Government of Maharashtra

Health Conditions of The Tribals in Maharashtra

By

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C O N T E N T S

PART I

HEALTH CONDITION OF THE TRIBALS IN MAHARASHTRA

1.1 The tribals suffer from many chronic diseases, the most prevalent of which are water-borne. The drinking water supply in many of the tribal areas is very poor. In the hill regions of Maharashtra, especially around Nashik, Pune, Dhule and Thane people have to go down the hills to get the water. Even when water is available, it is often dirty and contaminated. Consequently, the tribals are easily susceptible to intestinal and skin diseases. Incidence of Diarrhoea, Dysentry, Cholera, Ghinea-worm is not uncommon. Tuberculosis which is intensified by nutritional deficiency so common among the tribals, is found in the hilly and forest areas. The tribals have not yet developed an immunity and when they come in contact with new diseases they fall an easy prey to them. The incidence of T.B. seems to be more for that reason.

1.2 One of the horrid diseases of which the tribal is mortally afraid is Yaws which occures in Chandrapur district. Hansen's Disease as leprosy should not be called is common throughout India and has not spared the tribal people, particularly in Vidarbha region. Scabies, ring-worm, small-pox, anaemia, veneral diseases are also common in tribal people.

1.3 One of the most important problems in connection with health is the addiction of the tribals to spirituous and intoxicating liquor and drinks.

1.4 It is generally believed that the tribals are averse to modern medical treatment and that they take to superstitious cures and Bhagat's magic formula. The situation in this behalf is more alarming in primitive and more backward tribes like Madia Gonds of Bhamragad, Warlis of Talasari and Katkaris. In other areas the situation is not as alarming. Given the general health education and facilities they are willing to avail the same.

1.5 In the Sub-Plan area medical facilities are made available through Primary Health Centres, Dispensaries and Hospitals. There are 14 hospitals, 62 primary health centres, 209 dispensaries, 46 maternity homes and 46 health centres in Tribal Sub-Plan Area. The population served by each primary health centre, dispensary and health centre is about 16,000. The population served by each doctor is 19,000 in the tribal sub plan area. The details of the medical facilities in tribal area is given in Table 1.

A) Health Conditions of Tribals and Common Diseases in Sironcha (Chandrapur)

2.1 The present economic condition does not permit the tribals to have the nutritious and sufficient diet and in the circumstances they have to live half-starved many times. Moreover, inadequate facility of clean drinking water can be added to it.

2.2 The important diseases therefore commonly prevalent among the tribals are:

1) Diabetics

2) Leprosy

3) T.B.

4) Skin Disease

5) Yaws

6) Small Pox

The facilities which are provided at present are too inadequate to meet the situation. There is certainly a great need to start and maintain health centres fully equipped in remote areas.

2.3 The important diseases can be classified as under:

Tuberculosis is found in the tribals. Semi-starvation condition or inferior diet and with unhygienic conditions do result in contacting tuberculosis. The tribals having both these factors in greater percentage and therefore the incidence of T.B. among tribals is found more. The T.B. patients in tribals do not avoid the close contacts of their family members and as such others are also affected by this disease.

2.4 The incidence of small pox is still a major item in the area. The tribals even today do not get their children vaccinated after intervals.

2.5 Skin diseases are found prevalent on a larger scale and more particularly among the small children and aged persons.

<u>Health, Hygiene, Food Supply and Nutritional Needs in Sironcha, Bhamragad Area</u>

In Bhamragad area (Sironcha Tahsil), the following important points with some of the health problems are emerged:

2.6 Child mortality rate is very high since notwithstanding married Adivasi women undergoing 10-12 deliveries, children who

eventually grow to adulthood were only 3-4 per family. Obviously there is no awareness of family planning in these regions.

2.7 It is virtually impossible for the Adivasis to afford modern medical care. It is therefore important that one should consider extending medical care with the help of cheap Ayurvedic medicines which could be prepared from local flora. It would also be useful to extend health care through training the village headman, medicineman and the senior woman from each village who normally conducts delivery of babies. The concept of "Bare-foot Doctor" could be extended to the forest villages by motivating/ training the village headman himself to serve as a bare-foot doctor. A small honorarium/fee may be paid for such service. Administration of household remedies for most common diseases could be taught to these headmen. Common diseases arising mostly through exposure, bad hygiene, unsatisfactory housing, under-nourishment, malnutrition, insufficient and unhygiene water supply (availability) etc. will have to be treated.

Public Health, Hygiene and Housing

2.8 Most of the Madia village huts are mud huts. Hardly any light percolates through these huts and they are therefore exceedingly dark. There is scope for providing better houses through the Maharashtra Government's programme for rural housing. There is tremendous water scarcity also. Lack of availability of water would be one of the causes for poor hygiene and health.

2.9 There are some villages where leprosy is rampant. For

example, the village across the river near the forest rest house at Bhamragad has a population of only lepers. Due to remoteness this village is left completely without any medical care and people there have to lead a life of great agony and neglect.

Food Supply and Needs

2.10 The major source of food for the Adivasis is Paddy (Dhan). Apart from growing paddy, Adivasis have small plots of land around their houses where they usually grow a small kitchan garden, consisting usually of beans, tubers and white gourd (Dhudi).

2.11 In most weekly bazars dried fish seems to attract a large number of buyers. Fish appears to be the major source for protein for forest tribes. There is a good potential for fisheries in natural ponds and ponds which may be created by nullah bunding in forest regions. As in West Bengal such ponds could serve not only as a source of clean water for health and hygiene but also for taking two crops and for fishing. Indeed the fish thus made available from such ponds and lakes could be the major source of protein for Adivasis and through it the health of the forest people is likely to improve.

2.12 As regards cooking oil, there seems to be a great scope for mahua and mesta oil extraction. The Adivasis do use mahua fruits as a supplement to their food and to some extent mahua oil also. However, there is a great scope for cultivation of mesta in forest regions and oil derived from mesta fruit should be an excellent source for vegetable cooking oil. The Adivasis hunt

almost anything that moves and eat it. If alternative foods are made available they may not be required to go in for such undesirable and wasteful methods for procuring food.

Existing Health Facilities in Sironcha Tahsil (I.T.D.P.)

2.13 The Sironcha Tahsil is divided into three Tribal Blocks and one C.D.Block as below:

1) Aheri
2) Etapalli
3) Bhamragad
4) Sironcha

2.14 At present one Primary Health Centre at each Block is functioning. The existing medical facilities in the project area are given in Tables 2.1, 2.2 and 2.3.

Table 2.1: Medical Facilities

Name of taluka (Project area)	Name of Primary Health Centre	Location of P.H.C.	Place of dispensary All/Ayu	M.C.H. Centre
Sironcha	1.Sironcha	Sironcha	1.Ankise	1.Zinganur
			2.Tersda	1.Ankisa
				2.Asarali
	2.Aheri	Aheri	1.Dechalipetta	-
			2.Moyabinpetta	-
	3.Atapalli	Etapalli	1.Bhamragad	1.Ghotsur

In addition to above Rural Family Planning Centre at the rate of one in each block with three sub centres are functioning in the area.

