



MICRO LEVEL PLANNING FOR HEALTH SERVICE CENTRES IN NANDURBAR DISTRICT OF MAHARASHTRA

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Abstract

The planning of Health care and welfare services is assuming increasing importance due to the social and economic significance of tackling the problems of human health. Health planning is necessary for the economic utilization of materials, manpower and financial resources. The purpose of health planning is to improve the health services. Health planning is desirable to meet the health needs and demands of the people. Health has been declared as the fundamental right of an individual and the states have been assigned the responsibility for the health of their people. So the central and state governments in India are trying to expand and improve their health care services. However, there is a great rift between the required and available health care facilities in rural and tribal areas. The gap is much wider in the tribal belts of India and Maharashtra. And the study area, Nandurbar district is not an exception.

The central government established a norm for the set-up of primary health centres to provide medical facilities to large number of people. The health planners in India think primary health centres and sub centres as the proper infrastructure to provide health service to the rural and tribal population. The present study aims to study the primary health care facilities i.e. primary health centres and sub centres in the Nandurbar district. According to the government norms the health service centres are not found in the district.

Introduction:-

The primary health care infrastructure provides the first level contact between the population and health care providers. A primary health care service centre is an important concern for the increasingly growing population in the rural and tribal area. The health service is directly concerned with human beings. The central government established norms for the set-up of primary health centres to provide medical facilities to large number of people. The health planners in India think that primary health centres and sub centres are the proper infrastructure to provide health services to the rural and tribal population. According to national health plan every primary health centres is expected to provide health care services to population of 20,000 and one sub-centres for every 3000 population in the tribal area.

Key Word: - Health, Tribal, Population, Planning, Norm.

Study region:-

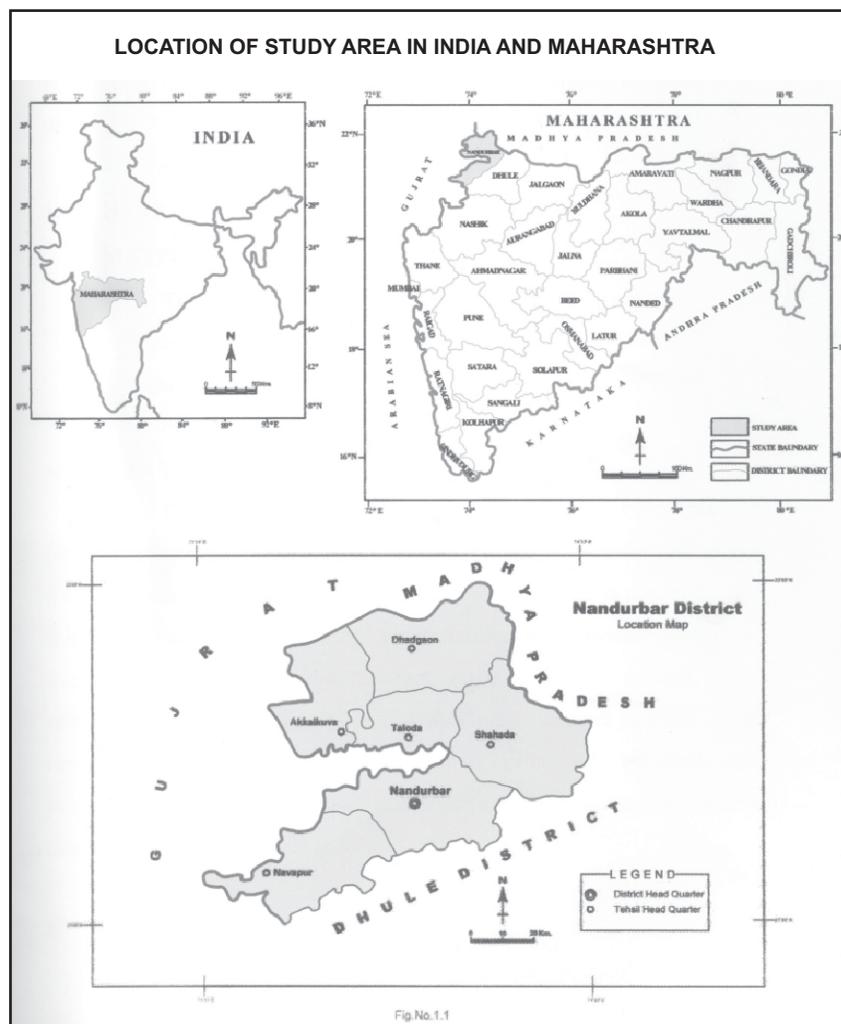
For the systematic and scientific analysis of the problems of health care facilities in micro region, the tribal Nandurbar district has been selected for present research work. The spatial patterns and growth of Health care services might be different in the study area. The area is inhabited by the tribals. The region is peculiar with distinct physical setting and socio-economic conditions. Northern part of the study area is remote and has poor transport network. Despite of the efforts, health care facilities have still remained backward in all areas of the region. The study area, Nandurbar District is located in north western side of Maharashtra state. It lies between, 21° 00' N and 22° 03' N latitudes and 73° 31' E long. to 74° 47' E longitudes. The total area of the study region is 5035 sq. k.m. and as per the 2011 census total rural population of the district was 13,70,995 out of which 65 % was tribal population.

