

HEALTH ACTIVITIES IN LEH DISTRICT, LADAKH

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Leh — the largest district not only in J&K state but also in the whole of India — was inhabited (1981 census) by a disproportionately small population of 68,380 with a sex ratio of 886f/1000m and an area of 44,000 sq.km. The estimated population in 1991 was 89,000 at a density of 2 persons per sq.km., 87% of the population being rural.¹ The decennial population growth is recorded as 32 % during 1971-81, as compared to 30% for the state of Kashmir. The crude birth rate of the district is 33% whereas the crude death rate is 8%.

The environment

Being cradled inside the lofty Himalayan Mountain ranges, the major part of the district is inaccessible, mountainous, remote and isolated. Leh is one of the coldest and most elevated inhabited regions in the world with altitudes ranging from 2,800 metres to 5,900 metres above sea level. The district combines the conditions of both erratic and desert climates with wide diurnal and seasonal fluctuations with temperatures ranging from 30°C in summer, to -30°C during the winter.

Health

During pre-Independence there used to be one mobile doctor for the region including Skardo. In the early fifties there was one centre each in Leh and Kargil with the services of one doctor.

1. The Census of India recorded a sex ratio of 1010f/1000m in 1961 and 1012f/1000m in 1971. The sudden change to 886f/1000m in 1981 was due to a disproportionate increase in the number of males, presumably by immigration. Between 1921 and 1961 the decennial population growth averaged only 6.5%. In 1961-71 it was 19% for both females and males. In 1971-81 it was 24% for females, but 40% for males. The estimated 1991 population figure of 89,474 appears to have been derived from a projection of the 1981 census population at the same mean growth rate, so is unreliable. Figures from various sources for the area of Leh tehsil/district differ, partly because of differing inclusion of disputed boundary areas. Data from *Statistical Hand-Book, District Leh, 1982-83*. Directorate of Economics & Statistics, Planning & Development Dept., Srinagar. (Ed.)

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In 1979 the district of Leh and Kargil was divided into two districts and there were 88 health institutions of various categories functioning in the Leh district. These have been increased to 172 institutions ranging from the District Hospital to a sub-centres as on August 1993. Out of 112 inhabited 'census villages', 96 have been provided with basic facilities and the remaining 16 villages have to be covered by the end of the century, if we are to meet the optimistic WHO target of "Health for All by 2000 AD". 30 hamlets have also been covered and 82 still need to be covered.

The following National Goals have been set for 2000 AD:

1. Reduction of the Infant Mortality Rate to below 60 per 1000 live births.
2. To raise the expectation of life at birth to 64.
3. To reduce the crude death rate to 9 per 1000.
4. To reduce the crude birth rate to 21 per 1000.
5. To achieve a net Reproduction Rate of one.

To move towards these goals and to improve medical facilities, the department, besides getting assistance with the district plan and the centrally sponsored schemes, is getting much help from the non-governmental organizations, such as the Leh Nutrition Project (LNP), the Ladakh Ecological Development Group (LEDeG) and the Ladakh Environmental Health Organisation (LEHO). These also help patients who require financial assistance for heart surgery etc. that has to be performed out of the J & K state at hospitals such as A.I.I.M.S.² (Delhi) and P.G.I.³ (Chandigarh). LEHO is particularly concerned with countering the high incidence of silicosis due to inhaling dusty air.

L.N.P supports the department in improving the health services in several ways e.g:-

1. Providing measles vaccine for the whole district.
2. Supplementing costly TB medicines.
3. Providing dietary/medicine grants to poor patients admitted through the specialists concerned.
4. Supplementing medical and teaching equipment to the Sonam Norboo Memorial (SNM) Hospital and the AMT⁴ School attached to it.

2. All India Institute for Medical Services

3. Post-Graduate Institute

4. Auxiliary Medical Training School

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5. Helping to improve the paediatric services of the hospital.
6. Helping to construct an improved design of heated labour and operation room, especially for the winter.
7. Help in giving training refresher courses and workshops to the various levels of health workers to improve their understanding and skill and to tackle the health and management problems peculiar to this part of the country.

The Amchi System

The Amchi system of treatment is one of the oldest in the history of Ladakh, and the system is still very popular especially among the rural population. To keep alive and to boost this system of treatment, the department engages amchis on the government staff roll, on an honorarium basis at present. The department has got 40 amchis whose services have been kept especially in remote and inaccessible villages. These amchis are being supervised by a Chief Amchi at Headquarters. The department, every year, organises hot water therapy camps at the hot springs of Panamik, Chumathang and Demjok etc.

Since 1987, the Leh district has been brought under the purview of U.I.P.⁵ under which a comprehensive package of immunization coverage against the six killer diseases was supposed to be provided to the eligible children. Since all the MCH⁶ and Family Welfare programmes are target oriented and ongoing schemes, it needs a continuous thrust. Achievement of high level coverage in a given year does not make any sense unless it is ensured that the same services are made available to the children born subsequently. Excessive target levels can lead to a backlash if either the coverage or the quality is allowed to decline.