Table 2.2: Blockwise Distribution of Existing Health Facilities in Sironcha Integrated Tribal Development Programme Area

Name of block	Rural hospital	P.H.C.	Allopath disp.	Ayu. disp.	Sub centre	Indoor facilities	M.C.H.C.	P.H. units
						Rural beds		
1. Sironcha	-	1	2	2	3	6	1	-
2. Aheri	1	1	2	-	5	6	Nil	-
3. Etapalli	-	1	1	-	3	Nil	-	1
Total	1	3	5	2	11	12	1	1

Drinking Water Supply

2.15 The local inhabitants use water from wells, tanks, rivers and springs for drinking purpose. There are 388 villages depending fully or partially on wells including one hand pump and 170 villages are without any adequate water supply in the project area.

Suggestions

2.16 The existing medical facilities are inadequate. It is therefore suggested that for a distance of not more than 5-10 miles, one Primary Health Centre should be established fully equipped with medicines, injections, surgical apparatus and medical staff.

Table 2.3: Medical Institutions in Sironcha Tahsil (1975)

Item	Block I Sironcha	Block II Aheri	Block III Etapalli/ Bhamragad
1. Hospitals (Urban Areas)			
1. Numbers	Nil	Nil	Nil
2. Beds	Nil	Nil	Nil
3. Doctor's posts	Nil	Nil	Nil
2. Primary Health Centre			
1. Numbers	1	1	1
2. Beds	6	6	6
3. Doctor's posts	2	2	2
3. Allopathic Dispensaries			
1. Numbers	2	2	1
2. Doctor's posts	2	2	1
4. Ayurvedic Dispensaries			
1. Numbers	2	Nil	1
2. Doctor's posts	2	Nil	1
5. Other Curative Institutions			
1. Numbers	1	Nil	Nil
2. Doctor's posts	1	Nil	Nil
6. Sub Centre			
1. Numbers	6	8	7

2.17 It is also suggested that the mobile medical units should be adequately increased and must have an equally important preventive section.

2.18 Health education is very necessary in tribal areas. A systematic programme, wherever possible with audio-visual equipment should be undertaken to spread knowledge about the dietary conditions and sanitary habits.

2.19 One of the major difficulties in the interior regions like Bhamragad in the way of persuading tribal people to come for medical treatment is the fact that they have a well-developed system of diagnosis and cure. The usual theory of disease in tribal society is that it is caused by hostile spirits, the ghosts of the dead or the breach of some taboo. What is spiritually caused, therefore, must be spiritually cured and this is the main reason why people in the interior prefer to go to their own doctor - Bhagat. A wise doctor will make friends with the local priest or Bhagat and will create healthy psychological atmosphere among the tribals. This is one of the most important needs in a case of serious illness like leprosy in Madia or Gonds of Chandrapur.

B) Health Condition in the Tribal Areas of Thane District

3.1 The Warlis, Kokanas, Katkaris and Thakurs are the main tribes in Thane District. The majority of them live in small thatched huts which do not provide windows. An apparent defect seen in a normal tribal house or hut is the lack of ventilation. The floors of the huts often get wet, especially during rainy

days which are used for rest and sleep. The surrounding of their houses are also dirty. Moreover the tribals do not take bath daily and wash the clothes regularly. They also do not get clean water to drink and nutritious food to eat. Sometime they live on wild roots, fruits and leaves of edible plants. Drinking liquor is a common habit of the tribals. Their wage earning is hardly of any worth to give them regular and sufficient food.

3.2 The tribals particularly in hilly area still believe that illness can be cured by treatment of a Bhagat. They often seek his advice and treatment also. On many occasions medical aid is not sought for till the illness is much advanced and moreover the treatment is discontinued as soon as a patient feels a little better. The widespread poverty among the tribals generally leads them to malnutrition which in turn forms the background for many disorders and poor health standard.

3.3 The main diseases of the area which are found common among the tribals are as follows:

1. Cough
2. Fever
3. Skin disease
4. Parasitic infection
5. Worm
6. Vitamin deficiency
7. Malnutrition
8. Night blindness
9. General debility

In addition to these diseases Malaria, Anaemia, Dysentery, Flu and T.B. are also found in the area.

3.4 There is a serious problem of veneral diseases amongst the tribals. The basic problem in this regard is about the basic survey for want of which an adequate preventive and curative measures are not possible.

Health Survey on Katkaris

3.5 The growth rate of Katkari children in early stages is retarded. Regarding nutritional content in the diet of the Katkaris the report points out deficiency of fat and absence of vitamins.

3.6 The reproductive age of Katkari women is given between 16 and 40 years. They do not have any traditional methods of family planning. Vassoctomy operations have been done over 80 per cent the Katkari males of the project area.

3.7 No special health survey was conducted in the past to understand the health problems of the Katkaris. The Katkaris were covered in routine campaigns for eradication of mass killers like Malaria, Cholera, Small Pox etc. There are no specific regular health services started for the Katkaris.

3.8 The Katkari habitat being approachable there are no natural barriers for the utilisation of health services.

Genetic Findings on the Katkaris

3.9 The Genetic Division of the Department of Medicine of the B.J.Medical College, Pune, was requested to conduct a study on

the genetic condition of the Katkaris and make available their expert opinion for being incorporated in the monograph on the Katkaris commissioned by the Tribal Research & Training Institute.

3.10 The study team covered seven Katkari villages from Kolaba District viz:

1. Khopoli
2. Chowk
3. Khalapur
4. Kune
5. Homdi
6. Apti
7. Khadkiwadi

1009 Katkaris (623 males and 375 females) were covered.

3.11 The team studied the frequency of the following genetic marks.

1. Hemoglobin blood groups
2. Red cell enzymes
3. Serum protein groups
4. Dermatoglyphies P.T.C.
5. Testing colour blindness

3.12 The Katkari group showed (1) High incidence of red cell enzyme, (2) Deficiency of glucose 6 phosphate dehydrogenes, (3) Abnormal hemoglobin known as sickle cell homoglobin.

3.13 Approximately 10 per cent of this population carries these abnormal genes in them. The abnormality of these two genes gives rise to haemolytic anaemia with all its known complications.

The team also recorded high rate of infant mortality and congenital malformation like poly and syndactyly.

Drinking Water

3.14 There are 89 difficult villages having population less than 1000 each in the Project Area I covering 37019 population and 50 difficult villages with less than 1000 population in each Project Area II. The drinking water supply is very acute, particularly in summer season.

The existing facilities of health services and drinking water is given in Table 3.1.

Table 3.1: Project Area I

Health Services

Tahsil	Primary Health Centre	Sub Centre	Z.P. Allo-pathic disp.	Z.P. Ayur-vedic disp.	Mobile unit	Indoor beds
1. Dahanu	2	6	3	2	1	93
2. Talasari	1	3	-	1	-	21
3. Jawhar	1	3	1	-	1	23
4. Mokhada	1	3	1	-	1	13
5. Wada	1	3	3	-	-	32
Total	8	18	8	3	3	182

Table 3.1: (Continued)

Drinking Water

	Tahsil	No.of difficult villages
1.	Dahanu	26
2.	Talasari	3
3.	Jawhar	9
4.	Mokhada	19
5.	Wada	61
	Total	111

C) Health Condition of Tribals and Common Diseases in Nashik District

4.1 In a village all the houses of a particular tribe are in one group and in a separate pada in Nashik District. The sites are at higher levels and houses are situated generally near the sources of water. However, for want of clean drinking water the tribals are suffering from skin diseases and diseases like Cholera and Dysentery in Nashik District.

