

205

Government of Maharashtra
Tribal Development Department

Progress Report on Pilot
Project on
Primitive Tribal Health

Tribal Research & Training Institute,
Maharashtra State, Pune.

Phase- I

The Government of India, Ministry of Health and Family Welfare has decided to launch a specific programme on Primitive Tribal Health with the financial assistance from World Health Organisation. This programme is targeted primarily towards extending health care services and develop capacity building among primitive tribes for seeking better health care. In the country, the following five States - Maharashtra, Madhya Pradesh, Andhra Pradesh, Tamil Nadu and Bihar have been selected for this Pilot Project. In each State two PTG pockets with a base line population of 30,000 has been selected. Since Madia Gond and Kolam Primitive Tribal Groups need urgent attention, the Government of Maharashtra has selected the two pilot projects, one for Madia Gond in Gadchiroli district and another for Kolam in Yavatmal district.

2. The Government of India with the help of World Health Organisation has decided the following Plan of action.

- 1) To extend health care facilities to these identified 30000 PTG population.
- 2) The training of tribal men and women as community health workers.
- 3) To create clean and healthy environment.
- 4) To provide the supplementary nutrition to the very needy personnel.
- 5) The training of medical personnel to meet the health care needs.
- 6) Health awareness and training camps.
- 7) Linkages with existing health services.

3. As per the Government of India, in Maharashtra State 2 pilot projects for Kolam P.T.G. of Yavatmal district and Madia P.T.G. of Gadchiroli district have been identified. 30866 population for the Kolams and 33925 for the Madias have been identified from Pandharkawada (District Yavatmal) and Bhamragad (District Gadchilroli) I.T.D.Ps. respectively.

4. Pre-planning Phase.

During this training itself at Nagpur had detailed discussion regarding the planning of survey and pre-planning activities. Some of the salient points discussed were as below.

- i) Because of the on going "Navsanjivani scheme" in both the districts, the ANMS could not be diverted to areas outside their jurisdiction. The routing activities of the ANMS could not be disturbed. Hence it was decided to employ more number of ANMs for the survey work to complete the same within the available time.

- ii) The training of the remaining ANMs and HA and MOs should be arranged at district level.
- iii) Detail budget requirements for remuneration, medicine, organisation of health camps etc. was worked out and ICMR agreed to release additional budget.
- iv) It was decided that Project Officer of ITDP, Alapalli and Pandharkawada would prepare detailed survey plan in consultation with concerned DHO and MO. PHC.
- v) ICMR agreed to provide necessary copies of formats well before beginning of the survey.

5. Baseline Survey

The first step in the project was to carryout a baseline survey to establish bench mark pertaining to demographic, cultural and health related information. The ICMR had finalised strategy for conducting the baseline survey and schedules were designed accordingly.

The Government of Maharashtra entrusted the work of coordination and organisation of the various training camps to Dr. D.V.Bhusari, Principal, Family Welfare and Health Training Centre, Nagpur. He has coordinated the training and other health related survey work at State level.

Baseline Survey Training

Since the survey involved collection of mainly health related information using ICMR formats, the team from ICMR conducted training classes in which medical officers, Project Officers, medical and para-medical staff etc. participated.

At both the project level, two days training of Medical Officers and para-medical staff were arranged. The detailed survey plan was formulated in consultation with Project Officers specifying necessary details such as villagewise survey, investigators, village population of PTG, household of PTG, the dates of health camps etc. The work of survey was completed during the period of August 1999. The details of the survey performance is as under.

Sr. No.	Particulars	Yavatmal District	Gadchiroli district
1	No.of villages where survey conducted	190	153
2	P.T.Gs. population selected for survey	30374	39411
3	Population of P.T.G.covered during survey	30866	33925
4	Household of P.T.G.covered during survey	6751	5546
5	No.of health camps arranged	156	102
6	Population of P.T.G. examined during the health camp	12962	14624
7	No.of village schedules filled	156	102

6. Training at District Level

Two days training of remaining ANMs, HA, MO, etc. was arranged at Yavatmal and Gadchiroli District. Details of this training are as below.

S. No	District	Place of Training	Date of Training	No. of participants						Total
				ANM	HAF	MO	AMO	EOH	DEMO	
1	Gadchiroli	Etapalli	26-7-99 to 27-7-99	30	10	3	5	2	1	51
2	Yavatmal	Yavatmal	4-8-99	19	7	7	-	3	-	36
		Pandhar-kawda	3-8-99	44	9	9	-	3	-	65

7. Conduction of survey

Though in the preplanning phase it was decided to commence the survey by 20-7-1999 the actual survey started in by both these districts on 9-8-1999. In the Gadchiroli district, health camps were conducted simultaneously with the survey, while in Yavatmal district the health camps were organised subsequent to the household survey.