Objectives:-

In order to fulfill the aims of the study following objectives have been set:-

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- 1) To find out the health care services and their adequacy and inadequacy.
- 2) To assess the relationship between the distribution of population and availability of health facilities.



Hypothesis:-

- 1) According to the population norms health care facilities are inadequately available in the study area.

Database and Methodology:-

The primary data is collected from field survey through questionnaire related to health services and health problems of the people. The secondary data is collected from District health office, Taluka health office. Population data is collected from census report of the year 2011. Projected population is calculated on the basis of 2011 population data.

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Primary Health centres:-

Primary Health centres were started in all states and union territories of India, mainly to meet medical needs of the areas where medical facilities were not available. So the concept of primary health centre is not new to India. The Bhore committee in 1946 has proposed a concept of primary health centre as a basic health unit to provide as possible and integrated curative and preventive health-care to the tribal people with emphasis on preventive and primitive aspects of health care. Primary Health Centres is expected to provide both preventive and curative health and family welfare services. It includes delivery of RCH services like antenatal care and immunization. In addition, in-patients and out-patients services are also provided. PHC's normally serve a population of approximately 30,000 in the plain areas and 20,000 in the Hilly and Tribal areas. It acts as referral units for six sub-centres that act as contact points between PHC and the community.

The central Government established a norm for the set-up of primary health centres to provide medical facilities to large number of people. The health planners in India think primary health centres and sub centres as the proper infrastructure to provide health service to the rural population.

Table No.1 Ratio of the Primary health centres and population in Nandurbar District.

Sr. No.	Tahsil	Population 2011	No. of PHC	PHC Pop. Servd 1:20000
1	Akkalkuwa	216039	13	1:16618
2	Dhadgaon	189247	13	1:14557
3	Taloda	144856	04	1:36214
4	Shahada	346559	12	1:28879
5	Nandurbar	256318	07	1:36616
6	Navapur	229736	09	1:25526
	Total	1370995	58	1:23637

Source:- Computed by researcher, 2014

The study area Nandurbar District consists of 6 Tahsils and total 58 Primary Health centres. The population of 20000 is decided for PHC in the tribal region. According to 2011 census the ratio of the PHCs with the population is not appropriate in the region. PHC are much less in number than the required for the population. Population served by per PHC in Akkalkuwa and Dhadgaon Tahsils is lesser than the norms. While as it is much more than the norms in Taloda, Nandurbar, Shahada and Navapur tahsils. The PHCs in these four Tahsils are overburdend with work. The British Ankushvihir PHCs in the district serves more than 45218 populations which is twice of the norm. Besides the extension of the area covered is also much larger. Whileas the Mandva PHC serves 7407 population. In general the population served by the PHCs in the study area is extremely uneven.

Most of the PHC's in Akkalkuwa and Dhadgaon Tahsils serve much less population than the prescribed norm. The requirement of primary health centres in this area is fulfilled. But considering the remoteness of these two tahsils, poverty of tribal people and lack of transportation there is more need of PHC's in this area. As these Tahsils are situated in the remote and inaccessible parts of the Satpura, there is lack of good roads and transport facilities. Besides the roads are very steep and meandering and so people face great difficulties in providing the same. And so despite serving

much less population than the norm, people in these Tahsils do not receive adequate medical services.