4.2 The important diseases of the area which are found common among the Adivasis are:

1. Malaria
2. Small Pox
3. Veneral diseases
4. Leprosy
5. Skin diseases
6. Vitamin deficiencies of anaemia

Among these diseases Malaria has been markedly reduced. The control of Small Pox is rather difficult since it depends on the willingness of the population to be vaccinated. Leprosy is generally being controlled at it becomes evident.

4.3 In Surgana Taluka there is one Leprosy Centre attached to the Primary Health Centre. Presently 57 leprosy patients are under treatment of the Centre. There is one Ayurvedic Dispensary at Barhe, one mobile unit at Borgaon and one S.M.P.Centre at Umbarthan. These centres are insufficient to give medical help to the tribals from interior. One mobile van at Barhe is badly essential to help the tribals from interior.

4.4 There are some other difficulties also in providing medical and public health facilities to the tribals. Ignorance and superstituous prevent the Adivasis from accepting measures for preventing diseases. Their economic earning is hardly of any worth to give them regular food.

4.5 There is a strong hold of the Bhagats on tribal population. Their ignorance, lack of education, insanitary living conditions, poverty and believe in Bhagat which cannot be reconciled with modern methods of medical relief and public health. The tribals have their own cure methods through Bhagats. There is no sufficient arrangement with the centre to check and control all these diseases. Disinfections of wells, small pox vaccinations, cholera inoculations are the only programme undertaken to check and control the spread of epidemics in the area. Tribals believe in crude methods of Bhagat than modern methods of medical

relief. Even in delivery cases they approach a village midwife or dai rather than removing the women to the nearest hospital.

D) Diseases Commonly Prevalent Among the Tribals of Melghat and Dharni, Amravati District

5.1 The Medical Officer, Primary Health Centre, Dharni reported that the following diseases are prevalent among the tribals in the tract. This is also seen from the number of cases treated in the primary health centres in 1975-76.

1. Deficiency diseases
2. Dysentery or diarrhoea and/or
3. Pneumonia
4. Tuberculosis
5. Small Pox
6. Skin diseases
7. Leprosy

5.2 The diseases at Serial No.1 and 2 are mainly due to inadequacy of nutritious diets and drinking of unclean water. Malaria has been controlled during the past few years but many positive cases have been detected not only in the tribal area but also in the other parts of the districts during the last two years. The Medical Officer also reported further that Malaria has become again a disease worthy of cognizance in the area.

5.3 Pneumonia is yet another important cause of death among the people, and the tribals in particular of this tract. The tribals are generally exposed to extreme cold because they do not possess pucca houses and even bare clothes and beddings.

Obviously, they are affected by cold which turns quickly into pneumonia.

5.4 Tuberculosis is again an another disease found in the tribals. Semi-starvation conditions or inferior diet and unhygienic conditions do result in having tuberculosis. The tribals are having both these factors in greater percentage and therefore the incidence of T.B. among the tribals is found more. The T.B. patients in the tribals do not avoid contacts of their family members.

5.5 Although the work of vaccination is being done progressively in each year the incidence of small pox is still a major item in the tribal area. The tribals even today do not get their children vaccinated after intervals. They go to the Bhumka and take spelled water.

5.6 Skin diseases are found prevalent on a larger scale and more particularly among the small children.

5.7 Leprosy is again a notable disease among the tribals of Melghat and Dharni.

5.8 The snake bite cases do not come under the category of diseases. Due to forest the poisonous snakes are in greater number and every year many cases are required to be treated in the Health Centre.

Detailed Survey for Leprosy

5.9 Gondwadi, Chichghat, Dharni, Duni, Ranitamboli, Hardoli, Diya and Utavai are the villages in Dharni Block where the spread of this disease is noticed in a greater number. There are still

other 18 villages from where the patients have approached for receiving the medicines to the Leprosy Centre. It is therefore necessary to take the detailed survey of the patients by physical examination from the Medical Department to know the number of leprosy patients in the area.

5.10 It was noticed that still many children below one year are not vaccinated.

Supply of Clean Drinking Water

5.11 The supply of clean drinking water is required to be made still at 20 places where the drinking water is available either from the river or the 'Zira' in the Nala Beds.

PART II

GEOGRAPHICAL COVERAGE BY CURATIVE AND PARA-MEDICAL INSTITUTIONS AND INFRA-STRUCTURAL BUILT UP AT THE CENTRES

2.1 Health information may be broadly classified into three categories.

i) Health statistics which provide morbidity, mortality and natality data.

ii) Health establishments which furnish information on hospital, dispensaries, health centres and other health institutions and beds.

iii) Health manpower which give data on qualified medical practitioners and para-medical staff.

2.2 The first category is indispensable to the health administration as it helps to know the pattern of diseases facility etc., prevailing in the community so that health programmes are objectively formulated and evaluated. It is also necessary for measuring the health of the people, epidemiological investigations and research work.

The remaining two categories are needed not only to know the health services provided to the people, but also for assessing their adequacy, and to attempt improvement wherever necessary.

2.3 This part is divided into three sections. Section I mainly deals with the geographical coverage of the tribal areas by curative and para-medical institutions - like number of hospitals, Primary Health Centres, dispensaries and other health

institutions and number of beds available in these institutions. Section II concentrates on infra-structural built-up of these centres including (a) physical infra-structure; (b) technical infra-structure; and (c) personnel; and Section III highlights the proposed health activities under the tribal Sub-Plan in Maharashtra State.

Section I

Geographical Coverage of the Tribal Areas by Curative and Para-Medical Institutions

2.4 Prior to independence the situation with regard to the availability of hospital facilities and medical personnel was extremely deplorable. In 1947, the total number of hospitals in India was 6669, 4617 of them were in rural areas and 2052 were in urban areas. In view of the fact that about 80 per cent of the people live in rural areas, one can see the poor facilities, which were available to a great majority of our countrymen.

2.5 There were 8600 hospitals and dispensaries and 1,13,000 beds at the commencement of the First Five Year Plan in 1951. By 1965-66 their number went upto 14,600 and 2,40,100 respectively. While there has been considerable advance through the provision of additional beds in urban areas and through Primary Health Centres in the rural areas, medical facilities in the rural areas were still poor. The bed population ratio in 1966-67 was about 1:12,000.

