

**VOLUME-V**

**Glimpses of CCRAS Contributions  
(50 Glorious Years)**

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**RESEARCH ORIENTED  
HEALTH CARE SERVICES**



**CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES**

**Ministry of AYUSH, Government of India**

**New Delhi**



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# **Glimpses of CCRAS Contributions (50 Glorious Years)**

**Research Oriented Health Care Services**

**Volume - V**

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## PROLOGUE

The Central Council for Research in Ayurvedic Sciences was established in 1969, since then it has been engaged in Research in Ayurveda with core Research activities comprising of Medicinal Plant Research (Medico-Ethno Botanical Survey, Pharmacognosy and in vitro-propagation technique), Drug Standardization, Pharmacological Research, Clinical Research, Literary Research & Documentation. The Council has taken up various Research Oriented Health Care activities in order to provide Ayurveda Health care services to the door step of public, thus imparting Ayurveda to the grass root level and to study the demography of the area adopted. Presently Council has undertaken five major Programs viz. Tribal Health Care Research Program (THCRP), Ayurveda Mobile Health Care Program under Scheduled Castes Sub Plan (SCSP), Swasthya Rakshan Program (SRP), North East Health Program and National Program National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS).

Tribal Health Care Research Program (THCRP) was initiated by CCRAS in 1982 through its 15 Institutes/units. To educate, protect and promote health for preventing, identifying and treating the disease related to poor hygiene and sanitation in SC Population, Ayurveda Mobile Health Care Program under Scheduled Castes Sub Plan (SCSP) was taken up by CCRAS on October, 2015 through 20 Institutes/units. In the same month, in order to promote health and health education in villages, Swasthya Rakshan Program (SRP) was also taken up by CCRAS in its 21 units/centers. Later in February 2016, with an aim to extend and sensitize public in North East India toward Ayurveda and to extend Healthcare services in that region, 10 Ayurvedic Sub centre at 3 peripheral institutes of CCRAS Institutes were started with a plan to further extend it. All these programs are successfully working and providing health care services.

Another major milestone was achieved by the Council by successfully integrating Ayurveda with Yoga and conventional system of Medicine in the management of Non Communicable Diseases (NCDs) through National Program National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) in 2015. The program is currently taken up by the Council in three states through its three peripheral units/ Institutes. The program is showing very promising results in the management and preventions of these NCDs.

This comprehensive document provides a glimpse of all the Research Oriented Health Care Services being provided by the Councils since their inception. It will help the readers to know about various strength areas of Ayurveda and a quintessential of various programs, their objectives and how they are executed and the output and will help as a ready document for understanding role of Ayurveda in providing Health care services in India by CCRAS.

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## **EXECUTIVE SUMMARY**

Ayurveda, the science of life, evolved as a comprehensive system of healthcare systematically through scientific experimentations of high order backed by sound and reproducible evidence base and stood the test of the time. Several strategies and road maps are being drawn to carry forward merits of this science so as to meet the current day health needs and mainstream its core strengths alongside through research & development in this country and across the globe.

The Council is proving Health care services through its Research Oriented Health Care Services in many parts of the country. Presently Council has undertaken five major Programs viz. Tribal Health Care Research Program (THCRP), Ayurveda Mobile Health Care Program under Scheduled Castes Sub Plan (SCSP), Swasthya Rakshan Program (SRP), North East Health Program and National Program National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS).

Tribal Health Care Research Program (THCRP) was initiated by Central Council for Research in Ayurvedic Sciences (CCRAS) in 1982 with the core objectives encompassing to study the living conditions of tribal people including health related demography, documentation of folk claims and Local Health Traditions and use of common medicinal plants in the area, availability of medicinal plants in the area, propagation of knowledge about hygiene and prevention of diseases besides extending medical aid at their door steps. Currently, the Tribal Health Care Research Program is being executed in 14 States through 15 (previously through 16) peripheral Institutes of CCRAS under Tribal sub-Plan (TSP).

The Ministry of AYUSH has taken forward by initiating “Scheduled Caste Sub Plan Program (SCSP)”, launched in October, 2015, so as to educate, protect and promote health for preventing, identifying and treating the disease related to poor hygiene and sanitation in SC Population. The program was initiated through CCRAS. The Central Council for Ayurvedic Sciences (CCRAS), New Delhi implemented “Scheduled Caste Sub Plan (SCSP)” in 19 State through its 20 peripheral institutes. Through this programme special emphasis is giving on collection of the demographic information of the particular area. The focus is on socio-economic information, food habits, lifestyle, etc. of people and patients of that particular region.

‘Swasthya Rakshan Programme’ was also launched by Ministry of AYUSH in October 2015 to promote health and health education in villages. The main objective of the program is to take care of the health of the people in villages and also to promote knowledge and awareness about health all around.

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The North East Health program was implemented with starting of 10 health centers as Extension centers of RARIGID, Guwahati (Assam) 6 health centers of ARRI Itanagar (Arunachal Pradesh) and 4 Health Centres of RARI, Gangtok (Sikkim). The program is running under the supervision of concerned institutes in their states. The program is doing commendable job in providing healthcare facility through Ayurveda to the rural & urban population through OPDs, creating awareness about hygiene of self and surrounding environment, distribution of IEC and screening and referral of select research cases.

Keeping the strength of AYUSH systems for prevention and management of NCDs by promoting healthy lifestyle, “Integration of AYUSH (Ayurveda) with National Program National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) program” was conceived in 2015 by Ministry of AYUSH & Central Council for Research in Ayurvedic Sciences in collaboration with Director General for Health Services, for imparting Health Services on Pilot basis. The program currently covers Districts of 3 states, viz. Bhilwara (Rajasthan), Surendranagar (Gujarat) and Gaya (Bihar). This program is showing encouraging benefits of stand-alone Ayurveda therapies as well as benefits as add-on therapies with conventional system of medicine and Yoga.

The council has also laid its vision document 2030 with short term goal and long term goal in for achieving its objectives and further strengthening of scientifically validated Ayurveda for achieving the ultimate goal of ‘Health for all’ and these Research Oriented Health Care Program are playing major role in sensitizing public toward prevention of diseases and Ayurveda system of medicine.

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## CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES

### Information of Outreach activities

S. No.	Name of the Institute	THCRP under TSP	SRP	AMHCP under SCSP	NPCDCS	AHC under NE Plan
1.	ACRI, New Delhi	-	+	+	-	-
2.	NRIP, Cheruthuruthy	-	+	+	-	-
3.	NRIADD, Bhubaneswar	+	+	+	-	-
4.	NRIADD, Kolkata	+	+	+	-	-
5.	NIAPR, Patiala	-	+	+	-	-
6.	NVARI&H, Lucknow	-	+	+	-	-
7.	ACRI, Mumbai	-	+	+	-	-
8.	ACRI, Jaipur	+	+	+	+	-
9.	NRIASHRD, Gwalior	+	+	+	-	-
10.	NARIVBD, Vijayawada	+	+	+	-	-
11.	AMHRI, Nagpur	+	+	+	-	-
12.	NADRI, Bangalore	+	+	-	-	-
13.	ARIMCHC, Trivandrum	-	+	+	-	-
14.	ARRI, Patna	+	+	+	+	-
15.	NEIARI, Guwahati	+	+	+	-	+
16.	ARRI, Gangtok	+	+	+	-	+
17.	ARRI, Itanagar	-	+	-	-	+
18.	ARRI, Jammu	+	+	+	-	-
19.	ARRI, Mandi	+	+	+	-	-
20.	ACDRI, Ahmedabad	-	+	+	+	-
21.	ACAMH&NS, Bangalore	-	-	+	-	-
22.	ALRCA, Chennai	+	+	+	-	-
23.	ATHCRP Port Blair	+	-	-	-	-
24.	NRISR, Leh	+	-	-	-	-
25.	NIIMH, Hyderabad	+	-	-	-	-
<b>Total</b>		<b>Institute - 16 State - 15</b>	<b>Institute - 21 State - 19</b>	<b>Institute - 20 State - 18</b>	<b>Institute - 3 State - 3</b>	<b>Institute - 3 State - 3</b>

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# CHAPTER - 1

## GENESIS AND OVERVIEW

### BACKGROUND

The science of Ayurveda has been in vogue in this country from the earliest times and serving the medical needs of most of our people. These systems were developed by ancient scholars on the basis of their own philosophy, oriental methodologies and practices prevalent in that era and have popularised and almost completed it in all aspects as a system of medicine. The advent of foreign invasions and cross cultural interaction had definite impact on these systems. The beginning of twentieth century saw efforts to revive these systems. The members of the Imperial Legislative Council got the resolution of investigations and recognition of these systems was accepted in the year 1916. The Indian National Congress also passed similar resolution in 1920. This led to establishment to number of colleges of Ayurveda.

In the post independence era, the efforts to develop research gained momentum. As per recommendation of the various Committees, grant-in-aid projects were sanctioned to selected colleges. The Central Council for Ayurvedic Research as an Advisory body was established in 1962 and finally the Central Council for Research in Indian medicine & Homoeopathy (CCRIM&H) was established in 1969. This Council initiated research programmes in the Indian systems of Medicine & Homoeopathy in different parts of the country and started coordination at the National level for the first time.

The Central Council for Research in Ayurveda & Siddha (CCRAS), an apex body for the formulation, coordination and development of research in Ayurveda & Siddha on scientific lines was established in March 1978 after reorganization of CCRIM&H. The Minister of Health & Family Welfare is the President of the Governing Body of the Council while the Joint Secretary chairs the Standing Finance Committee. The Scientific /Research Programmes are supervised by the respective Scientific Advisory Committee chaired by eminent scholars of the system.

The Central Council for Research in Ayurvedic Sciences is a Registered Society under Societies Registration Act XXI of 1860 on 29.07.2011 (Formerly Registered as Central Council for Research in Ayurveda and Siddha on 30<sup>th</sup> March, 1978).

### Research areas

The Central Council for Research in Ayurvedic sciences (CCRAS), an autonomous body under Ministry of AYUSH, Govt. of India is apex body in India for undertaking, coordinating, formulating, developing and promoting research on scientific lines in Ayurvedic sciences. The activities are carried out through its 30 Institutes/Centres/Units located all over India and also through collaborative studies with various Universities, Hospitals and Institutes. The research



activities of the Council include Medicinal Plant Research (Medico-ethno Botanical Survey, Pharmacognosy and Tissue Culture), Drug Standardization, Pharmacological Research, Clinical Research, Literary Research & Documentation. Besides this, Council has conducting outreach activities viz. Tribal Health Care Research Programme, Ayurveda Mobile Health Care programme, Swasthya Rakshan Programme and National Programme for Prevention and control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS).

### Objectives

1. The formulation of aims and patterns of research on scientific lines in Ayurvedic sciences.
2. To undertake any research or other programs in Ayurvedic sciences.
3. The prosecution of and assistance in research, the propagation of knowledge and experimental measures generally in connection with the causation, mode of spread and prevention of diseases.
4. To initiate, aid, develop and co-ordinate scientific research in different aspects, fundamental and applied of Ayurvedic sciences and to promote and assist institutions of research for the study of diseases, their prevention, causation and remedy.
5. To finance enquiries and researches for the furtherance of objects of the Central Council.
6. To exchange information with other institutions, associations and societies interested in the objects similar to those of the Central Council and especially in observation and study of diseases in East and in India in particular.
7. To prepare, print, publish and exhibit any papers, posters, pamphlets, periodicals and books for furtherance of the objects of the Central Council and contribute to such literature.
8. To issue appeals and make applications for money and funds in furtherance of the objects of the Central Council and to accept for the aforesaid purpose gifts, donations and subscriptions of cash and securities and of any property whether movable or immovable.
9. To borrow or raise monies with or without security or on security mortgage charge, hypothecation or pledge of all or any of the immovable or movable properties belonging to the Central Council or in any other manner whatsoever.
10. To invest and deal with the funds and monies of the Central Council or entrusted to the Central Council not immediately required in such manner as may from time to time be determined by the Governing Body of the Central Council.
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12. To acquire and hold, whether temporarily or permanently any movable or immovable property necessary or convenient for the furtherance of the objects of the Central Council.



13. To sell, lease, mortgage and exchange, and otherwise transfer any of the properties movable or immovable of the Central Council provided prior approval of the Central Government is obtained for the transfer of immovable property.
14. To purchase, construct, maintain and alter any buildings or works necessary or convenient for the purpose of the Central Council.
15. To undertake and accept the management of any endowment or trust fund for donation, the undertaking or acceptance whereof may seem desirable.
16. To offer prizes and grant of scholarships, including travelling scholarships in furtherance of the objects of the Central Council.
17. To create administrative, technical and ministerial and other posts under the Society and to make appointments thereto in accordance with the rules and regulations of the Society.
18. To establish a provident fund and/or pension fund for the benefit of the Central Council's employees and/or their family members.
19. To do all such other lawful things either alone or in conjunction with others as the Central Council may consider necessary or as being incidental or conducive to the attainment of the above objects.
20. To undertake R & D Consultancy projects and transfer of patents on drugs and process to industry.
21. To undertake R & D projects sponsored by industries in public/private sector.
22. To undertake international and interagency collaboration.
23. Utilization of results of research conducted and payment of share of royalties/consultancy fees to those who has contributed towards pursuit of such research.
24. To enter into arrangements with scientific agencies of other countries for exchange of scientists, study tours, training in specialized areas, conducting joint projects etc.
25. To provide technical assistance to Govt./Private agencies in matters consistent with the activities of the Council.
26. To assist Medicinal Plants Board, Government of India in achieving its objectives.
27. To constitute small Management Committees consisting of eminent Scientists/ Physicians of local areas to monitor the R & D activities and suggest remedial measures for the improvement of activities of all Central as well as Research Institutes of the Council.



# CCRAS Network Map





### LIST PARTICIPATING INSTITUTES/CENTRES/UNITS

S.No.	Name of peripheral institute
1.	Central Ayurveda Research Institute for Cardiovascular Diseases New Delhi
2.	National Ayurveda Research Institute for Panchakarma Cheruthuruthy
3.	Central Ayurveda Research Institute for Hepatobiliary Disorders Bhubaneswar
4.	Central Ayurveda Research Institute for Drug Development Kolkata
5.	Central Ayurveda Research Institute for Respiratory Disorders Patiala
6.	Raja Ramdeo Anandilal Podar (RRAP) Central Ayurveda Research Institute for Cancer Mumbai
7.	National Institute of Indian Medical Heritage Hyderabad
8.	Regional Ayurveda Research Institute for Eye Diseases Lucknow
9.	M.S. Regional Ayurveda Research Institute for Endocrine Disorders Jaipur
10.	Regional Ayurveda Research Institute for Drug Development Gwalior
11.	Regional Ayurveda Research Institute for Skin disorders Vijayawada
12.	Regional Ayurveda Research Institute for Mother and Child Health Nagpur
13.	Regional Ayurveda Research Institute for Metabolic Disorders Bangalore
14.	Regional Ayurveda Research Institute for Life style related Disorders Thiruvananthapuram
15.	Regional Ayurveda Research Institute for Infectious Diseases Patna
16.	Regional Ayurveda Research Institute for Gastro-Intestinal Disorders Guwahati
17.	Regional Ayurveda Research Institute Gangtok
18.	Regional Ayurveda Research Institute Itanagar
19.	Regional Ayurveda Research Institute for Urinary Disorders Jammu
20.	Regional Ayurveda Research Institute for Nutritional Disorders Mandi
21.	Regional Ayurveda Research Institute for Skin Disorders Ahmedabad
22.	Regional Ayurveda Research Institute Ranikhet
23.	Regional Ayurveda Research Institute Jhansi
24.	Regional Ayurveda Institute for Fundamental Research Pune
25.	Captain Srinivasa Murthy Regional Ayurveda Drug Development Institute Chennai
26.	Advanced Center for Ayurveda in Mental Health & Neurosciences Bangalore
27.	Dr. Achanta Lakshmipati Research Centre for Ayurveda Chennai
28.	Regional Research Center of Ayurveda Port Blair
29.	Herbal Ayurveda Research Centre (HARC) Nagaland University Lumami Nagaland
30.	National Research Institute for Sowa-Rigpa, Leh





## CHAPTER - 2

### TRIBAL HEALTH CARE RESEARCH PROGRAMME

#### (TRIBAL SUB PLAN)

**Background:** Tribal Health Care Research Program (THCRP) was initiated by Central Council for Research in Ayurvedic Sciences (CCRAS) in 1982 with the core objectives encompassing to study the living conditions of tribal people including health related demography, documentation of folk claims and Local Health Traditions and use of common medicinal plants in the area, availability of medicinal plants in the area, propagation of knowledge about hygiene and prevention of diseases besides extending medical aid at their door steps. The program has been continued at 6 States Madhya Pradesh, Maharashtra, Bihar, Assam Arunachal Pradesh and Andaman & Nicobar from 1982 to till 2014. During this period, 5 independent Tribal Health Care research Units have been relocated through reorganization which came into force in the year 2000. Further during the year 2014-15 and 2016-17 the program has been extended in 10 more States viz. Rajasthan, Jammu & Kashmir, Himachal Pradesh, Karnataka, Tamil Nadu, West Bengal, Odessa, Andhra Pradesh, Sikkim and Telengana. Currently, the Tribal Health Care Research Program is being executed in 14 States through 15 Peripheral Institutes of CCRAS under Tribal sub-Plan (TSP).

#### Introduction

India enjoys the distinction of having the largest network of traditional health care, which are fully functional with a network of registered practitioners, research institutions and licensed pharmacies. With its kaleidoscopic variety and rich cultural heritage, India is proud of some unique medicinal forms that look at health, disease and causes of disease in completely different ways. Best known as the Indian System of Medicine, its focus is on holistic health and well-being of humans.

The AYUSH systems (Indian systems of medicine) have age-old acceptance in the communities in India and in most places they form the first line of treatment in case of common ailments. Ayurveda, Yoga, Unani, Siddha and Homoeopathy (AYUSH) are recognized systems of medicine and have been integrated into the national health delivery system. Of these, Ayurveda is the most ancient medical system with an impressive record of safety and efficacy.

AYUSH represents the tradition of codified, textual health knowledge systems other than the modern, while Local Health Traditions (LHT) represent the practices and knowledge of the common people and folk practitioners who follow an oral tradition of learning and passing on of the knowledge Planned development of health services in the public system began in India after independence, based primarily on modern medical science (Bhore Committee Report, 1946).

AYUSH services have been viewed as one way of ensuring access to some form of health care to the rural and poor population groups who are underserved by the dominant system. However, with the dominance of modern medicine over the past century, there has been a drastic decline in the legitimacy and services of the other systems. Now, with the enhanced recognition of their complementary strengths, there is resurgence of utilization of Traditional, Complementary and Alternative Medicine (TCAM), by the well-off of developed as well as the better-off of the developing countries. With concerns of equity and access in health care, a serious question arises about the availability and access of quality AYUSH services and Local Health Traditions (LHT) for all.



The most prevalent users of AYUSH, Traditional Medicine(TM), Complementary and Alternative Medicine (CAM) are individuals who have incurable, non-life-threatening conditions that may be chronic. The second largest groups of users are those struggling with chronic, potentially life-threatening diseases, such as cancer and HIV-AIDS. Both groups turn to CAM systems for a variety of reasons, such as to improve immune functioning, to improve overall functioning, to increase quality of life, to cope with side effects from conventional therapies, and to relieve symptoms related to their illness.

Several studies and surveys across India also substantiate these facts. Even though for few common and acute conditions like cold, cough etc are being tackled by household remedies, LHTs etc. especially at primary level, utilization and preference has been evenly distributed for Chronic illness. Study on Role of AYUSH and Local Health Traditions under National Rural Health Mission (NRHM) in 18 states across India, Implications of the NRHM strategy of mainstreaming AYUSH were studied. The pivotal outcomes and perceptions conclude that 80-90% households are aware about utility of AYUSH/LHTs, Co-located services are well utilized in some states, preference was for Chronic illness followed by acute illness and Health promotion.

**Tribal Health-Indian scenario:** India is a canvas portraying a unique assimilation of ethnic groups displaying varied cultures and religions. In fact, this uniqueness in the ethnicity of the country is the factor that makes it different from other nations. Moreover, the vastness of India's nationalism, accounting to a plethora of cultural extravaganza, religions, etc. is the reason that the country is seen more as a seat for a major world civilization than a mere nation-state. The ethnic diversity in the country is represented by as many as 400 ethnic groups including the tribes and others. The tribal population is almost 7.5% of the total population of the country. Due to inaccessibility to modern health care, the real knowledge of the usages of plants lies with the rural population of the country consisting of tribes, forest dwellers and many villagers. The fact that tribal and forest dwellers have unique knowledge of therapeutic use of plants. Since ancient times, the spiritual land of India has displayed varied hues of culture, religion, race, language, and so on. This variety in race, culture, religion, etc. accounts for the existence of different ethnic groups who, although, live within the sanctums of one single nation, profess different social habits and characteristics. Regional territories in India play an important role in differentiating these ethnic groups, with their own social and cultural identities.. With the governance of different states and union territories in the country, there has originated a sense of regionalism amongst the various parts, with different states displaying different cultures, which although eventually fuse through a common bond to showcase a national cultural identity.

The use of plants or animal products for healing is as old as human civilization. The relationship between man and plant is inseparable and it can be said that humanity at large cannot survive without using the plants, in one way or other. Our country has rich floristic and ethnic diversity. It harbours nearly 45,000 species of both higher and lower group of plants, which included 15,000 higher plants. The modern human civilization, urbanization/developmental activities and industrialization are gradually destroying the heritage of this unique knowledge of medicinal use of plant drugs.

**CCRAS initiatives in documenting and reporting Health Care seeking attitude and documentation of Local Health Traditions:** Very little information is available on the utilization of Indian systems of medicine and homoeopathy (ISM&H) in India. The Central Council for Research Ayurveda and Siddha has conducted a survey in 12 states across the country on various aspects of health related demography during various periods (Published



report on “Study of Health Statistics under Mobile Clinical Research Program, 1987, CCRAS, New Delhi). This is evident from the fact that out of the total population studied by all the Mobile Clinical Research Units with regard to the treatment received through various codified Systems of Medicine, during the study period, 71.34% of the population received Ayurvedic treatment, 24.67% Allopathic, 2.33% with others, i.e., with folk medicines, 1.65% with Homeopathy and 0.01% with Siddha System. In addition to these recognized system, folk medicines in the villages still play a major role to provide medical assistance in the rural areas. During the study period nearly 2.33% of the population was found to have used folk medicines. Among the population studied by various units, in Joginder Nagar -Himachal Pradesh the highest number of people, i.e. 14.09% received folk medicines for treatment, followed by Bangalore-Karnataka (9.49%) and Kolkata-West Bengal (7.51%). In Varanasi-Uttar-Pradesh, Nagpur -Maharashtra, Vijayawada -Andhra Pradesh, Bhubaneswar -Orissa and Patiala -Punjab none of the cases was found to have used folk medicines for their treatment.

Further, the Central Council for Research in Ayurvedic Sciences (CCRAS,) documented Ethno-medical practices, use of medicinal plants besides studying living conditions of tribal areas across the country from Trans-Himalayan region, North-eastern India to southern parts of the country and Andaman & Nicobar through its 18 Survey of Units, Mobile Clinic Research Units, Tribal Health Care Research Program. The authenticity of the information is confirmed by cross examination of the treated patients, and specimens of plants/part(s) used were kept in record as herbariums/museum specimens. About 2500 Folklore/Ethno-medical claims used by tribes have been documented. The tribes used to simple diseases/conditions ranging from common cold, cough, fever, vomiting, skin diseases, digestive problems, reproductive and child health problems, wounds etc. The use of herbs for contraception is also prevalent among them.

In addition to the above the Council has documented reported medical practices on prevention, management of vector borne and infectious diseases through Ayurveda and Siddha through 17 institutes across different states of the country. The information is gathered from various sources viz. Ayurvedic colleges, physicians from Ayurveda, Siddha hospitals, dispensaries, clinics, private physicians, local healers, NGOs, etc. has been systematically recorded. A number successful treatment episode on malaria, filariasis, chikungunya etc. has been recorded from the physician’s experiences.

### **Material and Methods**

The physical achievements including the beneficiaries of health care services, details of villages, tribal’s pockets covered, documentation of disease prevalence and local health traditions during period 1982-2016 were compiled summarized and presented based on the information available in the published monographs, technical reports and annual reports of CCRAS.

### **Observations and physical achievements**

Tribal Health Care Research Program (THCRP) has been initiated by Central Council for Research in Ayurvedic Sciences (CCRAS) in 1982 with the core objectives encompassing ,Study of the living conditions of tribal people, documentation of information Availability and use of medicinal plants in the area, study of dietetic habits and including health related demography, study of Socio-demographic profile, nature and frequency of prevalent diseases, propagation of knowledge about hygiene, and prevention of diseases, providing medical aid at their door steps collection and documentation of folklore claims and Local Health Traditions.





**Chronological Developments:** The program has been continued at 6 States Madhya Pradesh, Maharashtra, Bihar, Assam Arunachal Pradesh and Andaman & Nicobar from 1982 to till 2014. During this period, 5 independent Tribal Health Care research Units have been relocated through reorganization which came into force in the year 2000.

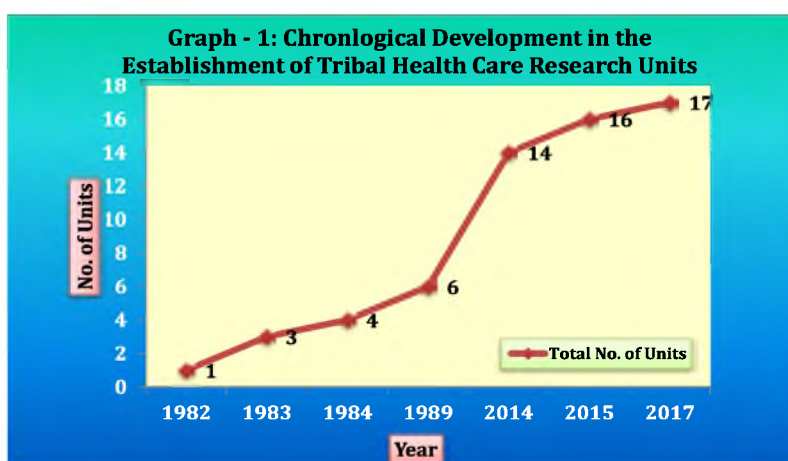
Further during the year 2014-15 to 2017-18 the program has been extended in 10 more States viz. Rajasthan, Jammu & Kashmir, Himachal Pradesh, Karnataka, Tamil Nadu, West Bengal, Odessa, Andhra Pradesh, Sikkim and Telengana. Currently, the Tribal Health Care Research Program is being executed in 14 States through 15 Peripheral Institutes of CCRAS under Tribal sub-Plan (TSP). (Table-1, Table -2 and Graph-1)

**Table-1: Details of establishment of Tribal Health Care Research Projects**

S. No.	State	Location of 16 projects in 15 States	Date of Establishment	Details of merger/ shifting of other unit in the year 2000
1.	Madhya Pradesh	RARIDD, Gwalior	March,1986	THCRP, Jagdalpur shifted at CRI Gwalior
2.	Maharashtra	RARIMCH, Nagpur	Dec.'1983	THCRP, Jhabua shifted at RRI Nagpur
3.	Bihar	RARIID, Patna	Feb.'1983	THCRP, Palamau shifted at RRI Patna
4.	Assam	RARIGID, Guwahati	June,1989	THCRP, Imphal shifted at RRI Guwahati
5.	Arunachal Pradesh	RARI, Itanagar	July, 1982	THCRP, Ziro shifted at RRI Itanagar
6.	Andaman Nicobar	RARC, Port Blair	Feb.'1984	*Unit physically shifted from Car Nicobar to Port Blair in 2005
7.	Odisha	CARIHD, Bhubaneswar	Oct, 2014	
8.	West Bengal	CARIDD, Kolkata	Oct, 2014	
9.	Rajasthan	RARIECD, Jaipur	Oct, 2014	
10.	Andhra Pradesh	RARISD, Vijayawada	Oct, 2014	
11.	Karnataka	RARIMD, Bangalore	Oct, 2014	
12.	Sikkim	RARI, Gangtok	Oct, 2014	
13.	Tamil Nadu	ALRCA Chennai	Oct, 2014	
14.	Jammu & Kashmir	NRISR, Leh	Oct, 2014	
		15.	Nov, 2015	
15.	Himachal Pradesh	RARIND, Mandi	Nov., 2015	
16.	Telangana	NIIMH, Hyderabad	March, 2017	

**Table-2 Chronological development in the establishment of Tribal Health Care Research Projects**

S.No.	Year	No. of Institute established	Name of Units/ Institutes	Total No. of Units
1.	1982	1	Ziro, Arunachal Pradesh	1
2.	1983	2	Jhabua (MP) and Palamau (Bihar)	3
3.	1984	1	Car Nicobar (Andaman & Nicobar Islands)	4
4.	1989	2	Jagdalpur (MP) and Imphal (Manipur)	6
5.	2014	8	Bhubaneswar, Kolkata, Jaipur, Vijayawada, Bangalore, Gangtok, Chennai and Leh	14
6.	2015	2	Jammu and Mandi	16
7.	2017	1	Hyderabad	17



**Achievements during 1982-2017:** Through this program during the period 1982-2017, the council has extended Health Care Services at 1737 Villages/Tribal pockets covering a population of **1065957** while medical aid and counseling was offered to 3,77,945 people. 929 folk claims/ Local Health Traditions (LHTs) has been documented (Table-3 to Table-21, Graph-2 to Graph-5)

#### Tribes surveyed under THCRP

S. No.	State	Institute	Names of tribes
1.	Madhya Pradesh	RARIDD, Gwalior	Halba, Gonds, Sahariya, Bhils, and Bhariya
2.	Maharashtra	RARIMCH, Nagpur	Gond, Mana, Kawar and Paradhi
3.	Bihar	RARIID, Patna	Bhuiya, Munda, Santhal, Baiga, Soren, Hansda, Oraon, Lohara and Gond
4.	Assam	RARIGID, Guwahati	Karbi/Mikir, Bora, Garo, Lalung/ Tiwas, Rabha, Saranja, Bora-kachari, Deori
5.	Andaman Nicobar	RARC, Port Blair	Nicobarese, Onges, Shompens and Great Andamanese
6.	Odisha	CARIHD, Bhubaneswar	Sabara, Sahara, Santali, Bathudi, Bhuyan, Kolha, Munda, Kandha, Majhi, Gonda, Oraon, Kisan



7.	West Bengal	CARIDD, Kolkata	Santal, Munda, Kora and Sabar
8.	Rajasthan	RARIECD, Jaipur	Meena, Garasia, Bhil and Damor
9.	Andhra Pradesh	RARISD, Vijayawada	Lambadi, Koya, Yerukula, Kondareddy, Nayak, Nayapolu, Chenchu, Yenadi
10.	Karnataka	RARIMD, Bangalore	Haki pikki, Iruligas, Channa Dasara, Koracharu, Naik, Medha, Bavacha, Soligas
11.	Sikkim	RARI, Gangtok	Bhutia, Lepcha, Sherpa, Limboo and Tamang
12.	Tamil Nadu	ALRCA Chennai	Irular, Malayali
13.	Jammu & Kashmir	NRISR, Leh	Beda, Balti, Bot/Boto, Brokpa/Drokpa, Changpa, Garra, Mon, Purikpa
		14.	Gujjars and Bakerwal's
14.	Telangana	NIIMH, Hyderabad	Lambada, Koya

**Table-3: Details of services extended under Tribal Health Care Research Project from 1982-2017**

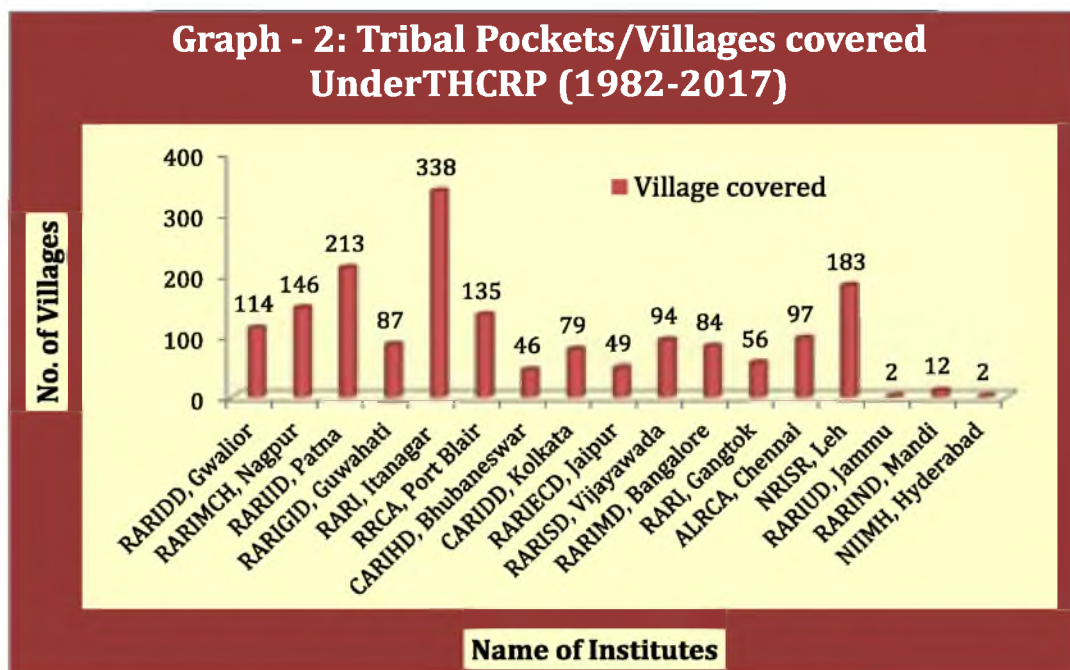
S. No.	Name of the Institute	Village Covered	Population Covered	Benefiters of Health Care Program	No. of Folk Claim documented
1.	RARIDD, Gwalior	114	108989	26547	80
2.	RARIMCH, Nagpur	146	86548	25914	142
3.	RARIID, Patna	213	306163	117591	80
4.	RARIGID, Guwahati	87	85050	29102	127
5.	RARI, Itanagar	338	165895	57495	43
6.	RRCA, Port Blair	135	145083	65171	129
7.	CARIHD, Bhubaneswar	46	18402	4349	33
8.	CARIDD, Kolkata	79	18125	7341	50
9.	RARIECD, Jaipur	49	26351	6569	30
10.	RARISD, Vijayawada	94	20471	7458	64
11.	RARIMD, Bangalore	84	13347	2336	60
12.	RARI, Gangtok	56	13674	6074	31
13.	ALRCA, Chennai	97	17437	7929	45
14.	NRISR, Leh	183	34083	9892	10
15.	RARIUD, Jammu	2	407	313	0
16.	RARIND, Mandi	12	4968	3788	5
17.	NIIMH, Hyderabad	2	964	76	0
	<b>Total</b>	<b>1737</b>	<b>1065957</b>	<b>377945</b>	<b>929</b>

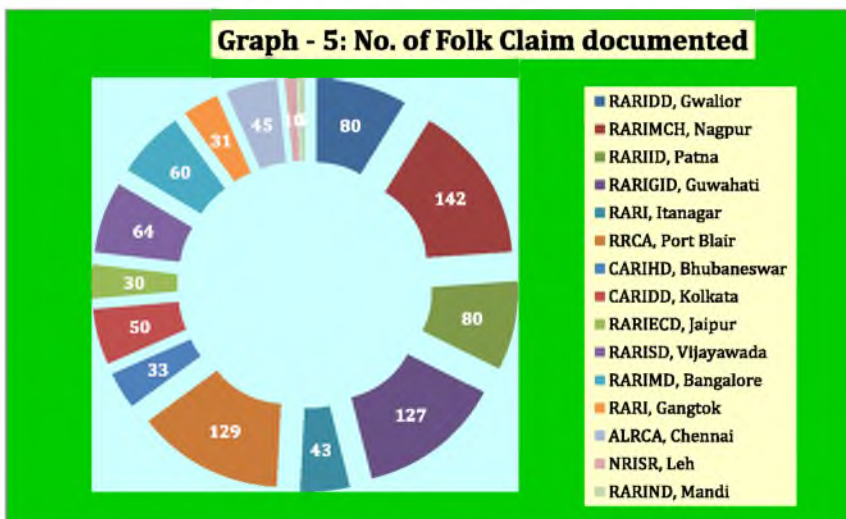
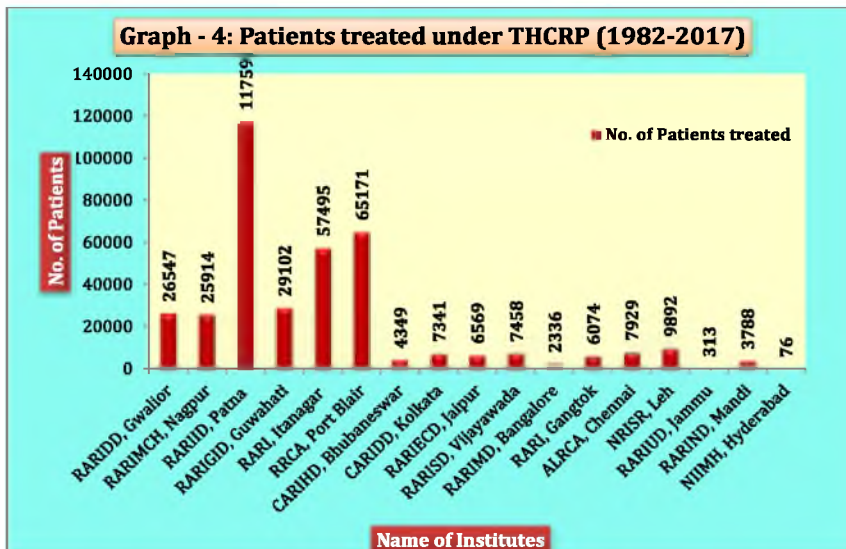
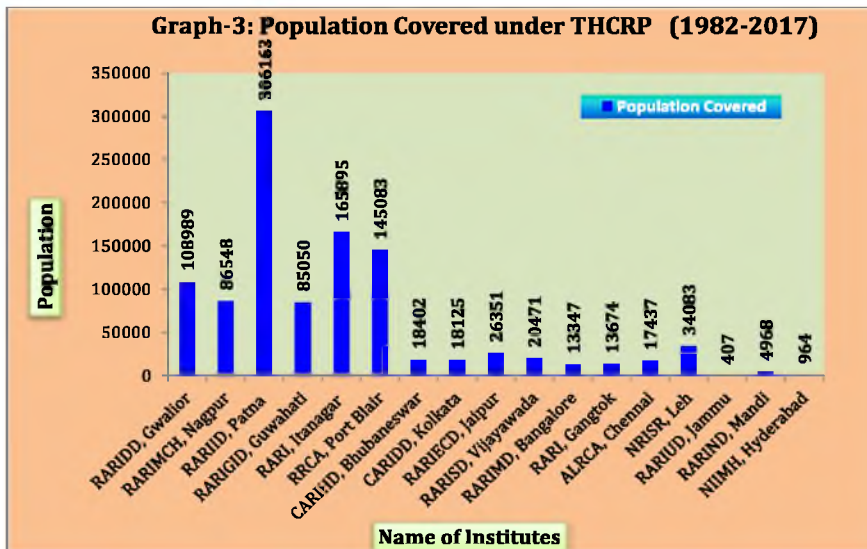


**Table-4: Details of Folk Claim/LHTs documented under Tribal Health Care Research Project from 1982-2017**

S. No.	Name of the Institute	No. of Folk Claim documented
1.	RARIDD, Gwalior	80
2.	RARIMCH, Nagpur	142
3.	RARIID, Patna	80
4.	RARIGID, Guwahati	127
5.	RARI, Itanagar	43
6.	RRCA, Port Blair	129
7.	CARIHD, Bhubaneswar	33
8.	CARIDD, Kolkata	50
9.	RARIECD, Jaipur	30
10.	RARISD, Vijayawada	64
11.	RARIMD, Bangalore	60
12.	RARI, Gangtok	31
13.	ALRCA, Chennai	45
14.	NRISR, Leh	10
15.	RARIND, Mandi	5
	<b>Total</b>	<b>929</b>

**Graph - 2: Tribal Pockets/Villages covered Under THCRP (1982-2017)**







**Table-5: Madhya Pradesh (RARIDD, Gwalior)-Statement of population covered since inception up to March 2017**

S. No.	Years	No. of villages covered	Name of villages	Total population covered	No. of patients treated		
					New	Old	Total
<b>(A) Work carried out at Jagdalpur (M.P. now C.G.) initiated from 1990-91</b>							
1.	1990-91	01	Dhamour	667	92	473	565
2.	1991-92	02	Adaval, Gatavand	1552	96	230	326
3.	1992-93	03	Badegatavand, Durguda, Pandaripani	3178	771	2392	3163
4.	1993-94	01	Agahanpur	0	200	743	943
5.	1994-95	02	Agahanpur, Sargipal	850	412	2184	2596
6.	1995-96	01	Tamakoni	58	58	74	132
7.	1996-97	01	Agahanpur	5000	38	35	73
8.	1997-98	01	Kachora	1250	648	1073	1721
<b>(B) Work carried out at Gwalior (M.P.)</b>							
9.	1981-82	01	Chorpura, (Dist.- Shivpuri Sp. tour)	2000	1684	0	1684
10.	2000-01	01	Nayagoan	1136	239	87	326
11.	2001-02	01	Jourasi	1770	337	272	609
12.	2002-03	02	Panihar, Ghatigoan	2361	417	197	614
13.	2003-04	01	Ghatigoan	1107	207	102	309
14.	2004-05	03	Siasakapura, Kait, Girwai	2024	358	147	505
15.	2005-06	05	Girwai, Aarone, Chhimak, Dhurshendhi, Shivpuri (Sp. tour)	5302	686	210	896
16.	2006-07	05	Raipur kala, Barole, Maharajapura, Bujurga, Sehasari	5132	383	140	523
17.	2007-08	4	Jakhoda	1135	104	0	104
			Mohana	1769	84	13	97
			Shyampur	374	25	0	25
			Dourar	1454	87	0	87
18.	2008-09	4	Patai	1344	80	05	85
			Karai	316	80	0	80
			Brahana	647	19	0	19
			Chaint	3074	121	09	130
19.	2009-10	4	Amargarh	649	120	20	140
			Ummedgarh	1582	77	11	88
			Samaria Taka	2955	219	07	226
			Kaitha	240	52	03	55



20.	2010-11	4	Kirawali	525	32	0	32
			Patha (Panihar)	2087	194	11	205
			Bhainsnari	1298	108	22	130
			Bijakpur	1428	124	6	130
21.	2011-12	3	Nunhari	904	113	21	134
			Rithodan	1957	186	49	235
			Badagaon	1560	207	27	234
22.	2012-13	3	Thetiapura	714	86	16	102
			Bhartari	1301	168	22	190
			Jatrathi	1256	262	39	301
23.	2013-14	4	Gharsondi	1101	105	12	117
			Gharhi	994	197	27	224
			Nayagaon	985	47	0	47
			Ghatigaon	2002	56	0	56
24.	2014-15	23	Bhimlat	460	55	20	75
			Bhela	413	49	07	56
			Panar	611	48	0	48
			Chaintikhera	602	78	24	102
			Piparbas	781	127	09	136
			Ratodhan	714	85	0	85
			Heerapura	354	30	0	30
			Hanumankhera	266	30	0	30
			Bandhaly	668	93	08	101
			Awada	1559	157	53	210
			Kalmi	674	82	13	95
			Kakardha	1063	44	23	67
			Bamoree	307	83	07	90
			Gothra	460	105	26	131
			Saran Aharbani	942	59	17	76
			Bairagi	487	106	19	125
			Khamha	369	73	19	92
			Mohani	136	42	08	50
			Khinha	472	82	06	88
			Dobh	470	22	0	22
Doondikheda	231	60	0	60			
Dubdee	298	48	0	48			
Kankra	389	24	0	24			



25.	2015-16	26	Karrai	638	66	15	81
			Gadhla	659	169	18	187
			Piprani	689	119	34	153
			Bargwan	1710	392	55	447
			Agra	332	65	21	86
			Hasanpur	118	30	0	30
			Palampur	183	47	0	47
			Sirsod	626	99	4	103
			Maharajpura	1034	143	19	162
			Makronda Kalan	889	71	5	76
			Subkara	829	121	12	133
			Mujhari	619	117	18	135
			Baudichapa	1036	132	14	146
			Nayagaon Tehkhand	545	126	16	142
			Bagdiya	1179	149	14	163
			Bheekhapur	987	84	17	101
			Bardha Bujurag	1321	251	24	275
			Dengda	1155	83	18	101
			Kalarna	1162	204	20	224
			Nasirpur	675	121	20	141
			Ladpura	611	98	30	128
			Dtarda Khurd	475	164	16	180
			Dlarna Khurd	340	73	31	104
			Tilsani	639	132	0	132
Deori Khurd	100	25	0	25			
Phiphari	853	108	0	108			
26.	2016-17	8	Harduli Kalan	1185	194	52	246
			Sahdara	1476	311	57	368
			Morpani	1199	263	78	341
			Mandikooh	966	121	48	169
			Pipariya kalan	1418	242	77	319
			Naya chicha	930	206	67	273
			Jhunkar	1610	523	139	662
			Kasda Khurda	1037	367	93	460
<b>Total</b>		<b>114</b>		<b>108989</b>	<b>16577</b>	<b>9970</b>	<b>26547</b>





**Table-6: Maharashtra (RARIMCH, NAGPUR)-Statement of population covered since inception up to March 2017**

**6A. Since inception to March, 1999**

S. No	Year	No & Name of villages covered	Total Population covered	No. of patients treated		
				New	Old	Total
<b>(A)Work carried out at Jhabua(M.P.) initiated from 1984-85*</b>						
	1987-88	1 Gadwara	725	0	0	261
	1990-91	1 Gadwara	725	0	0	222
	1992-93	Hq.	0	0	0	100
	1993-94	1 Jhabua village	0	0	0	150
	1995-96	Hq	0	0	0	383
	1996-97	Hq.	0	0	0	130
	1997-98	Hq.	0	0	0	97
	1998-99	Hq.	0	0	0	177
	<b>Total</b>		<b>1450</b>	<b>0</b>	<b>0</b>	<b>1520</b>

**6B. 2000 to March, 2017**

S. NO.	Year	No & Name of villages covered	Total Population covered	No. of patients treated		
				New	Old	Total
<b>(B)Work carried out at RARIMCH, Nagpur</b>						
1.	2000- 01	1 Borda	194	08	00	08
2.	2001- 02	4 Borda	1098	111	33	144
		Talwada	252	35	26	61
		Jamlatola	191	34	17	51
		Kridurd	411	57	48	105
3.	2002- 03	8 Bothali	525	117	75	192
		Dahegaon	296	46	13	59
		Shirshi	353	67	16	83
		Amrutguda	160	42	18	60
		Bhendala	712	131	09	140
		Satara(Bhoshle)	339	89	00	89
		Wirie	00	26	00	26
		Guguldeo	00	46	00	46
4.	2003- 04	9 Sonpur	359	114	52	166
		Maharkund	193	74	20	94
		Mogra	171	62	28	90
		Tekadi	372	64	18	82
		Kundri	949	235	100	335
		Kanhadevi	259	76	36	112
		Dhoda	542	114	72	186
		Pathari	1112	172	83	255
Bothia (Palora)	1048	139	54	193		



5.	2004-05	9	Ghoti	448	111	58	169
			Marksur	485	93	47	140
			Vachbodhi	538	167	78	245
			Borgad	626	100	60	160
			Gondi (Khapa)	444	86	49	135
			Chankapur	354	97	79	176
			Khatta	686	69	38	107
			Sindewani	681	89	85	174
			Warghat	1576	146	133	279
6.	2005-06	10	Kohla	402	85	87	172
			Gugguldov	961	134	113	247
			Chargaon	520	72	109	181
			Amghat	398	111	109	220
			Kawadapur	339	65	79	144
			Surewani	330	75	83	158
			Pendhari	312	124	74	198
			Mohagaon(Jangli)	219	85	82	167
			Ghatpendhari	1015	93	90	183
			Belda	965	186	92	278
7.	2006-07	10	Bondetalsarra	488	162	52	214
			Maudi	840	259	123	382
			Pendhari	537	112	53	165
			Salairani	613	153	51	204
			Chikhaldhokda	440	119	45	164
			Khanora	670	127	50	177
			Sawangi	643	126	44	170
			Pauni (Jangli)	534	101	24	125
			Salai	544	160	52	212
			Tuyapar	622	82	50	132
8.	2007-08	8	Khumari	710	143	73	216
			Akola	503	79	27	106
			Bhivgad	418	111	65	176
			Ghogra	902	136	64	200
			Mayawadi	948	110	38	148
			Gondi(Dig.)	1288	169	55	224
			Gonhi	797	155	107	262
			Navegaon	497	64	09	73
9.	2008-09	10	Kharpada	382	91	56	147
			Bhandra	565	102	44	146
			Phuljari	511	112	37	149
			Khadbikheda	608	95	66	161
			Chinchada	189	35	33	68
			Bondewada	607	87	117	204



			Dulara	597	37	33	70
			Nagalwadi	283	67	34	101
			Saleghat	628	68	38	106
			Bhandarbodi	1396	90	49	139
10.	2009-10	12	Bondri	698	98	39	137
			Gudegaon	401	74	60	134
			Chorbahuli	479	61	75	136
			Khidki	434	41	8	49
			Kedapur	282	98	44	142
			Sabkund	586	58	46	104
			Ambada	745	90	43	133
			Jambhulpani	304	64	21	85
			Panwadi	245	89	00	89
			Zolwadi	678	105	65	170
			Zizoria	1027	81	74	155
			Khairi	297	96	65	161
11.	2010-11	12	Muradpur	334	41	29	70
			Sindhivihari	308	52	38	90
			Surabardi	177	65	74	139
			Mandri	1207	128	26	154
			Kirnapur	759	77	19	96
			Junewani	384	99	86	185
			Karwahi	1887	86	41	127
			Chawari	297	55	14	69
			Savara	794	73	32	105
			Sonpur	328	56	16	72
			Sakharkheda	680	61	24	85
			Chandanpardi	1178	86	24	110
12.	2011-12	7	NishanGhat	232	37	11	48
			Sinjar	1294	86	47	133
			Khapa	727	138	86	224
			Ganeshpur	353	76	18	94
			Ghubdi	392	60	81	141
			Vadhona	809	68	36	104
			Khangaon	1483	48	26	74
13.	2012-13	7	Pusda (Ramtek)	1019	59	70	129
			Manegaon (Ramtek)	672	63	20	83
			Pindkapar (Ramtek)	696	44	34	78
			Narhar (Parseoni)	418	56	20	76
			Kolitmara (Parseoni)	345	74	47	121
			Umatha (Narkhed)	844	80	14	94
			Bordoh (Katol)	338	27	10	37



14.	2013-14	7	Behalgondi (Katol)	448	26	12	38
			Karla (Katol)	436	94	33	127
			Sabkund (Katol)	572	94	108	202
			Ambazhari (Parseoni)	522	10	12	22
			Umri (Ramtek)	1091	45	18	63
			RampuriChaugan (Ramtek)	431	14	0	14
			Tangla (Ramtek)	870	113	44	157
15.	2014-15	7	Dadapur, Tal. Kurkheda	775	67	13	80
			Shivni, Tal. Kurkheda	631	85	11	96
			Sonsari, Tal. Kurkheda	1120	199	69	268
			Dhamditola, Tal. Kurkheda	1123	128	19	147
			Mohagoan, Tal. Kurkheda	318	36	12	48
			Anajantola, Tal. Kurkheda	478	88	23	111
			Sawargaon, Tal. Kurkheda	467	77	40	117
16.	2015-16	10	Khambada	1191	245	140	385
			Gardapar	405	183	130	313
			Gorwat chak	566	218	114	332
			Sonegaon (Begde)	721	238	129	367
			Keslabodi	431	143	87	230
			Nandara	687	262	130	392
			Yerkheda	609	348	269	617
			Kaparla	717	281	208	489
			Lonara	327	136	94	230
			Rajulwadi	187	61	19	80
17.	2016-17	12	Chindhi Raiyyatwari	676	193	200	393
			Karbada	491	147	136	283
			Kasarla	285	124	96	220
			Khatoda	297	151	98	249
			Kollara	1179	350	365	715
			Murpar	695	263	322	585
			Pethbhansuli	365	241	280	521
			Shiwara	658	137	110	247
			Titawi	242	115	82	197
			Tivarla	722	221	180	401
			Vihirgaon	766	175	117	292
Waigoan Bhojar	873	201	181	382			
<b>Total (B)</b>		<b>143</b>	<b>85098</b>	<b>15258</b>	<b>9136</b>	<b>24394</b>	



**Table-7: Bihar (RARIID, Patna) - Statement of population covered since inception upto March 2017**

**7A. Since inception upto March, 2004**

Sl. No.	Year	No. of villages	Village covered	Population covered	No. of patients treated
1.	1983-84	1	Ranka	12000	30
2.	1984-85	6	Kardiha, Mayanpur, Khapro, Bori, Tenudih, Sihajo	10,400	750
3.	1985-86	15	Khud, Bhatwabi, Hurdage, Sikata, Jogikhura, Kanchanpur, Mungdaha, Siksiga, Khurda, Barbadiha, Hunhe, Dhurda, Hunhe Kala, SharasanSonadage, Sigsiga Kala	7816	2471
4.	1986-87	20	Palhay, Boila, Lady Kanda, Son Purwa, Kukumbar, Semarkhar Delay, Khura, Babda, Jhagraha, TetadihSaleya, Daundag, Siroi Kala, SerioKhurd, Majhigawa, Birbandha, Swadiha, Sigakhurd, Siga Kala, Uchari, Chankari.	7443	10431
5.	1987-88	24	Bishrampur, Bhadua, Bhaopur, Barahdari, Barwahu, Katra, Chutiya, Baligarh, Gobeardaha, Birajpur, Kushwar, Terardih, Homiya, Durjam, Barwa, Bairiya, Sirka, Mangarhi, Ramkanda, Madgari, Saraidih, Jamauti, Garhwa, Khardiha	32059	27491
6.	1988-89	19	Dalla, Rajbas, Chauteliya, Ranichari, Chiniya, Chirka, Billetikhad, Chapkati, Khudi, Nagshili, Haskhadi, Ranpuri, Mesara, Besari, TudimundBetta, Paleh, Seede, Purigarh, Salwahi	23,333	17903
7.	1989-90	9	Chatakman, Jolgan, Kasmar, Kudrum, Pindra, Furegada, Tamgekhurd, Tamge Kala, Gaugada	7610	3306
8.	1990-91	11	Bahkahara, GasedagJaune, Chiyarki, Barkagaon, kaudiya, Jhabar, Pokhrraha-Kalan, Chukru, Sua, Kundelwa	18,138	8242
9.	1991-92	12	Khanwa, Halumar, Dulsulma, Jurumansuti, Tabar, Sutrayaa, PonwiPokhorcha, LedwaKhard, Gaura, HarmurJora, Turadin, Kanica	25268	5546



10.	1992-93	6	RajderwaBiriya, KhandibPurnadih,Basawra, Dubu, Polpol, Urhulia	9040	6446
11.	1993-94	5	Pokharaha, Oriya, Lotwa, Rakhara, Chandu	10,435	4,825
12.	1994-95	0	Data not available		
13.	1995-96	2	Chhipadohar, Kechaki	6249	1323
14.	1996-97	3	Bahera, Khurakhurd, Khura Chando	5,451	1,767
15.	1997-98	0	-	-	0
16.	1998-99	7	KhurakhurdBhera, Saluta, Darami, KalyanpurMangra, Rabdi, Panchnadia, Dubiakhar	21,837	4,555
17.	1999-00	2	Oriya,Jhabar	5330	3155
18.	2000-01	0	-	-	358
19.	2001-02	5	Chakai, Ponijha, Dumma, Amata, Rehama	7000	1056
20.	2002-03	2	Jamui,Dumka	10500	1056
21.	2003-04	9	Keluadih, Baghpathar, ChhataJhgua, Bandarbhagua, Pipara, Bhalua, Ambadih, Berwari, Dhamnadiha	6288	1061
<b>Total</b>		<b>158</b>		<b>226197</b>	<b>101772</b>

**7B. April, 2004 to March, 2017**

Sl. No.	Year	No. of Villages	Village covered	Population covered	No. of patients treated		
					New	Old	Total
1.	2004-05	4	Berwari, Hariyandhi, Ambadih, Dhamana	9075	1529	360	1889
2.	2005-06	5	Chata Jhagrahi Rana Damaka Dorsakola	5035	793	290	1083
3.	2006-07	3	Baheri	5348	1049	316	1365
			Kovana	3485	594	310	904
			Kedali	5125	608	396	1004
4.	2007-08	3	Nawadiha Daha Taravagada	3485	594	310	904



5.	2008-09	5	Urali	1030	128	75	204
			Belgara	995	107	69	176
			Kalyanpur	1045	132	87	219
			Gidhor	1105	137	93	230
			Hatbariya	950	104	71	175
6.	2009-10	5	Mardanpur	961	76	21	97
			Geari	565	45	12	57
			Kacha	1425	76	26	102
			Ahuri	1055	65	19	84
			Tarog	1123	87	33	120
7.	2010-11	3	Dadha	2113	163	38	201
			Sell	1315	113	18	131
			Pakariya	1714	96	33	129
8.	2011-12	5	Bachdag	600	50	0	50
			Sehda	1127	60	42	102
			Uperbaro	1181	41	41	82
			Chudharia	349	25	19	44
			Sanghari	2158	108	101	209
9.	2012-13	3	Suraj	1800	98	65	162
			Sajna	2420	127	41	168
			Larkua	1300	83	15	98
10.	2013-14	4	Jaled	1800	129	18	147
			Amona	1080	83	50	133
			Kargu pater	1435	73	20	93
			Kathotia	975	66	13	79
11.	2014-15	5	Maeil urf Saail	0	0	0	0
			Luttu	726	72	0	72
			Sijuwa	115	0	0	0
			Barbadih Chatra (Jharkhand)	400	20	0	20
			Kadmahwa	557	147	37	184
12.	2015-16	5	Kadamahawa	1030	310	40	350
			Chiuntaha	442	139	84	223
			Bhitaha	960	212	166	378
			Bairiya	1147	310	169	479
			Hathwanwa	1296	301	123	424
13.	2016-17	5	Dholbajwa	2077	435	451	886
			Laxmipur	1677	463	296	759
			Hasnapur	1191	313	244	557
			Kataha	862	233	201	434
			Nawtanwa	1312	334	278	612
<b>Total</b>		<b>55</b>		<b>76966</b>	<b>10728</b>	<b>5091</b>	<b>15819</b>

**Table-8: Assam (RARIGID, Guwahati) - Statement of population covered since inception upto March 2017****8A. Since inception upto March, 2000**

S. No	Year	No of Villages covered	Name of villages covered	Total populations covered.	No. of New patients	No. of old patients	Total patients
<b>(A) Work carried out at Imphal, Manipur*</b>							
1.	1989-90	3	LangolTarong, NaikalongTarong, Tharon	1020	0	0	125
2.	1990-91	6	Lambuland, Chingmeirong, Ragailong, RamgailongCannanVeng, Doupaoveng, Zomi Villa.	3990	0	0	947
3.	1991-92	1	MahabaleSangalbrou	806	0	0	179
4.	1992-93	3	Koirangei, changangi, Chingkhunlong	1080	0	0	1080
5.	1993-94	3	Keikhu,, SabbalTongba, Heigrujam	947	0	0	107
6.	1994-95	1	Konthoujam	1000	0	0	223
7.	1995-96		Hq.	1250	0	0	377
8.	1996-97		Hq.	0	0	0	1865
9.	1997-98		Hq.	0	0	0	1906
10.	1998-99		Hq.	0	0	0	635
11.	1999-2000		Hq.	0	0	0	570
	<b>Total</b>	<b>17</b>		<b>10093</b>	<b>0</b>	<b>0</b>	<b>8014</b>

**8B. 2002 to March, 2017**

<b>(B) Work carried out at RARIGID, Guwahati</b>							
1.	2002-03	03	Tepesia, Yogdal Katakeepara	5030	1736	443	2179
2.	2003-04	01	Jalukbari	876	163	47	210
3.	2004-05	04	Panbari Misamari. Gariaghuli. Thakurchi	5278	859	285	1144
4.	2005-06	07	Chandapurgoan Chandapur-bagicha Borkhatgoan. LuflongNC Luflongvillage. Mariakuchi 7.Birkuchi	5139	928	390	1318
5.	2006-07	04	Diksak , Bejeni Bamunkhat Panikhaiti goan	5943	1009	558	1567





6.	2007-08	03	Ghagua	492	226	326	552
			Luri	404	193	284	477
			Barkuchi	493	196	292	488
7.	2008-09	04	Borgoan	365	98	146	244
			Ketekijhar	510	80	113	193
			Garobasti	3065	138	174	312
			Belguri, Kurkuria	1475	79	89	168
8.	2009-10	3	Botahkuchi	3105	208	287	495
			Hajpombari	1790	149	179	328
			Burahmayong	1060	110	125	235
9.	2010-11	4	PavakatiKachariGaon	1383	122	126	248
			Dhemai Village	890	54	85	139
			Moupur	1712	130	194	324
			Sendurighopa	1480	68	90	158
10.	2011-12	4	Upporikhola	2962	128	243	371
			GajaiGoan	1066	112	192	304
			Baratandu	798	83	151	234
			Saratandu	492	25	34	59
11.	2012-13	2	Andherjuli	2575	150	260	410
			Rajapanichanda	2781	140	213	353
12.	2013-14	5	Sarugaon	690	88	131	219
			Najukuchi	802	69	106	175
			Barbitali	747	55	79	134
			Tegheria	498	40	61	101
			Bhoragoan	2357	152	154	306
13.	2014-15	9	Bandorgog	1368	70	171	241
			Markong	793	54	84	138
			Magursila	1712	140	225	365
			Southala	267	63	52	115
			Rajapara	267	65	144	209
			Patgaon	453	93	99	192
			Burha Mayong	517	67	60	127
			Panisenga	475	68	84	152
			Punampur	105	21	27	48
14.	2015-16	9	Deulguri	1184	264	334	598
			Nortap	1287	256	247	503
			Challi	695	120	186	306
			Batahbari	517	130	230	360
			Garopara	586	120	241	361
			Tulsibari	783	222	585	807
			Deopani	397	121	260	381
			Dhekiabari	344	110	187	297
			Murkata	424	96	96	192



15.	2016-17	8	Laduguri	613	201	43	244
			Gosaighat	1292	335	36	371
			Barduar Bagan	1336	354	125	479
			Balahpur	271	82	41	123
			Mohmarrang	557	155	47	202
			Kumarbori	864	213	66	279
			Manikpur	1015	246	116	362
			Khokhapara	577	141	50	191
	<b>Total</b>	<b>70</b>		<b>74957</b>	<b>11395</b>	<b>9693</b>	<b>21088</b>

**Table-9: Arunachal Pradesh- (RARI, Itanagar) Statement of population covered since inception upto March 2016**

**9A. Since inception upto March, 2004**

S. No.	Year	No. of Villages	Village Covered	Population Covered	No. Of Patients
1.	1982-83	<b>Established</b>			
2.	1983-84	<b>Preliminary survey of village</b>			
3.	1984-85	11	Kimin, Dorpa, Komaskia, Lowarsher, Uppersher, Lowarliche, Uppderliche, Jimi, Siroshibe, Hakhera, Jar	1,418	2274
4.	1985-86	13	Lampia, Tamin, Tazang, Kalong, Jorum, Reru, Dhaporijo, Dhumporijo, Lamdik, Dutta, Hiza, yazali, Penni Bellow	12,503	320
5.	1986-87	7	Hari, Talo, Deed, Dam Hong, Yacul, Mayl	5673	3050
6.	1987-88	5	Doimukh, Lampia, MudanTage, Michi, Bamin	18185	302
7.	1988-89	15	Ziro, Old Ziro, Hong, Datta, Hari, Hiza, Reru Kalong, Lampiya, Tajag, Zoram, Siro, Yachuli, Yazali, Deed, Talam	11,365	2110
8.	1989-90	1	BriGaon	126	1332
9.	1990-91	3	Chunilika, Nanchulia, Boppi	12,851	1464
10.	1991-92	6	Siro, Mirchi, Dirghadaphla, Borsetam, LowarJurmi, Kakoi	2810	1842
11.	1992-93	7	Ziro oldDuta Hari, Kalong, Reru, LampiaTalo, Dam, Sivi	15125	10937
12.	1993-94	3	Dutta, Hong, Tajang	3,500	4,238
13.	1994-95	0	Data not available	0	0
14.	1995-96	1	Hong	2900	3357



15.	1996-97	4	Talo, Joramhari, Dutta, Mundanttaga	6,718	3,930
16.	1997-98	0	Data not available	0	0
17.	1998-99	0	Data not available	0	0
18.	1999-2000	1	Mani Bagsh	800	236
19.	2000-01	2	Sosa Sopabasti, Sasabasti,	985	347
20.	2001-02	3	Rakap Pichola Mani Basti, YupiaBasti	1000	415
21.	2002-03	2	Gruwardha, Bishnupura	500	972
22.	2003-04	3	Pichola, Poma Rakap	785	1089
	<b>Total</b>	<b>87</b>		<b>97,244</b>	<b>38215</b>

#### 9B. Since inception upto April, 2004 to March, 2016

S. No.	Year	No. of villages	Village covered	Population covered	No. of patients		
					New	Old	Total
1.	2004-05	5	Banderdewa, Tara Jully, Karsingsa,Chimi village, Jullypanchayat,	3656	1106	662	1768
2.	2005-06	10	Ganga, Vatvasti Holongi, Pabar Gwangbasti Upper balijan NankiBalijan Upper Tobong Kokila, Tengbari Chesa, Doimuk	9630	618	304	922
3.	2006-07	10	Balijan, Poma, Holongi-1, Holongi-II, Karvi, Jote Nirjuli, Kemi Jullie, Kokila	4812	991	288	1279
4.	2007-08	23	Tengabari	694	95	14	109
			Karbi	150	20	0	20
			Karsingsa-I	324	17	0	17
			Karsingsa-II	412	27	0	27
			Banderdewa	680	23	0	23



			Byibala	480	16	0	16
			Daphala	240	17	0	17
			Karajuli	697	10	0	10
			Billobasti-I	492	28	0	28
			Lanka-II	340	20	0	20
			SelliBasti	360	105	10	115
			Balek	244	106	10	116
			Rasam	440	20	0	20
			Tigra	253	5	0	5
			Gune	141	21	0	21
			Bong	402	30	0	30
			Yibarg	180	15	0	15
			Roing	63	15	0	15
			Banderdewa 5/1	250	49	0	49
			KrackJuli	303	30	0	30
			Tarajuli	250	50	0	50
			Chesa - I	505	19	0	19
			Chesa – II, Manku	506	15	0	15
5.	2009-10	32	PoteVasti	324	84	0	84
			Telam Village	109	18	0	18
			New Dekapam	318	71	0	71
			Old Dekapam	308	90	0	90
			Nari Village	116	43	0	43
			KarbiVasti	222	73	0	73
			DirghaDaphala	216	58	0	58
			Lower&Uppertobung	137	61	0	61
			Lower Balijan	42	22	0	22
			DaphalaPahar	112	29	0	29
			DirghaDaphala	332	102	0	102
			BoriDirgha	95	34	0	34
			BarsutumVasti	180	55	0	55
			Dirgha Village	373	102	0	102
			Bamin Village	196	42	0	42
			MichhiVasti	120	24	0	24
			HariVasti	281	60	0	60
			Mandan TageVasti	290	69	0	69
			DuttaVasti	167	39	0	39
			HijaVasti	190	60	0	60
			NemichalyangVasti	138	34	0	34
			Sesa Village	195	55	0	55
			Elephant pas (Flat)	141	38	0	38
			TippiVasti	233	57	09	66
			Bhalukpung	170	48	07	55



			Sejusa Village	203	62	05	67
			SejusaLekhe	119	29	19	48
			Ruksin	119	34	0	34
			Berung Village	261	83	0	83
			Pashighat	59	17	0	17
			Ayeng Village	306	78	0	78
			Rani Vasti	38	10	0	10
6.	2010-11	23	New PomaBasti	458	105	26	131
			TaniHapa Village	403	84	34	118
			Panbari Village	13	7	0	7
			Koloriang village	741	214	17	231
			Yachuli Village	493	123	16	139
			MadangTageBasti	140	32	0	32
			HijaBasti	192	53	0	53
			Bulla Basti	244	58	3	61
			HariBasti	307	74	3	77
			Kontur Village	479	107	0	107
			Pale Village	131	35	0	35
			Chili EteBasti & LichoBasti	309	76	16	92
			KalaptukarBasti	361	79	12	91
			RajaliBasti	269	128	10	138
			MedpuBasti	56	17	0	17
			KherwadiBasti	67	16	0	16
			ParoBasti	224	58	0	58
			Lumsi&BomteBasti	101	23	0	23
			Kangku Village	520	93	0	93
			UliBasti	67	22	3	25
			Baleshwari Village &Nigorkochi	534	111	4	115
			Borajan Village	501	120	0	120
			Mopi Village	156	32	5	37
7.	2011-12	26	Upper Berung Village	324	82	0	82
			Upper Ayeng Village	633	161	0	161
			Lower Ayeng Village	204	46	0	46
			Runne Village (Karang circle)	388	78	0	78
			Gagar Village	86	22	0	22
			Malini Village	201	52	0	52
			Milanpur	50	14	0	14
			Garbow Village	142	44	0	44
			Dikshi Pam Basti	57	22	0	22
			Jamiri Village	203	76	0	76



			Mahadevpur -1	71	19	0	19
			Dharampur&Krishnapur	536	148	0	148
			Manmow&Nanom	500	158	0	158
			Old Mohong & Mapoliang	251	55	0	55
			Mahadevpur -2	149	48	14	62
			ChakamaBasti	71	15	0	15
			Yazali Village	666	170	11	181
			Old Pithapool Village	290	56	0	56
			New Pithapool (Neeeco) Village	327	114	0	114
			PoosaBasti	60	13	0	13
			Balek Village	351	68	0	68
			Simari Village	157	54	0	54
			Abali Village	338	107	0	107
			Simari-2 Village	42	14	0	14
			Rukmo Village	161	41	06	47
			Imuli Village	217	60	08	68
8.	2012-13	32	Bene Village	306	121	19	140
			Bilat village	89	32	0	32
			Borguli Village	113	62	0	62
			Chonkham Village	103	65	0	65
			Depi village	224	87	0	87
			Jaipur	169	91	0	91
			JomlobariBasti	209	84	52	136
			Kangjang	211	64	0	64
			Karhe Village	261	93	15	108
			Kiyit Village	363	132	0	132
			Lower Mebo village	69	32	0	32
			LumpoDere Village	236	80	0	80
			Mahadevpur -I	443	128	54	182
			Mahadevpur-II	112	53	40	93
			Mahadevpur-III	45	27	1	28
			Mahadevpur-IV	21	6	17	23
			Medo Village	116	54	0	54
			Mori Village	173	82	45	127
			Mowai-I	210	63	0	63
			Namey village	226	86	0	86
			Nari village	83	27	0	27
			New Depi&DetokBasti	252	86	0	86
			Ngopok Village	333	86	0	86
			New Pokhori	116	40	0	40





			Old Pokhari	254	78	15	93
			Oyan Village	533	257	0	257
			Pangkeng Village	306	123	54	177
			PobdiBasti	193	71	0	71
			Tissue Village	173	82	0	82
			Upper Mebo village	269	65	0	65
			WakBasti	164	166	18	184
			Wakro	84	29	14	43
9.	2013-14	13	Kuntur Village	460	99	45	144
			Lipu Village	231	55	36	91
			Pale Village	324	106	41	147
			Old Sonpura Village	268	89	0	89
			HatibudaPaya	256	71	26	97
			Yalong Village	242	90	0	90
			JekoAdi Village	97	58	0	58
			Khowji Village	301	83	57	140
			Mopaya Village	784	141	68	209
			Kalatang Village	103	34	0	34
			Dikshi Village	109	31	0	31
			Jigon Village	174	44	0	44
			Mukuthing Village	123	27	0	27
10.	2014-15	51	M-Pen	0	40	0	40
			M-Pen 2	11	43	0	43
			M-Pen 3	3	29	0	29
			New Singpho	92	31	0	31
			M-Pen	0	11	17	28
			M-Pen 2	6	10	22	32
			M-Pen 3	30	15	9	24
			Namgoai	226	38	0	38
			Dokpey	138	36	5	41
			Tengmo	198	52	4	56
			Helong	133	39	2	41
			Unish Mile	136	43	0	43
			Hati Duba	109	45	0	45
			Bish Mile	93	33	0	33
			Sonpura	91	21	0	21
			Balek	125	42	0	42
			Simari	121	39	0	39
			Harupahar	108	33	0	33
			Old Abali	165	55	0	55
			Huru Pahar	0	0	0	0
			Simari 1&2	50	21	0	21



			Abali	59	148	0	148
			Hawa camp	170	25	0	25
			Sher	134	24	0	24
			Lower jummi	218	50	0	50
			Koma seki	86	13	0	13
			Lora	112	29	0	29
			Bello	109	27	0	27
			Tadar hapa	123	31	0	31
			Kakoi	148	38	0	38
			Thungre	382	65	0	65
			Silipam	265	50	0	50
			Jigaon	422	54	0	54
			Mukhuting	377	57	0	57
			Gorbaw	400	82	0	82
			Kovin	440	87	0	87
			Longman	215	27	0	27
			Helong	195	107	02	109
			Chamro	229	64	0	64
			Old khamdu	214	140	0	140
			New khamdu	270	49	0	49
			Lungpang	268	74	0	74
			Rima	122	77	0	77
			Nongkey	117	54	0	54
			Machum	173	79	0	79
			Nongthey	121	59	0	59
			Therimkan	81	53	0	53
			Mopaya	357	67	0	67
			Vivek nagar .	339	66	0	66
			Narottam nagar co.	276	60	0	60
			Namsang	207	44	0	44
11.	2015-16	26	Lebrang	97	95	14	109
			Seru	197	192	11	203
			Changprang	41	50	3	53
			Kitpi	162	112	16	128
			Beghar	49	70	4	74
			Lemberdung	163	103	11	114
			Maidung	73	70	2	72
			Gyangkhar	162	103	0	103
			Lhallung	186	133	16	149
			Segong	62	47	11	58
			Thargelling	65	51	13	64
			Monigong	39	52	14	66
			Dorjeeling	184	124	50	174



			Yorko	88	44	25	69
			Sekar	61	59	0	59
			Rego	167	69	4	73
			Gette	137	63	10	73
			Halleng	78	36	3	39
			Gossang	241	82	13	95
			Moying	209	68	11	79
			Karko	152	52	9	61
			Komkar(buksang)	151	38	3	41
			Komkar(rasing)	101	25	0	25
			Mori	530	174	16	190
			Mori-Gebo	384	147	6	153
			Jomoh	622	228	25	253
	<b>Total</b>	<b>251</b>		<b>68651</b>	<b>16796</b>	<b>2484</b>	<b>19280</b>