The supervision was mainly carried out by PHC level supervisors i.e. Health Assistants and M.O., AMO and district level functionaries while Principal, Health and Family Welfare Training Centre, could pay only few visits to both the districts.

Blockwise survey performance

District Gadchiroli

Name of the District	Taluka	No. of villages	Population of PTG selected	Population of PTG covered	No. of households covered
Gadchiroli	Etapalli	120	30661	26095	4372
	Bhanragad	34	8750	7830	1172
Total		154	39411	33925	5544

District Yavatmal

Name of the District	Taluka	No. of villages	Population of PTG selected	Population of PTG covered	No. of households covered
Yavatmal	Moregaon	17	2857	2862	618
	Zari	52	10421	10621	2263
	Ghatanji	15	1786	1836	423
	Pandhar-kawada	70	9868	9968	2183
	Relegaon	24	3016	3126	692
	Kalamb	12	2426	2436	572
Total		190	30374	30866	6751

8. Ranchi Workshop

A workshop was organised at Shri Krishna Institute of Public Administration, Mear Road, Ranch (Bihar) from 27th to 29th Sept. 1999. In this Workshop following decisions were taken.

- a) It was decided that one Tribal Welfare Volunteer (TWV) for each 500 population would be identified. These selected Tribal Welfare Volunteers would be given training in health programmes and tribal welfare schemes so that they would act as link persons.
- b) Identification and training of dais.
- c) Training of medical and para-medical staff in the culture and customs of the tribals.
 - i) Strengthening of PHC/CHCs
 - ii) Identification and transpiration of seriously ill patients.
 - iii) Awareness generation among PTGS
 - iv) Supplies - Kits for TWV, kits for dais, instrument kits for PHC

9. Collection and submission of survey formats.

Survey formats, villagewise were collected at PHC level. These formats were checked for accuracy by PHC level supervisory staff. PHCwise formats were collected at District Training Team. At this stage too the formats were scrutinised by D.T.T. faculty. Formats of Gadchiroli and Yavatmal districts were then collected at Health and Family Welfare Training Centre Nagpur. At this level also about 5% forms were scrutinised and errors as far possible were rectified.

All these formats were then submitted to ICMR, New Delhi on 15-9-1999, 4-12-1999 and 18-12-1999.

10. Supply of Electric Equipments

The ICMR supplied medical equipments to both districts, the detailed list of medical equipments which were distributed as follows.

(Haemo-Cue, Weighing Machine, Duracell "AA" and Accessories)

Sr. No.	Item	Gadchiroli District	Yavatmai District	Total
1	2	3	4	5
1	Electronic Weighing Scale	1	1	2
2	Haemo-Cue	1	1	2
3	Accessories			
	a Cuvette (500 PM, 600Adol.)	2000	2000	4000
	b Lancet	2500	2500	5000
	c Handgloves (pair)	1100	1100	2200
	d Sterile gauze	1280	1280	2560
4	Duracell - "AA"	10	10	20

11. Training at district level (Medical, Para-medical, Dais and CHWs)

For providing health facilities and awareness of health among the P.T.Gs. and to impart health care education to P.T.Gs. the Tribal Research and Training Institute with the help of Health Department organised various training programmes of Tribal Welfare Volunteers, Dais, Medical and Para-medical staff working in the Primitive Tribal Groups areas. The details of training programmes conducted are as under:-

S No	Category of Training	Target of trainees	No. of persons trained	No. of batches	Date of training	Budget provision required (Rs. in lakhs)	Expenditure Rs.
I. District Gadchiroli							
A	Training for Community Health Workers	60	58	2	15-2-2000 to 24-2-2000	2.40	211385
B	Training for Dais	60	52	2	25-2-2000 to 27-2-2000	1.00	79302
C	Training for medical/para-medical staff	30	24	1	1-3-2000 to 3-3-2000	0.45	28176
II) District Yavatmal							
A	Training for Community Health Workers	60	54	2	27-1-2000 to 5-2-2000	2.40	210016
B	Training for Dais	60	53	2	27-1-2000 to 5-2-2000	1.00	83483
C	Training for medical/para-medical staff	30	27	1	24-2-2000 to 26-2-2000	0.45	32559
Total		300	268	10		7.70	644921

2. Budget and expenditure.

The details of budget and expenditure are as follow.

