

Chapter IV

Health Care in Cachar District

In last chapter, I discussed health care in rural India. In this chapter I am going to discuss health care during traditional, medieval and modern Cachar. Modern period health care practice is further divided into pre and post-independence period health care in the district. I also emphasise role of NRHM in health care after its introduction or intervention in 2005 in Cachar district.

Health Care in Ancient Cachar

Cachar is an old kingdom and reference of Cachar is found in *kalkipuarana* and *yuginitantra*. It is believed that Sidheshar temple and kapilashram near Badarpur ghat and Bhuban pilgrim near Sonai are existed before Christian fifth century¹. People in the kingdom belonging to various tribes at different levels of culture and religion believed in charm and incantation and had faith in propitiating and invoking different god and spirits as a means of curing sickness². At that time main source of peoples' belief and disease were associated with tantra, mantra and magico-religious practice. Indeed entire region was governed by belief and superstition in matter of health care practice.

¹ Upendra Chandra Guha, Cacharer Itibritti, Sopan publisher, Kolkata , 2012.Pp-1-23

² Bhuddhadev Choudhury , Health, Religion and Culture: the tribal transformation in India,(ed) Tribal Transformation in India, Vol.4, Inter Indian publication. New Delhi, 1992.

Health Care in Medieval Cachar

History of Cachar reveals that Cacharis, a tribe, came and ruled the land and they gave name of the land Cachar. It is also assumed that Bengali of shylhet might name Cachar, as shylheti meaning of Cachar signifies stretch of land at foot of mountain³.

At that time health care practices were supported by priest, *tantric*, *muni*, *guni* and *rishi*. Most people thought diseases as a result of sin committed by patient and accordingly *puja* of various kinds were performed to cure disease. In the district most popular pujas were *monosha puja*, *shital puja*, *harikirtanetc*⁴. Purificatory ceremony, sacrifice and sacramental meal were held for religious protection against witchcraft and warlock. People used plant, herb, different part of bird and animal as medicine to cure and get relief from disease. Epidemic diseases like cholera, malaria etc. were treated locally as people lacked communication and medical facility. They used traditional medicine and oil from various seed, wild animal as well as snake organs were also used as

³ Upendra Chandra Guha, Cacharer Itibritti, Sopan publisher, Kolkata , 2012.Pp-46-70

⁴ Sopit, C A, A historical and descriptive account of cachari tribes. Pp- 1- 100

drug⁵. Besides, people also depended upon locally available medical practitioners like *kaviraj* or *vaidya* following religious epic and superstition.

In 1706, the most powerful *Ahom* king Rudra Singha invaded Cachar and defeated Cachari king Tamradhaja, whose capital was located at Mibong on the bank of Mahur river. Tamradhaja fled southward to Khaspur and from that time onward Cachari prince settled in plain Cachar having court at Khaspur. In 1830 last Cachari king Raja Govinda Chandra was assassinated and in 1832 the district was annexed by British colonialism⁶.

Health Care in Colonial Cachar

At initial stage, the British tried their best to save their live from various epidemic vis-à-vis endemic diseases. During late 19th Century the British took measures to prevent different kind of disease. Some of the diseases like cholera, malaria, diarrhea, *Kalazar*, small pox endangered live of the local people as well as European rulers⁷.

⁵Gunaviram Baruah, *AnandaramDhekialPhuk a Jibon Charita*, Assam PrakashanParishad, Second edition (1992). Pp-4.

⁶Upendra Chandra Guha, *Cacharer Itibritti*, Sopan publisher, Kolkata , 2012.Pp-33-83,

⁷ Tahir Hussain Ansari, *Disease and Medicine in the Colonial Assam during 19th Century*, Journal of Business Management & Social Sciences Research. Volume 2, No.1, January 2013 Pp- 92

From late 19th century colonial policy got change regarding prevention measure for epidemic disease. In this period *Pasteur*, *Koch* and other made advance in bacteriology and installed confidence among British medical men in India that epidemic disease could be prevented by western scientific knowledge. During this period *Kalazar* was seen in 1869 in Assam as well as in Cachar. People of Assam already suffered with deadly epidemics disease like cholera small pox and malaria. Mortality caused by mere disease was so high that it caused serious problem to functioning of colonial state⁸. People with traditional belief and practice relied more on traditional health care practice like folk healing such as magico-religious practice, home remedy, village or tribal healing man⁹.

