# CHAPTER XVI

## MEDICAL AND PUBLIC HEALTH SERVICES

No record is available about the state of health and medical facilities that obtained in the district in the past. However, two indigenous systems of medicine, Ayurvedic and Unani, were practised in the Ambala district as in the rest of the country. The allopathic system of medicine was introduced during the British rule. Being based on progressive researches in the field of medical science, it became popular with the passage of time. The British government opened hospitals and dispensaries to provide medical facilities on an increasing scale. These were, however, inadequate to meet the needs of the entire population.

In 1883-84, there existed a civil hospital at Ambala City and dispensaries at Jagadhri, Sadhaura and Chhachhrauli. Besides, there was a leper asylum at Ambala City (founded in 1856) and the Lock Hospital at Ambala Cantonment (opened in 1866).[1] A few more dispensaries were opened towards the close of the 19th century. The Kalka dispensary began to function in 1886.[2] A district board dispensary at Narayangarh was opened in 1895. Philadelphia hospital at Ambala City was opened in 1893 by the American missionaries. A Christian hospital at Jagadhri was opened in 1914. During the next three decades, Banarsi Dass Women Hospital, Behari Lal Charitable Zenana Hospital and District Tuberculosis Centre were opened in 1922, 1932 and 1943 respectively.

The incidence of epidemic diseases was insignificant in the district as compared to the neighbouring districts. It was not severely affected by malaria and there was hardly any case of plague in the district in 1918. Though influenza prevailed as an epidemic in that year but it did not claim heavy toll of life as it did elsewhere.[3]

After Independence, the government felt concerned about extending medical and health services everywhere to the people at large. More and more medical institutions on modern lines were opened and provided with necessary equipment and other facilities. Many new progammes to control and eradicate diseases were undertaken.

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1. *Ambala District Gazetteer*, 1883-84, p. 63 ; *Ambala District and Kalsia State Statistical Tables (Kalsia State Portion)*, 1912, Table 53.

2. *Ambala District and Kalsia State Statistical Tables (Ambala District Portion)*, 1912, Table 57.

3. *Ambala District Gazetteer*, 1923-24, p. 126.

## Medical and Health Services

The medical and health services in the district are under the charge of the Chief Medical Officer. He is assisted by two Deputy Chief Medical Officers, one for medical services and the other for health services. In addition, a District Tuberculosis Officer, a District School Medical Officer, a District Malaria Officer and a District Family Welfare Officer work under his control. The civil hospitals at Ambala City, Ambala Cantonment, Narayangarh and Jagadhri are each under the charge of a Senior Medical Officer. The civil hospital at Kalka is under the charge of a Medical Officer and the civil hospital at Yamunanagar is under the charge of a Medical Superintendent. The District Tuberculosis Centre, Ambala City is also under the charge of a Medical Officer. The primary health centres at block level are under the charge of Block Medical Officers who also supervise various health schemes, family welfare work and programmes for control and eradication of malaria, small-pox, tuberculosis trachoma, etc. Primary health sub-centres, rural dispensaries and government Ayurvedic dispensaries at village level also function under them.

Medical service is confined to rendering medical relief to the public through allopathic and Ayurvedic instititions. In 1978, the number of medical institutions was 135, viz. 7 civil hospitals, one maternity hospital, one E.S.I. hospital, one district tuberculosis centre, 10 E.S.I. dispensaries, 10 rural dispensaries, one urban dispensary, 8 primary health centres, 74 primary health sub-centres and 22 Ayurvedic dispensaries in the district. A list of these institutitions is given in Table XXXIX of Appendix.

Besides, there are departmental hospitals at Ambala City run by the Police Department and at Ambala Cantonment and Kalka run by the Northern Railway. Some private organisations and missions are also running a few hospitals. There are many registered medical practitioners located in the district who provide medical and health facilities to the people in their private clinics. A brief description of some important government and private institutions is given below:

**Civil Hospital, Ambala City.**—Located near Jagadhri gate, the hospital was opened in 1883. It has departments of medicine, surgery, gynaecology, opthalmology, ENT (ear, nose and throat), paediatrics, psychiatry and dentistry. It also provides facilities of diagnostic and therapeutic radiology, laboratory and blood bank. It has 200 beds, 135 for females and 65 for males.

