, the Drugs Control machinery had been strengthened progressively. To increase public participation in connection with eradication of menace of spurious drugs, 6 public notices in the interest of Public Health had been released through Director, Public Relations, Orissa.21

The Blindness and Trachoma Control Programme had been implemented in the State since 1978-79 with a view to reducing the incidence of Blindness from 1.4% to 0.3% by 2000 A.D.\textsuperscript{22}

In the year 1980, the private practice of the Government Doctors was abolished and twenty-four hour casualty service was introduced along with extra provision for X-ray and laboratory services in Hospitals. Notably, 33 sub-divisional Hospitals, having a bed strength of 20 or more were have been provided with specialist services in the discipline of Gynaecology, Medicine and Surgery.

In order to improve quality of medical care at the Primary Health Centres with specialist service and treatment, 17 Primary Health Centre were upgraded to 30 bedded Hospitals. This apart, 107 Subsidiary Health Centres, including 44 centres in tribal areas were established as a measure to extend health care in remote areas.

Under the U.K. Aided Area Development Programme, infrastructure development and strengthening of Health and Family Welfare Services were started in five districts of the state, namely Cuttack, Puri, Ganjam, Phulbani and Kalahandi.

Super specialisation in Cardiology, Neurology, Nephrology and Neuro-surgery were introduced in V.S.S. Medical College Hospital, Burla while super specialisation in Cardiology, Plastic Surgery, Nephrology, Genito-Urinary Surgery and Endocrinology were started in the Medical College Hospital, Berhampur. The Sishu Bhawan at

\textsuperscript{22} Yojana, Government of India, Publication Division, New Delhi, Vol.39, No.6, 1995, p.15.
Cuttack was declared as an independent institution with the purpose of educating medical and paramedical personnel in paediatrics and for promoting research and patient care in the field.

For early diagnosis of cancer, two Early Detection Centres were established in each of the medical college Hospitals at Burla and Berhampur.

A computed tomographic scanner was provided in Neurosurgery Department of S.C.B. Medical college for better Neurological diagnosis and treatment.\textsuperscript{23}

In order to prevent the dreadful disease AIDS, the National Aids Control Programme was implemented in the State. The Goitre Control Programme was implemented with the object to control goiter and other iodine deficiency disorders in the state. This provision was implemented under Central Plan Programme.

The Open Heart Surgery Unit in the Department of Cardio-theracic Surgery of S.C.B. Medical College Hospital, Cuttack started functioning from the year 1993.

A Cancer Detection Centre was established at District Headquarter Hospital, Balasore with cent per cent Government of India's assistance.\textsuperscript{24}

The Eighth Five Year Plan decided to set up rural health services for eradication of Leprosy, T.B., Malaria and Blindness. The different units were started functioning from State level to District level.

The aim and objectives of the centres were immunisation, treatment and providing required medicines to the persons required for treatment and steps were taken to control the disease and its eradication.

The objective of growth of Allopathic Medical Institutions during 8th Plan Period was to provide better primary "Health Care" facilities to people at grassroot level, through the establishment of Community Health Centre, Primary Health Centre and Sub-Centres.

Table III.7
Number of Medical Institution in Orissa

<table>
<thead>
<tr>
<th>Year</th>
<th>Hospital</th>
<th>CHC, PHC &amp; UGPHCs</th>
<th>PHC New</th>
<th>Mobile Health Unit</th>
<th>Other Medical Institutions</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
<td>(6)</td>
<td>(7)</td>
</tr>
<tr>
<td>1992-93</td>
<td>176</td>
<td>110</td>
<td>232</td>
<td>626</td>
<td>27</td>
<td>349</td>
</tr>
<tr>
<td>1993-94</td>
<td>177</td>
<td>111</td>
<td>231</td>
<td>644</td>
<td>27</td>
<td>353</td>
</tr>
<tr>
<td>1994-95</td>
<td>183</td>
<td>113</td>
<td>231</td>
<td>679</td>
<td>27</td>
<td>355</td>
</tr>
<tr>
<td>1995-96</td>
<td>180</td>
<td>157</td>
<td>185</td>
<td>700</td>
<td>32</td>
<td>363</td>
</tr>
<tr>
<td>1996-97</td>
<td>180</td>
<td>157</td>
<td>185</td>
<td>1094</td>
<td>13</td>
<td>-</td>
</tr>
</tbody>
</table>

Source: Directorate of Health Services, Orissa

The above table indicates that during the year 1992-93 the number of Community Health Centres (CHCs) were 110 which increased to 157 during 1996-97. The Primary Health Centres (PHCs) both Upgraded and new were 858 during 1992-93 which increased year to year and at the end of the 8th Plan Period during 1996-97 it was 1279 numbers. The total medical institutions were 1520 during 1992-93 and increased to 1629 during 1996-97. The establishment of
more of medical institutions like CHC, PHC and Sub-Centres will help to reduce birth rate, death rate and infant mortality rate and will be able to control major and communicable diseases in rural and tribal areas of the state.