**Table-10: Andaman & Nicobar (RARC, Port Blair) - Statement of population covered since inception upto March 2017**

S. No.	Years	No. of Villages	No. & name of Villages covered	Population covered	No. of patients treated		
					New	Old	Total
1.	1984-85	0	HQ	1952	1952	690	2642
2.	1985-86	9	Rankakhurda, Bhalwadi, Mungdaha, Hurdage, Sikata, Jogikhura, Kanchanpur, Barbadiha, Hunhe, etc	7816	1291	1180	2471
3.	1986-87	8	Kimios, Teetop, Perka, Malacca, Arong, Mus, Tamaloo, Lapati etc	13546	445	143	588
4.	1987-88	0	HQ	0	540	550	1090
5.	1988-89	0	HQ	0	811	774	1585
6.	1989-90	0	HQ	475	589	900	1489
7.	1990-91	7	Kakana, Sawai, Perka, Malacca, Kimios, Mus, Tamaloo, Lapati etc	19146	2143	1913	4056
8.	1991-92	1	Baharing	2320	2320	2003	4323
9.	1992-93	6	Kimios, Viglapathy, Perka, Teetop, Kinyuka, Sawani, etc	2444	820	620	1440
10.	1993-94	8	Terka, Perka, Teetop, Malacca, Mus, Kinyuka, Sawani, Lapati etc.	1380	1389	1410	2799
11.	1994-95	1	HQ and Andman Islands	2870	1540	1330	2870
12.	1995-96	0	HQ	2878	895	1437	2332
13.	1996-97	0	HQ	3322	1558	1764	3322
14.	1997-98	0	HQ	2501	966	1023	1989
15.	1998-99	0	HQ	865	865	702	1567



16.	1999-2000	2	Kinmul,Kinuka	7447	1493	1397	2890
17.	2000-01	3	Malacca, Galathi,Checkchucha	10856	6119	0	6119
18.	2001-02	2	Perka, Jayamthi	4931	4162	0	4162
19.	2002-03	0	HQ	763	763	1092	1855
20.	2003-04	2	Tamaloo, Kakana	4500	1096	392	1488
21.	2004-05	0	HQ	0	782	416	1198
22.	2005-06	2	Rangat, Campbell bay	1635	938	0	938
23.	2006-07	3	Katchal, Tamaloo, Marine hill	5006	1819	758	2577
24.	2007-08	4	Neil Kendra	2500	816	527	1343
			Creche Centre	90	89	38	127
			Bamboo flat	2762	532	180	712
			Long Island	1200	139	0	139
25.	2008-09	4	Hut Bay	6699	240	0	240
			Dugong Creek	94	54	0	54
			Ramkrishnapur	3671	128	0	128
			Haramandar Bay	1400	101	0	101
26.	2009-2010	4	Kadamtala	2794	83	0	83
			Dhaninallah	21	16	0	16
			SundergarhBaratanga,	1049	126	0	126
			Choldari	2146	110	0	110
27.	2010-11	3	Strait Island	57	44	0	44
			Whole Jarawa Reserve region of South and Middle andaman	380	282	0	282
			Jarawa Reserve region of Tirur and ATR	137	19	0	19
28.	2011-12	12	Strait Island	57	32	0	32
			Tushnabad and Kadamtala	380	90	0	90
			Harminder Bay Hut	1347	113	0	113
			Mayabunder	1300	72	0	72
			ChingumBasti	50	30	0	30
			Lawfool area	24	19	0	19
			Rajiv Nagar	368	88	0	88
			Gandhinagar	524	50	0	50
			EW Road	30	12	0	12
			Perka Gram	1548	66	0	66
			Teetop Gram	512	85	0	85
Sawai Gram	1232	149	0	149			
29.	2012-13	11	Rampur Gram	231	101	0	101
			Herminder Bay	264	143	0	143
			Minakshi Ram Nagar Village	104	62	0	62
			Japan Tekrey Village	76	28	0	28
			E-WALL village	126	60	0	60



			Hqrs. Car Nicobar	78	38	0	38
			Big Lapathy village	126	93	0	93
			Arong Village	210	182	0	182
			Chukchukiya Village	106	83	0	83
			BadaKnaka, Kamorta Island	76	58	0	58
			Vikas Nagar, Kamorta Island	83	52	0	52
30.	2013-14	11	Strait Island	30	30	0	30
			Harminder Bay	189	109	0	109
			Zula (Katchal Island)	40	27	0	27
			Japan Tekrey	94	71	0	71
			Lal-Munat (Katchal Island)	26	18	0	18
			Mallaca (Car Nicobar)	121	66	0	66
			Kinyuka (Car Nicobar)	133	71	0	71
			Teetop (Car Nicobar)	140	73	0	73
			Alurong (Teressa Island)	114	61	0	61
			Kalasi (Teressa Island)	99	60	0	60
			Minyuka	76	36	0	36
31.	2014-15	13	Strait Island	23	23	0	23
			Harminder Bay	1548	573	60	633
			Minakshi Ram Nagar	126	74	0	74
			Ewall	138	81	0	81
			Bengali	104	56	0	56
			Enam	111	67	0	67
			Chukmachi	134	83	0	83
			Perka	101	076	0	076
			Tamaloo	189	123	0	123
			Malacca	087	053	0	053
			Champion	087	059	0	059
			Balu Basti	073	044	0	044
			Chota Enaka	068	046	0	046
32.	2015-16	9	Dugong Creek	114	63	0	63
			Perka	700	170	0	170
			Tamaloo	1685	191	0	191
			Malacca	1572	81	0	81
			Kakana	848	102	0	102
			Bangali	124	34	0	34
			Alurong	109	51	0	51
			Tapoiming	270	41	0	41
			Chukchukiya	281	44	0	44



33.	2016-17	10	Harminder Bay	1998	497	0	497
			Kinmay	63	42	0	42
			Big Lapathy	41	51	0	51
			Small Lapathy	118	97	0	97
			Mus Village	440	142	0	142
			Kimios Village	343	153	0	153
			Teetop Village	450	112	0	112
			Arong	680	71	0	71
			Sawai	823	132	0	132
			Campbell bay	68	37	0	37
34.	<b>Total</b>	<b>135</b>		<b>145083</b>	<b>43872</b>	<b>21299</b>	<b>65171</b>

**Table-11: Odisha (CARIHD, Bhubaneswar)-Statement of population covered since inception upto March 2017**

S. No.	Years	No. of Villages	No. & name of Villages covered	Population covered	No. of patients treated		
					New	Old	Total
1.	2014-15	9	Chutipalanga	291	90	79	169
			Godipokhari	349	94	76	170
			Kuradhilo	283	58	48	106
			Pangarsingh	288	50	44	94
			Bhogada	356	27	00	27
			Gobindapur	369	32	00	32
			Katabada	419	42	00	42
			Nilakanthapur	496	52	00	52
			Basudevpur	417	30	00	30
2.	2015-16	24	Talagada	288	57	34	91
			Bhogoda	0	0	13	13
			Gobindapur	0	0	14	14
			Kantabada	0	0	26	26
			Nilakanthapur	0	0	37	37
			Basudevpur	0	0	19	19
			Jemabantadei	222	23	20	43
			Malipadara	181	28	22	50
			Kathakhuntia	218	23	18	41
			Chandiprasada	177	35	29	64
			Dobha	199	41	31	72
			Goudapatana	180	37	23	60
			Hirapur	414	49	42	91
			Sagadabhanga	293	39	32	71
			Chiam	247	35	23	58
Bhuinpur	172	27	19	46			
Parichhal	333	53	43	96			





			Thanapalli	228	38	31	69
			Gohira	1362	197	157	354
			Ostapura	377	50	39	89
			Kumunia	686	96	78	174
			Toraniapal	300	37	34	71
			Jhankipita	342	36	29	65
			Samukanendi	738	61	47	108
3.	2016-17	13	Baripal	1065	175	145	320
			Nua baripal	248	40	35	75
			Analapal	502	68	59	127
			Jugalkishorpur	536	79	68	147
			Asanabahali	452	51	38	89
			Talagaon	1020	99	80	179
			Gohirabani	555	75	61	136
			Kothasahi	286	43	38	81
			Panchagochia	466	57	49	106
			Chamarpasi	485	57	47	104
			Gopalpur	530	43	35	78
			Baranga	1223	111	95	206
			Nuhalmaia	809	87	70	157
	<b>Total</b>	<b>46</b>		<b>18402</b>	<b>2422</b>	<b>1927</b>	<b>4349</b>

**Table-12: West Bengal (CARIDD, Kolkata) -Statement of population covered since inception upto March 2017**

S. No.	Years	No. of Villages	No. & name of Villages covered	Population covered	No. of patients treated		
					New	Old	Total
1.	2014-15	17	Piprakhali	206	61	0	61
			Tuskhali -Atapur	448	248	21	269
			Gabberia	412	192	0	192
			Purba Situlia	370	197	0	197
			Jeliakhali (Darampara)	275	74	0	74
			Kultali	744	149	50	199
			Sukhodoani	386	102	0	102
			Jeliakhali (Purbakhanda)	369	61	0	61
			Karnakhali	276	101	0	101
			Manipur	246	78	0	78
			Enari Kushbona	223	81	0	81
			Katharia	319	119	0	119
			Hansapahari	145	62	0	62
			Hatgachha	319	78	0	78
			Ushardihi-Parashibona	353	107	0	107
			Rangametya	300	113	0	113
			Musibdihi	268	100	0	100



2.	2015-16	31	Hatgacha (N)	146	65	0	65
			Gabberia	193	78	19	97
			Hatgacha (S)	30	19	11	30
			Borah Simlan	142	50	0	50
			Borah	185	67	05	72
			Bijur	210	101	0	101
			Jabuidanga	97	66	0	66
			Kuchut	31	11	0	11
			Bohara Sidapara	172	84	0	84
			Sihika Pahari	178	70	0	70
			Kharbona	129	48	0	48
			Ghosergram	251	85	0	85
			Babudi & Murgaboni	184	65	0	65
			Malvedya	203	107	0	107
			Sreekrishnapur	161	89	0	89
			Asanbani	425	166	17	183
			Kachbel	430	199	74	273
			Jagannathdih	325	152	0	152
			Hirakhun	380	144	09	153
			Parbelia	190	71	0	71
			Chhatar Kanali	190	72	21	93
			Mahishnadi	509	159	18	177
			Churamoni	207	68	0	68
			Paharabera	260	105	0	105
			Maharajnagar	227	104	0	104
			Dhangajore	113	36	0	36
			Vosko	187	64	0	64
Bidhakata	299	131	0	131			
Alkusha	193	96	0	96			
Latulbaid	211	91	0	91			
Tarabari	154	83	0	83			
3.	2016-17	31	Chattar Kanali	46	17	12	29
			Chalmara	90	37	09	46
			Alkusha	184	60	14	74
			Goipur	67	20	00	20
			Dhapaspara	385	195	34	229
			Pathardiha	125	66	00	66
			Vosko	131	63	24	87
			Hirakhun	50	13	04	17
			Kolabaganpara	152	44	00	44
			Bara Baharkuli	63	23	00	23
			Noara	134	44	00	44
			Gopal Nagar	195	85	00	85



			Mirga	364	140	25	165
			Poragala	280	121	13	134
			Jamthol	157	74	00	74
			Rangametia	57	34	10	44
			Gursagra	158	41	00	41
			Bahara	113	45	13	58
			Khayerdanga	132	49	00	49
			Murgabani	163	58	00	58
			Lakshmipur	168	64	00	64
			Dhalla	348	138	0	138
			Mahisdal	366	125	0	125
			Aampukur Danga	150	47	00	47
			Khasmohal	577	121	55	176
			Boynala	320	104	22	126
			Khejurtal Goalapota	92	22	00	22
			Harapur	61	23	00	23
			Jorkadanga	259	140	00	140
			Pearson Pally	230	91	00	91
			Haripota & Tongpara	237	75	13	88
	<b>Total</b>	<b>79</b>		<b>18125</b>	<b>6848</b>	<b>493</b>	<b>7341</b>

**Table-13: Rajasthan (RARIECD, Jaipur)-Statement of population covered since inception upto March 2017**

S. No.	Years	No. of Villages	No. & name of Villages covered	Population covered	No. of patients treated		
					New	Old	Total
1.	2014-15	5	Jhol	740	155	02	157
			Bori	1613	225	17	242
			Dhanaka wara	1442	243	14	257
			Amarpura	1252	238	0	238
			Athamana kotra	683	133	0	133
2.	2015-16	22	Nevaphala	878	186	2	188
			Kesharpura	683	127	9	136
			Athamana kotra	0	15	2	17
			Amarpura	40	21	13	34
			Amba	517	29	3	32
			Nichali Bor	511	92	2	94
			Padala	1179	241	48	289
			Kushalpura	317	88	04	92
			Rada	583	112	0	112
			Chotila	671	177	0	177
			Amli ka khera	529	198	03	201



			Forest Chotila	345	94	13	107
			Ajanda	519	211	15	226
			Bamariya	627	88	10	98
			Jeevatala	583	202	26	228
			Ranora	509	100	12	112
			Gamet	413	108	11	119
			Buja	568	115	08	123
			Ghaskhera	302	91	19	110
			Buyela	469	122	17	139
			Bageri hareg	456	90	0	90
			Satora	265	105	0	105
3.	2016-17	22	Phati Khan	466	89	3	92
			Bagerihareg	0	25	8	33
			Baron ka Sher	542	169	5	174
			Satora	0	10	17	27
			Hingoniya Gara	335	91	4	95
			Bhojat Phala	404	72	10	82
			Barliya	494	147	4	151
			Khumanpura	422	86	7	93
			Amarpura	267	119	9	128
			Bhehan Beri	505	125	13	138
			Devlia	585	171	15	186
			Kakradara	628	87	4	91
			Adarsh Nagar	566	190	10	200
			Sindwai	434	82	8	90
			Goradi	590	182	21	203
			Detko ka Vela	545	154	34	188
			Narela Pada	211	124	29	153
			Patdi	534	96	11	107
			Kodiyat	679	112	4	116
			Himmatpura	340	149	15	164
			Aadiseri	255	88	8	96
			Chak Maudi	855	106	0	106
	<b>Total</b>	<b>49</b>		<b>26351</b>	<b>6080</b>	<b>489</b>	<b>6569</b>



**Table-14: Andhra Pradesh (RARISD, Vijayawada)-Statement of population covered since inception upto March 2017**

S. No.	Years	No. of Villages	No. & name of Villages covered	Population covered	No. of patients treated		
					New	Old	Total
1.	2014-15	20	Chandrupatla	661	277	10	287
			Paidigudem	329	143	8	151
			K.Lakshmipuram	172	143	10	153
			Yerraboru	261	89	18	107
			Kothuru	150	51	2	53
			Arlagudem	175	64	3	67
			D.Kothagudem	240	109	16	125
			Dharmapuram	118	76	7	83
			Subbaraopeta	177	49	3	52
			Rangapur	269	90	4	94
			Fruit farm	75	29	3	32
			Somalagadda	184	84	8	92
			Mutthapur	320	132	2	134
			Project nagar	95	51	3	54
			Beerelli	175	118	17	135
			Balannagudem	254	149	11	160
			Neeladripeta	43	41	5	46
			Domeda	187	92	12	104
			Buttayagudem	78	18	0	18
			P.R.Gudem	287	90	0	90
2.	2015-16	38	Buttayagudem	14	3	0	3
			Puliramannagudem	39	7	5	12
			Koya Ankampalem	478	108	13	121
			Chenchugudem	196	74	16	90
			Kotanagavaram	70	14	2	16
			Metttagudem	212	56	8	64
			Sriramapuram	0	0	0	0
			Muppinavarigudem	27	8	0	8
			Munjuluru	333	94	8	102
			Kannarappadu	136	50	17	67
			Upparilla	272	66	7	73
			Kopalle	387	100	8	108
			Gogumilli	250	63	2	65
			Chintapalli	200	46	11	57
			Ravvarigudem	363	75	8	83
			Itikalakunta	283	94	7	101
			Merakagudem	207	56	12	68
Gunjavaram	171	57	9	66			



			Ammapalem	158	49	2	51
			Chimalavarigudem	238	96	16	112
			Kota Ramachandara puram	604	123	10	133
			Kamayyakunta	431	81	5	86
			Lankapalli	109	30	2	32
			Yerrayagudem	235	80	10	90
			Pandugudem	239	45	7	52
			Kursakannappagudem	162	31	6	37
			Bandarlagudem	294	51	8	59
			Kandrikagudem	329	82	2	84
			Achiahpalem	534	139	13	152
			Ragappagudem	253	45	12	57
			Koida	512	184	7	191
			Perantalapalli	117	42	5	47
			Kakisnoor	181	86	20	106
			Tekulapalli	152	51	6	57
			Borreddygudem	138	33	0	33
			Siddaram	61	13	0	13
			Tekuru	111	59	0	59
			Katukuru	132	57	0	57
3.	2016-17	36	Ankannagudem	358	92	9	101
			Aravaipalli	331	94	21	115
			Barrenkalapadu	336	94	16	110
			Borreddygudem	9	9	7	16
			Bothappagudem	350	91	15	106
			Dacharam	103	56	14	70
			Dibbagudem,	285	46	21	67
			Gopalapuram	175	72	22	94
			Gundaboru	153	78	10	88
			Gundugudem	213	94	17	111
			Jagannadhapuram	60	24	5	29
			Jillellagudem	409	77	17	94
			Kamayyapalem	145	35	07	42
			Kanakapuram	144	26	6	32
			Katukuru	6	2	14	16
			Lankalapalli	178	41	13	54
			Madakamvarigudem	236	86	12	98
			Maddigatla	398	152	27	179
			Moddulagudem	85	28	6	34
			Nemalipeta	216	64	14	78
			Pakalagudem	204	77	20	97
			Ramachandrapuram	145	41	6	47





			Ramannagudem	210	89	12	101
			Reddygudem village	91	30	12	42
			Siddaram	1	6	9	15
			T. Gangannagudem	567	178	30	208
			Tatiramannagudem	420	143	31	174
			Tekuru	83	31	2	33
			Utaboru	106	41	4	45
			Vankavarigudem	321	69	12	81
			Datlavarigudem	256	72	18	90
			Ramanakkapet	117	29	05	34
			Panduvarigudem	177	60	18	78
			Cheemalavarigudem	204	46	18	64
			Cheemalavarigudem	125	29	11	40
			Dibbagudem	376	118	08	126
	<b>Total</b>	<b>94</b>		<b>20471</b>	<b>6563</b>	<b>895</b>	<b>7458</b>

**Table-15: Karnataka (RARIMD, Bangalore)-Statement of population covered since inception upto March 2017**

S. No.	Years	No. of Villages	No. & name of Villages covered	Population covered	No. of patients treated		
					New	Old	Total
1.	2014-15	3	Bhootanahalli hakki-pikki colony	259	50	46	96
			Kengari upanagar hakki-pikki colony	91	39	26	65
			Bhadrapura hakki-pikki colony	409	116	56	172
2.	2015-16	24	Chikannana Halli	365	54	31	85
			C.K Tandya	120	49	36	85
			Kolur Tandya	58	0	0	0
			Karekal Tandya	85	17	14	31
			Hosapalya	73	0	0	0
			Iruligara doddi	204	42	41	83
			Forest doddi	143	0	0	0
			Matakayyana doddi	161	78	62	140
			Kunamuddana Halli	120	48	33	81
			Gowripura	392	127	47	174
			Hosadoddi	647	162	22	184
			Bairagi Colony (Rajeeva Nagar)	255	0	0	0
			Shivara Colony	230	25	9	34
			Soligara Koppalu	109	40	0	40
			Pallerayana Halli	187	0	0	0
Shikaripura	459	67	25	92			
Shikaripura Hakki-pikki colony (Pandavapura)	236	28	13	41			



			Devegowdana Koppalu	93	0	0	0
			Yelekere	464	89	62	151
			Ramagiri (Iruligara Colony)	216	57	9	66
			Basavanapura (Iruligara doddi)	72	27	0	27
			Gangarajana Halli (Iruligara colony)	100	0	0	0
			Thammanayakana Halli (Iruligara colony)	198	70	29	99
			Channigana Doddi	39	0	0	0
	2016-17	57	-	7562	469	121	590
	<b>Total</b>	<b>84</b>		<b>13347</b>	<b>1654</b>	<b>682</b>	<b>2336</b>

**Table-16: Sikkim (RARI, Gangtok)-Statement of population covered since inception upto March 2017**

S. No.	Years	No. of Villages	No. & name of Villages covered	Population covered	No. of patients treated		
					New	Old	Total
1.	2014-15	18	Kabi	428	166	76	242
			Lashithang	69	19	14	33
			Labi	252	101	83	184
			Barapathing	272	117	43	160
			Linkey	223	55	21	76
			Barbing	234	86	34	120
			Phamtam	271	77	63	140
			Thasa	189	98	38	136
			Hee Gaon	144	32	0	032
			Yuksam	169	61	0	061
			Phenzong	106	54	0	54
			Phensang	314	112	53	165
			Pangthang	84	36	0	36
			Patuk	109	57	28	85
			U-Kambal	87	49	0	49
			Badamtam	156	62	46	108
			Chungthang	107	38	0	38
			Paigaon	93	34	0	34
2.	2015-16	18	Swayem	244	76	78	154
			Pabik-Naitam	101	40	24	64
			Martam	266	72	26	98
			Lower Namphing	91	27	0	27
			Namphong	159	83	52	135
			Palak	292	94	42	136
			Pachey	300	74	37	111
			Songtong	153	48	34	82
			Chuchen	164	041	25	066



			Ben- Namprick	536	113	71	184
			Gangchung	503	114	73	187
			Thansing	358	71	59	130
			Bermoik	493	112	89	201
			Berthang	583	141	120	261
			Boom	493	103	33	136
			Sangadorjee	590	145	44	189
			Kaluk	322	74	31	105
			Upper Rakdong	158	40	30	70
3.	2016-17	20	Mangshila	354	85	51	136
			Phodong	372	95	40	135
			Ralap	102	33	0	33
			Khimsithang	159	52	55	107
			Bhasmay	380	116	117	233
			Lower kambal	112	24	0	24
			Phirphirey	201	55	43	98
			Kaiyong	243	67	38	105
			Changay	105	37	0	37
			Salep tanki	212	51	29	80
			Namok	159	43	0	43
			Rey mindu	250	58	30	88
			Soreng	186	63	49	112
			Choktey	205	59	41	100
			Tharpu	256	74	57	131
			Manshari	211	62	43	105
			Tshango	84	23	0	23
			Kolthang	219	73	32	105
			U. Tokday	61	28	0	28
			Kitam	690	165	97	262
	<b>Total</b>	<b>56</b>		<b>13674</b>	<b>3985</b>	<b>2089</b>	<b>6074</b>

**Table-17: Tamil Nadu (ALRCA, Chennai)-Statement of population covered since inception upto March 2016**

S. No.	Years	No. of Villages	No. & name of Villages covered	Population covered	No. of patients treated		
					New	Old	Total
1.	2014-15	13	Keezhkadambur	244	48	3	51
			Kuppathupalayam	57	20	1	21
			Gandhigramam	336	106	6	112
			Raghunathapuram	72	28	0	28
			Illupur	57	6	0	6
			Nedumpuram	72	32	0	32
			Patranthangal	38	12	0	12
			Karthikeyapuram	387	136	0	136



			Nedungal	170	68	0	68
			Pappireddi palli	193	66	0	66
			Pallipattu	194	71	0	71
			Pandraveedu	109	42	0	42
			Gollalakuppam	136	42	0	42
2.	2015-16	42	Arungulam	112	28	3	31
			A.Kandigai	115	13	4	17
			Thazha veedu	211	84	32	116
			Ragunathapuram	4	5	5	10
			Illupur	0	3	3	6
			Nedumburam	10	9	5	14
			Pattranthangal	5	4	3	7
			Nedungal	24	5	36	41
			Papi reddy palli	15	10	31	41
			Karthikeyapuram	25	11	52	63
			Kannigapuram	122	38	17	55
			Chinnakadambur	121	45	11	56
			Kanchipadi	231	52	25	77
			Pandra veedu	1	6	27	33
			Gollalakuppam	2	1	29	30
			Nemili	356	91	38	129
			Ponpadi	150	45	11	56
			Mathur	153	72	22	94
			Kotthur	293	54	14	68
			Venkatapuram	371	119	50	169
			Rasapalayam	275	69	31	100
			T. B. Puram	248	64	28	92
			Gudiyum	88	48	26	79
			Kottaikulam	252	62	17	74
			Metta Kandigai	327	82	35	117
			Puzhudhivakkam	151	53	19	72
			Nelvoy	88	52	33	85
			Meyyur	125	40	21	61
			Kallam Kollai	207	55	16	71
			Pennalurpettai	187	34	20	54
			Anbunagar	304	99	34	133
			Oonamalai	138	64	32	96
			Vellama kandigai	133	30	0	30
			Samathuvapuram	72	17	11	28
			Sirupinayur	127	25	14	39
			Salavakkam	75	28	20	48
			Kidangarai	131	59	25	84
			Rettamangalam	114	21	7	26
			Ellapakkam	70	11	0	28



			Nelli	51	4	0	11
			Kodi Thandalam	26	15	11	4
			Kilkkadi	23	5	0	5
3.	2016-17	42	Aatiyanur	253	89	37	126
			Arasavalli	291	99	40	139
			Bargur	454	164	47	211
			Chindaallur	152	60	23	83
			Guniyanthur	34	16	7	23
			Chinnakuttai	170	89	34	123
			Dommareddy	355	114	43	157
			EriKollai	65	18	10	28
			Erimamarathur	322	130	61	191
			Gundalathur	289	135	57	192
			Gunreddy	128	42	17	59
			Kallipaarai	182	88	39	127
			Kalyanamandhai	233	82	19	101
			Kanaganeri	276	72	29	101
			Keezh Athipattu	352	139	22	161
			Keezh pazhankottai	216	90	44	134
			Keezhakomutteri	99	25	15	40
			Keezhur	176	96	42	138
			Komutteri	319	107	39	146
			Kovilur	287	113	40	153
			Kuriyanur	143	69	35	104
			Mandapaarai	408	137	36	173
			Marganur	129	45	28	73
			Melapazhankottai	47	18	11	29
			Melnellimarathur	361	134	46	180
			Melur	53	2	2	04
			Mullipattu	141	33	8	41
			Narthamarathur	125	53	21	74
			Odamangalam	272	160	65	225
			Palamarathur	319	116	42	158
			PeriyaKollai	61	42	21	63
			Pudupattu	526	152	54	206
			Puthurankottai	65	11	8	19
			Seramarathur	212	106	42	148
			Thamakkalur	64	22	12	34
			Theerthanur	287	85	27	112
			Thekkamarathur	242	108	39	147
			Thoppur	242	107	40	147
			Vaalthoppai	258	7	0	07
			Veerappanur	637	145	41	186
			Velli Kottai	204	71	23	94
			Vilankuppam	390	104	30	134
	<b>Total</b>	<b>97</b>		<b>17437</b>	<b>5804</b>	<b>2124</b>	<b>7928</b>

**Table-18: Jammu & Kashmir (NRISR, Leh)-Statement of population covered since inception upto March 2016**

S. No.	Years	No. of Villages	No. & name of Villages covered	Population covered	No. of patients treated		
					New	Old	Total
1.	2014-15	41	Rangdum	55	20	0	20
			Karcha	45	21	0	21
			Rinam	40	16	0	16
			Zangla	58	30	0	30
			Stongdey	11	13	0	13
			Zongskul	07	04	0	04
			Atting	33	14	0	14
			Sani	61	45	0	45
			Bardan	35	01	0	01
			Muney	29	13	0	13
			Raru	57	27	0	27
			Emmu	05	01	0	01
			Cha	19	09	0	09
			Phuthal	37	10	0	10
			Padum	49	30	0	30
			Taru	189	54	0	54
			Umla	49	14	0	14
			Shachukul	65	49	0	49
			Durbuk	92	30	0	30
			Tangtse	72	34	0	34
			Tharuk	167	56	0	56
			Pholonglay	60	15	0	15
			Chilam	60	35	0	35
			Irath	88	33	0	33
			Satho	69	35	0	35
			Chibra	12	11	0	11
			Matho	370	128	0	128
			Egoo	119	54	0	54
			Ulay Tokpo	41	30	0	30
			Sumdha	30	06	0	06
			Chilling	33	17	0	17
			Saboo Dho	43	40	0	40
			Hemis	107	36	0	36
Alchi	170	42	0	42			
Baima	278	58	0	58			
Dha	132	37	0	37			
Darkhon	377	70	0	70			
Hanu Yokma	188	53	0	53			
Rumtse	124	37	0	37			





			Gya	317	75	0	75
			Meru	193	38	0	38
2.	2015-16	55	Chumathang	335	93	0	93
			Muth	256	63	0	63
			Nyoma	459	127	0	127
			Nidra	184	76	0	76
			Mahe	15	06	0	6
			Skidmang	253	55	0	55
			K-sar	139	26	0	26
			Hemya	77	21	0	21
			Liktsey	129	34	0	34
			Tingmosgang	533	93	0	93
			Ang	48	15	0	15
			Tia	868	141	0	141
			Nurla	249	62	0	62
			Shang	124	62	0	62
			Hinachi	106	31	0	31
			Tongsted	146	41	0	41
			Nungsted	110	47	0	47
			Khemi	180	44	0	44
			Aranoo	208	54	0	54
			Arye	110	44	0	44
			Kobet	131	48	0	48
			Hargam	43	17	0	17
			Taksha	46	41	0	41
			Panamik	67	51	0	51
			Terisha	121	31	0	31
			Youlkam	64	30	0	30
			Chamshen	334	81	0	81
			Sumur	312	172	0	172
			Diskit	222	64	0	64
			Hundar	274	121	0	121
			Skampuk	325	105	0	105
			Skuru	114	94	0	94
			Bogdang	401	112	0	112
			Turtuk	73	63	0	63
			Kanji	94	59	0	59
			Sapi	20	08	0	8
			Taru	189	34	31	65
			Umla	49	16	11	27
			Matho	370	23	29	52
			Chemday	237	68	0	68
			Takshi	211	72	0	72



			Thang	105	63	0	63
			Turtuk	146	55	40	95
			Largyaap	103	45	0	45
			Udmaru	280	99	0	99
			Skuru	233	20	34	54
			Terchey	240	21	27	48
			Hundar	230	70	36	106
			Diskit	60	40	26	66
			Tia	868	39	57	96
			Tingmogang	533	25	54	79
			Ang	48	31	17	48
			Nurla	249	17	20	37
			Liker	313	128	0	128
			Nimoo	710	115	0	115
3.	2016-17	87	Shang	124	21	26	47
			Rumtse	124	07	09	16
			Sasoma	55	13	16	29
			Gya	317	33	42	75
			Meru	193	13	15	28
			Baima	167	39	46	85
			Dha	120	24	16	40
			Hanu	154	25	23	48
			Garkhone	120	16	11	27
			Dhartsik	133	34	00	34
			Achinathang	125	53	00	53
			Shachukul	120	29	23	52
			Tharuk	123	10	31	41
			Barma	89	25	00	25
			Satho	47	13	10	23
			Chilam	38	09	12	21
			Chebra	37	09	06	15
			Irath	50	06	08	14
			Pholonglay	58	10	09	19
			Mann Marak	123	80	00	80
			Durbuk	70	28	26	54
			Tangtse	116	35	38	73
			Sangkoo	600	197	0	197
			Karchey khar	200	138	0	138
			Panikhar	250	230	0	230
			Parkachik	100	110	0	110
			Kwaos	150	145	0	145
			Stakpa	160	135	0	135



Sapi	142	142	0	142
Chuchot	201	201	0	201
Chumathang	275	25	42	67
Muth	56	12	24	36
Nyoma	283	21	56	77
Nidra	154	22	20	42
Ney	28	10	0	10
K-sar	59	5	8	13
Skidmang	82	21	27	48
Mahe	25	3	5	8
Kungam	302	62	0	62
Hemya	64	8	11	19
Liktsey	36	7	5	12
Rangdum	150	58	11	69
TashiTongday	200	5	12	17
Pishu	180	20	0	20
Rinam	60	3	10	13
Karsha	950	82	11	93
Zangla	380	37	12	49
Stonday	650	59	13	72
Atting	260	41	5	46
Raru	250	22	5	27
Munay	140	48	7	55
Sani	650	53	16	69
Phey	780	92	16	108
Aksho	960	33	0	33
Matho	900	56	20	76
Skuru	133	11	42	53
Hunderi	150	48	48	96
Udmaru	130	26	66	92
Wariz	143	49	0	49
Largyap	50	6	25	31
Pachathang	128	23	0	23
Terchey	200	7	28	35
Skampuk	120	16	40	56
Hunder	120	11	40	51
Parta	212	49	0	49
Diskit	100	7	31	38
Diggar	104	40	0	40
Dhomkhar Gongma	157	61	0	61
Dhomkhar Burma	52	50	0	50
Dhomkhar Dho	97	63	0	63
Skurbuchan	231	67	0	67



		Leh dho	261	59	0	59
		Kukshow	167	46	0	46
		Takmachik	346	72	0	72
		Basgo	203	61	0	61
		Hanupata	78	27	0	27
		Fanjila	23	13	0	13
		Ursi	63	29	0	29
		Hinju	58	22	0	22
		Wanla	304	66	0	66
		Lamayuru	345	94	0	94
		Skidiyang	186	42	0	42
		Taru	189	13	22	35
		Umla	49	8	17	25
		Matho	854	35	58	93
		Nang	228	57	0	57
		Stakmo	92	23	0	23
<b>Total</b>	<b>183</b>		<b>34083</b>	<b>8390</b>	<b>1502</b>	<b>9892</b>

**Table-19: Jammu & Kashmir (RARIUD, Jammu)-Statement of population covered since inception upto March 2017**

S. No.	Years	No. of Villages	No. & name of Villages covered	Population covered	No. of patients treated		
					New	Old	Total
1.	2016-17	2	Ghiyala	205	121	40	161
			Suketar	202	105	47	152
	<b>Total</b>	<b>2</b>		<b>407</b>	<b>226</b>	<b>87</b>	<b>313</b>

**Table-20: Himachal Pradesh (RARIND, Mandi)-Statement of population covered since inception upto March 2017**

S. No.	Years	No. of Villages	No. & name of Villages covered	Population covered	No. of patients treated		
					New	Old	Total
1.	2016-17	12	Udaipur	615	416	44	460
			Jahlama	576	229	77	306
			Nalda	372	211	90	301
			Tandi	506	154	51	205
			Varpa	455	204	37	241
			Sansha	260	127	37	164
			Pooh	498	343	44	387
			Sungra	429	342	31	373
			Nichar	236	378	103	481
			Ponda	237	151	36	187



			Urni	449	246	18	264
			Tranda	335	287	132	419
	<b>Total</b>	<b>12</b>		<b>4968</b>	<b>3088</b>	<b>700</b>	<b>3788</b>

**Table-21: Telangana (NIMH, Hyderabad)-Statement of population covered since inception upto March 2017**

S. No.	Years	No. of Villages	No. & name of Villages covered	Population covered	No. of patients treated		
					New	Old	Total
1.	2016-17	2	Macherla	639	37	0	37
			Gudur	325	39	0	39
	<b>Total</b>	<b>2</b>		<b>964</b>	<b>76</b>	<b>0</b>	<b>76</b>

As an integral part of the Tribal Health Care Research Programme, the prevalence of the disease in various tribal pockets has been documented as noticed and enquired during medical camps and door to door surveys. The details are at Table 19.

**Table-22: Prevalent diseases at various tribal pockets as documented across different states under THRCPC-CCRAS**

S. No.	State /UT	Prevalent Diseases
1.	Madhya Pradesh (RARIDD, Gwalior)	Bronchitis, Skin diseases, Fever, Neurological disorder, Abdominal Pain, Coryza, Scabies, Bronchial Asthma, Wound, Diarrhoea etc.
2.	Maharashtra (RARIMCH, Nagpur)	Rheumatoid Arthritis, Backache, Bronchitis, Weakness, Coryza, Anaemia, Worm infestation, Fever, Skin diseases etc.
3.	Bihar (RARIID, Patna)	Joint Pain, Neurological disorder, Skin diseases, Piles, Bronchitis, Abdominal Pain, Fever, Diarrhoea, Worm infestation, Menstrual disorder
4.	Assam (RARIGID, Guwahati)	Neurological disorder, Skin diseases, Hyperacidity, Lower backache, Bronchitis, Fever, Abdominal pain, Stomatitis, Headache, Menstrual disorder etc.
5.	Arunachal Pradesh (RARI, Itanagar)	Neurological disorder, Hyperacidity, Heart disease, Bronchitis, Emesis, Anaemia, Diabetes, Headache, Diarrhoea, Osteoarthritis etc.
6.	Andaman & Nicobar Islands (RARC, Port Blair)	Osteoarthritis, Bronchitis, Skin diseases, Hypertension, Anaemia, Lower backache, Hyperacidity, Bronchial Asthma, Fever, Coryza etc.
7.	Odisha (CARIHD, Bhubaneswar)	Low backache, Hyperacidity, Osteoarthritis, Worm infestation, Fever, Constipation, Bronchitis, Anemia, Neurological disorder, Mal-absorption syndrome etc.
8.	West Bengal (CARIDD, Kolkata)	Rheumatoid Arthritis, Neurological disorders, Hyperacidity, Low backache, Skin diseases, Abdominal Pain, Bronchitis, Worm infestation, Bronchial Asthma, Bronchitis etc.
9.	Rajasthan (RARIECD, Jaipur)	Abdominal pain, Bronchitis, Skin diseases, Joint pain, Fever, Scabies, Coryza, Neurological disorder, Headache etc.
10.	Andhra Pradesh (RARISD, Vijayawada)	Neurological disorders, Osteoarthritis, Low backache, Fever, Skin diseases, Coryza, Joint pains, Hyperacidity, Bronchitis, Abdominal Pain etc.



11.	Karnataka (RARIMD, Bangalore)	Bronchitis, Abdominal pain, Coryza, Neurological disorders, Hyperacidity, Headache, Fever, Joint pain, Osteoarthritis, Skin diseases etc.
12.	Sikkim (RARI, Gangtok)	Hyperacidity, Headache, Skin diseases, Neurological disorder, Osteoarthritis, Abdominal Pain, Low backache, Bronchitis, Joint pain, Rheumatism etc.
13.	Tamil Nadu (ALRCA Chennai)	Weakness, Low backache, Neurological disorders, Hyperacidity, Coryza, Fever, Osteoarthritis, Skin Disease, Headache, Joint pain etc.
14.	Jammu & Kashmir (NRISR, Leh)	Arthritis, Kidney diseases, Neuritis, Peripheral Neuritis, Headache, Hypertension, Contagious Communicable Disease, Peptic Ulcer, Common Cold & Flu etc.

**Other significant contributions:** Besides this in view of protecting the traditional knowledge, through THCRP and other survey programs, CCRAS has documented about 2500 folk claims and published 16 Monographs covering the ethno medical practices in different states (Table-20)

**Table-23: Details of Books and Monographs published under Tribal Health care Research and Medico Ethno-Botanical survey Programs**

S. No.	Particulars
1.	An Appraisal of Tribal-Folk Medicines
2.	Tribal pockets of Nilgiris Recordings of the field study of medicinal Flora and Health Practices
3.	Preliminary Techno Economical Survey of Natural Resources and Herbal Wealth of Ladakh
4.	Medico-Botanical Exploration of Phulbani and Koraput Districts of Orissa
5.	Medico-Botanical Exploration of Puri District (Orissa)
6.	Contribution to the Medico-Botany of East Godavari and West Godavari Districts of Andhra Pradesh
7.	Glimpses of Medico-Botany of Bastar District (M.P.)
8.	Medico-Ethno-botany of Sonebhadra District
9.	Health Related Demography of the Tribal of Kamrup District – Assam
10.	Health Related Demography of the Tribes of Andaman & Nicobar Islands
11.	Medico Botanical exploration of Sikkim Himalayans
12.	Medico Botanical exploration of Uttarakhand
13.	Medico Botanical exploration of Kach District of Gujarat
14.	Observations on Medico-Botany of Andaman Nicobar Islands
15.	Study of Health Statistics under Mobile Clinical Research Program
16.	Medico-Botany of Andaman & Nicobar: Recent Study

India is a vast country having wide diversity in eco-climatic conditions besides having peoples of different race, religion, cultural beliefs and great social, economic disparity. The ethnic diversity in the country is represented by as many as 400 ethnic groups including the tribes and others. There has been wide difference in health infrastructure, facilities influencing the healthcare delivery across different regions and ethnic groups. In addition to cultural beliefs, knowledge, sustainability in AYUSH specific healthcare delivery certainly has great impact on the health seeking attitude and utilization of AYUSH and other LHTs. Very little information is available on the utilization of AYUSH Systems and other local health traditions in India.





The contributions of CCRAS are significant in extending health care services in remote tribal pockets across the country and also preserving the valuable ethno medical knowledge prevailing among tribal communities by systematic documentation and validation.

**THCRP Related Photographs**







Awareness meeting (THCRP)



Collection of LHTs/ folkclaim from folkhealer



**List of publications by the Council for further reading:**

1.	A Report on Medical Plants of Kachchh (Gujarat) – English(1998)
2.	Contribution to the Medico-Botany of East Godavari and West Godavari District of Andhra Pradesh (English)(1989)
3.	Glimpses of Medico-Botany of Bastar District (M.P.) –English(1990)
4.	Medicinal Plants of Nagpur and Wardha Forest Divisions, Maharashtra (E) (1999)
5.	Medico-Botanical Exploration of Phulbani and Koraput districts of Orissa (E)(1996)
6.	Medico-Botanical Exploration of Puri District (Orissa) – English(1989)
7.	Medico-Ethno-Botanical Explorations of Sikkim Himalayas(1991)
8.	Medico-Ethno-Botany of Sonebhadra District (English)(1993)
9.	Observations of Medico-Botany of Andaman-Nicobar Islands (English) (1988)



10.	Preliminary Techno Economical Survey of Natural Resources and Herbal Wealth of Laddakh (English)(1976)
11.	Tribal Pockets of Nilgiris Recordings of the Field Study on Medical Flora and Health Practices (English)(1976)
12.	Uttarakhand Vanoushadhi Darshika (English)(1977)
13.	Sadi Mittar Dugar Deeyan Jadiyan-Butiyan (Dogari)(1999)
14.	The Medico-Ethno-Botany of Lower Subansiri District (ArunachalPradesh) (1993)
15.	Hamari Mitra Jammu-Pradesh ki Vanaushdhiyan (Hindi)(2003)
16.	Healing Herbs of Himalaya (English)(2008)
17.	Himalaya ki Arogyadayi Vanaspatiyan (Hindi) (2008)
18.	Herbal Wealth of Uttarakhand-Vol 1(2014)
19.	Herbal Wealth of Uttarakhand-Vol 2(2015)
20.	Herbal Wealth of Western Ghats –Agasthyamalai (2016)
21.	Medico-Ethno Botanical Survey Programme (2012-2017) Glimpses of CCRAS Contribution(2018)
22.	Medico-Botany of Andaman & Nicobar Islands - Recent Study (2016)
23.	Tribal Health Care Research - Guwahati (E)



## CHAPTER 3

### AYURVEDA MOBILE HEALTH CARE PROGRAM UNDER SCHEDULED CASTES SUB PLAN

**Background:** The constitution of India contains special provision and safeguards provided to Member of Scheduled Castes under its various Articles. These safeguards are in the nature of protective from discrimination for their Educational, Economic, Social, Political and reservation benefits and for their overall development. The Government of India is committed for the upliftment and development of all the weaker sections of society, particularly the scheduled castes. As part of the socioeconomic and financial inclusion strategy of the Government to ensure that all segments of the society, particularly the Scheduled castes, should be benefited. The Government allocates funds across Ministries/ Departments for different schemes where targeted financial and physical benefits can accrue to the Scheduled Castes. In the mid- 1970s, the Special Component Plan and Tribal Sub Plan were initiated.

Tribal Sub –Plans and Special Component Plans was an integral part of Annual Plans as well as Five Year Plans, making provisions therein non divertible and non- lapsable, with the clear objective of bridging the gap in socio-economic development of the SCs and STs within a period of 10 years”. A dedicated unit was constituted in every Central Ministry/Department for the welfare and development of SCs (and STs) as nodal unit for formulation and implementation of SCSP (and TSP). The strategy of Scheduled Caste Sub Plan (SC-SP) (earlier known as Special Component Plan for Scheduled Castes) came in force since 1979-80, to ensure proportionate flow of plan resources for the development of Scheduled castes. The name of the present Scheme i.e. Scheduled Caste Sub Plan (SC-SP) also came under since 2016.

The allocation for the welfare of Scheduled Castes has been stepped up from Rs. 38,833 crores in BE 2016-17 to Rs. 52,392.55 crores in 2017-18, representing an increase of about 35%.” The Government will introduce outcome based monitoring of expenditure in these sectors by the NITI Aayog ([www.e-utthaan.gov.in](http://www.e-utthaan.gov.in)).

The Ministry of AYUSH has taken forward by initiating “SCHEDULED CASTE SUB PLAN PROGRAMME (SCSP)”, launched in October, 2015, so as to educate, protect and promote health for preventing, identifying and treating the disease related to poor hygiene and sanitation in SC Population. The programme was initiated through Central Council for Research in Ayurvedic Science (CCRAS). Aims and objectives of the programme are as follows:

1. Provide medical aid at door steps of SC community
2. Study of the living condition of the SC people
3. Study of dietetic habits
4. Collection of its Socio-demographic profile
5. Prevalence of diseases and collection of information related to health status.
6. Propagation of knowledge about hygiene and prevention of diseases
7. Propagation of Ayurveda concepts on preventive health in relation to Patyaapathya and Sadvritta etc.
8. Collection and documentation of folk medicines/ claims.



**Council's efforts:** The Central Council for Ayurvedic Sciences (CCRAS), New Delhi implemented "Scheduled Caste Sub Plan (SCSP)" in 19 State through its 20 peripheral institutes.

Through this programme special emphasis is giving on collection of the demographic information of the particular area. The focus is on socio-economic information, food habits, lifestyle, etc. of people and patients of that particular region.

In addition, the OPDs and Camps are being organized in each village/ selected area on a weekly basis where qualified doctor assess the patient and provide suitable treatment/ medicine for various disease conditions. During the survey Health Camps are organized where Medicines are distributed at free of cost and people are advised for hygiene and prevention of diseases and Ayurveda concepts on preventive health in relation to Patyaapathya and Sadvritta.

To implement this programme Institutes were directed to identify areas where schedule caste population is more. A dedicated team with separate additional manpower is constituted at each Institute to implement and expedite the work. The team conducts tours/ surveys every in these indentified areas to extend the health care services and to document information from time to time. Documentation of the information was done in a structured format provided by the CCRAS (Head Quarter), Delhi. The information on this programme was reported on Monthly, Quarterly and Yearly basis in the prescribed format. The data received from Institutes is analyzed at the CCRAS (Head Quarter) and published on regular basis.

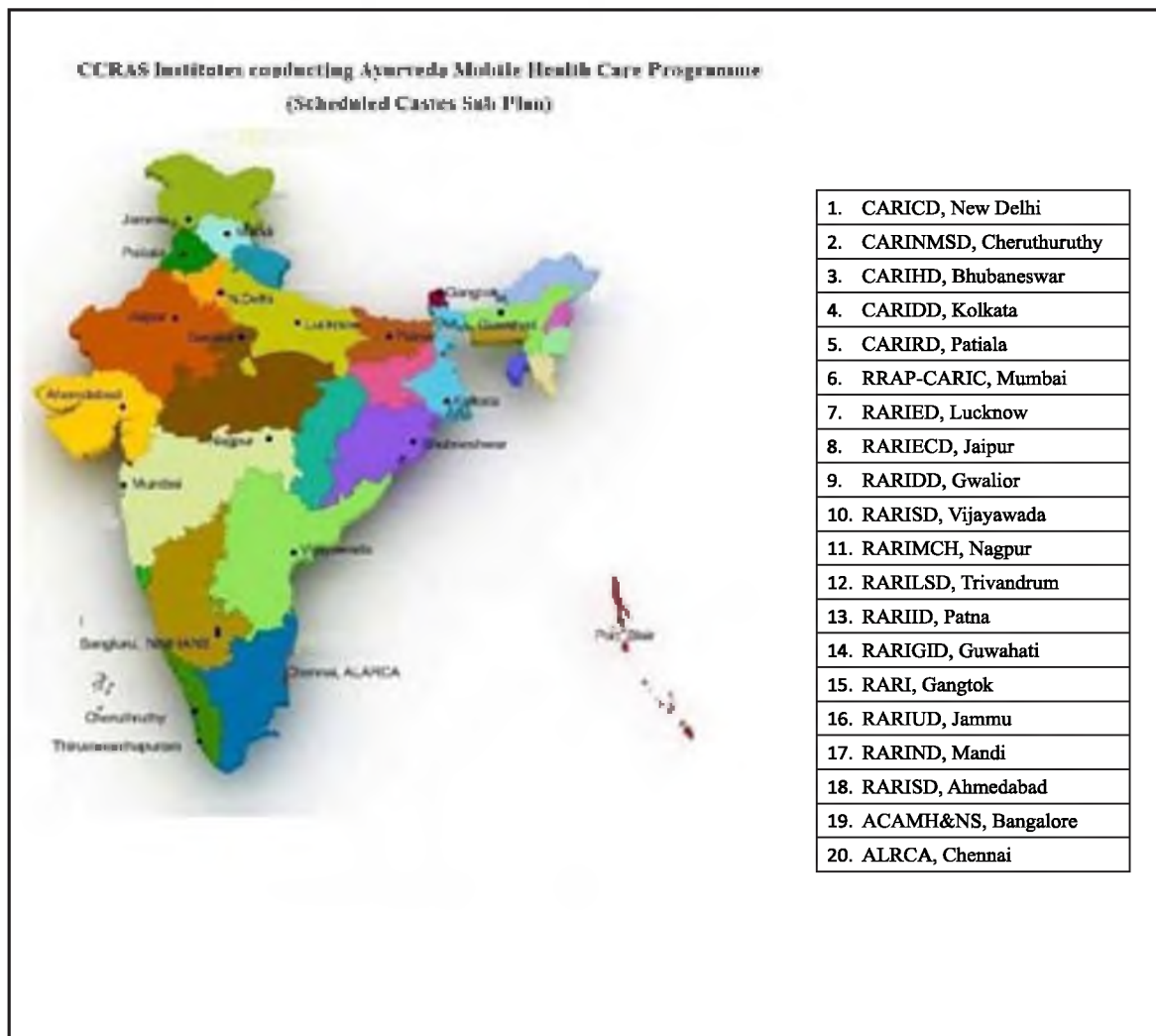
#### **State wise Institutes conducting Ayurveda Mobile Health Care Programme under Scheduled Castes Sub Plan (SCSP)**

S. No.	Name of Institute	State
1.	Central Ayurveda Research Institute for Cardiovascular Diseases, New Delhi	Delhi
2.	Central Ayurveda Research Institute for Neuromuscular & Musculo-Skeletal Disorders, Cheruthuruthy	Kerala
3.	Central Ayurveda Research Institute for Hepatobiliary Disorders, Bhubaneswar	Odisha
4.	Central Ayurveda Research Institute for Drug Development, Kolkata	West Bengal
5.	Central Ayurveda Research Institute for Respiratory Disorders, Patiala	Punjab
6.	Regional Ayurveda Research Institute for Eye Diseases, Lucknow	Uttar Pradesh
7.	Central Ayurveda Research Institute for Cancer, Mumbai	Maharashtra
8.	Regional Ayurveda Research Institute for Endocrine Disorders, Jaipur	Rajasthan
9.	Regional Ayurveda Research Institute for Drug Development, Gwalior	Madhya Pradesh
10.	Regional Ayurveda Research Institute for Skin disorders, Vijayawada	Andhra Pradesh
11.	Regional Ayurveda Research Institute for Mother and Child Health, Nagpur	Maharashtra
12.	Regional Ayurveda Research Institute for Life style related Disorders, Trivandrum	Kerala
13.	Regional Ayurveda Research Institute for Infectious Diseases, Patna	Bihar
14.	Regional Ayurveda Research Institute for Gastro-Intestinal Disorders, Guwahati	Assam
15.	Regional Ayurveda Research Institute, Gangtok	Sikkim





16.	Regional Ayurveda Research Institute for Urinary Disorders, Jammu	Jammu & Kashmir
17.	Regional Ayurveda Research Institute for Nutritional Disorders , Mandi	Himachal Pradesh
18.	Regional Ayurveda Research Institute for Skin Disorders, Ahmedabad	Gujarat
19.	Advanced Centre for Ayurveda in Mental Health & Neuro-sciences,, Bangalore	Karnataka
20.	Dr. Achanta Lakshmiapati Research Centre for Ayurveda, Chennai	Tamil Nadu
	<b>Institutes – 20</b>	<b>States - 18</b>





**Details of services extended of Ayurveda Mobile Health Care Programme under Scheduled Castes Sub Plan (SCSP) from 2015-17**

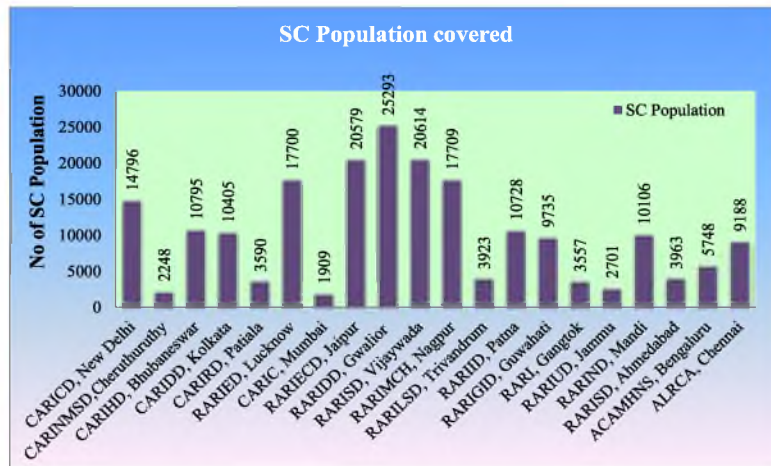
S. No.	Name of the Institute	No. of tour conducted	Population covered				Patients treated			
			SC	ST	Other	Total	SC	ST	Other	Total
1	CARICD, New Delhi	166	14796	166	10347	25309	5079	70	3763	8912
2	CARINMSD, Cheruthuruthy	162	2248	0	945	3193	3036	31	3655	6722
3	CARIHD, Bhubaneswar	181	10795	0	91	10886	5394	3	18	5415
4	CARIDD, Kolkata	166	10405	282	1357	12044	4878	94	483	5455
5	CARIRD, Patiala	250	3590	0	810	4400	5954	0	1866	7820
6	RARIED, Lucknow	227	17700	0	0	17700	8443	4	1087	9534
7	CARIC, Mumbai	55	1909	204	2224	4337	1479	228	2796	4503
8	RARIECD, Jaipur	198	20579	632	6573	27784	6755	223	1667	8645
9	RARIDD, Gwalior	234	25293	212	1841	27346	6895	167	767	7829
10	RARISD, Vijayawada	204	20614	40	1578	22232	5595	9	863	6467
11	RARIMCH, Nagpur	218	17709	498	3303	21510	5165	523	3897	9585
12	RARILSD, Trivandrum	239	3923	145	2948	7016	4169	139	3782	8090
13	RARIID, Patna	220	10728	138	3993	14859	5749	27	2434	8210
14	RARIGID, Guwahati	167	9735	4	887	10626	2673	1	315	2989
15	RARI, Gangtok	44	3557	238	475	4270	1444	265	525	2234
16	RARIUD, Jammu	184	2701	142	1405	4248	1560	71	487	2118
17	RARIND, Mandi	222	10106	0	28	10134	3344	1	3229	6574
18	RARISD, Ahmedabad	201	3963	1304	463	5730	8410	2169	958	11537
19	ACAMH&NS, Bangalore	231	5748	10	357	6115	7707	13	475	8195
20	ALRCA, Chennai	144	9188	8	1452	10648	3221	2	673	3896
	<b>Grand Total</b>	<b>3713</b>	<b>205287</b>	<b>4023</b>	<b>41077</b>	<b>250387</b>	<b>96950</b>	<b>4040</b>	<b>33740</b>	<b>134730</b>



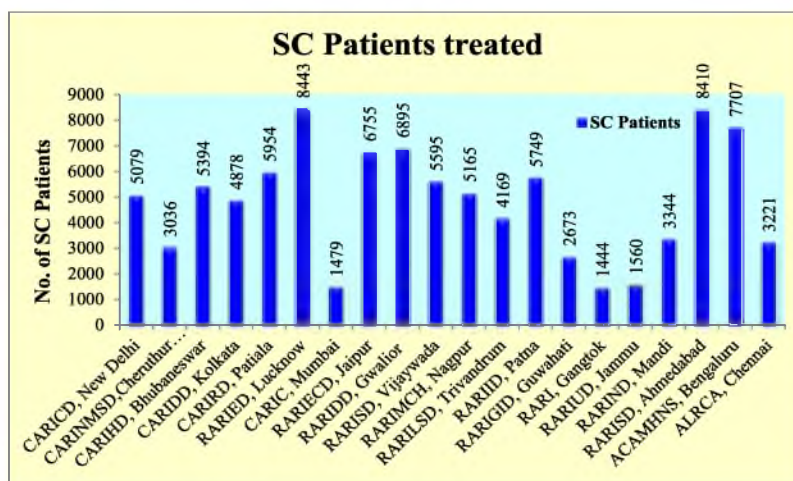
**Graph 1: No of Tours Conducted**



**Graph 2: SC Population covered**



**Graph 3: SC Patients treated**

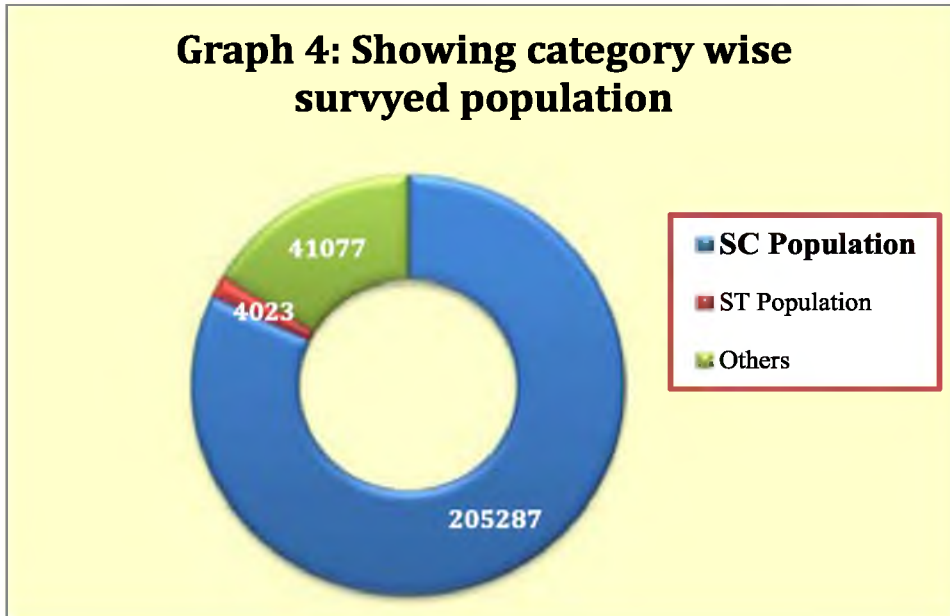






**Category wise Population surveyed**

<b>SC Population</b>	205287
<b>ST Population</b>	4023
<b>Others</b>	41077



**Village wise population covered and patients treated Ayurveda Mobile Health Care Programme (SCSP) [2015-16 to 2016-17]**

S. No.	Name of the Institute	Year	Name of Villages covered	Population covered				Patients treated			
				SC	ST	Other	Total	SC	ST	Other	Total
1.	CARICD, New Delhi	2015-16	Sultanpuri D-Block	522	0	394	916	150	0	121	271
			Shahbad Dairy	1364	11	576	1951	452	6	176	634
			Mangolpuri	1153	16	755	1924	392	4	244	640
			Rohini	1111	8	79	1198	305	2	11	318
			Sultanpuri	885	24	377	1286	254	4	112	370
		2016-17	Shahbad Dairy	2576	5	1845	4426	872	3	625	1500
			Mangolpuri	2822	63	2017	4902	1204	36	778	2018
			Sultanpuri	3166	39	3262	6467	1015	15	1250	2280
			Rohini	402	0	619	1021	97	0	238	335
			Madipur	795	0	423	1218	338	0	208	546
<b>Total</b>			<b>14796</b>	<b>166</b>	<b>10347</b>	<b>25309</b>	<b>5079</b>	<b>70</b>	<b>3763</b>	<b>8912</b>	



2.	NARIP Cheruthuruthy	2015-16	Edappara	120	0	0	120	64	0	185	249
			Pallur	176	0	0	176	153	0	86	239
			Anthoor kunnu	150	0	0	150	118	0	141	259
			Nayyadikunnu	82	0	0	82	24	31	60	115
		2016-17	Pallur	400	0	139	539	561	0	418	979
			Anthoorkunnu colony	150	0	88	238	192	0	259	451
			Veluthanmaril colony	150	0	156	306	428	0	1172	1600
			Palaparambu colony	350	0	156	506	547	0	548	1095
			Panayur	300	0	165	465	363	0	507	870
			Bhootuvazhi	200	0	81	281	307	0	67	374
			Rajeev Colony	170	0	160	330	279	0	212	491
<b>Total</b>				2248	0	945	3193	3036	31	3655	6722
3.	CARIHD, Bhubaneswar	2015-16	Dhauri	167	00	00	167	96	00	00	96
			Nakhaur	220	00	00	220	136	00	00	136
			Samantarapur Patna	248	00	00	248	116	00	00	116
			Sardeipur	86	00	00	86	75	00	00	75
			Bhagabanpur	264	00	00	264	71	00	00	71
			Patrapada	340	00	00	340	87	00	00	87
			Hatasahi	111	00	00	111	18	00	00	18
			Bahadalpur	84	00	00	84	31	00	00	31
			Damodarapur	77	00	00	77	46	00	00	46
			Chhoitraipur	133	00	00	133	65	00	00	65
			Sarakantara	178	00	00	178	120	00	00	120
			Suanga	238	00	00	238	126	00	00	126
		Ransinghpur	211	00	00	211	88	00	00	88	
		2016-17	Balianta	2936	00	16	2952	1795	00	06	1801
			Jhinti Sasan	2039	00	14	2053	832	00	04	836
Puran padhan	2090		00	26	2116	977	00	03	980		
Jayadev	1373	00	35	1408	715	03	05	723			
<b>Total</b>				10795	0	91	10886	5394	3	18	5415
4.	CARIDD, Kolkata	2015-16	Jothbhim	281	00	44	325	72	0	13	85
			Shikharpur	238	00	64	302	61	0	13	74
		2016-17	Jothbhim	93	00	11	104	69	00	06	75
			Sikharpur	224	00	05	229	57	00	02	59
			Sukhpukur	267	00	00	267	102	00	00	102
			Krolberia	1406	00	59	1465	798	00	17	815
			Beonta	607	40	131	778	228	11	51	290
			Chanda Kanthalberia	236	00	141	377	87	00	38	125
			Banamalipur	407	00	09	416	124	00	02	126
			Bhojerhat	319	00	134	453	96	00	33	129
			Chariswar	160	00	236	396	63	00	67	130
			Haederait	307	00	00	307	145	00	00	145
			Akandakeshari	544	00	09	553	217	00	02	219
			Kulberia	1375	00	183	1558	607	02	102	711



			Hatgacha	100	00	00	100	30	00	00	30
			Dharmatala Pan-churia	1882	16	171	2069	960	08	97	1065
			Tardaha Kapasati	74	00	00	74	88	00	00	88
			Sahebpur	1284	21	123	1428	781	01	27	809
			Goalpota and Khe-jurtala	195	37	15	247	101	11	05	117
			Nayabad	406	168	22	596	192	61	08	261
<b>Total</b>				<b>10405</b>	<b>282</b>	<b>1357</b>	<b>12044</b>	<b>4878</b>	<b>94</b>	<b>483</b>	<b>5455</b>
5.	CARIRD, Patiala	2015-16	Ravidass Nagar	236	0	31	267	270	0	49	319
			Tafazalpura	102	0	22	124	107	0	28	135
			Badungar	156	0	04	160	156	0	06	162
			Pathak Vihar	102	0	42	144	117	0	57	174
		2016-17	Ravidass Nagar	362	0	72	434	614	0	212	826
			Tafazalpura	471	0	80	551	996	0	229	1225
			Badungar	267	0	22	289	392	0	38	430
			Pathak Vihar	407	0	75	482	743	0	219	962
			Bathoi Khurd	302	0	108	410	502	0	236	738
			Phagan Majra	217	0	82	299	466	0	190	656
			Mardan Heri	307	0	79	386	432	0	158	590
			Kauli	327	0	69	396	627	0	175	802
			Sanour (R)	334	0	124	458	532	0	269	801
			<b>Total</b>				<b>3590</b>	<b>0</b>	<b>810</b>	<b>4400</b>	<b>5954</b>
6.	RARIED, Lucknow	2015-16	Achali khera	888	0	0	888	229	0	0	229
			Juggaur	1307	0	0	1307	267	0	0	267
			Kallipuram	1725	0	0	1725	201	0	0	201
			Mahiagava	1129	0	0	1129	266	0	0	266
			Muspipari	1020	0	0	1020	105	0	0	105
			Kallipaschim	518	0	0	518	98	0	0	98
			Jabraulli	505	0	0	505	132	0	0	132
			Khargapur	743	0	0	743	117	0	0	117
		2016-17	Jabrauli	886	0	0	886	691	0	38	729
			Aramba	1402	0	0	1402	803	0	26	829
			Birahimpur	1463	0	0	1463	721	04	63	788
			Kathwara	980	0	0	980	423	0	10	433
			Kallipashchim	2022	0	0	2022	1385	0	214	1599
			Jindaur Garhi	1583	0	0	1583	1211	0	196	1407
Kheshrawa	797	0	0	797	716	0	221	937			
Ratanpur	732	0	0	732	1078	0	319	1397			
<b>Total</b>				<b>17700</b>	<b>0</b>	<b>0</b>	<b>17700</b>	<b>8443</b>	<b>4</b>	<b>1087</b>	<b>9534</b>
7.	CARIC, Mumbai	2015-16	Kanjur Marg	252	4	152	408	233	4	304	541
			Vikroli E	314	19	294	627	277	5	264	546
			Khar E	212	5	261	478	154	0	226	380
			Bhiwandi	65	25	116	206	23	10	136	169



		2016-17	Panchashil Nagar	344	60	494	898	94	4	362	460
			Vikroli	301	32	454	787	458	30	691	1179
			Tapodhan Nagar	346	51	280	677	151	7	455	613
			Shelar Village	75	8	173	256	89	168	358	615
<b>Total</b>				<b>1909</b>	<b>204</b>	<b>2224</b>	<b>4337</b>	<b>1479</b>	<b>228</b>	<b>2796</b>	<b>4503</b>
8.	RARIECD Jaipur	2015-16	Beer Ram chandra- pura	841	0	10	851	277	0	04	281
			Narayanpura	716	94	0	810	194	20	0	214
			Dosara Khurd	383	0	35	418	122	0	24	146
			Jharana Khurd	570	0	05	575	127	0	01	128
			Sawant Ka Bass	214	0	177	391	104	0	39	143
			Palri Parsa	421	0	252	673	57	0	99	156
			Chakamjhar	134	0	134	268	78	0	30	108
			Jeerota	252	44	211	507	93	14	74	181
			Narvariya	480	0	433	913	121	0	41	162
			Vimalpura	779	27	243	1049	74	14	74	162
			Jaganathpura	212	0	217	429	68	0	42	110
			Sri Kishanpura	371	131	390	892	149	15	80	244
		2016-17	Chatar Pura	612	0	576	1188	165	01	50	216
			Jaijas Pura	214	0	265	479	124	01	73	198
			Dolat Pura	383	0	430	813	87	0	79	166
			Sawal	558	0	124	682	154	0	29	183
			Nandlalpura	690	35	26	751	100	73	32	205
			Kiratpura	302	64	291	657	61	14	81	156
			Jaisinghpura	328	0	383	711	42	0	94	136
			Malpura Choud	570	0	0	570	101	01	32	134
			Sitapura	187	0	71	258	124	0	05	129
			Manpur Gate	306	0	321	627	157	0	18	175
			Sawa Ka Bass	205	0	356	561	56	0	34	90
			Dhuwaliya	679	0	405	1084	100	0	19	119
			Ballupura	642	0	0	642	135	0	08	143
			Bagrana	844	90	12	946	198	15	33	246
			Vijaypura	566	05	0	571	142	04	24	170
			Mandap	291	00	170	461	106	0	21	127
			Hingoniya	222	33	45	300	87	12	22	121
			Nari Khera	226	0	07	233	161	0	03	164
			Madanpura	105	0	162	267	82	0	131	213
			Sameliya	561	0	152	713	260	0	27	287
			Unt Ka Khera	335	0	184	519	103	0	44	147
			Barh Maharajpura	283	37	0	320	142	14	0	156
			Barh Bagpura	593	0	25	618	163	0	15	178
			Barh Mahawatan	488	0	0	488	172	0	02	174
			Barh Rajpura	266	0	57	323	99	0	27	126
			Beer Suratrapura	399	0	0	399	116	0	04	120



			Bhagwanpura	99	0	97	196	70	09	109	188
			Trilokpura	407	0	0	407	191	05	01	197
			Thali	815	0	40	855	178	0	07	185
			Sri Brijpura	423	0	0	423	142	0	0	142
			Salagrampura	331	15	0	346	194	01	0	195
			Naanchipura	281	0	21	302	267	0	02	269
			Mohammad Pura	223	0	0	223	236	02	11	249
			Meera Pura	271	0	0	271	149	0	02	151
			Maan Pura	332	0	28	360	266	0	15	281
			Devkinandan Pura	338	0	0	338	161	05	04	170
			Ghar ka Para	461	57	218	736	71	03	97	171
			God Ka Bass	370	0	0	370	129	0	04	133
<b>Total</b>				<b>20579</b>	<b>632</b>	<b>6573</b>	<b>27784</b>	<b>6755</b>	<b>223</b>	<b>1667</b>	<b>8645</b>
9.	RARIDD, Gwalior	2015-16	Sanjay Nagar	2176	00	101	2277	703	11	29	743
			Marimata Mahal Gaon	2663	00	115	2778	457	5	3	465
			Ramtapura	1213	0	53	1266	409	8	8	425
			Bhim Nagar	1994	15	20	2029	525	0	6	531
		2016-17	Kabir park, Sanjay Nagar	4610	18	362	4990	1107	31	204	1342
			Ashok colony	2762	6	261	3029	926	0	127	1053
			Shinde ki chhawani	3908	34	458	4400	1124	21	232	1377
			Bhim nagar	4440	139	239	4818	1211	88	121	1420
			Ramta pura	1527	0	232	1759	433	3	37	473
			<b>Total</b>	<b>25293</b>	<b>212</b>	<b>1841</b>	<b>27346</b>	<b>6895</b>	<b>167</b>	<b>767</b>	<b>7829</b>
10.	RARISD, Vijayawada	2015-16	Gollagudem	1041	4	05	1050	308	01	16	325
			Punadipadu	927	1	14	942	395	01	12	408
			Kolavenu	1224	0	128	1352	306	0	82	388
			Uppaluru	1019	0	47	1066	319	0	24	343
			Tenneru	1599	0	67	1666	175	0	10	185
			Velpuru	413	0	04	417	106	0	0	106
		2016-17	Adavinekkalam	835	00	02	837	224	00	01	225
			Chanupallivari Gudem	1377	00	5	1382	284	00	00	284
			Chinnavuta palli	298	00	10	308	118	00	03	121
			Eedara	2523	11	248	2782	644	00	127	771
			Godavarru	1379	2	116	1497	444	03	118	565
			Mustabada	1745	00	120	1865	457	00	62	519
			Neppalli	562	0	135	697	213	00	119	332
			Nunna	2322	21	553	2896	469	03	202	674
			Pinnamareddy Pale	850	01	35	886	274	00	17	291
			Surampalli	869	00	47	916	260	00	22	282
			Tenneru	708	00	14	722	296	00	36	332
Uppuluru	519	00	25	544	166	01	11	178			
Velpuru	404	00	03	407	137	0	1	138			
<b>Total</b>				<b>20614</b>	<b>40</b>	<b>1578</b>	<b>22232</b>	<b>5595</b>	<b>9</b>	<b>863</b>	<b>6467</b>



11.	RARIMCH, Nagpur	2015-16	Khandala	307	16	332	655	225	09	82	316
			Mahurzari	460	106	310	876	84	61	80	225
			Bharatwada	229	66	347	642	93	11	139	243
			Gonhi	203	04	129	336	189	13	121	323
			Hudkeshwar Khurd	204	09	316	529	102	04	103	209
			Rui	330	18	397	745	128	12	108	248
			Drugdhamna	578	42	207	827	116	24	122	262
			Salai Godhani	241	5	260	506	116	03	159	278
		2016-17	Bharkas	696	17	46	759	199	33	126	358
			Bokhara	457	10	16	483	136	10	55	201
			Brahmni	1048	00	15	1063	172	06	302	480
			Dahegaon	263	19	149	431	98	36	120	254
			Dhapewada	684	00	00	684	228	34	256	518
			Dongergaon	301	0	05	306	122	03	33	158
			Ghogali	543	00	00	543	367	6	19	392
			Ghorad	542	00	05	547	246	34	355	635
			Godhani	983	07	36	1026	177	00	69	246
			Gondkhairi	1237	21	137	1395	284	10	196	490
			Khadgaon	332	22	165	519	148	08	73	229
			Khapri	975	65	170	1210	156	36	173	365
			Lavha	1738	21	31	1790	319	23	99	441
			Mohgaon	309	09	08	326	68	03	33	104
			Parsodi	528	15	31	574	244	54	48	346
			Raipur	810	06	54	870	153	14	212	379
			Sawangi	426	0	63	489	116	02	132	250
			Takalghat	2521	20	74	2615	713	51	460	1224
			Ubali	370	00	00	370	100	02	124	226
Yerla	394	00	00	394	66	21	98	185			
<b>Total</b>				<b>17709</b>	<b>498</b>	<b>3303</b>	<b>21510</b>	<b>5165</b>	<b>523</b>	<b>3897</b>	<b>9585</b>
12.	RARILSD, Trivandrum	2015-16	Vilappil	119	0	248	367	81	0	220	301
			Anamugham	183	0	133	316	92	0	54	146
			Kuriyathi	324	35	42	401	133	11	37	181
			Karamana	180	18	70	268	138	9	59	206
		2016-17	Vilappil	466	26	467	959	662	32	752	1446
			Anamugham	686	38	280	1004	939	47	380	1366
			Kuriyathi	752	9	596	1357	863	20	711	1594
			Karamana	471	12	452	935	731	14	742	1487
			Venganoor	246	1	134	381	201	1	137	339
			Malayin keezhu	173	4	82	259	94	1	82	177
			Cheruvakkal	135	0	200	335	86	0	282	368
			Maranalloor	72	1	158	231	68	3	229	300
			Kalliyoor	116	1	86	203	81	1	97	179
			<b>Total</b>				<b>3923</b>	<b>145</b>	<b>2948</b>	<b>7016</b>	<b>4169</b>



