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**IMPACT OF RELIEF ON INEQUALITIES OF INFRASTRUCTURE FACILITIES IN DHADGAON TAHSIL OF NANDURBAR DISTRICT (M.S.)**

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**Abstract:** Health is a public right and it is the responsibility of government to provide this care to all people in equal measure. Efficient health-care delivery systems become the domain of health-care management. It also includes health planning in which improved health services are to be planned and executed. In India there is non availability and misdistribution of health-care resources in different areas of region. Medical health care is the most important need of man and it's a need of every poor, illiterate tribal of the regions like Dhadgaon tahsil. The infrastructure facilities are not sufficient in the study region. Dhadgaon tahsil under study is a peculiar area with distinct physical setting and socio-economic condition and it is mountainous and inhabited by the different tribal groups. In relation with the problems of the research the objectives of the present study is to search the inequalities of infrastructure facilities. Data regarding health-care facilities are obtained from the primary and sub-primary health centres of the tahsil through structural Questionnaires . The buildings OPD, x-rays lab, medical store, wards ,beds, operation theaters, vehicles, delivery rooms & staff quarters should be provided to all the primary health centres. These amenities are not provided in satisfactory condition..

**Keyword:** OPD, x-rays, tribal, health-care, Inequalities, health-care management.

**INTRODUCTION:**

Health is an important asset of a community and healthy community is the foundation of a strong nation. It is an important determinant of economic and social development. Because disease creates vicious circle by depleting human energy, leading to low productivity and earning capacity, deteriorating quality and quantity of consumption and standard of living. Therefore a nation ought to give adequate attention to the health-care of its people

'Health-care' in terms of Health-care systems has been studied by many persons, covering vast factors of care regarding their planning, training and development in health system along with management and evolution of their performances. The misdistribution of health services in developing countries like India is a very serious drawback of the health-care service systems. Hassinger described the present situations, analyzed it and discussed the specific means for meeting the problems all within the historical and situational context of rural society. Okafor rightly observed that the spatial pattern of Health-care systems produces basic inequalities between different areas. Some inequality is inevitable by virtue of the discrete location of facilities amongst spatially continuous but uneven population. However, some inequality results from the insensitive or inefficient allocation of resources between areas. Inequality may also arise through structural barriers.

**STUDY REGION:**

Dhadgaon Tahsil under study is a peculiar area with distinct physical setting and socio-economic condition. The study area is mountainous and inhabited by the different tribal groups. The study area lies between 210 40' N to 220

01' N Latitudes and 740 01' E to 740 31' E Longitudes. The total area of the Akrani Tahsil is 773 Sq. K.M., And According to 2001 census, total population of the tahsil was 1,36,504 out of which the male population was 67,967 while as the female population was 68,537. Density of the tahsil was 177 per Sq. K.M. More than 95% population is tribal. In this tribal Tahsil, eight primary Health centres and fourty one primary health sub centers were established.

**Objectives:** - In relation with the problems of the research the objectives of the present study are outlined as follows:-

- 1) To search the Equalities of infrastructure facilities in health-care facilities.
- 2) To study the position of exisisting infrastructure facilities of primary health centre.

**Hypotheses:-**

- 1) Physical and socio-cultural factors affect to the inequalities of infrastructure facilities.
- 2) According to population norms health-care facilities are inadequately available.

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**LOCATION OF DHADGAON TAHSIL**

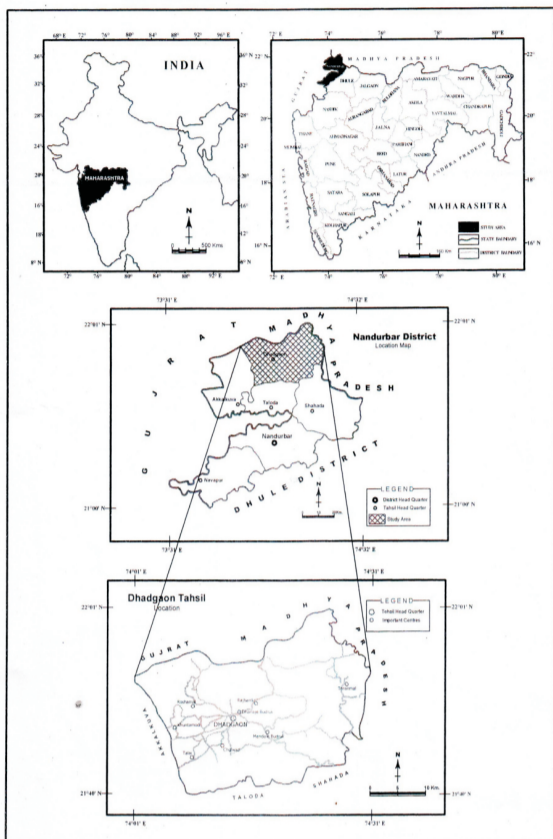


Table No.1  
Dhadgaon Tahsil: Altitudinal belt wise proportion of  
PHCs with various facilities-