It had 14 doctors and 43 members of auxiliary staff in 1977-78. The number of indoor and outdoor patients during 1978 was 8,040 and 1,46,116, respectively.

**Civil Hospital, Ambala Cantonment.**—It was started in 1973 and is situated on Alexendra road. It has departments of medicine, surgery, obstetrics and

dentistry. It also has facilities of X-ray and clinical laboratories. It has 50 beds, 31 for males and 19 for females.

In 1977-78, it had 6 doctors and 47 members of auxiliary staff. The number of indoor and outdoor patients during the year was 2,585 and 76,616, respectively.

**Civil Hospital, Jagadhri.**—Established in 1900, the hospital is located near the civil courts. It is a 25-bedded hospital with X-ray and laboratory facilities.

It had 3 doctors and 5 members of auxiliary staff during 1977-78. The number of indoor and outdoor patients during the year was 8,816 and 49,554, respectively.

**M.L. Civil Hospital, Yamunanagar.**—Located on Jagadhri road, the hospital was originally started as Mukand Lal Municipal Public Hospital with 25 beds and was run by Mukand Lal Trust, Yamunangar to which the local municipality gave an annual grant of Rs. one lakh. The trust donated a sum of Rs. one lakh at its inception and continues to donate rupees ten thousand per annum. The hospital was taken over by the government in December, 1970. In 1977-78, it had 23 beds for males, 21 for females and 6 beds in private ward. Facilities for X-ray and clinical laboratories exist in the hospital.

It had 5 doctors and 45 members of auxiliary staff in 1977-78. The number of indoor and outdoor patients during the year was 3,739 and 65,945, respectively.

**Civil Hospital, Narayangarh.**—Located on Sadhaura road, the hospital was established in 1895 and was run by the District Board for over four decades until it was provincialised in 1940. The hospital shifted to its new premises in 1974 which provides 50 beds-25 each for males and females. In addition to facilities of X-ray and clinical laboratories, it has departments of paediatrics, gynaecology, medicine and dentistry.

In 1978, there were 6 doctors and 46 members of auxiliary staff. The number of indoor and outdoor patients during the year was 2,400 and 1,07,271, respectively.

**Civil Hospital, Kalka.**—Opened in 1972, the hospital is located on Railway road. It has 24-beds, 12 each for males and females. Facilities of X-ray and clinical laboratories exist in the hospital. It is also equipped with a dental clinic.

It had 3 doctors and 31 members of auxiliary staff in 1977-78. The number of indoor and outdoor patients during the year was 1,179 and 24,622, respectively.

**Employees State Insurance Hospital, Jagadhri**.—Located on Jagadhri-Yamunanagar road, the hospital was established in 1968. It provides medical facilities to the factory workers and their families. Sixty beds-30 each for males and females, exist in the hospital. It has the departments of medicine, gynaecology, opthalmology, ENT (ear, nose, throat) and surgery and is equipped with facilities of X-ray and clinical laboratories.

In 1977-78, the hospital had 7 doctors and 31 members of auxiliary staff. The number of indoor and outdoor patients during the year was 1,762 and 51,018, respectively.

**District Tuberculosis Centre, Ambala City**.—Founded in 1943 by the District T.B. Association, the centre is situated on the Town Hall road. Since 1967, it is being run by the state government. It has 36 beds, 20 for males and 16 for females. Facilities of X-ray and clinical laboratories are available in this centre.

In 1977-78, the centre had 3 doctors and 13 members of auxiliary staff. The number of indoor and outdoor patients during the year was 351 and 6,688, respectively.

**Police Hospital, Ambala City**.—The hospital is located near police lines. The hospital has 20 beds, all for males. It provides facilities of general medicine and minor surgery for policemen and their families.

In 1977-78, the staff included 1 doctor and auxiliary staff consisting of 5 members. The number of indoor and outdoor patients during the year was 273 and 27,538, respectively.

**Railway Hospital, Ambala Cantonment**.—Located near Ambala Cantonment railway station, it is run by the railway authorities. The hospital has 15 beds. The facilities of X-ray, shortwave diathermy, dental treatment and laboratory tests are available in the hospital.

In 1977-78, the staff included 4 doctors and auxiliary staff consisting of 40 members. The number of indoor and outdoor patients during the year was 792 and 40,749, respectively.

**Railway Hospital, Kalka**.—Located in the Railway Colony, it was started in 1903. It is run by the railway authorities. The hospital has 8 beds, 6 for males and 2 for females.