In 1932 smallpox occurred in Nagaon district in epidemic form. After that small pox became frequent in every district of Assam including Cachar. Due to traditional belief and practice, small pox was identified with Hindu goddess *Sitala* whose awesome presence was manifested through the disease fever and eruption. A benign outcome to possession by goddess was sought through song, prayer, devotional offering and cooling portion. Small pox was sought to be cured through process of variolation. This involved inoculation by *Tikadars* with live small pox matter. Practice of variolation was taken in vaccination act of 1870 and 1880 by making variolation illegal and vaccination compulsory.

⁸ Ibid- Pp-92-98

⁹ Ibid Pp-92-98

People saw vaccination as ungodly and offensively polluting caste system by transmission of body fluid from one individual to another. Peoples' belief of *Sitala* being defiled or assaulted aroused distrust about vaccination and thus formed an important site of cultural resistance to colonial medical intervention in mind of people¹⁰.

In Cachar and Sylhet between 1884-1899, average death rate in small pox was 38 percent out of a total population of 2,656,629. In that time, Cachar district was so vast that it included whole Barak valley.

Malaria and cholera were also regarded epidemic diseases that claimed a number of deaths. British were unable to control disease and blame natural obstacle and opium eating habit of native for spread of disease though they sold and supplied Quinine through agency of post office.

For Kalazar, since its etiology was unknown prior to 1903, western medical science failed to prevent Kalazar and it was successfully treated by *Bez* (traditional doctor) with indigenous medicine.

In 1935 Burrows Memorial Christian Hospital was started at Baskandi in Cachar district by Dr. Crozier to serve people of Assam. Initially hospital focused on being a center for learning and research as well as on conducting minimally invasive surgery. Due to lack of support and facility in beginning, Dr. Crozier and other pioneering missionaries were not able to start hospital at

¹⁰ Ibid- 94-95

that time. Twelve years after a hospital was opened, which started service to local people as well as in neighbouring state¹¹.

After introduction of modern scientific medicine in Assam as well as Cachar many superstitious belief had weakened and some even disappeared among small negligible portion of literate people, at the same time, belief in evil spirit and ghost continued. Traditional folk healer had played vital role in curing disease.

Health Care in Post-independent Cachar

After independence, social and political system went change or partially got restructured in India, which in subsequent time adopted measure, policy and programme to improve health condition of people. In last sixty seven year, Cachar district has much upheaval in health sector and NRHM is the recent introduction in sphere of health.

As discussed in chapter III, government of India lunched various programme and policy to provide health care service to people. In Cachar district various health care institutes like sub-centre, primary health centre and community health centre are introduced in phased manner.

¹¹Burrows Memorial Christian Hospital,
http://www.ehausa.org/hospitals_burrows_memorial_christian.html access on 12.03.2012.

The Silchar Medical College and Hospital was established in the year 1968. In the year 1971, a district hospital popularly known as the Civil Hospital named as Satindra Mohan Dev Civil Hospital established. Along the line a number of family welfare sub centre medical sub centre and primary health centre were created to serve rural people. It is one of the leading hospitals that runs under the control and guidance of the government of Assam.

There is a Cancer hospital which was established in 1996 by the vision of a group of social workers drawn from different professions who formed the Cachar Cancer Hospital Society (CCHS). The society now has nearly 75 members. Cachar Cancer Hospital & Research Centre (CCHRC) is a 50-bedded centre located at Meherpur in Silchar town. It serves the population of the Barak river valley that includes the districts of Cachar, Karimganj and Hailakandi, the adjacent district of North Cachar Hills and the neighbouring states of Manipur, Mizoram and Tripura. The hospital sees about 3000 new patients annually.

Mainly in term of availability of different health services at district hospital, community health centre, primary health centre and sub-centre level. I make a comparative analysis to know change of health care service of different speciality service, infrastructure, equipment etc. in the district from 2005 to 2012.

Like other part of India, Cachar district has three tiers system of primary healthcare like district hospital, primary health centre, Sub centre for rendering health care services to the rural people.

District Hospital

District hospital of Cachar is situated in Silchar town which is named as Sathindra Mohan Dev Civil Hospital. This hospital provides health care to people of Cachar district as a second referral hospital. Essential speciality departments like medicine, orthopedics, surgery, pediatrics, obstetrics and gynecology, ophthalmology, anesthesia, radiology and pathology were established to serve the patients referred from all sub-division level hospitals; block level hospitals as well as primary health centers.