Sr. No.	FACILITIES	Height in Mts.							
		Less than 300 mt.		300 to 500 mt.		More than 500 mt.		Region	
		No. of P.H.C	%	No. of P.H.C	%	No. of P.H.C	%	No. of P.H.C	%
1	Own Building	-	-	-	-	01	33.33	01	20
2	Out-Door patient	01	100	04	100	03	100	08	100
3	X-ray Unit	-	-	-	-	-	-	00	00
4	Pathological lab	01	100	04	100	03	100	08	100
5	Medical	01	100	04	100	01	100	08	100
6	Surgery	-	-	-	-	-	-	00	00
7	Wards	-	-	-	-	01	33.33	01	12.50
8	Beds	-	-	01	25	03	100	04	50
9	Delivery Room	-	-	02	50	03	100	05	62.20
10	Staff quarters	-	-	-	-	-	-	00	00
11	Vehicles	01	100	04	100	03	100	08	100
12	Operation Theatre	-	-	-	-	-	-	00	00

Source: computed by authors.

**BUILDING:-**

Only one primary health centre among the 8 primary health centres in the study area is found to have its own building. Other three centres are going to have their own buildings in the future. And many of the primary health centres are accommodated in the Panchayat buildings. These buildings are not sufficient for running the primary health centres. The lack of own buildings for the primary health centres is due to the non – availability of land for the construction. Because, most of the land belongs to the forest department and whatever Private land is available, the peasants are not at all willing to part with it, because the land holding in this area is very much less, and tribal agriculture is nearly subsistence agriculture. However, the government has somehow acquired land for the three primary health centres and work is in progress for them. The absence of their own and properly constructed buildings, makes the great difference in dispensing health care services to the tribal's. In absence of such buildings the health centres are somehow accommodated in the private houses for panchyat buildings. There are no special compartments for different purposes. Such buildings are neither spacious nor healthy, besides they also lack proper sanitation. In such a situation the medical staff is most unwilling to work there. And those working there do their job in a half-hearted manner. Even the patients are not willing to go there frequently or stay there for along time. All these factors make great impact on the quality of the medical services.

**OUTDOORS PATIENT DEPARTMENT:-**

Outdoor Patients is very important for the tribal patients as they get instant medical help in this O.P.Ds. Besides, the tribal's are not in a position to go to the tahsil or district places for minor ailments. Most of the time they are treated at this O.P.Ds. All the primary health centres in the study area have the outdoor patient departments. The average patients to the outdoor patient departments range from 25 to 40 and during the rainy season the number of patients goes up from 50 to 80 per day.

The topographical factors in the study area are the deciding factors in the number of patients at a particular Out-

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**METHODS AND MATERIALS**

Primary data regarding health-care facilities are obtained from the primary and sub-primary health centres of the tahsil. Some data are collected from secondary sources like district census Hand books and socio-economic abstract and statistical review of the district. During the 2011, data collected from the various health centres, primary data is also collected from available sources in the Tahsil through structural Questionnaires.

**RESULTS & DISCUSSION**

Infrastructure facilities are very important for providing the health service system of primary health centre. The study region like Dhadgaon tahsil is located on the Satpura mountain ranges. The area of the tahsil is completely hilly and mountainous. Some part of the mountainous area is also covered by reserved forest. It is a remote area and 100 K.ms away from the district headquarters. All the primary health centres are not provided equally sufficient health facilities to their demarcated region