In 1977-78, it had 3 doctors and 16 members of auxiliary staff. The number of indoor and outdoor patients during the year was 261 and 23,968, respectively.

**Philadelphia Mission Hospital, Ambala City**.—Located near Arya High School, it was started in 1893. It is run by the Church of North India. The hospital has 125 beds, 65 for females, 45 for males and 15 bassinets.

It provides specialized treatment in the departments of surgery, medicine, obstetrics, gynaecology, ophthalmology and ENT (ear, nose and throat). The hospital also provides training facilities for 3½ years diploma course in 'A' grade nursing, 6 months diploma in medical record technician and 2 years diploma in laboratory technician course.

In 1977-78, the staff included 10 doctors and auxiliary staff consisting of 109 members. The number of indoor and outdoor patients during the year was 4,362 and 29,631, respectively.

**Shri Behari Lal Charitable Zenana Hospital, Ambala Cantonment.**—Established in 1932, it is located on the Railway road. It is run by Shri Behari Lal Charitable Trust, Ambala Cantonment. The hospital has 15 beds.

In 1977-78, the hospital had 1 doctor and 6 members of auxiliary staff. The number of indoor and outdoor patients during the year was 206 and 9,327, respectively.

**Banarsi Dass Women Hospital, Ambala Cantonment**—Located in Sabzi Mandi, it was established in 1922. It is managed by Rai Bahadur Banarsi Dass Trust, Ambala Cantonment. It is a 40-bedded charitable hospital with 8 private rooms.

In 1977-78, the hospital had 2 doctors and 12 members of auxiliary staff. The number of indoor and outdoor patients during the year was 276 and 16,152, respectively.

**Guru Nanak Mission Hospital, Ambala Cantonment.**—Started in 1966, it is located on Hargolal road. It is managed by Guru Nanak Mission, Ambala Cantonment. The hospital has 8 beds, 4 each for males and females. Besides general sickness, treatment for eyes and dental diseases is also provided.

In 1977-78, the hospital had 5 doctors and 7 members of auxiliary staff. The number of indoor and outdoor patients during the year was 50 and 38,492, respectively.

**Christian Hospital, Jagadhri.**—It was established in 1914 and is situated near the Civil Lines. This hospital is run by the Church of North India. It has 100 beds, 50 each for males and females. The hospital provides treatment in the departments of surgery, medicine, paediatrics, gynaecology, ophthalmology, ENT (ear, nose and throat) and tuberculosis. It also provides facilities for X-rays and clinical laboratories. It also maintains a leper clinic. The hospital provides training in 'A' grade nursing course.

In 1977-78, the hospital had 5 doctors and 47 members of auxiliary staff. The number of indoor and outdoor patients during the year was 2,874 and 17,494, respectively.

**Vital Statistics**

Statistics about births and deaths are most important for planning and working of health programmes. In towns, the municipalities and notified area committees keep the record and in villages, chowkidars report the day to day statistics at the police station of their area. After compilation, the statistics are passed on by the Station House Officer to the Chief Medical Officer.

The satisfactory results achieved by the Health Department are reflected in reduced incidence of disease and lower mortality, both infant and adult. The table XL of Appendix showing the number of deaths caused by different diseases from 1971 onwards and the following table showing birth and death rate and the infant mortality from 1962 onwards illustrate this position. While the birth rate decreased in fifteen years from 34·4 per thousand to 27·1, the death rate fell from 10.9 to 8.3. Even more important than these figures was the phenominally reduced infant mortality.

| Year | Birth Rate per Thousand of Population | Death Rate per Thousand of Population | Infant Mortality (under 1 year of age) per Thousand of Live Births |
|---|---|---|---|
| 1962 .. | 34·4 | 10·9 | 95·5 |
| 1966 .. | 23·8 | 8·8 | 76·9 |
| 1967 .. | 28·0 | 7·7 | 63·9 |
| 1968 .. | 29·6 | 7·4 | 58·6 |
| 1969 .. | 30·9 | 7·8 | 64·3 |
| 1970 .. | 28·4 | 7·3 | 64·8 |
| 1971 .. | 31·5 | 7·6 | 61·0 |
| 1972 .. | 30·5 | 8·5 | 62·3 |
| 1973 .. | 31·1 | 7·9 | 57·7 |
| 1974 .. | 30·3 | 7·5 | 44·6 |
| 1975 .. | 30·4 | 8·2 | 62·3 |
| 1976 .. | 29·7 | 8·1 | 54·9 |
| 1977 .. | 27·1 | 8·3 | 67·5 |