13.	RARIID, Patna	2015-16	Mirhari Chak	782	61	164	1007	204	16	29	249
			Musnapur	865	21	246	1132	167	04	51	222
			Mahmada	845	56	79	980	200	07	15	222
			Mustfapur	689	0	268	957	158	0	47	205
		2016-17	Alludin Chak	1842	0	615	2457	1127	0	303	1430
			Musnapar	1766	0	618	2384	1531	0	429	1960
			Mahmada	1337	0	561	1898	1054	0	500	1554
			Khera	1505	0	884	2389	1060	0	917	1977
			Baluwa Chak	1097	0	558	1655	248	0	143	391
		Total				10728	138	3993	14859	5749	27
14.	RARIGID, Guwahati	2015-16	Tetelia Gaon	383	0	88	471	88	0	31	119
			Koibottopara	477	0	10	487	128	0	01	129
			Rongamati	384	0	108	492	158	0	31	189
		2016-17	Majortol	2144	0	107	2251	695	0	51	746
			Goraghat	1871	03	337	2211	599	01	127	727
			Paschimtol	1801	0	83	1884	426	0	37	463
			Nopuranpara	1905	1	61	1967	474	0	19	493
			Borbil	322	0	93	415	33	0	18	51
			Gosaighar	448	0	0	448	72	0	0	72
			Total				9735	4	887	10626	2673
15.	RARI, Gangtok	2015-16	Tarku	148	05	10	163	66	05	11	82
			Temi	175	04	04	183	70	04	04	78
			Lower Tumin	358	02	42	402	113	02	42	157
			Lower Dochum	288	10	23	321	88	10	23	121
			Upper Dochum	208	09	04	221	66	09	04	79
			Singtam	105	05	13	123	48	05	13	66
		2016-17	Ralap Panchyat	67	06	14	87	53	11	19	83
			Upper dochum	39	02	03	44	24	04	04	32
			Bardang	91	22	26	139	26	22	26	74
			Padamchey	176	05	17	198	91	06	20	117
			Lower Kambal	68	00	08	76	39	00	12	51
			Amba	147	04	40	191	73	05	43	121
			Rorathang	124	13	32	169	44	13	32	89
			20 <sup>th</sup> Mile	90	04	06	100	37	05	09	51
			Duga	219	13	16	248	69	15	19	103
			Ravangla	177	19	24	220	69	19	24	112
			Kewzing	79	07	17	103	24	07	17	48
			Jarrong	150	13	27	190	53	13	27	93
			Dhar Gaon	66	07	13	86	17	07	13	37
			Mamring	129	16	17	162	52	20	20	92
			Upper Tanak	62	07	18	87	30	08	21	59
			Ray Khola	75	11	14	100	31	11	14	56
			Chalamthang	120	05	21	146	78	06	24	108
			Tsongmo	33	03	04	40	15	03	04	22
			Middle Kolthang Lingmoo	73	14	19	106	39	17	28	84





			Upper Kolthang Lingmoo	82	04	06	92	22	04	06	32
			Upper Tokday, Lingmoo	98	09	12	119	24	09	12	45
			Jalipool	67	14	15	96	56	20	24	100
			Ranka	43	05	10	58	27	05	10	42
<b>Total</b>				<b>3557</b>	<b>238</b>	<b>475</b>	<b>4270</b>	<b>1444</b>	<b>265</b>	<b>525</b>	<b>2234</b>
16.	RARIUD, Jammu	2015-16	Patniyal	161	0	68	229	63	0	28	91
			Patyali chak	216	0	115	331	78	0	33	111
			Dhateryal	178	0	97	275	67	0	40	107
			Ghaink	200	0	9	209	92	0	0	92
		2016-17	Patniyal	375	0	262	637	297	0	98	395
			Patyali chak	407	24	137	568	326	10	54	390
			Dhateryal	368	0	247	615	281	0	126	407
			Ghaink	796	118	470	1384	356	61	108	525
<b>Total</b>				<b>2701</b>	<b>142</b>	<b>1405</b>	<b>4248</b>	<b>1560</b>	<b>71</b>	<b>487</b>	<b>2118</b>
17.	RARIND, Mandi	2015-16	Manglore	168	0	0	168	113	0	102	215
			Ravi Nagar	527	0	0	527	173	0	10	183
			Chanaldi/Manhara	203	0	0	203	175	0	213	388
			Jamni	318	0	0	318	138	0	163	301
		2016-17	Manglore	717	0	0	717	234	0	317	551
			Ravi Nagar	743	0	0	743	269	0	11	280
			Chanaldi	231	0	0	231	333	0	394	727
			Jamni	223	0	0	223	134	0	185	319
			Chail- Chowk	1261	0	0	1261	327	0	174	501
			Lohara	1030	0	0	1030	238	0	314	552
			Marathu	859	0	0	859	222	0	452	674
			Kummi	1783	0	0	1783	491	0	265	756
			Shiva- Badar	514	0	0	514	176	0	239	415
			Taandu	551	0	0	551	100	0	59	159
Baalt	399	0	0	399	117	0	146	263			
Gonta	125	0	28	153	19	0	51	70			
Grahan	454	0	0	454	85	1	134	220			
<b>Total</b>				<b>10106</b>	<b>0</b>	<b>28</b>	<b>10134</b>	<b>3344</b>	<b>1</b>	<b>3229</b>	<b>6574</b>
18.	RARISD, Ahmedabad	2015-16	Naroda Road	351	68	16	435	452	63	14	529
			Saijpur	236	62	04	302	342	89	04	435
			Kalapee nagar	195	61	08	264	249	72	10	331
			Asarward	255	149	11	415	278	122	15	415
		2016-17	Saraspur	172	0	9	181	317	0	14	331
			Naroda Road	618	212	48	878	1093	272	77	1442
			Asarwa	332	389	86	807	868	679	324	1871
			Rakhiyal	144	2	86	232	198	2	122	322
			Bapunagar	198	4	36	238	341	6	62	409
			Saijpur	825	127	48	1000	2810	361	150	3321
			Kalapee nagar	614	228	35	877	1434	501	75	2010
Sabarmati	23	2	76	101	28	2	91	121			
<b>Total</b>				<b>3963</b>	<b>1304</b>	<b>463</b>	<b>5730</b>	<b>8410</b>	<b>2169</b>	<b>958</b>	<b>11537</b>



19.	ACAMH&NS, Bangalore	2015-16	Ibbulur	158	10	70	238	214	13	69	296
			Andhra colony	259	0	5	264	262	0	4	266
			Vannarpet	498	0	46	544	642	0	52	694
			L.R.Nagar	573	0	84	657	653	0	93	746
		2016-17	Andhra colony	76	00	04	80	196	00	08	204
			Binnamangala	63	00	01	64	53	00	00	53
			Jairaj nagar	149	00	00	149	161	00	00	161
			L.R. Nagar	182	00	23	205	465	00	59	524
			Lakshmipuram	297	00	00	297	524	00	00	524
			M.V Garden	685	00	70	755	853	00	107	960
			Mayabazar	1458	00	09	1467	1936	00	24	1960
			Murphy town	641	00	22	663	859	00	30	889
			Sonenhalli	620	00	22	642	630	00	22	652
			Vannarpet	89	00	01	90	259	00	07	266
<b>Total</b>				5748	10	357	6115	7707	13	475	8195
20.	ALRCA, Chennai	2015-16	Kotturpuram	85	0	16	101	0	0	0	0
		2016-17	Thozhuvur	395	08	76	479	74	2	34	110
			Kalikundram	426	00	61	487	209	0	33	242
			Kottur	425	00	151	576	116	0	64	180
			Shastri Nagar	199	00	37	236	75	0	9	84
			Erikarai Salai	267	00	66	333	115	0	36	151
			Rukmani Nagar	245	00	37	282	120	0	8	128
			Thiruvanm iyur	874	00	70	944	326	0	32	358
			MylaiBalaji Nagar	1663	00	315	1978	585	0	132	717
			Ambedkar Nagar	2391	00	352	2743	862	0	183	1045
			Venkatapuram	1906	00	228	2134	625	0	120	745
			Kottivakkam	312	00	43	355	114	0	22	136
			<b>Total</b>				9188	8	1452	10648	3221
<b>Grand total</b>				205287	4023	41077	250387	96950	4040	33740	134730

**District wise villages covered under Ayurveda Mobile Health Care Programme (SCSP)**

S. No.	Name of Institute	Name of District	Name of the Villages/ Colonies
1.	CARICD, New Delhi	North West District, Delhi	Sultanpuri
			Mangolpuri
			Shahbad Dairy
			Rohini
		West District, Delhi	Madipur
2.	NARIP, Cheruthuruthy	Thrissur district	Edappara Colony
			Pallur colony
			Palaparumbu
			Nayadikunnu colony
		Palakkad district	Anthoorkunnu colony
			Panayur
			Veluthanmaril colony
	Bhoothuvazhi & Rajeev colony		



3.	CARIHD, Bhubaneswar	Khurda	Dhauri
			Nakhaur
			Samantarapur Patna
			Sardeipur
			Bhagabanpur
			Patrapada
			Hatasahi
			Bahadalpur
			Damodarpur
			Chhotraipur
			Sarakantara
			Suanga
			Ranasinghpur
			Balianta G.P
Jhinti Sasan G.P			
Puran Padhan G.P			
Jayadev G.P			
4.	CARIDD, Kolkata	South 24 Parganas	Jothbhim
			Sukhpukur
			Krolberia
			Beonta
			Chanda kanthalberia
			Bhojerhat
			Chariswar
			Haederait
			Akandakeshari
			Kulberia
			Hatgacha
			Dharmatala Panchuria
			Tardaha kapasti
			Sahebpur
		Goalpota & Khejurtala	
		Nayabad	
		North 24 Parganas	Shikharpur
		Banamalipur	
		5.	CARIRD, Patiala
Tafazalpura			
Badungar			
Pathak Vihar			
Bathoi Khurd			
Phagan Majra			
Mardan Heri			
Kauli			
Sanour (R)			



6.	RARIED, Lucknow	Lucknow district	Achhalikheda
			Juggaur
			Muspippari
			Khargapur
			KalliPoorab
			Mahigavan
			Kathawara
			Kallipaschim
			Jabraully
			Aramba
			Birahimpur
			Jindaur Garhi
			Kheshrawa
Ratnapur			
7.	CARIC, Mumbai	Mumbai	Panchsheel Nagar
			KarnamvarNagara
			Tapodhan Nagar
		Thane	ShelarGaon, Bhiwandi

## VILLAGE WISE SUMMARY

### CARICD, New Delhi

- Sultanpuri:** Total 41 visits were made in Sultanpuri. A total no. of 8,669 population of this area was covered under the study. This area is about 11 kms away from the Institute (CARICD, New Delhi).. During the study period, C, D, F, F2, F4 and P4 blocks of Sultanpuri were visited. Except F-Block, majority of the inhabitants had pakka houses, but with poor ventilation. In F-block, more than half of the population used to live in jhuggis/kaccha houses. Environmental hygienic condition was not good and Garbage was lying here and there on the side of roads. Even though individual toilets in the houses existed, mostly had no running water and electricity which make them unhygienic & unusable. Major main roads were made of concrete (pakka) but streets were not properly maintained. Majority of the families lacked their own vehicles and used to take public transport i.e. bus, e-rickshaw, local train etc. Most of the people were illiterate and some were educated upto primary & matriculation level. Majority of the families had only one earning member and used to earn around Rs 5000-8000 per month. Majority of the people used to speak Hindi. Nearest Govt. hospital was Sanjay Gandhi Memorial Hospital. There were many Govt. schools available for education. Majority of people used to take wheat, rice and pulses. Most of the houses were equipped with electricity & cooking gas. Only few used to cook on fire wood. There were ample sources of fruits and vegetables in this area by means of fruits and vegetables vendors.
- Mangolpuri:** Total 45 visits were made in Mangolpuri. A total no. of 6,826 population of this area was covered under the study. This area is about 10 kms away from the Institute (CARICD, New Delhi).. During the study period, S, R, Y and UT blocks of Mangolpuri were visited. Majority of the inhabitants had pakka houses, but with poor ventilation. Environmental hygienic condition was not good and Garbage was lying here and there on the side of roads. Individual toilets in the houses existed. Major main roads were



made of concrete (pakka) but street roads were not properly maintained. Majority of the families lacked their own vehicles and used to take public transport i.e. bus, e-rickshaw, local train etc. Most of the people were illiterate and some were educated upto primary & matriculation level. Majority of the families had only one earning member and used to earn around Rs 5000-8000 per month. Majority of the people used to speak Hindi. Nearest Govt. hospital was Sanjay Gandhi Memorial Hospital. There were many Govt. schools available for education. Majority of people used to take wheat, rice and pulses. Most of the houses were equipped with electricity & cooking gas. Only few used to cook on fire wood. There were ample sources of fruits and vegetables in this area by means of fruits and vegetables vendors.

3. **Shahbad Dairy:** Total 43 visits were made in Shahbad Dairy. A total no. of 6,377 population of this area was covered under the study. This area is about 18 kms away from the Institute.. During the study period, Sector-26, B & C blocks of Shahbad Dairy were visited. Majority of the people used to live in jhuggi/kaccha houses, some had pakka houses also. Environmental hygienic condition was poor and Garbage was lying here and there on the side of roads. Majority of people used to go to toilets outside their houses. Individual toilets existed in some houses, mostly had no running water and electricity which make them unhygienic & unusable. Major main roads were made of concrete (pakka) but street roads were not properly maintained. Majority of the families lacked their own vehicles and used to take public transport i.e. bus, e-rickshaw, local train etc. Most of the people were illiterate and some were educated upto primary & matriculation level. Majority of the families had only one earning member but in jhuggis both male and female used to work. Most of the people used to earn Rs 3000-7000 per month. Majority of the people used to speak Hindi. Nearest Govt. hospital was Dr. Bhim Rao Ambedkar Hospital. There was a Govt. school in each of the covered block. Majority of people used to take wheat, rice and pulses. Most of the houses were equipped with electricity & cooking gas. Only few used to cook on fire wood. There were ample sources of fruits and vegetables in this area by means of fruits and vegetables vendors.
4. **Rohini:** Total 19 visits were made in Rohini. A total no. of 2,219 population of this area was covered under the study. This area is about 12 kms away from the Institute.. During the study period, sector-1 and sector-20 of Rohini were visited. Majority of inhabitants has RCC and pucca houses. Roads were pucca and in good condition. Water purification system was found in majority of households. Most of the people had two wheelers and some had four wheelers also. People also use to take local buses and e-rickshaw for transportation. Majority of people were educated. Most of them had higher or technical education. Maximum number of families had one or two earning members and earned about Rs. 20000-25000 per month. Majority of people speak Hindi and use to take wheat, rice, pulses. All houses were well equipped with electricity and cooking gas. Nearest Govt. Hospital was B.R. Ambedkar Hospital. Nearest health centre was Brham Sakti Hopital. There were ample sources of fruits and vegetables in this area by means of fruits and vegetables vendors.
5. **Madipur:** Total 18 visits were made in Madipur. A total no. of 1218 population of this area was covered under the study. This area is about 3 kms away from the Institute.. During the study period, F Block of Madipur was visited. The nearest landmark was Valmiki Mandir. It was located in West district of Delhi. Population of F-Block, Madipur was around 7,000. There was a Sarvodya Kanya Vidyalaya and a Primary MCD School. Ventilation was found good in majority of inhabitants. Environmental hygienic condition





was good. Major roads were made of concrete (pakka). Majority of the families had their own vehicles such as cycle or two wheelers. Some of the people were illiterate and some were educated up to primary & matriculation level. Most of the family members had only one earning member and used to earn Rs 10000-12000 per month. Majority of the people used to speak Hindi. Nearest govt. hospital was Guru Govind Singh Hospital. Nearest Industrial area was in Madipur Village. Majority of people used to take wheat, rice and pulses. Most of the houses were equipped with electricity & cooking gas. Ample sources of fruits and vegetables were available in that area.

### NARIP, Cheruthuruthy

6. **Edappara Colony:** At Edappara Colony of Mullurkkara Panchayath 40 families belong to SC. Their population is around 160. Compared to others their living status is poor. Nobody is having government job. Their houses are made with cement hollow bricks without plastering. Frequently they are suffering with infectious diseases. Water is supplied through Jala Nidhi scheme. But it is not completed. Their spoken language is Malayalam. One Anganwadi is there in colony. School is situated 3 K.M. away from the colony. Primary Health Centre as well as Govt. Ayurveda Dispensary are also situated 3 K.M. from the colony. Sanitation facilities are poor.
7. **Pallur colony:** It is a part of Deshamangalam Gramapanchayath, Thrissur district, 16km away from NRIP Cheruthuruthy. The total population in this area is 6305 (male – 3128, female 3177). Total SC population is 400. It is a rural area with pakka road condition. The language spoken is Malayalam and majority are unskilled labours there environment conditions are moderate. There are no industries near by the colony. There is a high school & an engineering college within 3km of Pallur. A small portion of them are illiterate most of the houses have electric and gas connection. Many of the houses don't have well and they depend upon tap water. Now Hepatitis A is an epidemic in this area. The use of tobacco and alcohol the habit and children and house wives are passive smokers.
8. **Anthoorkunnu colony:** Anthoorkunnu colony is located in Shoranur municipality, Palakkad district (25 ward), and 10 km away from NRIP Cheruthuruthy. It is having maximum SC population, 82 families. The language spoken is Malayalam. The road conditions are pakka and main transportation is by private bus. There are no natural resources available in this area and schools are located 3KM away from this area, a PHC located in 27<sup>th</sup> ward. Most of the houses have electric and gas connection. The houses are overcrowded and septic tanks are very close to source of water. They are living with moderate environmental sanitation .Majority of them are unskilled labourers and their main habit is use of tobacco and alcohol. The children and housewives are the silent of victims of passive smoking many of the housewives are malnourished. Even children are not taking nutritious food daily. The majority of old aged are labours and physically weak. The people in this area are ignorant about the healthy life styles.
9. **Panayur:** Panayur is an important trading hub of southern Malabar in Kerala, particularly of live stock arriving from the neighbouring state of Tamilnadu. It consists of 1<sup>st</sup> and 18<sup>th</sup> ward of Vaniyamkulam Gramapanchayath which is situated on the bank of Bharatahpuzha, the largest and most important river in Kerala. There are 10 SC Colonies in this place. The SC Population in this area is around 350. Many of them are unskilled Laboures. One Ayurveda Dispensary and a public Library are situated in Panayur. The road conditions are pakka. The source of drinking water is Tap. Their socio economics status is poor.



Some of the got the houses through Indira Avas Yojana (IAY). Many of the houses are not fully finished. Majority of old aged are illiterate. The main income the females are by agriculture. The incidents of Cancer cases reporting from this area are alarming.

10. **Palaparumbu:** Palaparumbu is located in Deshamangalam Gramapanchayath on the banks of Nila. Deshamangalam is proud of its rich cultural Heritage and Peaceful co-existence with all religions and faiths of decades. Road conditions are poor. The SC Population in this area is around 350. Children under the age of five are under nourished. Lactating mothers are also illnourished. Education status is low. Recently Hepatitis A was an Epidemic in this area. Some of the adult males are using Kancha. Many of the males and females are addicts of Tobacco. The source of drinking water is bore well supplied through tap.
11. **Nayadikunnu colony:** It is a part of Edappara colony was also surveyed during the month of February,, 2016. A total of 13 families belong to SC with a population of around 60. Comparing to others, their living status is poor. None of them have government job. Majority of the houses are pakka, electrified and with no proper sanitation facilities. Tap and streams are the main source of water.
12. **Veluthanmaril colony:** Veluthanmaril colony of Shoranur Municipality is located 4 km away from CARIN&MSD, near the bank of Nila. The road conditions are pakka, except some road. The source of water is tap. One PHC and Primary school located in this area. One industry is functioning near to Veluthanmaril colony some of them are working in this industry. The SC population of this area is 150. Many of them belong to low economics status. The population consists of unskilled labours and railway employees. Many of them addicted to tobacco and smoke. The main festival in this area is Thaipooyam. An old case of leprosy and tuberculosis are reported from this area. Some cardiac patients are also attending the camp.
13. & 14. **Bhoothuvazhi & Rajeev colony:** Both the areas situated in Agaly grama Panchayath near the tribal areas of Attapadi in the palakkad district of kerala over 80 families on SC communities residing in these areas. The total area of the grama Panchayath is around 320 square km and has a population approximately 22357. It comes under the palakkad parliament constituency and mannarkad assembly constituency. Approximately 40%of the population belongs to the SC-ST categories with the scheduled tribes category is evidently higher than rest of the communities. (~30%). The Grama Panchayath has a well functioning Commmmunity Health Centre with 10 doctors, a tribal hospital with 18 doctors and 28 sub-centres. There is one Ayurveda dispensary and two Homoeo dispensaries working in this Panchayath. The living status of the population in these colonies is comparatively low when compared to the other communities. Most of the houses (~99%) were electrified and majority used firewood and LPG for cooking. Even though the source of drinking water varied from wells, taps, rivers and ponds, water purification measures adopted and promoted were found to be satisfactory. The main habits of the population under consideration were alcohol and smoking among males while females resorted to chewing tobacco. Around 50 patients were found to be affected by different types of cancers and Tuberculosis was also found to be prevalent and all the patients were taking medication under RNTCP.

#### **CARIHD, Bhubaneswar**

15. **Dhaulti:** The team covered the village Harijan Sahi, Dhaulti, BBSR, Dist-Khurda under the





Ayurveda Mobile Health Care Programme under Schedule Castes Sub Plan (SCSP). The distance of the village from the institute is approximately 21 Kms; total SC Population according to last census is 212; all of them spoke local language i.e. Odia. Most of the people are addicted with Smoking & Chewing Tobacco, mostly the housing facilities are Kaccha with poor environmental status and poor sanitation. The road condition is good i.e. Kaccha; for Transportation facilities most of them depend upon private vehicles like Taxi, Auto Rickshaw etc. Some of them also use bicycles & motor cycles. There are no natural resources. Usually the people depend upon Tapwater and Hand pumps as water resources. There is no industry in and around the area covered. Educational facilities viz. One Primary school and one High school are available in the vicinity. No Health care facility is available in the area. Common vegetables viz Potato, brinjal, tomato, cabbage, beans, pumpkin etc; grains viz Rice, Wheat, Pulses (black gram, green gram, horse gram), fruits viz. guava, mango, apple, banana, coconut are available in the vicinity. Electricity supply is also available in the village. Commonly the people depend upon wood for cooking purpose.

16. **Nakhaur:** The team covered the village Nakhaur, BBSR, Dist-Khurda under the Ayurveda Mobile Health Care Programme under Schedule Castes Sub Plan (SCSP). The distance of the village from the institute is approximately 18 Kms; total SC Population according to last census is 321; all of them spoke local language i.e. Odia. Most of the people are addicted with Smoking & Chewing Tobacco, mostly the housing facilities are Pakka with poor environmental status and poor sanitation. The road condition is good i.e. Pakka; for Transportation facilities most of them depend upon private vehicles like Taxi, Auto Rickshaw etc. Some of them also use bicycles & motor cycles. There are no natural resources. Usually the people depend upon Tapwater and Hand pumps as water resources. There is no industry in and around the area covered. Educational facilities viz. One Primary school and one High school are available in the vicinity. No Health care facility is available in the area. Common vegetables viz Potato, brinjal, tomato, cabbage, beans, pumpkin etc; grains viz Rice, Wheat, Pulses (black gram, green gram, horse gram), fruits viz. guava, mango, apple, banana, coconut are available in the vicinity. Electricity supply is also available in the village. Commonly the people depend upon wood for cooking purpose.
17. **Samantarapur Patna:** The team covered the village Samantarapur Patna, BBSR, Dist-Khurda under the Ayurveda Mobile Health Care Programme under Schedule Castes Sub Plan (SCSP). The distance of the village from the institute is approximately 16 Kms; total SC Population according to last census is 289; all of them speak local language i.e. Odia. Most of the people are addicted with Smoking & Chewing Tobacco, mostly the housing facilities are Pakka with poor environmental status and poor sanitation. The road condition is good i.e. Pakka; for Transportation facilities most of them depend upon private vehicles like Taxi, Auto Rickshaw etc. Some of them also use bicycles & motor cycles. There are no natural resources. Usually the people depend upon Hand pumps as water resources. There is no industry in and around the area covered. Educational facilities viz. One Primary school and one High school are available in the vicinity. No Health care facility is available in the area. Common vegetables viz Potato, brinjal, tomato, cabbage, beans, pumpkin etc; grains viz Rice, Wheat, Pulses (black gram, green gram, horse gram), fruits viz. guava, mango, apple, banana, coconut are available in the vicinity. Electricity supply is also available in the village. Commonly the people depend upon wood for cooking purpose.



18. **Sardeipur:** The team covered the village Sardeipur, BBSR, Dist- Khurda under the Ayurveda Mobile Health Care Programme under Schedule Castes Sub Plan (SCSP). The distance of the village from the institute is approximately 15Kms; total SC Population according to last census is 129; all of them speak local language i.e. Odia. Most of the people are addicted with Smoking & Chewing Tobacco, mostly the housing facilities are Pakka with poor environmental status and poor sanitation. The road condition is good i.e. Pakka; for Transportation facilities most of them depend upon private vehicles like Taxi, Auto Rickshaw etc. Some of them also use bicycles & motor cycles. There are no natural resources. Usually the people depend upon Hand pumps as water resources. There is no industry in and around the area covered. Educational facilities viz. One Primary school is available in the vicinity. No Health care facility is available in the area. Common vegetables viz Potato, brinjal, tomato, cabbage, beans, pumpkin etc; grains viz Rice, Wheat, Pulses (black gram, green gram, horse gram), fruits viz. guava, mango, apple, banana, coconut are available in the vicinity. Electricity supply is also available in the village. Commonly the people depend upon wood for cooking purpose.
19. **Bhagabanpur:** The team covered the village Bhagabanpur, BBSR, Dist-Khurdha under the Ayurveda Mobile Health Care Programme under Schedule Castes Sub Plan (SCSP). The distance of the village from the institute is approximately 12Kms; total SC Population according to last census is 473; all of them speak local language i.e. Odia. Most of the people are addicted with Smoking & Chewing Tobacco, mostly the housing facilities are Kaccha with poor environmental status and poor sanitation. The road condition is good i.e. Kaccha; for Transportation facilities most of them depend upon private vehicles like Taxi, Auto Rickshaw etc. Some of them also use bicycles & motor cycles. There are no natural resources. Usually the people depend upon Hand pumps as water resources. There is no industry in and around the area covered. Educational facilities viz. One Primary school and one High school are available in the vicinity. No Health care facility is available in the area. Common vegetables viz Potato, brinjal, tomato, cabbage, beans, pumpkin etc; grains viz Rice, Wheat, Pulses (black gram, green gram, horse gram), fruits viz. guava, mango, apple, banana, coconut are available in the vicinity. Electricity supply is also available in the village. Commonly the people depend upon wood for cooking purpose.
20. **Patrapada:** The team covered the village Patrapada, BBSR, Dist- Khurda under the Ayurveda Mobile Health Care Programme under Schedule Castes Sub Plan (SCSP). The distance of the village from the institute is approximately 17Kms; total SC Population according to last census is 148; all of them speak local language i.e. Odia. Most of the people are addicted with Smoking & Chewing Tobacco, mostly the housing facilities are Pakka; with poor environmental status and poor sanitation. The road condition is good i.e. Pakka; for Transportation facilities most of them depend upon private vehicles like Taxi, Auto Rickshaw etc. Some of them also use bicycles & motor cycles. There are no natural resources. Usually the people depend upon Hand pumps as water resources. There is no industry in and around the area covered. Educational facilities viz. One Primary school and one High school are available in the vicinity. No Health care facility is available in the area. Common vegetables viz Potato, brinjal, tomato, cabbage, beans, pumpkin etc; grains viz Rice, Wheat, Pulses (black gram, green gram, horse gram), fruits viz. guava, mango, apple, banana, coconut are available in the vicinity. Electricity supply is also available in the village. Commonly the people depend upon wood for cooking purpose.
21. **Hatasahi:** The team covered the village, Hatasahi, Patrapada, BBSR, Dist-Khurda under the Ayurveda Mobile Health Care Programme under Schedule Castes Sub Plan



(SCSP). The distance of the village from the institute is approximately 22 Kms; total SC population of the village according to last census is 189; all of them speak local language i.e. Odia. Most of the people are addicted with Smoking & Chewing Tobacco, alcohol, Ganja, mostly the housing facilities are pakka with poor environmental status and poor sanitation. The road condition is pakka; for Transportation facilities most of them depend upon private vehicles like Taxi, Auto Rickshaw etc. Some of them also use bicycles & motor cycles. There are no natural resources. Usually the people depend upon hand pump as water resources. There is no industry in and around the area covered. Educational facilities viz. One Primary school is available in the vicinity. For health care facilities people depend on AIIMS Hospital. Common vegetables viz. Potato, brinjal, tomato, cabbage, beans, pumpkin etc; grains viz. Rice, Wheat, Pulses (black gram, green gram, horse gram), fruits viz. guava, mango, apple, banana, coconut are available in the vicinity. Electricity supply is also available in the village. Commonly the people depend upon wood for cooking purpose.

22. **Bahadalpur:** The team covered the village, Bahadalpur, Patrapada, BBSR, Dist- Khurda under the Ayurveda Mobile Health Care Programme under Schedule Castes Sub Plan (SCSP). The distance of the village from the institute is approximately 20Kms; total SC population of the village according to last census is 123; all of them speak local language i.e. Odia. Most of the people are addicted with Smoking & Chewing Tobacco, alcohol, Ganja, mostly the housing facilities are pakka with poor environmental status and poor sanitation. The road condition is pakka; for Transportation facilities most of them depend upon private vehicles like Taxi, Auto Rickshaw etc. Some of them also use bicycles & motor cycles. There are no natural resources. Usually the people depend upon hand pump as water resources. There is no industry in and around the area covered. Educational facilities viz. One Primary school is available in the vicinity. For health care facilities people depend on AIIMS Hospital. Common vegetables viz. Potato, brinjal, tomato, cabbage, beans, pumpkin etc; grains viz. Rice, Wheat, Pulses (black gram, green gram, horse gram), fruits viz. guava, mango, apple, banana, coconut are available in the vicinity. Electricity supply is also available in the village. Commonly the people depend upon wood for cooking purpose.
23. **Damodarpur:** The team covered the village, Damodarpur, Patrapada, BBSR, Dist- Khurda under the Ayurveda Mobile Health Care Programme under Schedule Castes Sub Plan (SCSP). The distance of the village from the institute is approximately 19Kms; total SC population of the village according to last census is 119; all of them speak local language i.e. Odia. Most of the people are addicted with Smoking & Chewing Tobacco, alcohol, Ganja, mostly the housing facilities are pakka with poor environmental status and poor sanitation. The road condition is pakka; for Transportation facilities most of them depend upon private vehicles like Taxi, Auto Rickshaw etc. Some of them also use bicycles & motor cycles. There are no natural resources. Usually the people depend upon hand pump as water resources. There is no industry in and around the area covered. Educational facilities viz. One Primary school and one high school available in the vicinity. For health care facilities people depend on AIIMS Hospital. Common vegetables viz. Potato, brinjal, tomato, cabbage, beans, pumpkin etc; grains viz. Rice, Wheat, Pulses (black gram, green gram, horse gram), fruits viz. guava, mango, apple, banana, coconut are available in the vicinity. Electricity supply is also available in the village. Commonly the people depend upon wood for cooking purpose.
24. **Chhotraipur:** The team covered the village, chhotraipur, Patrapada, BBSR, Dist- Khurda





under the Ayurveda Mobile Health Care Programme under Schedule Castes Sub Plan (SCSP). The distance of the village from the institute is approximately 24 Kms; all of them speak local language i.e. Odia. Most of the people are addicted with Smoking & Chewing Tobacco, alcohol, Bhang, Ganja, mostly the housing facilities are kaccha with poor environmental status and poor sanitation. The road condition is kaccha; for Transportation facilities most of them depend upon private vehicles like Taxi, Auto Rickshaw etc. Some of them also use bicycles & motor cycles. There are no natural resources. Usually the people depend upon well as water resources. There is no industry in and around the area covered. Educational facilities viz. One Primary school is available in the vicinity. For health care facilities people depend on AIIMS Hospital. Common vegetables viz. Potato, brinjal, tomato, cabbage, Bitter gourd, Cabbage, beans, etc; grains viz. Rice, Wheat, Pulses (black gram, green gram), fruits viz. guava, mango, banana, Cashew nut, coconut are available in the vicinity. Electricity supply is also available in the village. Commonly the people depend upon wood for cooking purpose.

25. **Sarakantara:** The team covered the village, Sarakantara, Patrapada, BBSR, Dist- Khurda under the Ayurveda Mobile Health Care Programme under Schedule Castes Sub Plan (SCSP). The distance of the village from the institute is approximately 26 Kms; all of them speak local language i.e. Odia. Most of the people are addicted with Smoking & Chewing Tobacco, alcohol, Bhang, Ganja, mostly the housing facilities are pakka with poor environmental status and poor sanitation. The road condition is pakka; for Transportation facilities most of them depend upon private vehicles like Taxi, Auto Rickshaw etc. Some of them also use bicycles & motor cycles. There are no natural resources. Usually the people depend upon well as water resources. There is no industry in and around the area covered. Educational facilities viz. One Primary school and one high school is available in the vicinity. For health care facilities people depend on AIIMS Hospital. Common vegetables viz. Potato, brinjal, Drumstick, tomato, pumkin, cabbage, Bitter gourd, Cabbage, beans, etc; grains viz. Rice, Wheat, Pulses (black gram, green gram), fruits viz. guava, mango, banana, Cashew nut, coconut are available in the vicinity. Electricity supply is also available in the village. Commonly the people depend upon wood for cooking purpose.
26. **Suanga:** The team covered the village, Suanga, Patrapada, BBSR, Dist-Khurda under the Ayurveda Mobile Health Care Programme under Schedule Castes Sub Plan (SCSP). The distance of the village from the institute is approximately 22 Kms; total SC Population according to last census is 259; all of them speak local language i.e. Odia. Most of the people are addicted with Smoking & Chewing Tobacco, alcohol, Bhang, Ganja, mostly the housing facilities are pakka with poor environmental status and poor sanitation. The road condition is kaccha; for Transportation facilities most of them depend upon private vehicles like Taxi, Auto Rickshaw etc. Some of them also use scooty, bicycles & motor cycles. There are no natural resources. Usually the people depend upon well as water resources. There is no industry in and around the area covered. Educational facilities viz. One Primary school and one high school is available in the vicinity. For health care facilities people depend on AIIMS Hospital. Common vegetables viz. Potato, brinjal, Drumstick, tomato, pumkin, Cabage, beans, etc; grains viz. Rice, Wheat, Pulses (black gram, green gram), fruits viz. guava, mango, banana, coconut are available in the vicinity. Electricity supply is also available in the village. Commonly the people depend upon wood for cooking purpose.
27. **Ransinghpur:** The team covered the village, Ransinghpur, Patrapada, BBSR, Dist- Khurda under the Ayurveda Mobile Health Care Programme under Schedule Castes Sub



Plan (SCSP). The distance of the village from the institute is approximately 24 Kms; all of them speak local language i.e. Odia. Most of the people are addicted with Smoking & Chewing Tobacco, alcohol, Bhang, Ganja, mostly the housing facilities are kaccha with poor environmental status and poor sanitation. The road condition is kaccha; for Transportation facilities most of them depend upon private vehicles like Taxi, Auto Rickshaw etc. Some of them also use bicycles & motor cycles. There are no natural resources. Usually the people depend upon well as water resources. There is no industry in and around the area covered. Educational facilities viz. One Primary school is available in the vicinity. For health care facilities people depend on AIIMS Hospital. Common vegetables viz. Potato, brinjal, tomato, cabbage, Bitter gourd, Cabage, beans, etc; grains viz. Rice, Wheat, Pulses (black gram, green gram), fruits viz. guava, mango, banana, Cashew nut, coconut are available in the vicinity. Electricity supply is also available in the village. Commonly the people depend upon wood for cooking purpose.

28. **Balianta G.P:** The team covered the area, Balianta Grama panchayat, BBSR, Dist-Khurdha under the Ayurveda Mobile Health Care Programme under Scheduled Castes Sub Plan (SCSP). The distance of the village from the institute is approximately 26 Kms; total SC population according to last census is 4106; all of them speak local language i.e. Odia, some of them also speak Hindi as and when required. Most of the people are addicted with Smoking & Chewing Tobacco, alcohol, Bhang and Ganja. The housing facilities are pakka with poor environmental status and poor sanitation. The road condition is Pakka; for transportation facilities most of them depend upon personal vehicles. Some of them also use private vehicles like Taxi, Auto Rickshaw etc. There are no natural resources. Usually the people depend upon well and tube well as water resources. There is no industry in and around the area covered. Educational facilities are good. Primary school, High school and colleges are available in the area. Common vegetables viz. Potato, Brinjal, Tomato, Pumpkin, Cabbage, Bitter gourd, beans, etc; grains viz. Rice, Wheat, Pulses (black gram, green gram), fruits viz. guava, mango, banana, coconut are available in the vicinity. Electricity supply is also available in the village. Commonly the people depend upon wood for cooking purpose.
29. **Jhinti Sasan G.P:** The team covered the area, Jhinti Sasan Grama panchayat, BBSR, Dist-Khurdha under the Ayurveda Mobile Health Care Programme under Scheduled Castes Sub Plan (SCSP). The distance of the village from the institute is approximately 34 Kms; total SC population according to last census is 2190; all of them speak local language i.e. Odia. Most of the people are addicted with Smoking & Chewing Tobacco, alcohol and Bhang. The housing facilities are pakka but the environmental status is poor with poor sanitation. The road condition is pakka; for transportation facilities most of them depend upon private vehicles like Taxi, Auto Rickshaw etc. Some of them also use bicycles & motor cycles. There are no natural resources. Usually the people depend upon well and somewhere tube well as water resources. There is no industry in and around the area covered. Educational facilities are also good. One Primary school and one high school are available in for the education of the children of the area. Common vegetables viz. Potato, Brinjal, Drumstick, Tomato, Pumpkin, Cabbage, Bitter gourd, Cabbage, Beans, etc; grains viz. Rice, Wheat, fruits viz. guava, banana, Coconut are available in the vicinity. Electricity supply is also available in the village. Commonly the people depend upon wood for cooking purpose, some also use cooking gas.
30. **Puran Padhan G.P:** The team covered the area, Puran padhan Grama panchayat, BBSR, Dist-Khurdha under the Ayurveda Mobile Health Care Programme under Scheduled



Castes Sub Plan (SCSP). The distance of the village from the institute is approximately 36 Kms; total SC Population according to last census is 2223; all of them speak local language i.e. Odia and some also know Hindi. Most of the people are addicted with Smoking & Chewing Tobacco, alcohol, Bhang and Ganja. Mostly the housing facilities are pakka with poor environmental status and poor sanitation. The road condition is kaccha; for transportation facilities most of them depend upon private vehicles like Taxi, Auto Rickshaw etc. Some of them also use scooty, bicycles & motor cycles. There are no natural resources. The people depend upon well as water resources. There is no industry in and around the area covered. Educational facilities like Primary school and high school are available in the vicinity. Common vegetables viz. Potato, Brinjal, Drumstick, Tomato, Pumpkin, Cabbage, beans, etc; grains viz. Rice, Wheat, Pulses (black gram, green gram), fruits viz. Guava, Mango, Banana and Coconut are available in the vicinity. Electricity supply is also available in the village. Commonly the people depend upon wood as well as cooking gas for cooking purpose.

31. **Jayadev G.P:** The team covered the area, Jayadev G.P Patrapada, BBSR, Dist-Khurdha under the Ayurveda Mobile Health Care Programme under Scheduled Castes Sub Plan (SCSP). The distance of the village from the institute is approximately 42 Kms; total SC Population according to last census is 1164; all of them speak local language i.e. Odia. Most of the people are addicted with Smoking & Chewing Tobacco, alcohol, Bhang, Ganja, mostly the housing facilities are kaccha with poor environmental status and poor sanitation. The road condition is kaccha; for transportation facilities most of them depend upon private vehicles like Taxi, Auto Rickshaw etc. Some of them also use bicycles & motor cycles. There are no natural resources. Usually the people depend upon well as water resources. There is no industry in and around the area covered. Educational facilities viz. One Primary school and one high school is available in the vicinity. Common vegetables viz. Potato, Brinjal, Tomato, Cabbage, Bitter gourd, Cabbage, Beans, etc; grains viz. Rice, Wheat, fruits viz. Guava, Mango, Banana, Cashew nut, Coconut are available in the vicinity. Electricity supply is also available in the village. Commonly the people depend upon wood for cooking purpose.

#### **CARIDD, Kolkata**

32. **Jothbhim:** It is located in South 24 Parganas District, state of Kolkata. Jothbhim village had a population of 1859 with 905 Males and 954 Females according to last census and the percentage of SC population is 93.76%. The people use rice and fish and vegetables in their routine diets. The roads in this village are both Pakka & Kaccha. Tube wells are the main source of water but mainly purchased water is consumed. The main cultivations in this village are coconut, banana and bamboo etc. The area has only one Primary School and no health care facility is available.
33. **Sikharpur:** It is a village in Talluka Rajarhat, North 24 Parganas, district in the state of Kolkata. Estimate population of 3941, of which 2056 Male and 1885 Females and the Percentage of SC people is 75.11%. In this village road condition are 60% kaccha and 40% brick made. Transportation is by bus, auto & local transport and water resources include hand pump mainly. The major cultivations are mango, guava trees, bamboo etc. Small and micro industries mainly ornaments related are prominent. Health facilities include 1 sub-centre in village.
34. **Sukhpukur:** It is a village in South 24 Parganas district in the state of Kolkata. The





population of the village according to the last census is 785 out of which there were 390 males and 395 females. The percentage of SC population is 100%. The village has only kaccha roads and has poor transport facility. Tube wells are the main source of water along with some ponds. There are no industries in the area. Educational facilities include Sukpukur Prathamik Vidyalaya. Health facilities include one Girangacha BPHC, 3 to 4 Km away. The common vegetables include potato, paddy, seasonal fruits and vegetables.

35. **Krolberia:** It is a village in Talluka South 24 Pargana, District in the state of Kolkata. It has total population of 3577, of which 1856 are male & 1721 are female according to last census. SC Percentage is 54.21%. Transportation is by bus, auto and rickshaw etc. Water resources include mainly Hand Pump and ponds. Wasteland present, dates, Banana, Mango, Bamboo, Neem etc. are prevalent. No industry is there. The village has educational facilities like Krolberia Primary School & Sarada Desapriya Balika Vidyalaya (High School) is there. No health facility is available in the village.
36. **Beonta:** It is a village in South 24 Pargana, District in the state of Kolkata. The population is 7850, of which 3989 are Male & 3861 are female according to last census. SC Percentage is 69.66%. Transport is by bus, auto and other local transport facilities. Water resources includes/mainly hand pump. Educational facilities include one basic junior school and one high school. Health facilities include 1 Sub centre is in the village.
37. **Chanda Kanthalberia:** It is a village in South 24 Pargana, District in the state of Kolkata. The population is 1229, of which 608 are male & 621 are female according to last census. SC Percentage is 93.98%. Road conditions are kaccha in the village and transport by toto or local vans. Water resources include mainly Hand Pump and ponds. No heavy industry is there. The area has only one school namely Kathaberia Abaitanik Prathomik Vidyalaya. Health facilities are available like Hospitals, Dispensary in the villages.
38. **Banamalipur:** It is a village in South 24 Pargana, District in the state of Kolkata. The population is 2847, of which 1145 male & 1402 are female according to last census. SC Percentage is 96.59%. Road Conditions in village road are mainly kaccha. Transport is by vans & auto mainly. Water resources mainly constitute hand pump. No industry is there. Educational facilities are available such as Banamlipur Aboitonik Prathamik Vidyalaya.
39. **Bhojerhat:** It is a village in South 24 Pargana, District in the state of Kolkata. The population is 2500 according to local body. SC Percentage is 90.9%. Road Conditions is Kaccha. Transport is by bus and cycle. Water resources are mainly from hand pump. Some families use well and pond water. Industries such as fisheries Plastic industry are present. Educational facilities are available such as Govt. High School - Sarada Despriya Balika Vidyalaya etc. Health facilities are available at Jirangacha, 5 km. away.
40. **Chariswar:** It is a village in South 24 Pargana, District in the state of Kolkata. The population is 4097, of which 2120 are male & 1977 are female according to last census. Road conditions include one main pitch road and kaccha village road. Transportation is by bus and vans. Water resources in the village are mainly from hand pump, pond and wells. There are industries such as small leather industries, industries of making money bags etc. Educational facilities are available which includes Chariswar Abaitanik Prathomik Vidyalaya.
41. **Haederait:** It is a village in South 24 Pargana, District in the state of Kolkata. The population is 11869, of which 5960 are Male & 5909 are Female according to last census.



SC Percentage is 59.30%. Road conditions include one main pitch road and kaccha village road. Transport is by bicycles and vans. No Industries is there. Educational facilities are available which includes one Primary school- Headerait Free Primary School and one Jr. Basic School. Health facilities are available nearby health centre -Bhatipota P.H.C is half Km. away.

42. **Akandakeshari:** It is a village in Talluka G.P. Patharghata, South 24 Pargana, District in the state of Kolkata. The population is 2847, of which 1445 are Male & 1402 are Female according to last census. SC Percentage is 96.59%. Road Conditions include main pitch road and kaccha village road. Transportation is by bus, auto and van. Water resources mainly include hand pump & purchased water. Educational facilities include one Akandakeshori Aboitonik Prathamik Vidyalaya.
43. **Kulberia:** It is a village in Talluka P.O. Kulberia, outh 24 Pargana, North 24 Parganas District in the state of Kolkata. The population is 3787, of which 1922 are male & 1865 are female according to last census. SC Percentage is 64.48%. Road Road Conditions include main pitch road and kaccha village road. Water resources mainly constitute hand pump. No industries are there. Educational facilities are available at Kulberia Vivekananda Primary School, Kulberia Dharmatala Primary School, Kulberia Madhyamik Siksha Kendra (Class VIII) etc. Health facilities are available like Hospitals, Dispensary etc.
44. **Hatgacha:** It is a village in Talluka P.O. Hatgacha, G.P. Bamanghata, South 24 Parganas District in the state of Kolkata. The population is 5882, of which 2957 are male & 2925 are female according to last census. SC Percentage is 86.96%. Road Conditions include main pitched road and village roads are mainly kaccha. Transport is by auto, vans. Water resources include hand pump and ponds. No industries are there. Educational facilities include one high school (Haridas Bidyapith High School) and three primary schools. Health facilities like hospitals, dispensary includes Hatgacha P.H.C. in the Hatgacha village.
45. **Dharmatala Panchuria:** It is a village in Talluka P.O. Dharmatala Panchuria, South 24 Parganas District in the state of Kolkata. The population is 57875, of which 2923 are male & 2866 are female according to last census. SC Percentage is 82.57%. Road Conditions include main pitched road and village roads are mainly kaccha and transport is mainly by auto and cycle. Water resources include hand pump, tap, well & purchased water for drinking purpose. No industries are there. Educational facilities include only one school - Dharmatala Panchuria Free Primary School. Health facilities are available 8 k.m away from B.P.H.C.
46. **Tardaha Kapatati:** It is a village in Talluka P.O. Beonta, South 24 Parganas District in the state of Kolkata. The population is 11869, of which 5960 are male & 5909 are female according to last census. SC Percentage is 59.30%. Road conditions include kaccha village road and very poor transport facility. Water resources are mainly from hand pumps but some ponds are also there. No industries are there. Health facilities in village are availed from Girangacha BPHC, 3 to 4 Km away.
47. **SAHEBPUR:** It is a village in Talluka P.O. Champahati, South 24 Parganas District in the state of Kolkata. The population is 7109, of which 3642 are male & 3467 are female according to last census. SC Percentage is 60.41%. Road conditions include kaccha village road and very poor transport facility. Transport is by bus and vans. Water resources



include hand pump, pond and wells. No industries are there. Educational facilities are there such as Sahebpur primary school. Health facilities in the village are availed from Kalikapur BPHC nearly 2 km away.

48. **Goalpota (Khejurtala):** It is a village in G.P. Kheyadaha , Dist. P.O. Champahati, South 24 Parganas District in the state of Kolkata. The population is 188, of which 95 are male & 937 are female according to last census. SC Percentage is 98% (Approx). Water resources are available from plenty of ponds & lakes. Drinking water by R.O. water (purchased from outside) and Govt. supplied tube well are also present. Industries in and around village include leather complex 5 k.m. away. Educational facilities are there which includes 1 ICDS, 1 Primary school in village, Kheyadaha H.S. School 3 k.m. away and Graduation College at Sonarpur 11 k.m. away. Health facilities in village are availed from 1 Swasthya Kendra in village and Subhasgram Sub-divisional hospital 25 k.m. away.
49. **Nayabad:** It is a village in G.P.-Kheyadaha - 1, Block – Sonarpur, Dist. South 24 Parganas, West Bengal. The population is 3696, of which 1911 are male & 1785 are female according to last census. SC Percentage is 91% (Approx). Road conditions of the village include pakka road and pitched main connecting road. Transportation facilities include bus, train etc. Water resources many include ponds. Govt. supplied tube well, hand pumps are also available. Some people use R.O. water (purchased from outside) as drinking water. Industries include some small scale factories are present in New Garia, 5 km away from this village. Educational facilities include 3 ICDS, 1 High school in village and 1 primary School upto class VIII. Health facilities are availed from Kheyadaha Sub-divisional Hospital is 5 km away. Subhasgram Sub-divisional Hospital is 20 km away.

#### CARIRD, Patiala

50. **Ravidass Nagar, Patiala-** The area is approximately 6km from the institute. It holds the landmarks of Factory area and Gurudwara Dukhniwaran Sahib nearby. It comes under M.C: Sh. Sandeep Singh Sandhu. The total population of area is approximately 1,500, which accommodating in (approx) 275 houses. The area bears mostly *Pakka* houses with adequate ventilation, flush system, underground drainage system, Government water supply with rare (water purifier). The roads of the area are appropriately made of concrete, with narrow streets. Houses are mostly RCC, very rare are Kaccha or Thatched. Population bears medium cleanliness and elderly people are not aware of general health problems and their importantly done treatment. Language spoken by the population is Punjabi. Transportation facility is good. Population is mostly less educated with no facility of Government school. People do lower duties and unskilled labours for their livelihood. Females are mostly housewives Dietary habits are both vegetarian and non-vegetarian. Electricity is available to all houses. There is no facility of Government dispensary which leads to lifestyle and infectious diseases like *Sandhishula, Vyan vayu vaishmya, Pandu roga, Kuposhan Janya vyadhian, Prameha* etc
51. **Tafazalpura, Patiala-** The area is approximately 7km from the institute. It comes under M.C: Smt. Nirmla Devi. The total population of this area is approximately 10,000 with approximately equal male and female ratio. Patients in this area are mostly middle aged. Most of the population here is Hindu, after that people follow Sikhism, but very less people of other religions. Most of the population is illiterate and primary educated, very few are high school educated. Most of the population holds the occupation of unskilled labourers, skilled laboures, lower duties. Ladies are mostly house wives. In terms of diet





habits, ratio of vegetarian and non-vegetarian are approximately same. In food habits people have rice and wheat both, with preference to wheat, few people do have maize also. In terms of taste preference, people like sweet, salt and then sour. Most of the population is away from addiction, only few people smoke and drink alcohol. Language spoken by the population is *Punjabi* and *Ghadwali*. Population is accommodating in approx 1350 houses, which are mostly RCC and Puccha. Kaccha houses are very less. All houses have facility of electricity and Government water supply(Tap). Cooking in most of the houses is done with LPG cylinders, very few houses use wood and coal for cooking purposes. Maximum houses have cycle and two wheelers for transportation. Almost every house has colour TV and cable connection. People do not prefer to keep cattles. Sanitation facility is good, most of the houses have pakka sanitary pit and flush system. There is no facility of Government school in the area and also no health facility. People are mostly suffering from Non infectious, life style and metabolic disorders. Maximum patients suffer from diseases like *Sandhisula*, *Kuposhan Janya vyadhian*, *Pandu*, *Daurbalya*, *tvak vikar*, *Kasa*, *Jwara* etc.

52. **Badungar, Patiala-** The area is approximately 9km from the institute. It comes under M.C:Smt.Shila Devi, with total population is approximately 1,000 with approximately equal male and female ratio. Patients in this area are mostly middle aged. Most of the population here is Hindu, Sikhism and other religion is very few in number. Most of the population is illiterate and primary educated. Very less is high school educated. Most of the population holds the occupation of unskilled labourers, skilled laboures and lower duties. Ladies are mostly house wives. In terms of diet habits maximum population prefer non-vegetarian food. In food habits people have rice and wheat both with preference to wheat more; few people do have maize also. In terms of taste preferences, people like sweet, salty and then sour. Most of the population is away from addiction, only few people chew Tabacco and drink alcohol. Language spoken by the people is Punjabi. Population is accommodating in approx 250 houses, which are mostly RCC and Pakka. Thatched houses are very less. All houses have facility of electricity and Government water supply (Tap). Cooking in most of the houses is done with LPG cylinder. Very few houses use wood for cooking purpose. Maximum houses have cycle and two wheelers for transportation. Every house has colour TV and cable connection. Few houses have animal shades also. Sanitation facility is good, most of the houses have Pakka sanitary pit and Flush system. There is facility of Government primary School also in the area. But there is no health facility. People are mostly suffering from Non-infectious, life style and metabolic disorders. Maximum patients suffer from *Sandhisula* (Joint pain) and then *Kasa*, *Tvak Roga*, *daurblya*, *Amalpitta* are common. *Pradara and Sandhisula* is common in ladies here.
53. **Pathak Vihar, Patiala-** The area is approximately 2km from the institute. It comes under M.C : Smt. Leela Devi. The total population of this area is 5,000 with approximately equal male and female ratio. Patients in this area are mostly middle aged. Maximum population here is Hindu, very few other religion. Most of the population is illiterate and High school educated, less are primary educated and few have also done higher qualification. Most of the population holds the occupation of unskilled labourers, skilled laboures and lower duties. Ladies are mostly house wives. In terms of diet habits ratio of vegetarian and non-vegetarian are approximately same. In food habits people have rice and wheat both with preference to rice more, few people do have maize also. In terms of taste preferences, people like sweet, salty and then sour. Most of the population is away from addiction,



only few people smoke and drink alcohol. Language spoken by the people is Punjabi. Population is accommodating in approx 300 houses, which are mostly RCC and Pakka. Kaccha houses are very few. All houses have facility of electricity and Government water supply (Tap). Cooking in most of the houses is done with LPG cylinder. Very few houses use wood for cooking purpose. Maximum houses have cycle and two wheelers for transportation. Every house has colour TV and cable connection. People do not prefer to keep cattles. Sanitation facility is good, most of the houses have Pakka sanitary pit and Flush system. There is facility of Government High School in the area and a college is also nearby. Health facility is poor in the area. People are mostly suffering from Non-infectious, life style and metabolic disorders. Maximum patients suffer from *Sandhisula* whereas *Kasa*, *daurbhya*, *Amalpitta* are common diseases among them. Ladies suffer from *pradara* too.

54. **Bathoi Khurd, Patiala-** Bathoi Khurd village is located in Patiala Tehsil of Patiala district in Punjab, India. The area is approximately 18 km from the institute. It comes under Sarpanch Randhir Singh. The total population of this area is 2183 of which 1140 are males and 1043 are females. 56% population of this village belongs to scheduled castes. Patients in this area are mostly middle aged. Maximum population belongs to Sikh and Hindu religions. Most of the population is illiterate, primary and middle school educated, and few have done higher qualification Most of the population holds the occupation of Housewife, unskilled labourers and none. Ladies are mostly house wives. In this village population of children with age 0-6 is 267 which makes up 12.23 % of total population of village. Average Sex Ratio of this village is 915 which is higher than Punjab state average of 895. Child Sex Ratio for this village as per census is 993, higher than Punjab average of 846. It has lower literacy rate compared to Punjab. In terms of diet habits ratio maximum population prefer vegetarian. Population is accommodating in approx 350 houses, which are mostly Pakka and Kaccha. RCC houses are few. In food habits people have rice and wheat both with preference to wheat. In terms of taste preferences, people like sweet and salty. Most of the population is away from addiction, only few people smoke, tobacco and drink alcohol. Language spoken by the people is Punjabi. People prefer to keep cattles. Health facility is poor in the area. People are mostly suffering from Non-infectious and life style disorders. Maximum patients were suffering from diseases *Sandhisula*, *Kasa*, *Twak vikar*, *Amalpitta*, *Koshthabaddhta*, *Hrid roga*, *Pratishyay* and *Prameha*.
55. **Phagan Majra, Patiala-** Phagan Majara village is located in Patiala Tehsil of Patiala district in Punjab, India. It is situated 12 km away from this institute. It comes under Sarpanch Gurmeet Singh. It has a total population of 2,112 peoples. 53% population of this village belongs to scheduled castes. There are about 429 houses in Phagan Majara village. The area bears mostly *Pakka* houses with adequate ventilation, flush system, underground drainage system, and Government water supply. Houses are mostly Pakka, very rare are Kaccha or Thatched. Population bears medium cleanliness. In terms of diet habits ratio maximum population prefer vegetarian and then non-vegetarian and few Vegetarian & Egg. In terms of taste preferences, people like sweet, salty and sour. Most of the population is illiterate, middle school and primary educated. Most of the population holds the occupation of Housewife, unskilled labourers. Maximum population belong religion Sikh. Cooking in most of the houses is done with LPG cylinder Maximum houses have cycle and two wheelers for transportation. Every house has colour TV and cable connection. Health facility is poor in the area. People are mostly suffering from Non-infectious and life style disorders. Maximum patients were suffering from diseases like



*Sandhisula, Kasa, Twak vikar, Koshtabaddhta, Hrid roga, Pratishtay and Prameha*

56. **Mardan Heri, Patiala-** Mardan Heri is a medium size village located in Samana block of Patiala district, Punjab. The area is approximately 20 km from the institute. This village has population of 1961 of which 1071 are males while 890 are females. 48% population of this village belongs to scheduled castes. It comes under Sarpanch Mohinder Singh. The count of employed people of Mardan Heri village is 653 still 1308 are un-employed. And out of 653 occupied individual 167 peoples are totally reliant on farming. The total geographical area of village is 382 hectares. Maximum population here is Sikh, and few other religions. Cooking in most of the houses is done with LPG cylinder and wood. Many houses have animal shades also. In terms of diet habits ratio maximum population prefer vegetarian and few non-vegetarian. In terms of taste preferences, people like sweet, salty and sour. All houses have facility of electricity and Government water supply (Tap). Sanitation facility is good, most of the houses have Pakka sanitary pit and Flush system. There is facility of Government primary School also in the area. Maximum patients were suffering from diseases like *Sandhisula, Kasa, Twak vikar, Ajirn, Koshtabaddhta, Hrid roga, Vatvyadhi and Vatarakta*.
57. **Kauli, Patiala-** Kauli is a large village located in Patiala of Patiala district, Punjab. The area is approximately 22 km from the institute. This village has population of 2328 of which 1222 are males while 1106 are females as per Population. 63% population of this village belongs to scheduled castes. Maximum population belongs to Sikh and Hindu religions. Most of the population is illiterate, middle school and primary educated, and few have done higher qualification Most of the population holds the occupation of Housewife, unskilled labourers and none. In this village population of children with age 0-6 is 295 which makes up 12.67 % of total population of village. In terms of diet habits ratio maximum population prefer vegetarian and then non-vegetarian. Population is accommodating in approx 431 houses, which are mostly Pakka and Kaccha. RCC houses are few. In food habits people have rice and wheat both with preference to wheat. In terms of taste preferences, people like sweet, salty and sour. Most of the population is away from addiction, only few people smoke, tobacco and drink alcohol. Language spoken by the people is Punjabi. People prefer to keep cattles. Health facility is poor in this area. People are mostly suffering from Non-infectious and life style disorders. The count of working people of Kauli village is 750 while 1578 are non-working. And out of 750 occupied people 89 peoples are fully dependent on agriculture. Maximum patients were suffering from diseases like *Sandhisula, Kasa, Twak vikar, Dourbalya, Vatarakta, Ajirn, Hrid roga and Prameha*.
58. **Sanour (R), Patiala-** Sanour is a large village located in Patiala of Patiala district, Punjab. The area is approximately 10 km from the institute. This village has population of 2794 of which 1441 are males while 1353 are females. 53% population of this village belongs to scheduled castes. It comes under M.C. Inder Kumar Shindi. Most of the population holds the occupation of Housewife, none and unskilled labourers. In food habits people have rice and wheat both with preference to wheat. . In terms of diet habits ratio maximum population prefer vegetarian and then non-vegetarian In terms of taste preferences, people like sweet, salty and sour. All houses have facility of electricity and Government water supply (Tap). Cooking in most of the houses is done with LPG cylinder. Very few houses use wood for cooking purpose. Maximum houses have cycle and two wheelers for transportation. Every house has colour TV and cable connection. Few houses have animal shades also. Sanitation facility is good, most of the houses have Pakka sanitary pit and





Flush system. There is facility of Government primary School also in the area. Maximum patients were suffering from diseases like *Sandhisula, Kasa, Twak vikar, Vatarakta, Vatvyadhi, Koshtabaddhta, Hrid roga, Pratishyay and Prameha*.

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59. **Achhalikheda:** This village is situated in Mohanlalganj Tehsil in the South of NVARI&H nearly the distance of 80 km. Total population of this village is 1959(male-1030 & female-929) in which SC population was 778(male-401 & female-377). All speaks Awadhi local language and some extent Hindi. Illiteracy and poverty are prevalent there. only private vechiles are public transport. Most of the houses are kachha n pukka mix type but some have pukka house. There is a Govt. primary and junior high school. It has almost uniformed tropical climate. The source of drinking water is hand pumps/ tube wells and for irrigation purposes tube wells and mostly by water of indiranahar is used. Mostly peoples have electric connection but some have no facility of electricity but in Fakir kheda there is no electric supply. These villagers are availing health services through govt. CHC mohanlalganj and some by jhola-chhap private practioners. Mostly people have open field sanitation facility. Most of the peoples are labour and farmers.
60. **Juggaur:** this Village is situated inChinhat Tehsil 20 km from the NVARI&H institute. Total population is 9478 from whom 4983 are males and 4495 are female. The SC population of the village is 1367 persons of whom 738 are males and 629 are female. Awadhi and Hindi is local language. There is a Govt. primary and junior high school. It has almost uniformed tropical climate. The temp.variesfrom 45<sup>o</sup>C maximum in summer to 5<sup>o</sup>C. Min.in winter season. Rainfall is100 cm. per annum. The source of drinking water is mostly by hand pumps and rarely by tap. For irrigation purposes tube wells and water supply fromindira-canal is used. Whole village have electric connection but some houses likely in nutt-tola does not have facility of electricity.These villagers are availing health services througha govt. PHC &homeopathic dispensary. Mostly people have pukka house and some have pukka and kaccha mix. Specially in nutt-tola there is very poor hygienic and living standerd. All people going open field for sanitation purposes. Most peoples are farmers and labor class. Some are skilled labour.
61. **Muspippari:** This Village is situated inBakshiKaTalab block 40 KM towards North from the institute. Awadhi and Hindi is Local Language. The total population is 2149. The SC population is 919. There is a Govt. primary and junior high school. It has almost uniformed tropical climate. Apart of Shisham, eukeliptus, Mahua, Babul, Neem, Peepal, Ashok, Mango, Gular plantsVasha (Adusha) are grown abundantly around this village. The source of drinking water is hand pumps and for irrigation purposes tube wells are used. Some people have electric connection but some have no facility of electricity. These villagers are availing health services through govt. CHC Kumhrawa but health status of these villagers are not good. Maximum peoples suffers from malnutrition due to poverty and illiteracy. Most of the sc peoples have harijan colony and kacchalatrin facility so people used to go open field sites. There is lack of regular drainage system. Most villagers are agricultural labours and farmers. These peoples have low economic and hygienic condition.
62. **Khargapur:** ThisVillage is situated in Chinhat Tehsil 10 km east from the NVARI&H institute. Awadhi and Hindi is Local Language. Total population is 9459 (male-5017 & female-4442). The SC population of the village is 997 (male-552 & female-445). There



is a Govt. primary and junior high school and Smt. Krishna Devi Memorial, Jawahar Lal Nehru and CMS Gomtinagar are private schools. It has almost uniformed tropical climate. Khargapur is a urban village so trees are very rarely found. Most of the peoples are engaged in private business, shops and jobs. Source of drinking water is hand pumps and taps and for irrigation purposes tube wells and water supply from indira-canal is used. Whole village have electric connection and pukka house with pukka latrinfascility. Water drainaging is not in satisfactory limit. Mostly these villagers availing health services through govt. PHC, CHC and a Govt. Ayurvedicdispensary.

63. **KalliPoorab:** This Village is situated in Sarojaninagar Tehsil 35 KM towards South from NVARI&H. Awadhi and Hindi is Local Language. Total population is 2963(male-1558 & female-1405) in which SC population was 2066 (male-1101 & female-965). There is a Govt. primary and junior high school. It has almost uniformed tropical climate. The source of drinking water is hand pumps and for irrigation purposes tube wells are used. Most peoples have electric connection but some have no electricity. Mostly people use open field for sanitation purposes. These villagers are availing health services through govt. CHC mohanlalganjbut health condition is not in satisfactory limit due to high no. of peoples are engaged in brick field labory. These peoples have low economic and hygienic condition. High incidence of malnutrition is found in these villagers.
64. **Mahigavan:** This Village is situated in BakshiKaTalab block 35 KM towards North from the institute. Awadhi and Hindi is Local Language. Total population is 2737(male-1442 & female-1295) in which SC population is 1086(male-570 & female-516). There is a Govt. primary and junior high school but elderly persons have high rate of illiteracy. It has almost uniformed tropical climate. Most of the peoples are labour and formers. Most of the houses in this village are kachha with poor hygienic and ill ventilated conditions without latrine facility but some houses have latrin facilities. The sources of drinking water are hand pumps and for irrigation purposes tube wells are used. Some people have electric connection but some have no facility of electricity. These villagers are availing health services through govt. CHC Kumhrawa and some by jhola-chhap private practioners but maximum peoples suffers from malnutrition due to poverty and illiteracy.
65. **Kathwara** is a large village located in Bakshi Ka Talab of Lucknow district, U.P. Total population- 6740 (male-3528& female-3212) and SC population- 2724 (male-1411 & female-1313). Hindi is Local Language. Public Bus Service is available within village, auto, tempo and private vechiles are main public transport. Itaunja Rail Way Station, Bakshi Ka Talab Rail Way Station are the very nearby railway station to Kathwara. There are a Prathamik Vidyalay, Purv Madhyamik andsimultaneously Saksham Institute of Skill Development, Khwaja Moinuddin Chishti Urdu; Arabi-Farsi Universityand ICFAI UNIVERSITY for Distance Learning is for higher studies destination. It has almost uniformed tropical climate. Plants like Shisham, Neem, Pipal, Imli, Mango, balamkheera etc are found. The majority of people is engaged in private jobs and local business and in agricultural aspect there is wheat, paddy, mustard crops and vegetables such as potato, cauliflower, and cabbage are grown here. The source of drinking water is mostly by hand pumps, few by tap water and for irrigation purposes tube wells are used. These villagers are availing health services through govt. PHC and govt. ayurvedic dispensary andin GCRG memorial trust hospital, Galexy hospital and Sewa hospital providesprivate healthservice. The ANM services are available in sub-centres and PHCs. Famous Chandrika Devi Mandir is located adjescent to this village.



66. **Kalli Pashchim** is a Village in Sarojaninagar Tehsil in Lucknow District of Uttar Pradesh State, India. It is located 25 KM towards South from RARIED & 9 KM from Sarojaninagar. Hindi is Local Language. According to Census of India 2011 the total population was 12,157 (male-6347 & female-5810) in which SC population was 6722 (male-3513 & female-3209). Sultanpur dipo, auto, tempo and private vechiles are main public transport. Utrathiya Rail Way Station, Mohanlalganj Rail Way Station are the very nearby railway stations to Kalli Pashchim. However Charbagh Rail Way Station is major railway station 12 KM near it. There is a Govt. primary and junior high school and Jhs Kalli Pashchim, Sacred Heart Convent are private schools simultaneously Azad Institute of Technology and Surya Institute of technology is for higher studies destination. It has almost uniformed tropical climate. Kalli paschim is a urban village so plants are very rare in this area some plants like Shisham, Neem, Pipal, Imli, Mango, are found. The majority of people are engaged in private jobs and local business so agricultural aspect is negligible here few crops like wheat, paddy, and vegetables such as cauliflower, cabbage are grown here. The source of drinking water is tap and hand pumps and for irrigation purposes tube wells are used. Almost all peoples have electric connection. These villagers are availing health services through govt. CHC mohanlalganj and some by privatepractioners. The ANM services are available in sub-centres and CHCs. Apart of thisS.G.P.G.I fulfillls excellent medical need of this village.
67. **Jabarauli:** Jabarauli is a Village in Mohanlalganj Tehsil in Lucknow District of Uttar Pradesh State, India. It is located 70 KM towards South from RARIED and 7 KM from Mohanlalganj. Hindi is Local Language. According to Census of India 2011 the total population was 4107 (male-2163 & female-1944) in which SC population was 1484 (male-785 & female-699). From lucknow-sultanpur highway only private vechiles are public transport. Kankaha Rail Way Station, Mohanlalganj Rail Way Station are the very nearby railway stations to Jabarauli. However Charbagh Rail Way Station is major railway station 30 KM. There is a Govt. primary and junior high school. Jhs Jabrauli and Balgovind Ucchttar Madhmik Vidyalaya are private schools and Surya Institute of technology is for higher studies destination is found. It has almost uniformed tropical climate. Babul, Shisham, Eukeliptus, Mahua, Neem, Peepal, Imli, Mango, Gular plants are grown here. The main crops are wheat, paddy, sugarcane, Arahar, mustard and vegetables such as cauliflower, cabbage, tomato, brinjals and potatoes are grown here. The source of drinking water is hand pumps/tube wells and for irrigation purposes tube wells are used. Mostly peoples have electric connection but some have no facility of electricity. These villagers are availing health services through govt. CHC mohanlalganj and some by jhola-chhap private practioners. The ANM services are available in sub-centres and CHCs. Apart of thisS.G.P.G.I fulfillls excellent medical need of this village
68. **Aramba:** Aramba is a village located in Bakshi Ka Talab of Lucknow district, U.P. Total population-2459 (male-1278& female-1181) and SC population-1329 (male-70& female-623). Hindi is Local Language. Auto, tempo and private vechiles are main public transport from. Itaunja Rail Way Station is nearly 10 km from here and Bakshi Ka Talab Rail Way Station are the nearby railway station to Aramba. There is a Govt.Pre-primary school, one govt. Primary school and one govt. Middle school and simultaneously there is management institute in Narharpur which is about 10±kms from Aramba. It has almost uniformed tropical climate. Plants like Shisham, Neem, Pipal, Imli, Mango, balamkheera etc are found. The main commodity in Aramba is agriculture. The paddy is first agriculturalcommodity but also wheat, mustard crops and vegetables such as potato,





brinjal, cauliflower, and cabbage are grown here. The source of drinking water is mostly by hand pumps, few by tap water and for irrigation purposes tube wells are used. In Aramba no facility of CHC,PHC and maternity welfare center but these facility are available at 5-10 km from the village.these villagers are availing health services through govt. PHC and govt.CHCof B.K.T.andSewa hospital and GCRG memorial trust Hospital provides private health service. The ANM services are available in sub-centres and PHCs

69. **Birahimpur:** Birahimpur is a village of Malihabad Tehsilin Lucknow District (U.P.). It is located 75KM from RARIED. Hindi is Local Language. According to Census of India 2011 the total population was 1154 (male-612& female-542) in which SC population was 798 (male-422& female-376). Hardoi dipo, tempo and private vechiles are main public transport. Malihabad Rail way Station is7 km from here.However Charbagh Rail Way Station is major railway station 50KM near it. There is a Govt. Primaryschool. Nav Jagriti Balika Collegeis nearby to this village.It has almost uniformed tropical climate.In this area huge no. of mango gardens are found.In Birahimpur area plants like Shisham, Neem, Pipal, Imli, Mango, Pakad, Mahua etc are found. The majority of people are engaged in mango business. In agricultural aspect crops like wheat, paddy, Arahar, Maize and vegetables such as cauliflower, cabbage, Pumpkin, Guard, Brinjal, Lady Fingure etc are grown here. The source of drinking water is by hand pump and for irrigation purposes tube wells are used. Almost all peoples have electric connection. These villagers are availing health services through govt. PHC and CHC Malihabad and some by private institute like Era medical college, Prabuddh ayurvedic medical college and KGMU fulfils the medical need of these villagers. The ANM services are available in sub-centres and CHCs.
70. **Jindaur garhi:** Jindaur garhi is a village of Malihabad Tehsil in Lucknow District (U.P.). It is located 65KM from RARIED. Hindi and Awadhi is Local Language. According to Census of India 2011 the total population was 12323 (male-6544& female-5779) in which SC population was 4234(male-2284& female-1950). Hardoi dipo, tempo and private vechiles are main public transport. RahimabadRail way Station, dilawarnagar railway station are the nearby railway station..However Charbagh Rail Way Station is major railway station 40 KM from here. There is a Govt. Primary school in this village; private schools like Kunwar Asif Ali, G.P.Memorial School, Sarvodaya Bal Vidya Mandir, Vivek Pratap Munshi Kheda are nearby to this village. It has almost uniformed tropical climate.In this area huge no. of mango gardens are found.In this area plants like Shisham, Neem, Pipal, Imli, Mango, Pakad, Mahua etc are found. In agricultural aspect crops like wheat, paddy, Arahar, Maize and vegetables such as cauliflower, cabbage, Pumpkin, Guard, Brinjal, Lady Fingure etc are grown here. The source of drinking water is by hand pump and for irrigation purposes tube wells are used. Almost all peoples have electric connection. These villagers are availing health services through govt. PHC and CHC Malihabad and some by private institute like Era medical college, Prabuddh ayurvedic medical college and KGMU fulfils the medical need of these villagers. The ANM services are available in sub-centres and CHCs.
71. **Kheshrawa:** Kheshrawa is a Village in Bakshi-Ka-Talab Tehsil in Lucknow District of Uttar Pradesh State, India. It is located 40 KM from RARIED. Hindi is Local Language. According to Census of India 2011 the total population was 992(male-530& female-462) in which SC population was 637(male-342& female-295). Sitapur dipo provides transport facility and from main road to village tempo and private vechiles are main public transport from. Itaunja Rail Way Station is nearly 3.5 km from here and .There is a Govt. Primary school and simultaneously there is management institute in Narharpur, Noble institute



of management and engineering are nearby from here. It has almost uniformed tropical climate. Plants like Shisham, Neem, Pipal, Imli, Mango, balamkheera etc are found. The main commodity of this village is agriculture. The paddy is first agricultural commodity but also wheat, mustard crops and vegetables such as potato, brinjal, cauliflower, and cabbage are grown here. The source of drinking water is mostly by hand pumps, few by tap water and for irrigation purposes tube wells are used. In Khesrawa no facility of CHC,PHC and maternity welfare center but these facility are available at 5-10 km from the village. These villagers are availing health services through govt. PHC and govt. CHC of B.K.T., Sewa hospital and GCRG memorial trust Hospital provides private health service. The ANM services are available in sub-centres and PHCs.

72. **Ratanapur:** Ratanapur is a Village in Mohanlalganj Tehsil in Lucknow District of Uttar Pradesh State, India. It is located 55 KM from RARIED and 7 KM from Mohanlalganj. Hindi is Local Language. According to Census of India 2011 the total population was 909(male-488& female-421) in which SC population was 456(male-245& female-211). Allahabad dipo is main transport facility. From lucknow-sultanpur highway only private vechiles are public transport. Kankaha Rail Way Station, Mohanlalganj Rail Way Stations are nearby railway station. However Charbagh Rail Way Station is major railway station 30 KM. There is a Govt. primary school and Balgovind Ucchttar Madhmik Vidyalaya, Raj Narain Jaiswal inter college, Satya Narain Tiwari Vidya Mandir, Navjeevan Inter College and Shiv Nandan Inter college are private schools and Surya Institute of technology, Tirupati College of Engineering are for higher studies destinations. It has almost uniformed tropical climate. Babul, Shisham, Eukeliptus, Mahua, Neem, Peepal, Imli, Mango, Gular plants are grown here. The main crops are wheat, paddy, sugarcane, Arahar, mustard and vegetables such as cauliflower, cabbage, tomato, brinjals and potatoes are grown here. The source of drinking water is hand pumps, tap water and for irrigation purposes tube wells and a sub branch of Indira canal are used. Mostly peoples have electric connection but some have no facility. These villagers are availing health services through govt. CHC mohanlalganj and some private hospitals like Dr.Narendra Jaisawal hospital, Sumitra nursing home, Sanjeevani hospital, Paurush hospital. The ANM services are available in sub-centres and CHCs. Apart of this S.G.P.G.I fulfills excellent medical need of this village.