	<p>Indian Streams Research Journal</p> <p style="text-align: right;">ISSN 2230-7850 Volume-3, Issue-6, July-2013</p>	
	<p>door Patients department. The Primary Health Centre's like Toranmal is visited by the patients from nearly 30 kms. Peripheries as the neighbouring villages are mostly in the mountainous area. Due to the uneven nature of hills valleys and plateaus the number of patients visiting an Out-door Patient department also differs from one Out-door Patient department to another. The Out-door Patient departments of the Primary Health Centre's having good accessibility for the surrounding villages get more patients than those with less connectivity.</p> <p><b>X-RAY UNIT:-</b> X – Ray unit is very important at any hospital. It helps in making the exact diagnosis of different health problems particularly the bone fractures and inner maladies. In the study area only the Rural Hospital at Dhadgaon has an X-ray unit. However, it is found that none of the primary health centres in the study area has its own X-ray unit. Considering the remoteness of the region x-ray unit is a burning need of the primary health centres. As the poor tribal's can not afford to go to the distance places for x-ray.</p> <p><b>PATHOLOGICAL LAB:-</b> In general all the primary health centres have the pathological lab. Pathological labs are also very much important for the diagnosis of bacterial diseases. In the absence of the private pathological labs, the government pathological labs at various primary health centres play an important role in providing good medical service to the tribal patients.</p> <p><b>MEDICAL STORES:-</b> As the whole study area of Dhadgaon tahsil is hilly and inaccessible and is inhabited by the poor, illiterate tribal's living their lives below the poverty line, none of the villages in the study area has a private medical store. Few private medical stores are found only at the tahsil place of Dhadgaon. So it is very essential for the tribal's to get medicines at the neighboring villages. Fortunately all the primary health centres in the study area have their own medical stores where all the patients, (the out-door patients as well as in house patients) are given essential medicines.</p> <p><b>SURGERY (OPERATION THEATRE):-</b> A well equipped operation theatre is a burning need of the tribal area. However for the population of about 1, 36,000 there is only one operation theater in the rural hospital of Dhadgaon There is no operation theater at any private hospital in the tahsil. The operation theatre at the Rural Hospital in Dhadgaon provides important relief for emergency surgeries. It is very useful for the tribal cannot afford to go to district head quarter for the treatment. But very serious and complicated surgeries cannot be performed even at the Rural Hospital operation theatre for the want of any blood bank in the study area. It is also found that none of the primary health centres in the study area has its own operation theatre. And so these primary health centres become useless in the event of any emergency or critical situation. And that is why even the simple operation like family planning is performed only at</p> <p>the tahsil place.</p> <p><b>Wards:-</b> Ward facility is very important especially for the tribal area where the patients do not have the availability of constant medical observation when they are in need of it. The constant medical observation can be provided only through the government health service. However it is found that only one primary health centres in the study area has the wards facility for admitting the patients. And so the patients are discharged immediately even when they need to be kept admitted. Such patients automatically remain out of the care and observation of the doctors and also do not get proper medicine and attention at their own places. It reduces the quality of medical treatment which these patients receive. Therefore there is a need for ward at every primary Health centre. Four primary centres have delivery room but these delivery rooms are not suitably structured for the purpose.</p> <p><b>Beds:-</b> The efficiency of a primary health centre is usually determined by the availability of number of beds in that primary health centre. Out of the 8 primary health centres only four centres have the beds for the resting of the patients. That is Dhanaje, Khuntamodi, Mandavi and Toranmal. Due to the absence of bed facilities in all other centres, it is not possible to give adequate attention to the patient. Constant observation helps the doctor to make correct diagnosis and give correct prescriptions to the patient. Many a times wrong diagnosis and prescriptions to thereof either prolongs or aggravates the ailments. Such wrongs done to the patient can not be detected because the patients by and large are ignorant of this fact.