2.6 Table 1 gives the abstract of the medical institutions

in the tribal Sub Plan area of Maharashtra State for each tribal development block. From the table it appears that as a curative centres there are 27 Primary Health Centres and only one hospital which covers a population of about 28.15 lakhs in the tribal Sub Plan area of the State. Besides the abovementioned curative centres, there are 82 Sub Centres and 85 Family Planning Sub Centres in the tribal Sub Plan area. This reveals that the number of medical institutions at present available is utterly inadequate to serve even minimum needs of the tribal people. The average number of population served by a Primary Health Centre in the tribal areas varies between 41,000 in Peint tahsil (Nashik district) and 1,47,000 in Gadchiroli tahsil (Chandrapur district) and the average is over 1,04,000 for the whole of tribal Sub Plan area. Some new P.H.Cs. have been opened in the tribal areas during the last year but the number is insignificant as compared to the need. As per the model plan each block with a population varying from 60,000 to 66,000 will have to be provided with one Primary Health Centre with three sub centres and three Family Planning Sub Centres. According to this norm additional 20 Primary Health Centres with 60 Sub Centres and 60 Family Planning Sub Centres will have to be opened in the tribal Sub Plan area.

2.7 It appears from Table 1 that there is not even a single curative institution of Ayurvedic medicine in the tribal Sub Plan area. In view of the small number of allopathic doctors available there is enough scope to set up increased number of Ayurvedic Primary Health Centres and dispensaries to meet the need for treatment of diseases on scientific lines. The tribals are already used to herbal remedies.

2.8 As stated above there are 27 Primary Health Centres with the facilities of 150 indoor beds. There are wide differences in the bed populations ratio among the Tribal Development Blocks and the tahsils in the tribal Sub Plan area of the State. The population served by one bed various between 7,000 in Murbad tahsil (District Thane) and 25,000 in Gadchiroli tahsil (District Chandrapur) and the average population served by one bed is 18,000 for the whole of tribal Sub Plan area. The recommended standard is one bed per thousand population.

2.9 Public health and medicine cannot easily be assessed in terms of money. The coverage in India for one medical institute is about 100 sq.miles, but a medical institutions in the tribal area, one can unhesitatingly say, serves twice or thrice this area.

Section II

Infra-Structure Built Up at the Public Health Centre

2.10 Table 2 aims at eliciting information about facilities available in the various medical institutions about medical personnel, building, electricity, water etc. Table 3 gives information of the Public Health Sub Centres, Family Planning Sub Centres and the position of para-medical staff.

2.11 From Table 2 it appears that all the curative institutions (27 PHCS) have their own buildings and residential accommodation for the medical and para-medical staff. The electricity and water is also available to the institutions except one or two institutions.

2.12 As far the medical and para-medical personnel the posts sanctioned for the purpose are filled in all the curative institutions and sub-centres. Apart from bed population ratio, another indicator of the extent of medical and public health facilities is the number of doctors and other medical personnel (para-medical staff) available per 1000 of population. The consensus of opinion by the Health Administration is that there should be at least on medical officer for every 20,000 to 25,000 population, one Lady Health Visitor for every 5000 population and one sanitary inspector for every 10,000 population and one midwife for every 100 births. Here again we find wide variation from block to block in the tribal area. The situation becomes more terrifying when we see the doctor population ratio for the interior and peripheral areas separately. The tribal Sub Plan area as a whole, the ratio stands at 1: . This shows that the tribal population of Maharashtra is still unable to get medical facilities adequately. In certain blocks the situation is much worse. Blocks or tahsil like Shahapur (Thane), Kalwan (Nashik), Nawapur and Shahada (Dhule), have a ratio 1:60000 or more.

2.13 As regards ancillary health personnel such as nurses, midwives, health visitors, sanitary inspectors, dais etc. the situation had improved considerably, though still the ancillary health personnel/population ratio is unfavourable.

2.14 The bulk of medical relief in tribal area is at present given by the unqualified practitioners and cultists. As a mere

guess, it may be said that only 5 to 10 per cent of the sick needing medical care, attend the dispensaries. About 15 to 20 per cent are attended to by unqualified practitioners of secular indigenous medicine, Ayurvedic etc. The rest about 70 to 75 of the total sick either go to the cultists or religious healers like Bhagat or go without any treatment. Of course the number of people who undertake self-treatment is larger than those in the rural areas. It is therefore evident that the proportion of the tribal people who attend the dispensaries and the Primary Health Centres is very small.

2.15 The average daily attendance in the out-patient department varies 5 (in Sakharshet, Mokhad tahsil, district Thane) and 44 (in Kasa, tahsil Dahanu, district Thane). This may be taken as the average figure.

2.16 The present method of indenting for medical supplies in the remoter areas is very frustrating. When forms are filled up and reach the head-quarters, scrutiny is made on the basis of the normal requirements of the plain area. It is all mathematically done on the basis of the Primary Health Centre returns. It is forgotten that the medical personnel in tribal areas have not only to treat the patients but also brave the rigours of climate and on many occasions to meet the urgent requirement which require the maintenance of stock of special remedies at hand.

2.17 The above discussion and the data supporting show that the existing medical facilities in the tribal Sub Plan area are far less than those needed to satisfy even minimum requirements.

Fresh facilities have of course been added since April 1976 but the population and the capacity of the people seeking medical aid have also correspondingly increased. Difficulties in the way of augmenting the facilities are well known, but unless there is a perspective plan for medical services, these will always remain unresolved.

2.18 The real problem that the tribal Sub Plan area faces on the medical front is that of provision of facilities in the tribal areas. Doctors are reluctant to serve in the tribal villages. Unless some incentives are given to the medical personnel to serve in the tribal villages, the problem will continue to be serious. The problem is big. Its solution requires bigger effects.

Section III

Proposed Health Facilities under the Tribal Sub Plan

2.19 Tables 4 and 5 highlight the proposed health facilities under the tribal Sub Plan. It appears from the tables that the Directorate of Public Health Services, Maharashtra State, proposes to establish 38 New Primary Health Centres in the Sub Plan area. In 38 tahsils notified under tribal Sub Plan, 30 Primary Health Centres are already located. With a view to cover the entire population of the tribal area in the tahsils, it is proposed to open 38 additional Primary Health Centres in these tahsils. The population which will not be covered by the Primary Health Centre, will be covered by the Primary Health Units proposed to be established. Each P.H.U. will have 3 to 4

sub-centres. Thus the entire tribal population in the Sub Plan area will be covered by the Primary Health Centres.

2.20 The Government had also taken a policy decision in the year 1966 to establish Primary Health Units in the area which is not covered by the P.H.C. located in the area. The scheme envisages the conversion of the Zilla Parishad Dispensaries into Primary Health Units with a view to provide better health facilities to the people. Under this scheme it is now proposed to convert 35 Zilla Parishad Dispensaries located in the notified tribal Sub Plan area into Primary Health Units. The Zilla Parishad Dispensary buildings are already available for locating Primary Health Units in most of the places. The staff quarters will have to be constructed and modern facilities like electricity and water supply will have to be provided.