Table No. 2 Tahsil wise existing and required number of PHCs in 2011 & 2021

Sr. No.	Tahsil	Pop. 2011	Projected population 2021	No.of PHC 2011	PHC Requirement 2011	PHC Projected 2021
1	Akkalkuwa	216039	273803	13	11	14
2	Dhadgaon	189247	238451	13	10	12
3	Taloda	144856	166370	04	07	08
4	Shahada	346559	423572	12	17	21
5	Nandurbar	256318	312707	07	12	16
6	Navapur	229736	287170	09	11	14
	Total	1370995	1702073	58	68	85

Source:- Computed by researcher; 2014

According to the national health plan every primary health centre is expected to provide health care service to the population of 20,000 in tribal areas. Applying this norm, about 68 primary health centers were necessary in 2011. But there were 58 primary health centres actually in operation. As per this norm, the requirement of primary health centres in this area is not fulfilled. Considering the remoteness of the district, poverty, illiteracy and lack of transportation, 10 more primary health centres should have been established in 2011. And in the year 2021, there will be a need of 85, primary health centres.

Primary Health Sub-Centres:-

The sub-centre is the Peripheral outpost of the existing health care delivery system in rural areas. They are being established on the basis of one sub – centre for every 5000 population in general and one for every 3000 population in hilly, tribal and backward areas. Each sub – centre is manned by one male and one female multipurpose health worker. At present the functions of a sub – centre are limited to mother and child health care, family planning and immunization.

Table No. 3 Ratio of the Primary health Sub-centres and population

Sr. No.	Tahsil	Popu lation 2011	No. of Sub centres	Sub-centres pop served 1:3000
1	Akkalkuwa	216039	61	1:3541
2	Dhadgaon	189247	50	1:3784
3	Taloda	144856	27	1:5365
4	Shahada	346559	63	1:5500
5	Nandurbar	256318	43	1:5960
6	Navapur	229736	46	1:4994
	Total	1370995	290	1:4727

Source: - Computed by researcher, 2014

As per the 2011 census, even the sub-centres under the Primary health Centres do not serve the population as per the norm. Sub-centres provide primary health service in the rural and tribal area. So these sub-centres play a very important role in providing health services. As per the governments norm one sub-centre is expected to serve 3000 population. However almost all the Primary health sub-centres serve more population than the norm. It is 3541 in Akkalkuwa Tahsil and 5960 in Nandurbar Tahsil. The average population served by the sub-centres is 4727. It means every sub-centre is serving 1700 more population than the norm. And therefore, there is a burden on health worker and doctors. Generally in the remote area of the district there is a great shortage of proper health care personnel.

Table No. 4 Tahsilwise existing and required number of PHSC in 2011 & 2021

Sr. No.	Tahsil	Pop. 2011	Projected population 2021	No.of Sub-centre 2011	Sub-centres Requirement 2011	Sub-centres Projected 2021
1	Akkalkuwa	216039	273803	61	72	91
2	Dhadgaon	189247	238451	50	63	79
3	Taloda	144856	166370	27	48	55
4	Shahada	346559	423572	63	115	141
5	Nandurbar	256318	312707	43	85	104
6	Navapur	229736	287170	46	76	95
	Total	1370995	1702073	290	459	565

Source:- Computed by researcher, 2014

Considering this norm and the growth rate of population about 459 primary health sub-centers are required but actually 290 sub centers are in operation. And at the present growth rate of population 565 sub centers will be required in the years 2021 respectively.

Conclusions:-

There is great rift between the required and available health care facilities in the study area. As per the norm, the requirement of primary health centres in the Akkalkuwa and Dhadgaon Tahsils was 11 and 10 in 2011 and actual centres were 13 but considering the remoteness of these tahsils, poverty, illiteracy and lack of transportation facilities two or three more primary health centres should have been established in 2011. The projected population makes it clear that there is necessity of introducing planning. The study proposes new health care facilities for growing population. As per the government norms the health service centres are not found in the district. The ratio of health care centres and population is not found as per the norms. The health service centres are not equally distributed and also inaccessible to the inhabitants. The primary health centres are very important for the tribals. There are many problems in the health care services. The health service centres are not sufficient in the study area. So the tribal people suffer from the health problems.

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