Since beginning the speciality departments of district hospital were not properly facilitated with adequate number of staffs, infrastructure and equipments. Since beginning district hospital could not provide all kinds of speciality services to the patients due to non availability of specialist doctors, modern equipments and adequate number of paramedical staffs required for every speciality departments.

Department of medicine had only one consultant physician up to 2005. Obviously patients seeking specialty care of this department had to suffer for non availability of sufficient number of consultant physicians. Patients who used to come for specialty care in department of medicine of district hospital were referred to other referral hospitals. Department of obstetrics and gynecology was not able to serve patient referred by rural hospital.

Situation of other departments of district hospital was almost same where numbers of specialist doctors were not available as per requirement. Some departments had no specialists doctors at all which were either run by general physicians or remained non functional. Only after 2005 when National Rural Health Mission was implemented in the district situation started to change gradually. In tab VI.1 lea comparative analysis of availability of speciality doctors in district hospital is given below.

Table IV.1
Speciality Service in District Hospital

Specialist Doctors	No. Of Doctors in 2005	No of Doctors in 2012
Physician	01	03
General Surgeon	0	02
Obstetrician and Gynae	03	04
Paediatrician	02	01
Orthopaedic Surgeon	0	01
Pathologists	0	0
Anaesthetist	01	01
Radiologist	0	0
Others	0	02

The above table shows that availability of specialist doctors in district hospital was very poor in 2005 which started to improve slowly after implementation of National Rural Health Mission. A single consultant physician used to serve the department of medicine up to 2005 but number of consultant physicians increased to three in 2012. There was not a single general surgeon available in district hospital before 2005 but two general surgeons are appointed in district hospital before 2012. Similar is the case of orthopedics department. This department needs orthopedic surgeons. Earlier there was no orthopedic surgeon but in 2012 an orthopedic surgeon has been appointed to run the department.

Department of Pediatrics is having same problem. The condition of pathology, anesthesiology and radiology department of this hospital still remains same as earlier. No specialists are available in these departments till now. It is observed from the study that due to non availability of specialist doctors in district hospital patients are either going to private clinics, nursing homes available at Silchar town or Silchar medical college and hospital for getting referral service.

District hospital was not having sufficient infrastructure facility before 2005. Minimum infrastructure which is required to run a referral unit like district hospital is availability of emergency or casualty room, separate wards for male and female, operation theatre, labour room, blood bank, ambulance etc. But all these facilities were not full flagged available in district hospital of Cachar

district before 2005. In following table IV.2 comparative analysis of infrastructure in district hospital from 2005 to 2012 is given below.

Table IV.2

Availability of Essential Infrastructure in district hospital Cachar

Infrastructure	In 2005	In 2012
Emergency/ Causality Room	No	Yes
Separate Ward For Male and Female	Yes	Yes
Operation Theatre	Yes	Yes
Labour Room	Yes	Yes
Blood Bank	No	No
Ambulance	Yes	Yes

All essential infrastructures like emergency room, separate wards for both male and female, operation theatre, labour room, blood bank and ambulance were not present in the hospital in the year 2005 but these infrastructures are now available except blood bank. It is found from the study that there exists only one blood bank in the district which is available in Silchar medical college and hospital. People of entire Barak valley region are solely depended on this blood bank.

All common instruments required to run a second referral unit were not available in district hospital. The following table IV.3 shows comparative figures of availability of common instruments from 2005 to 2012.

Table IV.3

Availability of Common Instrument in District Hospital

Instrument	In 2005	In 2012
Instrument Steriliser	Yes	Yes
Phototherapy Unit	No	Yes
Ventilation Bag and Mask Baby	No	Yes
Ventilation Bag and Mask Adult	Yes	Yes
Oxygen Cylinder	yes	Yes
Suction Machine (MTP)	No	Yes

The table shows that all common instruments like steriliser, phototherapy unit, ventilation bag and mask for baby and adult, oxygen cylinder, suction machine etc were not available in this hospital in the year 2005 but at present these instruments are available for continuing speciality service.

Paramedical services like laboratory service, X-Ray, ultra sonography and ECG (electro cardio graph) etc. are very essential to a referral hospital but it is found that all kinds of paramedical services were not available in the hospital. The following table IV.4 presents the situation of paramedical service available in past and present.