Table 1: Health Facilities in Tribal Sub Plan Area (1976)

Name of I.T.D.P. District	Name of I.T.D.P. Tahsil	No. of T.D. Blocks	No. of villages included in Sub Plan area	Population (in lakhs)		No. of curative centres		
				Total	Tribal	Hospital	PHCs	Ayurvedic
1	2	3	4	5	6	7	8	9
1. Thane	1. Dahanu	3	127	1.70	1.19	-	2	-
	2. Talasari	1	27	0.53	0.47	-	1	-
	3. Mokhada	1	69	0.54	0.50	-	1	-
	4. Jawhar	2	113	0.90	0.84	-	1	-
	5. Wada	-	165	0.76	0.39	-	1	-
	6. Shahapur	-	202	1.35	0.45	-	2	-
	7. Palghar	2	140	1.13	0.61	-	1	-
	8. Bassein	-	45	0.42	0.21	-	-	-
	9. Bhivandi	-	61	0.28	0.14	-	-	-
	10. Murbad	-	77	0.42	0.15	-	1	-
2. Nashik	11. Surgana	2	156	0.70	0.67	-	1	-
	12. Kalwan	1	154	1.24	0.60	-	1	-
	13. Baglan	-	57	0.41	0.29	-	-	-

Contd...

Table 1: (Continued)

Name of I.T.D.P. District	Name of I.T.D.P. Tahsil	Average population per PHCs(in lakhs)	Indoor beds	Population per bed (in '000)	Sub centre	Average population per sub centre (in '000)	F.P. sub centre	Average population per F.P.sub centre (in '000)
1	2	10	11	12	13	14	15	16
1. Thane	1. Dahanu	0.85	12	14	6	28	6	28
	2. Talasari	0.53	6	9	4	13	4	13
	3. Mokhada	0.54	6	9	3	18	4	14
	4. Jawhar	0.90	6	15	3	30	3	30
	5. Wada	0.76	6	13	3	25	3	25
	6. Shahapur	0.68	6	23	4	34	3	45
	7. Palghar	1.13	12	9	5	23	6	19
	8. Bassein	-	-	-	-	-	-	-
	9. Bhivandi	-	-	-	-	-	-	-
	10. Murbad	0.42	6	7	4	11	3	14
2. Nashik	11. Surgana	0.70	6	12	3	23	3	23
	12. Kalwan	1.24	6	21	3	41	3	41
	13. Baglan	-	-	-	-	-	-	-

Contd...

Table 1: (Continued)

1	2	3	4	5	6	7	8	9
	14. Point	2	143	0.82	0.78	-	2	-
	15. Dindori	1	103	1.05	0.59	-	1	-
	16. Igatpuri	1	85	0.70	0.43	-	-	-
	17. Nashik	1	63	0.46	0.28	-	1	-
3. Dhule	18. Taloda	1	83	0.53	0.40	-	1	-
	19. Akkalkuwa	2	172	0.79	0.67	-	2	-
	20. Akrani	1	156	0.46	0.43	-	-	-
	21. Nawapur	3	93	1.16	1.10	-	1	-
	22. Sakri	2	77	1.18	0.78	-	-	-
	23. Nandurbar	2	75	0.76	0.52	-	1	-
	24. Shahada	2	140	1.22	0.68	-	1	-
	25. Shirpur	-	61	0.49	0.28	-	-	-
	26. Chopda*	-	17	0.06	0.05	-	-	-
4. Jalgaon	27. Yawal*	-	5	0.01	0.01	-	-	-
	28. Raver*	-	9	0.02	0.02	-	-	-

Contd...

Table 1: (Continued)

1	2	10	11	12	13	14	15	16
	14. Peint	0.41	12	7	6	14	6	14
	15. Dindori	1.05	6	18	4	26	4	26
	16. Igatpuri	-	-	-	-	-	-	-
	17. Nashik	0.46	6	8	4	12	4	12
3. Dhule	18. Taloda	0.53	6	9	3	18	3	18
	19. Akkalkuwa	0.40	12	7	7	11	7	11
	20. Akrani	-	-	-	-	-	-	-
	21. Nawapur	1.16	6	19	3	39	6	19
	22. Sakri	-	-	-	-	-	-	-
	23. Nandurbar	0.76	6	13	4	19	3	25
	24. Shahada	1.22	6	20	3	41	3	41
	25. Shirpur	-	-	-	-	-	-	-
4. Jalgaon	26. Chopda*	-	-	-	-	-	-	-
	27. Yawal*	-	-	-	-	-	-	-
	28. Raver*	-	-	-	-	-	-	-

Contd...

Table 1: (Continued)

1	2	3	4	5	6	7	8	9
5. Ahmednagar	29. Akola	2	93	0.73	0.57	-	1	-
6. Pune	30. Ambegaon*	1	56	0.35	0.25	-	-	-
	31. Junnar*	1	63	0.39	0.37	-	-	-
7. Amravati	32. Melghat	2	335	1.05	0.79	-	2	-
8. Yavatmal	33. Wani	1	129	0.39	0.24	-	-	-
	34. Kelapur	-	156	0.79	0.42	-	-	-
9. Chandrapur	35. Sironcha	3	650	1.41	0.74	1	-	-
	36. Gadchiroli	2	579	1.47	0.90	-	1	-
	37. Rajura	1	174	0.66	0.26	-	-	-
10. Nanded	38. Kinwat	-	118	0.82	0.27	-	1	-
Sub Plan Area Total		43	5028	28.15	18.23	1	27	-

* Not applicable as PHC is not located in the tribal area of the tahsil.

Table 1: (Continued)

1	2	10	11	12	13	14	15	16
5. Ahmednagar	29. Akola	0.73	6	12	4	18	3	24
6. Pune	30. Ambegaon*	-	-	-	-	-	-	-
	31. Junnar*	-	-	-	-	-	-	-
7. Amravati	32. Melghat	0.53	12	9	7	-	6	-
8. Yavatmal	33. Wani	-	-	-	-	-	-	-
	34. Kelapur	-	-	-	-	-	-	-
9. Chandrapur	35. Sironcha	-	-	-	-	-	-	-
	36. Gadchiroli	1.47	6	25	3	49	7	21
	37. Rajura	-	-	-	-	-	-	-
10. Nanded	38. Kinwat	0.82	6	14	3	27	3	27
Sub Plan Area Total		1.04	150	18	82	34	85	

Table 2: Facilities Available in Medical Institutions (Curative Centres) in the Tribal Sub Plan Area

Name of I.T.D.P. District	Name of I.T.D.P. Tahsil	No. of villages included in Sub Plan Area	Population (in lakhs)		Place of institution	Building	
			Total	Tribal		Institution	Residence
1	2	3	4	5	6	7	8
1. Thane	1. Dahanu	127	1.70	1.19	1)Vangaon 2)Kasa	Yes	Yes
	2. Talasari	27	0.53	0.47	Talasari	"	"
	3. Mokhada	69	0.54	0.50	Sakharshet	"	"
	4. Jowhar	113	0.90	0.84	Vikramgad	"	"
	5. Wada	165	0.76	0.39	Gorhe	"	"
	6. Shahapur	202	1.35	0.45	Kasara	"	"
	7. Palghar	140	1.13	0.61	1)Maswan 2)Safala	"	"
	8. Bassein	45	0.42	0.21	-	-	-
	9. Bhivandi	61	0.28	0.14	-	-	-
	10. Murbad	77	0.42	0.15	Dhasai	Yes	Yes
2. Nashik	11. Surgana	156	0.70	0.67	Surgana	"	"
	12. Kalwan	154	1.24	0.60	Abhohe	"	"

Contd...