The performance of immunisation in Orissa was satisfactory during the 7th Five Year Plan. During the 8th Five Year Plan the National Health Policy emphasized on reduction of birth rate to 21 only per one thousand and death rate to 9 only per one thousand.

The "Health Care" programmes covered under 20-point programme was successfully implemented in Orissa. The life expectancy at Birth of Orissa was 55.2 years during the year 1991. It was increased to 58.4 during the year 1995. The India's life expectancy at birth was 59.1 during 1991 which is also increased to 61.7 during the year 1995. The infant mortality rate of Orissa is 126 per thousand live birth in the year 1991. It also came down to 103 in the year 1995. The corresponding figure for India was 80, in the year 1991 and it came down to 74 during the year 1995. It may be concluded that the infant mortality rate of Orissa and India was decreasing year to year from 1991 to 1995.

The World Bank assisted Integrated Child Development Scheme (ICDS) projects having introduced in our state with effect from 23.10.1990 covering 107 ICDS projects which extended to 218 Blocks
out of 314 Blocks in the state upto 1996-97 alongwith 20,828 Anganwadi Centres.25

Prior to 1997 user fees was in existence in Orissa in some Government hospitals for certain items like accommodation in cabins, use of ambulance, X-ray and few other investigations. But Government of Orissa passed an order on 24th June 1997 revising the existing user fees and including more items under the purview of user fees such as transportation, accommodation, diagnosis and medical investigations following the recommendations of the Committee constituted by the Orissa Legislative Assembly. The user fees are deposited in the account of Zilla Swasthya Samities (ZSS) in case of districts and hospital societies in case of medical colleges.

Presently user fees are levied in all medical colleges, headquarters and sub-divisional hospitals and some area hospitals for pay cabins, diagnostic purposes like pathology, biochemical, radiological, ultra sonography, Colour Doppler, CT Scan and other such investigations. User fees are also collected from IPD and OPD patients and for facilities for ICU in few selected hospitals. In all cases, the user fees are limited to the families above poverty line (APL) and the money collected as user fees is spent for improvement of that particular health institutions. Families below poverty line (BPL) are exempted from user fees.26

Catheterisation Laboratory Machine in the Cardiology Department of S.C.B. Medical College, Cuttack was established in the year 1998 for treatment of Cardiac patients.

Cleaning services in Capital Hospital, Bhubanewar, S.C.B. Medical College, Cuttack and MKCG Medical College, Berhampur was privatized.27

The Orissa Health Systems Development Project (OHSDP) was being implemented in the state in the year 1998 with the assistance from the world bank. The objective of the project was to improve the health care delivery in selected primary and secondary hospitals in the state.

During the year 1999 facilities for super specialised treatment were being provided in the three medical colleges hospitals through ultra modern diagnostic and therapeutic equipments. The S.C.B. Medical College Hospital had 1208 beds and was equipped with modern instruments like heart-lung machine, equipment for open heart surgery, CT Scan etc. The other two medical college hospitals namely MKCG Medical College Hospital at Berhampur and V.S.S. Medical College Hospital at Burla were being provided with 881 and 772 hospital beds respectively.28

In the year 1999, there were 1,703 Government medical institutions in the State with 13,786 hospital beds and 4,919 doctors

with population served per medical institution being 21,700. The doctor-population ratio during the year was 1:7,560 and bed-population ratio was 1:2,680.29

The Universal Immunisation Programme was being implemented in the state with the objective of reducing infant mortality and maternal mortality rates. Under the programme, children below 6 years of age were inoculated for prevention of contagious diseases like T.B., diphtheria, whooping cough, tetanus, polio, measles, etc. The immunization programme had further been strengthened through Integrated Child Development Scheme (ICDS) in the State.30

From July 2001, the State Government has started the Panchabyadhi scheme which guarantees free treatment including free medicine for 5 common communicable diseases viz., malaria, leprosy, diarrhoea, acute respiratory infection and scabies.