Diseases Common to the District

The common diseases which occur in the district are gastro-enteric diseases and typhoid group of fevers, tuberculosis, chest infections (other than tuberculosis), malaria and trachoma. Epidemic diseases, viz. cholera, plague and smallpox are three notifiable diseases under the Epidemic Diseases Act, 1897. Of these, plague and smallpox are not endemic, cholera is endemic but the incidence of this disease depends largely on importation of infection and laxity in preventive measures to check it.

Plague and smallpox have become non-existent. Gastro-enteric diseases and cholera have been effectively contained. Malaria was practically eradicated but its incidence has again increased in the recent years. Facilities for treating tuberculosis and trachoma are being expanded.

**Cholera**.—There has been no serious case of this disease in the district for the last many years. Incidence of cholera has been low due to various preventive measures taken by the medical authorities. These comprise proper arrangements for the disposal of refuse and of human excreta, protection of eatables and drinking water from pollution, anti-fly measures and mass inoculation in hospitals and dispensaries. Similar preventive measures are taken on the eve of various fairs held in the district, so that the contagious disease is not imported from outside.

**Plague**.—Once known as most horrible disease, plague is now completely non-existent in the district. The factors responsible for its disappearance have been the spraying of houses with insecticides to kill rat fleas and systematic de-ratting measures.

**Smallpox**.—One of the most contagious and killer diseases, smallpox earlier used to occur in an epidemic form. As a result of various preventive measures taken by the the government. smallpox has now become non-existent. The smallpox eradication programme initiated by W. H. O., was started in the district in May, 1962, under which supervisors and vaccinators were posted in the primary health centres and in some municipalities. Special care is taken to vaccinate all the new born babies and children.

**Malaria**.—Malaria was common in the district. In the last quarter of 1942, there was a severe and wide spread epidemic of malaria. To check the menace of malaria, the Government of India initiated a centrally-sponsored and aided National Malaria Control Programme in 1953. This programme was redesigned as the National Malaria Eradication Programme in 1958. A consolidated phase of these programmes was started in 1960. All the areas, both urban and rural, were covered under this programme. Besides, the insecticidal spray in each and every house, every fever case or every case having a history of fever was also screened by basic health workers during fortnightly house to

house visits. Persons found positive for malaria were given intensive treatment. As a result of these activities malaria was effectively controlled and curbed by 1964. It was followed by a maintenance phase in which surveillance alone was kept.

The district remained almost free from malaria up to the end of 1967. About 21 cases of malaria were, however, detected during that year. Suddenly, more cases were reported subsequently in the Ambala block. Between 1969 and 1971 Ambala and Barara blocks were invaded by this disease. In 1972, the whole of the district came in its grip because mosquitoes responsible for transmission of malaria had developed resistance against insecticides.

During 1977-78, 52,575 cases of malaria were detected in the district.

**Tuberculosis**. This disease posed a grave problem at one time in the district. The national sample survey conducted during 1955—57 revealed that 15 persons per thousand of the population in the district were suffering from pulmonary tuberculosis and of them 4 persons per thousand excrete tuberrole bacille in their sputum and are dangerous to the community in which they live. It has been persisting because of the spread of infection and less resistance among the people.

B.C.G. vaccination as a preventive measure was launched in the district in 1951. With the beginning of National T.B. Control Programme in January, 1972, the diagnostic and treatment facilities were made available in all the primary health centres in the district. The T.B. Centre at Ambala City provided specialised and indoor facilities to tuberculosis patients.

**Trachoma**.—It is a common eye disease in the district especially amongst the children under 10 years of age. About 70 to 80 per cent of the children particularly in the rural areas, suffer from it. Untreated trachoma, sometime results in serious disability of the eyes and even leads to blindness. The Trachoma Eradication Programme sponsored by the Government of India was started in the Ambala district in March, 1963. Under this programme, free medicine is supplied to the persons suffering from it.