#### **CARIC, Mumbai**

73. **Panchsheel Nagar, Kanjurmarg (E.):** Panchasheel Nagar, Kanjurmarg, Mumbai-400042 falls under Brihat Mumbai Municipal corporation (BMC) and is located 30 KM from CARIC. Population of the area is 8000-10000, which is SC dominant. Marathi is the main spoken language here. Most of the houses are “pakka” type and most of the population is using Sarvajanic type (out of the house) sanitation. Tap water (BMC I.e. Brihan Mumbai Corporation) is available in 100% houses.
74. **Karnamvar Nagar, Vikhroli (E.):** Karnamvar Nagar, Vikhroli (E), Mumbai- 400083 is 23 KM away from institute and falls under BMC. Population of the area is 5000. Marathi and Hindi both languages are spoken mostly here. Most Houses are “Pakka” type only four houses which were thatched type. Sanitation facilities are outside the house. “Pakka” roads are available for transportation. Tap water (BMC) is the main source i.e. 100% houses of water.
75. **Tapodhan Nagar, Khar (E.):** Tapodhan Nagar, Khar (E.) is 12.8 Km away from institute and comes under BMC. Population in this area is 8000-10000 and Marathi is



the main languages spoken here. Most of the houses are “Pakka” type. Sanitation facility issarvajanic type (out of the house). Tap water (BMC) is available in 100% houses.

76. **ShelarGaon, Bhivandi:** ShelarGaon, 421302 taluka Bhiwandi in district Thane of Maharashtra is located 50 KM from institute. Population of the area is 15,000. Marathi and Hindi are main Languages spoken. Most houses i.e. 90% are “Pakka” houses. 90% of the population has sanitation facilities at their homes. Shelar is situated on the edge of the Kamavari River and drinking water is provided by, STEM water distribution & infrastructure company private limited which is under Maharashtra Jeevan Pradhikaran Sanstha. The environment is mostly polluted due to industries in the nearby location, Bhiwandi is known for its textile industry as it has the largest number of power looms in the country.

#### RARIECD, Jaipur

77. **Beer Ramchandrapura:** Beer Ramchandrapura is a small village in Phagi Tehsil in Jaipur District of Rajasthan State. Total population of this village is 746 according to census 2011. Beer Ramchandrapura village comes under Harsooliya Panchayat. It is located 40 Km. far from the Institute. The nearby villages of Beer Ramchandrapura are Harsooliya & Chakwara. Villagers prefer Hindi as a local language for communication. People live in pakka houses. Sanitation facilities are available in mostly houses. Main link road is made by charcoal & Village road is made by cement. Transportation facilities are available by bus and private vehicles. Source of drinking water is Tap in this village this facility is provided by PHED. A Primary School is situated in this Village. Mr. Jagdish Prasad Sharma is the headmaster of the Primary School. Medical facilities are not available in this Village. Shri Madan Lal Rajwanshi is the sarpanch of Beer Ramchandrapura. Aangan Bari Kendra situated in this village. Common vegetable are Radish, Carrot, Brinjal etc. & Grains are Wheat, Barley & available fruits Papaya, Guava etc. Ground level of water is very lower in this Village & maximum quantity of fluoride present in water.
78. **Narayanapura:** Narayanapura is a Medium size Village in Jaipur District of Rajasthan State. Narayanapura is Located in Phagi Tehsi. This Village is under Pahadiya Panchayath & belongs to the Jaipur Division. This Village is located 48 KM far from the Institute. Total population of this village is 1239 according to census 2011. Villagers prefer Hindi as a local language for communication. Mostly People lives in pakka houses. Mostly Villagers are like Non Vegetarian food & drinking alcohol. This village link road condition is not good. Villagers use their Personal vehicles for transportation. A Primary School, Angan Bari kendra & PHC are situated in this village. Source of drinking water is TAP, Well and Hand pump. Common vegetable are Radish, Carrot, Brinjal etc. & Grains are Wheat, Barley & available fruits Papaya, Guava etc. Ground level of water is very lower in this Village & maximum quantity of fluoride present in water. Manji Renwal is nearby City of Narayanapura. Mrs. Gulab Devi Gurjar is Sarpanch of this village. Mr Mangal Ram is member of this village.
79. **Dosara Khurd:** Dosara Khurd is a Village in Phagi Tehsil District Jaipur, Rajasthan. This village belongs to Jaipur Division. This village is located 55 Km far from the Institute. Total population of this village is 386 according to census 2011. This village is situated in Dosara Panchyat. Villagers prefer Hindi as a local language for communication. Mostly Villagers are like Non Vegetarian food, Smoking & drinking alcohol. Mostly People lives in pakka houses. Sanitation facilities & electricity are available in maximum house. Villagers cook their food by gas & wood. Main link road is made by Charcoal in this village. Villagers use





their Personal vehicles & Buses for transportation. Common vegetable are Radish, Carrot, Brinjal etc. & Grains are Wheat, Barley & available fruits Papaya, Guava etc. Ground level of water is very low in this village. Shri Ramavatar Choudhary is the Sarpanch of this Village. A Primary School, Aangan Bari Kendra is situated in this Village. Source of drinking water in this village is TAP, Well & Hand pump.

80. **Jharana Khurd:** Jharana Khurd is a Village in Phagi Tehsil in District Jaipur, Rajasthan. This village is situated in Bhankrota Panchayat. This village belongs to Jaipur Division. This village is located 55 KM far from the Institute. Phagi is nearby city of this village. Total population of this village is 481 according to census 2011. Villagers prefer Hindi as a local language for communication. Mostly Villagers are like Non Vegetarian food & smoking. Mostly People lives in pakka houses. Sanitation facilities are not available in Mostly house. Electricity is also available in maximum houses. Villagers cook their food by wood. Main link road is made by Charcoal & Village road is made by Cement. Villagers use their Personal vehicles & Buses for transportation. Common vegetable are Radish, Carrot, Brinjal etc. & Grains are Wheat, Barley & available fruits Papaya, Guava etc. A Primary School, Aangan Bari Kendra is situated in this Village. Source of drinking water in this village is TAP, Well & Hand pump. Mrs. Reena Ratanawat is the Sarpanch of this village.
81. **Sawant Ka Bass:** Sawant ka Bass is a Village in Sanganer Tehsil in District Jaipur Rajasthan. This Village Situated in Mohanpura Panchayat. This village belongs to Jaipur Division. This village is located 30 KM far from The Institute. Total Population of this village is 283 according to census 2011. Sanganer is nearby City of this village. Villagers prefer Hindi as a local language for communication. Mostly Villagers are like Vegetarian food & smoking. Mostly People lives in pakka houses. Sanitation facilities & electricity are available in mostly houses. Villagers cook their food by gas & Wood. Main link road is made by Charcoal & village road is made by Cement. Villagers use their Personal vehicles & City Buses for transportation. Common vegetable are Radish, Carrot, Brinjal etc. & Grains are Wheat, Barley & available fruits Papaya, Guava etc. Upper Primary school is located in this Village. This village is distributed in five "Dhani". Source of drinking water in this village is Well & Hand pump. Ground level of water is very lower in this Village. Peoples used dirty water for Agriculture this water comes from industries.
82. **Palri Parsa:** Palari Parsa is a small Village in Sanganer, Tehsil in District Jaipur, Rajasthan. This village comes under Harchndrapura Panchayat. This village belongs to Jaipur Division. This village is located 28 KM far from the Institute. Total Population of this village is 816 according to census 2011. Sanganer, Jaipur is nearby city of this village. Villagers prefer Hindi as a local language for communication. Mostly Villagers are like Non-vegetarian food & smoking. Mr. Sushila Devi is the Sarpanch of this Village. Mostly People lives in pakka house. Sanitation facilities & Electricity are available in mostly houses. Villagers cook their food by gas. Main link road is made by Charcoal & Village road is made by Cement. Villagers use their Personal vehicles & City Buses for transportation. Common vegetable are Radish, Carrot, Brinjal etc. & Grains are Wheat, Barley & available fruits are Papaya, Guava etc. Mrs. Mamata Sharma is Aangan Bari attendant. Upper Primary school is located in this village & Aangan Bari Kendra situated in this School. Source of drinking water in this village is TAP, Tankers & Hand pump. This village is distributed in four "Dhani". This village is situated near by Mahindra SEZ.
83. **Chakamjhar:** Chak Amjhar is a Village in Sanganer Tehsil in Jaipur District of Rajasthan State. This village comes under Mohanpura Panchayath. It belongs to Jaipur Division.



This village is located 25KM far from the Institute. Total population of this village is 164 according to census 2011. Villagers prefer Hindi as a local language for communication. Mostly People lives in pakka house. Mostly Villagers are like Vegetarian food & smoking. Sanitation facilities & electricity are available in mostly houses. Villagers cook their food by gas & wood. Main link road is made by charcoal. Villagers use their Personal vehicles & City Buses for transportation. Common vegetable are Radish, Carrot, Brinjal etc. & Grains are Wheat, Barley & available fruits are Papaya, Guava etc. Sanganer industrial area is present near by the village. Ground level of water is very lower in this Village. Peoples used dirty water for Agriculture this water comes from industries. Upper Primary school is located in this village. Source of drinking water in this village is Well & Hand pump.

84. **Jeerota:** Jeerota is a Village in Sanganer Tehsil in District Jaipur, Rajasthan. This Village is comes under Vidhani Panchyat. This village is located 22KM far from the Institute. Total population of this village is 644 according to census 2011. Villagers use their Personal vehicles & City Buses for transportation. This Village is located nearby Akshay Patra, Jagatpura. Mostly Villagers are like Vegetarian food & smoking. Common vegetable are Radish, Carrot, Brinjal etc. & Grains are Wheat, Barley & available fruits are Papaya, Guava etc. Villagers cook their food by gas. Mahatma Gandhi hospital & Sitapura Industrial area are situated near by the village. Primary school is located in middle of village & Aangan Bari Kendra situated in School. Maximum peoples are working in Private Company; Govt. Service & Personal business. Source of drinking water in this village is Hand pump. Sanitation facilities are available in mostly house. Facility of Electricity is available in maximum houses in this village. Facility of purification of water is available in primary school. This facility is provided by Govt. of Rajasthan. Mrs. Anita Yadav is the sarpanch of Vidhani Panchayat .
85. **Narvariya:** Narvariya is a Village in Sanganer Tehsil in District Jaipur, Rajasthan. This village belongs to Jaipur Division. This village is located 35 KM far from the Institute. This village comes under the Utirampura Panchyat. Total Population of this village is 728 according to census 2011. Villagers prefer Hindi as a local language for communication. Transport facility in this village by personal vehicles. This Village is located nearby Kalwara, Bagru. Bagru Industrial area situated near by the village. Common vegetable are Radish, Carrot, Brinjal etc. & Grains are Wheat, Barley & available fruits are Papaya, Guava etc. Villagers cook their food by gas. Upper Primary school is located in this village & Aangan Bari Kendra situated in this School. Maximum peoples are working in Private Company, Govt. Service & Personal business. Source of drinking water in this village is Hand pump & Well. Facilities of Electricity are also available in maximum houses in this village. Sanitation facilities are available in Mostly houses & other goes in Open Field. This village distributed in four "Dhani". Ground water level is very low & maximum quantity of Fluoride present in water in this village.
86. **Vimalpura:** Vimalpura is a Village in sanganer Tehsil in District Jaipur, Rajasthan. This village belongs to Jaipur division. This village is located 24 KM far from the Institute. This village comes under Vidhani Panchyat. Total population of this village is 900 according to census 2011. Transport facility in this village by bus and personal vehicles. This Village is located nearby Jagatpura. Villagers prefer Hindi as a local language for communication. Primary school is located in middle of village & Aangan Bari Kendra situated in School. Source of drinking water in this village is Hand pump & Well. Mostly Villagers are like Vegetarian food & smoking. Mahatma Gandhi hospital & Sitapura Industrial area are situated near by the village. Sanitation facilities are not available in 50% houses in this village. Maximum peoples are depended on Agriculture & some of working in Private



Service & Personal business. Facilities of Electricity & water are available in maximum houses in this village. Those facilities are provided by Govt. of Rajasthan. Facility of purification of water is available in Primary School. This Facility is provided by Govt. of Rajasthan. Mrs. Anita Yadav is the Sarpanch of this village.

87. **Jagannathpura:** Jagannathpura is a small Village in Sanganer tehsil in District Jaipur, Rajasthan. This village belongs to Jaipur Division. This village is located 28 km far from the Institute. Total population of this village is 728 according to census 2011. Villagers use their Personal vehicles & City Buses for transportation. This Village is located nearby Muhana Mandi. Villagers prefer Hindi as a local language for communication. Sitapura industrial area is situated nearby the village. Primary school is located outside of the village. Aangan Bari Kendra is not available in this village. Common vegetable are Radish, Carrot, Brinjal etc. & Grains are Wheat, Barley & available fruits are Papaya, Guava etc. Villagers cook their food by gas. Maximum peoples are working in Private Company, Govt. Service & Personal business. Source of drinking water in this village is tankers & Ground water level is very low. Sanitation facilities are available in mostly houses & other goes in Open Field. Facility of Electricity is available in maximum houses in this village. This village comes under Jagannathpura Panchayat. Mr. Babulal Raigar is ward member of this village.
88. **Sri Kishanpura:** Shri kishanpura village is located in Sanganer Tehsil in district Jaipur, Rajasthan. This village is located 22 km far from the Institute. This village comes under Vidhani Panchayat. Total population of this village is 1376 according to census 2011. Villagers use their Personal vehicles & City Buses for transportation. This Village is located nearby Jagatpura. Villagers prefer Hindi as a local language for communication. Mahatma Gandhi hospital & Sitapura Industrial area situated near by the village. Common vegetable are Radish, Carrot, Brinjal etc. & grains are wheat, barley & available fruits are papaya, guava etc. Villagers cook their food by gas. This Village is located nearby Akshay Patra Jagatpura. Villagers are like Vegetarian food, smoking & drinking alcohol. Upper Primary school is located in this village & Aangan Bari Kendra situated in this School. Maximum peoples are depended on Agriculture & some of working in Private Service & Personal business. Source of drinking water in this village are Tap & Hand pump. Facility of Electricity is available in maximum houses in this village. Sanitation facilities are available in mostly houses & other goes in Open Field. Facility of purification of water is available in primary school. This facility is provided by Govt. of Rajasthan. Mrs. Anita Yadav is Sarpanch of this village.
89. **Chatar Pura:** Chatarpura @ lalya ka bass village is located in Sanganer Tehsil in district Jaipur, Rajasthan. This village comes under Mahapura Panchayat. Total population of this village covered under this Programme is 1188 in the reporting month. Villagers use their personal vehicles & city buses for transportation. This Village is located nearby Khatwara, Mahapura, Sanganer, Jaipur. Villagers prefer Hindi as a local language for communication. SEZ Industrial area is situated near by the village. Common grains grown here are wheat, barley etc. Villagers cook their food by Gas. Villagers like Vegetarian food. Upper Primary school is located in this village & Aangan Bari Kendra is situated inside the School. Maximum peoples are depended on Agriculture & some of working in Private Services & Govt. Services. Source of drinking water in this village is Tap by Well. Facility of Electricity is available in maximum houses in this village. Sanitation facilities are available in mostly houses & other goes in Open Field. Facility of purification of water is available in Upper primary school. This facility is provided by Govt. of Rajasthan.





90. **Jaijas Pura:** Jaijaspura village is located in Sanganer, Tehsil in district Jaipur, Rajasthan. This village comes under Ajayrajpura Panchayat. Total population of this village covered under this Programme is 479 in the reporting month. Villagers use their Personal vehicles for transportation. This Village is located nearby Bagru, Jaipur. Villagers prefer Hindi as a local language for communication. Bagru Industrial area is situated near by the village. Common grains are wheat, barley, Mustard etc. Villagers cook their food by Gas. Villagers like Vegetarian food & Some of them like Non-Vegetarian food. Primary school is located in this village & Aangan Bari Kendra is situated inside the School. Maximum peoples are depended on Agriculture & some of working in Private Service. Source of drinking water in this village is Private Tank. Facility of Electricity is available in maximum houses of this village & 33/KVGS Power House Available in this village. Atal Seva Kendra is available in this village. Sanitation facilities are available in mostly houses & other goes in Open Field.
91. **Dolat Pura:** Dolatpura village is located in Sanganer, Tehsil in district Jaipur, Rajasthan. This village comes under Bhapura Panchayat. Total population of this village covered under this Programme is 813 in the reporting month. Villagers use their Personal vehicles for transportation. This Village is located nearby Sirani, Sanganer, Jaipur. Villagers prefer Hindi as a local language for communication. Bagru Industrial area is situated near by the village. Common grains are wheat, barley, Mustard, Groundnut etc. Villagers cook their food by Gas. Villagers like Vegetarian food & Some of like Non-Vegetarian food. Upper Primary school is located outside the village. Aangan Bari Kendra is situated in the middle of village. Maximum peoples are depended on Agriculture & some of working in Private Service. Source of drinking water in this village is tap by Well. Facility of Electricity is available in maximum houses of this village. Sanitation facilities are available in mostly houses. Rest people go to Open Field.
92. **Sawal:** Sawal village is located in Phagi, Tehsil in district Jaipur Rajasthan. This village comes under Rotwara Panchayat. Total population of this village is covered under this Programme is 682 in the reporting month. Villagers use their Personal vehicles for transportation. This Village is located nearby Rotwara, Phagi, Jaipur. Villagers prefer Hindi as a local language for communication. Common grains are wheat, barley, Mustard etc. Villagers cook their food by Gas. Villagers like Vegetarian food & some of like Non-Vegetarian food. Upper Primary school is located outside of the village. Aangan Bari Kendra is situated in the School. Maximum peoples are depended on Agriculture & some of working in Private Service. Source of drinking water in this village is tap by Well. Facility of Electricity is available in maximum houses in this village. Sanitation facilities are available in mostly houses & other people go in Open Field.
93. **Nanadlal Pura:** Nandlalpura village is located in Phagi, Tehsil in district Jaipur Rajasthan. This village comes under Sawai jaisinghpura Panchayat. Total population of this village is covered under this Programme is 751 in the reporting month. Villagers use their Personal vehicles for transportation. This Village is located nearby Mahala, Phagi, and Jaipur. Villagers prefer Hindi as a local language for communication. Bagru Industrial area is situated near by the village. Common grains are wheat, barley, Mustard, Groundnut etc. Villagers cook their food by Gas. Villagers like Non-Vegetarian food & some of like Vegetarian food. Upper Primary school is located middle of the village. Aangan Bari Kendra is situated in the School. Maximum people are depended on Agriculture & some of working in Private Service. Source of drinking water in this village is tap by Well. Fluoride level is very high in ground water of this village. Facility of Electricity is



available in maximum houses in this village. Sanitation facilities are available in mostly houses & others go in Open Field.

94. **Kirat Pura:** Kiratpura village is located in Phagi, Tehsil in district Jaipur Rajasthan. This village comes under Rotwara, Panchayat. Total population of this village is covered under this Programme is 657 in the reporting month. Villagers use their Personal vehicles for transportation. This Village is located nearby Rotwara, Phagi, Jaipur. Villagers prefer Hindi as a local language for communication. Common grains are wheat, barley, Mustard etc. Villagers cook their food by Gas. Villagers like Vegetarian food & some of like Non-Vegetarian food. Upper Primary school is located outside of the village. Aangan Bari Kendra situated in the School. Maximum peoples are depended on Agriculture & some of working in Private Service. Source of drinking water in this village is tap by Well. Facility of Electricity is available in maximum houses of this village. Sanitation facilities are available in mostly houses & others go in Open Field.
95. **Jaisingh Pura:** Jaisinghpura village is located in Sanganer, Tehsil in district Jaipur Rajasthan. This village comes under Mundiaramsar Panchayat. Total population of this village is covered under this Programme is 711 in the reporting month. Villagers use their Personal vehicles for transportation. This Village is located nearby Mundiaramsar, Sanganer, Jaipur. Villagers prefer Hindi is a local language for communication. Common grains are wheat, barley, Mustard etc. Villagers cook their food by Gas. Villagers like Vegetarian food & some of like Non-Vegetarian food. Upper Primary school is located Middle of the village. Aangan Bari Kendra is situated in the School. Maximum people are depended on Agriculture & some of working in Private Service. Source of drinking water in this village is tap by Well. Facility of Electricity is available in maximum houses of this village. Sanitation facilities are available in mostly houses & others go in Open Field.
96. **Maal pura chod:** Malpura Choud village is located in Kanota, jaipur Tehsil in district Jaipur Rajasthan. This village comes under Jhotwada Panchayat. Total population of this village covered under this Programme is 570 in the reporting month. Villagers use their Personal vehicles for transportation. This Village is located nearby Jhotwada, Kanota, and Jaipur. Villagers prefer Hindi as a local language for communication. Kanota Industrial area is situated near by the village. Common grains are wheat, barley, Mustard, Groundnut etc. Villagers cook their food by Gas. Villagers like Non-Vegetarian food & some of like Vegetarian food. Upper Primary school is located Outside the village. Aangan Bari Kendra situated in the School. Maximum people are depended on Agriculture & some of working in Private Service. Source of drinking water in this village is tap by Well. Facility of Electricity is available in maximum houses of this village. Sanitation facilities are available in mostly houses & other people go in Open Field.
97. **Sita Pura@Ramoli:** Sitapura@Ramoli village is located in Sanganer, Tehsil in district Jaipur Rajasthan. This village comes under Mundiaramsar Panchayat. Total population of this village covered under this Programme is 258 in the reporting month. Villagers use their Personal vehicles for transportation. This Village is located nearby Mundiaramsar, Sanganer, Jaipur. Villagers prefer Hindi as a local language for communication. Common grains are wheat, barley, Mustard etc. Villagers cook their food by Gas. Mostly villagers like Vegetarian food & some of like Non-Vegetarian food. Upper Primary school is located Outside of the village. Aangan Bari Kendra situated in the School. Maximum peoples are depended on Agriculture & some of working in Private/Govt. Service. Source of drinking water in this village is tap by Well. Facility of Electricity is available in maximum houses



of this village. Sanitation facilities are available in mostly houses & other people go in Open Field.

98. **Maanpur Gate:** Manpur Gate Village is located in Phagi Tehsil in district Jaipur Rajasthan. This village comes under Mohanpura Prathvisingh Panchayat. Total population of this village covered under this Programme is 627 in the reporting month. Villagers use their Personal vehicles for transportation. This Village is located nearby Manjhi Renwal, Phagi Road, Jaipur. Villagers prefer Hindi & local language for communication. Common grains are Wheat, Barley, Mustard, Ground Nut etc. Villagers cook their food by Gas and Wood. Villagers like Vegetarian & Non-Vegetarian food. Upper Primary school is located outside the village. Aangan Bari Kendra situated in the School. Maximum peoples are depended on Agriculture & some of working in Private Service. Source of drinking water in this village is tap by Well. Facility of Electricity is available in maximum houses in this village. Sanitation facilities are available in mostly houses & remaining people go in Open Field.
99. **Sawa ka Bass:** Sawa Ka Bass village is located in Phagi, Tehsil in district Jaipur Rajasthan. This village comes under Pachala Panchayat. Total population of this village is covered under this Programme is 561 in the reporting month. Villagers use their Personal vehicles for transportation. This Village is located nearby Mandur, Jaipur. Villagers prefer Hindi & local language for communication. Bagru Industrial area is situated near by the village. Common grains are wheat, barley, Mustard, Ground Nut etc. Villagers cook their food by Gas and Wood. Villagers like Vegetarian & Non-Vegetarian food. Upper Primary school is located Outside of the village. Aangan Bari Kendra is situated in the Village. Maximum people are depended on Agriculture & some of working in Private Service. Source of drinking water in this village is tap by Well. Facility of Electricity is available in maximum houses of this village. Sanitation facilities are available in mostly houses & remaining go to Open Field.
100. **Dhuwaliya:** Dhuwaliya Village is located in Phagi Tehsil in district Jaipur, Rajasthan. This village comes under Parvan Panchayat. Total Population of this Village covered under this Programme is 1084 in the reporting month. Villagers use their Personal vehicles for transportation. This Village is located nearby Mandap, Phagi, Jaipur. Villagers prefer Hindi & local language for communication. Common grains are Wheat, Barley, Mustard, Ground Nut etc. Villagers cook their food by Gas and Wood. Villagers like Vegetarian & Non-Vegetarian food. Upper Primary school is located outside the Village. Aangan Bari Kendra situated in the Village. Maximum peoples are depended on Agriculture & some of working in Private/Govt. Service. Source of drinking water in this village is tap by Well. Facility of Electricity is available in maximum houses of this village. Sanitation facilities are available in mostly houses & rest people go to Open Field.
101. **Ballu Pura:** Ballupura Village is located in Bassi Tehsil in district Jaipur Rajasthan. This village comes under Sumel Panchayat. Total population of this village is covered under this Programme is 642 in the reporting month. Villagers use their Personal vehicles for transportation. This Village is located nearby Jaisinghpura Khor, Agra Road, Jaipur. Villagers prefer Hindi & local language for communication. Common grains are Wheat, Barley, Mustard, Ground Nut etc. Villagers cook their food by Gas and Wood. Villagers like Vegetarian & Non-Vegetarian food. Primary school is located Out of the village. Aangan Bari Kendra is situated in the School. Maximum people are depended on Agriculture, Some of working in Private Service & Govt. Service. Source of drinking water in this





village is tap by Well & Hand pump. Facility of Electricity is available in maximum houses of this village. Sanitation facilities are available in mostly houses & others go to Open Field.

102. **Bagrana:** Bagrana Village is located in Bassi Tehsil in district Jaipur Rajasthan. This village comes under Bassi Panchayat. Total population of this village covered under this Programme is 946 in the reporting month. Villagers use their Personal vehicles for transportation & Govt or Private Bus. This Village is located nearby Kanota, Bassi, Jaipur. Villagers prefer Hindi & local language for communication. Kanota Industrial area is situated near by the village. Common grains are wheat, barley, Mustard, Ground Nut etc. Villagers cook their food by Gas and Wood. Villagers like Vegetarian & Non-Vegetarian food. Govt. Middle School is located Outside the village. Aangan Bari Kendra situated in the School. Maximum peoples are depended on Agriculture, Some of working in Private Service & Govt. Service. Source of drinking water in this village are tank & Hand pump. Facility of Electricity is available in maximum houses of this village. Sanitation facilities are available in mostly houses & rest people go to Open Field.
103. **Vijay Pura:** Vijaypura Village is located in Bassi Tehsil in district Jaipur, Rajasthan. This village comes under Jhotwara Panchayat. Total Population of this Village covered under this Programme is 571 in the reporting month. Villagers use their Personal vehicles for transportation. This Village is located nearby Malpur Chor, Bassi and Jaipur. Villagers prefer Hindi & local language for communication. Common grains are Wheat, Barley, Mustard, Ground Nut etc. Villagers cook their food by Gas and Wood. Villagers like Vegetarian & Non-Vegetarian food. Govt. Middle School is located in Village. Aangan Bari Kendra situated in the Village. Maximum peoples are depended on Agriculture & some of working in Private/Govt. Service. Source of drinking water in this village is tap by Well & Hand pump. Facility of Electricity is available in maximum houses of this village. Sanitation facilities are available in mostly houses & rest people go to Open Field.
104. **Mandap:** Mandap Village is located in Phagi Tehsil in district Jaipur Rajasthan. This village comes under Kishore pura Gram Panchayat. Total population of this village covered under this Programme is 461 in the reporting month. Villagers use their Personal Vehicles for transportation. This Village is located nearby Dhuwaliya village, Phagi Road, Jaipur. Villagers prefer Hindi & local language for communication. Common Grains are Ground Nut, Mustard, Wheat, Moong, Barley, Jwar etc. Villagers cook their food by Gas and Wood. Villagers like Vegetarian & Non-Vegetarian food. Govt. Primary School is located Outside of the village. Aangan Bari Kendra is situated in the School. No Primary Health Care centre is available in the village. Maximum peoples are depended on Agriculture, Some of working in Private Service & Govt. Service. Source of drinking water in this village is Hand pump & Tap by Well. Facility of Electricity is available in maximum houses of this village. Sanitation facilities are available in mostly houses & rest people go to Open Field.
105. **Hingoniya:** Hingoniya Village is located in Phagi Tehsil in district Jaipur Rajasthan. This village comes under Sawai Jaisinghpura Gram Panchayat. Total population of this village covered under this Programme is 300 in the reporting month. Villagers use their Personal vehicles for transportation & Govt or Private Bus. This Village is located nearby Mahila, Phagi, Jaipur. Villagers prefer Hindi & local language for communication. Bagru Industrial area is situated near the village. Common grains are Gwar, Jwar, Barley, Moong, Ground Nut etc. Villagers cook their food by Gas and Wood. Villagers like Non-Vegetarian &



Vegetarian food. Govt. Primary School is located inside the village. Aangan Bari Kendra is situated in the School. Primary Health Care Centre is situated in the Village. Maximum peoples are depended on Agriculture, Some of working in Private Service. Source of drinking water in this village are Hand pump & Well. Facility of Electricity is available in maximum houses of this village. Sanitation facilities are available in mostly houses & rest people go to Open Field.

106. **Nari Khera:** Nari Khera Village is located in Phagi Tehsil in district Jaipur, Rajasthan. This village comes under Mend bass Panchayat. Total Population of this Villages covered under this Programme is 233 in the reporting month. Villagers use their Personal vehicles for transportation. This Village is located nearby Lasudiya village, Phagi, Jaipur. Villagers prefer Hindi & local language for communication. Common grains are Moong, Barley, Jwar, Till, Ground Nut etc. Villagers cook their food by Wood and Gas. Villagers like Vegetarian & Non-Vegetarian food. Govt. Primary School is located outside the Village. Aangan Bari Kendra is situated in the School. No Primary Health Care centre available in the village. Maximum people are depended on Agriculture & some of working in Private/ Govt. Service. Source of drinking water in this village are Hand pump & Well. Facility of Electricity is available in maximum houses in this village. Sanitation facilities are Not available in mostly houses so people go to Open Field.
107. **Madan Pura:** Madanpura Village is located in Phagi Tehsil in district Jaipur Rajasthan. This village comes under Parwan Gram Panchayat. Total population of this village is 610 and covered under this Programme is 267 in the reporting month. Villagers use their Personal Vehicles for transportation. This Village is located nearby Kanwarpura village, Phagi Road, Jaipur. Villagers prefer Hindi & local language for communication. Common Grains are Ground Nut, Mustard, Wheat, Moong, Barley, Jwar etc. Villagers cook their food by Gas and Wood. Villagers like Vegetarian & Non-Vegetarian food. Govt. Primary School is located outside of the village. Aangan Bari Kendra is situated in the Village. No Primary Health Care centre is available in the village. Maximum peoples are depended on Agriculture, Some of working in Private Service & Govt. Service. Source of drinking water in this village is Tap by Well. Facility of Electricity is available in maximum houses of this village. No Sanitation facilities are available in mostly houses & Maximum Population goes to Open Field. Industrial Area is situated in Harsuliya.
108. **Sameliya:** Sameliya Village is located in Phagi Tehsil in district Jaipur Rajasthan. This village comes under Kishore pura Gram Panchayat. Total population of this village is 942 and covered under this Programme is 713 in the reporting month. Villagers use their Personal vehicles for transportation & Govt. or Private Bus. This Village is located nearby Dhunwaliya, Phagi, Jaipur. Villagers prefer Hindi & local language for communication. Harsuliya Industrial area is situated near by the village. Common grains are Gwar, Jwar, Barley, Moong, Ground Nut etc. Villagers cook their food by Gas and Wood. Villagers like Non-Vegetarian & Vegetarian food. Govt. Middle School is located inside the village. Aangan Bari Kendra is situated in the Village. No Primary Health Care Centre is available in the Village. Maximum people are depended on Agriculture, Some of working in Private Service. Source of drinking water in this village are Hand pump, Tap & Well. Facility of Electricity is available in maximum houses of this village. Sanitation facilities are not available in Maximum houses & mostly population goes to Open Field.
109. **Unt ka khera:** Unt Ka Khera Village is located in Phagi Tehsil in district Jaipur, Rajasthan. This village comes under Chandwa kala Gram Panchayat. Total Population of this Village



is 611 and covered under this Programme is 519 in the reporting month. Villagers use their Personal vehicles, Auto & Govt. Bus for transportation. This Village is located nearby Chandwa Kala village, Phagi, Jaipur. Villagers prefer Hindi & local language for communication. Common grains are Moong, Barley, Jwar, Till, Ground Nut etc. Villagers cook their food by Wood and Gas. Villagers like Vegetarian & Non-Vegetarian food. Govt. Primary School is located inside the Village. Aangan Bari Kendra is situated in the School. No Primary Health Care centre is available in the village. Maximum people are depended on Agriculture & some of working in Private/Govt. Service. Source of drinking water in this village are Hand pump & Well. Facility of Electricity is available in maximum houses of this village. Sanitation facilities are not available in mostly houses so people go to Open Field.

110. **Barh Maharaj Pura:** Barh Maharajpura Village is located in Kot Khavda, Chaksu Tehsil in district Jaipur Rajasthan. This village comes under Kheda Raniwas Gram Panchayat. Total population of this village is 450 and covered under this Programme is 320 in the reporting month. Villagers use their Personal Vehicles for transportation. This Village is located nearby Jagdishpura village, Lalsot Link Road Chaksu, Jaipur. Villagers prefer Hindi & local language for communication. Common Grains are Ground Nut, Mustard, Wheat, Moong, Barley, Jwar etc. Villagers cook their food by Wood and Gas. Villagers like both Vegetarian & Non-Vegetarian food. Govt. Primary School is located Outside of the village. Aangan Bari Kendra is situated outside the Village. No Primary Health Care centre is available in the village. Maximum people are depended on Agriculture, Some of working in Private Service & Govt. Service. Source of drinking water in this village is Hand pump. Facility of Electricity is available in maximum houses of this village. No Sanitation facilities are available in mostly houses & Maximum Population goes in Open Field. Industrial Area is situated in Shivdasapura.
111. **Barh Bagpura:** Barh Bagpura Village is located in Ckahsu Tehsil in district Jaipur Rajasthan. This village comes under Thali Gram Panchayat. Total population of this village is 900 and covered under this Programme is 618 in the reporting month. Villagers use their Personal vehicles for transportation & Govt or Private Bus. This Village is located nearby Kadedda, Phagi, Jaipur. Villagers prefer Hindi & local language for communication. Shivdasapura Industrial area is situated near by the village. Common grains are Gwar, Jwar, Barley, Moong, Ground Nut etc. Villagers cook their food by Gas and Wood. Villagers like Non-Vegetarian & Vegetarian food. Govt. Middle School is located inside the village. Aangan Bari Kendra is situated in the Village. No Primary Health Care Centre is situated in the Village. Maximum peoples are depended on Agriculture, Some of working in Private Service & Govt Service. Source of drinking water in this village is Hand pump. Facility of Electricity is available in maximum houses of this village. Sanitation facilities are available in Maximum houses & Mostly Population goes to Open Field.
112. **Barh Mahawatan:** Barh Mahawatan Village is located in Chaksu Tehsil in district Jaipur, Rajasthan. This village comes under Chandel kala Gram Panchayat. Total Population of this Village is 511 and covered under this Programme is 488 in the reporting month. Villagers use their Personal vehicles for transportation. This Village is located nearby Thali village, Chaksu, Jaipur. Villagers prefer Hindi & local language for communication. Common grains are Moong, Barley, Jwar, Till, Ground Nut etc. Villagers cook their food by Wood and Gas. Villagers like Vegetarian & Non-Vegetarian food. Govt. Upper Primary School is located inside the Village. Aangan Bari Kendra is situated in the School. No Primary Health Care centre is available in the village. Maximum people are depended on





Agriculture & some of working in Private/Govt. Service. Source of drinking water in this village are Hand pump & Well. Facility of Electricity is available in maximum houses in this village. Sanitation facilities are not available in mostly houses and people go to Open Field.

113. **Barh Rajpura:** Barh Rajpura Village is located in Chaksu Tehsil in district Jaipur, Rajasthan. This village comes under Garudvasi Gram Panchayat. Total Population of this Village is 600 and covered under this Programme is 323 in the reporting month. Villagers use their Personal vehicles, Auto & Govt. Bus for transportation. This Village is located nearby Garudvasi village, Chaksu, Jaipur. Villagers prefer Hindi & local language for communication. Common grains are Moong, Barley, Jwar, Till, Ground Nut etc. Villagers cook their food by Wood and Gas. Villagers like Vegetarian & Non-Vegetarian food. Govt. Primary School is located outside the Village. Aangan Bari Kendra is situated in the Village. No Primary Health Care centre is available in the village. Maximum peoples are depended on Agriculture & some of working in Private/Govt. Service. Source of drinking water in this village are Hand pump & Well. Facility of Electricity is available in maximum houses in this village. Sanitation facilities are not available in mostly houses and people go to Open Field.
114. **Beer Suratram Pura:** Beer Suratrapura Village is located in Chaksu Tehsil in district Jaipur Rajasthan. This village comes under Kathawala Gram Panchayat. Total population of this village is 420 and covered under this Programme is 399 in the reporting month. Villagers use their Personal Vehicles for transportation. This Village is located nearby Manpur Dungari, Azampur village Chaksu, Jaipur. Villagers prefer Hindi & local language for communication. Common Grains are Ground Nut, Mustard, Wheat, Moong, Barley, Jwar, chola etc. Villagers cook their food by Gas and Wood. Villagers like Vegetarian & Maximum Non-Vegetarian food. Govt. Primary School is located inside the village. Aangan Bari Kendra situated inside the School. No Primary Health Care centre is situated in the village. Maximum people are depended on Agriculture, Some of working in Private Service & Govt. Service. Source of drinking water in this village is Hand pump. Facility of Electricity is available in maximum houses in this village. Sanitation facilities are available in Sixty percent houses & Fourty percent Population goes in Open Field. Industrial Area is situated in Shivdaspura, Chaksu.
115. **Bhagwan Pura:** Bhagwanpura Village is located in Ckahsu Tehsil in district Jaipur Rajasthan. This village comes under Chandal kala Gram Panchayat. Total population of this village is 400 and covered under this Programme is 196 in the reporting month. Villagers use their Personal vehicles for transportation & Govt or Private Bus. This Village is located nearby Padampura, Shivdaspura, Chaksu, Jaipur. Villagers prefer Hindi & local language for communication. Shivdaspura Industrial area is situated near by the village. Common grains are Gwar, Jwar, Barley, Moong, Mustured, Ground Nut etc. Villagers cook their food by Gas. Villagers like Non-Vegetarian & Vegetarian food. Govt. Middle School is located inside the village. Aangan Bari Kendra is situated outside the School. No Primary Health Care Centre Situated in the Village. Maximum people are depended on Agriculture, Some of working in Private Service & Govt Service. Source of drinking water in this village are Hand pump and Govt. Bisalpur water line . Facility of Electricity is available in maximum houses in this village. Sanitation facilities are available in Maximum houses & Other Population goes to Open Field.
116. **Trilok Pura:** Trilokpura Village is located in Chaksu Tehsil in district Jaipur, Rajasthan.



This village comes under Tamdiya Gram Panchayat. Total Population of this Village is 825 and covered under this Programme is 407 in the reporting month. Villagers use their Personal vehicles for transportation. This Village is located nearby Kiratpura, Bhadipura village Chaksu, Jaipur. Villagers prefer Hindi & local language for communication. Common grains are Moong, Mustard, Barley, Jwar, Till, Ground Nut, Gram etc. Villagers cook their food by Wood and Gas. Villagers like Vegetarian & Non-Vegetarian food. Govt. Upper Primary School is located inside the Village. Aangan Bari Kendra is situated in the School. Primary Health Care centre is situated in Kadedra village. Maximum peoples are depended on Agriculture & some of working in Private/Govt. Service. Source of drinking water in this village are Hand pump & Well. Facility of Electricity is available in maximum houses in this village. Sanitation facilities are available in mostly houses and rest population goes to Open Field.

117. **Thali:** Thali Village is located in Chaksu Tehsil in district Jaipur, Rajasthan. This village comes under Thali Gram Panchayat. Total Population of this Village is 1430 and covered under this Programme is 815 in the reporting month. Villagers use their Personal vehicles, Auto & Govt. Bus for transportation. This Village is located nearby Kadedra, Dabich village, Chaksu, Jaipur. Villagers prefer Hindi & local language for communication. Common grains are Moong, Barley, Jwar, Till, Ground Nut, Mustard, Gram etc. Villagers cook their food by Wood and Gas. Villagers like Vegetarian & Non-Vegetarian food. Govt. Adarsh Sir .Sec. School is located outside the Village. Aangan Bari Kendra is situated in the Village. Primary Health Care centre is available in the village. Maximum people are depended on Agriculture & some of working in Private/Govt. Service. Source of drinking water in this village are Hand pump & Well. Facility of Electricity is available in maximum houses of this village. Sanitation facilities are available in mostly houses and rest population Go to Open Field. Thali village divided in two parts Thali-I and Thali-II.
118. **Sri Brijjpura:** Sri Brijjpura Village is located in Chaksu Tehsil in district Jaipur Rajasthan. It is located 70 KM from the Institute. This village comes under Kothun Gram Panchayat. Total population of this village is 450 and covered under this Programme is 423 in the reporting month. Villagers use their Personal Vehicles for transportation. This Village is located nearby Kishanpura, Mainpura village Chaksu, Jaipur. Villagers prefer Hindi & local language for communication. Common Grains are Ground Nut, Mustard, Wheat, Moong, Barley, Jwar, chola etc. Villagers cook their food by Gas and Wood. Villagers take both Vegetarian & Non-Vegetarian food but like Non-Veg more. Govt. Primary School is located Outside the village. Aangan Bari Kendra is situated Outside the Village. No Primary Health Care centre is available in the village. Maximum peoples are depended on Agriculture, Some of working in Private Service & Govt. Service. Source of drinking water in this village is Tap by Well. Facility of Electricity is available in maximum houses of this village. Sanitation facilities are available in Maximum houses & Other Population goes to Open Field. There is no Industrial Area near the Village.
119. **Salagram Pura:** Salagrampura Village is located in Ckahsu Tehsil in district Jaipur Rajasthan. It is located 55 KM from the Institute. This village comes under Ballupura Gram Panchayat. Total population of this village is 400 and covered under this Programme is 346 in the reporting month. Villagers use their Personal vehicles for transportation. This Village is located nearby Dhar, Khadalpura, Bhawanipura, Chaksu, Jaipur. Villagers prefer Hindi & local language for communication. Shivdaspura Industrial area situated near by the village. Common grains are Wheat, Barley, Moong, Mustard, Ground Nut etc. Villagers cook their food by Gas & Wood. Villagers like Non-Vegetarian & Vegetarian





food. Govt. Sec. School is located inside the village. Aangan Bari Kendra situated outside the Village. No Primary Health Care Centre in the Village. Maximum peoples are depended on Agriculture, Some of working in Private Service & Govt Service. Source of drinking water in this village are Hand pump and Govt. Bisalpur water line is in processes . Facility of Electricity is available in maximum houses in this village. Sanitation facilities are available in Maximum houses & Other Population goes to Open Field.

120. **Naanchi Pura:** Naanchipura Village is located in Chaksu Tehsil in district Jaipur, Rajasthan. It is located 45 KM from the Institute. This village comes under Kumariya Bass Gram Panchayat. Total Population of this Village is 825 and covered under this Programme is 302 in the reporting month. Villagers use their Personal vehicles for transportation. This Village is located nearby Nariya ka Bass, Chandlai, Mohanpura village Chaksu, Jaipur. Villagers prefer Hindi & local language for communication. Common grains are Wheat, Moong, Mustard, Barley, Jwar, Till, Ground Nut, Gram etc. Villagers cook their food by Gas and Wood. Villagers like Vegetarian & Non-Vegetarian food. Govt. Upper Primary School is located Outside the Village. No Aangan Bari Kendra is situated in the Village. No Primary Health Care centre is available in the village. Maximum people are depended on Agriculture & some of working in Private/Govt. Service. Source of drinking water in this village are Tap by Well. Facility of Electricity is available in maximum houses of this village. Sanitation facilities are available in mostly houses and other population goes to Open Field.
121. **Mohammad Pura:** Mohammad pura Village is located in Chaksu Tehsil in district Jaipur Rajasthan. It is located at the distance of 65 KM from the Institute. This village comes under Girdhari lal pura Gram Panchayat. Total population of this village is 300. Among them 223 people were covered under this programme in current reporting month. Villagers use their Personal Vehicles for transportation. This Village is located nearby Sameliya, Kishan pura, Nainva Ki Dhani village Chaksu, Jaipur. Villagers prefer Hindi & local language for communication. Common Grains are Ground Nut, Mustard, Wheat, Moong, Barley, Jwar, chola etc. Villagers cook their food by Gas and Wood. Villagers mostly like Non-Vegetarian food. Govt. Primary School is located inside of the village. Aangan Bari Kendra situated inside the School. No Primary Health Care centre is available in the village. Maximum No of people are depended on Agriculture, Some of working in Private Service & Govt. Service. Source of drinking water in this village is Tap by Well. Facility of Electricity is not available in maximum houses of this village. Sanitation facilities are not available in Maximum houses so mostly population goes to Open Field. There is no Industrial Area near the Village.
122. **Meera Pura:** Meera Pura Village is located in Chaksu Tehsil in district Jaipur Rajasthan. It is located at the distance of 55 KM from the Institute. This village comes under Thali Gram Panchayat. Total population of this village is 400 and covered under this Programme is 271 in the reporting month. Villagers use their Personal vehicles. This Village is located nearby Barh Bagpura, Hansraj pura, Maal Ki Dhani, Chaksu, Jaipur. Villagers prefer Hindi & local language for communication. Shivdaspura Industrial area is situated near by the village. Common grains are Wheat, Barley, Moong, Mustard, Ground Nut etc. Villagers cook their food by Gas & Wood. Villagers like both Non-Vegetarian & Vegetarian food. Govt. Sec. School is located outside the village. Aangan Bari Kendra is also situated outside the Village. No Primary Health Care Centre is available in the Village. Maximum people are depended on Agriculture, Some of working in Private Service & Govt Service. Source of drinking water in this village are Tap by Well and Govt. Bisalpur water line is in



process. Facility of Electricity is available in maximum houses of this village. Sanitation facilities are available in Maximum houses. Rest population goes to Open Field.

123. **Maan Pura:** Maan Pura Village is located in Chaksu Tehsil in district Jaipur, Rajasthan. It is located at the distance of 68 KM from the Institute. This village comes under Tumli Ka Bass Gram Panchayat. Total Population of this Village is 620 and covered under this Programme is 360 in the reporting month. Villagers use their Personal vehicles for transportation. This Village is located nearby Dev Game, Roop bass, Dalpat pura, Hingoniya, Sawai Madhosingh pura village Chaksu, Jaipur. Villagers prefer Hindi & local language for communication. Common grains are Wheat, Moong, Mustard, Barley, Jwar, Till, Ground Nut, Gram etc. Villagers cook their food by Gas and Wood. Villagers like Vegetarian & Non-Vegetarian food. Govt. Upper Primary School is located Outside the Village. Aangan Bari Kendra is situated in the School. No Primary Health Care centre is available in the village. Maximum people are depended on Agriculture & some of them working in Private/Govt. Service. Source of drinking water in this village is Hand pump. Facility of Electricity is available in maximum houses in this village. Sanitation facilities are available in most of houses. Rest people go to Open Field.
124. **Devkinandan Pura:** Devkinandan pura Village is located in Chaksu Tehsil in district Jaipur Rajasthan. It is located at the distance of 75 KM from the Institute. This village comes under Mandaliya meda Gram Panchayat. Total population of this village is 600. Among them 338 people were covered under this programme in reporting month. Villagers use their Personal Vehicles for transportation. This Village is located nearby Mandaliya meda, Sapla village Chaksu, Jaipur. Villagers prefer Hindi & local language for communication. Common Grains are Ground Nut, Mustard, Wheat, Moong, Barley, Jwar, chola etc. Villagers cook their food by Gas and Wood. Villagers mostly like Non-Vegetarian food. Govt. Primary School is located outside the village. No Aangan Bari Kendra is situated inside the School. No Primary Health Care centre is available in the village. Maximum No of people are depended on Agriculture, Some of working in Private Service & Govt. Service. Source of drinking water in this village is Hand pump. Facility of Electricity is available in maximum houses of this village. Sanitation facilities are available in Maximum houses so mostly population goes to Open Field. There is no Industrial Area near the Village.
125. **Ghar ka para:** Ghar ka Para Village is located in Chaksu Tehsil in district Jaipur Rajasthan. It is located at the distance of 60 KM from the Institute. This village comes under Jhamda Khurd Gram Panchayat. Total population of this village is 800 and covered under this Programme is 736 in the current reporting month. Villagers use their Personal vehicles for transportation. This Village is located nearby Dobra kala, Vimal pura, Jhamda, Nala gram Chaksu, Jaipur. Villagers prefer Hindi & local language for communication. Shivdaspura Industrial area is situated near by the village. Common grains are Wheat, Barley, Moong, Mustard, Ground Nut etc. Villagers cook their food by Gas & Wood. Villagers like both Non-Vegetarian & Vegetarian food. Govt. Primary School is located inside the village. Aangan Bari Kendra is also situated inside the School. No Primary Health Care Centre is available in the Village. Maximum people are depended on Agriculture, Some of working in Private Service & Govt Service. Source of drinking water in this village is Hand pump and Govt. Bisalpur water line is in process. Facility of Electricity is available in maximum houses of this village. Sanitation facilities are available in Maximum houses. Rest population goes to Open Field.



126. **God ka Bass:** God ka Bass Village is located in Chaksu Tehsil in district Jaipur, Rajasthan. It is located at the distance of 68 KM from the Institute. This village comes under Rupahedi Kala Gram Panchayat. Total Population of this Village is 500 and population covered under this Programme is 370 in the reporting month. Villagers use their Personal vehicles for transportation. This Village is located nearby Chainpura, Ramjanipura, Barh chand pura village, Chaksu, Jaipur. Villagers prefer Hindi & local language for communication. Common grains are Wheat, Moong, Mustard, Barley, Jwar, Til, Ground Nut, Gram etc. Villagers cook their food by Gas and Wood. Villagers like Vegetarian & Non-Vegetarian food. Govt. Upper Primary School is located inside the Village. No Aangan Bari Kendra is situated in the School. No Primary Health Care centre is available in the village. Maximum people are depended on Agriculture & some of them working in Private/Govt. Service. Source of drinking water in this village is Hand pump. Facility of Electricity is available in maximum houses of this village. Sanitation facilities are available in most of the houses. Rest people go to Open Field.

#### **RARIDD, Gwalior**

127. **Kabir park, Sanjay nagar, Suresh nagar:** Ward No.23 Kabir park, Sanjay nagar, Suresh nagar are situated 10 Km North-East from the Institute. Total population is 20730, total houses are 3612, SC population is 14288 as reported. SCSP team (Senior Consultant, SRF, Pharmacist, DEO, MTS, Driver) has visited door to door in different areas in the ward under the supervision of Dr. P. L. Bharati, Research Officer (Ay.) S-2. After Survey our team arranged a free medical camp in same locality and patients were treated with Ayurvedic Medicines. All people have spoken in Hindi Language. All houses has electrified, water supply from Municipal Corporation and maximum families have gas connection. Majority of people were vegetarian, with addiction of chewing tobacco and smoking. They have cycle and two wheelers, TV, Fridge, cooler and other general house hold goods. Maximum houses have their own toilets and well build houses. Most people suffered from common diseases like Sandhi Sula, Kasa, Udara Sul, Vata Vyadhi, Sandhi Vata, Pratisaya, Pradara, Tvaka Roga, Jvara, Svasa, Mukharoga, Katisula etc. Most people have middle education. Sanitation is poor in the area.
128. **Ashok Colony:** Ward 20 Ashok Colony is situated 12 Km North from the Institute. Total population of the ward is 28655, total houses are 5330, SC population is 5368 as reported. SCSP team (Senior Consultant, JRF, Pharmacist, DEO, MTS and Driver has visited door to door in different areas in the ward under the supervision of Dr. P. L. Bharati, Research Officer (Ay.) S-2. After Survey our team arranged a free medical camp in same locality and patients were treated with Ayurvedic Medicines. All people have spoken in Hindi Language. All houses has electrified, water supply from Municipal Corporation and maximum families have gas connection. Majority of people were vegetarian, with addiction of chewing tobacco and smoking. They have cycle and two wheelers, TV, Fridge, cooler and other general house hold goods. Maximum houses have their own toilets and well build houses. Most people suffered from common diseases like Sandhi Sula, Udara Sul, Kasa, Sandhi Vata, Vata Vyadhi, Svasa, Pratisaya, Tvaka Roga, Pradara, Jvara, Katisula etc. Most people have middle education. Sanitation is poor in the area.
129. **Ramtapura and Gudadi Mohalla:** Ward No. 14 Ramtapura and Gudadi Mohalla are situated at 8 Km North from the Institute. Total population of the ward as per census 2011 is 16932, total houses are 3217, SC population is 3300 as reported. SCSP team (Senior Consultant, JRF, Pharmacist, DEO, MTS) has visited door to door in different areas in





the ward under the supervision of Dr. P. L. Bharati, Research Officer (Ay.) S-2. After Survey our team arranged a free medical camp in same locality and patients were treated with Ayurvedic Medicines. All people have spoken in Hindi Language. All houses has electrified, water supply from Municipal Corporation and maximum families have gas connection. Majority of people were vegetarian, with addiction of chewing tobacco and smoking. They have cycle and two wheelers, TV, Fridge, cooler and other general house hold goods. Maximum houses have their own toilets and well build houses. Most people suffered from common diseases like Vata Vyadhi, Tvaka Roga, Udara Sul, Sandhi Sula, Kasa, Pradara, Sandhi Vata, Jvara etc. Most people have middle education. Sanitation is poor in the area.

130. **Bhim Nagar:** Ward 28 (Bhim nagar), where total population was 22701, total households were 4089, SC population was 10328 as reported. SCSP team (Senior Consultant, JRF, Pharmacist, DEO, MTS) has visited door to door in different areas in the ward under the supervision of Dr. P. L. Bharati, Research Officer (Ay.) S-2. After Survey our team arranged a free medical camp in same locality and patients were treated with Ayurvedic Medicines. All people have spoken in Hindi Language. All houses has electrified, water supply from Municipal Corporation and maximum families have gas connection. Majority of people were vegetarian, with addiction of chewing tobacco and smoking. They have cycle and two wheelers, TV, Fridge, cooler and other general house hold goods. Maximum houses have their own toilets and well build houses. Most people suffered from common diseases like Udara Sul, Kasa, Sandhi Sula, Vata Vyadhi, Pratisaya, Sandhi Vata, Tvaka Roga, Pradara, Katisula, Jvara, Svasa, Mukharoga, Prameha etc. Most people have middle education. Sanitation is poor in the area.
131. **Shinde ki Chavani:** Ward 33 (Shinde ki Chavani), where total population was 15699, total households were 2747, SC population was 2767 as reported. SCSP team (Senior Consultant, JRF, Pharmacist, DEO, MTS) has visited door to door in different areas in the ward under the supervision of Dr. P. L. Bharati, Research Officer (Ay.) S-2. After Survey our team arranged a free medical camp in same locality and patients were treated with Ayurvedic Medicines. All people have spoken in Hindi Language. All houses has electrified, water supply from Municipal Corporation and maximum families have gas connection. Majority of people were vegetarian, with addiction of chewing tobacco and smoking. They have cycle and two wheelers, TV, Fridge, cooler and other general house hold goods. Maximum houses have their own toilets and well build houses. Most people suffered from common diseases like Sandhi Sula, Kasa, Udara Sul, Vata Vyadhi, Sandhi Vata, Tvaka Roga, Pratisaya, Pradara, Svasa, Prameha, Jvara, Katisula etc. Most people have middle education. Sanitation is poor in the area.
132. **Marimata mahal gaon:** Ward 32 (Marimata mahal gaon), where total population was 16650, total households were 3293, SC population was 3090 as reported. Our team has visited door to door in different areas in all above the ward. After Survey our team arranged a free medical camp in same locality and patients were treated with Ayurvedic Medicines. All people have spoken in Hindi Language. They have electricity, water supply from Municipal Corporation, maximum families have gas connection. Majority of people were vegetarian, with addiction of chewing tobacco and smoking. They have cycle and two wheelers, TV, Fridge, cooler and other general house hold goods. Maximum houses have their own toilets and well build houses. Most people suffered from common disease like kasa, pratisyay, *Sandhivat*, *Twak roga*, *Sirah Shul* etc. Most People have middle education. Sanitation was poor in their area.

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133. **Gollagudem:** Ayurveda Mobile health care programme was initiated in Gollagudem village where Scheduled tribes and other castes population is meagre. Gollagudem Panchayat village SC colony comes under Machilipatnam Parliament constituency, penamaluru assembly constituency, Kankipadu Mandal of Krishna district, Andhra Pradesh. Gollagudem village is in between Punadipadu and Kolavellu villages. From the institute it is connected in two ways through Eluru road highway it comes around 35 km, through Bandar road around 32 Km. It is around 12 Km from Eluru road high way from Kesarapally point. It is around 4 Km from Kankipadu Mandal head quarters. As per 2011 census provided by District panchayat office Total village population is 1323. Scheduled castes population is 1279. Scheduled tribes are 3 and others are 41. Main Language spoken is Telugu. Sanitation is not good in this colony. It is well connected with APSRTC buses. Nearest local railway station point is Uppaluru (8 Km) and major Railway station is Vijayawada (App. 32 Km). Village is connected with Pakka Roads (Tar), CC roads. It is connected with shared autos and local bus facility is available. It has natural resources like fields, canals etc. Ryves canal and Bandar canal are two irrigation canals supplying water to the fields and drinking. No industries and factories. Village has R.C.M (Roman Catholic Mission) school. Health sub centre with 2 ANMs, 2 Asha workers and Male assistant is available. Main crop is Rice, sugar cane. They also cultivate black gram, vegetables like bottle gourd, lady finger, tomato, gobi, brinjal etc., Coco etc. Electricity facility is available in most of the houses. Cooking gas is used more, some are using wood and coal. No famous industries available.
134. **Punadipadu:** Ayurveda Mobile health care programme was initiated in SC colony of Punadipadu village only, where Scheduled tribes and other castes population is meagre. Punadipadu Sc colony comes under Panchayat village comes under Machilipatnam Parliament constituency, penamaluru assembly constituency, kankipadu Mandal of Krishna district Andhrapradesh. Sc colony of Punadipadu village land mark is near Vekateswara rice mill. From the institute it is connected in two ways through Eluru road highway it comes around 33 Km, through Bandar road around 30 Km. It is around 10 Km from Eluru road high way from Kesarapally point. It is around 2 Km from Kankipadu Mandal head quarters. As per 2011 census provided by District panchayat office Total village population is 5912. Scheduled castes population is 1222. Scheduled tribes are 183 and others are 4507. Main Language spoken is Telugu. Environmentally village is good with cultivating fields, water supply, drainage non polluted air etc. Still sanitation is not good in this colony. Many people prefer open defecation. It is well connected with APSRTC buses. Nearest local railway station point is Uppaluru (6 Km) and major Railway station is Vijayawada (App. 30 Km). Village is connected with Pakka Roads (Tar), CC roads. It is connected with shared autos and local bus facility is available. It has natural resources like fields, canals etc. Ryves canal and Bandar canal are two irrigation canals supplying water to the fields and drinking. Paper mill is the only industry. Village has high school. Health sub centre with 2 ANMs, 2 Asha workers is available. Main crop is Rice, sugar cane. They also cultivate black gram, vegetables like bottle gourd, lady finger, tomato, gobi, brinjal etc., Coco etc. Cooking gas is used more, some are using wood and coal. No famous industries available.
135. **Kolavennu:** Ayurveda Mobile health care programme was initiated in SC colony of Kolavennu village only where Scheduled Castes and other castes population is meagre. Kolavennu Panchayat village SC colony comes under Machilipatnam Parliament





constituency, penamaluru assembly constituency, kankipadu Mandal of Krishna district Andhrapradesh. From the institute it is connected in two ways through Eluru road highway it comes around 36 Km, through Bandar road around 33 Km. It is around 13 Km from Eluru road high way from Kesarapally point. It is around 5 Km from Kankipadu Mandal head quarters. As per 2011 census provided by District panchayat office Total village population is 5076. Scheduled castes population is 2160. Scheduled tribes are 52 and others are 2864. Main Language spoken is Telugu. Environmentally village is good with cultivating fields, water supply, drainage non polluted air etc. Still sanitation is not good in this colony. Many people prefer open defecation. It is well connected with APSRTC buses. Nearest local railway station point is Uppaluru (9 Km) and major Railway station is Vijayawada (App. 33 Km). Village is connected with Pakka Roads (Tar), CC roads. It is connected with shared autos and local bus facility is available. It has natural resources like fields, canals etc. Ryves canal is irrigation canal supplying water to the fields and drinking. Macro craft and Aqua industries are present. Village has Zilla Parishat high school. Public Health sub centres with 2 ANMs, 2 Asha workers, Ayurvedic Dispensary, Veterinary hospital are available. Main crop is Rice, sugar cane, maize. They also cultivate black gram, vegetables like bottle gourd, lady finger, tomato, gobi, brinjal etc., Cooking gas is used more, some are using wood and coal. Rice Mill industry is available.

136. **UPPALURU:** Ayurveda Mobile health care programme was initiated in SC colony of Uppaluru village, where Scheduled Castes population is more and other castes population is meagre. SC colony of Uppaluru village land mark is near water tank, old Harijanwada. From the institute it is connected through Eluru road highway. It comes around 26Km. It is around 5 Km from Kesarapally point of Eluru road High way. It is around 7 Km from Kankipadu Mandal head quarters (via Punadipadu). As per 2011 census provided by District Panchayat office Total village population is 5105. Scheduled Castes population is 1993. Scheduled tribes are 89 and others are 3023. Environmentally village is good with cultivating fields, water supply, drainage, non polluted air etc. It is well connected with APSRTC buses. Nearest local Uppaluru railway station point is 2 Km from SC colony and major Railway station is Vijayawada (App. 26 Km). Village is connected with Pakka Roads (Tar), CC roads and Kaccha roads. It is connected with shared autos and local bus facility is available. It has natural resources like fields, canals etc. Major water resources are Ryves canal, ground water, tank water. Milk factory is the only industry. Village has R.C.M high school and Govt. Upper primary school. Health facilities like Public Health centres and sub centre (Upakendram) at SC colony. Main crop is rice, sugar cane, maize. They also cultivate black gram, vegetables like bottle gourd, lady finger, tomato, gobi, brinjal etc.
137. **TENNERU:** Ayurveda Mobile health care programme was initiated in SC colony of Tenneru village, where Scheduled Castes population is more and other castes population is meagre. SC colony of Tenneru village land mark is near RCM church. From the institute it is connected through Eluru road highway. It comes around 26-27Km. It is around 5 Km away from Kesarapally point of Eluru road high way. It is around 9-10 Km from Kankipadumandalhead quarters (via Punadipadu). As per 2011 census provided by District Panchayat office total village population is 3500 in which scheduled castes are around 1100. Main Language spoken is Telugu. Majority males are having alcohol consumption habit; some are having habit of smoking. Environmentally village is good with cultivating fields, water supply, drainage, non polluted air etc. Village consists of tar roads, cement roads. It is well connected with shared autos, and local bus facility is available. Nearest



local railway station is Uppaluru railway station is about 4 Km from SC colony and major Railway station is Vijayawada (App. 26 Km). It has natural resources like fields, canals etc. Major water resources are Ryves canal, Kesarapalli canal, ground water, tank water. Milk factory is the only industry. Village has Zilla Parishad high school. Health facilities like Health sub centres, Allopathy & Homeopathic centre near SC colony are available. Main crop is rice, sugar cane, maize, vegetables like ladyfinger, bottle gourds.

138. **Velpuru Dalitawada (SC Colony):** Ayurveda Mobile health care programme was initiated in SC colony (Dalitawada) of Velpuru village, where Scheduled Caste population is more and other castes population is meagre. SC colony of Velpuru village land mark is near RCM church/ Velpuru bus stop. From the institute it is connected through Eluru road highway. It comes around 25Km approximately. It is around 4 Km from Gudavalli point of Eluru road High way. It is around 9-10 Km from Kankipadu Mandal head quarters (via Uppuluru). As per 2011 census provided by District Panchayat office Total village population is 2162 in which scheduled castes are 1000. Main Language spoken is Telugu. Environmentally village is good with cultivating fields, water supply, drainage, non polluted air etc. Village consists of tar roads, cement roads. It is well connected with shared autos, and local bus facility is available. Nearest local railway station is Uppaluru railway station is about 4-5 Km from the Dalitawada of Velpuru village and major Railway station is Vijayawada (App. 25 Km). It has natural resources like fields, canals etc. Major water resources are Ryves canals, 2 water tanks, ground water, no industries. Village has Dalitawada Elementary school. Health facilities are available at Uppaluru Subcenter and Velpuru village (Dalitawada) provided with 3 Anganvadi, out of which 1 Anganvadi for Dalitawada of Velpuru village. Main crop is rice, sugar cane, maize, vegetables like ladyfinger, bottle gourds.
139. **GODAVARRU (SC Colony):** Ayurveda Mobile health care programme was initiated in SC colony of Godavarru village, where Scheduled Caste population is more and other castes population is meagre. Godavarru Panchayat village SC colony comes under Machilipatnam Parliament constituency, penamaluru assembly constituency, Kankipadu Mandal of Krishna district, Andhra Pradesh. SC colony of Godavarru village land mark is Community Hall. From the institute it is connected through Bandar road highway. It comes around 25Km approximately. It is around 4 Km from Kankipadu Mandal head quarters. As per 2011 census provided by District Panchayat office Total village population is 3457(Appx) in which scheduled castes are 1382 appx, Scheduled Tribes are 108 and others are 1967. Main Language spoken is Telugu. Environmentally village is good with cultivating fields, water supply, drainage, non polluted air etc. Village consists of tar roads, cement roads. It is well connected with shared autos, and local bus facility is available. Nearest local railway station is Uppaluru railway station is about 8 km from the SC Colony of Godavarru village and major Railway station is Vijayawada (App. 25 Km). It has natural resources like fields, canals etc. Major water resources are Ryves canal, 2 water tanks, ground water; Liquor and Rice are the industries. Village has Government Primary and Z. P.H. School. Health facilities are available at Godavarru Subcenter and Kankipadu P.H.C provided with 1 Anganvadi. Main crop is Rice, sugar cane, maize, vegetables like ladyfinger, bottle gourds.
140. **Neppalli (SC Colony):** Ayurveda Mobile health care programme was initiated in SC colony of Neppalli village, where Scheduled Caste population is more and other castes population is meagre. Neppalli Panchayat village SC colony comes under Machilipatnam Parliament constituency, penamaluru assembly constituency, Kankipadu Mandal of



Krishna district, Andhra Pradesh. SC colony of Neppalli village land mark is Kunderu Road and Ramalayam. From the institute it is connected through Bandar road highway. It comes around 32Km approximately. It is around 4 Km from Kankipadu Mandal head quarters. As per 2011 census provided by District Panchayat office Total village population is 1949(Appx) in which scheduled castes are 903 appx, Scheduled Tribes are 20 and others are 1026. Main Language spoken is Telugu. Environmentally village is good with cultivating fields, water supply, drainage, non polluted air etc. Village consists of tar roads, cement roads. It is well connected with shared autos, and local bus facility is available. Nearest local railway station is Uppaluru railway station is about 10 km from the SC Colony of Neppalli village and major Railway station is Vijayawada (App. 32 Km). It has natural resources like fields, Major water resources tanks, ground water; Rice is the only industry. Village has Government Primary and Z.P.H.School. Health facilities are available at NeppalliSubcenter and Kankipadu P.H.C. Main crop is Rice, sugar cane, maize, vegetables like ladyfinger, bottle gourds.

141. **Pinnamareddypalle (SC Colony):** Ayurveda Mobile Health care programme was initiated in Pinnamareddypalle village, where scheduled castes population is more and other castes population is meagre. Pinnamareddypalle village landmark is Ambedkar Statue. From the Institute, it is connected through Agiripalli, Nuzivedu road, it comes around 25km. It is around 5km from Agiripalli Mandal head quarters. As per 2011 census provided by District Panchayat Office total village population is 1137. Scheduled Castes population is 1102, Scheduled tribes are 0 and others are 35. Main Language spoken is Telugu. Environmentally village is good with cultivating fields, water supply, non polluted air etc. It is well connected with APSRTC buses. No nearest local railway station point & major railway station is Vijayawada (App. 27km). Village is connected with pakka roads (Tar), CC roads and Kaccha roads. It is connected with share autos and local bus facility is available. It has no natured water resources like canals etc. Major water resources are Municipal tap water, ground water, tank water. It is non industrial area, village has Govt. Upper primary school. A health facility like P.H.C. is present near Eedara, No Health Sub centres (Upakendram) in this village. Main crop is Rice, cotton & maize. Mango gardens are more in this village.
142. **Nunna (SC Colony):** Ayurveda Mobile Health care programme was initiated in Nunna village SC Colony, where scheduled castes population is more and other castes population is meagre. Nunna Panchayat Village SC Colony comes under Machilipatnam Parliament Constituency, Gannavaram Assembly Constituency, Vijayawada Rural Mandal of Krishna District, Andhra Pradesh. Nunna village is in between Vijayawada and Surampally villages. From the institute, it is connected in single road, it comes around 10km. As per 2011 census provided by District Panchayat Office total village population is 14176. Scheduled castes population is 3336, Scheduled tribes are 693 and others are 10147. Main Language spoken is Telugu. Majority males are having alcohol consumption habit, some are having smoking. Environmentally village is good with cultivating fields, water supply, non polluted air etc. It is well connected with APSRTC buses. Nearest local railway station point is Gunadala and Mustabada stations & major railway station is Vijayawada jn. (App. 15 km). Village is connected with pakka roads (Tar), CC roads. It is connected with share autos and local bus facility is available. It has natural resources like fields and canals etc. It has one small scale industry called Mahila Industry. A health facility like Health Sub centres with 2 ANM's and 2 Asha workers in this village and one male assistant. Veterinary hospital is also available. Main crops are Paddy, Corn & Sugarcane. Mango gardens are also there in this village.





143. **Edara (SC Colony):** Ayurveda Mobile Health care programme was initiated in Edara village SC Colony, where scheduled castes population is more and other castes population is meagre. Edara Panchayat Village SC Colony comes under Eluru Parliament Constituency, Nuzividu Assembly Constituency, Agiripally Mandal of Krishna District, Andhra Pradesh. From the institute, it is connected by two roads, one is via Adavinekkalam and other is via Agiripally. As per 2011 census provided by District Panchayat Office total village population is 6401. Scheduled castes population is 2708, Scheduled tribes are 93 and others are 3600. Main Language spoken is Telugu. Environmentally village is good with cultivating fields, water supply, non polluted air etc. It is well connected with APSRTC buses. There is no railway station near to Edara. Vijayawada jn. Railway station (App. 30 km) to Edara. Village is connected with kaccha roads. It has no natural water resources, depends on ground water through village panchayat tap connections. It has one small scale industry (Rice Mill). A health facility like Health Sub centres with 2 ANM's and 2 Asha workers, PHC with Medical Officer. Ayush Dispensary in this village with one male assistant. One Zilla Parishadh High School and RCM Primary School. Main crops are Mango, Paddy, Cotton, Corn and Chilly.
144. **Adavinakkalam (SC Colony):** Ayurveda Mobile health care programme was initiated in SC colony of Adavinakkalam village, where Scheduled Caste population is more and other castes population is meagre. Adavinakkalam Panchayat village SC colony comes under Eluru Parliament constituency, Nuzividu assembly constituency, Agiripalli Mandal of Krishna district, Andhra Pradesh. From the institute it is connected through Single road via Nunna. It comes around 15 Km approximately. As per 2011 census provided by District Panchayat office Total village population is 2269 (Appx.) in which scheduled castes are 995 appx. and others are 1274. Main Language spoken is Telugu. Environmentally village is good with cultivating fields, water supply, but there is no drainage System facility. Village consists of Kaccha roads. It is well connected with shared autos, and local bus facility is available. Nearest local railway station is Mustabad railway station is about 10 km from the SC Colony of Adavinakkalam village and major Railway station is Vijayawada (App. 21 Km). It has natural resources like fields, canals etc. Major water resources are canal from Nagarjuna Sagar. Kusalava industry and one Kona pipes Company are the industries. Village has Government Primary, M.P.P School and Z. P.H. School. Health facilities are available at Adavinakkalam, 1 Sub-centre, 2 A.N.M and 1 Male Assistant. Veterinary Hospital also available. Main crops are Paddy, Mango, Tobacco, Cotton and Corn.
145. **Chanupallivari Gudem (SC Colony):** Ayurveda Mobile health care programme was initiated in SC colony of Chanupallivarigudem harijanawada, Madalavarigudem panchayati village, where Scheduled Caste population is more and other castes population is meagre. Chanupallivari gudem hari janawada Panchayat village SC colony comes under Machilipatnam Parliament constituency, Gannavaram assembly constituency, Gannavaram Mandal of Krishna district, Andhra Pradesh. From the institute it is connected through Single road via Nunna-Nuzividu road. It comes around 20 Km approximately. As per 2011 census provided by District Panchayat office Total village population is 2357 (Appx.) in which scheduled castes are 1058 appx. and others are 1295. Main Language spoken is Telugu. Environmentally village is good with cultivating fields, water supply. Village consists of Kaccha roads. It is well connected with shared autos, and local bus facility is available. Nearest local railway station is Mustabad railway station is about 10 km from the SC Colony of Chanupallivarigudem village and major Railway station is Vijayawada (App. 20 Km). It has natural resources like fields. Village has M.P.P School and CSI



Primary School. No Health facilities are available in Chanupallivarigudem village. Main crops are tobacco, leafy vegetables, chilly and snake gourd.