Table IV.4
Availability of Paramedical Services in District Hospital

Paramedical Services	In 2005	In 2012
Laboratory	Yes	Yes
X-Ray	Yes	Yes
Ultra sonography	No	Yes
ECG	No	Yes

It is found from the table that paramedical services like laboratory and X-Ray were available in 2005 but in the year 2012 two more services like ultra sonography and ECG have been introduced in the district hospital.

Community Health Centre

There is only one community health centre serving as first referral unit in the district. Community health centre is situated in Kalain, a place which is located thirty kilometer away from Silchar town towards west. It is to be mentioned that community health centre being the only first referral unit in the district cannot adequately serve patients of all primary health centres and sub-centres due to its peripheral location. It is difficult on part of patients coming from primary health centres and sub-centres of Lakhipur, Sonai, Dholai and Udharband block primary health centres to reach to their first referral unit for speciality service.

Community health centre of Cachar district as a first referral unit cannot provide any kind of speciality service. Since beginning there was no availability of speciality doctors in community health centre. Even the

community health centre could not provide one consultant physician to treat complicated diseases referred from primary health centres and sub-centres. Similar is the case of patients attending community health centre for speciality services other than medicine. Still the community health centre is completely run by non specialised general physicians. The following table IV.5 shows a comparative analysis of availability of speciality service in community health centre.

Table IV.5
Availability of Speciality Service in CHC of Cachar

Speciality Doctors	2005	2012
Physician	Nil	Nil
General Surgeon	Nil	Nil
Obstretician and Gynae	Nil	Nil
Pediatrician	Nil	Nil
Orthopedic Surgeon	Nil	Nil
Pathologists	Nil	Nil
Anesthetist	Nil	01
Radiologist	Nil	Nil
Others	Nil	02(Dental Surgeon)

Table shows that in the year 2005 community health centre in Cachar district was lacking availability of speciality doctors like physician, general surgeon, obstetrician and gynecologist, pediatrician, orthopedic surgeon, pathologist, anesthetist, radiologist and others. No significant change has taken place regarding availability of speciality doctors in the year 2012 except availability of one anesthetist and two dentists.

It is observed that general physicians in community health centre of Cachar district provides different speciality services efficiently. It is observed from the study that general physicians are providing all kinds of services to the patients. General physicians look after complicated cases, they perform minor surgery, look after maternity and child care problems including delivery of pregnant women and treating pediatric patients.

National Rural Health Mission programme helps community health centre to provide services like twenty four hours emergency service, twenty four hours delivery service, new born care, family planning, safe abortion and RTI/STI treatment. All these services were not available in full swing before implementation of National Rural Health Mission in the district.

Table IV.6
Availability of Emergency Service in CHC in Cachar

Service	2005(In Percent)	2012(In Percent)
Emergency Services (24 hour)	25%	100%
Delivery Service (24 hour)	25%	100%
New Born Care	0%	25%
Family Planning	0%	100%
Safe Abortion	25%	100%
RTI/STI Treatment	25%	100%

It is found from the study that different speciality services like twenty four hours emergency and delivery services, new born care, family planning, safe abortion, RTI and STI clinic which make a first referral unit fit for serving the

community were not hundred percent available in the community health centre of Cachar district up to 2005. In the year 2012 except new born care other services are readily available.

All paramedical services essential for a first referral unit are not available in community health centre of Cachar district. The status of paramedical service from 2005 to 2012 is shown in table IV.7 below.

Table IV.7
Availability of Para clinical Services in CHC in Cachar

Para clinical Services	2005	2012
ECG	Nil	Nil
X-Ray	Nil	Yes
Ultrasound	Nil	Nil
Laboratory	Yes	Yes
Blood Bank	Nil	Nil
Referral Transport	Nil	Yes

It is found from the above table that paramedical services like ECG, X-ray, ultrasound, blood bank, referral transport etc. were not available in community health centre in 2005. The only paramedical service provided to patients was laboratory service. In the year 2012 two more services viz X-Ray and referral transport are added in community health centre

Table IV.8

Availability of Doctors in CHC

Speciality of Doctors	2005	2012
Physician	Nil	Nil
General Surgeon	Nil	Nil
Obstrestician and Gynaecologist	Nil	Nil
Paediatrician	Nil	Nil
Eye Specialist	Nil	Nil
General Doctor (MBBS)	5	7

Table shows that there was no speciality doctor available in community health centre of Cachar district. There were only five general doctors available in the year 2007. The number of general physician has increased from five to seven in the year 2012 but no specialised doctors are appointed to the community health centre of Cachar district.