Expenditure on training of CHWs, Dais, Medical and para-medical staff and survey works

Sr. No.	Particulars	Grant (in Rs.)		Balance (in Rs.)
		Received	Expenditure	
1	2	3	4	5
1	Survey work	350,000	349,869	131
2	Training	7,70,000		
	a) CHWs 2 batch 2 dist.		421,401)
	b) Dai 2 batch 2 dist.		162,785) 1,25,079
	c) Medical & para-medical 1 batch 2 dist.		60,735)
	Total			
Total		11,20,000	994,790	125,210

The project co-ordinator and Principal, Health and Family Welfare Training Centre, Nagpur have submitted Accounts Statement to ICMR under his office letter No.HFWTC/ICMR-PIG/ACCTS/1703-4/2000, dated 31/5/2000 addressed to the Director General, ICMR;

Phase-II

13. Activities for the year 2000-2001

III) Reorientation training

i) District Gadchiroli

Reorientation training

Sl. No.	Type of Trg.	Trg load	No. of batches	Place of trg.	Date of trg.	Trainers
1	2	3	4	5	6	7
1	Training of Tribal Welfare Volunteers	58	2	R.H. Bhamaragad P.H.C. Kasansur	6-11-2000 to 10-11-2000 11-12-2000 to 15-12-2000	M.O. trained at ICMR
2	Training of Dais	52	2	R.H. Bhamaragad P.H.C. Kasansur	18-12-2000 to 20-12-2000 27-12-2000 to 29-12-2000	LHV trained at ICMR LHV trained at ICMR
3	Training of medical and para medical staff	30	1	R.H. Aheri	9-4-2000 to 11-4-2000	Tribal Officers trained at ICMR

Reorientation training

ii) District Yavatmal

S. No.	Type of Trg.	Trg. load	No. of batches	Place of trg.	Date of trg.	Trainers
1	2	3	4	5	6	7
1	Training of Tribal Welfare Volunteers	54	2	D.T.I. Yavatmal D.T.I. Yavatmal	4-12-2000 to 8-12-2000 2-1-2000 to 6-1-2000	M.O. trained at ICMR M.O. trained at ICMR
2	Training of Dais	53	2	D.T.I. Yavatmal	18-12-2000 to 20-12-2000 21-12-2000 to 24-12-2000	LHV trained at ICMR
3	Training of medical and para medical staff	30	1	D.T.I. Yavatmal	16-4-2001 to 18-4-2001	Tribal Officers trained at ICMR

Budget for the year 2000-2001 for re-orientation trainings

a)	Re-orientation training for CHWs /TWV	Rs. 5,82,000
b)	Re-orientation training for Dais	Rs. 4,08,000
c)	Re-orientation training for Medical and para-medical staff	Rs. 76,000
Total budget for both districts		Rs.10,66,000

I) Review Group meeting was held on 26-27th May 2000 at Mumbai. In this meeting following recommendations were made.

i) A proposal indicating the strategy of Tribal Department regarding transportation of serious ill patients. While making strategy proposal the budgetary requirements should be considered.

Tribal Welfare Volunteers have already been identified and trained. As soon as there is such an emergency case, the case is brought to the nearest health facility/Primary Health Centre or the Medical Officer is informed.

The Medical Officer after examination is the person who takes decision as to whether the case needs referral and to which hospital. If the vehicle of the PHC is available, it is used for transportation or some other vehicle is hired. And therefore it is quite obvious that money for transportation should be readily available at the level of Medical Officer so that he can arrange the transport.

In order to operationalise the scheme the funds initially should be placed with District Health Officer and District Health Officer in turn would place a fixed amount with Medical Officer, Primary Health Centre. Once this amount is utilised the same will be reimbursed by the District Health Officer so that at all times a fixed amount sufficient to transport one case is always available with the Medical Officer of Primary Health Centre.

Estimated expenditure for transportation for serious ill patients for each district Rs. 1,50,000. In Maharashtra

State, there are two districts cost of estimate will Rs.3,00,000. Estimated cost shown in Annexure-A and B.

ii) List of on-going programmes, schemes for Primitive Tribe by Central Government or State Government alongwith summary of each programme may be submitted.

II) A list of on-going programmes/schemes for the Primitive Tribes in the State

Following are some of the schemes implemented for the Primitive Tribes in the State:

- 1) Supply of bullock pairs and carts.
- 2) Supply of goats
- 3) Supply of poultry birds
- 4) Supply of pigs
- 5) Supply of milch animals
- 6) Supply of fishing nets
- 7) Supply of huts
- 8) Supply of manglore tiles
- 9) Supply of seeds & fertilizers mini kits to landholder primitive tribes
- 10) Appointment of programme organiser
- 11) Scheme of land development and plot demonstration
- 12) Plantation of fruit trees
- 13) Supply of clothes and utensils for Madia Gonds
- 14) Scheme of construction Ghotul especially for Madia /Samajmandir
- 15) Running of Government Ashram Schools
- 16) Rojgar Hami Yojana : Employment Guarantee Scheme

Proposals for implementing the above schemes for the rest of PTG population

As per the instructions of the Government of India as detailed above, in Maharashtra 2 Pilot Projects for PTG Kolam and Madia Gond were implemented for the base line population of 30000 each. The work of the pilot projects has been completed and data analysis work is in progress at ICMR, New Delhi.