146. **Mustabada (SC Colony):** Ayurveda Mobile health care programme was initiated in SC colony of Mustabada village, where Scheduled Caste population is more and other castes population is meagre. Mustabada SC Colony comes under Machilipatnam Parliament constituency, Gannavaram assembly constituency, Gannavaram Mandal of Krishna district, Andhra Pradesh. It is well connected through Single road via Nunna road. It comes around 20 Km approximately. As per 2011 census provided by District Panchayat office Total village population is 4471(Appx.) in which scheduled castes are 2752 appx. and others are 1719. Main Language spoken is Telugu. Majority of males are having alcohol consumption habit; some are having habit of smoking. Environmentally village is good with cultivating fields, water supply. Sanitation needs improvement in this colony. Village consists of Kaccha roads and it is well connected with shared autos, local bus facility and railway station is available. The nearest local railway station is Gunadala railway station is about 12 km from the SC Colony of Mustabada village and major Railway station is Vijayawada (App. 20 Km). Water resources through polavaram canal. It has natural resources like fields. Village has Z.P.H School and Government Upper Primary School. The main crop is Paddy, Corn, Green gram, Black gram, Mango, Tomato. There are 3 Small Scale Industries, Rice mills and 1 Iron Manufacturing Industry. Electricity facility is available in majority of houses. Most of the houses are using LPG for cooking.
147. **Surampalli (SC Colony):** Ayurveda Mobile health care programme was initiated in Surampalli village, where Scheduled Caste population is more and other caste population is meagre. Surampalli panchayat village SC people live in separate SC Colonies. There is a new SC Colony and old SC Colony; it comes under Machilipatnam Parliament constituency, Gannavaram assembly constituency, Gannavaram Mandal of Krishna district, Andhra Pradesh. Surampalli, pincode – 521212. SC Colony of Surampalli village land mark is Community hall near water tank. From the Institute it is connected through Nunna road. The area of village is about 21.39 km<sup>2</sup>. It comes around 20 Km approximately. It is around 15 Km from Gannavaram Mandal headquarters. As per 2011 census provided by District Panchayat office Total village population is 6219(Appx.) in which Scheduled Castes are 1962 appx., Scheduled Tribes are 450 and others are 3807. Main Language spoken is Telugu. Environmentally village is good with some cultivating fields, ground water supply. There is open drainage system (everyone throws household wastes to these drainages itself). Village consists of concrete roads and it is well connected with share autos and local bus facility is available. The nearest local railway station is Mustabada railway station is about 6 km from the SC Colony of Surampalli village and major Railway station is Vijayawada (App. 18 Km). It has natural resources like land for agriculture. Major water resources are ground water through bore well, water tanks. Polavaram canal is passing through the village. Surampalli village is having industrial estate established in 2008 with 150 companies. Most of them are small scale industries, Some are Paragon slipper Industry, R.R.Sports Garments manufacturing Industry, Ravi chemicals – Paints manufacturing Industry, Amma pickles company, Agrigold Food & farm products, Water bottles manufacturing Industry, Triveni formulations Company, Doorland Pharmaceutical company, etc. Village having one M.P.UP.School, CSI-School and MPHOSchool. One private Engineering college called Paladugu Parvathi Devi Engineering College. The main crop is Paddy, Mango, sometimes Corn & Black gram. Electricity facility is available in majority of houses. Most of the houses using LPG for cooking.





148. **Chinnavutapalli (SC Colony):** Ayurveda Mobile health care programme was initiated in Chinnavutapalli village where Scheduled Caste population is more and other caste population is meagre. Chinnavutapalli village comes under Machilipatnam Parliament constituency, Gannavaram assembly constituency, Gannavaram Mandal of Krishna district, Andhra Pradesh. Chinnavutapalli village land mark is Panchayat Office building and Mandal Parishat Upper Primary School. From the Institute it is connected through via Surampalli and via Ramavarapupadu highway road. It comes around 29 Km approximately. As per 2011 census provided by District Panchayat office total village population is 2574 (Appx.) in which Scheduled Castes are 1300 appx., Scheduled Tribes are 15 and others are 1259. Main Language spoken is Telugu. The Majority of males are having alcohol consumption habit and smoking. Environmentally village is good with some cultivating fields, ground water supply. Drainage system in this village is open, mainly. Village consists of pukka roads with concrete roads and some are kachha roads and it is well connected with share autos and local bus facility is available. The nearest local railway station is Peddavutapalli railway station is about 3 km from the SC Colony of Chinnavutapalli village and major Railway station is Vijayawada (App. 24 Km). It has natural resources like land for agriculture. Major water resources are ground water through bore well, water tanks. One R.O. plant is available for purification of water. Chinnavutapalli village is having 5 small scale industries, among them ceramic products are main and cultivation of Emu birds. Village having one M.P.UP.School, one Pinnamaneni Siddhartha Institute of Medical Sciences and Research Foundation is situated near to the village about 1 km away. The main crop is Paddy & Black gram. Electricity facility is available in most of houses.

#### **RARIMCH, Nagpur**

149. **Khandala:** During the month of December 2015 and January, February 2016 under SCSP programme tours were conducted to the village **Khandala**. It was a small Village Taluka, Nagpur District of Maharashtra State, India which is located 25 km away institute on Kalmeshwar road. According to last census the total population is 935 (males 435 and females 500) among them 351 are Scheduled cast. In this village mother tongue of people was Marathi, however they also speak Hindi language. It was observed that dietary habits of village people includes mostly wheat and rice, further many of the villagers were non-vegetarians and alcoholic along with addictions like Tobacco and Smoking. This village has Roads which are Cement concrete type. Transportation facilities includes State govt. Buses and private vehicles. A coal mine was the only natural resource in village territory. The only Water resource was well water which was supplied to the village through pipelines. Educational facilities include one Zilla Parishad primary School and one private engineering college (J.D. College of engineering).
150. **Mahurzari:** During the month of December 2015 and January, February 2016 under SCSP programme tours were conducted to the village **Mahurzari**. It is a small Village in Nagpur Taluka, Nagpur District of Maharashtra State, India. This village is located 8 kms away from the highway, 21 kms away from institute. According to last census the total population is 1745 (males 900 and females 845) among them 463 are Scheduled cast. In this village mother tongue is Marathi, however they also speak Hindi language. It is observed that dietary habits of village people includes mostly wheat and rice, further many of the villagers were non-vegetarians and alcoholic along with addicted to Tobacco and Smoking. This village had Roads which were Cement concrete type. The Water resource includes *Mahurzari* Lake and well water which was supplied to the village



through pipelines. Educational facilities include one Zilla Parishad primary School and one private engineering college (N.I.T. Engineering College).

151. **Bharatwada:** During the month of December 2015 and January, February 2016 under SCSP programme tours were conducted to the village **Bharatwada**. It is a small Village in Nagpur Taluka, Nagpur District of Maharashtra State, India. This village is located 10 kms away from the highway, 21 kms away from institute on Gorewada road. According to last census the total population is 677 (males 387 and females 290) among them 238 are Scheduled cast. In this village mother tongue is Marathi, however they also speak Hindi language. It was observed that dietary habits of village people includes mostly wheat and rice, further many of the villagers were non-vegetarians and alcoholic along with addictions like Tobacco and Smoking. This village had Roads which were Cement concrete type. The transportation facility includes Bharatwada Railway station with halt of passenger trains only and state government buses. A gitti khadan was the only natural resource in village territory. The only Water resource was well water which was supplied to the village through pipelines. Educational facilities include only one Zilla Parishad primary School.
152. **Gonhi:** During the month of December 2015 and January, February 2016 under SCSP programme tours were conducted to the village **Gonhi**. It is a small Village in Nagpur Taluka, Nagpur District of Maharashtra State, India. This village is located 1 km away from the highway, 20 kms away from institute towards Kalmeshwar. According to last census the total population is 377 (males 213 and females 164) among them 203 are Scheduled cast. The spoken language here is Marathi. It was observed that dietary habits of village people includes mostly wheat and rice, further many of the villagers are non-vegetarians and alcoholic along with addicted to Tobacco and Smoking. It has Roads which were Cement concrete type. No transportation facility was available directly to village but connected to Fetri village bus stand located around 1 km from village. The only Water resource was well water which was supplied to the village through pipelines. There were no industries in and around the villages. Educational facilities include only one Zilla Parishad primary School.
153. **Hudkeshwar khurd:** During the month of February and March 2016 under SCSP programme tours were conducted to the village **Hudkeshwar khurd**. It is a small Village in Nagpur Taluka, Nagpur District of Maharashtra State, India, which is located 11 km away from Institute on Hudkeshwar road. According to last census the total population is 581 (males 271 and females 310) among them 236 are Scheduled cast. In this village mother tongue is Marathi, however they speak Hindi languages also. It was observed that dietary habits of village people includes mostly wheat and rice, further many of the villagers were non-vegetarians and alcoholic along with addicted to Tobacco and Smoking. This village has Roads which were Cement concrete type. Transportation facilities includes State govt. Buses and private vehicles. The only Water resource was well water which was supplied to the village through pipelines. Educational facilities include one Zilla Parishad primary School and one Govt aided High-School.
154. **Rui:** During the month of February and March 2016 under SCSP programme, tours were conducted to the village **Rui**. It is a small Village in Nagpur Taluka, Nagpur District of Maharashtra State, India, which is located 17 km away from Institute on Hudkeshwar road. According to last census the total population is 1011 (males 498 and females 513) among them 349 are Scheduled cast. In this village mother tongue is Marathi, however



they speak Hindi language also. It was observed that dietary habits of village people includes mostly wheat and rice, further many of the villagers were non-vegetarians and alcoholic along with addicted to Tobacco and Smoking. Village has Cement concrete type of roads. Transportation facilities includes State govt. Buses and private vehicles. The Water resource includes well water which was supplied to the village through pipelines. Educational facilities include one Zilla Parishad primary School and one private school (Achiever's School).

155. **Drugdhamna:** Under SCSP programme tours were conducted to the village **Drugdhamna** during the month of February and March 2016. It is a small Village in Nagpur Taluka, Nagpur District of Maharashtra State, India, which is located 23 km away from Institute on Amrawati road. Total population according to last census is 1862 (Male-928, Female-934) among them 579 are Scheduled cast. In this village mother tongue is Marathi, however they speak Hindi & Telgu languages also. It was observed that dietary habits of village people includes mostly wheat and rice, further many of the villagers are non-vegetarians and alcoholic along with addicted to Tobacco and Smoking. This village has Cement concrete type of roads. The transportation facility includes state government buses, trucks and private vehicles. A gitti khadan & Lake (Surrabhatti 4 km away) were the natural resources in village territory. The water resource was well water which was supplied to the village through pipelines. There is an ordnance factory near the village. Educational facilities include only one Zilla Parishad High School & Engineering college (Sai taj pvt. Eng.).
156. **Salai Godhani:** During the month of February and March 2016 under SCSP programme tours were conducted to the village **Salai Godhani**. It is a small Village in Nagpur Taluka, Nagpur District of Maharashtra State, India, which is located 22 km away from Institute on Hudkeshwar road. Total population according to last census is 854 (Male-418, Female-336) among them 230 are Scheduled cast. The spoken language here is Marathi. It was observed that dietary habits of village people includes mostly wheat and rice, further many of the villagers were non-vegetarians and alcoholic along with addicted to Tobacco and Smoking. It has Cement concrete type of roads. No natural resource was found in the village territory. The only Water resource was well water which was supplied to the village through pipelines. Educational facilities include only one Zilla Parishad primary School & Engineering collage (Govindrao wanjari collage of Eng).
157. **Parsodi:** Tour were conducted to the village **Parsodi** during the period from April to June 2016 under SCSP programme. It is a small Village under Panjari Gat Gram panchayat situated at Wardha road near Swami Vivekanand Medical Mission Trust Hospital, Khapri in Nagpur District of Maharashtra State, India located 20 km away from institute. According to last census 2011 the total population is 1740 among them approximately males are 834 and females are 906 (SC-508, ST-442, Other-790). In this village mother tongue is Marathi, however they also speak Hindi language and financial status is poor to moderate. It is observed that dietary habits of village people includes mostly wheat and rice, further many of the villagers are non-vegetarians and alcoholic along with addicted to Kharra (Combination), Tobacco and Smoking. This village has cement concrete type roads. Transportation facilities include State govt. buses as well as private vehicles and are connected to Khapri railway station. The only Water resource is well water which is supplied to the village through pipelines. The MIHAN industrial area is located 3 km away from village. Educational facilities include one Zilla Parishad primary School. This village has Swami Vivekanand Medical Mission Trust Hospital.





158. **Bharkas (Kirmiti):** During the period April to June 2016 under SCSP programme tours were conducted to the village **Bharkas (Kirmiti)**. It is a village in Nagpur District of Maharashtra State, India which is located 40 km away from institute on Wardha road near MIDC area. According to last census the total population is 1573 among them approximately males are 878 and females are 695 (SC-622, ST-161, Other-790). In this village mother tongue is Marathi, however they also speak Hindi language and financial status is poor to moderate. It is observed that dietary habits of village people includes mostly wheat and rice, further many of the villagers are non-vegetarians and addicted to Kharra (Tobacco combination), smoking and alcohol. This village has roads which are Cement concrete type. Transportation facilities includes State govt. Buses, Train (Butibori) and private vehicles. Veena River (4 km from village) and Wadgaon damp are the main water resources along with well water. The village is surrounded by MIDC industrial area. Educational facilities include one Zilla Parishad Middle School. Village has its own Grampanchayat. Nearest market is at Butibori.
159. **Khapri (Railway):** During the period April to June 2016 under SCSP programme tours were conducted to the village **Khapri (Railway)**. It is a Village in Nagpur District of Maharashtra situated about 18 kms from R.A.R.I.M.C.H., Nagpur on Wardha road near MIHAN industrial area. Total population according to last census is 3595 among them approximately males are 1880 and females are 1715 (SC-773, ST-262, Other-2560). In this village mother tongue is Marathi, however they speak Hindi languages also. Financial status is moderate to good .It is observed that dietary habits of village people includes mostly wheat and rice, further many of the villagers are non-vegetarians and addicted to Kharra (Tobacco Combination) and Smoking. Village has Cement concrete type of roads. Transportation facilities includes State govt. Buses, Train (Butibori) and private vehicles. The only Water resource is well water which is supplied to the village through pipelines. It comes under the MIHAN industrial area. Educational facilities include only one High School. This village has its own Grampanchayat. Nearest market is at Khapri.
160. **Takalghat (Butibori):** Tour were conducted to village **Takalghat (Butibori)** during the period April to October 2016 under SCSP programme. Takalghat is a small village in Nagpur District of Maharashtra; with its own Gram panchayat, situated about 41 kms from Institute on Wardha road. Total population according to last census 2011 is 16529; among them males are 9079 and females are 7450 (SC-3081, ST-1044, Other-12404). The village is famous for **Viktu Baba Devasthan** (Temple). The popular spoken language is Marathi. It is observed that dietary habits include mostly wheat and rice, further many of the villagers are non-vegetarians and addicted to Tobacco and Smoking and Alcohol. The village has Cement concrete type roads with transportation facilities of State govt. buses as well as private vehicles. The water resource is well water and water supplied by MIDC. It is closer to Butibori MIDC industrial area. Educational facilities include Zilla Parishad primary School, Amar High-School, Nistane Vidyalaya and a Junior college. Village owes a Market Place
161. **Ghogali:** During the period of July and August 2016 under SCSP programme tours were conducted to the village **Ghogali**. It is a small Village in Nagpur District of Maharashtra State, India which is located 34 km away from Institute, on Katol road near St. Thomas School under Savangi Ghogali Gat Gram panchayat. According to primary village survey total population was 700 (SC-650, ST-20, Other-30) but after detailed village survey total population was found to be 551; among them males are 273 and females are 278 (SC-535, ST-0, Other-16) approx. In this village mother tongue is Marathi, however people



speaking Hindi language also. Financial status of villagers is poor to moderate. It is observed that dietary habits of village people includes mostly wheat and rice, further many of the villagers are non-vegetarians along with addicted to Kharra (Tobacco Combination) and Smoking and Alcohol. The village is surrounded by open lands. Linga River is the natural resource in village territory. But the water resource is well water which is supplied through pipelines. "Nice Paper Mill industry" is located 1 km away from village. Village has a Zilla Parishad primary School.

162. **Raipur:** Tours were conducted to the village **Raipur** during the period of July and August 2016 under SCSP programme. It is a village in Nagpur District of Maharashtra State, India, with its own Gram-panchayat located 24 km away from R.A.R.I.M.C.H., Nagpur on Hingna road near Hingna MIDC area. According to last census 2011 the total population is 8653 among them males are 4610 and females are 4043 (SC-903, ST-1047, Other-6703) approx. Villagers have mother tongue Marathi; however they speak Hindi language too. Their financial status is poor to moderate. Dietary habits of people includes mostly wheat and rice, still many of the villagers are non-vegetarians. Some people are addicted to Kharra (Tobacco Combination), Smoking and Alcohol. Village has Cement concrete type of roads. With transportation facilities of State govt. buses as well as private vehicles and auto rickshaws. Vena River and Borgaon dam are the main water resources along with well water. Raipur is surrounded by Hingna MIDC industrial area. Village has Zilla Parishad High School for education purpose.
163. **Gondkhairi:** During the period of July to September 2016 under SCSP programme tours were made to the village **Gondkhairi**. It is a Village in Nagpur District of Maharashtra state situated about 29 kms from R.A.R.I.M.C.H. on Amravati road having its own Gram-panchayat. Total population of the village according to last census (2011) is 6035 among them males are 3142 and females are 2893 (SC-1381, ST-585, Other-4069). People have their mother tongue as Marathi; however they occasionally speak Hindi language too. Financial status of the villagers is moderate to good. Diet of villagers include mostly wheat and rice, however many of the villagers are non-vegetarians with some addicted to Kharra (Tobacco Combination) and Smoking and Alcohol. Village has some cement concrete type roads along with mixed type (Kaccha + Pakka). Transportation facilities here are State govt. buses with private vehicles (Auto, Taxi). There are two rivers namely "Karli" and "Khapri" present near Gondkhairi. The water resources are hand pumps as well as well water which is supplied to the village through pipelines. "Chanwin industry" and "Logistic Micro-park industry" are located in village territory. Village has Z.P. Middle School, Bright Star convent and Junior college, & Navbharat junior college.
164. **Dongargoan:** During the period of September and October 2016 under SCSP programme tours were conducted to the village **Dongargoan**. It is a small Village in Nagpur District of Maharashtra State, India which is located 28 km away from Institute, on Wardha road near Jamtha VCA Stadium having its own Gat Gram panchayat. This village comes under the territory of Hingana Police Station. According to 2011 census total population of village is 1644 (SC-270, ST-100, Other-1274) among them males are 875 and females are 769. Most people have Marathi as their mother tongue with some of them using Hindi language also for speaking. People have their financial status from poor to moderate. People use wheat and rice in their diet mostly; however many of the villagers are non-vegetarians with addicted to Kharra (Tobacco Combination), Smoking and Alcohol. Roads are of cement with transportation facilities of State govt. buses, private vehicles and Railways. (Nearest station is at Butibori -10 km away approx). There is no natural resource in the





village territory. The only Water resource is well water which is supplied to the houses through pipelines. The “Ultra Tek Cement Plant” is located 1 km away from the village. Village has good facilities for education with One Zilla Parishad primary School, R.K. Junior college & Vainganga Engineering College

165. **Sawangi (Tomar):** Tours were conducted to the village **Sawangi (Tomar)** during the period of September and October 2016 under SCSP programme. It is a small village in Nagpur District of Maharashtra State, India which is located 34 km away from R.A.R.I.M.C.H. on Kalmeshwar road near Dr. Punjabrao Krishi Vidyalaya. This village comes under the territory of Kalmeshwar Police Station and Sawangi Gat Gram panchayat. Total population is 1015 (SC-450, ST-200, Other-365) males are 517 and females are 498 (approx). Most people have Marathi as their mother tongue with some of them using Hindi language also for speaking. People in the village are financially poor to moderate. Diet of villagers include mostly wheat and rice, however many of the villagers are non-vegetarians with some addicted to Kharra, (Tobacco Combination) Smoking and Alcohol. Sawangi is surrounded by open lands. For transportation there are Cement concrete type of roads with facilities such as State govt. Buses and private vehicles. The only Water resource is well water which is supplied to the houses through pipelines. For Educational purpose one Zilla Parishad primary School is present along with Punjabrao Krishi Vidyapith in the village territory.
166. **Yerla:** Tours were conducted to the village **Yerla** during the month of October 2016 under SCSP programme. It is a small village in Nagpur District of Maharashtra State, India which is located 26 km away from the Institute on Kalmeshwar road near Radha Swami Satsang Beas center. This village comes under Godhani Gat Gram panchayat and under the territory of Kalmeshwar Police Station which is 5 km away from village. Total population is 1626 (SC-383, ST-247, Other-996) males are 803 and females are 823. Most people have Marathi as their mother tongue with some of them using Hindi language also for speaking. People in the village are financially poor to moderate. Diet of villagers include mostly wheat and rice, however many of the villagers are non-vegetarians with some addicted to Kharra, (Tobacco Combination) Smoking and Alcohol. For transportation there are Cement concrete type of roads with facilities such as State govt. buses and private vehicles. Water resource is well water only which is supplied to the houses through pipelines. Village has one Zilla Parishad primary School and S.B. Jain Engineering College, for further education; located in the village territory. It is connected to Fetri Post office; 2 km away from village. Market place nearby is situated at Kalmeshwar.
167. **Bramhni:** During the period of November 2016 to January 2017 under SCSP programme tours were conducted to the village **Bramhni**. It is a small Village in Nagpur District of Maharashtra State, India which is located 32 km away from R.A.R.I.M.C.H., on Kalmeshwar – Saoner road. Brahmani has its own Gram panchayat. It comes under the territory of Kalmeshwar Police Station. According to last census 2011 the total population is 10341 (SC-1067, ST-594, Other-8680) among them males are 5423 and females are 4918. Mother tongue of people is Marathi; however they speak Hindi language occasionally. People in the village are financially poor to moderate. Diet of villagers include mostly wheat and rice, however many of the villagers are non-vegetarians with some addicted to Kharra, (Tobacco Combination) Smoking and Alcohol. For transportation there are Cement concrete type of roads with facilities such as State govt. buses and private vehicles. A Khadak Nala is the only natural resource in village territory. The only Water resource is well water which is supplied to the houses through pipelines. Nippon and JSW Industries



are located in the village territory. Village has one Zilla Parishad School from 1<sup>st</sup> to 7<sup>th</sup> std. and one private KZS Science college.

168. **Ghorad:** During the duration of November and December 2016 under SCSP programme tours were conducted to the village **Ghorad**. It is a small Village in Nagpur District of Maharashtra State, India which is located 37 km away from R.A.R.I.M.C.H on Katol road. This village comes under the territory of Kalmeshwar Police Station having its own Gram panchayat. According to last census the total population is 2592 (SC 534, ST-144, Other-1914) among them males are 1633 and females are 959. Most people have Marathi as their mother tongue with some of them using Hindi language also for speaking. People in the village are financially poor to moderate. Diet of villagers include mostly wheat and rice, however many of the villagers are non-vegetarians with some addicted to Kharra, (Tobacco Combination) Smoking and Alcohol. This village has Roads which are Cement concrete type. Transportation facilities includes State govt. Buses and private vehicles. The Chandrabhaga River is the only natural resource in village territory. The only Water resource is well water which is supplied to the village through pipelines. Ispat Pvt.Ltd, (Tin Sheet manufacturer) Metlaw pvt. Ltd. (Adhesives manufacturer) and Medicine Industries are located in village. Educational facilities include one Zilla Parishad primary School up to 4<sup>th</sup> std, one private school and a special residential school for mentally challenged children.
169. **Dhapewada:** During the period of November and December 2016 under SCSP programme tours were conducted to the village **Dhapewada**. It is a small village in Nagpur District of Maharashtra State, India which is located 39 km away from R.A.R.I.M.C.H. on Kalmeshwar – Saoner road. Total population is 6098 (SC-708, ST-1457, Other-3933) males are 4033 and females are 3795. In this village mother tongue is Marathi, however they speak Hindi language also. Financial status is moderate. This village is famous for Vithhal Rukmini Temple (Pandharpur of vidarbha). It is observed that dietary habits of village people includes mostly wheat and rice, further many of the villagers are non-vegetarians and alcoholic along with addicted to Kharra (Combination), Tobacco and Smoking. This village has Roads which are Cement concrete type. Transportation facilities includes State govt. Buses and private vehicles. The only Water resource is well water which is supplied to the village through pipelines. Chandrabhaga River is the only natural resource in village territory. Purti Agro Tech. Industry is located in the village. Educational facilities include one Zilla Parishad primary School and Private School 5<sup>th</sup> to 12<sup>th</sup>std. It has own Gram panchayat. Village has its own library and weekly market is also located.
170. **Ubali:** During the period of November and December 2016 under SCSP programme tours were conducted to the village **Ubali**. It is a small Village in Nagpur District of Maharashtra State, India which is located 39 km away from R.A.R.I.M.C.H., Nagpur on Kalmeshwar -Mohpa road having own Gram panchayat. Total population is 2651 (SC-364, ST-191, Other-2096) males are 1393 and females are 1258. Most people have Marathi as their mother tongue with some of them using Hindi language also for speaking. People in the village are financially poor to moderate. Diet of villagers include mostly wheat and rice, however many of the villagers are non-vegetarians with some addicted to Kharra, (Tobacco Combination) Smoking and Alcohol. Village has Cement concrete type of roads with transportation facilities includes State govt. buses and private vehicles. The only water resource is well water which is supplied to the houses through pipelines. No natural resource is present in the village territory. This area comes under the Kalmeshwar MIDC area. Educational facilities include one Zilla Parishad primary School 1<sup>st</sup> to 7<sup>th</sup> in village territory. Nearest market is at Kalmeshwar.



171. **Lavha:** During the period of January to March 2017 under SCSP programme tours were conducted to the village **Lavha**. It is a small Village in Nagpur District of Maharashtra State, India which is located 21 km away from R.A.R.I.M.C.H., on Khadgaon road. Total population of this village 5841 out of which male are 3021 and females are 2820 (SC-1825, ST-426, Other-3590) approx. In this village mother tongue is Marathi, however they speak Hindi language also. Financial status is poor to moderate. Diet of villagers include mostly wheat and rice, however many of the villagers are non-vegetarians with some addicted to Kharra, (Tobacco Combination) Smoking and Alcohol. This village has cement concrete type of roads with transportation facilities includes State govt. buses and private vehicles. Gitti Khadan (stone mine) is the natural resource in village territory. Water resource is well water which is supplied to the village through pipelines. Village has a Zilla Parishad High School upto 8th Standard.
172. **Khadgaon:** During the period of January and February 2017 under SCSP programme tours were made to the village **Khadgaon**. It is a small Village in Nagpur District of Maharashtra State, India which is located 25 km away from Institution on Khadgaon road under the territory of Kalmeshwar Police Station 6 km situated away from village. Total population of this village 1879 out of which male are 942 and females are 937 (SC-310, ST-296, Other-1273) approx. Most people have Marathi as their mother tongue with some of them using Hindi language also for speaking. People in the village are financially poor to moderate. Diet of villagers include mostly wheat and rice, however many of the villagers are non-vegetarians with some addicted to Kharra, (Tobacco Combination) Smoking and Alcohol. This village has mix type kaccha/Pakka of roads; most of which are Cement concrete type with transportation facilities include State Govt. buses and private vehicles. Gitti Khadan is the natural resource in village territory. The only water resource is well water which is supplied to the village through pipelines. Educational facilities include one Zilla Parishad primary School upto 4th Standard & Shree Sai Baba Junior college. Nearest market is at Khadgaon.
173. **Dahegaon:** During the period of January to February 2017 under SCSP programme tour was made to the village **Dahegaon**. It is a small Village in Nagpur District of Maharashtra State, India which is located 24 km away from R.A.R.I.M.C.H. on Katol road; under the territory of Kalmeshwar Police Station 5 km from village. Total population of this village 1210 out of which male are 635 and females are 575 (SC-361, ST-120, Other-729) approx. In this village mother tongue is Marathi, however they speak Hindi language also. People in the village are financially poor to moderate. It is observed that dietary habits of village people includes mostly wheat and rice, further many of the villagers are non-vegetarians and alcoholic along with addicted to Kharra (Combination), Tobacco and Smoking. This village has roads which are Cement concrete type. Transportation facilities include State Govt. buses and private vehicles. Bhadbhadi Nala is the natural resource in village territory. The only water resource is well water which is supplied to the village through pipelines. Educational facilities include one Zilla Parishad High School up to 8<sup>th</sup> Standard & Gurunanak Engineering College comes under the village territory. This village has Gat Gram Panchayat. Nearest market is at Kalmeshwar.
174. **Godhani (Railway):** During the month of February and March 2017 under SCSP programme tour were conducted to the village **Godhani (Railway)**. This village is situated in Nagpur District of Maharashtra State, India and is located 18 kms away from R.A.R.I.M.C.H., Nagpur on Zingabai Takali road. Total population of this village 9804 out of which selected ward i.e. ward no. 3 consists of 1800 people. Total SC population





of ward no. 3 is 1000 out of which 1080 are male and 720 are females (SC-1000, ST-170, Other-630) approx. Mother tongue of the villagers is Marathi; however some of them also speak Hindi language. Financial status is moderate to good. It is observed that dietary habits of village people includes mostly wheat and rice, further many of the villagers are non-vegetarians and alcoholic along with addicted to Kharra (Combination), Tobacco and Smoking. This village has Roads which are Cement concrete type. Transportation facilities includes State govt. Buses, Train and private vehicles. No natural resource is there in the village territory. There are no industries in and around the village. Almost all the villagers have electricity and cooking gas facility. The Water resources are hand pump & well water which is supplied to the village through pipelines. Educational facilities include one Zilla Parishad High School upto 7<sup>th</sup> Standard, Shrikrushna Vidyalaya up to 10<sup>th</sup> standard & Shervani Engineering College. This village has its own Gram Panchayat. Nearest market place is at Mankapur.

175. **Bokhara:** During the month of March 2017 under SCSP programme tours were conducted to the village **Bokhara**. This village is situated in Nagpur District of Maharashtra State, India and is located 18 kms away from R.A.R.I.M.C.H., Nagpur on Lonara road. Total population of this village 9412 out of which 5647 are male and 3765 are females (SC-464, ST-250, Other-8698) approx. Mother tongue of the villagers is Marathi; however some of them also speak Hindi language. People in the village are financially poor to moderate. It is observed that dietary habits of village people includes mostly wheat and rice, further many of the villagers are non-vegetarians and alcoholic along with addicted to Kharra (Tobacco Combination) and Smoking. This village has Roads which are 75% Cement concrete type and remaining 25% Kaccha type. Transportation facility includes only private vehicles. No natural resource is there in the village territory. Sunder biscuit company is situated in the village territory. Almost all the villagers have electricity and cooking facility (90% gas & 10% other facility). The water resources are hand pump & well water. Well water is supplied to the village through pipelines. Educational facilities include one Zilla Parishad High School up to 7<sup>th</sup> Standard, Tuli International Hotel Management College. This village has its own Gram Panchayat.
176. **Mohgaon (Zilpi):** During the month of March 2017 under SCSP programme tours were conducted to the village **Mohgaon (Zilpi)**. This village is situated in Nagpur District of Maharashtra State, India and is located 32 kms away from R.A.R.I.M.C.H., on Hingna road under the territory of Hingna police station situated 9 km away from the village. Total population of this village 1690 out of which 930 are male and 760 are females (SC-317, ST-598, Other-775) approx. Mother tongue of the villagers is Marathi however some of them also speak Hindi language. People in the village are financially poor to moderate. It is observed that dietary habits of village people includes mostly wheat and rice, further many of the villagers are non-vegetarians and alcoholic along with addicted to Kharra (Tobacco Combination) and Smoking. This village has Roads which are Cement concrete type. Transportation facilities includes State govt. Buses and private vehicles. Zilpi Dam & Stone Mines are natural resources in the village territory. There are no industries in and around the village. Almost all the villagers have electricity and cooking gas facility. The water resources are hand pump & well water. Well water is supplied to the village through pipelines. Educational facilities are adequate in the village which includes a Zilla Parishad High School upto 4<sup>th</sup> Standard, Dr. Deva Durugkar Junior College Up to 12<sup>th</sup> Standard. Village has its own Gram Panchayat and a Post office.

**RARILSD, Thiruvanthapuram:**

177. **Vilappil:** It is a village situated in Thiruvananthapuram district in the state of Kerala at a distance of 12 kilometers from the Regional Ayurveda Research Institute for Life Style Related Disorders, Poojappura. The village spreads over an area of 19.2 sq km. As of 2011 census, Vilappil had an estimated population of 36212 people, of which 17595 are males and 18617 are females. The Scheduled Caste and Scheduled Tribe population of the village is 2655 and 236 respectively. Majority of the villagers had their mother tongue as Malayalam and only a few are familiar with other languages like Tamil, English, and Hindi etc. The people use rice as staple food and had included pulses and cow's milk in their routine diet. A primary health centre (allopathy) is functioning in the village and majority depends on it for their health issues.
178. **Anamugham:** It is a ward council included in Thiruvananthapuram corporation in the state of Kerala, situated at a distance of 9 kilometers from the Regional Ayurveda Research Institute for Life Style Related Disorders, Poojappura. As of 2011 census, Anamugham had an estimated population of 9148 people, of which 4388 are males and 4760 are females. The Scheduled caste population of the area is 2395, of which 1144 are males and 1251 are females. Majority of the people had their mother tongue as Malayalam and only a few are familiar with other languages like Tamil, English and Hindi etc. The people use rice as staple food and had included pulses and cow's milk in their routine diet. The area has a number of secondary and higher secondary schools both in public and private sector. Government Medical College, Thiruvananthapuram is situated near – by; catering to the needs of public health care.
179. **Kuriyathi:** It is a ward council included in Thiruvananthapuram Corporation in the state of Kerala, situated at a distance of 4 kilometers from the Regional Ayurveda Research Institute for Life Style Related Disorders, Poojappura. As of 2011 census, Kuriyathi had an estimated population of 7761 people, of which 3829 are males and 3932 are females. The Scheduled caste population of the area is 941, of which 476 are males and 465 are females. Majority of the people had their mother tongue as Malayalam and a few families are familiar with Tamil. The people use rice as their staple food and include pulses and cow's milk in their routine diet. Majority of the people choose non-vegetarian diet and relies mainly on fish and chicken. The area has a number of secondary and higher secondary schools both in public and private sector. Government Homeopathic Medical College, Thiruvananthapuram is near by the area catering to the needs of public health care.
180. **Karamana:** It is a ward council included in Thiruvananthapuram Corporation in the state of Kerala, situated at a distance of 3 kilometers from the Regional Ayurveda Research Institute for Life Style Related Disorders, Poojappura. As of 2011 census, Karamana had an estimated population of 9294 people, of which 4619 are males and 4675 are females. The Scheduled caste population of the area is 392, of which 188 are males and 204 are females. Majority of the people had their mother tongue as Malayalam and a few families are familiar with Tamil. The people use rice as their staple food and include pulses and cow's milk in their routine diet. Majority of the people choose non-vegetarian diet and relies mainly on fish and chicken. The people of the area mostly depend on the public road transport system and rail service. A few of them have their own vehicle. People mostly use tap water and well water for drinking purposes. The area has a number of secondary and higher secondary schools both in public and private sector. Government Ayurveda College, Thiruvananthapuram is near - by the area catering to the needs of public health care.





181. **Venganoor:** It is a village situated in Thiruvananthapuram district in the state of Kerala at a distance of 16 kilometers from the Regional Ayurveda Research Institute for Life Style Related Disorders, Poojappura. The village spreads over an area of 13.8 sq km. As of 2011 census, Venganoor had an estimated population of 35963 people, of which 17728 are males and 18295 are females. The Scheduled caste population of the area is 6356, of which 3136 are males and 3220 are females. Majority of the people had their mother tongue as Malayalam and only a few are familiar with other languages like Tamil, English and Hindi etc. The people use rice as their staple food and had included pulses and cow's milk in their routine diet. The area has a number of secondary and higher secondary schools both in public and private sector. A Public health centre is located in the panchayat; catering to the needs of public health care.
182. **Malayinkeezhu:** It is a village situated in Thiruvananthapuram district in the state of Kerala at a distance of 11 kilometers from the Regional Ayurveda Research Institute for Life Style Related Disorders, Poojappura. The village spreads over an area of 16.38 sq km. As of 2011 census, Malayinkeezhu had an estimated population of 37350 people, of which 18250 are males and 19100 are females. The Scheduled caste population of the area is 3807, of which 1837 are males and 1963 are females. Majority of the people had their mother tongue as Malayalam. The people use rice as their staple food and had included pulses and cow's milk in their routine diet. The area has a number of secondary and higher secondary schools both in public and private sector. Homeopathy hospital, Allopathic hospital and Allopathic dispensary is situated near – by; catering to the needs of public health care.
183. **Cheruvakkal:** It is a ward council included in Thiruvananthapuram corporation in the state of Kerala, situated at a distance of 12 kilometers from the Regional Ayurveda Research Institute for Life Style Related Disorders, Poojappura. The village spreads over an area of 13 sq km. As of 2011 census, Cheruvakkal had an estimated population of 7716 people, of which 3750 are males and 3966 are females. The Scheduled caste population of the area is 1116, of which 541 are males and 575 are females. Majority of the people had their mother tongue as Malayalam and only a few are familiar with other languages like Tamil, English and Hindi etc. The people use rice as their staple food and had included pulses and cow's milk in their routine diet. The area has a number of secondary and higher secondary schools both in public and private sector. A Primary health centre is situated near – by; catering to the needs of public health care.
184. **Maranalloor:** It is a village situated in Thiruvananthapuram district in the state of Kerala at a distance of 12 kilometers from the Regional Ayurveda Research Institute for Life Style Related Disorders, Poojappura. The village spreads over an area of 25.13 sq km. As of 2011 census, Maranalloor had an estimated population of 35610 people, of which 17507 are males and 18103 are females. The Scheduled caste population of the area is 5488, of which 2812 are males and 2642 are females. Majority of the people had their mother tongue as Malayalam. The people use rice as their staple food and had included pulses and cow's milk in their routine diet. The area has a number of secondary and higher secondary schools both in public and private sector. Primary health centre and Ayurveda dispensary is situated near – by catering to the needs of public health care.
185. **Kalliyoor:** It is a village situated in Thiruvananthapuram district in the state of Kerala at a distance of 12 kilometers from the Regional Ayurveda Research Institute for Life Style Related Disorders, Poojappura. The village spreads over an area of 25.13 sq km. As of



2011 census, Kalliyoor had an estimated population of 40816 people, of which 20078 are males and 20738 are females. The Scheduled caste population of the area is 6689, of which 3300 are males and 3389 are females. Majority of the people had their mother tongue as Malayalam. The people use rice as their staple food and had included pulses and cow's milk in their routine diet. The area has a number of secondary and higher secondary schools both in public and private sector. Primary health centre, Ayurveda dispensary and Homeopathy dispensary is situated near – by; catering to the needs of public health care.

### **RARIID, Patna**

186. **Mirhari Chak:** Mirhari chak a Scheduled Castes dominated village under Lakhana Purvi Panchayat in Patna district of Bihar. It distance about 21 km from ARRI, Patna. The population of Mirhari chak village is approx. 2000. The main Scheduled castes of this area were identified as Paswan, Manjhi & Harigen(Ravidas). They speak, understand and communicate in Hindi language normally. They are mostly non-vegetarian and are addicted to tobacco & alcohol. The common vegetables grains & fruits available are potato, onion, tomato, cauliflower, rice, wheat, maize, paddy & pulses and in fruits banana, mango & Guavas. Most of the houses are Kaccha with country tiles roof, some rare houses are RCC, Pucca & Thatched. There houses were comprised of cots, mats & chairs, TV & Radio and 30 percent houses are electrified, for drinking water they uses hand pump & well. For cooking purpose they use fire wood & coal and some rare people uses gas. .The common mode of their transportation is cycle, bike, auto rickshaw & bullock cart. Animal shades are also present outside their houses. Mostly peoples having no sanitation facilities, so they go in open fields and some villagers maintained the natural ventilation and sanitation. No industry is found in the peripheral of the village. Most of the peoples are labour and farmer. Mostly people working in Itabhatta. Educational facilities are primary school & Aganwadi. Nearest Primary health centre are in Punpun block which distance from the village is approx 8 km. In this area prevalent disease are Sandhi Sula, Katisula, Kosthbaddhta, Tvaka Roga, Karna Roga etc.
187. **Musnapur:** Musnapur a Scheduled Caste dominated village under Lakhana Purvi Panchayat in Patna district of Bihar. It distance about 22 km from ARRI, Patna. The population of Musnapur village is approx. 3000. The main Scheduled castes of this area were found Paswan, Manjhi & Harigen(Ravidas). They speak, understand and communicate in Hindi language normally. They are mostly non-vegetarian and are addicted to tobacco & alcohol. The common vegetables grains & fruits available are potato, onion, tomato, cauliflower, rice, wheat, maize, paddy & pulses and in fruits banana, mango, Lichi & Guavas. Most of the houses are Kaccha with country tiles roof, some rare houses are RCC, Pucca & Thatched. There houses were comprised of cots, mats & chairs, TV & Radio and 30 percent houses are electrified, for drinking water they uses hand pump & well. For cooking purpose they use fire wood & coal and some rare people uses gas. .The common mode of their transportation is cycle, bike, auto & bullock cart. Animal shades are also present outside their houses. Mostly peoples having no sanitation facilities, so they go in open fields and some villagers maintained the natural ventilation and sanitation. No industry is found in the peripheral of the village. Most of the peoples are labour and farmer. Mostly people working in Itabhatta. Educational facilities are primary school & Aganwadi. Nearest Primary health centre are in Punpun block which distance from the village is approx. 10 km. The main prevalent diseases are Sandhi Sula, Katisula, Tvaka Roga, Kosthbaddhta and Jvara etc.



188. **Mahmada:** Mahmada a Scheduled Caste dominated village under Lakhna Purvi Panchayat in Patna district of Bihar. It distance about 23 km from ARRI, Patna. The population of Mahmada village is approx 2000. The main Scheduled castes of this area were Paswan, Manjhi & Harigen (Ravidas). They speak, understand and communicate in Hindi language normally. They are mostly non-vegetarian and are addicted to tobacco & alcohol. The common vegetables grains & fruits available are potato, onion, tomato, cauliflower, rice, wheat, maize, paddy & pulses and in fruits banana, mango & Guavas. Most of the houses are Kaccha with country tiles roof, some rare houses are RCC, Pucca & Thatched. There houses were comprised of cots, mats & chairs, TV & Radio and 40 percent houses are electrified, for drinking water they uses hand pump & well. For cooking purpose they use fire wood & coal and some rare people uses gas. .The common mode of their transportation is cycle, bike, auto & bullock cart. Animal shades are also present outside their houses. Mostly peoples having no sanitation facilities, so they go in open fields and some villagers maintained the natural ventilation and sanitation. No industry is found in the peripheral of the village. Most of the peoples are labour and farmer. Mostly people working in Itabhata. Educational facilities are primary school & Aganwadi. Nearest Primary health centre are in Punpun block which distance from the village is approx 11 km. Prevalent diseases in this area are mainly Sandhisula, Tvaka Roga, Jvara, Svasa& Kasa etc.
189. **Mustfapur:** Mustfapura Scheduled Castes dominated village under Lakhnapurvi Panchayat in Patna district of Bihar. It distance about 23 km from ARRI, Patna. The population of Mustfapur village is approx. 2200. The main Scheduled castes of this area were identified as Paswan, Manjhi&Harigen(Ravidas). They speak, understand and communicate in Hindi language normally. They are mostly non-vegetarian and are addicted to tobacco & alcohol. The common vegetables grains & fruits available are potato, onion, tomato, cauliflower, rice, wheat, maize, paddy & pulses and in fruits banana, mango & Guavas. Most of the houses are Kaccha with country tiles roof, some rare houses are RCC and pucca. There houses were comprised of cots, mats & chairs, TV & Radio and 60 percent houses are electrified, for drinking water they uses hand pump & well. For cooking purpose they use fire wood & coal and some rare people uses gas. .The common mode of their transportation is cycle, bike, auto& bullock cart. Animal shades are also present outside their houses. Mostly peoples having no sanitation facilities, so they go in open fields and some villagers maintained the natural ventilation and sanitation. No industry is found in the peripheral of the village. Most of the peoples are labour and farmer. Mostly people working in Itabhata. Educational facilities are primary school & Aganwadi. Nearest Primary health centre are in Punpun block which distance from the village is approx. 13 km. Sandhi Sula, Tvaka Roga, Katisula, Kosthbaddhta, Sirah Sula etc are the prevalent disease in this area.
190. **Alludin Chak:** Alludin chak is one of the Scheduled Castes dominated village under Punpun Panchayat in Patna district of Bihar. Its distance is about 26 km from RARIID, Patna. The population of Alludin chak village is approx. 5200. The main castes of this area are Paswan, Manjhi & Harigen (Ravidas). They use Hindi language in general. Tobacco is the main addiction found in the population. The common grains, vegetables and fruits available are rice, wheat, maize different pulses, potato, onion, tomato, cauliflower and banana, mango, guava respectively. Most of the houses are Kaccha with country tiles roof; some rare houses are RCC, Pucca & Thatched. There houses were comprised of cots, mats & chairs, TV & Radio and 30 percent houses are electrified, for drinking water they uses





hand pump & well. For cooking purpose they use fire wood & coal and some rare people uses gas. .The common mode of their transportation is cycle, bike, and auto rickshaw & bullock cart. Animal shades are also present outside their houses. Mostly peoples having no sanitation facilities, so they go in open fields and some villagers maintained the natural ventilation and sanitation. No industry is found in the peripheral of the village. Most of the peoples are labour and farmer. Most of the people work in Itabhata. Educational facilities are primary school & Aganwadi. Nearest Primary health centre are in Punpun block which is away from the village is approx 8 km. In this area prevalent disease are Sandhi Sula, Vata Vyadhi, Katisula, Tvak Roga, Svasa, KosthaBaddhata and Karna Roga etc.

191. **Khera:** Khera is one of the Scheduled Castes dominated village under Lakhnapurvi Panchayat in Patna district of Bihar. Its distance is about 23 km from RARIID, Patna. The population of Khera village is approx. 4100. The main castes of this area were identified as Paswan, Manjhi& Harigen (Ravidas). They use Hindi language in general. Tobacco is the main addiction found in the population. The common grains, vegetables and fruits available are rice, wheat, maize different pulses, potato, onion, tomato, cauliflower and banana, mango, guava respectively. Most of the houses are Kaccha with country tiles roof; some rare houses are RCC and pucca. These houses were comprised of cots, mats & chairs, TV & Radio and 60 percent houses are electrified, for drinking water they uses hand pump & well. For cooking purpose they use fire wood & coal and some rare people uses gas. .The common mode of their transportation is cycle, bike, and auto& bullock cart. Animal shades are also present outside their houses. Mostly peoples having no sanitation facilities, so they go in open fields and some villagers maintained the natural ventilation and sanitation. No industry is found in the peripheral of the village. Most of the peoples are labour and farmer. Most of the people work in Itabhata. Educational facilities are primary school & Aganwadi. Nearest Primary health centre are in Punpun block which is away from the village is approx. 13 km. Sandhi Sula, Vata Vyadhi, Katisula, TvakaRoga, Udar sula, Kasa and Arsa etc are the prevalent disease in this area.
192. **Baluwa Chak:** Baluwa Chak is one of the Scheduled Castes dominated village under Lakhana Purvi Panchayat in Patna district of Bihar. It distance is about 22 km from RARIID, Patna. The population of Baluwa Chak village is approx 3000. The main castes of this area are Paswan, Manjhi & Harigen (Ravidas). They use Hindi language in general. Tobacco is the main addiction found in the population. The common grains, vegetables and fruits available are rice, wheat, maize different pulses, potato, onion, tomato, cauliflower and banana, mango, guava respectively. Most of the houses are Kaccha with country tiles roof; some rare houses are RCC, Pucca & Thatched. These houses were comprised of cots, mats & chairs, TV & Radio and 30 percent houses are electrified, for drinking water they uses hand pump & well. For cooking purpose they use fire wood & coal and some rare people uses gas. .The common mode of their transportation is cycle, bike, and auto rickshaw & bullock cart. Animal shades are also present outside their houses. Mostly peoples having no sanitation facilities, so they go in open fields and some villagers maintained the natural ventilation and sanitation. No industry is found in the peripheral of the village. Most of the peoples are labour and farmer. Educational facilities are primary school & Aganwadi. Nearest Primary health centre are in Punpun block which distance from the village is approx 8 km. In this area prevalent disease are Vata Vyadhi, Tvaka Roga, Katisula, Sandhi Sula, Arsa and Kasa etc.



### RARIGID, Guwahati

193. **Tetelia Gaon:** The area is situated under the Teteliagaon Panchayat of Kamrup (M) district. It is near about 17-20 km distance from the institute. The locality is dominated mostly by SC population. It is under Ward No.-6 & towards the west side of Deepor Beel. There are approximately 2000-2100 populations in the village out of which 45% are males and 55% are females. The main spoken language is Assamese. In respect of socio-economic conditions people are mostly dependent on cultivation and fishing. Very few are service holders, small businessmen and daily wages labours. Approximately 10% of the houses are made up of mud, bamboo and straw roofs and rest are made up of bricks, rod and cement. Main sources of water are wells and tube wells. In this area, two high schools are present and approximately 50% people are literate. Almost 90% populations uses rod and cement constructed latrines for sanitation. Road communication is convenient to the village. Two wheelers and four wheelers are the mostly used vehicles in the locality. People are mainly non-vegetarians and rice eaters. Socio-economic conditions are poor and lower middle class predominately. Electricity is available in the area and approximately 60% people uses Gas and rest portion of population use wood for cooking of food. Two numbers of dispensaries are available to provide health care facilities in the habitat.
194. **Kolbottopara:** The village is situated under the Rampur goan panchayat of Kamrup district. It is near about 55-60 km distance from the institute. The locality is dominated mostly by SC populations. There are approximately 600 to 700 populations in the village out of which 60% are males and 40% are females. The main spoken language is Assamese. In respect of socio-economic conditions people are mostly dependent on cultivation and fishing. Very few are service holders, small businessmen and daily wages labours. Approximately 40% of the houses are Kaccha houses and rests 60% are pukka houses. Main source of water is hand pump. In this village only one L.P. school is present and approximately 40% people are literate, 30% people are semi-literate and remaining 30% people are illiterate. Almost 70% populations uses rod and cement constructed latrines for sanitation. Road communication is convenient to the village. Two wheelers, three wheelers and four wheelers are the mostly used vehicles in the locality. People are mainly non-vegetarians and rice eaters. Socio-economic conditions are poor and lower middle class predominately. Natural resources present in the area are beetle nut trees and coconut trees. Electricity is available in the area and approximately 60% people use Gas and rest 40% of population use wood for cooking purpose. One Primary Health Centre is available in the area to provide health care facilities.
195. **Rongamati:** The area is situated under the Palasbari Panchayat of Kamrup district. It is near about 45-50 km distance from the institute. The locality is dominated mostly by SC population. There are approximately around 1200-1300 populations in the village of which 40% are males and 60% are females. The main spoken language is Assamese. In respect of socio-economic conditions people are mostly dependent on cultivation. Very few are service holders, small businessmen and daily wages labours. Approximately 10% of the houses are Kaccha houses and rests are Pukka houses. Main source of water is hand pump. Four L.P. schools, one M.E. school and one High School are present in the area and approximately 35% people are literate, 45% people are semi-literate and remaining 20% people are illiterate. Almost 90% populations uses rod and cement constructed latrines for sanitation. Road communication is convenient to the village. Two wheelers, three wheelers and four wheelers are the mostly used vehicles in the locality. People are mainly non-vegetarians and rice eaters. Socio-economic conditions are poor and lower middle





class predominately. Natural resources present in the area are beetle nut trees, coconut trees and banana trees. Electricity is available in the area and approximately 70% people uses Gas and rest portion of population use wood for cooking of food. One Primary Health Centre is available in the area to provide health care facilities

196. **Majortol:** The area is situated under the Kulhati Pasgaon Gaon Panchayat under Hajo area of Kamrup (R) district. It is near about 35-40 km distance from the institute. The locality is dominated mostly by SC population. There are approximately 600-700 populations in the village out of which 45% are males and 55% are females. The main spoken language is Assamese. In respect of socio-economic conditions people are mostly dependent on cultivation, fishing and daily wages labours. Very few are service holders and small businessmen. Approximately 55% of the houses are kaccha houses and 45% are pakka houses. Almost 40% populations' use rod and cement constructed latrines for sanitation and the rest 60% sanitation facilities are kaccha. Road communication is convenient to the village. Two wheelers and four wheelers are the mostly used vehicles in the locality. Main source of water is hand pump. In this area, one L. P. School and one college are present and approximately 40-50% people are literate. No health care facility is available in the habitat. People are mainly non-vegetarians and rice eaters. Lower middle class people are predominant in the locality. Natural resources present in the area are beetle nut trees, coconut trees and banana trees. Rice and green vegetables are commonly available in the village. Electricity is available in the area and approximately 60% people uses Gas and rest portion of population uses wood for cooking purpose. The common medicinal plants available in the village are *Azadirachta indica* A. Juss, *Mangifera indica* Linn, *Ocimum sanctum* Linn and *Zizyphus jujube* Lam.
197. **Goraghat:** The locality is situated under the Kulhati Pasgaon Gaon Panchayat under Hajo area of Kamrup (R) district. It is near about 40-45 km distance from the institute. The locality is dominated mostly by SC populations. There are approximately 800 to 900 populations in the village out of which 55% are males and 45% are females. The main spoken language is Assamese. In respect of socio-economic conditions people are mostly dependent on cultivation and daily wages labours. Very few are service holders and small businessmen. Approximately 60% of the houses are Kaccha houses and rests 40% are pakka houses. Almost 40% populations' use rod and cement constructed latrines for sanitation and the rest 60% sanitation facilities are kaccha. Road communication is convenient to the village. Two wheelers are the mostly used vehicles in the locality. Main source of water is hand pump. In this area only one L.P. school is present and approximately 40% people are literate, 30% people are semi-literate and remaining 30% people are illiterate. No health care facility is available in the area. People are mainly non-vegetarians and rice eaters. Socio-economic conditions are poor and lower middle class predominately. Natural resources present in the area are beetle nut trees, coconut trees and bamboo trees. Rice and green vegetables are commonly available in the village. Electricity is available in the area and approximately 50% people use Gas and rest 50% of the population use wood for cooking purpose. The common medicinal plants available in the village are *Azadirachta indica* A. Juss, *Mangifera indica* Linn, *Emblica officinalis* Gaetrn, *Curcuma longa* Linn, *Zingiber officinalis* Rosc, *Ocimum sanctum* Linn, *Aegle marmelos* Corr. and *Zizyphus jujube* Lam.
198. **Paschimtoll:** The locality is situated under the Kulhati Pasgaon Gaon Panchayat under Hajo area of Kamrup (R) district. It is near about 35-40 km distance from the institute. The locality is dominated mostly by SC populations. There are approximately 800 to



900 populations in the village out of which 45% are males and 55% are females. The main spoken language is Assamese. In respect of socio-economic conditions people are mostly dependent on cultivation and small businessmen. Very few are service holders and daily wages labours. Approximately 40% of the houses are Kaccha houses and rests 60% are pakka houses. Almost 50% populations' use rod and cement constructed latrines for sanitation and the rest 50% sanitation facilities are kaccha. Road communication is convenient to the village. Two wheelers are the mostly used vehicles in the locality. Main source of water is hand pump. In this area one L.P. school and one High School are present and approximately 40% people are literate, 30% people are semi-literate and remaining 30% people are illiterate. No health care facility is available in the area. People are mainly non-vegetarians and rice eaters. Socio-economic conditions are poor and lower middle class predominately. Natural resources present in the area are beetle nut trees, coconut trees and bamboo trees. Rice and green vegetables are commonly available in the village. Electricity is available in the area and approximately 70% people use Gas and rest 30% of the population use wood for cooking purpose. The common medicinal plants available in the village are *Azadirachta indica* A. Juss, *Curcuma longa* Linn, *Zingiber officinalis* Rosc, *Aegle marmelos* Corr. and *Zizyphus jujube* Lam.

199. **NA-Puranpara:** The area is situated under the Kulhati Pasgaon Gaon Panchayat under Hajo area of Kamrup (R) district. It is near about 40-45 km distance from the institute. The locality is dominated mostly by SC population. There are approximately 850-950 populations in the village out of which 45% are males and 55% are females. The main spoken language is Assamese. In respect of socio-economic conditions people are mostly dependent on cultivation, fishing and daily wages labours. Very few are service holders and small businessmen. Approximately 55% of the houses are kaccha houses and 45% are pakka houses. Almost 45% populations' use rod and cement constructed latrines for sanitation and the rest 65% sanitation facilities are kaccha. Road communication is convenient to the village. Two wheelers and four wheelers are the mostly used vehicles in the locality. Main source of water is hand pump. In this area, one L. P. School and one Higher Secondary are present and approximately 40-50% people are literate. One Maternity Centre is available in the habitat. People are mainly non-vegetarians and rice eaters. Lower middle class people are predominant in the locality. Natural resources present in the area are beetle nut trees and coconut trees. Rice and green vegetables are commonly available in the village. Electricity is available in the area and approximately 75% people uses Gas and rest portion of population uses wood for cooking purpose. The common medicinal plants available in the village are *Azadirachta indica* A. Juss, *Curcuma longa* Linn, *Emblica officinalis* Gaetrn *Mangifera indica* Linn, *Ocimum sanctum* Linn and *Zizyphus jujube* Lam.
200. **Borbil:** The locality is situated under the Kulhati Pasgaon Gaon Panchayat under Hajo area of Kamrup (R) district. It is near about 40-45 km distance from the institute. The locality is dominated mostly by SC population. There are approximately 800-900 populations in the village out of which 40% are males and 60% are females. The main spoken language is Assamese. In respect of socio-economic conditions people are mostly dependent on cultivation, fishing and daily wages labors. Very few are service holders and small businessmen. Approximately 45% of the houses are kaccha houses and 55% are pakka houses. Almost 60% populations' use rod and cement constructed latrines for sanitation and the rest 40% sanitation facilities are kaccha. Road communication is convenient to the village. Two wheelers and four wheelers are the mostly used vehicles in



the locality. Main source of water is hand pump. In this area, two L. P. Schools, one M. V. School and one High School are present and approximately 40-50% people are literate. No health care facility is available in the area. People are mainly non-vegetarians and rice eaters. Lower middle class people are predominant in the locality. Natural resources present in the area are beetle nut trees and coconut trees. Rice and green vegetables are commonly available in the village. Electricity is available in the area and approximately 75% people uses Gas and rest portion of population uses wood for cooking purpose. The common medicinal plants available in the village are *Azadirachta indica* A. Juss, *Curcuma longa* Linn, *Emblica officinalis* Gaetrn *Mangifera indica* Linn, *Ocimum sanctum* Linn and *Zizyphus jujube* Lam.

201. **Gosaighar:** The locality is situated under the Kulhati Pasgaon Gaon Panchayat under Hajo area of Kamrup (R) district. It is near about 35-40 km distance from the institute. The locality is dominated mostly by SC populations. There are approximately 900 to 1000 populations in the village out of which 55% are males and 45% are females. The main spoken language is Assamese. In respect of socio-economic conditions people are mostly dependent on cultivation and daily wages labors. Very few are service holders and small businessmen. Approximately 35% of the houses are Kaccha houses and rests 65% are pakka houses. Almost 55% populations' use rod and cement constructed latrines for sanitation and the rest 45% sanitation facilities are kaccha. Road communication is convenient to the village. Two wheelers are the mostly used vehicles in the locality. Main source of water is hand pump. In this area two L.P. schools and one High School are present and approximately 40% people are literate, 30% people are semi-literate and remaining 30% people are illiterate. No health care facility is available in the area. People are mainly non-vegetarians and rice eaters. Socio-economic conditions are poor and lower middle class predominately. Natural resources present in the area are beetle nut trees, coconut trees and bamboo trees. Rice and green vegetables are commonly available in the village. Electricity is available in the area and approximately 60% people use Gas and rest 40% of the population use wood for cooking purpose. The common medicinal plants available in the village are *Azadirachta indica* A. Juss, *Mangifera indica* Linn, *Emblica officinalis* Gaetrn, *Curcuma longa* Linn, *Zingiber officinalis* Rosc, *Ocimum sanctum* Linn, *Aegle marmelos* Corr. and *Zizyphus jujube* Lam.

#### **RARI, Gangtok**

202. **Tarku:** Tarku village of South Sikkim district is situated at a distance of 40 km from the Institute. Total number of population in the village is 236. Commonly used language is Nepali. Maximum people take non-vegetarian diet and locally made traditional alcohol. Maximum people have wooden house (Kaccha house) and also some few concrete buildings are there. Electricity and drinking water are available in the village. Maximum houses have kaccha Latrine. The road condition of the village is good. People use share jeep for transportation. Maximum areas are covered with forest and cultivable land is also available. Wastelands are less. No Industries are there in and around this village. Primary and secondary School are there. Primary Health Centre is situated 4-5 km away from village. Common vegetable are Spinach, Iskus, cauliflower, cabbage, and Cardamom etc. People use wood for cooking purpose and few households use gas.
203. **Temi:** Temi village of South Sikkim district is situated at a distance of 45 km from the Institute. Total number of SC population in the village is 211. Commonly used language is Nepali. Maximum people take non-vegetarian diet and locally made traditional alcohol.



Maximum people have wooden house (Kaccha house) and also few concrete buildings are there. Electricity and drinking water are available in the village. Maximum houses have kaccha Latrine. The road condition of the village is good. People use share jeep for transportation. Maximum areas are covered with forest and cultivable land is also available. Wastelands are less. One Tea Industry is there in and around this village. Primary and secondary School are there. Primary Health Center is situated 8-10 km away from village. Common vegetable are Spinach, Iskus, cauliflower, cabbage, and Cardamom etc. People use wood for cooking purpose and few households use gas.

204. **Lower Tumin:** Lower Tumin is a village of East Sikkim district situated at a distance of 40 km from the Institute. Total number of population in the village is 590. Commonly used language is Nepali. Maximum people take non-vegetarian diet and locally made traditional alcohol. Maximum people have wooden house (Kaccha house) and also some few concrete buildings are there. Electricity and drinking water are available in the village. Maximum houses have kaccha Latrine. The road condition of the village is good. People use share jeep for transportation. Maximum areas are covered with forest and cultivable lands are also available. Wastelands are less. No Industries are there in and around this village. Primary and secondary School are there. Primary Health Center is situated 4-5 km away from village. Common vegetable are Spinach, Iskus, cauliflower, cabbage, and Cardamom etc. People use wood for cooking purpose and few households use gas.
205. **Lower Dochum:** Lower Dochum is a village of East Sikkim district situated at a distance of 40 km from the Institute. Total number of population in the village is 580. Commonly used language is Nepali. Maximum people take non-vegetarian diet and locally made traditional alcohol. Maximum people have wooden house (Kaccha house) and also some few concrete buildings are there. Electricity and drinking water are available in the village. Maximum houses have kaccha Latrine. The road condition of the village is good. People use share jeep for transportation. Maximum areas are covered with forest and cultivable land is also available. Wastelands are less. No Industries are there in and around this village. Primary and secondary School are there. No any Primary Health Centre is situated near the village. Common vegetable are Spinach, Iskus, cauliflower, cabbage, and Cardamom etc. People use wood for cooking purpose and few households use gas.
206. **Upper Dochum:** Upper Dochum is a village of East Sikkim district situated at a distance of 50 km from the Institute. Total number of population in the village is 467. Commonly used language is Nepali. Maximum people take non-vegetarian diet and locally made traditional alcohol. Maximum people have wooden house (Kaccha house) and also some few concrete buildings are there. Electricity and drinking water are available in the village. Maximum houses have kaccha Latrine. The road condition of the village is good. People use share jeep for transportation. Maximum areas are covered with forest and cultivable land is also available. Wastelands are less. No Industries are there in and around this village. Primary and secondary School are there. No any Primary Health Centre is situated near the village. Common vegetable are Spinach, Iskus, cauliflower, cabbage, and Cardamom etc. People use wood for cooking purpose and few households use gas.
207. **Singtam:** Singtam is a village of East Sikkim district situated at a distance of 30 km from the Institute. Total number of population in the village is 344. Commonly used language is Nepali. Maximum people take non-vegetarian diet and locally made traditional alcohol. Maximum people have wooden house (Kaccha house) and also few concrete buildings are there. Electricity and drinking water are available in the village. Maximum houses





have Pakka Latrine. The road condition of the village is good. People use share jeep for transportation. Maximum areas are covered with forest and cultivable land is also available. Wastelands are less. No Industries are there in and around this village. Primary and secondary School are there. Primary Health Centre is situated 4-5 km away from village. Common vegetable are Spinach, Iskus, cauliflower, cabbage, and Cardamom etc. People use wood for cooking purpose and few households use gas.

208. **Ralap Panchayat Ward:** Ralap Panchayat Ward is a village of East Sikkim situated at a distance of 45 km from the Institute. Total number of population in the village is 356. Commonly used language is Nepali. Maximum people take non-vegetarian diet and locally made traditional alcohol. Maximum people have wooden house (Kaccha house) and also some few concrete buildings are there. Electricity and drinking water are available in the village. Maximum houses have Pakka Latrine. The road condition of the village is good. People use share jeep for transportation. Maximum areas are covered with forest and cultivable land is also available. Wastelands are less. No Industries are there in and around this village. Primary and secondary School are there. Primary Health Centre is situated 4-5 km away from village. Common vegetable are Spinach, Iskus, cauliflower, cabbage, and Cardamom etc. People use wood for cooking purpose and few households use gas.
209. **Padamchey:** Padamchey village of East Sikkim district is situated at a distance of 45 km from the Institute. Total number of population in the village is 580. Commonly used language is Nepali. Maximum people take non-vegetarian diet and locally made traditional alcohol. Maximum people have wooden house (Kaccha house) and also some few concrete buildings are there. Electricity and drinking water are available in the village. Maximum houses have Pakka Latrine. The road condition of the village is good. People use share jeep for transportation. Maximum areas are covered with forest and cultivable land is also available. Wastelands are less. No Industries are there in and around this village. Primary and secondary School are there. Primary Health Center is situated 3-4 km away from village. Common vegetable are Spinach, Iskus, cauliflower, cabbage, and Cardamom etc. People use wood for cooking purpose and few households use gas.
210. **Bardang:** Bardang is a village of East Sikkim district situated at a distance of 35 km from the Institute. Total number of population in the village is 347. Commonly used language is Nepali. Maximum people take non-vegetarian diet and locally made traditional alcohol. Maximum people have wooden house (Kaccha house) and also some few concrete buildings are there. Electricity and drinking water are available in the village. Maximum houses have Pakka Latrine. The road condition of the village is good. People use share jeep for transportation. Maximum areas are covered with forest and cultivable land is also available. Wastelands are less. No Industries are there in and around this village. Primary and secondary School are there. Primary Health Center is situated 3-4 km away from village. Common vegetable are Spinach, Iskus, cauliflower, cabbage, and Cardamom etc. People use wood for cooking purpose and few households use gas.
211. **Lower Kambal:** Lower Kambal is a village of East Sikkim district situated at a distance of 40 km from the Institute. Total number of population in the village is 455. Commonly used language is Nepali. Maximum people take non-vegetarian diet and locally made traditional alcohol. Maximum people have wooden house (Kaccha house) and also some few concrete buildings are there. Electricity and drinking water are available in the village. Maximum houses have Kaccha Latrine. The road condition of the village is good. People use share jeep for transportation. Maximum areas are covered with forest and cultivable





land is also available. Wastelands are less. No Industries are there in and around this village. Primary and secondary School are there. Primary Health Centre is situated 3-4 km away from village. Common vegetable are Spinach, Iskus, cauliflower, cabbage, and Cardamom etc. People use wood for cooking purpose and few households use gas.

212. **23 Amba:** 23 Amba village of East Sikkim district is situated at a distance of 60 km from the Institute. Total number of population in the village is 600. Commonly used language is Nepali. Maximum people take non-vegetarian diet and locally made traditional alcohol. Maximum people have wooden house (Kaccha house) and also some few concrete buildings are there. Electricity and drinking water are available in the village. Maximum houses have Kaccha Latrine. The road condition of the village is good. People use share jeep for transportation. Maximum areas are covered with forest and cultivable land is also available. Wastelands are less. No Industries are there in and around this village. Primary and secondary School are there. Primary Health Centre is situated 10 km away from village. Common vegetable are Spinach, Iskus, cauliflower, cabbage, and Cardamom etc. People use wood for cooking purpose and few households use gas.
213. **08 Rorathang:** 08 Rorathang is a village of East Sikkim district situated at a distance of 55 km from the Institute. Total number of population in the village is 698. Commonly used language is Nepali. Maximum people take non-vegetarian diet and locally made traditional alcohol. Maximum people have wooden house (Kaccha house) and also some few concrete buildings are there. Electricity and drinking water are available in the village. Maximum houses have Pakka Latrine. The road condition of the village is good. People use share jeep for transportation. Maximum areas are covered with forest and cultivable land are also available. Wastelands are less. No Industries are there in and around this village. Primary and secondary School are there. Primary Health Centre is situated 10 km away from village. Common vegetable are Spinach, Iskus, cauliflower, cabbage, and Cardamom etc. People use wood for cooking purpose and few households use gas.
214. **20<sup>th</sup> Mile:** 20<sup>th</sup> Mile village of East Sikkim district is situated at a distance of 35 km from the Institute. Total number of population in the village is 250. Commonly used language is Nepali. Maximum people take non-vegetarian diet and locally made traditional alcohol. Maximum people have wooden house (Kaccha house) and also some few concrete buildings are there. Electricity and drinking water are available in the village. Maximum houses have Kaccha Latrine. The road condition of the village is good. People use share jeep for transportation. Maximum areas are covered with forest and cultivable land is also available. Wastelands are less. No Industries are there in and around this village. Primary and secondary School are there. Primary Health Center is situated 15 km away from village. Common vegetable are Spinach, Iskus, cauliflower, cabbage, and Cardamom etc. People use wood for cooking purpose and few households use gas.
215. **Duga:** Duga village of East Sikkim district is situated at a distance of 50 km from the Institute. Total number of population in the village is 545. Commonly used language is Nepali. Maximum people take non-vegetarian diet and locally made traditional alcohol. Maximum people have wooden house (Kaccha house) and also some few concrete buildings are there. Electricity and drinking water are available in the village. Maximum houses have Kaccha Latrine. The road condition of the village is good. People use share jeep for transportation. Maximum areas are covered with forest and cultivable land is also available. Wastelands are less. No Industries are there in and around this village. Primary and secondary School are there. Primary Health Center is situated 10 km away from



village. Common vegetable are Spinach, Iskus, cauliflower, cabbage, and Cardamom etc. People use wood for cooking purpose and few households use gas.

216. **Mamring:** Mamring village of South Sikkim district is situated at a distance of 50 km from the Institute. Total number of population in the village is 655. Commonly used language is Nepali. Maximum people take non-vegetarian diet and locally made traditional alcohol. Maximum people have wooden house (Kaccha house) and also some few concrete buildings are there. Electricity and drinking water are available in the village. Maximum houses have Kaccha Latrine. The road condition of the village is good. People use share jeep for transportation. Maximum areas are covered with forest and cultivable land is also available. Wastelands are less. No Industries are there in and around this village. Primary and secondary School are there. Primary Health Centre is situated 15-20 km away from village. Common vegetable are Spinach, Iskus, cauliflower, cabbage, and Cardamom etc. People use wood for cooking purpose and few households use gas.
217. **Ravangla:** Ravangla village of South Sikkim district is situated at a distance of 70 km from the Institute. Total number of population in the village is 632. Commonly used language is Nepali. Maximum people take non-vegetarian diet and locally made traditional alcohol. Maximum people have wooden house (Kaccha house) and also some few concrete buildings are there. Electricity and drinking water are available in the village. Maximum houses have Kaccha Latrine. The road condition of the village is good. People use share jeep for transportation. Maximum areas are covered with forest and cultivable land is also available. Wastelands are less. No Industries are there in and around this village. Primary and secondary School are there. One District Hospital is situated 01 km away from village. Common vegetable are Spinach, Iskus, cauliflower, cabbage, and Cardamom etc. People use wood for cooking purpose and few households use gas.
218. **Kewzing:** Kewzing village of South Sikkim district is situated at a distance of 75 km from the Institute. Total number of population in the village is 332. Commonly used language is Nepali. Maximum people take non-vegetarian diet and locally made traditional alcohol. Maximum people have wooden house (Kaccha house) and also some few concrete buildings are there. Electricity and drinking water are available in the village. Maximum houses have Kaccha Latrine. The road condition of the village is good. People use share jeep for transportation. Maximum areas are covered with forest and cultivable land is also available. Wastelands are less. No Industries are there in and around this village. Primary and secondary School are there. The Primary Health Centre is situated 5-6 km away from village. Common vegetable are Spinach, Iskus, cauliflower, cabbage, and Cardamom etc. People use wood for cooking purpose and few households use gas.
219. **Jarrong:** Jarrong village of South Sikkim district is situated at a distance of 75 km from the Institute. Total number of population in the village is 279. Commonly used language is Nepali. Maximum people take non-vegetarian diet and locally made traditional alcohol. Maximum people have wooden house (Kaccha house) and also some few concrete buildings are there. Electricity and drinking water are available in the village. Maximum houses have Kaccha Latrine. The road condition of the village is good. People use share jeep for transportation. Maximum areas are covered with forest and cultivable land is also available. Wastelands are less. No Industries are there in and around this village. Primary and secondary School are there. The Primary Health Centre is situated 10 km away from village. Common vegetable are Spinach, Iskus, cauliflower, cabbage, and Cardamom etc. People use wood for cooking purpose and few households use gas.



220. **Dhar Gaon:** Dhar Gaon village of South Sikkim district is situated at a distance of 80 km from the Institute. Total number of population in the village is 436. Commonly used language is Nepali. Maximum people take non-vegetarian diet and locally made traditional alcohol. Maximum people have wooden house (Kaccha house) and also some few concrete buildings are there. Electricity and drinking water are available in the village. Maximum houses have Kaccha Latrine. The road condition of the village is good. People use share jeep for transportation. Maximum areas are covered with forest and cultivable land is also available. Wastelands are less. No Industries are there in and around this village. Primary and secondary School are there. The Primary Health Centre is situated 15 km away from village. Common vegetable are Spinach, Iskus, cauliflower, cabbage, and Cardamom etc. People use wood for cooking purpose and few households use gas.
221. **Upper Tanak:** Upper Tanak village of South Sikkim district is situated at a distance of 45 km from the Institute. Total number of population in the village is 489. Commonly used language is Nepali. Maximum people take non-vegetarian diet and locally made traditional alcohol. Maximum people have wooden house (Kaccha house) and also some few concrete buildings are there. Electricity and drinking water are available in the village. Maximum houses have Kaccha Latrine. The road condition of the village is good. People use share jeep for transportation. Maximum areas are covered with forest and cultivable land is also available. Wastelands are less. No Industries are there in and around this village. Primary and secondary School are there. The Primary Health Centre is situated 5-6 km away from village. Common vegetable are Spinach, Iskus, cauliflower, cabbage, and Cardamom etc. People use wood for cooking purpose and few households use gas.
222. **Ray Khola:** Ray Khola village of East Sikkim district is situated at a distance of 40 km from the Institute. Total number of population in the village is 406. Maximum people take non-vegetarian diet and locally made traditional alcohol. Maximum people have wooden house (Kaccha house) and also some few concrete buildings are there. Electricity and drinking water are available in the village. Maximum houses have Pakka Latrine. The road condition of the village is good. People use share jeep for transportation. Maximum areas are covered with forest and cultivable land is also available. Wastelands are less. No Industries are there in and around this village. Primary and secondary School are there. The Primary Health Centre is situated 5-6 km away from village. Common vegetable are Spinach, Iskus, cauliflower, cabbage, and Cardamom etc. People use wood for cooking purpose and few households use gas.
223. **Chalamthang:** Chalamthang village of South Sikkim district is situated at a distance of 45 km from the Institute. Total number of population in the village is 580. Commonly used language is Nepali. Maximum people take non-vegetarian diet and locally made traditional alcohol. Maximum people have wooden house (Kaccha house) and also some few concrete buildings are there. Electricity and drinking water are available in the village. Maximum houses have Kaccha Latrine. The road condition of the village is good. People use share jeep for transportation. Maximum areas are covered with forest and cultivable land is also available. Wastelands are less. No Industries are there in and around this village. Primary and secondary School are there. The Primary Health Centre is situated 08 km away from village. Common vegetable are Spinach, Iskus, cauliflower, cabbage, and Cardamom etc. People use wood for cooking purpose and few households use gas.
224. **Tsomgo:** Tsomgo village of East Sikkim district is situated at a distance of 55 km from the Institute. Total number of population in the village is 140. Commonly used language is





Nepali. Maximum people take non-vegetarian diet and locally made traditional alcohol. Maximum people have wooden house (Kaccha house) and also some few concrete buildings are there. Electricity and drinking water are available in the village. Maximum houses have Kaccha Latrine. The road condition of the village is good. People use share jeep for transportation. Maximum areas are covered with forest and cultivable land is also available. Wastelands are less. No Industries are there in and around this village. Primary and secondary School are there. The Primary Health Centre is situated 10 km away from village. Common vegetable are Spinach, Iskus, cauliflower, cabbage, and Cardamom etc. People use wood for cooking purpose and few households use gas.