Table 2: (Continued)

Name of I.T.D.P. District	Name of I.T.D.P. Tahsil	Indoor beds	Electri-city	Water	Personal doctors		Average population per doctor (in '000)
					Sanction-ed	Posi-tion	
1	2	9	10	11	12	13	14
1. Thane	1. Dahanu	12	Yes	Yes	4	4	43
	2. Talasari	6	"	"	2	2	26
	3. Mokhada	6	"	"	2	2	27
	4. Jowhar	6	"	"	2	2	45
	5. Wada	6	"	"	2	2	38
	6. Shahapur	6	"	"	2	2	68
	7. Palghar	12	"	"	4	4	28
	8. Bassein	-	-	-	-	-	-
	9. Bhivandi	-	-	-	-	-	-
	10. Murbad	6	Yes	Yes	2	2	21
2. Nashik	11. Surgana	6	"	"	2	2	35
	12. Kalwan	6	"	"	2	2	62

Contd...

Table 2: (Continued)

Name of I.T.D.P. District	Name of J.T.D.P. Tahsil	Para-medical personnel		Average daily attendance 1975-76 (outdoor)	Total in-door patients treated	Average patients attendance per 10000 population
		Sanctioned	Position			
1	2	15	16	17	18	19
1. Thane	1. Dahanu	8	8	45	190	11
	2. Talasari	4	4	38	111	21
	3. Mokhada	4	4	14	63	12
	4. Jowhar	4	4	5	27	3
	5. Wada	4	4	18	105	14
	6. Shahapur	4	4	31	75	6
	7. Palghar	8	8	30	452	40
	8. Bassein	-	-	-	-	-
	9. Bhivandi	-	-	-	-	-
	10. Murbad	4	4	31	217	52
2. Nashik	11. Surgana	4	4	-	-	-
	12. Kalwan	4	4	24	117	9

Contd...

Table 2: (Continued)

1	2	3	4	5	6	7	8
	13. Baglan	57	0.41	0.29	-	-	-
	14. Peint	143	0.82	0.78	1)Peint 2)Harsul	Yes	Yes
	15. Dindori	103	1.05	0.59	Wani	"	"
	16. Igatpuri	85	0.70	0.43	-	-	-
	17. Nashik	63	0.46	0.28	Trimbak	Yes	Yes
3. Dhule	18. Taloda	83	0.53	0.40	Pratappur	"	"
	19. Akkalkuwa	172	0.79	0.67	1)Molgi 2)Khaper	"	"
	20. Akrani	156	0.46	0.43	Dhadgaon	"	"
	21. Nawapur	93	1.16	1.10	Khandbara	"	"
	22. Sakri	77	1.18	0.78	-	-	-
	23. Nandurbar	75	0.76	0.52	Ranala	Yes	Yes
	24. Shahada	140	1.22	0.68	Wadala	"	"
	25. Shirpur	61	0.49	0.28	-	-	-
4. Jalgaon	26. Chopda	17	0.06	0.05	-	-	-
	27. Yawal	5	0.01	0.01	-	-	-

Contd...

Table 2: (Continued)

1	2	9	10	11	12	13	14
	13. Baglan	-	-	-	-	-	-
	14. Peint	12	Yes	Yes	4	4	21
	15. Dindori	6	"	"	2	2	53
	16. Igatpuri	-	-	-	-	-	-
	17. Nashik	6	Yes	Yes	2	2	23
3. Dhule	18. Taloda	6	"	"	2	2	26
	19. Akkalkuwa	12	"	"	4	4	20
	20. Akrani	6	No	"	2	2	23
	21. Nawapur	6	Yes	"	2	2	58
	22. Sakri	-	-	-	-	-	-
	23. Nandurbar	6	Yes	Yes	2	2	38
	24. Shahada	6	"	"	2	2	61
	25. Shirpur	-	-	-	-	-	-
4. Jalgaon	26. Chopda	-	-	-	-	-	-
	27. Yawal	-	-	-	-	-	-

Contd...

Table 2: (Continued)

1	2	15	16	17	18	19
	13. Raglan	-	-	-	-	-
	14. Point	8	8	42	126	15
	15. Dindori	4	4	36	670	64
	16. Igatpuri	-	-	-	-	-
	17. Nashik	4	4	-	-	-
3. Dhule	18. Taloda	4	4	-	-	-
	19. Akkalkuwa	8	8	-	-	-
	20. Akrani	4	4	-	-	-
	21. Nawapur	4	4	-	-	-
	22. Sakri	-	-	-	-	-
	23. Nandurbar	4	4	-	-	-
	24. Shahada	4	4	-	-	-
	25. Shirpur	-	-	-	-	-
4. Jalgaon	26. Chopda	-	-	-	-	-
	27. Yawal	-	-	-	-	-

Contd...

Table 2: (Continued)

1	2	3	4	5	6	7	8
	28. Raver	9	0.02	0.02	-	-	-
5. Ahmednagar	29. Akola	93	0.73	0.57	Rajur	Yes	Yes
6. Pune	30. Ambegaon	56	0.35	0.25	-	-	-
	31. Junnar	63	0.39	0.37	-	-	-
7. Amravati	32. Melghat	335	1.05	0.79	1)Dharni 2)Chikhaldara	Yes	Yes
8. Yavatmal	33. Wani	129	0.39	0.24	-	-	-
	34. Kelapur	156	0.79	0.42	-	-	-
9. Chandrapur	35. Sironcha	650	1.41	0.74	-	-	-
	36. Gadchiroli	579	1.47	0.90	-	-	-
	37. Rajura	174	0.66	0.26	Chandrapur	Yes	Yes
10. Nanded	38. Kinwat	118	0.82	0.27	Wai	No	No
	Grand Total	5028	28.15	18.23	-	-	-

Table 2: (Continued)

1	2	9	10	11	12	13	14
	28. Rever	-	-	-	-	-	-
5. Ahmednagar	29. Akola	6	Yes	Yes	2	2	37
6. Pune	30. Ambegaon	-	-	-	-	-	-
	31. Junnar	-	-	-	-	-	-
7. Amravati	32. Melghat	12	Yes	Yes	4	4	26
8. Yavatmal	33. Wani	-	-	-	-	-	-
	34. Kelapur	-	-	-	-	-	-
9. Chandrapur	35. Sironcha	-	-	-	-	-	-
	36. Gadchiroli	-	-	-	-	-	-
	37. Rajura	6	No	No	2	2	-
10. Nanded	38. Kinwat	6	-	-	2	2	41
	Grand Total	168	-	-	56	56	50

Table 2: (Continued)

1	2	15	16	17	18	19
	28. Buver	-	-	-	-	-
5. Ahmednagar	29. Akola	4	4	-	-	-
6. Pune	30. Ambegaon	-	-	-	-	-
	31. Junnar	-	-	-	-	-
7. Amravati	32. Melghat	8	8	23	107	10
8. Yavatmal	33. Wani	-	-	-	-	-
	34. Kelapur	-	-	-	-	-
9. Chandrapur	35. Sironcha	-	-	-	-	-
	36. Gadchiroli	-	-	-	-	-
	37. Rajura	4	4	1	31	5
10. Nanded	38. Kinwat	4	4	44	53	6
	Grand Total	112	112	-	2344	8