**Leprosy**. Leprosy is not a problem in this district so far as the local population is concerned. Two leper colonies, one at Ambala City and the other at Jagadhri, accommodate lepers who hail from outside the district. Every effort is made to segregate and medically treat these lepers so that they do not spread the disease to other persons, especially to their own children. At Chhachhrauli, Bal Kunj, a home for the children of lepers has been established by the Haryana State Council for Child Welfare. The home looks after the bringing up of the children of the lepers.

**Influenza.**—It occurred in a epidemic form in the district in 1918, but it was not as severe as in many other districts.[1] Every year sporadic or isolated cases of influenza occur, sometime very serious sometime only mild. As symptoms are very similar to those of common cold, many cases of common cold are labelled as influenza. There is no specific treatment against the disease; but precautions similar to those for lung infections prevent its spread during an epidemic. The number of reported cases of influenza since 1971 is shown below:

| Year | | No. of Reported Cases |
|---|---|---|
| 1971 | .. | 18,923 |
| 1972 | .. | 26,240 |
| 1973 | .. | 20,117 |
| 1974 | .. | 20,084 |
| 1975 | .. | 8,634 |
| 1976 | .. | 8,408 |
| 1977 | .. | 14,451 |
| 1978 | .. | 7,408 |

**Gastro-enteric Diseases and Typhoid Group of Fevers.**—The most common infectious diseases are typhoid and enteric group of fevers, dysentery and diarrhoea. These diseases are caused by 5 F's-flies, fingers, faces, fomites and food. These diseases can be well controlled by organised preventive measures like protection and disinfection of drinking water and general sanitation measures taken by the public health staff.

PREVENTIVE MEASURES TO PROMOTE PUBLIC HEALTH

The modern concept of good health lays greater emphasis on prevention of diseases and this necessitates various kinds of measures. The younger generation must be given health education which is perhaps the most important activity for any effective preventive measure. Health education is equally necessary for older persons. Like-wise, family welfare and maternity welfare require greatest attention if the problem of over population has to be solved. It is equally necessary to take suitable measures to prevent adulteration of food, promote desirable knowledge and the practice of nutritive articles of food, make supply of clean and safe drinking water possible for even

1. *Ambala District Gazetteer*, 1923-24, p. 126.

those living in rural areas and to take other such steps as will improve environmental hygiene.

**School Health Service.**—The first school health clinic in the district was started in 1960. In 1973, the school health services ware made an integral part of all hospitals, primary health centres and rural dispensaries. The District School Medical Officer looks after the school health services in the district. He renders advice to heads of schools in health matters, viz. appointment of medical officers and pharmacists for schools and for proper sanitation.

School children studying in classes I, VI and IX are thoroughly checked and arrangements are made for the treatment of those found ill. The following figures show the school health work done in the district since 1971 :—

| Year | | Children Examined | Children Found Ill and Treated |
|---|---|---|---|
| 1971 | .. | 9,135 | 945 |
| 1972 | .. | 10,554 | 7,384 |
| 1973 | .. | 10,394 | 3,061 |
| 1974 | .. | 10,037 | 1,004 |
| 1975 | .. | 10,644 | 1,065 |
| 1976 | .. | 15,030 | 1,763 |
| 1977 | .. | 22,645 | 1,711 |
| 1978 | .. | 14,503 | 1,320 |

**Health Education.**—Health education aims at providing integrated curative and preventive service for better health of the citizens.

Health education is the responsibility of all medical and para-medical personnel. It is mainly carried out through the staff of the health centres. It is generally imparted by means of lectures, film shows, leaflets, posters, radio, advertisement and newspapers. Interviews, group discussions, seminars and panel discussions are also arranged to create health consciousness among the people.

**Family Welfare.**—The family welfare programme earlier known as family planning programme was launched in the district during 1964-65.

For successful implementation of the programme, a three dimensional approach of education was formulated, viz., the mass approach, the group

approach and the individual approach. In mass approach, all available modern communication media are employed for creating awareness among the people and building opinion against population explosion and in favour of small family. The group approach is carried out through group meetings, debates, group lectures and seminars. It is the individual approach which ultimately leads to motivation of cases. Under this approach efforts are made to convince the couples in the child bearing age-group to adopt family planning methods. The efforts of local leaders, social workers and also those who adopt family planning methods are utilized in motivating people.