In Maharashtra three tribes have been declared as Primitive Tribes, Kolam, Katkari and Madia Gond and their population as per 1991 census (projected) is as under.

Sr. No.	Primitive Tribe	1991 Projected PTG population
1	Kolam	147591
2	Madia Gond (estimated)	83438
3	Katkari	218253
	Total	449282

Out of 449282 projected primitive tribe population of Maharashtra vide above pilot survey, only PTG population of 64791 was covered which is 14.42%.

The Government of Maharashtra has requested the Central Government to implement the above schemes for the rest of PTG population also and if the above scheme is to be implemented the expenditure involved the budget required etc. has been shown in Annexure-C.

Annexure-A

Availability of health facility in the village of the Madia
Gond Project Area

Sr. No.	Details	No. of villages	No. of hamlets
1	Total No. of villages in Madia Gond Project Area	187	44
2	Hamlets with natural obstacles	-	23
3	Villages away from main road	159	-
4	Having no medical facilities	150	41
5	Facility existing at a distance more than		
	5 kms.	78	13
	10 kms.	21	4
	15 kms.	7	3

Annexure-B

Transportation of seriously ill patients estimated expenditure

Sr. No.	<u>Particulars of expenditure</u>	Amount in Rs.
1	2	3
	Part-A	
1	<p>Out of total 44 hamlets, 23 hamlets with natural obstacles, one patient within one year is estimated to be serious in one hamlet.</p> <p><u>Natural obstacles:-</u></p> <p>23 patients x 4 persons to carry on upto main roads x Rs.50/- per person labour charges</p>	4,600
	<p><u>Main road to medical facilities place:-</u></p> <p>23 patients x Rs. 5/- vehicles fare x 15 kms. distance</p> <p>1725 single fare x 2 (going and coming)</p>	3,450
ii	<p><u>Villages away from main roads are 159 in numbers</u></p> <p>Two patients estimated become as serious within one year in a village</p> <p>159 villages x 2 patients x Rs. 50/- labour charges to carry on upto main road x 4 persons to carry upto main road</p>	63,600
	<p><u>Main road to medical facilities place</u></p> <p>159 villages x 2 patients x Rs. 5 vehic fare per kms. x 15 kms distance x 2 double journey</p>	47,700
iii	<p><u>Upto 5 kms.</u></p> <p><u>No. of villages - 78</u></p> <p>Two patients estimated become as serious within one year in a village</p> <p>78 villages x 2 patients x Rs. 5 vehicle fare per km. x 5 kms. distance</p> <p>(Double transport going and coming) Rs. 3900 x 2</p>	7,800
	<p><u>No. of Hamlets - 13</u></p> <p>One patients is estimated become as serious within one year in a village</p> <p>13 patients x Rs. 5 vehicle fare per km x 5 kms = Rs. 325 (Double transport going and coming) Rs. 325 x 2</p>	650

Sr. No.	<u>Particulars of expenditure</u>	Amount in Rs.
1	2	3
iv	<p><u>Upto 10 kms.</u> <u>No. of villages - 21</u> Two patients estimated become as serious within one year in a village 21 villages x 2 patients x Rs. 5 vehicle fare per km. x 10 kms. distance = 2100 (Double transport going and coming) Rs. 2100 x 2</p>	4,200
	<p><u>No. of Hamlets - 4</u> One patients is estimated become as serious within one year in a hamlet 4 hamlets x 1 patient x Rs. 5 vehicle fare per km x 10 kms = Rs. 200 (Double journey) Rs. 200 x 2</p>	400
	<p><u>Upto 15kms and above</u> <u>No. of villages - 7</u> Two patients estimated become as serious within one year in a village 7 villages x 2 patients x Rs. 5 vehicle fare per km. x 15 kms. distance = 1050 (Double transport going and coming) Rs. 1050 x 2</p>	2,100
	<p><u>No. of Hamlets - 3</u> one patients is estimated become as serious within one year in a hamlet 3 patients x Rs. 5 vehicle fare per km x 15 kms distance = Rs.225 (Double Journey Rs.225 x 2)</p>	450
Total Part -A		1,34,950
Part B		
<p>Out of total 187 villages 159 villages are away from main roads, remaining 28 villages are on the main roads to carry the patients from Sub Centre to public Health Centre and so on.</p>		
Rs. 15,050 estimated Part B		15,050
Grant total Part-A and Part-B		1,50,000
Total expenditure for each Project (i.e. total of Part A and Part-B		1,50,000
Total expenditure for 2 Projects in respect of Part-A and Part-B		3,00,000