Table 3:

Name of I.T.D.P. District	Name of I.T.D.P. Tahsil	No. of villages included in Sub Plan Area	Population (in lakhs)		Sub-Centres		Average population per P.H.C. Sub Centre (in '000)
			Total	Tribal	P.H.C. Centre Nos.	R.F. PWC Nos.	
1	2	3	4	5	6	7	8
1. Thane	1. Dahanu	127	1.70	1.19	6	6	28
	2. Talasari	27	0.53	0.47	4	4	13
	3. Mokhada	69	0.54	0.50	3	4	18
	4. Jawhar	113	0.90	0.84	3	3	30
	5. Wada	165	0.76	0.39	3	3	25
	6. Shahapur	202	1.35	0.45	4	4	34
	7. Palghar	140	1.13	0.61	5	6	23
	8. Bassein*	45	0.42	0.21	-	-	-
	9. Bhivandi*	61	0.28	0.14	-	-	-
	10. Murbad	77	0.42	0.15	4	3	11
2. Nashik	1. Surgana	156	0.70	0.67	3	3	23
	2. Kalwan	154	1.24	0.60	3	3	41

Contd...

Table 3: (Continued)

Name of I.T.D.P. District	Name of I.T.D.P. Tahsil	Average population per R.F. PWC (in '000)	Buildings		Staff Para-Medical	
			Institution	Residence	Sanctioned (PHC sub-centre only)	Position
1	2	9	10	11	12	13
1. Thane	1. Dahanu	28	-	-	6	6
	2. Talasari	13	NA	NA	4	4
	3. Mokhada	14	NA	NA	3	3
	4. Jawhar	30	NA	NA	3	3
	5. Wada	25	NA	NA	3	3
	6. Shahapur	34	NA	NA	4	4
	7. Palghar	19	NA	NA	5	5
	8. Bassein	-	-	-	-	-
	9. Bhivandi	-	-	-	-	-
	10. Murbad	14	NA	NA	4	4
2. Nashik	1. Surgana	23	NA	NA	3	3
	2. Kalwan	41	NA	NA	3	3

Contd...

Table 3: (Continued)

1	2	3	4	5	6	7	8
	3. Baglan*	57	0.41	0.29	-	-	-
	4. Peint	143	0.82	0.78	6	6	14
	5. Dindori	103	1.05	0.59	4	4	26
	6. Igatpuri*	85	0.70	0.43	-	-	-
	7. Nashik	63	0.46	0.28	4	4	12
3. Dhule	1. Taloda*	83	0.53	0.40	-	-	-
	2. Akkalkuwa	172	0.79	0.67	7	7	11
	3. Akrani*	156	0.46	0.43	-	-	-
	4. Nawapur	93	1.16	1.10	3	6	39
	5. Sakri*	77	1.18	0.78	-	-	-
	6. Nandurbar	75	0.76	0.52	4	3	19
	7. Shahada	140	1.22	0.68	3	3	41
	8. Shirpur*	61	0.49	0.28	-	-	-
4. Jalgaon	1. Chopda*	17	0.06	0.05	-	-	-
	2. Yawal*	5	0.01	0.01	-	-	-
	3. Raver*	9	0.02	0.02	-	-	-

Contd...

Table 3: (Continued)

1	2	9	10	11	12	13
	3. Baglan	-	-	-	-	-
	4. Point	14	NA	NA	6	6
	5. Dindori	26	NA	NA	4	4
	6. Igatpuri	-	-	-	-	-
	7. Nashik	12	NA	NA	4	4
3. Dhule	1. Taloda	-	-	-	-	-
	2. Akkalkuwa	11	NA	NA	7	7
	3. Akrani	-	-	-	-	-
	4. Nawapur	19	NA	NA	3	3
	5. Sakri	-	-	-	-	-
	6. Nandurbar	25	NA	NA	4	4
	7. Shahada	41	NA	NA	3	3
	8. Shirpur	-	-	-	-	-
4. Jalgaon	1. Chopda	-	-	-	-	-
	2. Yawal	-	-	-	-	-
	3. Raver	-	-	-	-	-

Contd...

Table 3: (Continued)

1	2	3	4	5	6	7	8
5. Ahmednagar	1. Akola	93	0.73	0.57	4	3	18
6. Pune	1. Ambegaon*	56	0.35	0.25	-	-	-
	2. Junnar*	63	0.39	0.26	-	-	-
7. Amravati	1. Melghat	335	1.05	0.79	7	6	-
8. Yavatmal	1. Wani*	129	0.39	0.24	-	-	-
	2. Kelapur*	156	0.79	0.42	-	-	-
9. Chandrapur	1. Sironcha*	650	1.41	0.74	-	-	-
	2. Gadchiroli*	579	1.47	0.90	-	-	-
	3. Rajura	174	0.66	0.26	3	7	22
10. Nanded	1. Kinwat	118	0.82	0.27	3	3	27
Tribal Sub Plan Area		5028	28.15	18.23	79	85	36

NA = Not applicable

* Information not available

Table 3: (Continued)

1	2	9	10	11	12	13
5. Ahmednagar	1. Akola	24	NA	NA	4	4
6. Pune	1. Ambegaon	-	-	-	-	-
	2. Junnar	-	-	-	-	-
7. Amravati	1. Melghat	-	NA	NA	7	7
8. Yavatmal	1. Wani	-	-	-	-	-
	2. Kelapur	-	-	-	-	-
9. Chandrapur	1. Sironcha	-	-	-	-	-
	2. Gadchiroli	-	-	-	-	-
	3. Rajura	09	NA	NA	3	3
10. Nanded	1. Kinwat	27	NA	NA	3	3
Tribal Sub Plan Area		33	-	-	79	79

Table 4: Proposed Health Facilities Under the Tribal Sub Plan

District	Name of Tahsil	No.of villages	Mid year population	No.of existing PHCs	No.of new PHCs proposed to be established	No.of Z.P. dispensary to be consented
1	2	3	4	5	6	7
1. Thane	1. Dahanu	127	1.86	2	2	2
	2. Talasari	27	0.60	1	-	-
	3. Mokhada	69	0.59	1	-	2
	4. Jawhar	113	0.97	1	2	1
	5. Shahapur	202	1.74	1	2	2
	6. Palghar	140	2.55	2	2	2
	7. Wada	165	0.83	1	1	1
	8. Bassein	45	0.92	-	1	1
	9. Bhivandi	61	0.31	-	1	-
	10. Murbad	77	0.47	1	1	-
	Total	1026	9.84	10	12	11
2. Nashik	11. Peint	143	0.91	2	-	-
	12. Surgana	156	0.77	1	2	-
	13. Kalwan	154	1.41	1	-	1
	14. Dindori	103	1.16	1	1	1
	15. Igatpuri	85	0.88	-	1	-

Contd...