Total number of paramedical staff in community health centre of Cachar district is thirteen which was nine in the year 2005. The table shows the increase of paramedical staffs.

Table IV.9

Availability of Paramedical Staff in CHC

Paramedical Staff	2005	2012
ANM	1	1
Staff Nurse	3	4
Pharmacist	2	3
Lab-Technician	1	4
Radiographer	1	1
Ophthalmic Assistant	1	1

Table shows that requirement of paramedical staffs was fulfilled by only one ANM, three staff nurses, two pharmacists, one lab-technician, one radiographer and one ophthalmic assistant up to 2007. In 2012 total number of ANM, radiographer, ophthalmic assistant remains same but staff nurse, lab-technicians and pharmacists are increased to four, four and three respectively.

Table IV.10

Availability of Essential Infrastructure in CHC

Infrastructure	2005	2012
Emergency/Causality Room	Nil	Yes
Separate Wards for Male and Female	Yes	Yes
Operation Theatre	Nil	Yes
Labour Room	Yes	Yes
Blood Storage Facility	Nil	Nil

It is observed from the study that in the year 2005 all essential infrastructure like emergency or causality room, separate wards for male and female, operation theatre, labour room and blood storage facility in community health centre were not available. After implementation of National Rural Health Mission in the district the above mentioned facilities except facility of blood storage is available in community health centre of Cachar district.

Block Primary Health Centre in Cachar District

There are total eight block primary health centres in Cachar district. These are Borkhola Block Primary Health Centre, Sonai Block Primary Health Centre, Jalalpur Block Primary Health Centre, Bikrampur Block Primary Health Centre, Udharband Block Primary Health Centre, Dholai Block Primary Health Centre, Lakhipur Block Primary Health Centre and Harinagar Block Primary Health Centre.

All these Block Primary Health Centres are located in rural areas. These Block Primary Health Centres are equipped with medical officers, AYUSH doctors, staff nurse, laboratory technicians, ophthalmic assistant, pharmacists, male health assistant and female health assistant. There are total 32 doctors working in eight block primary health centers followed by 7 AYUSH doctors, 27 staff nurses, 33 lab-technicians, 17 pharmacists, 11 ophthalmic assistants, 19 male health workers and 17 female health workers.

Number of medical professionals and health workers available at present are not sufficient for eight block primary centers of the district. It is observed from the study that doctor patient ratio of these block primary health centers are still lagging far behind than national standard.

All block primary health centers in Cachar district have basic facilities like OPD room, emergency wards, inpatients wards, minor OT (operation theatre), labour room and laboratory. Facilities of block primary health centres are shown in the table below

Table IV.11

Availability of Facilities in BPHCs of Cachar

Facilities	2005	2012
OPD Room	Yes	Yes
Emergency Ward	No	Yes
Inpatient Ward	Yes	Yes
Minor OT	Yes	Yes
Labour Room	No	Yes
Laboratory	No	Yes

The above table shows that significant changes have been taken place in last five years in the development of basic infrastructure in block primary health centres of Cachar district. In the year 2005 emergency ward, labour room and laboratory were not available in all block primary health centres but in the year 2012 all these facilities are available. The only problem of these block primary health centres is that majority of professional doctors and medical staffs are not staying inside the campus. They are performing their duty staying at their residence in towns. Therefore patients do not get them available in time.

Basic amenities like supply water, flush toilet, electricity, generator, telephone and ambulance are available in all block primary health centres of Cachar

district. TableIV.12 shows the comparative status of availability of basic amenities in block primary health centres of Cachar district.

Table IV.12

Availability of Basic Amenities in BPHC

Facilities	2005	2012
Piped Water Supply	No	Yes
Flush Toilet	No	Yes
Electricity	Yes	Yes
Generator	No	Yes
Telephone	Yes	Yes
Ambulance	No	Yes

The above table shows that most of basic amenities like water supply, flush toilet, generator and ambulance were not a available in the year 2005. But in the year 2012 such are provided to all block primary centres of Cachar district.

Essential equipments like Blood Pressure instrument, weight machine for infants, autoclave, deep freezer and ILR were not available to all block primary health centres in 2005 but these equipments are made available in all block primary health centres by the end of 2012.