Under the scheme clinical protocols (standard treatment guidelines) have been drawn up for treatment of these 5 diseases and distributed to all doctors and institutions. All the medicines required for treatment are also being supplied to all government health institutions from the Sub-Centre to the medical college hospitals.31

During the year 2003-04 the School AIDS Education Programme has been launched in the district of Ganjam through Nehru Yuva Kendra Sangathan, Orissa, 450 high schools and 90 +2 colleges have

29 Ibid., p.15/2.
30 Ibid., p. 15/9.
been taken up in the programme to create awareness among school and college going adolescents about HIV/AIDS, Blood Safety emphasizes on ensuring safe blood supply to the patients. HIV Screening has been made mandatory in all the Blood Banks. Annual grant and kits are provided to 44 Blood Banks.

Twenty voluntary Counselling and Testing Centres are operational in the State (3 Medical Colleges; 14 District Headquarter hospitals (Balasore, Bolangir, Koraput, Puri, Sundargarh, Jharsuguda, Angul, Bhadrak, Jajpur, Phulbani, Nuapada, Rayagada, Sambalpur, Kendrapara); Capital Hospital, Bhubaneswar; RGH, Rourkela; City Hospital, Berhampur.

There are all together 34 STD clinics in the State. The objective of the clinic is to facilitate the treatment of the STD cases in all 30 district Headquarter Hospitals, including 3 Medical Colleges and ESI Hospitals, Bhubaneswar.32

To provide quality health care services, Orissa Health System Development Project has introduced a Quality Assurance Components in all 156 hospitals.

To ensure greater access of the population to basic health care services, Mobile Health Units (MHUs) have been introduced in all 80 Blocks of the 8 KBK districts in a phased manner.33

The Reproductive Child Health (RCH) Programme is a 100 per cent centrally assisted programme with the objective of improving the reproductive health of men and women and the health of the children. The RCH programme has been introduced to ensure safe mother-

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32. Ibid., p.10.
33. Ibid., pp. 16-17.
hood and child survival to create confidence among the population to accept family planning methods. One district, namely Kalahandi has been taken up for intensive activity under the programme.\textsuperscript{34}

The National Rural Health Mission (NRHM) a flagship endeavour was launched in the state in June, 2005. It is one of the largest health programme in the state in the last fifty years and aims at improving the access to and availability of quality health services to the under privileged like the women and children, especially the rural poor.

The goal of the Mission is to reduce Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR), Universal Access to Public Health Services, Women Health, Child Health, Sanitation and Hygiene, Immunization and Nutrition, Prevention and Control of communicable and non-communicable diseases. Access to integrated and comprehensive primary health care, population stabilization, gender and demographic balance and promotion of healthy life style has also been brought about.

In order to ensure better management of health services, Rogi Kalyana Samiti have been constituted in the district and sub-district, hospitals, CHCs and PHCs taking cross section of the community and local representatives.

'Janani Surakhya Yojana' is being implemented in the state from August, 2006 with an objective to reduce overall maternal mortality ratio, infant mortality rate, and to increase institutional delivery.\textsuperscript{35}

\textsuperscript{34} Ibid., p. 19.

During the year 1951, medical and health care facilities created by the Government were available to the people through a network of 365 medical institution with 3,112 hospital beds and 1,083 doctors with a doctor – population ratio of 1:13,500. By the end of December, 2006, the facilities have been increased to 1,704 Government allopathic medical institution in the State with 14166 hospital and beds as follows.

**Table III.8**

**Beds available in Government Hospitals in 2006**

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Medical Institutions</th>
<th>Nos.</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Medical College Hospitals</td>
<td>3</td>
<td>2861</td>
</tr>
<tr>
<td>2.</td>
<td>District Headquarters Hospitals</td>
<td>32</td>
<td>3923</td>
</tr>
<tr>
<td>3.</td>
<td>Sub-Div. Hospitals</td>
<td>22</td>
<td>985</td>
</tr>
<tr>
<td>4.</td>
<td>Other Hospitals</td>
<td>124</td>
<td>2001</td>
</tr>
<tr>
<td>5.</td>
<td>CHCs</td>
<td>231</td>
<td>3520</td>
</tr>
<tr>
<td>6.</td>
<td>PHCs</td>
<td>114</td>
<td>726</td>
</tr>
<tr>
<td>7.</td>
<td>PHCs (New)</td>
<td>1164</td>
<td>150</td>
</tr>
<tr>
<td>8.</td>
<td>Mobile Health Units</td>
<td>14</td>
<td>-</td>
</tr>
<tr>
<td>9.</td>
<td>Total</td>
<td>1704</td>
<td>14166</td>
</tr>
</tbody>
</table>