Table 4: (Continued)

1	2	3	4	5	6	7
	16. Nashik	63	0.84	1	1	-
	17. Baglan	57	0.84	-	1	1
	Total	761	6.81	6	6	3
3. Dhule	18. Nawapur	93	1.43	1	2	1
	19. Taloda	83	0.56	1	1	1
	20. Akkalkuwa	172	0.94	2	-	1
	21. Akrani	156	0.53	1	1	-
	22. Sakri	77	1.38	-	2	2
	23. Nandurbar	75	0.84	1	1	-
	24. Shahada	140	1.34	1	-	-
	25. Sirpur	61	0.83	-	1	2
	Total	857	7.85	7	8	7
4. Jalgaon	26. Chopda	17	0.20	-	-	1
	27. Yawal	5	0.08	-	-	1
	28. Raver	9	0.13	-	-	1
	Total	31	0.41	-	-	3
5. Ahmednagar	29. Akola	93	1.19	1	1	-
	Total	93	1.19	1	1	-

Contd...

Table 4: (Continued)

1	2	3	4	5	6	7
6. Pune	30. Ambegaon	56	0.84	-	-	2
	31. Junnar	63	0.94	-	2	-
	Total	119	1.78	-	2	2
7. Nanded	32. Kinwat	118	1.18	1	1	-
	Total	118	1.18	1	1	-
8. Amravati	33. Melghat	335	1.31	2	2	2
	Total	335	1.31	2	2	2
9. Yavatmal	34. Wani	129	0.81	-	1	-
	35. Kelapur	156	1.09	-	1	2
	Total	285	1.90	-	2	2
10. Chandrapur	36. Sironcha	650	1.62	-	1	2
	37. Gadchiroli	579	3.72	-	3	2
	38. Rajura	174	1.11	1	-	1
	Total	1403	6.45	1	4	5
Grand Total		5028	38.72	30	38	35

Source: 1) Tribal Sub Plan of Maharashtra, Directorate of Health Services, 1976.
2) Tribal Area Sub Plan (Draft), 1976-79, Social Welfare, Cultural Affairs, Sports and Tourism Department, Maharashtra State.

Table 5: Health Activities Under the Tribal Sub Plan

District	Taluka	Mid-year est. pop. (in lacs)	Existing facilities			Facilities available in taluka but not including in T.D.Areas		
			PHCs	Rural hospitals	Dispensaries	PHCs	Rural hospitals	Dispensaries
1	2	3	4	5	6	7	8	9
1. Thane	1. Dahanu	1.86	Wamgaon Kasa	-	Chinchani Gholwad Datchari	- - -	- - -	- - -
	2. Talasari	0.60	Talasari	-	-	-	-	-
	3. Palghar	1.56	Maswan Saphala	-	Kalwa Satpanli Daudi Bhoisar Mahim	Palghar - - - -	- - - - -	- - - - -
	4. Mokhada	0.59	Sakharshet	-	Mokhada Khodala	- -	- -	- -
	5. Jawhar	0.97	Vikramgad	-	Bhaudhan	-	-	-
	6. Shahapur	1.74	Kasara	-	Shahapur Kinholi Washind	- - -	- - -	- - -
	7. Wada	0.88	Gorhe	-	Wada Kasus Khanivali	- - -	- - -	- - -

Contd...

Table 5: (Continued)

1	2	3	4	5	6	7	8	9
	8. Bassein	0.92	-	-	Mandvi	Navghar	Virar	-
					Sopare	-	-	-
	9. Bhavandi	0.31	-	-	Vaire-shwari	Padgha	-	-
	10. Murbad	0.47	Dhasai	-	Khamabala	Kharbav	-	-
					Murbad	-	-	-
					Sirosi	-	-	-
					Vaisha-khare	-	-	-
2. Nashik	1. Peint	0.91	Peint	Peint	Thanpada	-	-	-
			Harsul	-	-	-	-	-
	2. Surgana	0.77	Surgana	-	Borgaon	-	-	-
	3. Kalwan	1.41	Abhona	Kalwan	Dalwat	-	-	-
	4. Dindori	1.16	Wani	-	Dindori	-	-	-
					Khejgaon	-	-	-
					Mohadi	-	-	-
					Manashi	-	-	-
	5. Igatpuri	0.88	-	-	-	Ghoti	-	-
	6. Nashik	0.84	Trimbak	-	-	-	-	-
	7. Baglan	0.84	-	-	Nampur	Satana	-	-

Contd...

Table 5: (Continued)

1	2	3	4	5	6	7	8	9
3. Dhule	1. Taloda	0.56	Pratapur	Taloda	Rajvihir	-	-	-
	2. Akkalkuwa	0.94	Molgi	-	Borad	-	-	-
			Khapar	-	Akkalkuwa	-	-	-
	3. Akrani	0.53	Dhadgaon	-	Dhadgaon	-	-	-
	4. Nawapur	1.43	Khandbara	-	Navapur	-	-	-
					Khadki	-	-	-
	5. Sakri	1.38	-	-	Sakri	Nijampur	-	-
					Pimpalner	Dahivel	-	-
					Choupala	-	-	-
	6. Nandurbar	0.84	Ranale	-	Kondan-wadi	-	-	-
	7. Shahada	1.34	Wadali	-	Saranc-kheda	-	-	-
	8. Sirpur	0.83	-	Sirpur	Mobthane	Thalpe	-	-
					Boradi	-	-	-
4. Jalgaon	1. Chopda	0.20	-	-	Gorgawale	Hated	-	-
	2. Yawal	0.00	-	-	Nhavi	Bhalod	-	-
					Savar-kheda	Mangaon	-	-
	3. Raver	0.13	-	-	Phor-gavhan	Chinchvel	-	-
						Ainpur	-	-

Contd...

Table 5: (Continued)

1	2	3	4	5	6	7	8	9
5. Ahmednagar	1. Akola	1.19	Rajur	-	Bhandar-dara	-	-	-
					Akola	-	-	-
6. Pune	1. Ambegaon	0.84	-	-	Peth	Ghodegaon	-	-
					Ambegaon	Dhamni	-	-
					Taleghar	-	-	-
					Khalungep	-	-	-
	2. Junnar	0.94	-	Junnar	Amrapur	Otur	-	-
					Madh	-	-	-
					Umbraj	-	-	-
7. Nanded	1. Kinwat	1.18	Wai	-	-	Islapur	-	-
8. Yavatmal	1. Wani	0.81	-	-	Mukuthem	Sirpur	-	-
	2. Kelapur	1.09	-	-	Ralegaon	-	-	-
					Khohiri	-	-	-
					Datanbori	-	-	-
9. Chandrapur	1. Rajura	1.11	Chandur	-	Kadhali	-	-	-
	2. Gadchiroli	3.72	-	-	Belgaon	-	Gadchiroli	-
					Kadhali			
					Porala			
					Wadsa			
	3. Sironcha	1.62	-	-	Dhasali-patta	Sironcha	-	-
					Tekada	-	-	-
					Ankisa	-	-	-
10. Amravati	1. Melghat	1.31	Dharni	-	Semadoha	-	-	-
			Chikhaldara	-	Taranwada	-	-	-

Source: Tribal Sub Plan of Maharashtra State, Directorate of Health Services, 1976.