The achievements under MCH during the year 1992-93 and in the first quarter of 1993-94 are as follows:

	DPT ⁷	Polio	BCG ⁸	DT ⁹	Measles
1992-93	1672	1566	1679	368	1568
Ending 6/93	427	407	435	105	412

Common ailments-in Leh

5. Universal Immunisation Programme
6. Maternal & Child Health
7. Diphtheria, Pertussis (whooping cough) & Tetanus vaccine
8. Tuberculosis vaccine
9. Diphtheria & Tetanus vaccine

- A. Respiratory Tract Infections: these form almost 60% of the total diseases because of the severe winter, high altitude and dusty atmosphere during the winter. People live in the common kitchen with an open fire exposed to the smoke.
- B. Rheumatic Heart Diseases.
- C. Gastro-intestinal Tract Infections.
- D. Worm infestations.

Aims and objects

Most people think that health is a mere absence of disease but in reality it consists of well-being in body, mind and spirit, in order to be able to give one's best to society. People like to be living in healthy surroundings, in a place where they can trust each other, work together to meet daily needs and share in times of difficulties and joy. The objectives are of the following categories:

- 1. Curative.
- 2. Preventive.
- 3. Promotive.

If ordinary people are provided with clear information regarding health education, they can prevent and treat most common health problems in their own home and often better than can a doctor. Medical knowledge should not be the guarded secret of a select few but should be freely available for every one.

Brief description of Blocks

The district of Leh consists of five blocks as follows:-

1. **Nubra** — with its headquarters at Deskit, consists of 28 census villages and 30 hamlets with a population of 10,667, and is situated to the North of the District at a distance of 118 km from the district headquarters, across the Khardongla pass which is difficult to approach during winter due to the snowfall on this highest motorable road in the world. The inhospitable terrain and the hilly areas make it difficult to approach the villages, thus the people of Nubra need to have every basic facility available at the village level itself. The department of Health and Family Welfare has laid much emphasis on providing facilities to the remotest corners and at present is having 29 health institutions of various categories established for the benefit of the residents of the block.

2. **Nyoma** — Situated to the south of Leh at a distance of 160 km is a block consisting of 16 inhabited and one uninhabited census

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village and 17 hamlets. The majority of this population is nomadic and is the fourth largest block with a population of 7,320. Because of the scattered population and difficult access it needs special attention in providing health facilities. At present the department has got 38 institutions of various categories established there.

3. **Khalsi** — Situated to the west of Leh, at a distance of 96 kms, with Khalsi village as its headquarters. The block has 24 census villages and 26 hamlets with a population of 13,287. This block has been provided with 36 health institutions of various categories to render medical facilities to the inhabitants.

4. **Leh** — Leh block, consisting of 38 census villages and 22 hamlets, and having the town of Leh as its headquarters, is one of the better known areas with 33,573 inhabitants. This area also has a big influx of tourists and migrant labourers etc., especially during the summer season, which forces the department to have every facility available. 49 institutions of various categories have been established including the only hospital in the district. The hospital has been provided with some specialised facilities such as an X-Ray machine, ultrasound laboratory etc.

5. **Durbuk** — Situated across the second highest road in the world ("Changla"), Durbuk is part of a block consisting of only 5 census villages and 17 hamlets with the smallest population of 3,533. It lies to the east of the district headquarters, Leh, at a distance of 118 kms. This block is the toughest and the coldest and borders Tibet and China. In view of the topography, inaccessibility and other aspects of the area, the department has provided all the five census villages and seven hamlets with medical facilities.

Construction Programme

During the current financial year the department has got the following construction programme:

1. A casualty block at the SNM Hospital, Leh.
2. A sub-district hospital at Nubra.
3. A dispensary building at Tagar/Sumoor.(Nubra.)
4. Renovation of the Primary Health Centres at Nyoma and Khalsi.

In addition to the above items a token amount has been earmarked for a central heating system at the SNM Hospital, Leh.

Further, under the India Population Project VII, the department has proposed 20 sub-centres to be constructed during the current financial year, four in each block. During 1992-93 twenty sub-centre buildings have been constructed, most of which have been taken over by the department from the Rural Engineering Department.

Shifting of patients

We are responsible for the necessary arrangements for transferring serious patients from remote places like Skiu-Markha, Lingshed, Hunderdok and Korzok where there are no jeepable roads, and in the year 1992-93 we have made a requisition to the Airforce Authority for twenty helicopter sorties for the transfer of patients.

Future Plans

As mentioned earlier, 17 villages and about 82 hamlets have yet to be provided with medical facilities. The department has a proposal to reduce the work load of the only hospital in the district which is located at Leh, by upgrading the Primary Health Centres in Nyoma and Khalsi to sub-district hospital status. This proposal has been submitted to the government. This will enable the inhabitants of these blocks to have major/minor treatment at the block headquarter itself.

The department also lays emphasis for providing the improved equipment for the hospital and the public health centres and much has been done in this regard. During 1992-93, apparatus worth several lakhs¹⁰ has been purchased and procured for the SNM Hospital, Leh. The ambulance services are being made more efficient too.

In view of the importance of the area geographically and the climatic conditions of the district, it is essential that the district SNM Hospital in Leh should be raised to the status of a provincial level hospital and it is intended to submit this proposal to the government for consideration.

10. One lakh is Rs.100,000