225. **Jalipool, East Sikkim:** RARI, Gangtok conducted 03 (three) survey tours at Jalipool village of East Sikkim district on 01/03/2017, 15/03/2017 & 22/03/2017 under SCSP Project. It is situated at a distance of 35 km from the Institute. Total number of population in the village is 390. Total **67 SC**, 14 ST & 15 others populations were covered. Total **56 SC patients**, were treated out of which **28 SC patients** were New and **28 SC Patients** have been followed up. Total numbers of all patients were 100 including 56 SC, 20 ST and 24 other categories. Scheduled Caste People are found in this village, commonly used language is Nepali. Maximum people take non vegetarian diet and minimum number of people takes alcohol (traditional local made). Maximum people have Pucca house and few concrete buildings are also there. Maximum houses have proper sanitation facilities (Pukka Latrine) and few houses don't have proper sanitation. Electricity and drinking water are available in the village. The road condition of the village is good. People use share jeep and bus for transportation. In this area cultivation are done in the hill slope. Maximum areas are covered with forest and cultivable lands are also available. Wastelands are less. No Industries are there in and around this village. Govt. Primary and secondary School are there. Primary Health Centre at the village. Common vegetable are potato, iskus, cauliflower, cabbage, spinach, beans, etc., Grains include maize, pulses, rice and Fruits like orange, papaya, guava etc. People use LPG for cooking purpose and few household uses Wood. Prevalent diseases found are Amlapitta, Udara Sula, Vata Vyadhi, Ajeerna, Dourbalya, Grahani Dosa etc.
226. **Ranka, East Sikkim:** RARI, Gangtok conducted 01 (one) survey tours at Ranka village of East Sikkim district on 21/03/2017 under SCSP Project. It is situated at a distance of 40 km from the Institute. Total number of population in the village is 609. Total **43 SC**, 05 ST & 10 others populations were covered. Total new **27 SC patients**, were treated. Total numbers of all patients were 42 including 27 SC, 05 ST and 10 other categories. Scheduled Caste People are found in this village, commonly used language is Nepali. Maximum people take non vegetarian diet and minimum number of people takes alcohol (traditional local made). Maximum people have Pucca house and few concrete buildings are also there. Maximum houses have proper sanitation facilities (Pukka Latrine) and few houses don't have proper sanitation. Electricity and drinking water are available in the village. The road condition of the village is good. People use share jeep and bus for transportation. In this area cultivation are done in the hill slope. Maximum areas are covered with forest and cultivable lands are also available. Wastelands are less. No Industries are there in and around this village. Govt. Primary and secondary School are there. Primary Health Centre is situated 06 km away from the village. Common vegetable are potato, iskus, cauliflower, cabbage, spinach, beans, etc., Grains include maize, pulses, rice and Fruits like orange, papaya, guava etc. People use LPG for cooking purpose and few household uses Wood. Prevalent diseases found are Katisula, Sirah Sula, Vata Vyadhi, Dourbalya, Ajeerna etc.



227. **Middle Kolthang, South Sikkim:** RARI, Gangtok conducted 02 (two) survey tours at Middle Kolthang village of South Sikkim district on 25/02/2017 and 27/03/2017 under SCSP Project. It is situated at a distance of 70 km from the Institute. Total number of population in the village is 405. Total 73 SC, 14 ST & 19 others populations were covered. Total 39 SC patients, were treated out of which 26 SC patients were New and 13 SC Patients have been followed up. Total numbers of all patients were 84 including 39 SC, 17 ST and 28 other categories. Scheduled Caste People are found in this village, commonly used language is Nepali. Maximum people take non vegetarian diet and minimum number of people takes alcohol (traditional local made). Maximum people have kaccha (wooden) house and few concrete buildings are also there. Maximum houses have proper sanitation facilities (Pukka Latrine) and few houses don't have proper sanitation. Electricity and drinking water are available in the village. The road condition of the village is good. People use share jeep and bus for transportation. In this area cultivation are done in the hill slope. Maximum areas are covered with forest and cultivable lands are also available. Wastelands are less. No Industries are there in and around this village. Govt. Primary and secondary School are there. Primary Health Sub Centre at the village. Common vegetable are potato, iskus, cauliflower, cabbage, spinach, beans, etc., Grains include maize, pulses, rice and Fruits like orange, papaya, guava etc. People use LPG for cooking purpose and few household uses Wood. Prevalent diseases found are Udara Sula, Sandhi Sula, Svasa, Amlapitta, Krimi Roga, Kandu etc.
228. **Upper Kolthang, South Sikkim:** RARI, Gangtok conducted 01(one) survey tours at Upper Kolthang village of South Sikkim district on 26/02/2017 under SCSP Project. It is situated at a distance of 75 km from the Institute. Total number of population in the village is 318. Total 82 SC, 04 ST & 06 others populations were covered. Total new 22 SC patients, were treated. Total numbers of all patients were 32 including 22 SC, 04 ST and 06 other categories. Scheduled Caste People are found in this village, commonly used language is Nepali. Maximum people take Non vegetarian diet and few numbers of people takes alcohol (traditional local made). Maximum people have kaccha (wooden) House and few concrete building are also there. Maximum houses have proper sanitation facilities (Pukka Latrine) and few houses don't have proper sanitation. Electricity and drinking water are available in the village. The road condition of the village is not good (kaccha road). People use share jeep for transportation. In this area cultivation are done in the hill slope. Maximum areas are covered with forest and cultivable lands are also available. Wastelands are less. No Industries are there in and around this village. Govt. Primary and senior secondary School are there. Primary Health Centre is situated at the distance of 10 km from the village. Common vegetable are potato, iskus, cauliflower, cabbage, spinach, beans, etc., Grains include maize, pulses, rice and Fruits like orange, papaya, guava etc. People use LPG for cooking purpose and few household uses Wood. Prevalent diseases found are Sandhi Sula, Arsa, Kandu, Katisula, Prameha, Svasa, Sirah Sula etc.
229. **Upper Tokday, South Sikkim:** RARI, Gangtok conducted 01(one) survey tours at Upper Tokday village of South Sikkim district on 27/02/2017 under SCSP Project. It is situated at a distance of 80 km from the Institute. Total number of population in the village is 642. Total 98 SC, 09 ST & 12 others populations were covered. Total new 24 SC patients, were treated. Total numbers of all patients were 45 including 24 SC, 09 ST and 12 Other categories. Scheduled Caste People are found in this village, commonly used language is Nepali. Maximum people take Non vegetarian diet and few numbers of





people takes alcohol (traditional local made). Maximum people have Pucca house and few concrete building are also there. Maximum houses have proper sanitation facilities (Pukka Latrine) and few houses don't have proper sanitation. Electricity and drinking water are available in the village. The road condition of the village is good. People use share jeep for transportation. In this area cultivation are done in the hill slope. Maximum areas are covered with forest and cultivable lands are also available. Wastelands are less. No Industries are there in and around this village. Govt. Primary and senior secondary School are there. Primary Health Centre is situated at the distance of 10 km from the village. Common vegetable are potato, iskus, cauliflower, cabbage, spinach, beans, etc., Grains include maize, pulses, rice and Fruits like orange, papaya, guava etc. People use LPG for cooking purpose and few household uses Wood. Prevalent diseases found are Kasa, Pradara, Sandhi Sula, Udara Sula etc.

#### **RARIUD, Jammu**

230. **Patniyal:** The village Patniyal is situated in Jammu Distt. , Marh block, Sangrampur, Jammu, at a distance of about 11 km from RARIUD, Ban Talab in SouthWest direction of the Jammu city. Total population of village according to last census held in 2011 is 1220 (610 Male and 610 Female) and SC population is 635.
231. **Patyali Chak:** The village Patyali chak is situated in Jammu Dstt. Marh block , Sangrampur, Jammu at a distance of about 9 km from RARIUD, Ban Talab in South West direction of Jammu city. Total population of village according to last census held in 2011 is 900 (450 Male and 450 Female) and SC population is 590.
232. **Dhateryal:** The village Dhateryal is situated in Jammu Distt., Marh, Dhateryal, Jammu at a distance of about 12 km From RARIUD, BanTalab in South West direction of Jammu city. Total population of village according to last census held in 2011 is 1268 (634 Male and 634 Female) and SC population is 504.
233. **Ghaink:** The village Ghaink is situated in Balwal block of Jammu Distt at a distance of about 15 km from RARIUD, Bantalab in North East direction of Jammu city. Total population according to last census held in 2011 is 2023 (1039 Male and 984 Female) and SC population is 1192.

#### **RARIND, Mandi**

234. **Chanaldi:** Chanaldi/Manhara village is about 70 km away from A.R.R.I Mandi Institute in Kullu District of Himachal Pradesh. According to Gram Panchayat records the total Population of this village is about 369 in which 197 are from General Category and the remaining 172 people comes under category of Schedule Caste. Mostly the local people speak Pahadi and Hindi Language. People of this village work in nearby projects as skilled labour. People are addicted to alcohol and tobacco mainly. In this village mostly there are old houses but there are also some new RCC houses. Environment of this village is cold in winter and pleasant in summers, as it is situated on the top of the hill. Both types of Kuchha and Pakka Sanitations are built in and outside the houses. Children of this village have to go for more than 1 Km for their school educational purpose. For health facility the villagers have to go for more than 15 km at Sainj town where Primary Health Centre (PHC) is functioning. One Ayurveda Dispensary is at Dayolidhar but no physician has been posted there for a long time.



235. **Manglore:** The Village Manglore is located in district Kullu of Himachal Pradesh. It is about 60 km away from A.R.R.I Mandi. Manglore is 2065metres above from sea level. According to Panchayat records, the total population of this village is about 2553 in which about 1403 people are from General category and remaining 1150 people comes under Schedule Caste category. People of Manglore speak Pahadi and Hindi languages. The main source of income is their agricultural output from the cultivation of Apples, Pomegranate, wheat, rice etc. The Kuchha and Pakka both types of Houses are there in which 80 % of the houses are Pakka and 20% are Kuchha houses. The environment of Manglore is cold in winters and pleasant during summers. The Sanitation facility is generally made outside the houses. There are four schools in Manglore Panchayat, One is higher secondary school and three are primary schools. One veterinary hospital, one Health Sub centre is there and Eight Anganwadi Kendar is there.
236. **Ravi Nagar:** Ravi Nagar is situated about 700 metres away from A.R.R.I Mandi Institute. In Ravi Nagar the total population is about 2000 in which 1407 people are Schedule Caste and the remaining comes under General Category. There are about 200 houses in which almost all are RCC cemented structures. Mostly people here speak in Hindi and local language. There are three banks named as PNB, Canara bank and Sindh bank. There are also three schools in which two of them are primary schools and one is Boy's senior secondary high school. There are four Aangan Badi's and one Mahila Mandal. Transport facility is also available there like HRTC and other private buses. People also have their own private vehicles like cycles, scooters and cars etc. Medical Facilities are also available. There are three hospitals one is Zonal Hospital and the other two named as Sanjeevan and Mandav Hospital (both are private hospitals) There are few wells and natural drinking water recourses available in this area. Electricity is always there. Streets of Ravi Nagar are clean and dry. Almost every facility is available for buying daily needs stuff like confectionaries, stationeries, milk and curd etc. Sanitation facility is quite good and most of the people use flush system in their home.
237. **Jamni:** Jamni Panchayat is situated about 38km away from A.R.R.I Mandi. The election of this Panchayat was held in January 2016 in which Shri Gyan Chand Sharma was elected as the Pradhan who took his seat this year. The population of this Panchayat is about 2045 in which 1044 are males and remaining 1001 are females according to the Census of 2011. Main Languages Spoken are Pahadi and Hindi. There are 8 Mahila Mandals and one Primary health Centre. There is also one Himachal Gramin bank, one Post office and one Veterinary Hospital. There is one Govt. Sr. Sec School and two private schools, there is one middle school at Ropri near Bhadrohi. Most of the Schedule caste people depend on agriculture and some of them are in Govt. and private services. Their main source of cultivation is wheat, rice, maize and seasonal vegetables like brinjals, cabbage etc and in fruits Naashpti, Apricot, Guava etc. Most of the houses here are Pakka, RCC houses. Weather of this place remains cold, fresh and windy during winters and reasonably hot in summers. Though in most of the houses the bathrooms are built outside but the Sanitation facility is not satisfactory. Transport facilities are also available here like cycles, scooters, private vehicles and private and govt. buses. Almost every home has electricity. Here most of the Schedule caste people use wood for cooking food and some of them use LPG to cook their food.
238. **Lohara:** Lohara is located in Tehsil Balh of district Mandi in Himachal Pradesh. It is about 15 km away from R.A.R.I.N.D Mandi. According to Gram Panchayat records, the total population of this Panchayat (census 2011) is about 1818 in which about 678



people are from General category and remaining 1140 people comes under Schedule caste category. People of Lohara speak Mandyali and Hindi languages. The main source of income is their agricultural output and few people are engaged in their private business. Their main cultivation is Maize, Tomato, Cabbage, Reddish, Pumpkin, Wheat, Pulses, Rice and etc. There are 50% Kuccha and 50% pakka roads. Most of the houses, about 95% are Pakka in which about 40% are RCC. The environment of Lohara is cold in winters and pleasant during summers. There are one Health Sub- Centre located in the ground floor of Panchayat Bhawna, One Govt. hospital is about 1.5 km away from Lohara. There is one Sr. Sec. School and one Veterinary Hospital. There are few natural drinking water sources available in this area. Almost every house has electricity and transport facilities are also available. Sanitation facilities are also good there

239. **Kummi:** Kummi is located in Tehsil Balh of district Mandi in Himachal Pradesh. It is about 15 km away from R.A.R.I.N.D Mandi. According to Gram Panchayat records, the total population of this Panchayat (census 2011) is about 6000 in which about 4000 people are from Schedule caste category and remaining 2000 people comes under other category. People of Kummi speak Mandyali and Hindi languages. The main source of income is their agricultural output and few people are engaged in their private business. Their main cultivation is Maize, Tomato, Cabbage, Reddish, Pumpkin, Wheat, Pulses, Rice and etc. There are 25% Kuccha and 75% pakka Houses. Roads are about 100% Pakka there. The environment of Kummi is cold in winters and hot during summers. There are one Ayurveda Dispensary and one 1 Veterinary Hospital. One Govt. Sr. Sec. School and one Private School are also there. There is nine Anganwadi Kendra and two Primary School facilities are also there. There are few wells and few other natural drinking water available in this area. Almost every house has electricity and transport facilities are also available. Sanitation facilities are not very good in Kummi Panchayat.
240. **Marathu:** Marathu is located in Tehsil Balh of district Mandi in Himachal Pradesh. It is about 14 km away from R.A.R.I.N.D Mandi. According to Gram Panchayat records, the total population of this Village (census 2011) is about 2263 in which about 1119 people are from Schedule caste category and remaining 1144 people comes under other category. People of Marathu generally speak Hindi and Mandyali languages. The main source of income is their agricultural output and few people are engaged in their private business and some are in govt. sector. Their main cultivation is Mango, Jamun, Pear, Banana, Ladyfinger, Rice, Cabbage, Reddish, Pumpkin, Wheat, Pulses and etc. 60% of the Houses are Kuccha and 40% houses are Pakka. There is 80% Kuccha Roads and 20% pakka roads. The environment of Marathu is cold in winters and hot during summers. There are one Veterinary Hospital, five Mahila Mandal in Panchayat Marathu. One Govt. Sr. Sec. School and one Middle School are also there. There are few wells and few other natural drinking water available in this area. Almost every house has electricity and transport facilities are also available. Proper sanitation facility is available in this region.
241. **Chail-Chowk:** Chail-Chowk is located in Tehsil Chachyot of district Mandi in Himachal Pradesh. It is about 30 km away from R.A.R.I.N.D Mandi. According to Gram Panchayat records, the total population of this Panchayat (census 2011) is about 3084 in which about 1530 people are from Schedule Caste category and remaining 1554 people comes under other category. People of Chail-Chowk speak Mandyali and Hindi languages. The main source of income is their agricultural output and few people are engaged in their private business. Their main cultivation is Tomato, Cabbage, Reddish, Pumpkin, wheat, pulses, rice and etc. There are Kuccha and Pakka both types of Houses are there in which 80 % of





the houses are Pakka and 20% are Kuccha house. The environment of Chail-Chowk is cold in winters and pleasant during summers. The Sanitation facility is generally made outside the houses. There are one University (Abhilashi University) in Chail-Chowk Panchayat. Three Primary Schools, one Govt. Sr. Sec School, one private boarding school in Chail-Chowk Panchayat. One veterinary hospital, one Ayurveda Hospital and one Private Hospital is there. There are five Anganwadi Kendra. Almost every house has electricity and transport facility available. Sanitation facilities are almost good in this area.

242. **Shiva- Badar:** Shiva-badar is located in Tehsil Sadar of district Mandi in Himachal Pradesh. It is about 35 km away from R.A.R.I.N.D Mandi. According to Gram Panchayat records, the total population of this Panchayat (census 2011) is about 2523 in which about 1148 people are from Schedule Caste category and remaining 1375 people comes under other category. People of Shiva- Badar speak Pahadi and Hindi languages. The main source of income is their agricultural output and few people are engaged in their private business and govt. Jobs. Their main cultivation is Kodo millet, Wheat, Maize, Tomato, Cabbage, Reddish, pumpkin, pulses, Pomegranate, Daadim, Jambheri, Peanuts etc. There are Kuccha and Pukka both types of Houses are there in which 20 % of the houses are Pukka and 60% are Kuccha houses and remaining 20% are Kuchha/Pukka house. The environment of Shiva-Badar is cold in winters and pleasant during summers. The Sanitation facility is pits outside the house. One Govt. Sr. Sec School, one Private school is also there. One veterinary hospital, one PHC is also there. There are six Anganwadi Kendra. Almost every house has electricity and transport facility available.
243. **Tandu:** Tandu is located in Tehsil Sadar of district Mandi in Himachal Pradesh. It is about 20 km away from R.A.R.I.N.D Mandi. According to Gram Panchayat records, the total population of this Panchayat (census 2011) is about 3766 in which about 2466 people are from General category and remaining 1300 people comes under Schedule caste category. People of Tandu speak Mandyali and Hindi languages. The main source of income is their agricultural output and few people are engaged in their private business. Their main cultivation is Maize, Tomato, Cabbage, Reddish, Pumpkin, Wheat, Pulses etc. Road to Tandu is Pukka. Most of the houses, about 75% are Pukka and remaining 25% are Kuccha Houses. The environment of Tandu is mild cold in winters and pleasant during summers. There is one Health Sub- Centre located near Panchayat Bhawan Tandu. There is also one Sr. Sec. School and one Veterinary Hospital and one middle school in Tandu. Natural drinking water is also available in this area. Almost every house has electricity and transport facilities are also available. Though proper sanitation facility is not available in this region
244. **Gonta:** Gonta is located in Tehsil Sarkaghat of district Mandi in Himachal Pradesh. It is about 62 km away from R.A.R.I.N.D Mandi. According to Gram Panchayat records, the total population of this Village (census 2011) is about 1662 in which about 462 people are from Schedule caste category and remaining 1200 people comes under other category. People of Marathu generally speak Hindi and Mandyali languages. The main source of income is their agricultural output and few people are engaged in their private business and some are in govt. sector. Their main cultivation is Mango, Jamun, Pear, Banana, Tomatoes, Rice, Cabbage, Reddish, Pumpkin, Wheat, Pulses and etc. 60% of the Houses are Kuccha and 40% houses are Pukka. There is 50% Kuccha Roads and 50% pukka roads. The environment of Gonta is cold in winters and hot during summers. There are one Veterinary Hospital, two Mahila Mandals in Panchayat Gonta. One Govt. Sr. Sec. School is also there. Natural drinking water is available in this area. Almost every house



has electricity and transport facilities. Sanitation facilities are also good there.

245. **Balt:** Balt is located in Tehsil Balh of district Mandi in Himachal Pradesh. It is about 20 km away from R.A.R.I.N.D Mandi. According to Gram Panchayat records, the total population of this Panchayat (census 2011) is about 3500 in which about 1500 people are from Schedule caste category and remaining 2000 people comes under other category. People of Balt speak Mandyali and Hindi languages. The main source of income is their agricultural output and few people are engaged in their private business. Their main cultivation is Wheat, maize, cucumbers, cabbage, pulses etc. There are 35% Kuccha and 65% pukka Houses. Road to Balt is Pukka. The environment of Balt is cold in winters and hot during summers. There are one Mahila Mandal, one CHC, and one Veterinary Hospital. One Govt. Sr. Sec. School, one Private School and one middle school. There is also five Anganwadi Kendra in Balt Panchayat. There are few wells and ponds other natural drinking water available in this area. Almost every house has electricity and transport facilities are also available. Though proper sanitation facility is not available in this region
246. **Grahan:** Grahan is located in Tehsil Sadar of district Mandi in Himachal Pradesh. It is about 15 km away from R.A.R.I.N.D Mandi. According to Gram Panchayat records, the total population of this Village (census 2011) is about 2300 in which about 1100 people are from Schedule caste category and remaining 1200 people comes in other category. People of Grahan generally speak in Mandyali and Hindi Languages. The Main source of income is their agricultural output and few people are engaged in their private business and some are in govt. Jobs. Their main cultivation is Kodo millet, Rice, Wheat, Maize, pulses, mangoes, pumpkins etc. 70% Kuccha and 30% Pukka Houses. There is 70% Pukka and 30% Kuccha road to Grahan from Mandi. The environment of Grahan is mild cold in winters and mild pleasant during summers. There are one Mahila Mandal Kendra, one Govt. Sr. Sec High. school and one middle school in Grahan Panchayat. River Beas flows from this area, So people uses the river water for cultivation and for drinking and working purpose. Electricity and transport facilities are also available in Grahan. Sanitation facility is almost available in every house of Grahan.

#### **RARISD, Ahmedabad**

247. **Naroda Road:** Mahakali temple, Ashok Mill ki nayi Chalee, Near Ashok Mill, Naroda Road Ahmedabad – 380025. It is located around 06 kms from the institute in South east direction and within North zone of AMC. Some of the main localities around this area were Ashok mill ni navi chali, ghachi ki chali, laxmipura ni chali etc. Population according to last census (2011) is 79926 out of which SC population was 16469. Source of water is tap and cleanliness is maintained but not regularly. Sanitation facility in each house is available. Most of the houses are kaccha type (82%), Pakka were (17.7%) whereas no thatched houses were found in this area.
248. **Asarwa:** Kautilya Municipality corporation Library, Asarwa and Mahakali temple, Aryoday Jining Mill ni Navi chali, Babupura, Asarwa Ahmedabad – 380 016. This area is located 05 kms from the institute in South west direction and within Central zone of AMC region. Some of the main localities around this Area are Aryoday jeening mill ki chalee, Babupura ka chhapara, Kadiya ni chalee, Patiyapura ni chalee, Neelkantha Mahadev ki chalee etc. Population according to last census (2011) is around 55,983 out of which SC population was 5261. Each house has tap water sources & sanitation cleanliness maintained properly along with municipality services. Most of the houses are kaccha type





(87.5%), Pakka were (12%), whereas no thatched houses were found in this area.

249. **Saijpur (bogha):** Vankar samaj Ni vadi (library), Raghuvеer society, Prabhakar cross road, G.D.School Road, Saijpur (bogha), Ahmedabad – 382345. This area is located 08 kms from the institute in East direction within North zone of AMC. Some of the main localities for project are Panchavati Park, Ambedkar colony, Prabhakar tenement, Fojdar ni chali etc. Population according to last census (2011) is around 89,953 out of which SC population was 25,600. Source of water is tap and cleanliness was maintained regularly by Municipal Corporation. Sanitation facilities in each houses is available. Most of the houses are Pakka type (68%), kaccha were (31.3%), whereas 02 thatched houses were found in this area.
250. **Kalapeenagar:** Dr. Ambedkar colony, Behind Durga temple, Kalapeenagar, Ahmedabad – 380018. It was located 04 kms from the institute in South East direction but within North zone of AMC. Some of the main localities for Dr. Ambedkar colony, Om nagar, Bhimrao nagar, Ratan popat ni chalee etc. Population according to last census is around 7000 (As per 2011 census it was included in Saijpur ward). Most of the houses are kaccha type (72%), Pakka were (27.7%) whereas no thatched houses were found in this area. Tap water is only the source supplied regularly and cleanliness is maintained by Municipal Corporation. Sanitation facilities built inside the houses.
251. **Saraspur:** Vadeshwar Mahadev Mandir, Near Surbhi Apartment, Itwada, Saraspur, Ahmedabad-380 018. It is located around 06 kms from the institute in South direction and within North zone of AMC. Some of the main localities around this area are Naran Pursottam Ki Chalee, Keshavlal Maganlal ki Chalee, Surbhi Apartment etc. Population according to last census (2011) is 68670 out of which SC population was 11690. Source of water is tap and cleanliness is maintained regularly by Municipal Corporation. Sanitation facility in each house is available. 53.8% houses are kaccha type and 46.20% houses are Pakka whereas no thatched house is found in this area.
252. **Rakhiyal:** 343, Ranchhod vas, Near Vora Chambers, Rakhiyal, Ahmedabad- 380 021. It is located around 05 kms from the institute in South direction and within North zone of AMC. Some of the main localities around this area are Ranchhod vas, Rami ki Chalee etc. Population according to last census (2011) is 76838 out of which SC population is 11924. Gujarati is common language, source of water is tap and cleanliness is maintained regularly by Municipal Corporation. Sanitation facility in each house is available. 50.5% houses are kaccha type and 49.5% houses are Pakka whereas no thatched house is found in this area.
253. **Bapunagar:** Chamunda matahji Mandir, Near Ganpati Mandir, opp. Bapunagar Police Station, Bapunagar, Ahmedabad-380 024. It is located around 07 kms from the institute in East-South direction and within North zone of AMC. Some of the main localities around this area are Gujarat Housing Board, Indira Garibnagar Chhapra etc. Population according to last census (2011) is 93835 out of which SC population was 10980. Gujarati is common language, source of water is tap and cleanliness is maintained regularly by Municipal Corporation. Sanitation facility in each house is available. Most of the houses are pakka type (79.5%), kaccha were (20.5%) whereas no thatched houses were found in this area.
254. **Sabarmati:** Jogni Mataji mandir, Near Thakor Vas, Acher char Rasta, Sabarmati, Ahmedabad-380009. It is located around 09 kms from the institute in South-West direction



and within West zone of AMC. Some of the main localities around this area are Thakor vas, Siddhartha Apartment etc. Population according to last census (2011) is 68566 out of which SC population was 13834. Source of water is tap and cleanliness is maintained regularly by Municipal Corporation. Sanitation facility in each house is available. 58.24% houses are kaccha type and 40.65% houses are Pakka whereas 01 thatched house is found in this area.

### ACAMH&NS, Bangalore

255. **Ibbuluru Village-** Ibbuluru Village comprised of a population of 2000 and above as told by the Co-ordinator. The predominant language spoken was Kannada. The environmental status was poor with bad hygienic condition. Most of the houses covered were of Kaccha type having common Kaccha latrines. There was a Govt. high school located in that area. No Govt. Hospital / dispensaries found. Only one private clinic was present. People have convinces for drinking water which is supplied by the government. Out of the population covered most of the male persons having the habits of smoking, alcohol, tobacco and females having the habits of tobacco. The road condition was very poor with kaccha type of roads. Drainage system was poor. Breeding of mosquitoes present in that area. The predominant illness found in that area are Sandhivata, Vatavyadhi, Kasa, Pradara, Kustha, Pandu, Amlapitta etc.
256. **Andhra Colony-** Andhra Colony in Vivekanagar Post, Bangalore comprised of a total population of 1200 according to previous senses as told by coordinating person. The medium of communication was predominantly Telgu. The environmental status in the region covered was poor with bad hygienic. Drainage was impaired and there was flow of sewage water on the roads. Roads were Kaccha type with predominant Kaccha Latrine. There was a Govt. School in that area. One PHC and one private dispensary was located. People have convenience of drinking water which is supplying by Government. Man had the habits of smoking, alcohol and females mostly addicted to tobacco. Predominant diseases in this area were Twak Vikara, Pandu, Sandhivata, Kasa, Krimi, Vata Roga, Pradara etc.
257. **Vannerpet Village:** Vannerpet is an area covered under the Viveknagar Post. It comprises of a total population of 4000, Predominant language spoken was Tamil and Kannada. Roads were of both pakka and kaccha type, few roads were clean and well maintained. But most were in poor condition with many pot holes, open drainage flow, garbage spread on the road sides. Hygiene conditions were bad with mosquito breeding almost everywhere. Houses were of both RCC and Pakka types. Cleanliness was very poor even in the houses and foul smelling in the premises. There is a Govt. School in the area and two private Schools. One Govt. ESI Dispensary and a Private Hospital found. People had convenience of a Drinking water, but in few areas the pipes were broken and it was mixing with Sewage water. 50% of the Population was habituated to tobacco (Females), smoking and alcohol (Male). People Maintained poor hygienic practices. Most of them had non- veg predominant diet with less consumption of vegetables nutrition level was low. Life style related diseases were high in the area such as DM, Hypertension and Thyroid imbalance between age group of 20-40 years. Most of them were on allopathic medication for the same.
258. **L.R .Nagar Village:** L. R. Nagar is an area covered under Vivek Nagar Post comprising a total population of 3000. Predominant languages spoken include Tamil, Hindi, Urdu



and Kannada. Roads were all of Pakka types but poorly maintained. Very low hygienic conditions. Garbage heaps around almost all the roads with mosquitoes breeding everywhere. Houses mostly were of RCC types with very few types Kaccha houses. Most of the RCC houses were built under Govt. Plans include Slum Board quarters. Cleanliness was very poor even in housing premises with garbage and foul smelling. Heaps of garbage thrown all along the roads even in front of PHC found in the area. A Government School found in the region. People had convenient for drinking water supplied by Municipality. Most of the men were addicted to alcohol, smoking and tobacco. Few women were addicted to tobacco. Most of the people consumed veg. and non veg. diet with medium nutritional level. 50% of population has h/o Chikungunia or Dengue a year ago leading to viral arthralgia. Most of the diseases were due to poor hygienic status.

259. **Mayabazar:** Mayabazar is an area under Vivek Nagar Post with a population of 5000. Predominantly people are speaking Tamil. Most of the men are habituated to Smoking and Alcohol. Around 50% women habituated to Tobacco. 90% of the houses are pucca type. Poor hygienic and sanitary conditions. There is a govt. School and a govt. PHC in this area. People have convenience of drinking water supplied by Municipality. Early age group hypertension and diabetic's patients are more. Low levels of nutritional values are found in people. Infectious diseases are common due to poor hygienic conditions.
260. **Sonnenhalli** is an area under Viveknagar Post with a Population of 3000. Predominantly spoken languages are Tamil & Telugu. Most of the men are addicted to smoking and alcohol. Around 50% of women are habituated to tobacco. Few women also taking alcohol. 90% of the houses are of pucca type. Poor hygienic and sanitary condition. Roads are of pucca type. Open drainages flow over the roads and heaps of garbage found side by the roads. There are both Govt. and Private schools present in this area. One P.H.C also present. People have convinced of drinking water supply by the Municipality. Infectious diseases are more frequently found due to poor hygienic conditions. Dog menace is a common problem. Few people complained of dog bites in this area.
261. **Jairajnagar-:** Jairajnagar is an area under Viveknagar post comprising a population of 1300. Predominantly spoken languages are Tamil and Telugu. Most of the houses are of pucca types. Roads are of pucca type. Poor hygienic and sanitary conditions are observed. Most men are addicted to smoking, alcohol from a very young age while women are mostly addicted to tobacco. There are both government and private schools in the area. Government hospital present and few private allopathic clinics also found. People have convenience of drinking water supplied by municipality. Life style related diseases are predominantly found in the area.
262. **Murphy Town** is an area under Ulsoor with a population of 8000. Tamil is the predominant language spoken. Mostly men are habituated to Smoking and Alcohol. Houses are both of RCC and Pucca types. Roads are of pucca type. Poor hygienic and sanitary conditions observed. There are both government and private schools, PHC located in this area and also private allopathic clinics are present. People have convenience to drinking water.
263. **Munivenkatappa Garden** is an area under Ulsoor with a population of 9000. Tamil is the predominant language spoken. Mostly men are habituated to Smoking and Alcohol. Houses are mostly of Pucca types. Roads are of pucca type. Poor hygienic and sanitary conditions observed. There are both government and private schools, PHC located in this area and also private allopathic clinics are present. People have convenience to drinking





water. Life style related diseases such as Diabetes and infectious diseases such as fever are predominantly found.

264. **Lakshmipuram** is an area covered under Ulsoor with a population comprising of 1500. It is about 15 km from the center. The houses are mostly RCC types with few pucca ones. Predominant languages spoken include Tamil, Telugu and Kannada. The area is very congested with houses being crowded with narrow passages to walk. Few areas are moderately clean while few areas are poor maintained with poor hygienic conditions. There are both government and private schools. The nearest PHC is in Murphy town. There are few allopathic private clinics in the surroundings. There is convenience for drinking water. Most men are addicted to Alcohol, Smoking. Few women are habituated to tobacco. Most of the people consumed veg. and non-veg. diet with medium to low nutritional level. Life style related diseases such as Diabetes, Hypertension are very much prevalent even in the early age group b/w 25-35 also. Most women have nutritional diseases such as anemia.
265. **Binnamangala** is an area under Indiranagar, Bangalore with a population of 2000. Telugu, Tamil and Kannada are the predominant languages spoken. Men are habituated to smoking and alcohol. Houses are mostly of pucca types. Roads are of pucca type. Poor hygienic and sanitary conditions are observed in most areas. Government school is there in this area and Murphy town PHC is the nearest one apart from this one Govt. allopathic dispensary present. People have access to Cauvery water for drinking purpose and usage. People consume non-veg, diet mostly with medium nutrition level. Life style diseases such as diabetes mellitus and HTN and infectious diseases like cough and skin diseases are predominantly found. The houses coated in the slum are crowded and congested with poor lighting and air entry. Women here are mostly habituated to consuming pan and tobacco.

#### ALRCA, Chennai

266. **Thozhuvur:** A Village named Thozhur; Thiruvallur District is 50 km distance from the Centre i.e. ALRCA. Tamil language is spoken by them; maximum members are labours and company workers. Most of the houses are RCC, Pakka and few Thatched, no proper sanitation facilities is available. Most of the families having LPG connections few are using wood for cooking purpose. Roads are pakka and public transportation facility is available. There is no Natural Resources and Water resources present near the village; Tap water provided by Municipality is the main source of water, some of them are using Well Water and Hand Pump. Industries are there in and around the village, no Primary School with in the village; no High School and no Degree College are available in this village. No Health Centre inside the village, Government Primary Health Centre-5 kms away from the village. No crops are grown in the vicinity. Electricity facility is available for the village. Few houses have colour TV and cable connection.
267. **Kalikundram:** A Village named Thiru Veedhi Amman Kovil Street, Kalikundram, Chennai District is 2 km distance from ALRCA. Tamil language is spoken by them; maximum members are labours, lower duty works and company workers. Most of the houses are RCC, Pakka and few Thatched. Roads are pakkaa and public transportation facility is available. Most of the families having LPG connections few are using wood for cooking purpose. There are no Natural Resources and Water resources present near the village; Tap water provided by Municipality is the main source of water, some of





them using Hand Pump. Proper sanitation facilities are available. One industry is there around the village, one primary school with in the village, No high school and No degree college are available in this village. No Health centre inside the village, Primary Rural Health center -5 kms away from the village. No crops are grown in the vicinity. Electricity facility is available for the village. Few houses have colour TV and cable connection.

268. **Kottur:** A Village named Kottur, Taramani, Chennai District is 3 km distance from ALRCA. Tamil language is spoken by them; maximum members are labors, lower duty works and company workers. Most of the houses are Kacha. Roads are Pakkaa and Public transportation facility is available. Most of the families having LPGconnections few are using wood for cooking purpose. There are no Natural Resources and Water resources present near the village; Tap water provided by Municipality is the main source of water, some of them using Hand Pump. Proper sanitation facilities are available. No industries in and around the village, No primary school is within the village, No high school and No degree college are available in this village. No Health centre inside the village, Rural Health center -3 kms away from the village. No crops are grown in the vicinity. Electricity facility is available for the village. Few houses have colour TV and cable connection.
269. **Shastri Nagar:** A Village named Sastri nagar, Adambakkam, Chennai District is 8 km distance from ALRCA. Tamil language is spoken by them; maximum members are labours and company workers. Most of the houses are Pakka, RCC, and Few Thatched. No proper sanitation facilities were available. Most of the families having LPG connections few are using wood for cooking purpose. Roads were pakkaa and public transportation facility is available. There are no Natural Resources and Water resources present near the village; Tap water provided by Municipality is the main source of water, some of them are using Hand Pump. No industries in and around the village, One Primary school with in the village, no high school and no degree college are available in this village. No Health centre inside the village, Rural Health center -3 kms away from the village. No crops are grown in the vicinity. Electricity facility is available for the village. Few houses have colour TV and cable connection.
270. **Erikarai Salai:** A Village named Erikarai Salai, Chennai District is 3 km distance from ALRCA. Tamil language is spoken by them; maximum members are labors, lower duty works and company workers. Most of the houses are Pakka, Thatched and few RCC. Roads are pakkaa and public transportation facility is available. Most of the families having LPG connections few are using wood for cooking purpose. There are no Natural Resources and Water resources present near the village; Tap water provided by Municipality is the main source of water, some of them are using Hand Pump. Proper sanitation facilities are available. No industries in and around the village, no primary school with in the village, no high school and no degree college are available in this village. No Health centre inside the village, Rural Health center -3 kms away from the village. No crops are grown in the vicinity. Electricity facility was available for the village. Few houses have colour TV and cable connection.
271. **Rukmini Nagar:** A Village named Rukmini Nagar, Adyar, Chennai District is 4 km distance from ALRCA. Tamil language is spoken by them; maximum members are labours and company workers. Most of the houses are Kacha; no proper sanitation facilities were available. Most of the families having LPG connections few are using wood for cooking purpose. Roads are pakkaa and public transportation facility is available. There are no Natural Resources and Water resources present near the village; Tap water provided by



Municipality was the main source of water. No industries in and around the village, No primary school with in the village, No high school and No degree college are available in this village. No Health centre inside the village, Rural Health center -5 kms away from the village. No crops are grown in the vicinity. Electricity facility is available for the village. Few houses have colour TV and cable connection.

272. **Thiruvanmiyur:** A Village named Thiru Veedhi Amman Kovil Street, Thiruvanmiyur, Chennai District is 6km distance from ALRCA. Tamil language is spoken by them; maximum members are labors, lower duty works and company workers. Most of the houses are Pakka, RCC and few Thatched. Roads were pakkaa and public transportation facility is available. Most of the families having LPG connections few are using wood for cooking purpose. There are no Natural Resources and Water resources present near the village; Tap water provided by Municipality was the main source of water, some of them are using Hand Pump. Proper sanitation facilities are available some of them are using outside of home. No industries in and around the village, One primary school with in the village, No high school and No degree college are available in this village. No Health centre inside the village, Rural Health center -3 kms away from the village. No crops are grown in the vicinity. Electricity facility is available for the village. Few houses have colour TV and cable connection.
273. **Mylai Balaji Nagar:** A village named Mylai Balaji Nagar, Pallikaranai, Kanchipuram District is 8 km distance from ALRCA. Tamil language is spoken by them; Maximum members are labors, lower duty works and company workers. Most of the Houses are Pakka, RCC, and Few Kaccha and Thatched; No Proper Sanitation Facilities were available. Most of the families having LPG connections few are using wood for cooking purpose. Roads were Pakkaa and Public Transportation facility is available. There are no natural resources and Water Resources present near the village; Tap water provided by Municipality is the main source of water. No industries in and around the village, one primary school with in the village, one High School and no degree college are available in this village. No health centre inside the village, Rural Health center -5 Kms away from the village. No crops are grown in the vicinity. Electricity facility is available for the village. Few Houses have colour TV and cable connection.
274. **Ambedkar Nagar:** A village named Ambedkar Nagar, West Velachery, Chennai District is 7 km distance from ALRCA. Tamil language is spoken by them; maximum members are labours and company workers. Most of the houses are RCC, Pakka and Few Thatched, No proper sanitation facilities were available. Most of the families having LPG connections and few are using wood for cooking purpose. Roads are Pakkaa and Public Transportation facility is available. There are no Natural Resources and Water Resources present near the Village; Tap water provided by Municipality was the main source of water. No industries in and around the village, one primary school with in the village, no high school and no degree college are available in this village. No Health centre inside the village, Rural health center -3 kms away from the village. No crops are grown in the vicinity. Electricity facility was available for the village. Few houses have colour TV and cable connection.
275. **Venkatapuram:** A village name Venkatapuram, Saidapet, Chennai District is 3 km distance from ALRCA. Tamil language is spoken by them; maximum members are daily labors, lower duty works and company workers. Most of the houses are Kacha, RCC and Few Thatched. No proper sanitation facilities were available. Roads were Pakkaa and Public Transportation facility is available. Most of the families having LPG connections



few are using wood for cooking purpose. There were no natural resources and water resources present near the village; Tap water provided by Municipality was the main source of water. No industries in and around the village, one primary school with in the village, no high school and no degree college are available in this village. Ayush health centre inside the village, Government Primary Health centre-3 kms away from the village. No crops are grown in the vicinity. Electricity facility was available for the village. Few houses had colour TV and cable connection.

276. **Kottivakkam:** A Village named New colony, Old colony, Kottivakkam, Chennai District is 9 km distance from ALRCA. Tamil language is spoken by them; maximum members are labors, lower duty works and company workers. Most of the houses are RCC and Pakka. Roads were pakkaa and public transportation facility is available. Most of the families having LPGconnections few are using wood for cooking purpose. There were no Natural Resources and Water resources present near the village; Tap water provided by Municipality was the main source of water. Proper sanitation facilities are available some of them are using outside of home. No industries in and around the village, One primary school with in the village, no high school and no degree college are available in this village. No Health centre inside the village, Rural Health center -3 kms away from the village. No crops are grown in the vicinity. Electricity facility was available for the village. Few houses had colour TV and cable connection.
277. **Kotturpuram (Chitra nagar colony):** A colony named Chitra nagar colony, kotturpuram, Chennai was covered in 1 visit (5th Feb 16). This was 5 kilometers distance from ALRCA. Tamil language was spoken by them; maximum members are labors doing daily wage work. All houses are kaccha, few thatched; no proper sanitation facilities were available. Roads were pakkaa and public transportation facility is available. There were no Natural Resources and Water resources like drainage canal present near the colony; Tap water provided by municipality was the main source of water. No industries in and around the village, higher secondary school present within the colony and degree college 2 km away from the colony. No Health center inside the colony, Primary Health center -5 kms away from the colony and cancer institute present 3 kms away from colony. No crops grown in the vicinity. Electricity facility was available for that area. LPG gas was the main source of cooking. Maximum houses had colour TV and cable connection.

#### Prevalent diseases at various Villages/Colonies documented of Ayurveda Mobile Health Care Programme under Scheduled Castes Sub Plan (SCSP)

S. No.	Name of Institute	Prevalent Diseases
1.	CARICD, New Delhi	Sandhi Vata, Sandhi Sula, Twaka Roga, Jvara, Amlapitta, Amavata, Kasa, Daurbalya, Madhumeha, Pratishtyaya, Katisula
2.	NARIP, Cheruthuruthy	Vatavyadhi, Sandhisula, Sandhivata, Twak roga, Katisula, Gridrasi, Pandu, Amlapitta, Kasa, Swasa, Jwara, Prameha
3.	CARIHD, Bhubaneswar	Pandu, Sandhivata, Amlapitta, Agnimandya., Katisula, Vicharchika, Pratisaya, Kasa, Daurbalya, Kostha Baddhata, Krimi, Kandu, Swasa, Arsa, Jwara, Sirasula, Ajirna, Gridharsi, Dantasula, Bhrama, Mukharoga, Atisara, Granthi, Dadru, Grahani, Kunakha, Prameha



4.	CARIDD, Kolkata	Vata Vyadhi, Amlapitta, Sandhi Vata, Tvaka Roga, Prameha, Kasa, Katisula, Kostha, Baddhata, Bala Kasa, Grahanidosa, Udara Sul, Arsa, Svasa, Pandu, Sirah Sula,
5.	CARIRD, Patiala	Sandhishula, Kasa, Twak Roga, Amlpitta, Koshtbaddhta, Vatavyadhi, Pandu, Pradara, Pratisyaya and Sirashula, Vatarakta, Hrid Roga, Premaha
6.	RARIED, Lucknow	Jvara, TvakaRoga, Vata Vyadhi, Sandhi vata, UdarRoga, Pandu, Amlapitta, Kasa, Gradhrashi, Krimi Roga, Pradara, Sirah Sula, Granthi, MutraKriccha, Antrik jvara
7.	CARIC, Mumbai	Vaatvyadhi, Sandhigatvaat, Kasa, Prameha, Amlapitta, Pratisyay, Daurblya, Twakvikar, Jwar, Badhakoshtata, Katishool, Udarshul
8.	RARIECD, Jaipur	Dourbalya, Vatavyadhi, Tvak roga, Koshta Baddhatha, Pratisyaya, Amlapitta, Kasa, Sandhi vata, Udara shula, Pradara, Katishula, Shvasa, Sandhi shula, Jvara, Shirah shula
9.	RARIDD, Gwalior	Sandhi Sula, Kasa, Udara Sul, Vata Vyadhi, Sandhi Vata, Pratisaya, Pradara, Tvaka Roga , Jvara, Svasa
10.	RARISD, Vijayawada	Sandhigatavata, Dourbalya, Vatavyadhi, Katisula, Madhumeha, Amlapitta, Pratisaya, Twakroga, Swasa, Sirahsula, Kasa, Sandhisula.
11.	RARIMCH, Nagpur	SandhiVata, VataVyadhi, SandhiSula, Katisula, Daurbalya, Kasa, Vatavyadhi, TvakaRoga, SirahSula, Amlapitta, Amavata, Pratisyaya, Agnimandya, Pradara
12.	RARILSD, Trivandrum	Sandhi Sula, Sandhi Vata, Katisula, Vata Vyadhi, Tvaka Roga, Kasa, Prameha, Amlapitta, Svasa, Grdhrasi, Sotha, Udara Sul, Sirah Sula, Vata Rakta, Pratisaya, Granthi, Jvara, Pradara, Arsa, Pandu
13.	RARIID, Patna	Arsa, Kandu, Karna Roga, Kasa, Katisula, KosthaBaddhata, Sandhi Sula, Sirah Sula, Svasa, Tvaka Roga, Vata Vyadhi
14.	RARIGID, Guwahati	Amlapitta, Vatavyadhi, Sandhi Sula , Sandhivata , Twaka Roga, Sirah Sula, Kasa, Katisula, Udara Sul, Pratisyaya, Jvara, Raktavikaram, Pandu, Kostha Baddhata, Pradara
15.	RARI, Gangtok	Ajeerna, Vatavyadhi, Sandhishool Uchcharaktachap, Kasa, Prameha, Amlapitta, Twakroga, Udararoga, Katishoola, Shirahshool
16.	RARIUD, Jammu	Pandu, Sandhisula, Sandhivata, Agnimandhya, Ajeerna, Kasa, Krimi, Tvaka roga, Kosthbadhatta, Jwara, Katisula, Madhumeha, Jaravyadhi, Vyanbalavaishmya, Sirahsula, Rajodosha, Arsa, Pratisyaya, Amlapitta, Granthi, Vatavyadhi, Asmari, Gridhrasi, Mutrakriccha, Pradara
17.	RARIND, Mandi	Amalpitta, Kandu, Kasa, Kati Shula, Pandu, Sandhi Vata, Svasa, Vaat Vyadhi, Udara Sula, Jvara
18.	RARISD, Ahmedabad	Sandhi Sula, Kasa, Vata Vyadhi, Sandhi Vata, Katisula, Jvara, Tvaka Roga, Pratisaya, Sirah Sula, Kostha Baddhata, Prameha, Pandu, Udara shul, Amavata
19.	ACAMH&NS, Bangalore	Katishoola, Gridrasi, Pakshaghata, Kampavata, Apasmara, Unmada, Anidrata, Bhrama





20.	ALRCA, Chennai	Vata vyadhi, Sandhi vata, Kasa, Pandu, Twak dosa, Katisula, Pratisyaya, Prameha, Swasa, Jvara, Amlapitta, Sirah sula, Sandhi sula, Amavata, Rajo dosha, Pradara, Kosta bhadhatha, Sotha, Netra roga
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**Village wise Health facilities of Ayurveda Mobile Health Care Programme under Scheduled Castes Sub Plan (SCSP)**

S. No.	Name of Institute	Name of the Village	Health Facilities
1.	CARICD, New Delhi	Sultanpuri	Nearest Govt. hospital was Sanjay Gandhi Memorial Hospital.
		Mangolpuri	Nearest Govt. hospital was Sanjay Gandhi Memorial Hospital.
		Shahbad Dairy	Nearest Govt. hospital was Dr. Bhim Rao Ambedkar Hospital
		Rohini	Nearest Govt. Hospital was B.R. Ambedkar Hospital. Nearest health centre was Brham Sakti Hopital.
		Madipur	Nearest govt. hospital was Guru Govind Singh Hospital.
2.	NARIP, Cheruthuruthy	Edappara Colony	he Panchayath has a PHC, an Ayurveda dispensary and a Homoeo dispensary
		Pallur colony	The Panchayath has a PHC and an Ayurveda dispensary
		Anthoorkunnu colony	Government hospital functioning at Shoranur town, a well functioning PHC and Govt. Ayurveda Dispensary is situated 6 Kms from the municipality at nedumkottur.
		Panayur	1 PHC , 1 Ayurveda dispensary & 1 Homoeo dispensary
		Palaparumbu	1. The Panchayath has a PHC 2. An Ayurveda dispensary is functioning in the Panchayath.
		Nayadikunnu colony	1. The Panchayath has a PHC. 2. An Ayurveda dispensary and a Homoeo dispensary is actively functioning in the Panchayath
		Veluthanmaril colony	Government hospital functioning at Shoranur town. 2. A well functioning PHC is located near the municipality office at kulappully. 2. Govt. Ayurveda Dispensary is situated 6 Kms from the municipality at nedumkottur.
		Bhoothuvazhi & Rajeev colony	The grama Panchayath has a well functioning CHC, Tribal hospital, 28 subcentres, 1 Ayurveda dispensary and 2 Homoeo dispensaries
3.	CARIHD, Bhubaneswar	Dhauri	No Health Care Facilities in the village, and they depend upon the nearby Govt. hospitals like AIIMS hospital and other private hospitals
		Nakhaur	No Health Care Facilities in the village, and they depend upon the nearby Govt. hospitals like AIIMS hospital and other private hospitals



		Samantarapur Patna	No Health Care Facilities in the village, and they depend upon the nearby Govt. hospitals like AIIMS hospital and other private hospitals
		Sardeipur	No Health Care Facilities in the village, and they depend upon the nearby Govt. hospitals like AIIMS hospital and other private hospitals
		Bhagabanpur	No Health Care Facilities in the village, and they depend upon the nearby Govt. hospitals like AIIMS hospital and other private hospitals
		Patrapada	No Health Care Facilities in the village, and they depend upon the nearby Govt. hospitals like AIIMS hospital and other private hospitals
		Hatasahi	AIIMS Hospital & AMRI Hospital
		Bahadalpur	AIIMS Hospital & AMRI Hospital
		Damodarpur	AIIMS Hospital & AMRI Hospital
		Chhotraipur	AIIMS Hospital & AMRI Hospital
		Sarakantara	AIIMS Hospital & AMRI Hospital
		Suanga	AIIMS Hospital & AMRI Hospital
		Ranasinghpur	AIIMS Hospital & AMRI Hospital
		Balianta G.P	Govt.Hospital
		Jhinti Sasan G.P	Govt.Hospital
		Puran Padhan G.P	No Health Facilities in the village and villagers depend upon nearby Govt and private hospitals
		Jayadev G.P	No Health Facilities in the village and villagers depend upon nearby Govt and private hospitals
4.	CARIDD, Kolkata	Jothbhim	No health facility inside the village.
		Shikharpur	1 sub-centre in village.
		Sukhpukur	Girangacha BPHC, 3 to 4 Km away.
		Krolberia	No health facility inside the village.
		Beonta	1 Sub centre is in the village.
		Chanda kanthalberia	One sub-centre.
		Banamalipur	One Sub-centre.
		Bhojerhat	No such. But health facility available at Jirangacha, 5 km. away.
		Chariswar	One Sub-Centre.
		Haederait	Nearby health centre -Bhatipota P.H.C is half Km. away.
		Akandakeshari	One Sub-centre.
		Kulberia	1 Sub centre.
		Hatgacha	Hatgacha P.H.C.
		Dharmatala Panchuria	One sub-Centre. The village is 8 k.m away from B.P.H.C.
		Tardaha kapasti	Girangacha BPHC, 3 to 4 Km away.
		Sahebpur	Kalikapur BPHC nearly 2 km away.



		Goalpota & Khejurtala	1 Swasthya Kendra in village. Subhasgram Sub-divisional hospital 25 k.m. away.
		Nayabad	1 Health centre is present, Kheyadaha Sub-divisional Hospital is 5 km away. Subhasgram Sub-divisional Hospital is 20 km away.
5.	CARIRD, Patiala	Ravidass Nagar	Health facilities of Ayurvedic dispensary in factory area
		Tafazalpura	No health facilities
		Badungar	No health facilities
		Pathak vihar	No health facilities
		Bathoi Khurd	Health facilities of Allopathy dispensary
		Phagan Majra	No health facilities
		Mardan Heri	No health facilities
		Kauli	Health facilities available at 2km from village
		Sanour (R)	Health facilities available
6.	RARIED, Lucknow	Achhalikheda	CHC
		Juggaur	PHC, Homoeopathya dispensary
		Muspippari	CHC
		Khargapur	PHC, CHC, Ayurvedic dispensary
		KalliPoorab	CHC
		Mahigavan	CHC
		Kathwara	PHC kathwara, govt. ayurvedic dispensary, and private hospitals like GCRG memorial trust hospital galaxy and Sewa hospital.
		Kallipaschim	CHC mohanlalganj & S.G.P.G.I
		Jabraully	Govt. CHC mohanlalganj and some by jhola-chhap private practioners
		Aramba	Govt. PHC and govt.CHC of B.K.T. and Sewahospital and GCRG memorial trust Hospital.
		Birahimpur	Govt. PHC and CHC Malihabad and some by private institute like Era medical college, Prabuddh ayurvedic medical college and KGMU
		JindaarGarhi	Govt. PHC and CHC Malihabad and some private institute like Era medical college, Prabuddh ayurvedic medical college and KGMU
		Kheshrawa	no facility of CHC,PHC and maternity welfare center in this village
		Ratnapur	CHC mohanlalganj and some private hospitals like Dr.Narendra Jaisawal hospital, Sumitra nursing home, Sanjeevani hospital, Paurush hospital.
7.	CARIC, Mumbai	Panchsheel Nagar, Kanjur Marg	Municipal Hospitals: 4 Municipal Maternity Homes: 3 Municipal Dispensaries: 7 Municipal Health Posts: 14 Pvt. Hospitals & Nursing Homes: 82



		KarnamvarNagara, Vikhroli (E.)	Municipal Hospitals: 2 Municipal Maternity Homes: 1 Municipal Dispensaries: 7 Municipal Health Posts: 8 Pvt. Hospitals & Nursing Homes: 108
		Tapodhan Nagar, Khar	Municipal Hospitals: 01 Municipal Maternity Homes: 0 Municipal Dispensaries: 05 Municipal Health Posts: 06 Pvt. Hospitals & Nursing Homes: 51
		ShelarGaon, Bhiwandi	Hospitals: 02 Clinics: 01 Primary Health Centre: 21 Sub-centers: 51 Maternity Homes: 07
8.	RARIECD, Jaipur	Beer Ramchandrapura	Health facilities not avaiable
		Narayanpura	PHC
		Dosara Khurd	Health facilities not avaiable
		Jharana Khurd	Health facilities not avaiable
		Sawant Ka Bass	Health facilities not avaiable
		Palri Parsa	PHC
		Chakamjhar	Health facilities not avaiable
		Jeerota	Hospital
		Narvariya	Health facilities not avaiable
		Vimalpura	Hospital
		Jaganathpura	Health facilities not avaiable
		Sri Kishanpura	Hospital
		Chatar pura	Health facilities not avaiable
		Jaijas pura	Health facilities not avaiable
		Dolat pura	Health facilities not avaiable
		Sawal	Health facilities not avaiable
		Nandlalpura	Health facilities not avaiable
		Kiratpura	Health facilities not avaiable
		Jaisinghpura	Health facilities not avaiable
		Malpura choud	Health facilities not avaiable
		Sitapura@ Ramoli	Health facilities not avaiable
		Manpur gate	Health facilities not avaiable
		Sawa ka bass	Health facilities not avaiable
		Dhuwaliya	Health facilities not avaiable
		Ballupura	Health facilities not avaiable
Bagrana	Health facilities not avaiable		
Vijaypura	Health facilities not avaiable		
Mandap	Health facilities not avaiable		
Hingoniya	Health facilities not avaiable		
Nari khera	Health facilities not avaiable		





		Madanpura	Health facilities not available
		Sameliya	Health facilities not available
		Unt ka khera	Health facilities not available
		Barh maharajpura	Health facilities not available
		Barh bagpura	Health facilities not available
		Barh mahawatan	Health facilities not available
		Barh rajpura	Health facilities not available
		Beer suratrapura	Health facilities not available
		Bhagwanpura	Health facilities not available
		Trilokpura	PHC
		Thali	PHC
		Sri brijpura	Health facilities not available
		Salagrampura	Health facilities not available
		Naanchipura	Health facilities not available
		Mohammad pura	Health facilities not available
		Meera pura	Health facilities not available
		Barh bagpura	Health facilities not available
		Barh mahawatan	Health facilities not available
		Barh rajpura	Health facilities not available
		Beer suratrapura	Health facilities not available
		Bhagwanpura	Health facilities not available
		Trilokpura	PHC
		Thali	PHC
		Sri brijpura	Health facilities not available
		Salagrampura	Health facilities not available
		Naanchipura	Health facilities not available
		Mohammad pura	Health facilities not available
		Meera pura	Health facilities not available
		Maan pura	Health facilities not available
		Devkinandan pura	Health facilities not available
		Ghar ka para	Health facilities not available
		God ka bass	Health facilities not available
9.	RARIDD, Gwalior	Kabir park, Sanjay nagar, Suresh nagar	Dispensary Allopathic
		Ashok Colony	Dispensary Allopathic
		Ramtapura and Gudadi Mohalla	Dispensary Allopathic
		Bhim nagar	Dispensary Allopathic
		Shinde ki Chavani	Dispensary Allopathic
		Marimata mahal gaon	Dispensary Allopathic



10.	RARISD, Vijayawada	Gollagudem	Village has One Health sub centre
		Punadipadu	Village has One Health sub centre
		Kolavennu	Public Health sub centres, Ayurvedic Dispensary, Veterinary hospital also present
		Uppuluru	Health facilities like Public Health centres and sub centre (Upakendram)
		Tenneru	Health facilities like Health sub centres, Allopathy & Homeopathic centre near SC colony are available
		Velpuru	Health facilities are available at Uppaluru Subcenter and Velpuru village (Dalitawada) provided with 3 Anganvadi, out of which 1 Anganvadi for Dalitawada of Velpuru village
		Godavarru	Health facilities are available at Godavarru Subcenter and Kankipadu P.H.C provided with 1 Anganvadi
		Neppalli	Health facilities are available at Neppalli Subcenter and Kankipadu P.H.C.
		Pinamareddipalle	No Health Sub centres (Upakendram) in this village.
		Nunna	A health facility like Health Sub centres with 2 ANM's and 2 Asha workers in this village and one male assistant.
		Edara	A health facility like Health Sub centres with 2 ANM's and 2 Asha workers, PHC with Medical Officer. Ayush Dispensary in this village with one male assistant.
		Adavinekkalam	Health facilities are available at Adavinakkalam, 1 Sub-centre, 2 A.N.M and 1 Male Assistant. Veterinary Hospital also available.
		Chanupallivarigudem	No Health facilities are available in Chanupallivarigudem village.
		Mustabad	Health facilities are 1 primary health care centre with Medical Officer, ANM and 2 Asha Workers. 1 Naturopathy dispensary, 1 Veterinary hospital.
Surampalli	Health facilities are 1 primary health care centre with Medical Officer, ANM and 2 Asha Workers. 1 Naturopathy dispensary, 1 Veterinary hospital.		
Chinnavutapalli	There is no Health facility available in Chinnavutapalli village		
11.	RARIMCH, Nagpur	Khandala	This village doesn't have Primary Healthcare Center
		Mahurzari	Primary Healthcare Sub-centre under Gondkhairi PHC.
		Bharatwada	This village doesn't have Primary Healthcare Center or Sub centre
		Gonhi	This village doesn't have Primary Healthcare Center or Sub centre
		Hudkeshwar Khurd	This village doesn't have Primary Healthcare Center or Sub centre



		Rui	This village doesn't have Primary Healthcare Center or Sub centre
		Drughdhamna	This village doesn't have Primary Healthcare Center or Sub centre
		Salai Godhani	This village have Primary Healthcare Center, Ayurveda Sub centre & private hospitals
		Parsodi	This village doesn't have Primary Healthcare Center or Sub centre
		Bharkas	This village doesn't have Primary Healthcare Center or Sub centre
		Khapri (Railway)	This village doesn't have Primary Healthcare Center or Sub centre
		Takalghat	Primary Healthcare Center and Veterinary dispensary is present in the village.
		Ghogali	This village doesn't have Primary Healthcare Center or Sub centre
		Raipur	This village has a Primary Healthcare Centre (PHC).
		Gondkairi	This village has Primary Healthcare centre
		Dongargaon	This village doesn't have Primary Healthcare Center or Sub centre
		Sawangi ( Tomar)	This village doesn't have Primary Healthcare Center or Sub centre
		Yerala	There is a Veterinary dispensary and St. Joseph private hospital in the village
		Bramhni	This village doesn't have Primary Healthcare Center or Sub centre
		Ghorad	This village doesn't have Primary Healthcare Center or Sub centre.
		Dhapewada	Veterinary dispensary in the village and P.H.C. is available in the village
		Ubali	This village doesn't have Primary Healthcare Center or Sub centre
		Lavha	This village doesn't have Primary Healthcare Center or Sub centre
		Khadgaon	PHC sub centre is present at the village.
		Dahegaon	This village doesn't have Primary Healthcare Center or Sub centre
		Godhani (Railway)	This village doesn't have Primary Healthcare Center or Sub centre
		Bokhara	This village doesn't have Primary Healthcare Center or Sub centre
		Mohgaon Zilpi	This village doesn't have Primary Healthcare Center or Sub centre
12.	RARILSD, Trivandrum	Vilappil	Primary Health Centre
		Anamugham	Govt. Medical College Cosmo Politan Hospital



		Kuriyathi	Zensa Hospital Govt.Homeo Medical College
		Karamana	-
		Venganoor	Community Health Centre, Vizhinjam Govt. Hospital Govt. Ayurveda Hospital, Venganoor, Muttkkad P.O., Thiruvananthapuram
		Malayinkeezhu	Govt. Hospital, Malayinkeezhu Govt. Homeopathy Hospital, Malayinkeezhu
		Cheruvakkal	Primary Health Centre Govt. Ayurveda Dispensary, Cheruvakkal
		Maranalloor	Primary Health Centre Govt. Ayurveda Dispensary, Maranalloor, Govt. Homeopathy dispensary
		Kalliyoor	Primary Health Centre Govt. Ayurveda Dispensary, Kalliyoor
13.	RARIID, Patna	Mirhari Chak	No Health facility in this village.
		Musnapar	No Health facility in this village.
		Mahmada	No Health facility in this village.
		Mustfapur	No Health facility in this village.
		Alludin chak	No Health facility in this village.
		Khera	No Health facility in this village.
		Baluwa Chak	No Health facility in this village.
14.	RARIGID, Guwahati	Koibottopara	Two dispensaries
		Rongamati	1 PHC
		Tetelia gaon	1 PHC
		Majortol	1 Dispensary
		Gosaighar	No dispensary
		Borbil	No dispensary
		Na-Puranpara	No dispensary
		Paschimtoll	No dispensary
		Goraghat	No dispensary
15.	RARI, Gangtok	Tarku	No Health facility in this village.
		Timi	No Health facility in this village.
		Lower Tumin	No Health facility in this village.
		Lower Dochum	No Primary Health Centre is situated near the village.
		Upper Dochum	No Primary Health Centre is situated near the village.
		Singtam	No Health facility in this village.
		Ralap Panchayat Ward	No Health facility in this village.
		Padamchey	No Health facility in this village.
		Bardang,	No Health facility in this village.
		Lower Kambal	No Health facility in this village.
		23Amba	No Health facility in this village.

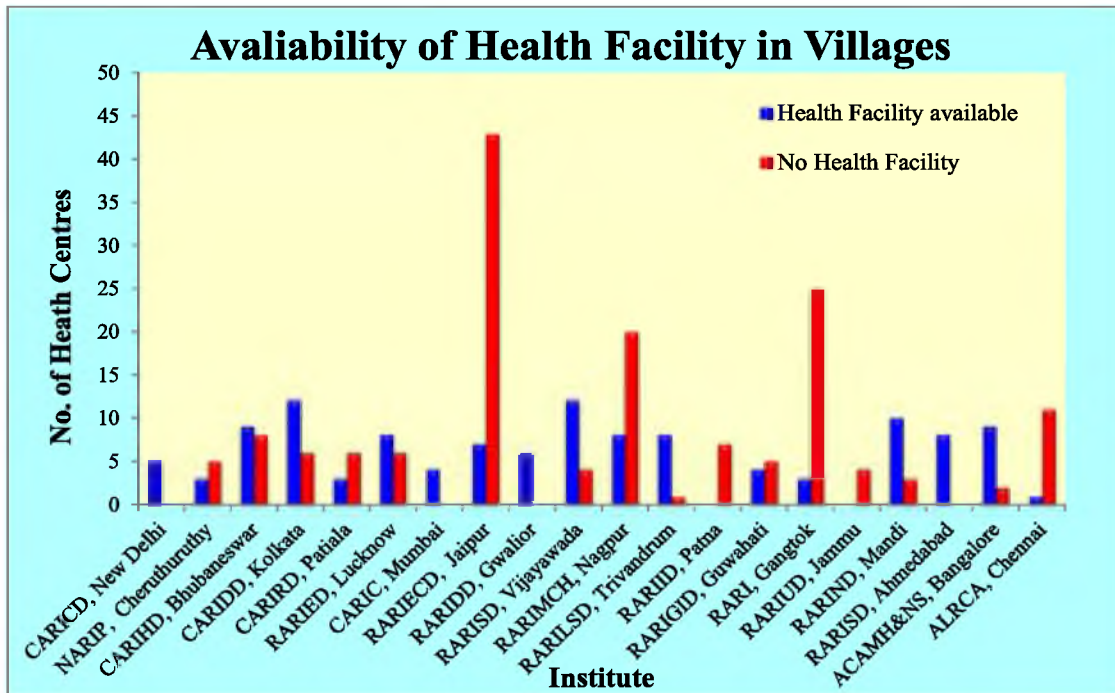




		08 Rorathang	No Health facility in this village.
		20th Mile	No Health facility in this village.
		Duga	No Health facility in this village.
		Mamring	No Health facility in this village.
		Ravangla	One District Hospital is situated 01 km away from village
		Kewzing	No Health facility in this village.
		Jarrong	No Health facility in this village.
		Dhar Gaon	No Health facility in this village.
		Upper Tanak	No Health facility in this village.
		Ray Khola	No Health facility in this village.
		Chalamthang	No Health facility in this village.
		Tsomgo	No Health facility in this village.
		Jalipool	PHC
		Ranka	No Health facility in this village.
		Middle Kolthang	PHC
		Upper Kolthang	No Health facility in this village.
		Upper Tokday	No Health facility in this village.
16.	RARIUD, Jammu	Patniyal	No Health facilities available
		Patyali chak	No Health facilities available
		Dhateryal	No Health facility in this village.
		Ghaink	No Health facility in this village.
17.	RARIND, Mandi	Chanaldi	One PHC, One ayurvedic Dispensary
		Manglore	One Vetrinary Hospital, Health sub Centre, 8 Aanganbadi Kendra
		Ravi-Nagar	Zonal Hospital, Sanjeevani and Madhav Hospital (Both are Pvt.)
		Jamni	One PHC and one Vetrinary Hospital
		Chail-Chowk	One Vetrinary Hospital, One Ayurveda Hospital, One Pvt.Hospital, 8 Aanganbadi Kendra
		Lohara	Health Sub Centre, One Govt. Hospital, One Vetrinary Hospital
		Kummi	One Ayurvedic Dispensary, One Vetrinary Hospital
		Marathu	No Health facility in this village.
		Shiv-badar	One Vetrinary and One PHC, 6 Aanganbadi kendra
		Tandu	One Health Sub Centre and one Vetrinary Hospital
		Balt	One CHC and One Vetrinary Hospital, 5 aanganbadi Kendra, 1 Mahila Mandal
		Gonta	No Health facility in this village.
		Grahan	No Health facility in this village.