Essential drugs, vaccines and other equipment for free distribution to patients were not available to all block primary health centres of Cachar district in 2005. It is observed that in the year 2012 essential drugs, vaccines and other

items like vitamin A, nirud. ORS, OCP, copper-T, IFA small, IFA large etc. are available in each block primary health centres of Cachar district for free distribution to patients.

All block primary health centres of Cachar district are providing referral services to primary health centres and sub-centres under them. Every block primary health centre of the district is performing OPD (out-patient department) service, twenty four hours service, referral service and in patient service.

Apart from these services some of the speciality services like cataract surgery, primary management of wound, primary management of fracture, primary management of poisoning, minor surgery, primary management of burn etc are started to provide to the patients.

Special attention is given for maternity health care, child health care and family planning. In all block primary health centres of Cachar district provisions are made to provide ante- natal care, twenty four hour delivery services, post-natal care, child care and immunisation, medical termination of pregnancy, management of RTI/STI (sexually transmitted diseases). However due to lack of equipment fifty percent of the block primary centres of Cachar district are

not able to continue medical termination of pregnancy. Laboratory service is also improved in all block primary health centres of Cachar district.

At present all block primary health centres of Cachar district are having laboratory, lab technicians and routine laboratory services. Apart from these services some other services like nutrition service, school health programmes, prevention and control of endemic diseases etc. are also started by block primary health centres of Cachar district.

Primary Health Centre in Cachar District

Under each block primary health centre there are primary health centres for health care of rural people in Cachar district. There are total thirty four primary health centres including block primary health centre, primary health centre, new primary health centres, mini primary health centres, subsidiary health centres and state dispensaries. These are working under supervision of eight block primary health centres.

Primary health centres are known in different names but they perform almost similar functions. Primary health centres at present existing in Cachar district are Fulbari mini primary centre, Ganirgram State Dispensary, Vidyaratapur mini primary health centre, Narshingpur mini primary health centre, Barjalenga

mini primary health centre, Digor Fulertal subsidiary health centre, Harinagar primary health centre, Sonabarighat new primary health centre, NutanRamnagar State Dispensary, Thaligram primary health centre, Rengti new primary health centre, Sonabarighat Subsidiary Health Centre, Darmikhal new primary health centre, Hawaitang new primary health centre, Digor Kashipur new primary health centre, Cibitabichia mini primary health centre, Rajnagar mini primary health centre, Salchapra mini primary health centre, Katigorah mini primary health centre, Baskandi mini primary health centre, Chotomamda mini primary health centre, Jirighat mini primary health centre, Joypur Subsidiary Health Centre, Choto Dudpatil mini primary health centre, Tikal mini primary health centre, Sibtilla mini primary health centre and Kachudaram mini primary health centre .

Provisions are made to all mini primary health centres, new primary health centres, state dispensaries and subsidiary health centres of Cachar district to provide OPD service, twenty four hours emergency service, referral service, inpatient service and laboratory service. Primary management of specific cases like wound, burn, accidents, maternal health care, child health care and family planning are also available in primary health centres.

In the year 2005 and earlier all such facilities were not available in primary health centres of Cachar district. These facilities are gradually being provided to all primary health centres now.

In all primary health centres of Cachar district medical officers are appointed along with AYUSH doctors which was not available before 2012. Number of staff nurse is increased in primary health centres after intervention of National Rural Health Mission. In all most all health centres of the district at least one medical officer and two staff nurses are available now to provide primary health care to rural people.

Two newly established health centres one mini primary health centre and another new primary health centre are still in want of adequate number of medical officers, staff nurse and other supportive staffs for which these are not able to serve rural people under their supervision.

Apart from medical officers and staff nurse other paramedical staffs like laboratory technicians, ophthalmic assistant, pharmacist, male and female health assistants are also appointed during the years 2005 to 2012. All these paramedical staffs are appointed after implementation of National Rural Health Mission in the district.

All primary health centres of Cachar district are provided with facilities like OPD room, emergency rooms, inpatient ward, minor operation theatre, labour room and laboratory room. These facilities were not available in all primary health centres of Cachar district before implementation of National Rural Health Mission in the district. Moreover, all primary health centres have been provided basic amenities like piped supply water, flush toilet, electricity, generator, telephone and ambulance which were not available before 2005.