</p> <p><b>Staff Quarters:-</b> For the smooth functioning of primary health centres, the members of the staff should reside in the same locality. Therefore, sufficient and adequately spacious quarters should be provided to the staff. In the light of this, the residential condition of the staff is very poor. This mountainous region should have better quarter facilities. But unfortunately primary health centres from this region are devoid of staff quarters. The tahsil place also does not have good residential accommodation as most of the government servants in the study area reside at tahsil place creating scarcity of accommodations. The absence of residential quarters for the primary health centre staff makes very adverse effect on the health service provided to the tribals. As the medical staff is not available beyond the office or out-door patient department hours. If the staff quarters are provided, medical service will be available for the tribals round the clock. None of the primary health centres in the study area has staff quarters. As a result, the servants of the primary health centres live at the tahsil place and commute to their work stations daily. So they are not available all the times during the emergencies</p> <p><b>Vehicles:-</b> At every primary health centre vehicles are essential at the time of causally and emergency. In the study</p>	<p style="text-align: center;">IMPACT OF RELIEF ON INEQUALITIES OF INFRASTRUCTURE FACILITIES IN DHADGAON TAHSIL OF NANDURBAR DISTRICT (M.S.) Suryawshi D.S, Girard S.B &amp; Kate A.M.</p>
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<p style="writing-mode: vertical-rl; transform: rotate(180deg);"> IMPACT OF RELIEF ON INEQUALITIES OF INFRASTRUCTURE FACILITIES  IN DHADGAON TAHSIL OF NANDURBAR DISTRICT (M.S.)  Suryavanshi D.S., Gardud S.B. &amp; Kote A.M. </p>	<p>Indian Streams Research Journal <span style="float: right;">ISSN 2230-7850</span>  <span style="float: right;">Volume-3, Issue-6, July-2013</span></p> <p>region all the primary Health centres have their own vehicles. But these vehicles are found to be in a poor state. And mostly out of the order and so remain useless most of the times.</p> <p><b>CONCLUSIONS</b></p> <p>The infrastructure facilities are not sufficient in the study region. Out of eight primary health centres only one centre has its own Building. So the absence of their own and properly constructed building, makes the great difference in dispensing health care services to the tribals. All the primary health centres have the O.P.D. Tribal patients get instant medical help in this O.P.Ds. The proportion of patient's increases in the rainy season in the O.P.D. x-ray unit is only found in the Rural Hospital at Dhadgaon. None of the primary health centres has its own x-ray unit considering the remoteness of the region x-ray unit is a burning need of the all primary health centres. All primary health centres have the facilities of pathological laboratory. None of the villages in the study area has private medical stores. Few private medical stores are found only at the tahsil place. Fortunately all the primary health centres have their own medical stores where all the patients are given essential medicines.</p> <p>There is no operation theatre at any private hospital in the tahsil. The operation theatre at the Rural Hospital in Dhadgaon provides important relief for emergency surgeries. But none of the primary health centres has its own operation theatre. So these primary health centres become useless in the event of any emergency or critical situation. Only one primary health centre in the study area has the wards facilities. And out of the eight primary health centres only four primary health centres have the beds for the resting of the patients. Four primary Health centres have delivery room but these delivery rooms are not suitably structured for the purpose.</p> <p>None of the primary health centres has staff quarters. As a result the servants of the primary health centres live at the tahsil place and commute to their work stations daily. So they are not available all the times during the emergencies. The staff quarters should be provided to all the primary health centres medical staff. Medical staff is most important factor in the delivery of medical healthcare anywhere. The concept of medical staff comprises the doctors, including physician and surgeons, nurses, compounders, ward boys, lab technician, x-ray technician and so on. The study area is backward. Civic amenities are not provided in satisfactory condition. Therefore, numbers of the medical staff are not willing to work under such condition; consequently many primary health centres have vacant posts of medical staff.</p> <p><b>REFERENCE:</b></p> <p>I)Armstrong R. W. (1965) : "Medical geography : An emerging specialty, International pathology", Vol. 6  II)Glashan M.C. N.D. and J. R. Blunden (1983): "Geographical aspects of health", Academic press, New York.  III)David R. Phillips (1981): Contemporary issues in the Geography of Health-care", Geo abstracts Ltd., University of East Anglia, Norwich, England.  IV)Hazra Jayati (1994): "Health-care planning in the developing world", Dept. of Geography, University of Calcutta, Calcutta.  V)Husain Majid (1994): "Medical Geography", Amol Publications Pvt. Ltd., New Delhi.  VI)Learmonth Andrew (1978): "Pattern of disease and Hunger" David and Charles Newton London.  VII)Misra R. P. (2007): "Geography of Health", Concept Publishing Company, New Delhi – 110059.  VIII)Pyle G. F. (1979): "Applied Medical Geography", A hasted press book, John Wiley and Sons, London.  IX)Robin Tribhuwan and Karen Sherry (2004) : "Health, Medicine and Nutrition of the Tribes", Discovery Publishing House, Darya Ganj, New Delhi.  X)Suryavanshi D. S. (2005): "Geographical Epidemiology", Raj Publishing House, Jaipur. .</p>	
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