18.	RARISD, Ahmedabad	Naroda Road	2 Pvt. Hospitals – G.C.S. Hospital
		Asarwa	Civil Hospital, Ahmedabad (1.5 km)
		Saijpur (bogha)	Pvt. dispensaries
		Kalapeenagar	Subham Hospital, Navjeevan Hospital & Pooja Hospital (Allopathy); ESIS dispensary along with pvt. dispensaries.
		Saraspur	Shardaben Hospital, Safal Private Clinic, pvt. dispensaries
		Rakhiyal	Ojas Private Hospital, pvt. dispensaries.
		Bapunagar	General Hospitals-ESIS, Shardaben Hospital, Kakadiya Hospital, Dhanvantari Hospitals and Tapan Hospital, Pvt. Dispensaries
		Sabarmati	Pokhraj Hospital, Panchshil Hospital ; Pvt. Dispensaries
19.	ACAMH&NS, Bangalore	Ibbluru	No Hospital
		Andhra colony	PHC and one private dispensary present
		Vannerpet	ESI Hospital and one private clinic present
		L R Nagar	PHC Present
		Mayabazar	PHC Present
		Sonnenahalli	PHC Present
		Jayrajanagar	Govt. hospital & few private allopathic clinics present
		Murphy Town	PHC Present
		Munivenkatappa Garden	PHC Present
		Laxmipuram	No Govt. dispensaries, Few private allopathic clinics present
		Binnamangala	One Govt. allopathic dispensary present
20.	ALRCA, Chennai	Thozhur	Government & Private Hospitals
		Kalikundram	Voluntary Health Service, Saidapet GH
		Kottur	Voluntary Health Service, Saidapet GH
		Sastri nagar	Government hospitals
		ErikaraiSalai	No Health facility in this village. Voluntary Health Service, Saidapet GH,
		Rukmini Nagar	Voluntary Health Service, Saidapet GH
		Thiruvanmiyur	Primary health centre pallavakkam
		Mylai Balaji Nagar	Medavakkam Government Dispensary
		Ambedkar Nagar	Primary health centre chrompet, govt hospital saidapet
		Venkatapuram	Government Ayush Dispensary
		Kottivakkam	VHS Hospitals, Tharamani
		Kotturpuram (Chitra nagar colony)	PHC



### Village wise sanitary facilities

S. No.	Name of Institute	Name of the Village	Sanitary Facilities	
			Drinking water source	Sanitation (Toilet)
1.	CARICD, New Delhi	Sultanpuri	Tap Water	Pakka (inside)
		Mangolpuri	Tap Water	Pakka (inside)
		Shahbad Dairy	Tap Water	Pakka (inside & outside)
		Rohini	Tap Water	Pakka (inside)
		Madipur	Tap Water	Pakka (inside)
2.	NARIP, Cheruthuruthy	Edappara Colony	Tap water	Pakka (Outside)
		Pallur colony	Tap water	Pakka (Outside)
		Anthoorkunnu colony	Tap water	Pakka (Outside)
		Panayur	Tap water	Pakka (Outside)
		Palaparumbu	Tap water	Pakka (Outside)
		Nayadikunnu colony	Tap water	Pakka (Outside)
		Veluthanmaril colony	Tap water	Pakka (Outside)
		Bhoothuvazhi & Rajeev colony	Tap water	Pakka (Outside)



3.	CARIHD, Bhubaneswar	Dhaulti	Hand Pump, River	Pakka (inside & outside); open fields
		Nakhaurz	Tap, Hand Pump	Kaccha (Outside); open fields
		Samantarapur Patna	Hand Pump, River	Kaccha (Outside); open fields
		Sardeipur	Well, Hand Pump, River	Kaccha (Outside); open fields
		Bhagabanpur	Hand Pump	Kaccha (Outside); open fields
		Patrapada	Hand Pump, Well	Pakka (inside & outside); Kaccha
		Hatasahi	Hand Pump	Kaccha (Outside); open fields
		Bahadalpur	Well	Kaccha (Outside); open fields
		Damodarpur	Well	Kaccha (Outside); open fields
		Chhotraipur	Well, hand Pump	Kaccha (Outside)
		Sarakantara	Well , Hand Pump	Pakka & Kaccha (Outside); open fields
		Suanga	Well	Kaccha (Outside); open fields
		Ranasinghpur	Well, Tap	Kaccha (Outside); open fields
		Balianta G.P	Well, Hand Pump	Pakka & Kaccha (Outside); open fields
		Jhinti Sasan G.P	Tap, well, Hand Pump	Pakka & Kaccha (Outside/ inside); open fields
Puran Padhan G.P	Well, Hand Pump	Pakka & Kaccha (Outside/ inside); open fields		
Jayadev G.P	Well, River, Stream	Kaccha (Outside); open fields		
4.	CARIDD, Kolkata	Jothbhim	Tube wells, Tap	Pakka & Kaccha (Outside/ inside); open fields
		Shikharpur	Hand Pump	Pakka & Kaccha (Outside/ inside); open fields
		Sukhpukur	Tube wells, ponds	Pakka & Kaccha (inside)
		Krolberia	Hand Pump, ponds	Pakka & Kaccha (Outside/ inside); open fields
		Beonta	Hand Pump	Pakka & Kaccha (Outside/ inside); open fields
		Chanda kanthalberia	Hand Pump	Pakka & Kaccha (inside); open fields
		Banamalipur	Hand Pump	Pakka & Kaccha (Outside/ inside)
		Bhojerhat	Hand Pump, well, pond water.	Pakka & Kaccha (Outside/ inside)
		Chariswar	Hand Pump, Pond, wells.	Pakka & Kaccha (inside)
		Haederait	Hand Pumps, ponds.	Pakka & Kaccha (Outside/ inside); open fields
		Akandakeshari	Hand pump, Purchased water	Pakka & Kaccha (Outside/ inside); open fields





		Kulberia	Hand Pump.	Pakka & Kaccha (Outside/ inside); open fields
		Hatgacha	Hand Pump, ponds	Pakka & Kaccha (inside); open fields
		Dharmatala Panchuria	Hand pump, Tap, well, Purchased water	Pakka & Kaccha (inside); open fields
		Tardaha kapasti	Hand Pumps, ponds	Pakka & Kaccha (inside); open fields
		Sahebpur	Hand Pump, Pond, wells	Pakka & Kaccha (Outside/ inside); open fields
		Goalpota & Khejurtala	ponds & lakes, Tap	Pakka & Kaccha (inside); open fields
		Nayabad	Ponds, tubewell, Hand pumps	Pakka & Kaccha (Outside/ inside)
5.	CARIRD, Patiala	Ravidass Nagar	Tap	Pakka (inside)
		Tafazalpura	Tap	Pakka (inside)
		Badungar	Tap	Pakka (inside)
		Pathak vihar	Tap	Pakka (inside)
		Bathoi Khurd	Tap	Pakka (inside)
		Phagan Majra	Tap	Pakka (inside)
		Mardan Heri	Tap	Pakka (inside)
		Kauli	Tap	Pakka (inside)
		Sanour (R)	Tap	Pakka (inside)
6.	RARIED, Lucknow	Achhalikheda	Hand pumps and Tube wells	Open fields
		Juggaur	Hand pumps and Tap	Open fields
		Muspippari	Hand pumps	Open fields
		Khargapur	Hand pumps and Tap	Puccka
		KalliPoorab	Hand pumps	Open fields
		Mahigavan	Hand pumps	With/without latrines/ open fields
		Kathawara	Tap, hand pumps	Pakka
		Kallipaschim	Tap, hand pumps	Pakka
		Jabraully	Tap, hand pumps	Pakka
		Aramba	Tap, hand pumps	Pakka
		Birahimpur	Tap, hand pumps	Pakka
		Jindaur Garhi	Tap, hand pumps	Pakka
		Kheshrawa	Tap, hand pumps	Pakka
		Ratnapur	Tap, hand pumps	Pakka
7.	CARIC, Mumbai	Panchsheel Nagar, Kanjur Marg	Tap Water	Pakka & Kaccha (Outside); open fields
		Karnamvar Nagara, Vikhroli (E.)	Tap Water	Pakka & Kaccha (Outside)



		Tapodhan Nagar, Khar	Tap Water	Pakka & Kaccha (Outside)
		ShelarGaon, Bhiwandi	Tap Water	Pakka & Kaccha (Outside); open fields
8.	RARIECD, Jaipur	Beer Ramchandrapura	Tap, Well & Handpump	In-house, Pakka, Kachha, Outside of the House, No facilities/ Open fields
		Narayanpura	Tap, Well & Handpump	In-house, Pakka, Kachha, Outside of the House, No facilities/ Open fields
		Dosara Khurd	Tap, Well & Handpump	In-house, Pakka, Kachha, Outside of the House, No facilities/ Open fields
		Jharana Khurd	Tap, Well & Handpump	In-house, Pakka, Kachha, Outside of the House, No facilities/ Open fields
		Sawant Ka Bass	Tap, Well & Handpump	In-house, Pakka, Kachha, Outside of the House, No facilities/ Open fields
		Palri Parsa	Tap, Well & Handpump	In-house, Pakka, Kachha, Outside of the House, No facilities/ Open fields
		Chakamjhar	Tap, Well & Handpump	In-house, Pakka, Outside of the House
		Jeerota	Tap, Well & Handpump	In-house, Pakka, Kachha, Outside of the House, No facilities/ Open fields
		Narvariya	Tap, Well & Handpump	In-house, Pakka, Kachha, Outside of the House, No facilities/ Open fields
		Vimalpura	Tap, Well & Handpump	In-house, Pakka, Kachha, Outside of the House, No facilities/ Open fields
		Jaganathpura	Tap, Well & Handpump	In-house, Pakka, Kachha, Outside of the House, No facilities/ Open fields
		Sri Kishanpura	Tap, Well & Handpump	In-house, Pakka, Kachha, Outside of the House, No facilities/ Open fields
		Chatar pura	Well	Pakka
		Jaijas pura	Well	Pakka
		Dolat pura	Tap and well	Pakka
		Sawal	Tap	Pakka
		Nandlalpura	Tap	Pakka
		Kiratpura	Tap	Pakka, No facilities/Open field
		Jaisinghpura	Tap	Pakka
		Malpura choud	Tap	Pakka
		Sitapura(Ramoli)	Tap	Pakka
		Manpur gate	Tap	Pakka
		Sawa ka bass	Tap	Pakka
		Dhuwaliya	Tap	Pakka, No facilities/Open field
		Ballupura	Well and Handpump	Pakka
		Bagrana	Tap	Pakka
		Vijaypura	Well and Handpump	Pakka
		Mandap	Well and Handpump	No facilities/Open field



		Hingoniya	Well and Handpump	No facilities/Open field
		Nari khera	Well and Handpump	No facilities/Open field
		Madanpura	Tap, Well and Handpump	No facilities/Open field
		Sameliya	Tap and well	No facilities/Open field
		Unt ka khera	Tap, Well and Handpump	Pakka, No facilities/Open field
		Barh maharajpura	Well and Handpump	No facilities/Open field
		Barh bagpura	Handpump	Pakka, No facilities/Open field
		Barh mahawatan	Handpump	Pakka, No facilities/Open field
		Barh rajpura	Handpump	Pakka, No facilities/Open field
		Beer suratrapura	Handpump	Pakka, No facilities/Open field
		Bhagwanpura	Handpump	Pakka
		Trilokpura	Tap and Handpump	Pakka, No facilities/Open field
		Thali	Handpump	Pakka
		Sri brijpura	Tap and well	Pakka
		Salagrampura	Handpump	Pakka
		Naanchipura	Tap and well	Pakka
		Mohammad pura	Tap, Well and Handpump	Pakka, No facilities/Open field
		Meera pura	Tap, Well and Handpump	Pakka
		Maan pura	Handpump	Pakka
		Devkinandan pura	Tap, Well and Handpump	Pakka
		Ghar ka para	Handpump	Pakka
		God ka bass	Handpump	Pakka
9.	RARIDD, Gwalior	Kabir park, Sanjay nagar, Suresh nagar	Tap	Pakka (inside)
		Ashok Colony	Tap	Pakka (inside)
		Ramtapura and Gudadi Mohalla	Tap	Pakka (inside)
		Bhim nagar	Tap	Pakka (inside)
		Shinde ki Chavani	Tap	Pakka (inside)
		Marimata mahal gaon	Tap	Pukka
10.	RARISD, Vijayawada	Gollagudem	Tap	In-House, Outside of the house, No facilities/open fields
		Punadipadu	Tap	Pakka & Kaccha (Outside/ inside); open fields
		Kolavenu	Tap	Pakka & Kaccha (Outside/ inside); open fields



		Uppaluru	Tap, Hand Pump	Pakka & Kaccha (Outside/ inside); open fields
		Tenneru	Tap, Hand Pump	Pakka & Kaccha (Outside/ inside); open fields
		Velpuru	Tap	Pakka & Kaccha (Outside/ inside); open fields
		Neppalli	Tap and Hand Pump	Pakka & Kaccha (Outside/ inside); open fields
		Godavarru	Tap, Well, Hand Pump	Pakka & Kaccha (Outside/ inside); open fields
		Pinamareddypalle	Tap, Well, Hand Pump	Pakka & Kaccha (Outside/ inside); open fields
		Adavinekkalam	Tap, Hand Pump	Pakka & Kaccha (Outside/ inside); open fields
		Nunna	Tap, Hand Pump	Pakka & Kaccha (Outside/ inside); open fields
		Edara	Tap, Well, Hand Pump	Pakka & Kaccha (Outside/ inside); open fields
		Chanupalli varigudem	Tap and Well	Pakka & Kaccha (Outside/ inside); open fields
		Mustabad	Tap Water	Pukka
		Surampalli	Tap Water	Pukka
		Chinnavutapalli	Tap Water	Pukka
11.	RARIMCH, Nagpur	Khandala	Tap, Well, Hand pump	Pakka & Kaccha (Outside); open fields
		Mahurzari	Tap, Well, Hand pump	Pakka & Kaccha (Outside); open fields
		Bharatwada	Tap, Well, Hand pump	Pakka & Kaccha (Outside); open fields
		Gonhi	Tap, Well	Pakka & Kaccha
		Hudkeshwar Khurd	Tap	Pakka & Kaccha, Open fields
		Rui	Tap, Well, Hand pump	Pakka & Kaccha
		Drughdhamna	Tap, Well, Hand pump	Pakka & Kaccha
		Salai Godhani	Tap, Well	Pakka & Kaccha
		Parsodi	Tap, Well, Hand pump	Pakka
		Bharkas	Tap, Well, Hand pump	Pakka & Kaccha
		Khapri (Railway)	Tap, Well, Hand pump	Pakka & Kaccha (Outside/ inside); open fields
		Takalghat	Tap, Well, Hand pump	Pakka & Kaccha (Outside/ inside); open fields
		Ghogali	Tap, Well, Hand pump	Pakka & Kaccha (Outside/ inside); open fields
		Raipur	Tap	Pakka & Kaccha



		Gondkairi	Tap, Well	Pakka & Kaccha
		Dongargaon	Tap, Well, Hand pump	Pakka & Kaccha
		Sawangi ( Tomar)	Tap, Well, Hand pump	Pakka & Kaccha
		Yerala	Tap	Pakka & Kaccha
		Bramhni	Tap, Well, Hand pump	Pakka, Kaccha, Outside of the House, No facilities/ Open fields
		Ghorad	Tap, Well, Hand pump	Pakka & Kaccha (Outside); open fields
		Dhapewada	Tap, Well, Hand pump	Pakka & Kaccha (Outside); open fields
		Ubali	Tap	Pakka & Kaccha (Outside); open fields
		Lavha	Tap, Well, Hand pump	Pakka & Kaccha (Outside); open fields
		Khadgaon	Tap, Well, Hand pump	Pakka & Kaccha (Outside); open fields
		Dahegaon	Tap, Well, Hand pump	Pakka & Kaccha (Outside); open fields
		Godhani (Railway)	Tap, Well, Hand pump	Pakka & Kaccha (Outside); open fields
		Bokhara	Tap, Well, Hand pump	Pakka & Kaccha (Outside); open fields
		Mohgaon Zilpi	Tap, Well, Hand pump	Pakka & Kaccha (Outside); open fields
12.	RARILSD, Trivandrum	Vilappil	Tap water, Well	Pakka (Outside/ Inside); open fields
		Anamugham	Tap water, Well	Pakka (Outside/ Inside); open fields
		Kuriyathi	Tap water, Well	Pakka (Outside/ Inside); open fields
		Karamana	Tap water, Well	Pakka & Kaccha (Outside/ inside); open fields
		Venganoor	Tap water, Well	Inside the House, Outside the house, Open fields
		Malayinkeezhu	Tap water, Well	Pakka (Outside/ Inside)
		Cheruvakkal	Tap water, Well	Inside the House- Outside the house,
		Maranalloor	Tap water, Well	Pakka (Outside/ Inside)
		Kalliyoor	Tap water, Well	Outside the house
13.	RARIID, Patna	Mirhari Chak	Well, hand pump	Open fields
		Musnapar	Well, hand pump	Open fields





		Mahmada	Well, hand pump	Open fields
		Mustfapur	Well, hand pump	Open fields
		Alludin chak :	Well, hand pump	Open fields
		Khera	Well, hand pump	Open fields
		Baluwa Chak	Well, hand pump	Open fields
14.	RARIGID, Guwahati	Tetelia gaon	Wells & Tube wells	Pakka
		Koibottopara	Hand pump	Pakka
		Rongamati	Hand pump	Pakka
		Majortol	Hand pump, Well	Pakka
		Gosaighar	Hand pump, Well	Pakka
		Borbil	Hand pump, Well	Pakka
		Na-Puranpara	Hand pump, Well	Pakka
		Paschimtol	Hand pump, Well	Pakka
		Goraghat	Hand pump, Well	Pakka
15.	RARI, Gangtok	Tarku	Tap water	Kaccha (inside)
		Timi	Tap water	Kaccha (inside)
		Lower Tumin	Tap water	Kaccha (inside)
		Lower Dochum	Tap water	Kaccha (inside)
		Upper Dochum	Tap water	Kaccha (inside)
		Singtam,	Tap water	Pakka (inside)
		Ralap Panchayat Ward	Tap water	Pakka (inside)
		Padamchey	Tap water	Pakka (inside)
		Bardang	Tap water	Pakka (inside)
		Lower Kambal	Tap water	Kaccha (inside)
		23Amba	Tap water	Kaccha (inside)
		08 Rorathang	Tap water	Pakka (inside)
		20th Mile	Tap water	Kaccha (inside)
		Duga	Tap water	Kaccha (inside)
		Mamring,	Tap water	Kaccha (inside)
		Ravangla,	Tap water	Kaccha (inside)
		Kewzing,	Tap water	Kaccha (inside)
		Jarrong ,	Tap water	Kaccha (inside)
		Dhar Gaon,	Tap water	Kaccha (inside)



		Upper Tanak,	Tap water	Kaccha (inside)
		Ray Khola,	Tap water	Pakka (inside)
		Chalamthang ,	Tap water	Kaccha (inside)
		Tsomgo	Tap water	Kaccha (inside)
		Jalipool	Tap water	Pukka
		Ranka	Tap water	Pukka
		Middle Kolthang	Tap water	Pukka
		Upper Kolthang	Tap water	Pukka
		Upper Tokday	Tap water	Pukka
16.	RARIUD, Jammu	Patniyal	Tap water	Kaccha (inside)
		Patyali chak	Tap water	Kaccha (inside)
		Dhateryal	Tap water	Kaccha (inside)
		Ghaink	Tap water	Kaccha (inside)
17.	RARIND, Mandi	Manglore	Tap water, River	Pakka
		Ravi Nagar	Tap water	Kaccha
		Chanaldi	Tap, Natural water	Pakka
		Jamni	Tap water, Natural Water	Kaccha
		Chail-Chowk	Tap water, Hand-Pump	Kaccha
		Lohara	Tap, Stream, Natural water	Kaccha
		Marathu	Tap, Well, Natural water	Kaccha
		Kummi	Tap Water, Water stream	Kaccha
		Shiv-Badar	Tap, River	Pakka
		Tandu	Tap, Well, Hand- pump	Pakka
		Balt	Tap, Hand- Pump, Stream	Pakka
		Gonta	Tap, well, Hand- pump	Pakka
		Grahan	Tap, Hand- Pump, River	Pakka
18.	RARISD, Ahmedabad	Naroda Road	Tap	Pakka & Kaccha (Outside); open fields
		Asarwa	Tap	Pakka & Kaccha (Outside); open fields
		Saijpur (bogha)	Tap	Pakka, Kaccha
		Kalapeenagar	Tap	Pakka, Kaccha
		Saraspur	Tap	Pakka, Kaccha
		Rakhiyal	Tap	Pakka, Kaccha
		Bapunagar	Tap	Pakka, Kaccha
		Sabarmati	Tap	Pakka, Kaccha



19.	ACAMH&NS, Bangalore	Ibbluru		Poor hygienic and sanitary conditions
		Andhra colony		Poor hygienic and sanitary conditions
		Vannerpet		Poor hygienic and sanitary conditions
		L R Nagar		Poor hygienic and sanitary conditions
		Mayabazar		Poor hygienic and sanitary conditions
		Sonnenahalli		Poor hygienic and sanitary conditions
		Jayrajanagar		Poor hygienic and sanitary conditions
		Murphy Town		Poor hygienic and sanitary conditions
		Munivenkatappa Garden		Poor hygienic and sanitary conditions
		Laxmipuram		Poor hygienic and sanitary conditions
		Binnamangala		Poor hygienic and sanitary conditions
20.	ALRCA, Chennai	Thozhur	Tap water, Well, Hand pump	Pakka & Kaccha (Outside/ inside); open fields
		Kalikundram	Tap water, Well, Hand pump	Pakka & Kaccha (Outside/ inside)
		Kottur	Tap water, Hand pump	Kaccha (inside)
		Sastri nagar	Tap water, Well, Hand pump	Pakka & Kaccha (inside)
		ErikaraiSalai	Tap water, Well, Hand pump	Pakka & Kaccha (inside)
		Rukmini Nagar	Tap water, Well, Hand pump	Kaccha (inside)
		Thiruvanmiyur	Tap water, Well, Hand pump	Pakka & Kaccha (Outside/ inside)
		Mylai Balaji Nagar	Tap water, Well, Hand pump	Pakka & Kaccha (Outside/ inside)
		Ambedkar Nagar	Tap water, Well, Hand pump	Pakka & Kaccha (Outside/ inside)
		Venkatapuram	Tap water, Well, Hand pump	Pakka & Kaccha (Outside/ inside)
		Kottivakkam	Tap water, Well, Hand pump	Pakka & Kaccha (Outside/ inside)
		Kotturpuram (Chitra nagar colony)	Tap water	Inside the House- Kaccha, Pakka, Outside the house



**Important Photograph of Ayurveda Mobile Health Care Programme under SCSP during Survey**

Name of Institutes	Photographs	
CARICD, New Delhi		
NARIP, Cheruthuruthy		
		
CARIHD, Bhubaneswar		
CARIDD, Kolkata		





<p>CARIRD, Patiala</p>		
<p>CARIC, Mumbai</p>		
<p>RARIED, Lucknow</p>		





RARIECD,  
Jaipur



RARIDD,  
Gwalior



RARISD,  
Vijayawada





<p>RARIMCH, Nagpur</p>	<p>SCSP OPD at Sillewada village - SCSP RARIMCH Nagpur, 02/01/2018</p>	<p>SCSP opd at Kandri Village, SCSP RARIMCH Nagpur, 17/01/2018</p>
<p>RARILSD, Trivandrum</p>		





RARIID, Patna



RARIGID,  
Guwahati



RARI, Gangtok







<p>RARIUD, Jammu</p>		
<p>RARIND, Mandi</p>		
<p>RARISD, Ahmedabad</p>		



ACAHM&NS,  
Bangalore

ALRCA,  
Chennai





## CHAPTER - 4

### SWASTHYA RAKSHAN PROGRAMME

**Background:** ‘Swasthya Rakshan Programme’ was launched by Ministry of AYUSH to promote health and health education in villages. The main objective of the programme is to take care of the health of the people in villages and also to promote knowledge and awareness about health all around.

The health care services are the essential part of health, provided at the first level of contact of the individual or the family with the national health system. As per WHO’s definition health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. It was also emphasized that the key to attain the goal of health for all was through the implementation of health care services. “Health for All”, means that health should be within reach of everyone in a given country. And by “health” is meant a personal state of wellbeing, not just the availability of health services – a state of health that enables a person to lead a socially and economically productive life. Health for All implies the removal of the obstacles to health – that is to say, the elimination of malnutrition, ignorance, contaminated drinking water and unhygienic housing.

Ayurveda the holistic health care system deals with preventive and curative aspects of health. Ayurveda focuses on dietetics, routine activities, hygiene, conduct etc which if adopted can prevent many diseases. Ayurveda can play an important role in prevention and control of diseases providing health care services. In pursuance to the Ministry of AYUSH communication, Council had initiated Swasthya Rakshan programme by undertaking outreach health care services through its 21 peripheral research institutes at 19 states such as Kerala, Odisha, West Bengal, Punjab, Uttar Pradesh, Maharashtra, Rajasthan, Madhya Pradesh, Andhra Pradesh, Karnataka, Bihar, Assam, Sikkim, Arunachal Pradesh, Jammu & Kashmir, Himachal Pradesh, Gujarat and Tamil Nadu rendering clinical services. To make people aware about the importance of good health, this programme was executed in each clinical research institute by adopting at least 5 large colonies located in urban areas or 5 villages if the institute is located at Tehsil (Block level) per institute. It is a type of mobile community Health Care services through which health care services are provided to peoples. The Programme is linked with Swachh Bharat Mission.

**Principal Goals:** Realizing the gravity of situation, the Central Council for Research in Ayurvedic Sciences (CCRAS) started the Swasthya Rakshan Programmes for wellbeing of the people and also started gathering information about their health status etc, from the year 2015, through its various Units with the following aims and objectives:

1. To organize Swasthya Rakshan OPDs, Swasthya Parikshan Camps and Health/Hygiene awareness programme.
2. Awareness about cleanliness of domestic surroundings and environment.
3. Provide medical aid/incidental support in the adopted Colonies/Villages.
4. Distribution of IEC material among the masses in local language and English/Hindi.
5. Documentation of demographic information, food habits, hygiene conditions, seasons, lifestyle etc., incidence/prevalence of disease and their relation to the incidence of disease.
6. Assessment of health status and propagation of Ayurvedic concept of pathya-apathya and extension of health care services.
7. Documentation of the data generated may be done.

**Details of State wise Institutes conducting Swasthya Rakshan Programme**

S.No.	Name of Institute	State
1.	Central Ayurveda Research Institute for Cardiovascular Diseases, New Delhi	Delhi
2.	National Ayurveda Research Institute for Panchakarma, Cheruthuruthy	Kerala
3.	Central Ayurveda Research Institute for Hepatobiliary Disorders, Bhubaneswar	Odisha
4.	Central Ayurveda Research Institute for Drug Development, Kolkata	West Bengal
5.	Central Ayurveda Research Institute for Respiratory Disorders, Patiala	Punjab
6.	Regional Ayurveda Research Institute for Eye Diseases, Lucknow	Uttar Pradesh
7.	Central Ayurveda Research Institute for Cancer, Mumbai	Maharashtra
8.	Regional Ayurveda Research Institute for Endocrine Disorders, Jaipur	Rajasthan
9.	Regional Ayurveda Research Institute for Drug Development, Gwalior	Madhya Pradesh
10.	Regional Ayurveda Research Institute for Skin disorders, Vijayawada	Andhra Pradesh
11.	Regional Ayurveda Research Institute for Mother and Child Health, Nagpur	Maharashtra
12.	Regional Ayurveda Research Institute for Metabolic Disorders, Bangalore	Karnataka
13.	Regional Ayurveda Research Institute for Life style related Disorders, Trivandrum	Kerala
14.	Regional Ayurveda Research Institute for Infectious Diseases, Patna	Bihar
15.	Regional Ayurveda Research Institute for Gastro-Intestinal Disorders, Guwahati	Assam
16.	Regional Ayurveda Research Institute, Gangtok	Sikkim
17.	Regional Ayurveda Research Institute, Itanagar	Arunachal Pradesh
18.	Regional Ayurveda Research Institute for Urinary Disorders, Jammu	Jammu & Kashmir
19.	Regional Ayurveda Research Institute for Nutritional Disorders, Mandi	Himachal Pradesh
20.	Regional Ayurveda Research Institute for Skin Disorders, Ahmedabad	Gujarat
21.	Dr. Achanta Lakshmiapati Research Centre for Ayurveda, Chennai	Tamil Nadu
	<b>Institutes – 21</b>	<b>States - 19</b>

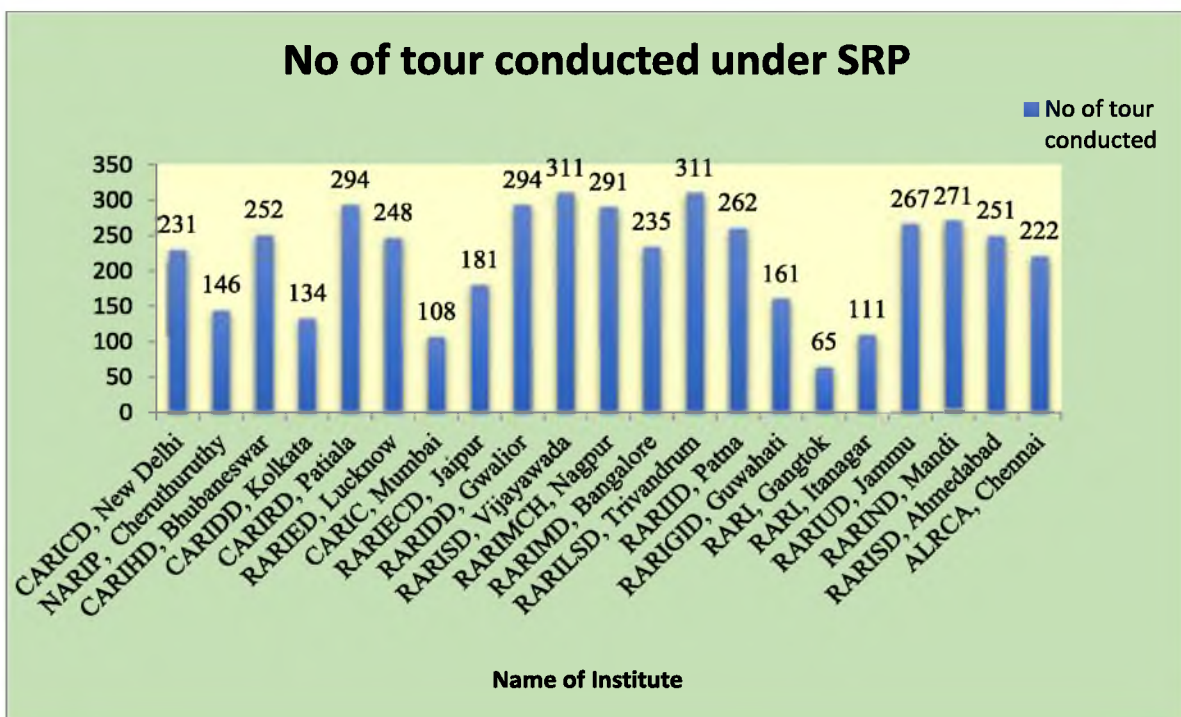


### Details of services extended under Swasthya Rakshan Programme from 2015-17

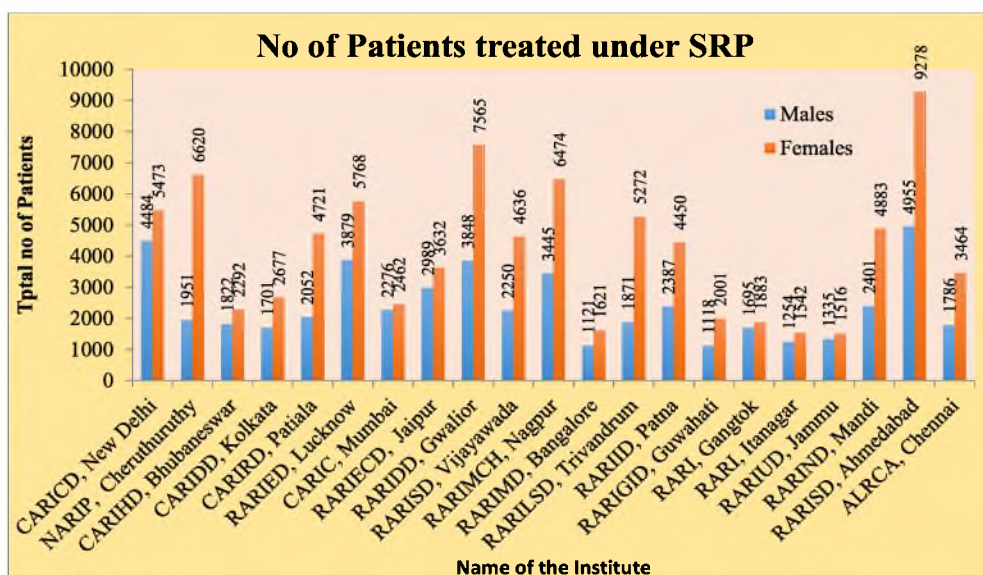
S. No.	Name of Institute	No of Tour conducted	No. of Patients treated						Grand Total
			New		Old		Total		
			Total		Total		M	F	
			M	F	M	F			
1.	CARICD, New Delhi	231	2978	3529	1506	1944	4484	5473	9957
2.	NARIP, Cheruthuruthy	146	834	2406	1076	4169	1951	6620	8571
3.	CARIHD, Bhubaneswar	252	1165	1457	657	835	1822	2292	4114
4.	CARIDD, Kolkata	134	754	911	947	1766	1701	2677	4378
5.	CARIRD, Patiala	294	914	1934	1138	2787	2052	4721	6773
6.	RARIED, Lucknow	248	1631	2356	2248	3412	3879	5768	9647
7.	CARIC, Mumbai	108	2276	2462	0	0	2276	2462	4738
8.	RARIECD, Jaipur	181	2272	2782	717	850	2989	3632	6621
9.	RARIDD, Gwalior	294	3145	6026	703	1539	3848	7565	11413



10.	RARISD, Vijayawada	311	1378	2921	872	1715	2250	4636	6886
11.	RARIMCH, Nagpur	291	1147	2252	2298	4222	3445	6474	9919
12.	RARIMD, Bangalore	235	575	715	546	906	1121	1621	2742
13.	RARILSD, Trivandrum	311	681	1684	1190	3588	1871	5272	7143
14.	RARIID, Patna	262	915	1337	1472	3113	2387	4450	6837
15.	RARIGID, Guwahati	161	897	1550	221	451	1118	2001	3119
16.	RARI, Gangtok	65	1446	1609	251	272	1695	1883	3578
17.	RARI, Itanagar	111	882	1084	372	458	1254	1542	2796
18.	RARIUD, Jammu	267	1008	1121	326	395	1335	1516	2851
19.	RARIND, Mandi	271	1489	2725	912	2158	2401	4883	7284
20.	RARISD, Ahmedabad	251	1643	3192	3312	6086	4955	9278	14233
21.	ALRCA, Chennai	222	1265	2359	520	1105	1786	3464	5250
22.	<b>Total</b>	<b>4646</b>	<b>29295</b>	<b>46412</b>	<b>21284</b>	<b>41771</b>	<b>50620</b>	<b>88230</b>	<b>138850</b>







**Details of District wise information of Swasthya Rakshan Programme**

S.No.	Name of Institute	Name of District	Name of the Villages/ Colonies
1.	CARICD, New Delhi	West Delhi	Rampura
			Peeragrahi
			Madipur
			Punjabi Bagh
			Paschim Vihar
		North Delhi	Rohini, Sec-18
2.	CARINMSD, Cheruthurthy	Thrissur	Panjal
			Mullurkkara
			Desamangalam
			Varavoor
		Palakkad	Vaniyamkulam
			Kulapully
3.	CARIHD, Bhubaneswar	Khordha	Bharatpur Basti
			Nayapalli Basti
			Saliasahi Basti
			Jaydev Vatika Basti,
			Baramunda basti
			SLN Behera Basti
			Shantipalli
			Maa Mangala & Bhagabati Basti
4.	CARIDD, Kolkata	Kolkata	South Dum Dum
			Krishnapur
			Barrakpore
			Picnic Garden



5.	CARIRD, Patiala	Patiala	Sular
			Badunger
			Daru kutia
			Sanjay colony
			Dheeru ki majri
6.	RARIED, Lucknow	Lucknow	Rasulpur
			Basti
			Bhauri
			Kewadi
			Goila
			Pataha Purwa
			Kharagpur
			Faridinagar
			Takrohi
			Amrahi
			Murlipurwa
			Newada
			Pandit Purwa
7.	CARIC, Mumbai	Mumbai	Prabhadevi
			Worli Koliwada
			Jijamata
			Sangam Nagar
			Byculla
			Worli B.D.D
8.	RARIECD, Jaipur	Jaipur	Shastri Nagar
			Malaviya Nagar
			Vaishali Nagar
			Jawahar Nagar
			Murlipura
9.	RARIDD, Gwalior	Gwalior	Awadpura
			Moti Jheel
			Sanjay Nagar
			Chana Kothar
			Mehra Gaon
			Bahodapur
			Guda- Gudi
			Ram Nagar
			Vinay Nagar
			Birla Nagar
			Mahal Gaon



10.	RARISD, Vijayawada	Krishna (Vijayawada City)	Rellies & Vivekananda Colony
			Budameru Madhya Katta
			New.R.R.Peta
			Kotha Peta
			Krishna Lanka
			Giripuram
11.	RARIMCH, Nagpur	Nagpur	Pachgoan
			Gonishim
			Bahadura
			Kharbi
			Vihirgoan
			Champa
			Dongargaon
			Gumthala
			Kadholi
			Kapsi (Bu.)
			Palsad
			Sonegaon Raja
			Surgaon
			Titur
Undri			
12.	RARIMD, Bangalore	Bangalore	Tataguni
			Vaderahalli
			Agara
			Banjarapalya
			Doddipalya
			Kaggalipura
			Uttari
13.	RARILSD,, Trivandrum	Thiruvananthapuram	Mudavanmugal
			Rajaji Nagar
			Jagathy
			Karimadom
14.	RARIID, Patna	Patna	Poojappura ward
			Chhoti pahadi
			Chailital Maharajganj
			Neem ki Bhathi Gulzarbag
			Gur ki Mandi
			Mehandiganj
			Maharajganj
Neem ki Bhathi			



15.	RARIGID, Guwahati	Kamrup	Boragaon
			Mainakhurung
			Deosothal and Maghupara
			Bongaon
			Botaghuli
			Jyotikuchi
			Xaukhuchi
16	RARI, Gangtok	East District of Gangtok	Burthuk Manbir Colony
			Deorali GPU
			Namli GPU
			Nandok GPU
			Luing GPU
			Assam Linzey
17.	RARI, Itanagar	Papumpare	Poma
			Ganga
			Kamko
			Tengabari
			Rakap
			Lenka
			Kampo
			Khamira
			Dodum
			Doli Koto
			Chiputa
			Hollongi
			Chakma
			Karbi
			Langdanpara
Sepanguri			
Khuraguri			
18.	RARIUD, Jammu	Jammu	Durga Nagar
			Gurah Keran
			Laxmipuram chinore
			Lower Roop Nagar
			Bharat Nagar
19.	RARIND, Mandi	Tehsil Sadar	Kotali
			Talyahar
			Nerchowk
			Katindhi
			Pandoh
			Syog
			Jamni
Padhiyun			





			Riur
			Tandu
			Bijani
			Dhamayan
			Gihula
			Nela/Shilha Kipad
			Jhadvans
			Majhawar
20.	RARISD, Ahmedabad	Ahmedabad, Gujarat	Chandkheda
			Thakkar Nagar
			Saijpur Bogha
			Kuber Nagar
			Adhinath Nagar
21.	ALRCA, Chennai	Chennai	Kotturpuram
			Chitra nagar
			Tharamani
			Besant Nagar
			Thiruvanmiyur
			Kottur

## VILLAGE WISE INFORMATION

### CARICD, New Delhi

- Rampura:** Rampura Gaon comes under West Zone of Delhi and is about 5-6 km kilometer away from the Institute with nearest landmark of Ashoka Park Main Metro Station. The population of Rampura is approximately 13000-15000 and majority of the people speak Hindi language. Almost all the houses were equipped with electricity and cooking gas. Most of the people are educated upto primary or matriculation level with 5 to 7 family members. Majority of the families have only one earning member who earns approx. Rs. 15,000-18,000 per month. Main roads and streets were made of concrete (pakka) . Individual sanitation system exists in the houses. About transportation facility some people have their own vehicles and some take public transport i.e. bus, e-rickshaw, local train etc. Source of drinking water is mostly from Municipal Water Connection. The water purification system is available in few houses. Small scale industries of shoes/sleepers are located in this area.
- Peeragarhi:** Peeragarhi comes under West Zone of Delhi and is about 5-6 Km away from the Institute with nearest landmark of Peeragarhi Metro station. The population of Peeragarhi is approximately 30,000-32000 and majority of the people speak Hindi language. Almost all the houses are pakka and equipped with electricity. Main roads and streets are made of concrete (pakka) and are well maintained. Majority of the people are having higher education. Environmental hygienic condition is good. Closed sewage system is available and individual sanitation system (latrines) exists in almost all houses. Most of the families are using LPG gas pipe line for cooking purpose. Source of drinking water is mostly from Municipal Water Connection. The water purification system like



RO/Filter is available in almost half of the houses.

- 3. Madipur Colony/ Madipur Gaon:** Madipur comes under West Zone of Delhi and is about 1-3 kms kilometer away from the Institute with nearest landmark of Madipur Metro Station. The population of Madipur is approximately 35000-40000 and majority of the people speak Hindi language. Almost all the houses are pakka but small and unevenly constructed. Houses are poorly ventilated but with proper electric facility. Main roads and streets are made of concrete (pakka) but are not well maintained. Most of the people are educated upto primary school level. Environmental hygienic conditions are not good. Closed sewage system was available and individual sanitation system (latrines) existed in almost all houses. Majority of the family's residing at madipur are dependent on public transportation and do not have their own transportation facility. Almost all the families are using LPG gas for cooking purpose and have Municipal Water Connection for drinking purpose. The water purification system is available in few houses. Majority of the people used to take wheat, rice, pulses as their staple food. Two CGHS OPDs are available in this area for medical aid. There is a Sarvodya Kanya Vidyalaya and a Primary MCD School for education purpose.
- 4. Punjabi Bagh (West):** Punjabi Bagh (W) comes under West Zone of Delhi and is about 1-4 Km away from the Institute with nearest landmark of Shivaji park Metro station. The population of Punjabi Bagh is approximately 23000-25000 and majority of the people speak Hindi & Punjabi language. Most of the people have their own, big, well constructed pakka houses which were equipped with electricity. Main roads and streets were made of concrete (pakka) and were well maintained. Majority of the people have higher education. Environmental hygienic conditions were good. Closed sewage system is available and individual sanitation system exists in almost all houses. Majority of the people have their own transportation facilities. Almost all the families use LPG gas for cooking purpose and tap water for drinking. The water purification system like RO/Filter is available in most of the houses.
- 5. Paschim Vihar:** Paschim Vihar comes under West Zone of Delhi and is about 4-5 Km away from the Institute with the nearest landmark of Paschim Vihar Metro Station. The Population of Paschim Vihar is approximately 37000-40000 and majority of the people speak Hindi & Punjabi language language. All the houses are pakka and well constructed with proper electric facility. Main roads and streets were made of concrete (pakka) and are well maintained. Majority of the people have higher education. Domestic and Environmental hygienic conditions are good. Closed sewage system is available and individual sanitation system exists in almost all houses. Majority of the people have their own transportation facilities. Almost all the families use LPG gas pipe line for cooking purpose and tap water for drinking. The water purification system like RO/Filter is available in most of the houses.
- 6. Rohini, Sector- 18:** Rohini Sec-18 comes under North Zone of Delhi and is about 15-18 Km away from the Institute with the nearest landmark of Rohini Sector-18 Metro Station. The Population of this area is approximately 22000-25000 and majority of the people speak Hindi language. All houses are pakka and big with proper electric facility. Main roads and streets are made of concrete (pakka) and are well maintained. Majority of the people have higher education. Domestic and Environmental hygienic conditions



are good. Closed sewage system is available and individual sanitation system exists in almost all houses. Majority of the people have their own transportation facilities. Almost all the families use LPG gas for cooking purpose and tap water for drinking. The water purification system like RO/Filter is available in the houses.

### CARINMSD, Cheruthuruthy

7. **Vaniyamkulam** : It is a gram panchayat in the Palakkad district, state of Kerala, India .It is an important trading hub of southern Malabar in Kerala state, India, particularly of livestock arriving from the neighboring state of Tamil Nadu. The name derived from Vanian, connected with trading community. It is now part of the Palakkad District. It is situated at a distance of 16 kilometers from the Central Ayurveda Research Institute for Neuromuscular and Musculoskeletal Disorders, Cheruthuruthy. As of 2011 India census, Vaniyamkulam had a population of 16,085 with 7750 males and 8335 females. The people use rice as staple food and pulse, Vegetables in their routine diet. The area has a number of secondary and higher secondary schools both in public and private sector. PK Das institute of medical science is situated in Vaniyamkulam.PHC, Homeopathy and Ayurveda dispensary are catering the needs of public health care.
8. **Kulappully**: It is located in the Palakkad District, state of Kerala, India, is a suburb of Shoranur municipality, Kulappulli is known as shoranur-2. Kulappully junction is situated 2 Km from the Shoranur town at the junction of Guruvayoor - Palakkad route and the Shoranur bypass road which branches off towards Thrissur. Calicut International Airport, Cochin International Airport and Coimbatore Airport are the nearest airports. Shoranur Junction railway station is the nearest railway station. It belongs to Central Kerala Division. It is situated at a distance of 5 kilometers from the Central Ayurveda Research Institute for Neuromuscular and Musculoskeletal Disorders, Cheruthuruthy. As of 2011 India census, Kulappully which comes under Shoranur-2 had a population of 25000 with 13000 males and 12000 females. Majority of the people have their mother tongue as Malayalam. The people use rice as staple food and include pulses, Vegetables in their routine diet. The area has a number of secondary and higher secondary schools both in public and private sector. Vishu Ayurveda College is situated 2 km from Kulappully. Modern medicine treatment facilities are provided in Kulappully through NRHM programme.
9. **Mullurkara**: It is a village in Thalapilly Taluk of Thrissur district in the state of Kerala, India. It belongs to Central Kerala Division. It is situated at a distance of 7 kilometers from the Central Ayurveda Research Institute for Neuromuscular and Musculoskeletal Disorders, Cheruthuruthy. As of 2011 Census, Mullurkara had an estimated population of 13491, of which 6523 are male and 6968 females. Majority of the people have their mother tongue as Malayalam and only a few are familiar with other languages like Tamil, English, and Hindi etc. The people use rice as staple food and pulses, Vegetables in their routine diet. The area has a number of secondary and higher secondary schools both in public and private sector. PHC, Homeopathy Dispensary serves to the needs of public health care.
10. **Varavoor**: It is a Village in Wadakkanchery Taluk in Thrissur District of Kerala State, India. It belongs to Central Kerala division. It is located 25 KM towards North from District headquarters Thrissur. It is situated at a distance of 12 kilometers from the



Central Ayurveda Research Institute for Neuromuscular and Musculoskeletal Disorders, Cheruthuruthy. As of 2011 India census, Varavoor had a population of 8944 with 4278 males and 4666 females. Majority of the people have their mother tongue as Malayalam and only a few are familiar with other languages like Tamil, English, and Hindi etc. The people use rice as staple food and include pulses, Vegetables in their routine diet. The roads are both pakka and kaccha. Main cultivation includes paddy, Tapioca, banana etc. People mostly use tap water and well water for drinking purposes. The area has a number of secondary and higher secondary schools both in public and private sector. PHC is the only health facility available in Varavoor.

11. **Desamangalam:** It is a small Village in Thrissur district in the state of Kerala. This is a small village surrounded by Shoranur in the east, Kunnankulam in the west, Pattambi in the north and Wadakkanchery in the south. It belongs to Central Kerala Division. It is situated at a distance of 10 kilometers from the Central Ayurveda Research Institute for Neuromuscular and Musculoskeletal Disorders, Cheruthuruthy. As of 2011 census Desamangalam had an estimated population of 8355, of which 4026 are male and 4329 females. Majority of the people have their mother tongue as Malayalam. The people use rice as staple food and pulses, Vegetables in their routine diet. The area has a number of secondary and higher secondary schools both in public and private sector. PHC is the only health facility available in Desamangalam.
12. **Panjal:** It is a village in Chelakkara, Thrissur district in the state of Kerala, India. The village is known for the Athirathram yaga which was held in 1975 and 2011. Panjal is situated near the bank of Nila (Bharathapuzha). It is situated at a distance of 5.5 kilometers from the Central Ayurveda Research Institute for Neuromuscular and Musculoskeletal Disorders, Cheruthuruthy. As of 2011 India census, Panjal had a population of 7528 with 3835 males and 3993 females. Majority of the people have their mother tongue as Malayalam and only a few are familiar with other languages like Tamil, English, and Hindi etc. The people use rice as staple food and include pulse, vegetables, in their routine diet. The area has a number of secondary and higher secondary schools both in public and private sector. PHC is the only health facility available in Panjal.

#### **CARIHD, Bhubaneswar**

13. **Baramunda basti:** Baramunda basti is located at Baramunda, near bus stand, Bhubaneswar, Dist: Khorda which is within 5 km from Central Ayurveda Research Institute for Hepatobiliary Disorders (CARIHD), Bhubaneswar, Odisha. The approximate population in the area (Male/Female/others) is 2500. Odia is the main language spoken by the people of the area. Both thatched and pakka houses are seen in the area. Electricity connection is available in all most all houses. Facilities of toilets are available in each house. Both kaccha and pakka roads are seen in the area. There are transportation facilities like auto rickshaw, bus, private vehicle etc are available. There are no natural resources available as it is in the vicinity of town area. There is availability of tube well and water supply points available for common use as well as supplied to some individual house also. As regards industries in and around the area covered, there is no such big industry as it is inside the city area. Educational facility like Upper primary school is found nearby but within 5 km other schools and colleges are available. Regarding health facilities, in addition to this institute a hospital viz AMRI Hospital and a Government Ayurvedic





Dispensary is available within 5 km distance. Rice and Wheat is the staple diet of this area. Brinjal, Ladies finger, Cucumber, Tomato, drum stick are the common vegetables. Banana, papaya, guava, jak fruit, and mango etc. are the common fruits. Electricity is available in this area. The people use cooking gas, wood, coal etc for cooking purposes. Amusement facilities like television with cable connection are available in almost all households. People are mostly suffering from Amlapitta, Sandhivata, Vatavyadhi, Pandu, Pratisaya, Kasa, Krimi, Kosthabodhata, Shirasula, Twakroga, Arsha, Sandhisula etc.

- 14. Bharatpur basti:** Bharatpur basti is located at Bharatpur, Near Kalinga Studio, Bhubaneswar-751003, and Dist: Khorda which is within 1 km from Central Ayurveda Research Institute for Hepatobiliary Disorders (CARIHD), Bhubaneswar, Odisha. The approximate population of the area (Male/Female/others) is 15000. Odia is the main language spoken by the people of the area. Both thatched and pakka houses are seen in the area. Electricity connection is available in all most all houses. Facilities of toilets are available in each house. Both kaccha and pakka roads are seen in the area. There are transportation facilities like auto rickshaw, bus, private vehicle etc available. There are no natural resources available as it is in the vicinity of town area. Educational facility like Upper primary school is found nearby but with in 5 km other schools and colleges are available. Regarding health facilities, in addition to this institute a hospital viz SUM Hospital and medical college and an Ayurvedic Dispensary is available within 5 km distance. Rice and Wheat is the staple diet of this area. Brinjal, Ladies finger, Cucumber, Tomato, drum stick are the common vegetables. Banana, papaya, guava, jak fruit, and mango etc. are the common fruits. Electricity is available in this area. The people use cooking gas, wood, coal etc for cooking purposes. Amusement facilities like television with cable connection are available in almost all households. People are mostly suffering from Amlapitta, Vatavyadhi, Pandu, Sandhivata, Pratisaya, Krimi, Kosthabodhata etc.
- 15. Jayadev Vatika basti:** Jayadev Vatika basti is located behind AMRI Hospital, Khandagiri Bari, Bhubaneswar, Dist: Khorda which is around 6 km from Central Ayurveda Research Institute for Hepatobiliary Disorders (CARIHD), Bhubaneswar, Odisha. The approximate population of the area (Male/Female/others) is 4,000. Odia is the main language spoken by the people of the area. Both thatched and pakka houses are seen in the area. Electricity connection is available in all most all houses. Facilities of toilets are available in each house. Both kaccha and pakka roads are seen in the area. There are transportation facilities like auto rickshaw, bus, private vehicle etc available. There are no natural resources available as it is in the vicinity of town area. There is availability of tube well and water supply points available for common use as well as supplied to some individual house also. As regards industries in and around the area covered, there is no such big industry as it is inside the city area. Educational facilities like Upper primary school are found nearby but with in 5 km other schools and colleges are available. Regarding health facilities apart from a private hospital viz, AMRI Hospital, government dispensary and hospitals are available within 5 km distance. Rice and Wheat is the staple diet of this area. Brinjal, Ladies finger, Cucumber, Tomato, drum stick are the common vegetables. Banana, papaya, guava, jak fruit, and mango etc. are the common fruits. Electricity is available in this area. The people use cooking gas, wood, coal etc for cooking purposes. Amusement facilities like television with cable connection are available in almost all households. People are mostly suffering from Amlapitta, Vatavyadhi, Pandu, Sandhivata,



Pratisaya, Krimi, Shirasula, Arsha, Twakroga, Kosthabodhata, Kasa etc.

- 16. Nayapalli basti:** Nayapalli basti is located at Nayapalli, Behind ISKCON temple, Bhubaneswar-751015, Dist: Khorda which is 8 km from Central Ayurveda Research Institute for Hepatobiliary Disorders (CARIHD), Bhubaneswar, and Odisha. The approximate population according of the area (Male/Female/others) is 2500. Odia is the main language spoken by the people of the area. Both thatched and pakka houses are seen in the area. Electricity connection is available in all most all houses.. Facilities of toilets are available in each house. Both kaccha and pakka roads are seen in the area. There are transportation facilities like auto rickshaw, bus, private vehicle etc available. There are no natural resources available as it is in the vicinity of town area. There is availability of tube well and water supply points available for common use as well as supplied to some indivisual house also. As regards industries in and around the area covered, there is no such big industry as it is inside the city area. Educational facility like Upper primary school is found nearby but with in 5 km other schools and colleges are available. Regarding health facilities, in addition to this institute nursing homes are available. Rice and Wheat is the staple diet of this area. Brinjal, Ladies finger, Cucumber, Tomato, drum stick are the common vegetables. Banana, papaya, guava, jak fruit, and mango etc. are the common fruits. Electricitiy is available in this area. The people use cooking gas, wood, coal etc for cooking purposes. Amusement facilities like television with cable connection are available in almost all households. People are mostly suffering from Amlapitta, Sandhisula, Kasa, Prameha, Jawara, Sandhivata, Kosthabodhata, Pratisaya, Arsha, Twakroga, Krimi etc.
- 17. Saliasahi basti:** Saliasahi basti is located behind Bisnupriya Apartment at Nayapalli, Bhubaneswar, and Dist: Khorda which is around 10 km from Central Ayurveda Research Institute for Hepatobiliary Disorders (CARIHD), Bhubaneswar, and Odisha. The approximate population of the BMC ward no. 26 (Male/Female/others) is 10,000. Odia is the main language spoken by the people of the area. Both thatched and pakka houses are seen in the area. Electricity connection is available in all most all houses. Facilities of toilets are available in each house. Both kaccha and pakka roads are seen in the area. There are transportation facilities like auto rickshaw, bus, private vehicle etc available. There are no natural resources available as it is in the vicinity of town area. There is availability of tube well and water supply points available for common use as well as supplied to some indivisual house also. As regards industries in and around the area covered, there is no such big industry as it is inside the city area. Educational facilities like Upper primary school are found nearby but with in 5 km other schools and colleges are available. Regarding health facilities, government dispensary and hospitals are available within 5 km distance. Rice and Wheat is the staple diet of this area. Brinjal, Ladies finger, Cucumber, Tomato, drum stick are the common vegetables. Banana, papaya, guava, jak fruit, and mango etc. are the common fruits. Electricitiy is available in this area. The people use cooking gas, wood, coal etc for cooking purposes. Amusement facilities like television with cable connection are available in almost all households. People are mostly suffering from Amlapitta, Vatavyadhi, Sandhivata, Pratisaya, Pandu, Kasa, Twakroga, Krimi, Kosthabodhata, Arsha, Swasa etc.
- 18. Sahid Laxman Nayak Behera basti:-**Sahid Laxman Nayak Behera basti (BMC ward no. 15) is located near VIP colony, Bhubaneswar, Dist: Khorda which is around 5 km from Central Ayurveda Research Institute for Hepatobiliary Disorders (CARIHD),



Bhubaneswar, and Odisha. The approximate population of the BMC ward no. 15 (Male/Female/others) is 11500. Odia is the main language spoken by the people of the area. Both thatched and pakka houses are seen in the area. Electricity connection is available in most of the houses. Facilities of toilets are available in each house. Both kaccha and pakka roads are seen in the area. There are transportation facilities like auto rickshaw, bus, private vehicle etc available. There are no natural resources available as it is in the vicinity of town area. There is availability of tube well and water supply points available for common use as well as supplied to some individual house also. There is no industry in this area. Educational facilities like Upper primary school are found nearby but within 5 km other schools and colleges are available. Regarding health facilities, government dispensary and hospitals are available within 5 km distance. Rice and Wheat is the staple diet of this area. Brinjal, Ladies finger, Cucumber, Tomato, drum stick are the common vegetables. Banana, papaya, guava, jak fruit, and mango etc. are the common fruits. Electricity is available in this area. The people use cooking gas, wood, coal etc for cooking purposes. Amusement facilities like television with cable connection are available in almost all households. People are mostly suffering from Amlapitta, Vatavyadhi, Sandhivata, Pratisaya, Pandu, Kasa, Twakroga, Krimi, Kosthabodhata, Arsha, Swasa etc.

**19. Santipalli:** Santipalli is located near Saheed Nagar, Bhubaneswar, Dist: Khorda which is 15 km from Central Ayurveda Research Institute for Hepatobiliary Disorders (CARIHD), Bhubaneswar, Odisha. The approximate population of BMC ward no. 34 (Male/Female/others) is 13000. Odia is the main language spoken by the people of the area. Both thatched and pakka houses are seen in the area. Electricity connection is available in almost all houses. Facilities of toilets are available in each house. Both kaccha and pakka roads are seen in the area. There are transportation facilities like auto rickshaw, bus, private vehicle etc available. There are no natural resources available as it is in the vicinity of town area. There is availability of tube well and water supply points available for common use as well as supplied to some individual house also. As regards industries in and around the area covered, there is no such big industry as it is inside the city area. Educational facility like Upper primary school is found nearby but within 5 km other schools and colleges are available. Regarding health facilities, in addition to this institute nursing homes are available. Rice and Wheat is the staple diet of this area. Brinjal, Ladies finger, Cucumber, Tomato, drum stick are the common vegetables. Banana, papaya, guava, jak fruit, and mango etc. are the common fruits. Electricity is available in this area. The people use cooking gas, wood, coal etc for cooking purposes. Amusement facilities like television with cable connection are available in almost all households. People are mostly suffering from Amlapitta, Sandhisula, Kasa, Prameha, Jawara, Sandhivata, Kosthabodhata, Pratisaya, Arsha, Twakroga, Krimi etc.

**20. Bhagawati and Maa Mangala basti:** Bhagawati and Maa Mangala basti is located near Saheed Nagar, Bhubaneswar, and Dist: Khorda which is around 15 km from Central Ayurveda Research Institute for Hepatobiliary Disorders (CARIHD), Bhubaneswar, and Odisha. The approximate population of BMC ward no. 35 (Male/Female/others) is 14000. Odia is the main language spoken by the people of the area. Both thatched and pakka houses are seen in the area. Electricity connection is available in almost all houses. Facilities of toilets are available in each house. Both kaccha and pakka roads are seen in the area. There are transportation facilities like auto rickshaw, bus, private vehicle





etc available. There are no natural resources available as it is in the vicinity of town area. There is availability of tube well and water supply points available for common use as well as supplied to some individual house also. As regards industries in and around the area covered, there is no such big industry as it is inside the city area. Educational facility like Upper primary school is found nearby but with in 5 km other schools and colleges are available. Regarding health facilities, in addition to this institute a hospital viz AMRI Hospital and a Government Ayurvedic Dispensary is available within 5 km distance. Rice and Wheat is the staple diet of this area. Brinjal, Ladies finger, Cucumber, Tomato, drum stick are the common vegetables. Banana, papaya, guava, jak fruit, and mango etc. are the common fruits. Electricity is available in this area. The people use cooking gas, wood, coal etc for cooking purposes. Amusement facilities like television with cable connection are available in almost all households. People are mostly suffering from Amlapitta, Sandhivata, Vatavyadhi, Pandu, Pratisaya, Kasa, Krimi, Kosthabodhata, Shirasula, Twakroga, Arsha, Sandhisula etc.

### CARIDD, Kolkata

21. **Krishnapur:** Krishnapur village is located in Kolkata District of West Bengal. The Population of the village is Approx. 2, 00,000 according to the last census. Bengali is the main language spoken in this village. In this area, water facilities provided by the govt. The roads facilities are good (pakka) and transport facilities like bus, car, and auto rickshaw are available. Educational facilities are available with presence of 3 Schools with in 2.7 km & there are 3 colleges within 3 k.m. range of the village. Govt. Health Facilities are available 3 Hospitals within 4 k.m range of this village.
22. **South Dum Dum:** South Dum village is located in Bhagabati Park, Nager bazaar, Kolkata District. The population of the village is Approx. 2, 50,000 according to the last census. The road conditions are good in this area and transportation facilities like bus, train, taxi, car, rikshaw, auto etc. are available. There are 3 industries with in 3k.m. water is supplied by the govt. and educational facilities are available with 3 Schools within 5.7 k.m & 3 Colleges with in 5.7 k.m range. Health care facilities are available at 2 hospitals with in 5 k.m. of this village.
23. **Picnic Garden:** It is located in South 24 Pargana, District in the state of Kolkata. The population in this village is Approx. 2, 00,000 according to last census. Transportation facilities like bus, taxi, car, rikshaw, auto etc. are available and road condition is good. Water supply by is provided by the municipal corporation and there are 3 industries with in 7.5 k.m range. Educational facilities are available at 3 Schools within 8 k.m & 3 Colleges with in 7.8 k.m and Health care facilities are available at 3 hospitals with in 7 k.m are there in the village.
24. **Barrackpore:** It is located in Lordbagan, Barrackpore District, and Kolkata. The population in this village is Approx. 14, 00,000 according to last census. Transportation facilities like bus, taxi, car, rikshaw, auto etc. are available and road condition is good. In this area water supply is provided by the Govt., 3 industries are located within 15 k.m., educational facilities is available 3 Schools within 23 k.m & 4 Colleges with in 33 k.m and health care facilities are available 3 Hospitals with in 22 k.m. range of this village.





### CARIRD, PATIALA

- 25. Sular:-**Sular village is located in Patiala Tehsil of Patiala district in Punjab, India. The area is approximately 3 km from the institute. It comes under Sh. Khushwant Singh is Municipal Councilor of this area with total population is approximately 6000 which are living in (approx) 773 houses. Sular village has higher literacy rate compared to Punjab. The area bears mostly *Pakka* houses with adequate ventilation, inside flush system, underground drainage system, and Government water supply. The roads of the area are appropriately made of concrete, with wide streets. Houses are mostly RCC, very rare Kaccha or Thatched. Population bears medium cleanliness and elderly people are not aware of general health problems. Language spoken by the population is Punjabi. Transportation facility is good. Population is mostly more educated with facility of Government school. Some people do lower duties and some are skilled laborers. Peoples are both vegetarian and non-vegetarian. Electricity is available in all houses.
- 26. Sanjay Colony, Patiala:** This area is located in Patiala Tehsil of Patiala district in Punjab, India. The area is approximately 1 ½ km from the institute. The area bears mostly *Pakka* houses with adequate ventilation, flush system, underground drainage system, and Government water supply. The roads of the area are appropriately made of concrete, with narrow streets. Houses are mostly RCC, very rare are Kaccha. Population bears medium cleanliness and elderly people are not aware of general health problems. Language spoken by the population is Punjabi. Transportation facility is good. Population is mostly less educated with no facility of Government school. Some people do lower duties and some are skilled laborers. Peoples are both vegetarian and non-vegetarian.. Most of the people are away from addiction, only few people are addicted to Tobacco and alcohol. Electricity is available in all houses.
- 27. Daru Ki Kutia, Patiala:** The area is situated approx. 1½ km from the institute. Total population is 5600 approx. The area bears mostly *Pakka* houses with adequate ventilation, flush system, underground drainage system, and Government water supply. The roads of the area are appropriately made of concrete, with narrow streets. Most of the population belongs to Hindu and Sikh religion. Most of the population is illiterate and primary educated. Most of the people are unskilled labourers, skilled labourers and doing lower duties. In terms of diet habits maximum population prefer non-vegetarian food. In food habits people have rice and wheat both. Most of the population is away from addiction, only few people are addicted to smoking, Tobacco and alcohol. Language spoken by the people is Punjabi. All houses have facility of electricity and Government water supply (Tap). Cooking in most of the houses is done with LPG cylinder. Very few houses use wood for cooking purpose. Maximum houses have cycle and two wheelers for transportation.
- 28. Dhiru Ki Majri, Patiala:** Dhiru ki Majri area is located in Patiala Tehsil of Patiala district in Punjab, India. The area is approximately 1 km from the institute. The total population is approximately 6000. Local Language is Punjabi & hindi, Most of the population belongs to Hindu religion. The area bears mostly *Pakka* houses with adequate ventilation, flush system, underground drainage system, and Government water supply. The roads of the area are appropriately made of concrete, with narrow streets. Houses are mostly RCC, very rare are Kaccha or Thatched. Population bears medium cleanliness and elderly people are not aware of general health problems. Language spoken by the population is Punjabi.



Transportation facility is good. Population is mostly less educated with no facility of Government school. Most of the people are doing lower duties and many of them are unskilled laborers. Dietary habits are both vegetarian and non-vegetarian. Most of the population is away from addiction, only few people are addicted to Tobacco, smoking and alcohol. Electricity is available to all houses.

29. **Guru Nanak Nagar, Badungar Patiala:** Guru Nanak Nagar, Badungar area is located in Patiala Tehsil of Patiala district in Punjab, India. The area is approximately 5 km from the institute. The total population is approximately 1500. Local Language Punjabi, usually in terms of diet habits maximum population prefer non-vegetarian food. The main diet of this area is rice and wheat. Most of the population belongs to Sikh religion. There are mostly pakka houses but congested. Sanitation facilities are inside the house by flushing system. Gas is the main fuel for cooking. Roads are narrow and made up of concretes. Train, Bus and other private vehicles are available for transportation. Govt. water supply is source of water for daily needs. School and Colleges are available nearby 1km. Dispensaries and Govt. hospitals are available nearby the area. Most of the population is away from addiction, only few people are addicted to Tobacco, smoking and alcohol. Electricity is available to all houses. There is no industry available in this area.
30. **Mainakhurung:-** The village Mainakhurung is situated under Azara Gaon Panchayat, Guwahati 35, Kamrup (M), Assam. It is approximately 25 Km away from the Institute. The estimated population of this village is near about 600 nos. The communities found such as Assamese Tribal group such as Boro, Karbi etc and other minorities there is one L.P School and 1 Private school at this village. In respect of socio-economic conditions the families are earning either through daily wage system or by running small business. Houses are mainly made of cement (pukka) where as few are kaccha houses made of tin and bamboo. The villagers maintain good health and hygiene conditions. The sanitation facilities are good. Source of drinking water is mostly hand pump. The villagers also use sand filters for purification of water. Almost all the houses are having facility of electricity and Gas connection for cooking. The vehicles like two and four wheelers are also available in this village. The hospital facilities are moderate of the village with one Sub centre at this area. The main prevalent diseases are found like Amlapitta, Twaka Roga, and Vatavyadhi etc.
31. **Deosothal and Maghuapara:-** The village Deosothal and Maghuapara are situated under Azara Gaon Panchayat, Guwahati 35, Kamrup (M), Assam. It is approximately 30 Km away from the unit. The estimated population of these villages near about 800. The majority of the communities found are Tribal people (Boro, karbi, Rabha, Nepali etc). There is one L.P School and in this village, where literary rate found to be 50%. In respect of socio-economic conditions the maximum no of families are earning through daily wage system and a few by running small business. Houses are made of bamboo and tin (kaccha) as well as few pakka houses made of rod and cement is also seen. The villagers maintain poor health and hygiene conditions. The sanitation facilities (Latrines) used is not good. Source of drinking water is mostly hand pump. The villagers also used sand filters for purification of water while most of them consume directly without filtration. Almost all the houses are having facility of electricity. Gas connection facilities are not available in all the houses so they use firewood for cooking. Some of the families having their domestic animals and prefers to keep them outside of the house with a shed. The vehicles mainly available



like two wheelers, four wheelers in this village. The hospital facility is not available in this area. The main prevalent diseases found like Vata Vyadhi, Amlapitta, Twaka Roga, Pradara etc.

#### **RARIED, Lucknow**

32. **Rasulpura** is approximately 12km away from the institute. Its population is approx.1600. All type of houses is available here. Proper drainage systems are not available.. One primary school and one junior high school are situated in this village. For higher education peoples move to city. Only one homoeopathy PHC is situated for medical services. In cereals, wheat and in pulses *Arhara* are main grains for villagers. In most of the houses gas are used for cooking purpose but in some houses coal & wood are also used. In cultivation seasonal vegetables are grown. Tube well and hand pumps are the main water sources available in this area. Electricity is available in this area.
33. **Basti** is approximately 25 km away from the institute. Its population is 5300. All type of houses is available here. Proper drainage systems are not available. Sanitation facility is poor; mostly open fields are used for sanitation. The village is connected to Lucknow city by road. One primary school and one junior high school are situated in this village. For higher education peoples move to city. No Govt. health centre like PHC is there for medical services. Cereals like Wheat, Rice and Pulses like *Arhara* and *Sarson* are grown. Mentha is cultivated for distillation of Piperment by villagers. In most of the houses, gas is used for cooking purpose but in some houses coal & wood are used. In cultivation seasonal vegetables are grown. Tube well and hand pumps are the main water are the sources of Water .Electricity is available in this area,
34. **Bhaulti** is approximately 30 km away from the institute. Its population is 9000. Proper drainage systems are not available. The village is connected to Lucknow city by road. Two primary schools and one junior high school are situated in this village. For higher education people move to the city. One Primary Health Centre is situated in the village and one Community Health Centre (CHC) is situated approx 3 km away from the village for medical services. Cereals like Wheat, Rice and Pulses like *Arhara* and *Sarson* are grown. In most of the houses gas is used for this purpose but in some houses coal & wood are used. Seasonal vegetables are grown. Tube well and hand pumps are the main water resources available. Electricity is available for public in the village.
35. **Kewadi** is approximately 20 km away from the institute. Its population is 1600. RCC & Pakka type houses are available here. Proper drainage systems are not available. Open fields are available for sanitation. The village is connected to Lucknow city by road. Only one primary school is situated in the area. For higher education peoples move to the city. One Primary Health Centre of Homeopathy is situated in village for medical services. Cereals like Wheat, Rice and Pulses like *Arhara* and *Sarson* are grown. In most of the houses, gas is used for cooking purpose but in some houses coal & wood are used. Seasonal vegetables are grown. Tube well and hand pumps are the main sources of Water Electricity is available in this area.
36. **Goila** is approximately 15 km away from the institute. Its population is 5000. RCC & Pakka type of houses are available here. Proper drainage systems are not available. Open fields and sanitary pits are available for sanitation. The village is connected to Lucknow





city by road. One primary school and one junior high school situated in the area. For higher education people move to the city. No health centre like PHC is situated in area for medical services. Cereals like Wheat, Rice and Pulses like *Arhara* and *Sarson* are grown. In most of the houses gas is used for cooking. Seasonal vegetables are grown. Tube well and hand pumps are the main sources of water. Electricity is available in this area. One Telco Factory (Tata motors) is situated near to this village. Peoples of this villages as well as surrounding villages work in this factory.

37. **Patahapurwa** is approximately 8 km away from the institute. Its population is 1400. RCC & Pakka type of houses are available here. Sanitation condition is poor. Proper drainage systems are not available. Conduits are open.. Open fields and sanitary pits are available for sanitation. In the village there is *dammar* road which connect it to the city. Mostly *Kharanga* and cemented bricks have been placed all over the road. *Aganbadi Kendra* is situated for primary education. For higher education peoples move to city. No Primary Health Centre is situated in this area for medical services, however some registered medical practitioners are there . In most of the houses gas is used for cooking but in some houses coal & wood are used. Individual bore well and govt. hand pumps are the main sources of Water. Electricity is available in this area.
38. **Kharaggpura** is approximately 4 km away from the institute. Its population is 10200. RCC & Pakka type of houses are available here. Sanitation condition is poor. Proper drainage systems are not available. Conduits are open. Open pits can also be seen where water is logged. In the village there is *dammar* road which connect it to city. Mostly *Kharanga* and cemented bricks have been placed all over the road. In the village there is *dammar* road. Govt. Primary School and *Aganbadi Kendra* are situated for primary education. For higher education peoples move to the city. No primary health centre is situated in this area for medical services; however some registered medical practitioners are there. In most of the houses gas is used for cooking. Only in some part of the village govt. pipelines for water supply are available otherwise individual bore wells are available. Some govt. Hand pumps are also there. Electricity is available in this area.
39. **Faridinagar** is approximately 4 km away from the institute. Its population is 14000. RCC, Pakka & Kaccha type of houses are available here. Sanitation condition is poor. Proper drainage systems are not available. In the village there is pukka road. For higher education people moves to city. No primary health centre is situated in this area for medical services; however some registered medical practitioners are there. In most of the houses gas is used for cooking. People uses Tap water, bore well and water from Hand pumps for drinking purpose. Electricity is available for public.
40. **Takrohi** is approximately 6 km away from the institute. Its population is 12000. RCC, Pakka & Kaccha type of houses are available here. Sanitation condition is poor. Proper drainage systems are not available. One Govt. Primary School, 3 *Aganbadi Kendra* is situated for primary education and one *Saraswati Sisu Mandir school* is situated for middle education. For higher education peoples move to the city. No primary health centre is situated in this area for medical services; however some registered medical practitioners are there. Cereals like Wheat and *Makka*, Pulses like *Arhara*, *Matara* and *Sarson* are grown. In most of the houses gas is used for cooking. Seasonal vegetables are grown. Only in some part of the village govt. pipelines for water supply are available otherwise





individual bore wells are available. Some govt. Hand pumps are also there. Electricity is available in this area.

41. **Amrahi** is approximately 7 km away from the institute. Its population is 14000. RCC, Pakka & Kaccha type of houses are available here. Sanitation condition is poor. Proper drainage systems are not available. Only one primary school and one private school are situated in the area. For higher education peoples move to the city. No primary health centre is situated in this area for medical services; however some registered medical practitioners are there. Cereals like Wheat, Rice and Pulses like *Arhara* and *Sarson* are grown. In most of the house gas are used for cooking. Seasonal vegetables are grown. Facility of Tap Water, Hand Pump and Bore Well is available in this village. Electricity is available in the village.
42. **Murlipurwa** is approximately 18 km away from the institute. Its population is 1800. RCC & Pakka type of houses are available here. Proper drainage systems are not available. The village is connected to Lucknow city by road. Only one primary school and one private school are situated in the area. For higher education peoples move to the city. No primary health centre is situated in this area for medical services. Cereals like Wheat, Rice and Pulses like *Arhara* and *Sarson* are grown. In most of the house gas are used for cooking. Seasonal vegetables are grown. Tube well and Govt. hand pumps are the main sources of Water. Electricity is available in this area.
43. **Newada** is approximately 15 km away from the institute. Its population is 3000. RCC & Pakka type of houses are available here. Proper drainage systems are not available. Open fields and sanitary pits are available for sanitation. The village is connected to Lucknow city by road. No school is situated in this area and children have to move other villages for this purpose. For higher education peoples move to the city. No health centre like PHC is situated in area for medical services. Cereals like Wheat, Rice and Pulses like *Arhara* and *Sarson* are grown. Seasonal vegetables are grown. In most of the houses gas are used for cooking. Tube well and hand pumps are the main sources of Water Electricity is available in this area.

#### **CARIC, Mumbai**

44. **Prabhadevi, Mumbai:** Prabhadevi is situated in south west of Dadar. It is 3 Km from this institution. According to latest census its population is 100000. Its people predominantly are Hindus whose mothertounge is Marathi, Hindi and English. Most of the people are working in Private and Govt. sectors. The atmosphere of Prabhadevi is mostly clean and not polluted. Most of the houses are RCC constructed. The houses are supply with 24 hours electricity and tap water. And most of the people have LPG for cooking. This area has well-constructed Tar roads. The area has 1 local railway station and 1 Bus depot in nearby region and is well accessible. This area lies in coastal region therefore natural resources are sea foods like fish, crabs and prawns. In this area Birla Century Headquarter, Bengal Chemicals, Gamon Infrastructures and other Minor Industries are situated. There is SASMIRA College and other Primary Schools. This area has 1-2 BMC Dispensaries and nursing homes, and almost 4-5 private Hospitals in nearby areas.
45. **Worli Koliwad:** Worli koliwada is situated North West side of worli. It is 3 Km from this institution. According to latest census its population is 60000. Its people predominantly are Kolis whose mother tounge is Marathi. They do fishing in deep sea for livelihood. The



atmosphere of worli koliwada is mostly clean and not polluted. Most of the areas in region is slum with poor hygiene and houses are RCC .The houses are supply with 24 hours electricity and tap water. And most of the people have LPG for cooking. The conditions of roads are not good since most of the roads are Kaccha and only few of them are RCC or Tar. The area has 3 local railway stations and 1 Bus Depot and is well accessible. This area lies in coastal region therefore natural resources are sea foods like fish, crabs and prawns. No industries are located in this area. There is 1 BMC's Janata High School, and 1 private D.Y. Patil International School. This area has 1-2 BMC Health Post and nursing homes, and almost 1-2 Private Hospitals in nearby areas

- 46. Jijamata Nagar:** Jijamata Nagar is situated South West side of Worli. It is 2 Km from this institution. According to latest census its population is 40000. Its people predominantly are Muslims and Hindus whose mothertounge is Hindi, Urdu and Marathi. Most of the people have their own small business. The atmosphere of Jijamata Nagar is hazy and polluted. Most of the areas in this region are slum with poor hygiene and houses are RCC. The houses are supply with 24 hours electricity and tap water. And most of the people have LPG for cooking. The conditions of roads are not good since most of the roads are Kaccha and only few of them are RCC or Tar. The area has 2 local railway stations and 1 Bus depot in nearby region and is well accessible. This area has no natural recourses as such. No industries are located in this area. There is 1 BMC's Primary and High School. This area has 1 BMC Health Post and nursing homes, and almost 2-3 Private Hospitals in nearby areas.
- 47. Sangam Nagar, Wadala:** Wadala is situated Central East side of Mumbai. It is 15 Km from this institution. According to latest census its population is 40000. Its people predominantly are Muslims and Hindus including Maharashtrians, North Indians and Immigrants from west Bengal. The languages often spoken are Marathi, Hindi, Urdu, Bhojpuri and Bengali. The atmosphere of Wadala is mostly Hazy and polluted. Most of the areas in region are slum with poor hygiene and houses are RCC. The houses are supply with 24 hours electricity and tap water. And most of the people have LPG for cooking. The conditions of roads are not good since most of the roads are Kaccha and only few of them are RCC. The area has 2 local railway station and 1 that of Monorail Mumbai. Also 1 Bus depot in nearby region and is well accessible. This area has no natural resources. No industries are located in this area. There are 2 noted colleges like, Dr. B.R. Ambedkar College of Law and Commerce, Vidyalankar College and 1 Private Primary and High School.. This area has 2-3 BMC Dispensary, 2-3 private hospitals in nearby areas.
- 48. Byculla:** - Byculla is situated 7 km from the institute. Total population is approximately 60,000. Marathi, Hindi and Urdu are the main speaking language of the people. Electricity is available in this area and Water is supplied by Municipal Corporation. All the houses are RCC. Transport facilities like Auto, Bike, cycle etc are available and roads are small and kaccha. All the families have gas connection. Almost people prefered non vegetarian diet. Some of the peoples are addicted to Tobacco, smoking, Alcohol etc. There is no any industry in this area. Educational Facilities are available upto high school and also Grant Medical College is situated in this area. Health facilities are also good. Maximum houses have their toilets inside the house. Pratishyaya, Prameha, Sandhi Vata, Kasa, Vata Vyadhi etc. are more prominent in this area.



49. **Worli B. D. D. Chawls** is situated 1 km from the institute. Total population approximately 30,000. Marathi, Hindi is the main speaking language of the people. Electricity is available in this area and Water is supplied by Municipal Corporation. Majority of houses are either pakka or RCC. Transport facilities like Car, Auto, Bike, cycle etc are available and road condition is good. Most of the families have gas connection. Diet habit is of both type but most people preferred non vegetarian diet. Some of the peoples are addicted to Tobacco, snuff, Alcohol etc. There is Sadhana Industries and Headquarter of Mahindra and Mahindra in this area. Educational Facilities are available upto high school and also M.A. Podar Medical College & Hospital is located in this area. Health facilities are also good. Maximum houses have their toilets outside the houses. Pratishtyaya, Prameha, Tvaka Roga, Sandhi Vata, Kasa, Karna roga, Udar Shula, Shirahshula, Vata Vyadhi etc. are more prominent in this area.