Source: Directorate of Health Services, Orissa, Bhubaneswar

The bed-population ratio, an important indicator of health services was 1:2770 in 2006-07.\(^{36}\)

The MBBS seats of MKCG Medical College, Berhampur and VSS Medical College, Burla has been enhanced from 107 to 150 for the first time during the academic session 2007-08 conditionally by

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\(^{36}\) Ibid. pp. 15/3-15/4.
Ministry of Health and Family Welfare, India subject to the fulfillment of the deficiencies pointed out by Medical Council of India.

For upgradation and strengthening of emergency facilities in the casualty services Government of India have provided Rs.1.50 crores each to the three Medical College Hospitals of the State. Purchase of equipments, ambulances and construction work under the scheme is going on in the above institutions to provide state of the Art casualty services to the people of the State.

The Regional Diagnostic Centres of each three Government Medical College Hospitals have been functioning since 2006-07 duly equipped with diagnostic equipments.

Three Government Medical Colleges have been provided with funds for training of MBBS doctors for Life Saving Anaesthesia Skill and Endoscopic Training at Department of Obstetric and Gynaecology in SCB Medical College, Cuttack.

MKCG Medical College and Hospital, Berhampur has been selected by the Ministry of Health and Family Welfare, Government of India for setting up a department of Physical Medicine and Rehabilitation (PMR). Government of India is providing financial assistance for setting up the Department. The aim of the scheme is to build capacity in the Medical College for running a Department which can train medical students at undergraduate and post-graduate level and also manpower required for medical rehabilitation programme. It will also take up treatment and service required for rehabilitating the disabled persons. A Tele-medicine unit is functioning here provided by the ISRO. There has been a provision of Rs.1.01 crores for
development and expansion of telemedicine system for the year 2007-08 in the State.\textsuperscript{37}

Government in the Health and Family Welfare Department have been making constant and sincere efforts to implement schemes to ensure adequate health care services to the people. Steps are being taken to bring about improvement in the health care system in the State.

The main objectives of the Health sector programmes are as follows:

(i) Provision of adequate qualitative, preventive and curative health care to the people of the State.

(ii) Ensuring health care services to all, particularly to the disadvantaged groups, like Scheduled Tribes, Scheduled Castes and the backward classes.

(iii) To provide affordable quality health care to the people of the State not only through the allopathic system of medicine but also through the homoeopathic and Ayurvedic systems.

(iv) To ensure greater access to primary health care by bringing medical institutions as close to the people as possible or through mobile health units, particularly in the under-served and backward districts.

(v) To improve health care in the KBK districts of the State.

(vi) To eliminate diseases like polio and leprosy from the state, and prevent and control other communicable diseases.

\textsuperscript{37} Health and Family Welfare Department 2007-08, Health and Family Welfare Department, Orissa, Bhubaneswar, p.23.
(vii) To reduce maternal and infant mortality and to improve maternal and child health.

(viii) To guarantee to the people of Orissa free treatment (including free medicines) for certain major communicable diseases.

(ix) To improve hospital services at the primary, secondary and tertiary levels in terms of infrastructure, drugs and personnel.

(x) To impart training to doctors, nurses and other paramedical staff to upgrade their skills and knowledge to improve quality health care in the State.38

In a bid to check infant mortality in Orissa, the State government has inaugurated a baby care unit for new-borns at Capital Hospital in Bhubaneswar.

This unit that was established with aid from UNICEF, was a part of the government's strategy to reduce neo-natal mortality that accounts for about 66 per cent infant deaths. The three major causes of death among newborns were low birth weight, low body temperature and infections. Special new born care units will enhance the chances of survival among premature and low birth weight babies.39

Orissa has maintained a good health care delivery organ extending to its remote peripheries as regards curative and preventive divisions with 3 medical colleges for medical education and training.40

38. Ibid., p.3.