Apart from these facilities primary health centres of Cachar district are provided blood pressure instrument, weighting machine for infants, autoclave, deep freezer, ILR and MTP (medical termination of pregnancy) suction aspirator.

At present National Rural Health Mission is helping primary health centres with essential medical devices, drugs and vaccines for treatment of rural poor patient in primary health centres. Each and every primary health centres are receiving vaccines, IFA large, IFA small, vitamin A, ORS (oral rehydration salt), condom, OCP and copper T.

Some specific services like cataract surgery, primary management of wound, and primary management of fractures, minor surgeries, primary management of burn and primary management of poisoning are started to provide to the rural poor patients attending primary health centres of Cachar district.

Special attention is given for maternal health, child health and family planning for which adequate services; equipments are gradually becoming available to primary health centres of all categories. Ante natal care, twenty four hours delivery services, post natal care, immunisation, MTP (medical termination of pregnancy) and management of RTI/STI (reproductive tract infections / sexually transmitted diseases) etc are properly looked after in these health care institutions.

Because of unavailability of necessary arrangement still twenty four hours delivery service is not becoming possible in more than ninety percent of the primary health centres of the district. Medical termination of pregnancy is done only in few (around fifteen percent) primary health centres of the district.

Initiatives are being taken to provide post natal care in primary health centres but the necessary equipments required for post natal care are still not available in more than ninety five percent of primary health centres of the district. Equipments like infant resuscitation bag, dint warmer, photo therapy unit are not available in more than ninety five percent of the primary health centres of the district.

New primary health centres and mini primary health centres are also provided the facilities which are provided to the primary health centres existing since before implementation of National Rural Health Mission in the district. Around seventy percent of Mini primary health centres and new primary health centres of Cachar district have medical officers, AYUSH doctors, staff nurse, laboratory technicians, pharmacists, ophthalmic assistants, male and female health assistants. These health centres are equipped with essential infrastructure as well as basic amenities at par with primary health centres.

Subsidiary health centres and state dispensaries of Cachar district are now facilitated with essential manpower, equipments, basic amenities and necessary drugs and vaccines. These health centres are supposed to provide OPD (out-patient department) services, twenty four hours services, referral services, inpatient services and laboratory services.

It is observed from the study that there are two subsidiary health centres and two state dispensaries in Cachar district. In these subsidiary health centres and state dispensaries OPD (out-patient service) service is provided regularly. These health centres cannot provide twenty four hours services.

Some of the referral services like wound and burn cases, minor surgery etc are provided in these health centres but all referred cases cannot be treated due to unavailability of needful arrangements. Laboratory service is provided to some extent but inpatient service is not at all provided in these health centres.

All kinds of services required for maternity, child care and family planning are not available in subsidiary health centres and state dispensaries of Cachar district. Ante natal care, child immunisation and management of RTI/STI (reproductive tract infections/sexually transmitted diseases) are done in these health centres.

But services like twenty four hours delivery service, post natal care and medical termination of pregnancy are not done in these health centres. Family planning services like tubecotomy, vasectomy, IUD (intra uterine device) etc are not available in these health centre. Family planning service is provided with distribution of condoms, oral pills and counseling.

It is observed from the study that residential accommodation for medical officers, staff nurse, pharmacists, other paramedical and supporting staffs working in primary health centres is not adequate till the date. Though initiatives are taken to improve status of residential facilities in primary health centres but unavailability of residential facility is creating problems to provide proper health care to rural people. Unavailability of medical officers and staff nurse in primary health centres may be linked with improper residential facility.

There are total 269 health sub-centres in Cachar district. These sub-centres are working under eight block primary health centres of the district. Number of sub-centres under Borkhola block primary health centre are 41 followed by 20

sub-centres under Bikrampur block primary health centre, 45 sub-centres under Dholai block primary health centre, 26 sub-centres under Harinagar block primary health centre, 17 sub-centres under Jalalpur block primary health centre, 44 sub-centres under Lakhipur block primary health centre, 47 sub-centres under Sonai block primary health centre and 29 sub-centres under Udharbond block primary health centre.

National Rural Health Mission programme helps to improve the conditions of sub-centres in Cachar district. Family welfare sub-centres are now provided one rural health practitioner (RHP), one pharmacist, auxiliary nurse midwives (ANM) and accredited social health activists (ASHA). Role of ANM and ASHA is very significant in both family welfare sub centre and medical sub centre to provide Primary health care to rural people.