All activities of family welfare programme in the district are carried out under the guidance and supervision of the Chief Medical Officer. Under him, the District Family Welfare Officer is actually responsible for this programme. At the block level, a rural family welfare unit is attached with each primary health centre and is under the charge of a medical officer. He is assisted by an extension educator, family welfare field workers, lady health visitors, auxiliary nurse midwives and trained *dais*. At the village level, services are rendered by sub-centres, field workers and rural dispensaries. A centre is attached to Civil Hospital, Ambala City to provide special facilities for medical termination of pregnancy and sterlization.

The Haryana branch of Family Planning Association of India runs three family welfare centres at Jagadhri, Ambala and Kalka. These centres are designed to supplement and complement government efforts in regards to fertility control by providing referral services, motivation, follow-up and maternity and child health care. The centres at Ambala and Jagadhri have been working from 1973 and 1976, respectively. The centre at Kalka was started in March, 1979. Besides, the association runs two mobile education and service units at Ambala Cantonment and Kalka. These centres aim at extending family planning services in the outlying rural areas by intensifying educational network and providing on the spot clinical services to the rural and semi-urban community which is not well served. These centres serve through sub-centres established in the peripheral area. A team comprising medical officer, auxiliary nurse midwife and field workers pays regular visits to the sub-centres and provides services at the door-steps of the acceptors.

The family planning practices cover methods for limitation of families as also for spacing of children. The former include sterlization of males and females and the insertion of I.U.C.D. (intra-uterine contraceptive device, popularly known as the 'loop'). The latter include the use of condoms, diaphragm, jellies, foam tablets and oral pills. The conventional contraceptives

such as condoms, foam tablets, jellies, diaphragm, etc. are distributed through contraceptive depots/centres including rural post offices. Besides free medical and surgical services, transport and diet are arranged for sterlization cases. Cash incentives are also offered.

The family planning services are also provided through civil hospitals, rural dispensaries, primary health centres and sub-centres.

The family welfare programme in the district has made considerable progress except perhaps in 1977-78. The following data show the progress of family planning work in the district since 1970-71 :—

| Year | | Conventional Contraceptives Distributed (Pieces) | Sterilization Cases | Intra-uterine Contraceptive Device Cases |
|---|---|---|---|---|
| 1970-71 | .. | 3,13,281 | 2,787 | 1,717 |
| 1971-72 | .. | 11,40,266 | 3,362 | 3,633 |
| 1972-73 | .. | 14,34,111 | 7,020 | 2,291 |
| 1973-74 | .. | 10,97,136 | 1,992 | 1,905 |
| 1974-75 | .. | 11,58,928 | 8,061 | 6,277 |
| 1975-76 | .. | 18,78,120 | 8,079 | 8,877 |
| 1976-77 | .. | 21,12,766 | 24,765 | 7,450 |
| 1977-78 | .. | 9,03,024 | 418 | 1,802 |

**Maternity and Child Health.**—Maternity and child welfare programme is recognised as an important branch of public health. It has been made an integral part of the family planning programme. When the idea of small family is advocated, it is obligatory on the part of the government to provide due coverage to maternal and child health. The care and service in this regard start as soon as a woman conceives. Special trained staff is employed for pre-natal, post-natal, infant and toddler care through domiciliary and clinic visits. The required medicines and immunization of mothers and children against various diseases are provided. The maternity and child health work in rural areas is carried out by lady health visitors, auxiliary nurse midwives and trained *dais*. These services in urban areas are provided by the health and medical institutions including urban family planning units and E.S.I. dispensaries.

**Primary Health Centres.**—Each block of the district has one primary health centre. The staff attends to all the work concerned with both preventive and curative sides. The staff of a primary health centre generally consists of one medical officer, one pharmacist, one lady health visitor and one sanitary inspector. Besides primary health centres, there are primary health sub-centres in the district.

The primary health centres are aided by UNICEF and have been provided with UNICEF jeeps, refrigerators and other equipments including certain drugs and medicines. UNICEF executes its milk feeding programme through these centres and sub-centres.

**Prevention of Adulteration in food stuffs.**—Adulteration in food stuffs is checked under the Prevention of Food Adulteration Act, 1954. There are 5 food inspectors in the district, specially appointed and authorised under the provisions of the Act. Besides, all senior medical officers and medical officers have been invested with the powers of food inspector.