There are approximately five hundred auxiliary nurse midwives employed in 269 sub-centres of Cachar district. On an average each sub centre has at least two auxiliary nurse midwives. There are sixty seven multipurpose workers employed in sub-centres of Cachar district but every sub centre does not have multipurpose worker. There are twelve rural health practitioners and fourteen pharmacists employed in sub-centres of Cachar district.

It is observed from the study that only one sub centre has a medical officer who is an ayur doctor. In most of the medical sub-centres of Cachar district there are rural health practitioners (RHP), pharmacists and multipurpose workers (MPW) auxiliary nurse midwives (ANM) and other supporting staff.

But family welfare sub-centres are mainly run by auxiliary nurse midwives who are supposed to assist by multipurpose workers. In most of family welfare sub-centres of Cachar district, multipurpose workers are not available. There are only five female attendant employed in five sub-centres of Cachar district.

Apart from district hospital, community health centre, block primary health centres, primary health centres and sub-centres there are hospitals in tea gardens which are serving tea community people of this region who are employed in tea gardens of this region. Tea hospitals are mainly primary hospital equipped with medical officer, staff nurse and other supportive staffs.

Beside this in Cachar district there is a famous hospital for secondary and tertiary care, named Silchar Medical College and Hospital at Ghungoor and one cancer hospital at Meherpur.

The Silchar Medical College and Hospital was established in the year 1968 at Ghungoor. Since its inception, the SMC Hospital is rendering its services to the people of Cachar as well as the entire southern part of Assam and its

neighboring states. The hospital has huge three-storied hospital building with the departments including their out-patient departments (O.P.D.), wards, operation theatres, X-Rays, Laboratory facilities etc. Casualty Department, various OPDs, and providing specialist services with department of Obstetrics & Gynecology, medicine, radiology, E.N.T., ophthalmology, orthopaedic, general surgery, paediatrics, cardiology, dermatology, psychiatry, clinical pathology and blood bank.

In Silchar town there are hospitals which are working like non-government organisations. Sib Sundari Nari Shikshasram, Lions Eye Hospital Silchar, Red Cross Hospital Silchar are of this category. Lions Eye Hospital is a speciality hospital serving only ophthalmic patients. Red Cross Hospital and Sib Sundari Nari Sikshasram are general hospital having speciality departments.

In Silchar town there are private nursing homes and clinics serving people of this region. At present there are fifteen nursing homes available in Silchar town. These nursing homes are general hospital having provisions of speciality care. Private clinics are mainly run by professional doctors. In Silchar town there are private pathological test centres which provide laboratory service to people of this region.

One Christian missionary hospital named as Burrows Memorial Christian Hospital situated at Alipur of Cachar district. It is only 18 kms away towards east from Silchar town. This seventy bedded Christian missionary hospital serves poor and needy people of this region as well as people of neighbouring states. It is a general hospital having provision of speciality care.

Conclusion: Health care of Cachar district is not sufficient as per need of people of the district. Number of health care institutions at every level of existing three tier system are not sufficient and need to be increased to fulfill health care need of people of Cachar. Both quality and quantity of health care institutions vis-a-vis health services are to be increased to meet growing need of people.

District hospital is lagging far behind than expectation. It has neither speciality doctors nor adequate equipments to provide speciality services to patients who are referred to this hospital from different health centres of the district. Laboratory service of district hospital is not fully operational till now due to non availability of adequate number of radiographers and pathologists.

Same situation holds good for community health centre of the district. Community health centre neither has speciality doctors nor has adequate

equipments to provide all kinds of services which it suppose to do on the capacity of a first referral unit in the district.

Primary health centres of Cachar district are still suffering from shortage of professional doctors. Pathological service is not fully functional in all primary health centres of the district. Primary health centres of Cachar district needs more attention for increase of number of doctors, paramedical staffs to run twenty four hours health service.

Some improvement has taken place at sub centre level. All most all sub-centres of Cachar district are provided at least one ANM (auxiliary nurse midwife) but the number of multipurpose workers till not available in all sub centres. Sub-centres of Cachar district needs more attention because it is the health institution which is closer to rural people. Though essential drugs and vaccines are provided to sub-centres but its quantity must be increased to fulfill need of rural people.

Therefore, rigorous improvement of health care institutions from district hospital to health sub-centre is required to be made so that health service become affordable and accessible to rural poor of Cachar district.