Samples of food stuffs are seized in routine as well as through specially organised raids. The following data shows the effective work done in the district since 1971 to 1978 :—

| Year | | Samples Seized | Cases of Adulteration | Fine Realised | Persons Sentenced |
|---|---|---|---|---|---|
| 1971 | .. | 708 | 173 | 11,796 | 6 |
| 1972 | .. | 264 | 56 | 6,925 | 5 |
| 1973 | .. | 581 | 162 | 29,775 | 6 |
| 1974 | .. | 425 | 113 | 21,350 | 9 |
| 1975 | .. | 673 | 114 | 84,450 | 13 |
| 1976 | .. | 510 | 129 | 71,400 | 37 |
| 1977 | .. | 314 | 105 | 7,000 | 4 |
| 1978 | .. | 778 | 259 | 28,010 | 31 |

**Nutrition.**—Generally the diet of the people in the district mostly consists of carbohydrates. However, they get fats and proteins too from milk, pulses, meat, eggs, etc., as the case may be. There is more of malnutrition than under nutrition. The poor classes of people normally take more of pulses and *chappatis* than a balanced diet. Under the nutrition

programme people are enlightened about intake of proper and balanced diet. Ten villages have been selected in each block where applied nutrition programme is being propagated.

The primary health centres/sub-centres deal with oral nutrition, particularly at maternity and child welfare centres by organising milk feeding programme, providing vitamin A and D capsules, iron and multi-vitamin tablets and B-complex tablets received from the UNICEF. They also help in arranging nutrients and medicines under school health services to the needy school children with the co-operation of the Education Department and the Red Cross Society.

**Environmental hygiene.**—Environmental hygiene has great bearing on the health of the people. The sanitation of towns and villages, streets and lanes, the disposal of kitchen wastes and human excreta are some of the major health problems.

With the coming up of development blocks, there has been all-round activity for the improvement of villages with regard to link roads, pavement of streets, drainage and clean water supply by providing hand pumps, tubewells and wells. The checking of food adulteration, sanitation, school health services and measures to control communicable diseases are some of the other factors which have contributed towards the improvements of environmental hygiene in the rural areas. The co-operation of village panchaysts is also sought to keep the habitations clean and tidy. The Block Medical Officer, the Sanitary Inspectors and other health workers guide the people. In the urban areas sanitation is looked after by the municipalities and the notified area committees.

**Sanitation.**—The Health Department is responsible for the maintenance and improvement of sanitation. The Chief Medical Officer has the overall charge of the sanitation work in the district. He is assisted by the Deputy Chief Medical Officer (Health). The senior sanitary inspector at district headquarters, tahsil sanitary inspectors at tahsil level and sanitary inspectors at primary health centres look after sanitation within their respective jurisdiction. In urban areas, Municipal Medical Officer (Health), sanitary inspector, sanitary *daroga* and conservancy staff look after the removal and disposal of refuse, night-soil and liquid waste and cleanliness of the surroundings of the towns.

WATER-SUPPLY

**Water-Supply (Urban).**—At the time of formation of Haryana in November 1966, skelton water-supply was available at Ambala, Yamunanagar, Jagadhri, and Kalka. Thereafter, improvement works were taken in hand in these towns and piped water-supply schemes were commissioned in other towns of the district. In 1978, the piped water-supply was available in all towns covering major portion of each town.[1]

1. For details see chapter on 'Local Government'.

**Water-Supply (Rural).**—There has been acute scarcity of water in nearly 50 per cent of the villages, particularly in Kalka and Narayangarh tahsils. Investigations revealed that of the 1,221 inhabited villages of the district, water in 556 villages was either impotable or was available at a distance of more than a kilometre.

A number of schemes have been executed under the National Water Supply and Sanitation Programme to provide piped water-supply to the rural areas. These schemes are jointly financed by the Government of India, the state government and to some extent by the beneficiaries themselves. Finances up to 88 per cent are met from the State Plan and 12 per cent (5 per cent in cash and 7 per cent in the shape of land and labour) is contributed by the village panchayats as their beneficiary share. However, for the schemes falling in the Kalka and Narayangarh tahsils and Bilaspur block of Jagadhri tahsil, which come under drought prone areas, the 12 per cent beneficiaries share excluding cost of land is met by the state government.

Generally, the water is supplied at the rate of 45 litres per head per day. Water-supply was made available to 182 villages including 29 *dhanies* by March 31, 1978. The work of construction of water-supply schemes to 59 villages was in progress.