#### **RARIECD, Jaipur**

50. **Shastri Nagar, Jaipur:** Shastri Nagar colony is situated in Jaipur District, Rajasthan. Distance of covered colony from the institute MS RARIED, Jaipur is 04 to 05 Kilometers. According to the last census data, the total population of the colony is 65,000. Shastri Nagar is a colony of Jaipur District, Rajasthan. Sanitation facilities are available in this colony. The area has moderate road conditions and is accessible by bus, train and private vehicle around the area covered. Tap water and bore well water resources are available. No industries are there around the area covered. Many private, Govt. schools and Colleges are present in this area. Medical facilities are available in this colony, which include PHC, Govt. allopathy dispensaries, some private hospitals, private ayurvedic and homeopathy clinics. All types of food material, vegetables, fruits, grains are available in this area. Maximum peoples are suffering from *Sandhivata*, *Sandhishula*, *Amalpitta*, and *Dourbalya*.
51. **Malaviya Nagar, Jaipur:** Malaviya Nagar colony is situated in Jaipur District. Distance of this colony from the institute MSRARIED, Jaipur is 15 to 22 Kilometers. According to the last census data the total population of this colony is 90000. The Housing facilities are RCC, Pakka and well furnished with electricity. Facilities of Tap water and borewell are available in this area. The area has moderate road conditions and is accessible by bus, private vehicles around the area covered. Many private, Govt. Schools and colleges are present in this area. The available health facilities include PHC, Hospitals and Dispensaries around the area covered. All types of food material, vegetables, fruits and grains are available in this area. Maximum peoples are suffering from *Madhumeha*, *Uccharakta Chapa*, *Sandhivata*, *Amalpitta* etc.
52. **Vaishali Nagar, Jaipur:** Vaishali Nagar colony is situated in Jaipur District. Distance of covered colony from the institute MS RARIED, Jaipur is 12 to 15 Kilometers. According to the last census data the total population of the colony is 70000. Mostly people take Non-Veg., Fast Food and Spicy food. Smoking and Alcohol drinking habits are also common. Mostly high class families are living in this colony. The Housing facilities are RCC with electricity. Tap water and bore well are available. Complete Sanitation facilities are available in this colony. The area has moderate road conditions and is accessible by bus, private vehicles etc. The health facilities available are PHC, private hospitals, govt. ayurvedic, homeopathy and allopathy dispensaries around the area covered. All types of





food material, vegetables, fruits and grains are available in this area. Maximum peoples of this area are suffering from *Sandhishula, Sandhivata, and Shwasa* etc.

- 53. Jawahar Nagar, Jaipur:** Jawahar Nagar colony is situated in Jaipur District. Distance of this covered colony from the institute MS RARIED, Jaipur is 12 to 14 Kilometers. According to the last census data, the total population of the colony is 75000. Mostly people take Non-Veg., Fast Food, and Spicy food. Mostly high class families are living in this colony. The Housing facilities are RCC with electricity. The Tap water and bore well facilities are available in this area. Complete Sanitation facilities are available in this colony. The area has moderate road condition and is accessible by bus, private vehicles etc. around the area covered. The available health facilities are PHC, private hospitals and dispensaries around the area covered. All types of food material, vegetables, fruits and grains are available in this area. Maximum people of this area are suffering from *Sandhivata, Kasa, Madhumeha, Amalpitta* etc.
- 54. Murlipura, Jaipur:** Murlipura colony is situated in Jaipur District. Distance of covered colony from the institute MS RARIED, Jaipur is 4 to 6 Kilometers. According to the last census data, the total population of the colony is 80,000. Mostly people are Vegetarian and take Fast Food and Spicay food. Mostly middle class families are living in this colony. The area is not congested. Complete Sanitation facilities are available in this colony. The Housing facilities are RCC with electricity. The area has moderate road condition and is accessible by bus, private vehicles etc. around the area covered. The available health facilities are PHC, Hospitals and Dispensaries around the area covered. All types of food material, vegetables, fruits and grains are available in this area. Maximum peoples are suffering from *Sandhivata, Amalpitta, Udarashula, Prameha, Diabetes, Hypertension* etc

#### **RARIDD, Gwalior**

- 55. Awadpura:-** Awadpura ward no. 55 is situated 4 km north from the institute. Total population of ward no. 55 according to 2011 census is 23,384 (Male 12,241, Female 11,144). Hindi and Urdu is the main speaking language of the people of this area. Electricity is available in this area, and water is supplied by Municipal Corporation. All houses are RCC type. Transport facilities like Car, Auto, Bike, Cycle etc are available and road condition is good. All families have gas connection, Diet habit is both types such as vegetarian and non- vegetarian, some of the people are addicted to Tobacco, Gutka, Bidi, Alcohol etc. Educational facilities are available up to middle School but private high schools are also available in this area. Many Aanganbadi Kendra are functioning in this area. Govt. Health centre is not available but private clinics are available in this area. Maximum houses have their own toilets. Udarsula, Kasa, Sandhisula, Twaka roga, Sandhivata, Pradara, Sirahsula, Jwar, Pratisaya, Vata vyadhi etc. are more prominent diseases in this area.
- 56. Moti Jheel: -** Moti Jheel ward no. 05 is situated 15 km South-West from the institute. Total population of ward no. 05 according to 2011 census is 26920 (Male 14206, Female 12714). Hindi is main speaking language in the Moti Jheel. Electricity is available in this area. Water is supplied by Municipal Corporation. All houses are pakka and RCC, transport facilities like Car, Auto, Bike, Cycle etc are available and road condition is good. All families have gas connection, Diet habit is both types such as vegetarian and non-vegetarian, some of the people are addicted to Tobacco, Gutka, Bidi, Alcohol etc. There





are some industries available in this area. Higher educational facilities, Many Aanganbadi Kendra are available in this area. Govt. Health centre is not available but private clinics are available in this area. Maximum houses have their own toilets. The prominent diseases in the area are Kasa, Twakaroga, Udarasula, Jwara, Pratisyay, Sandhivata, Sandhisula, Pradara, Sirahsula, Mukhroga etc.

- 57. Sanjay Nagar-** Sanjay Nagar ward no. 37 is situated 6 km west from the institute. Total population of ward no. 37 according to 2011 census is 24,970 (Male 13,327, Female 11,643). Hindi is main speaking language of the people of Sanjay Nagar. Electricity is available in this area and water is supplied by Municipal Corporation. There are kachha, pakka and RCC houses in this colony, transport facilities like Car, Auto, Bike and Cycle etc are available and road condition is good. All families have gas connection, The people are vegetarian as well as non- vegetarian, some of the people are addicted to Tobacco, Gutka, Bidi, Alcohol etc. Educational facilities are available up to middle School. Many Aanganbadi Kendra are available in this area. Govt. Health centre is not available but private clinics are available in this area. Maximum houses have their own toilets. The most prominent diseases in the area are Kasa, Udarsula, Pradara, Sandhisula, Vata vyadhi, Jwar, Sandhi vata Twaka roga, Sirahsula, Pratisyay etc.
- 58. Chana Kothar:** ward no. 54 is situated 4 km north from the institute. Total population of ward no. 54 according to 2011 census is 12,512 (Male 6,490, Female 6,022). Hindi is main speaking language of the people. The entire colony is electrified and water supplied by Municipal Corporation. All houses are pakka and RCC, transport facilities like Car, Auto, Bike, Cycle etc are available and road condition is good. All families have gas connection. The people are vegetarian as well as non- vegetarian, some of the people addicted to Tobacco, Gutka, Bidi and Alcohol etc. Higher educational facilities are available in this area. Many Aanganbadi Kendra are available in this area. Govt. and private health centers are available in this area. Maximum houses have their own toilets. The most prominent diseases in the area are Kasa, Sandhisula, Udarsula, Pratisyay, Vata vyadhi, Twakaroga, Jwara, Sandhivat, Sirah sul, Pradara etc.
- 59. Mehra Gaon:** Mehra Gaon ward no. 60 is situated 12 km South from the institute. Total population of ward no. 60 according to 2011 census is 24,278 (Male 13,189, Female 11,089). Hindi is main speaking language of the people of Mehra Gaon. Electricity is available in this area. Water supplied by Municipal Corporation. All houses are pakka and RCC, transport facilities like Car, Auto, Bike, Cycle etc are available and road condition is good. All families have gas connection, people are mostly vegetarian and non- vegetarian, some of the people addicted with Tobacco, Gutka, Bidi, Alcohol etc. There is no any industry in this area. Educational facilities are available up to middle School but private high schools are also available in this area. Many Aanganbadi Kendra are available in this area. Govt. Health centre is not available but private clinics are available in this area. Maximum houses have their own toilets. Kasa, Twaka roga, Udarasula, Sandhi vata, pratisyay, Vata vyadhi, Jwara, Sirahsula, Pradara, and Sandhisula etc. are more prominent in this area.
- 60. Bahodapur:** Bahodapur ward no. 05 is situated 13 km South-West from the institute. Total population of ward no. 05 according to 2011 census is 26920 (Male 14206, Female 12714). Hindi is main speaking language in the bahodapur. Electricity is available in this



area. Water is supplied by Municipal Corporation. All houses are pakka and RCC, transport facilities like Car, Auto, Bike, Cycle etc are available and road condition is good. All families have gas connection, people are mostly vegetarian and non- vegetarian, some of the people addicted with Tobacco, Gutka, Bidi, Alcohol etc. Higher educational facilities are available in this area. Many Aanganbadi Kendra are available in this area. Govt. Health centre is not available but private clinics are available in this area. Maximum houses have their own toilets. The more prominent diseases in this area are Kasa, Twakaroga, Udarasula, Jwara, Pratisyaya, Sandhivata, Sandhisula, Pradara, Sirahsula, Mukhroga etc.

- 61. Guda-Gudi:** Guda-Gudi ward no. 55 is situated 8 km north from the institute. Total population of ward no. 55 according to 2011 census is 23,384 (Male 12,241, Female 11,144). Hindi and Urdu is main speaking language of the people in this area. Electricity is available in this area. Water is supplied by Municipal Corporation. All houses are pakka and RCC type, transport facilities like Car, Auto, Bike, Cycle etc are available and road condition is good. Gas connection is available in all the houses. People are vegetarian and non- vegetarian, some of the people are addicted to Tobacco, Gutka, Bidi, Alcohol etc. There is no industry in this area. Educational facilities are available up to middle School but private high schools are also available in this area. Many Aanganbadi Kendra are available in this area. Govt. Health centre is not available but private clinics are available in this area. Maximum houses have their own toilets. Udarsula, Kasa, Sandhisula, Twaka roga, Sandhivata, Pradara, Sirahsula, Jwar, Pratisaya, Vata vyadhi etc. are more prominent in this area.
- 62. Ram Nagar Morar;** Ram Nagar Morar ward no. 27 is situated 12 km, south from the institute. Total population of ward no. 27 according to 2011 census is 15,167 (Male 8,021, Female 7,146). Hindi is main speaking language of the people of Ram Nagar Morar. The entire colony is electrified and water supplied by Municipal Corporation. All houses are pakka and RCC, transport facilities like Car, Auto, Bike, Cycle etc are available and road condition is good. All families have gas connection, People are both vegetarian and non- vegetarian, some of the people addicted with Tobacco, Gutka, Bidi, Alcohol etc. There is no industry in this area. Educational facilities are available up to middle School but private high schools are also available in this area. Many Aanganbadi Kendra are available in this area. Govt. Health centre is not available but private clinics are available in this area. Maximum houses have their own toilets. The prominent diseases in this area are Twaka roga, Udarasula, Kasa, Sandhi vata, pratisyay, Sandhisula, Vata vyadhi, Jwara, Sirahsula, Pradara etc..
- 63. Vinay Nagar sec-3:** It is situated 10km south –west from the institute. Total population of Ward.no 04 according to 2011 census is 22,760(Male 12,051, Female 10,709) Hindi is main speaking language is Vinat Nagar. Sec-3. The entire Colony is alectrifiedd and water supplied by Municipal Corporation. All houses are Pakka and RCC, transport facilities like Car, Auto, Bike, cycle etc are available and road condition is good. Al families have gas connection, people are both vegetarian and non vegetarian, some of the people are addicted to Tobbaco, Gutka, Bidi, and Alcohol etc. Higher educational facilities are available in this area. Many Aaganbadi Kendra are available in this area. Maximum houses have therir own toilets. The most prominent diseases in this area are Tvaka Roga, Pratisaya, Sandhi Vata, Sula, Pandu, Sandhu Sula, udara sula, jvara ,Vata Vyadhi, Kasa etc.



64. **Birla nagar:** Birla nagar Ward No. 12 is situated 8 km north-east from the institute. Total population of Ward, no 12 according to 2011 census is 15,616 (Male 8,350, Female 7,266). Hindi is the main srpeaking language of the people in Birla Nagar. Electricity is available in this area and Water supplied by Municipal Corporation .All houses are pakka and RCC, transport facilities like Car, Auto, Bike, cycle etc are available and road condition is good. All families have gas connection, people are both vegetarian and non -vegetarian, some of the people addicted with Tobacco with, Gutka, Bidi, and Alcohol atc.. Educational Facxilities are available up to middle School but private high schools are also available in this area. Many Aaganbadi Kendra are available in the area. Maximum houses have their own toilets. The most prominent diseases in this area are Pratisya, Pamdu ,Tvaka Roga,Sandhi Vata, kasa, Sirah Sula, udar Sula, Vata Vyadhi,jvara, Sandhi Sula etc.
65. **Mahal Gaon:** Mahal Gaon ward no.29 is situated 8 km east from the institute. Total Populaton of Ward no.29 according to 2011 cessus is 24,128 (Male 12,792, Female 11,336). Hindi is main speaking language of the people in Mahal Gaon. Electricity is available in this area. Water is supplied by Municipal corporation .All houses are Pakka and RCC transport facilities like Car, Auto, Bike and Cycle etc are available and road condition is good. Gas connection is available in this village. Diet habit is vegetarian and non-vegetarian. Some of the people are addicted to Tobacco, Gutka, Bidi, Alchcohol etc Educational Facilities are available in this area. Many Aaganbadi Kandra are available in this area. Maximum houses have their own toilets. The most prominent diseases in this area are Pratisyaya, Tyaka Roga, Sandhi Vata, Amlapitta, Kasa, udra Sula, Jvara, Vata Vyadhi, pradra, Katisula etc.

#### **RARISD, Vijayawada**

66. **Rellies & Vivekananda Colony:** Rellis & Vivekanada Colony was 12 kms away from the institute. Main language spoken is Telugu. Major part of the survey shows that males having a habit of Smoking & consumption of alcohol. Most of the houses are RCC and some are Pakka. Many houses are having better water supply and underground drainage facilities is available. People are both vegetarian and non- vegetarian, . Most of the people are using LPG gas for cooking and some people are using wood for cooking purpose.
67. **Budameru Madhya Katta:** It is around 6 km distance from the institute. As per 2011 census population of Budameru Madhya Katta is 10,545 as provided by Municipal Corporation of Vijayawada. Main language spoken is Telugu. Some People are addicted to Smoking and Alcohol. According to the environmental condition of the colony is between two canals having good transportation facilities. Most of the houses are RCC and some are Pakka. There is good water supply, underground drainage facilities and power supply in this area. Most of the people are using LPG gas for cooking and some people are using wood for cooking purpose.
68. **Raja Rajeswaripet:** It is around 8 kms distance from the institute. As per 2011 census population of New Raja Rajeswari Peta is 25,526 as provided by Municipal Corporation of Vijayawada. Main language spoken is Telugu. Major part of the survey shows that a male having a habit of Smoking & consumption of alcohol percentage is high. According to the Environment condition of the colony is good and having good transport facilities. Most of the houses are Pakka and some are RCC. . There is good water supply, underground





drainage facilities and power supply in this area. Most of the people are using gas for cooking and some people are using wood for cooking purpose.

- 69. Kothapeta:** Kothapeta comes under 34<sup>th</sup> division, Vijayawada Urban, Krishna district-Andhra Pradesh. Kothapeta is located in one town. It is around 10 kms distance from the institute. As per 2011 census population of Kothapeta is 20,129 as provided by Municipal Corporation of Vijayawada. Main language spoken is Telugu. Major part of the survey shows that a male having a habit of Smoking & consumption of alcohol percentage is high. According to the Environment condition area is better and having good transport facilities. Most of the houses are situated in hill region, most of the houses RCC and some are Pakka. Some houses are having fewer water supplies. Electricity is available in this village. Most of the people are using gas for cooking and some people are using wood for cooking purpose. Nearby Kotha peta Vijaya dairy milk products factory is located in this area.
- 70. Krishna Lanka:** It is around 15 kms distance from the institute. Main language spoken is Telugu. According to the Environment condition, area is better and having good transport facilities. Some of the houses are situated at the bank of river Krishna, most of the houses RCC and some are Pakka. Most of the people are addicted to smoking and alcohol. Some houses are having fewer water supplies. Electricity is available in this village. Most of the people are using gas for cooking and some people are using Kerosene Stove for cooking purpose.
- 71. Giripuram:** Giripuram comes under 18<sup>th</sup> division, Vijayawada Urban, Krishna district-Andhra Pradesh. Giripuram is around 13 kms distance from the institute-RARISD (Region Ayurveda Research Institute for Skin Disorders), New Rajiv Nagar, Vijayawada. As per 2011 census population of Giripuram is 16,400 as provided by Municipal Corporation of Vijayawada. Main language spoken is Telugu. Most of the people are addicted to smoking and alcohol. Most of the houses are Pakka and some are RCC and Kaccha. Electricity is available in this village. Most of the people are using gas for cooking and some people are using Kerosene Stove for cooking purpose.

#### **RARIMCH, Nagpur**

- 72. Pachgaon:** The village is situated on Nagpur- Umred Road, Taluka- Umred, District- Nagpur, and Maharashtra State, India. This village is 17 kms away from the Institute. According to last census the total population is 4433 among them 1096 are SC's, 552 are ST's, & 2785 are OBC's. Dietary habits of villagers include mostly wheat and rice, occasionally millet (Jawar) also. Many of the villagers are non-vegetarians and are addicted to Tobacco & Alcohol. This village has Road which is mostly Kaccha type & some are cement roads. Educational facilities like Anganwadi's, High school & private convent up to 4<sup>th</sup> standard are available. Most of houses of this Village have electricity and they use Gas for cooking while very few use Wood. There are Black stone mines, Oil mill, and MSEB power house in and around the village.
- 73. Gonhisim:** The Village Gonhisim was selected under SRP programme. The village is situated on Nagpur-Umred Road, Post. Vihirgaon, Taluka - Nagpur, District - Nagpur, Maharashtra State, India. This village is 09 kms away from the Institute. According to last census the total population is 5096. Dietary habits of villagers include mostly wheat





and rice. Further, many of the villagers are non-vegetarians and addicted to Tobacco along with alcohol. This village has Cement Road, tar road & kaccha road. Educational facilities are available, there is 1 Anganwadi, whereas in Govt. School up to 8<sup>th</sup> standard, in Sanjooba School up to 7<sup>th</sup>, in VidyaVivek School up to 7<sup>th</sup>, in Sampada convent up to 7<sup>th</sup> standard available. Most of houses of this Village have electricity and they use Gas for cooking while very few use Wood. There are no industries in and around the village.

- 74. Bahadura:** The village is situated on Nagpur- Umred Road, Post. Vihirgaon, Taluka- Nagpur, District - Nagpur, Maharashtra State, India. This village is 11 kms away from the Institute. According to last census the total population is 3172. Dietary habits of villagers include mostly wheat and rice. Further, many of the villagers are non-vegetarians and addicted to Tobacco. About Housing facilities, some houses are RCC type, some are Pakka type and some are Kaccha type. This village has Cement Road, tar road & kaccha road. There is 1 Anganwadi, 1 Govt. School (up to 7<sup>th</sup> std.), Vivekanand convent (upto 7<sup>th</sup> std.), S.P. Public School (upto 7<sup>th</sup> std.) available. Pandav college of Ayurveda, Engineering and Architecture is also there. Most houses of this Village have electricity and they use Gas for cooking very few uses Wood. There are factories like Baidyanath Factory, Parley Factory, and Glass Factory & Plastic Factory in the village. In Baidyanath Factory Aloe vera is cultivated.
- 75. Kharabi:** The village is situated on Nagpur- Umred Road, Post. Mhalaginagar, Taluka- Nagpur, District- Nagpur, Maharashtra State, India. This village is 4 kms away from the Institute. According to last census the total population is 10145. Many of the villagers are non-vegetarians and addicted to Tobacco along with alcohol. This village has Cement Road, tar Road & kaccha road. Educational facilities are available. There are 6 Anganwadis, 1 Govt. School (up to 4<sup>th</sup> std.) & Jaiswal Convent (upto 5<sup>th</sup>). Most houses of this Village have electricity and they use Gas for cooking while very few use Wood. There are no industries in and around the village.
- 76. Vihirgaon:** The village is situated on Nagpur- Umred Road, Post. Vihirgaon, Taluka- Nagpur, District- Nagpur, Maharashtra State, India. This village is 9 kms away from the Institute. According to last census the total population is 1342 among them males are 656 and females are 686. Many of the villagers are non-vegetarians and addicted to Tobacco along with alcohol. About Housing facilities, some houses are RCC type, some are Pakka type and some are Kaccha type. Educational facilities are available. There are 1 Anganwadi & 1 mini Anganwadi, 1 Govt. School (up to 7<sup>th</sup> std), Pragat High school (8 -10<sup>th</sup> std.), Prerana Convent, Suryoday college of engineering and ITI college is available. Most houses of this Village have electricity and they use Gas for cooking while very few use Wood. There are no industries in and around the village.
- 77. Titur:** The Village Titur is situated on Kuhu- Ambora Road, Taluka- Kuhu, District- Nagpur, and Maharashtra State, India. This village is 25 kms away from the Institute. According to last census the total population is 1350 among them 690 are Male and 660 are female. Farming is first choice for occupation. Some villagers are doing unskilled labour also and they are belonging to middle class. Food habits of villagers include mostly wheat and rice, occasionally millet (Jawar) also. Many of the villagers are non-vegetarians and are addicted to Tobacco & Alcohol. About Housing facilities most houses are Kaccha type, some are Pakka and some are RCC houses. Drainage system is not available. This village



has Road which is mostly Kaccha type & some are cement roads. Transportation facilities like Bus and private Vehicles are available. Educational facilities like Anganwadi, Zilla Parishad school upto 4th standard & private school from 5 to 10th standard are available. Medicinal plants grown in the area are Neem, Tulsi, Bilwa, Shigru etc. Peoples use Gas for cooking purpose some also use Wood. The details of wasteland/ Community forest are not available and there are no industries in and around the village. Most houses of this Village have electricity.

- 78. Undri:** The Village Undri is situated on Kuhi- Ambora Road, Taluka- Kuhi, District- Nagpur, and Maharashtra State, India. This village is 22 kms away from the Institute. Total population of the village according to last census is 846 among them 436 are Male and 410 are female and 192 are SC's, 227 are ST's, & 427 are Others. .Most of the villagers are laborers and most of them are below poverty level. Many of the villagers are non-vegetarians and are addicted to Tobacco & Alcohol. Most of houses of the village are Pakka, some are RCC and some are Kaccha. Closed type drainage system is available. Most of the roads of the village are of Pakka type & some are cement roads. Bus and private Vehicles are available. Educational facilities like Anganwadi, Zilla Parishad school upto 4<sup>th</sup> standard are available. 90% of villagers are literate. Medicinal plants grown in the area are Udumbar, Tulsi Neem, Babbul, badar etc. Peoples use Gas for cooking purpose some also use Wood. The details of wasteland/ Community forest are not available and there are Stone mines in and around the village.
- 79. Surgaon:** The village Surgaon is situated on Nagpur- Umred Road, Taluka- Kuhi, District- Nagpur, and Maharashtra State, India. Distance from institute is 20kms. According to last census the total population is 2401 among them 1274 are Male and 1127 are female and 681 are SC's, 407 are ST's, & 1313 are OBC's. Farming is first choice for occupation. Some villagers are unskilled laborers (mine workers) also. Most of population is Middle class. Food habits of villagers include mostly wheat and rice, occasionally millet (Jawar) also. Many of the villagers prefer Non-vegetarian diet and are addicted to Alcohol, Tobacco & Smoking. Here most houses are of Kaccha type, some are Pakka and some are RCC houses. Drainage system is of closed type. Village is having mostly Kaccha Road & some cement roads. Transportation facilities like Bus and private Vehicles are available. This village is surrounded by the forest. Educational facilities like Anganwadi, Zilla Parishad school upto 8<sup>th</sup> standard are available. Literacy rate is 90%. Peoples use Gas for cooking purpose some also use Wood. There are stone mines in and around the village. Most houses of this Village have electricity.
- 80. Dongargaon:** The Village Dongargaon is situated on Kuhi- Ambora Road, Taluka- Kuhi, District- Nagpur, and Maharashtra State, India. This village is situated 24kms away from the Institute. Total population according to last census is 1163 among them 588 are Male and 575 are female and 540 are SC's, 21 are ST's, & 602 are OBC's. Farming is first choice for Occupation. Food habits of villagers include mostly wheat and rice, occasionally millet (Jawar) also. Many of the villagers are non-vegetarians and are addicted to Tobacco & Alcohol. About Housing facilities most houses are Kaccha type, some are Pakka and some are RCC houses. Drainage system is of closed type. This village has Road which is mostly cement roads & some Kaccha type. Transportation facilities like Bus and private Vehicles are available. Educational facilities like Anganwadi, Zilla Parishad school upto 7<sup>th</sup> standard & Priyadarshani School from 5 to 12<sup>th</sup> standard are available. Literacy rate is



90%. Peoples use Gas for cooking purpose some also use Wood. There are stone mines in and around the village. Most houses of this Village have electricity.

- 81. Champa:** Champa Village is situated on Nagpur- Umred Road, Taluka- Umred, District- Nagpur, and Maharashtra State, India. Distance of village from Institute is 22 kms. The total population is 1076 among them 543 are Male and 533 are female and 169 are SC's, 461 are ST's, & 446 are Others. Most of the villagers belong to Hindu religion; amongst them majority are Scheduled tribes (Paradhi, Mna, Gond). Many of the villagers are non-vegetarians and are addicted to Alcohol & Tobacco. Food habits of villagers include mostly wheat and rice, occasionally millet (Jawar) also. About Housing facilities, most houses are of Kaccha type, some are Pakka and some are RCC houses. Drainage facility is not available. This village has Road which is mostly Kaccha type & some are cement roads. Transportation facilities like Bus and private Vehicles are available. This village is surrounded by the forest and is having Water resources such as river, for drinking purpose people use well water and tap water. Educational facilities like Anganwadi, Zilla Parishad school upto 7<sup>th</sup> standard & private school from 5 to 12<sup>th</sup> standard are available. 60% of the villagers are literate. Peoples use Gas for cooking purpose some also use Wood. Forest land is available. There are no industries in and around the village. Most houses of this Village have electricity.
- 82. Sonegaon Raja:** The Village Sonegaon raja is situated on the riverside of river Kanhan on Nagpur- Bhandara Road, Taluka- Kamptee, District- Nagpur, and Maharashtra State, India. This village is 24 kms away from the Institute. According to last census the total population is 1704 among them 895 are Male and 786 are female & 184 are SCs & 1520 are Others. This village has a very divine historical Lord Shiva temple build during King Bhosale period (approx. 18<sup>th</sup> century). Farming is first choice for Occupation some villagers are unskilled laborers also and they are economically poor. Many of the villagers are non-vegetarians and are addicted to Tobacco & Kharra. About Housing facilities most houses are Kaccha type, some are Pakka and some are RCC houses. Sanitation facility in most of the houses is Pakka. Drainage system is not available. This village is facilitated with Tar Road. Transportation facilities like Bus and private Vehicles are available. This village has its own Gram Panchayat. Educational facilities like Anganwadi, Zilla Parishad school upto 4<sup>th</sup> standard are available. 80% of villagers are literate. Peoples use Gas for cooking purpose some also use Wood. The details of wasteland/ Community forest are not available and there are no industries in and around the village.
- 83. Kadholi:** The Village Kadholi is situated on Nagpur- Bhandara Road, Taluka- Kamptee, District- Nagpur, and Maharashtra State, India. This village is 16 kms away from the Institute. Total population of the village according to last census is 2169 among them 1101 are Male and 1068 are female and 443 are SC's, 143 are ST's, & 1583 are Others. Farming is first choice for Occupation and some villagers are doing skilled and unskilled labor (Working in the companies around). Many of the villagers are vegeterinas and some are non-vegetarians also and are addicted to Tobacco, Kharra, and Gutkha & Alcohol. Most of houses of the village are RCC, some are Pakka and some are Kaccha. Drainage system is not available. Most of the roads of the village are Tar roads. Bus and private Vehicles are available. Educational facilities like Anganwadi, Zilla Parishad school upto 4<sup>th</sup> standard are available. 80% of villagers are literate. Peoples use Gas for cooking purpose some also use Wood. The details of wasteland/ Community forest are not available. There are total





17 companies in & around the village which includes Steel plant, Plywood Company, Disposable utensils manufacturing company, Biscuit Company, Oil mill, Dal mill.

- 84. Kapsi (Bu.):** The village Kapsi (Bu.) is situated on Nagpur- Bhandara Road, Taluka- Kamptee, District- Nagpur, and Maharashtra State, India. Distance from institute is 8 kms. According to last census the total population is 2919 among them 1339 are Male and 1580 are female and 314 are SC's, 223 are ST's, & 2382 are Others. Farming is first choice for Occupation some villagers are unskilled laborers (in the industries in and around the village) also. Food habits of villagers include mostly wheat and rice, occasionally millet (Jawar) also. Many of the villagers prefer Non-vegetarian diet and are addicted to Alcohol, Tobacco. Here most houses are of Kaccha type, some are RCC and some are Pakka houses. Drainage system development is under process. Village is having Tar roads. Transportation facilities like Bus and private Vehicles are available. Educational facilities like Anganwadi, Zilla Parishad school upto 8<sup>th</sup> standard are available. Literacy rate is 70%. Peoples use Gas for cooking purpose some also use Wood. There are total 21 industries in and around the village. These are as – Haldiram foods, Waghmare fruits, Paras fruit, Tin company, Dram company, Ara machiene- 150, Java rice mill, Ambe Dal mill, Nagpur Salt tax, Loha factory, Gris company, Transport godown, Lost company, Khas company, Bearing company, Plastic company, Turmeric company, Dona company, Interpack company etc. Most houses of this Village have electricity.
- 85. Palsad:** The Village Palsad is situated on Nagpur- Bhandara Road, Taluka- Kamptee, District- Nagpur, Maharashtra State, India. This village is situated 21kms away from the Institute. Total population according to last census is 1471 among them are 748 Male and 723 are female and 145 are SC's, 19 are ST's, & 1307 are OBC's. Farming is first choice for Occupation while some are unskilled labourers in the factories around. Food habits of villagers include mostly wheat and rice, occasionally millet (Jawar) also. Many of the villagers are non-vegetarians and are addicted to Tobacco, Kharra & Alcohol. About Housing facilities most houses are Pakka type, some are RCC and some kaccha houses. Drainage system is not available. This village has Road which is mostly cement roads & very few are of Kaccha type. Transportation facilities like Bus and private Vehicles are available. This village has water resource such as river named Naag river. Educational facilities like Anganwadi, Zilla Parishad school upto 10<sup>th</sup> standard. Literacy rate is 70%. Peoples use Gas for cooking purpose some also use Wood. There are Screw and jiggery factories in and around the village. Most houses of this Village have electricity.
- 86. Gumthala:** Gumthala Village is situated on Nagpur- Bhandara Road, Taluka- Kamptee, District- Nagpur, and Maharashtra State, India. Distance of village from Institute is 20 kms. The total population is 3209 among them 1711 are Male and 1498 are female and 436 are SC's, 43 are ST's, & 2730 are Others. Farming is first choice for Occupation, some are business men and some villagers are unskilled laborers (Worker in the companies around). Financial status of the villagers is middle class. Many of the villagers are non-vegetarians and are addicted to Tobacco, Kharra & Alcohol. About Housing facilities most houses are of RCC type, some are Pakka and very few Kaccha houses. Drainage facility is not available. This village has Road which is mostly Tar roads & cement roads. Transportation facilities like Bus and private Vehicles are available. Educational facilities like Anganwadi, Zilla Parishad school upto 4<sup>th</sup> standard & private convent school from 1 to 10<sup>th</sup> standard are available. 90% of the villagers are literate. Peoples use Gas for





cooking purpose some also use Wood. There are Total 10 industries in and around the village. They are as Haldiram foods, Cold Storage, Plywood Company, Erecto Company, Dal mill, Oil mill and Rice mill. Most houses of this Village have electricity facility

### **RARIMD, Bangalore**

- 87. Agara:** Agara Gram Panchayat is situated 26 km from National Ayurveda Dietetics Research Institute (NADRI) OPD, Tulsithota, Balepet, Bangalore. The total population of Agara gram Panchayat as per 2011 census is 11,000. Agara Colony comes under the purview of Agara Grama Panchayat. People residing in this area speak Kannada, Telugu and Tamil more. Housing facilities include mainly sheet houses and few RCC. Road conditions prevailing are mainly kaccha roads and few tar roads. People are aware about cleanliness. Good flush system and latrines are found in their houses and also they are provided with few public sanitation systems. Transport facilities – most of the people are dependent on the Government bus facility and few people have their own vehicles. Supply of water from Panchayat is the main water resource. Educational facilities include Government School from 1<sup>st</sup> std to 10<sup>th</sup> std and few private institutions (1<sup>st</sup> std to Degree college). No Government hospitals, Primary health care centers and dispensaries are found around the area covered. They are provided with Electricity and cooking (Gas) facility. Prevalence of degenerative bone disorder and respiratory disorders were found more among the elderly people and Anaemia, Urinary disorders and menstrual disorders among females.
- 88. Tataguni:** Tataguni village is situated 25 km from NADRI OPD, Tulsithota, Balepet, Bangalore and it comes under the purview of Agara Grama Panchayat. Kannada, Telugu, Hindi and Tamil are the languages spoken. Housing facilities include mainly sheet houses and RCC, road conditions prevailing are mainly pakka roads and few tar roads, Transport facilities – most of the people are dependent on the Government bus facility and few people have own vehicles. Lake (Kuppareddy Lake) water is the main water resource. People are aware about cleanliness. Good flush system and latrines are found in their houses and also they are provided with few public sanitation systems. The industries in and around this area includes small scale industries. Educational facilities include One Government primary school, one Government aided school, two private schools and one private college. No Government hospitals, Primary health care centers and dispensaries are found around the area covered. They are provided with Electricity and cooking (Gas) facility. Prevalence of degenerative bone disorder, respiratory disorders and skin diseases, Anaemia and menstrual disorders among females.
- 89. Vaderahalli:** Vaderahalli village is situated 29 km from NADRI OPD, Tulsithota, Balepet and Bangalore which comes under the purview of Agara Grama Panchayat. People speak Kannada and Telugu languages more. Housing facilities include mainly pakka, sheet houses and few RCC. Road conditions prevailing are mainly pakka roads and few tar roads. People have poor awareness about cleanliness. Few are engaged in open field defecation and few have sanitary latrines in their houses. They are not provided with any public sanitation systems. Transport facilities – most of the people are dependent on the Government bus facility and few people have own vehicles. Lake (Vaderahalli Lake) water is the main water resource. People are poorly educated and are provided with Educational facilities like Government school from 1<sup>st</sup> std to 7<sup>th</sup> std. No Government



hospitals, Primary health care centers and dispensaries are found around the area covered. They are provided with Electricity and cooking (Gas) facility. There is a high prevalence of Addiction related issues, Skin disorders, degenerative bone diseases, among adults, Helminthiasis & Skin disorders among children, Anaemia, Urinary tract infections and menstrual disorders among females.

90. **Banjarapalya:** Banjarapalya village is situated 28 km from NADRI OPD, Tulsithota, Balepet, and Bangalore. Banjarapalya village comes under the purview of Agara Grama Panchayat. Kannada, Telugu and Tamil are the languages spoken. Housing facilities include mainly sheet houses and few RCC. Road conditions prevailing are mainly pakka roads and few tar roads. People are aware about cleanliness; sanitary latrines are found in their houses. Transport facilities – most of the people are dependent on the Government bus facility and few people have own vehicles. Lake (Byrasandra Lake) Water is the main water resource. The industries in and around this area includes local bricks manufacturing agencies. Educational facilities include Government School from 1<sup>st</sup> STD to 8<sup>th</sup> STD. No Government hospitals, Primary health care centers and dispensaries are found around the area covered. They are provided with Electricity and cooking (Gas) facility. Prevalence of degenerative bone disorder, respiratory disorders and skin diseases are more. Helminthiasis & Skin disorders among children and Anaemia and menstrual disorders among females.
91. **Doddipalya:-**Doddipalya village is situated 31 km from NADRI OPD, Tulsithota, Balepet, Bangalore and it comes under the purview of Agara Grama Panchayat. Kannada and Telugu are the languages spoken. Housing facilities include mainly pakka, sheet houses and few RCC. Road conditions prevailing are mainly pakka roads and few tar roads. Transport facilities – most of the people are dependent on the Government bus facility and few people having own vehicles. Supply of water from Panchayat is the main water resource. No industries in and around this area. Educational facilities include one Government primary School. No Government hospitals, Primary health care centers and dispensaries are found around the area covered. They are provided with Electricity and cooking (Gas) facility. Prevalence of degenerative bone disorder, respiratory disorders and skin diseases are more. Helminthiasis & Skin disorders among children and Anaemia and menstrual disorders among females.
92. **Kaggalipura Colony:** Kaggalipura Colony is situated 30 km from RARIMD OPD, Tulsithota, Balepet, Bangalore and it comes under the purview of Kaggalipura grama panchayat. Kannada and Telugu are the languages spoken. Housing facilities include mainly pakka, sheet houses and few RCC. Road conditions prevailing are mainly pakka roads and few tar roads. Transport facilities – most of the people are dependent on the Government bus facility and few people having own vehicles. Supply of water from Panchayat is the main water resource. No industries in and around this area. Educational facilities include Government model primary school Kaggalipura, Government high School and PU College Kaggalipura. Community Health Center is situated at the distance of 5 Kms from the village. They are provided with Electricity and cooking (Gas) facility. Prevalence of degenerative bone disorder, Madhumeha (diabetes mellitus) and skin diseases are more among elderly people and Kasa, Shwasa (Respiratory disorders) and Netra roga (eye disorders) among children.
93. **Uttari:** Uttari village is situated 30 km from RARIMD OPD, Tulsithota, Balepet, and



Bangalore which comes under the purview of Kaggalipura gram panchayat. People speak Kannada and Telugu languages more. Housing facilities include mainly pakka, sheet houses and few RCC. Road conditions prevailing are mainly pakka roads and few tar roads. People have poor awareness about cleanliness. Few are engaged in open field defecation and few have sanitary latrines in their houses. They are not provided with any public sanitation systems. Transport facilities – most of the people are dependent on the Government bus facility and few of them have own vehicles. Supply of water from Panchayat is the main water resource. They are provided with ration (rice, ragi, pulses, kerosene etc) through fair price shops under below poverty line schemes. No industries are found in and around this area. People are poor, less educated and provided with Educational facilities like Government school from 1<sup>st</sup> std to 7<sup>th</sup> std. No Government hospitals, Primary health care centres and dispensaries are found around the area covered. They are provided with Electricity and cooking (Gas) facility. There is a high prevalence of degenerative bone diseases, Hair fall, oral problems and Madhumeha(diabetes mellitus) among adults, Krimi(Helminthiasis) &Tvakra (Skindisorders) among children,Pandu (Anaemia),Manoroga (Mentaldisorders) and Rajodosha (menstrual disorders) among females.

#### **RARILSD, Trivandrum**

94. **Mudavanmugal:-**Mudavanmugal village is situated in District Trivandrum. It is situated at a distance of about 2.5 km from the institute. The total population of Mudavanmugal is 9128, of which 4350 are male and 4778 females according to the census 2011. People residing in this area speak Malayalam. Road conditions prevailing in the area are Tar roads in slopes. Common mode of transportation is bus, private vehicles. Main source of supply of water is tap water, river, and ground water. Educational facilities include six Anganwadi centers, one govt. high School i.e. St. Mary's School, and a college i.e. Institute of Management. Primary health care centers are found near the area covered. There is supply of electricity in the area. This means for cooking is gas and wood. Partly drainage facility is available in the village. No industries are available in the area. Regarding Agriculture Wheat, Rice are cultivated in this area however some vegetables like Banana, Drumstick and Curry leaves and fruits like Papaya, Mango, Banana, Jack fruit, coconut are also cultivated.
95. **Rajaji Nagar:-** Rajaji Nagar is situated in District Trivandrum. It is situated at a distance of about 2.4 km from the institute. The total population of Rajaji Nagar is 12056, of which 5820 are male and 6236 females according to census 2011. People residing in this area speak Malayalam. Road conditions prevailing in the area are Tar roads in slopes. Common mode of transportation is bus, private vehicles. Main source of Supply of water in this area is tap water, Educational facilities include two Anganwadi, and two Govt women's college's Primary health care centers and Thycaud hospital for women and child are present near the area. There is a supply of Electricity and cooking (Gas) facility includes gas and wood. No industries are available in the area. Wheat, Rice are cultivated however some vegetables like Spinach, Drumstick, Mango, and fruits like – Papaya, Tender coconut, Banana, Mango, Jack fruit are also cultivated. There are no natural resources available as it is in the vicinity of town area.
96. **Jagathy:-** Jagathy is situated in District Trivandrum. It is situated at a distance of about 1.5 km from the institute. The total population of Jagathy is 11075, of which 5320 are male and 5733 females. People residing in this area speak Malayalam. Road conditions





prevailing in the area are pukka roads. Common mode of transportation is bus, private vehicles. Main source of supply of water in this area is tap water, river water. Educational facilities include four Anganwadi, one - lower primary school and a higher secondary school. Wheat, Rice are cultivated however some vegetables like Banana, Drumstick and mango and fruits like Papaya, Mango, Banana, Jack fruit, coconut are also cultivated Primary health care center is available. No industry exists near the area.

97. **Karimadam:-** Karimadam is situated in District Trivandrum near Attukal Temple It is situated at a distance of about 4 km from the institute. The total population of Karimadam is 7529, of which 3632 are male and 3897 females according to census 2011. People residing in this area speak Malayalam. Road conditions prevailing in the area are pukka roads. Common mode of transportation is bus, private vehicles. Main source of supply of water in this area is tap Water, Educational facilities include two Anganwadi high school and govt higher and secondary school. Primary health care centers and Attukal hospital are found near the area. They are provided with Electricity and cooking facility includes gas and wood. No industries are available in the area. The vegetables like Spinach, Drumstick, Jack fruit, Curry Leaves, and fruits like – Papaya, Mango, are cultivated. There are no natural resources available as it is in the vicinity of town area.
98. **Poojappura:-** Poojappura is situated in District Trivandrum It is situated at a distance of about 3.5 km from the institute. The total population of Poojappura is 12056, of which 5820 are male and 6236 females according to census 2011. People residing in this area speak Malayalam. Road conditions prevailing in the area are Tar roads and kachha roads. Common mode of transportation is bus, private vehicles. Main source of supply of water in this area is tap water and well. Educational facilities include two Anganwadi centers, K.V. School and Govt school. . Primary health care centers are found near the area covered. They are provided with Electricity and cooking facility includes gas and wood. No industries are available in the area. The vegetables like Spinach, Drumstick, Mango, and fruits like – Papaya, Tender coconut, Banana, Mango, Jack fruit, are cultivated. There are no natural resources available as it is in the vicinity of town area.

#### **RARIID, Patna**

99. **Mehandiganj:** Mehandiganj is an urban area in Patna district of Bihar. Its distance is about 06 km from RARIID, Agam Kuan and Patna. The population of Mehandiganj ward is about 31,000 approx. The main castes of this area are Yadav, Mahto, Kurmi etc. They speak, understand and communicate in Hindi language normally. They are mostly non-vegetarian and are addicted to tobacco & alcohol. The common vegetables, grains & fruits available are Potato, Onion, Tomato, Cauliflower, Rice, Wheat, Maize, Paddy & Pulses, Mango, Banana, Gauva & Litchi. Most of the houses are Pucca with country tiles roof, few houses are Kaccha & Thatched. There houses comprised of cots mats and chairs, TV , radio and electricity is available in all the houses ,for drinking water they use tap and hand pump. For cooking purpose they use gas and few people use coal & fire wood. The common mode of their transportation is car, bike and cycle. There is proper sanitation facility in the village. No industry is present in this ward area. Most of the peoples are businessmen & farming and some are in service. Educational facilities are primary school. Nearest health facility available is N.M.C.H in this ward. Sandhi Sula, Vata Vyadhi, Katisula, Kostha Baddhata, Tvaka roga, Kasa, Amlapitta, Svasa, Udara





sula, Arsa, Sotha, Sandhi vata, Karna roga, Mutrakriccha, Pratisaya, Atisara etc are the prevalent disease in this area.

- 100. Maharajganj:** Maharajganj is an urban area in Patna district of Bihar. Its distance is about 03 km from RARIID, Agam Kuan, Patna. The population of Maharajganj ward is about 34,000 approx. The main castes of this area are Vaishya, Yadav, Mahto, Kurmi etc. They speak, understand and communicate in Hindi language normally. They are mostly non-vegetarian and are addicted to tobacco & alcohol. The common vegetables, grains & fruits available are Potato, Onion, Tomato, Cauliflower, Rice, Wheat, Maize, Paddy & Pulses, Mango, Banana, Gauva & Litchi. Most of the houses are Pukka with country tiles roof; few houses are Kaccha & Thatched. There houses were comprised of cots mats & chairs, TV , radio and electricity is available in all the houses , for drinking water they use tap water and hand pump. For cooking purpose they use gas and some people use coal & fire wood. The common mode of transportation is car, bike and cycle. There is proper sanitation facility. Most of the people are businessmen & involved in farming and some are in service. Educational facilities are available. Nearest health facility available is N.M.C.H in this ward. Sandhi Sula, Vata Vyadhi, Kostha Baddhata Katisula, Udara Sula, Amlapitta, kasa, Tvaka Roga, Arsa, Sotha, Sandhi Vata, Svasa, Krimi, Atisara are the prevalent disease in this area.
- 101. Neem Ki Bhatti:** - Neem ki bhatti is in the Patna district of Bihar. Its distance is about 03 km from RARIID, Agam Kuan, and Patna. The population of Neem Ki Bhatti ward is 22,500 approx; the main castes of this area are Yadav, Mahto, Kurmi & others etc. They speak, understand and communicate in Hindi language normally. They are mostly non-vegetarian and are addicted to tobacco & alcohol. The common vegetables, grains & fruits available are Potato, Onion, Tomato, Cauliflower, Rice, Wheat, Maize, Paddy & Pulses, Mango, Banana, and Gauva & Litchi. Most of the houses are RCC, Pucca, and Kaccha with country tiles roof, few houses are Kaccha & Thatched. Their houses are comprised of cots, mats & chairs, TV & radio. Electricity is available in the Ward. For drinking water they use tap Water, hand pump etc. For cooking purpose they use gas and few people uses coal & fire wood .The common mode of their transportation is cycle, bike, and car. Mostly peoples having pukka sanitation facility . Most of the peoples are businessman & involved in farming and some are in service. Educational facilities are available .Nearest health facilities available is N.M.C.H in this ward. Sandhi Sula, Vata Vyadhi, Kostha Baddhata, Tvaka Raga, Amlapitta, Katisula, Kasa, Udara Sul, Svasa, Krimi, Mutra Kriccha, Atisara, Sandhi Vata etc are the prevalent disease in this area.
- 102. Gur ki Mandi:** Gur ki mandi is in Patna district of Bihar. Its distance is about 03 km from RARRID, Agam Kuan, and Patna. The population of Gur ki mandi ward is about 26,000 approx; the main castes of this area are Yadav, Mahto, Kurmi & others etc. They speak, understand and communicate in Hindi language normally. They are mostly non-vegetarian and are addicted to tobacco & alcohol. The common vegetables, grains & fruits available are Potato, Onion, Tomato, Cauliflower, Rice, Wheat, Maize, Paddy & Pulses, Mango, Banana, Gauva & Litchi. Most of the houses are Pukka with country tiles roof; few houses are Kaccha & Thatched. There houses were comprised of cots, mats & chairs, TV & radio etc. Electricity is available in this ward. , for drinking purpose they use tap water and, hand pump. For cooking purpose they use gas and few people uses coal & fire wood .The common mode of their transportation is cycle, bike, and car. Mostly peoples having



pukka sanitation facility. Most of the people are businessman & involved in farming and some are in service. Educational facilities are available. Nearest health facility available is N.M.C.H. in this ward Sandhi Sula, Vata Vyadhi, Katisula, Kostha Baddhata, Kasa, Tvaka roga, Arsa, Sotha, Svasa, Mutra Kriccha, Atisara etc are the prevalent disease in this area.

- 103. Chhoti Pahadi:** - Chhotti Pahadi an urban area under Patna district of Bihar is about 2.5 km distance from RARRID, Agam Kuan, and Patna. The population of Chhoti Pahadi ward is about 25,000 approx the main castes of this area are Yadav, Mahto, Kurmi & others etc. They speak, understand and communicate in Hindi language normally. They are mostly non-vegetarian and are addicted to tobacco & alcohol. The common vegetables, grains & fruits available are Potato, Onion, Tomato, Cauliflower, Rice, Wheat, Maize, Paddy & Pulses, Mango, Banana, and Gauva & Lychee. Most of the houses are Pukka and Kaccha. There houses were comprised of cots, mats & chairs, TV & radio and mostly houses are electrified, for drinking purpose they uses tap water, hand pump. For cooking purpose they use gas and few people use coal & fire wood. The common mode of their transportation is cycle, bike, & auto. Sanitation Facility is available in ward. Most of the peoples are businessmen & involved in farming and some are in service. Educational facilities are up to Middle school. Nearest health facility available is N.M.C.H in this ward. Prevalent diseases are Sandhi Sula, Vata Vyadhi Tvaka roga, Kostha Baddhata, Katisula, Kasa Amlapitta, Udara Sula Svasa, Sotha, Arsa, Sandhi Vata, Krimi etc. in this area.

#### **RARIGID, Guwahati**

- 104. Boragaon:** The village Boragaon is at a distance of approximately 25 Km from the Institute. The estimated population of this village was near about 5000 nos. The communities present in this village are Assamese, Bengali, Nepali, tribal and other minorities. In terms of education, it was observed that there is one Lower Primary school and 4 Private schools are available in this village, and the literacy rate in the village was found to be 60%. In respect to socio-economic conditions, maximum families earn through small businesses and few of them through services. According to the household conditions recorded, it was noted that maximum houses in Boragaon village are Pakka; followed by Kaccha houses. The main source of drinking water is mostly from well. The villagers use sand filters and candle filters for purification of water. Almost all the houses have facility of electricity and Gas connection for cooking, whereas some of the families use Wood and few other mediums like stoves for cooking. The people of Boragaon maintain good health and hygienic conditions as the sanitation facilities (Latrines) of maximum families are outside the house and are Pakka in nature; a few number of families had their latrines inside the house. Vehicles like two wheelers and cycles are commonly used for transportation this village. The hospital facilities are moderate of the village with one sub-centre in this area. Among the patients, the main prevalent diseases were found to be Vatavyadhi, Amlapitta, TvakaRoga, Kasa and Krimi etc.
- 105. Bongaon:** The village Bongaon is approximately 3 Km distance from the Institute. The estimated population of this village was near about 8000 nos. It was found that the majority of the communities are – Assamese, Mixed Communities and minority communities. In terms of education there is one lower primary school, one high school, 5 private schools and 1 Govt. college in this village and the literacy rate in the village were found to be 85%. In respect to socio-economic conditions, maximum number of families are earning through business and services, with a good per capita income of 5000 and above. According to the



household conditions recorded, it was noted that maximum houses are made of Rod and cement (RCC). The main source of drinking water of the families is well and water supply. Maximum families also use sand filters, candle filters and electric filters for purification of water and maintain good health and hygienic conditions. Almost all the houses have facility of electricity and use Gas as their cooking fuel. Maximum families have good sanitation facilities, and have their Latrines inside the house. Only a few families have domestic animals and prefer to keep them outside of the house with a shed. Majority of families use two wheelers and cars for their transportation. In terms of hospital facilities, it was also observed that there is one dispensary and one private hospital within few kms from the area. Among the patients, the main prevalent diseases were found to be Vatavyadhi, Amlapitta, Prameha, Tvaka Roga and Sandhi Vata etc.

**106. Botaghuli:** The village Botaghuli is located at a distance of approximately 11 Km from the Institute. The estimated population of this village was near about 6500 nos. The communities in this village were – Assamese, Tribal Community and other minorities. There are two high schools, two lower primary schools and one private school in this village, and the literacy rate in the village was found to be 60%. In respect to socio-economic conditions, it was found that maximum families earn their livelihood through daily wages and by running small business. According to the household conditions recorded, it was noted that maximum houses were made of tin and bamboo, which are kaccha in nature. The people of Botaghuli village had poor health and hygienic conditions, as the sanitation facilities (Latrines) were moderate with a large no of families having their Latrines outside the house and were Kaccha in nature; a few numbers of families didn't have proper sanitation facilities and defecate in open fields. Water from well and stream were found to be the main source of drinking water for the families in Botaghuli village. Some of the families use sand filters as well as candle filters for purification of water. Maximum numbers of houses have facility of electricity and use Gas as their cooking fuel. Some of the families have domestic animals and prefers to keep them outside of the house with a shed. A majority of families use two wheelers and cycles for their transportation. The hospital facility is poor in this village with only one State Dispensary within the area. The main prevalent diseases in this village were Vatavyadhi, Amlapitta, TvakaRoga, Jwara and Kasa etc.

**107. Jyotikuchi:** The village is located at a distance of approximately 10 Km from the Institute. The estimated population of this village was near about 1000 nos. After the survey, it was found that the communities present in this village were – Karbi tribe (approx. 70%), Assamese community (approx. 20%) and other mixed castes (approx. 10%). In terms of education it was found that there is one lower primary school and three private schools in this village, and the literacy rate in the village was found to be 50%. In respect to socio-economic conditions the maximum families earn by running small and medium business and some through daily wages; a few number of families earn through services. It was also observed that the income per capita per month of maximum families (31.49%) fall under the income group of Rs. 1501-2000. According to the household information obtained, it was found that maximum houses were Pakka; followed by Kaccha houses. The main sources of drinking water of the families are well and hand pump; a majority also use boring as their source of water. The villagers use sand filters for purification of water and maintain good health and hygiene conditions. The sanitation facilities (Latrines) were moderate with a majority of families having their Latrines outside the house and





were Pakka. Maximum number of houses had facility of electricity and Gas connection for cooking; while a few number of families used other mediums like stoves. Vehicles like two wheelers and cycles were used for transportation in this village; a few number of families used cars. The hospital facility in this village is poor with only one private hospital within few kms from this area. The main prevalent diseases were found to be Amlapitta, Vatavyadhi, TvakaRoga, Arsa and Grahanidosa.

- 108. Xaukhuchi:** - The village Xaukhuchi is situated at a distance of approximately 8 Km from the Institute. The estimated population of this pocket was near about 1200 nos. In terms of education facility, there are two lower primary schools, one high school and one private school in this village, In respect to socio-economic conditions, it was recorded that maximum families earn by running small and medium business, and some through daily wages. Only a few numbers of families had their earning through services. Majority of houses in Xaukhuchi village are Pakka; followed by Kaccha. Main Source of drinking water is well and hand pump; whereas a number of families also use boring water as their main source. The villagers use sand filters as well as candle filters for purification of water. The sanitation facilities (Latrines) in this village were good, and the families maintain good health and hygienic conditions, as maximum number of families had their Latrines outside the house and were Pakka; several numbers of families even had their Latrines inside the house. Almost all the houses had facility of electricity and Gas connection for cooking. Apart from this a number of families used other mediums like wood and stoves for cooking. Vehicles like two wheelers and cycles were commonly used by the families for their transportation; whereas a few families used cars also. The hospital facilities of the village were moderate with only one private hospital, few kms away from the area. The main prevalent diseases among the people were found to be Vatavyadhi, Amlapitta, TvakaRoga, Sandhi Vata, and Prameha.
- 109. Mainakhurung:** The village Mainakhurung is approximately 25 Km away from the Institute. The estimated population of this village is near about 600 nos.. There is one L.P School and 1 Private school at this village. In respect of socio-economic conditions the families are earning either through daily wage system or by running small business. Houses are mainly made of Rod and cement (pucca) where as few kaccha houses made of tin and bamboo. The villagers maintain good health and hygiene conditions. The sanitation facility is available. Source of drinking water is mostly hand pump. The villagers also use sand filters for purification of water. Almost all the houses are having facility of electricity and Gas connection for cooking. The vehicles like two and four wheelers are also available in this village. The hospital facilities are moderate of the village with one Sub centre at this area. The main prevalent diseases are found like Amlapitta, Twaka Roga, and Vatavyadhi etc.
- 110. Deosothal and Maghuapara:** The village Deosothal and Maghuapara is approximately 30 Km away from the unit. The estimated population of these villages near about 800. There is one L.P School and in this village, In respect of socio-economic conditions the maximum no of families are earning through daily wage system and a few by running small business. Houses are made of bamboo and tin (kaccha) as well as few pukka houses made of rod and cement is also seen. The villagers maintain poor health and hygiene conditions. The sanitation facilities (Latrines) used is not good. Source of drinking water is mostly hand pump. The villagers also used sand filters for purification of water while





most of them consume directly without filtration. Almost all the houses are having facility of electricity. Gas connection facilities are not available in all the houses so they use firewood for cooking. The vehicles mainly available like two wheelers, four wheelers in this village. The hospital facility is not available in this area. The main prevalent diseases found like Vata Vyadhi, Amlapitta, Twaka Roga, Pradara etc.

### **RARI, Gangtok**

- 111. Deorali:** Deorali is situated about 2-4 km away from the Institute Gangtok, East District. Most of the areas over there are hilly areas. Population of this area according to the last Census 2011 is 5523 out of which 2853 are Male and 2670 are Female. Common language spoken by the people is Nepali and Hindi, English is used in very rare case. According to the survey it was found that most of the people are Non-Vegetarian and are addicted to alcohol & tobacco. Most of the houses are Pakka (RCC) and only few are kaccha. Most of the road over there is pitch roads and few are kaccha. For local transportation public bus services as well as private transports are available. Few Pharmaceutical Industries are found in and around the area. Regarding educational facility there are 3 Govt. Schools, 11 private schools, 2 Graduation colleges. Regarding Agriculture only Paddy, Maize are produced by trace cultivation however some vegetables and fruits like Oranges, Squash, Beans, Cabbages, Carrots, Spinach, Cauliflower are also cultivated and no harmful chemical pesticides are used for cultivation, only organic pesticides is used. Every house has got access to electricity. For cooking purpose, LPG gas is used mostly; however some people also use wood and stoves at times.
- 112. Assam Linzey:** Assam Linzey is situated about 27 km away from the Institute and average 10 km away from the National Highway (NH-10), in Tehsil- Pakyong, East District. Most of the areas over there are hilly areas. Population of this area according to the last Census 2011 is 2055 out of which 1176 are Male and 1097 are Female. Common language spoken by the people Nepali, Hindi and in very rare case Bhutia, Lepcha, Subba, Sherpa, English etc. are used. Most of the people are Non-Vegetarian and are addicted to alcohol & tobacco. Most of the houses are Pakka (RCC) and few are kaccha very few are thatched. Most of the roads over there are pitch roads and few are kaccha, worst roads. For local transportation public bus services as well as private transports are available. Few Pharmaceutical Industries are found in and around the area. Regarding educational facility (2 Govt. & 1 Private) Pre Primary, (3 Govt. & 1 Private) Primary, One Middle School, One Govt. Secondary & One Govt. Senior Secondary School is in the area and One Polytechnic College in West PENDOM 10 km. away from Linzey. Regarding Agriculture only Paddy, Millet, Maize are produced by Terrace farming however some vegetables and fruits like Oranges, Squash, Beans, Cabbages, Carrots, Gundruk, Iskus, Ningro, Pharsi, Shaag, Spinach, Cauliflower are also cultivated no harmful chemical pesticides used during cultivation, only organic pesticides is used. Every house has got access to electricity. For cooking purpose, LPG gas is used mostly however some people also use wood and stoves most of the times instead of LPG.
- 113. Luing:** Luing is situated at Indira Bye pass Road, about 13.4 km away from the Institute and average 5 km away from the National Highway (NH-10), in Tehsil- Gangtok, East District. Most of the areas over there are hilly areas. Population of this area according to the last Census 2011 over there is 2019 out of which 1037 are Male and 982 are Female. Common language spoken by the people Nepali, Hindi and in very rare case Bhutia,



Lepcha, Subba, Sherpa, English etc. are used. According to the survey it was found that most of the people are Non-Vegetarian and are addicted to alcohol & few are addicted to tobacco, Smoking. Most of the houses are Pakka (RCC) and only few are kaccha. Most of the road over there is gravel and worst roads (Kaccha) and very few are pitch roads. For local transportation Taxis and local Jeeps are available. Industries are not found in and around the area. Regarding educational facility Pre Primary (2 Govt. & 2 private), Primary (4 Govt. & 2 private), Middle School (2 Govt. & 1 private) are available and one Govt. Secondary School is in Gangtok which is about 5-10 Km. from Luing. Regarding Agriculture only paddy is produced by trace cultivation however some vegetables and fruits like Oranges, Squash, Beans, Cabbages, Carrots, Spinach, Saag, Iskus, Ningro, Potatoes, Pharsi, Cauliflower etc. are also cultivated and no harmful chemical pesticides are used during cultivation, only organic pesticides are used. Every house has got access to electricity. For cooking purpose, LPG gas is used mostly however some people also use wood at and stoves at times.

- 114. Burtuk:** Burtuk is situated about 5-7 km away from the Institute and average 1.5 km away from the National Highway (NH-10), in Tehsil- Gangtok, East District. Most of the areas over there are hilly areas. Population of this area according to the last Census 2011 is 6521 out of which 3365 are Male and 3156 are Female. Common language spoken by the people Nepali, Hindi and in very rare case Bhutia, Lepcha, Subba, English etc. are used. Most of the people are Non-Vegetarian and are addicted to alcohol & tobacco. Most of the houses are Pakka (RCC) and only few are kaccha. Most of the road over there is pitch roads and few are kaccha. For local transportation public bus services as well as private transports are available. No Industries are found in and around the area. Regarding educational facility 4 Govt. and 16 private Schools are available in the area. Regarding Agriculture Paddy, Maize, Wheat, Rice are produced by terrace farming however some vegetables and fruits like Oranges, Squash, Cabbages, Iskus, Raisagh, Tomatoes, Carrots, Spinach, Cauliflower etc are mainly cultivated. Every house has got access to electricity. For cooking purpose, LPG gas is used mostly however some people also use wood and stove at times. The prevalent disease found are
- 115. Nandok:** Nandok is situated about 19 km. away from the Institute and average 5-10 km. away from the National Highway (NH-10), in Tehsil- Gangtok, East District. Most of the areas over there are hilly areas. Population of this area according to the last Census 2011 is 3604 out of which 1850 are Male and 1754 are Female. Common language spoken by the people Nepali, Hindi and in very rare case Bhutia, Lepcha, Subba, Sherpa, English etc. are used. Most of the people are Non-Vegetarian and are addicted to alcohol & tobacco. Most of the houses are Pakka (RCC) and only few are kaccha. Most of the road over there is pitch roads. For local transportation public bus services as well as private transports are available. Regarding educational facility (2 Govt. & 2 Private) Pre Primary, (3 Govt. & 2 Private) Primary, (1 Govt. & 2 Private) Middle School, (1 Govt. & 1 Private) Secondary & One Senior Secondary School is in Samlik Marchak which is about 5 km. away from Nandok. Regarding Agriculture only paddy is produced by trace cultivation however some vegetables and fruits like Oranges, Squash, Beans, Cabbages, Carrots, Spinach, Saag, Iskus, Ningro, Potatoes, Pharsi, Cauliflower etc are also cultivated and no chemical pesticides are used for cultivation, only organic pesticides are used. Every house has got access to electricity. For cooking purpose, LPG gas is used mostly however some people also use wood and stove at times.



**116. Namli:** Namli is situated about 19 km away from the Institute and through the National Highway (NH-10), in Tehsil- Martam, East District. Most of the areas over there are hilly areas. Population of this area according to the last Census 2011 over there is 1203 out of which 634 are Male and 569 are Female. Common language spoken by the people Nepali, Hindi and in very rare case Bhutia, Lepcha, Subba, Sherpa, English etc. are used. Most of the people are Non-Vegetarian and are mostly addicted to alcohol and few to tobacco, Cigarettes. Most of the houses are Pakka (RCC) and only few are kaccha. Most of the road over there is pitch roads. For local transportation public bus services as well as private transports are available. Industries are not found in and around the area. Regarding educational facility One Pre Primary, One Primary & One Middle School is available in Tulmabung which is 5 km. away from Namli village and One Secondary & One Senior Secondary School is in Samlik Marchak which is about 5-10 Km. from Namli & there is One Engineering, One Medicine and One Management college is available in Samlik Marchak which is 5 km. away from Namli village. Regarding Agriculture only paddy is produced by trace cultivation however some vegetables and fruits like Oranges, Squash, Beans, Cabbages, Carrots, Spinach, Saag, Iskus, Ningro, Potatoes, Pharsi, and Cauliflower etc are also cultivated. Every house has got access to electricity. For cooking purpose, LPG gas is used mostly however some people also use wood and stoves at times.

#### **RARI, Itanagar**

- 117. Poma:** The village is located at a distance of 22 km from the RARI Itanagar. The village is having 40 no. of houses and population is 600. The village is having no Health Care Facilities in the village. Terrace cultivation is the main occupation in the locality. Water resources are River and pond. There is one middle school and Main vegetables are tomato and potato.
- 118. Ganga:** The village is located at the distance of 8 km from the RARI Itanagar. The village has good road connectivity and schools for the children's. PHC and other health facilities are available nearby. The village has more than 30 no's of Houses and population of 240 people. Water resources are River and Pond. There is one primary school and Main vegetables are tomato, cabbage and potato.
- 119. KAMKO:** It is at the distance of 21 km from RARI Itanagar. The connectivity are not good to this village, and the village is having total no. of 20 houses and a population of 240. Water resources are River and stream. There is one primary school and main vegetables are tomato and potato.
- 120. Tengabari:** It is 51 km from the RARI Itanagar. The village has got all the facilities like PHC, Anganwadi, Schools and secondary school and the villagers are mostly engaged in occupations like tea plantation, coconut cultivation, and timber plantation. The village is having 40 House and population is 600. Roads are Pakka and the water resource is only River.
- 121. Rakap:** It is 23 km from RARI Itanagar and the village is devoid of health facilities. Roads are Pakka. It has total 30 no. of houses and population is 270. There is one primary school. Water resources are River and Stream. Main vegetables are tomato and potato.
- 122. Lenka:** It is located at the distance of 54 km from the RARI Itanagar. There are total 40



no. of houses in the locality. The total population of the village is 600 and the village is devoid of health facilities. Peoples are mostly agricultural laborers and practice hunting. The roads are Kaccha and Pakka. There is one primary school. Water resources are River, pond and well. Main vegetables are tomato and potato.

- 123. Kampo:** Is at located at a distance of 24 km from the Institute. The connectivity to the village is very poor. There are 40 houses with a total population of 600. The Peoples are engaged in the agricultural, hunting and in fishing. The roads are Kaccha and Pakka. There is one primary school. Water resources are River and pond. Main vegetables are tomato and banana. There is one sub centre as health facility.
- 124. Khamira:** It is located at the distance of 19 km from the institute. The roads are good. There were 40 houses and the population is 550 in total, and the villagers were engaged in terrace cultivation and farming as their occupation. There is one secondary school. Water resources are River, tube well and pond. Main vegetables are cabbage and potato. There is one PHC as health facility.
- 125. Dodum:** This village is located with a distance of 24 km from the Institute. The road connectivity to this village is good and the houses are mostly RCC Type. Peoples are mostly employed and the village is also having good health facilities. The total no. of houses is 50. The total population of the village is 700. There is one secondary school. Water resources are River and pond. Main vegetables are cabbage and potato.
- 126. Chiputa:** This village is 36 km away from the Institute. The connecting roads are good to the village and the basic amenities are also available in the village. There is total no. of 37 houses. The population of the village is 500. The main occupation of the village is cattle rearing, timber cuttings and terrace cultivation. There is one secondary school. Water resources are River, well and pond. Main fruit is banana. There is one sub-centre as health facility.
- 127. Hollongi:** The distance is about 30 km rom the Institute. The peoples are mostly tribes (Assamese, Boro, Chakma, Nyishi and Mishing). The roads are kaccha and pakka the facilities like education and health facilities are available from the Assam govt. It has 30 houses with a total population of 400. There is one secondary school. Water resources are River, well and pond. Main fruits are banana. There is one sub-centre as health facility.
- 128. Chakma:** It is located at the distance of 35 km from the Institute. The tribes inhabiting this village are mostly Chakmas. The roads are kaccha in nature. There is one primary school. Water resources are River, well, stream and pond. Main vegetables are ginger and garlic, brinjal, tomato, potato; cabbage etc. There is no health facility. Peoples are engaged mostly in farming practice. The roads are good in quality. The villagers mostly engaged in farming of grains (maize) and sugarcane etc. The roads are both kaccha and pakka. The villagers are mostly engaged in cultivation and animal rearing as their occupation. Main fruit is coconut of this area.
- 129. Karbi:** This village is around 34 km from the Institute, and the tribes inhabiting these areas are Karbis. The village has all the basic facilities like Health, and education. The villagers mostly engaged in farming and planting cash crops and they sell vegetables to their nearest market. There is facility of primary school education. Water resources are





River, well and pond etc. Main vegetables are potato, tomato, brinjals, water gourd and cabbage etc. Main fruits are pomegranate and banana etc. Roads are kaccha and pakka type and some are of good quality. The houses are of kaccha type, the facilities like Anganwadi are available.

- 130. Langdandpara:** The village is mostly inhabited by the Boro-Kachari Tribe and it is thinly populated by the Adi Vasi tribe. The roads have a good connectivity with both kaccha and pakka roads. The house pattern is mainly kaccha type. There is facility of primary Education. Water resources are River, well and pond. There is no health facility. Main vegetables used by students are ginger, squash and pumpkin etc. They depend on Agriculture, Fishing, & Firewoods collection as their livelihood. Main vegetables are gourd, potato and cabbage.
- 131. Sepanguri:** It is located at the distance of 34 km from the Institution. The total no. of Houses is 35 and the population is 600. The villagers are mostly engaged in the agricultural practice. The roads are pakka and the villagers depend on cycles, two wheelers for their transportation. There is one primary school. Water resources are River, well, tubewell and pond. There is no health facility. Main vegetables are potato.
- 132. KHURAIGURI:** It is located at the distance of 35 km from the Institute. The roads are kaccha and pakka. Villagers sell their agricultures productions in the nearest market. The total houses and the population is 40 and 700. The houses are kaccha type. This region lacks in health and educational facilities. There is one primary school. Water resources are River, well, tubewell and pond. There is no health facility. Main vegetable is pumpkin.

#### RARIUD. Jammu

- 133. Durga Nagar:-** Durga Nagar is situated in Jammu city under Jammu Municipal Corporation, Tehsil Jammu, Constituency-Raipur at Distance about 2 Km from Banatalab Jammu in North East Direction of Jammu City. Total pollution of the colonies 2000 approx as per the census 2011. Mostly, the people Kashmiri, Dogri and Hindi. People of the colonies working as government employees. Mostly there are new houses (pucca). The road condition is pucca. There are two private schools in the colonies and one Private chemist shops.
- 134. Gurah Keran :-** Gurah Keran is situated in Jammu city under Jammu Municipal Corporation, Tehsil Jammu, Constituency-Raipur at Distance about 2 Km from Banatalab Jammu in North East Direction of Jammu City. Total pollution of the colonies 1500 approx as per the census 2011. Mostly, the people Kashmiri, Dogri and Hindi. People of the colonies working as government employees. Mostly there are new houses (pucca). The road condition is pucca. . There is one Government Middle School and One Government Dispensary at Keran.
- 135. Laxmipuram :-** Laxmipuram is situated in Jammu city under Jammu Municipal Corporation, Tehsil Jammu, Constituency-Raipur at Distance about 1.5 Km from Banatalab Jammu in North East Direction of Jammu City. Total pollution of the colonies 1500 approx as per the census 2011. Mostly, the people Kashmiri, Dogri and Hindi. People of the colonies working as government employees. Mostly there are new houses (pucca). The road condition is pucca. . There is one Private high School, 2 Private



Higher Secondary School , 1. Government Middle School, 1. Anganwadi centre and one Private Chemist Shops.

- 136. Lower Roop Nagar :-** Lower Roop Nagar is situated in Jammu city under Jammu Municipal Corporation, Tehsil Jammu, Constituency-Raipur at Distance about 3 Km from Banatalab Jammu in North East Direction of Jammu City. Total pollution of the colonies 1500 approx as per the census 2011. Mostly, the people Kashmiri, Dogri and Hindi. People of the colonies working as government employees. Mostly there are new houses (pucca). The road condition is pucca. There is one Private B.ed Colleague and one Private High School and One Playway School at Lower Roop Nagar. There are one Urban Health Centre and one Private chemist shops in the lower Roop Nagar.
- 137. Bharat Nagar :-** Bharat Nagar is situated in Jammu city under Jammu Municipal Corporation, Tehsil Jammu, Constituency-Raipur at Distance about 2 Km from Banatalab Jammu in North East Direction of Jammu City. . Total pollution of the colonies 2000 approx as per the census 2011. Mostly, the people Kashmiri, Dogri and Hindi. People of the colonies working as government employees. Mostly there are new houses (pucca). The road condition is pucca. There are two private schools in the colonies and one Private chemist shops.

#### **RARIND, Mandi**

- 138. Kotali:** Kotali is 24km away from RARIND, Mandi (H.P.) in which Gharvahan, Kotli, Balaahar, Harat, Sukhsaal, and Ropadu villages have been covered. Most of the people are farmers and eat self-cultivated food like rice, wheat, maize, seasonal vegetables, fruits and milk products. Most of their houses are RCC, Pakka and *Kachcha* houses. In every house, there is proper sanitation facility. Transportation facility is good with frequent Govt. and private buses. There is government water supply, bawdi, and hand pumps as water resources in the panchayat. There is one Govt. CHC which provides their health services to the local people for their treatment. Electricity facility is proper. Cooking is mostly done with cooking gas, wood chullahs and electrical stove.
- 139. Talyahar:** Talyahar panchayat is 8km away from RARIND, Mandi (H.P.) in which Fatehvahan, Manthala, Masswar, Panjehati, Mandvahan, Talyahar, Ghera, Gaddal, Devdhar, Lavana, and Rachchhavana villages have been covered. Most of the people are farmers and self-employed. They eat mainly self-cultivated food like rice, wheat, maize, seasonal vegetables, fruits and milk products. Most of their houses are RCC followed by *Pakka* and *kaccha* houses. In every house, there are proper sanitation facility. Proper transportation facilities like Govt. and private buses are available. There is government water supply, bawdi, and hand pumps as water resources in the panchayat. There is only one PHC, medical facility is not proper in this area. Electricity facility is adequately available. Cooking is commonly done through cooking gas, woods chullahs and electrical stove.
- 140. Nerchowk:** Nerchowk panchayat is 20km away from RARIND, Mandi (H.P.) in which Ner and Dhangoo villages have been covered. Most of the people are farmers and eat mainly self-cultivated food like rice, wheat, maize, vegetables, fruits and milk products. Most of their houses are made up of RCC and *Pakka* and *Kuccha* houses. The environment is mildly polluted due to the presence of brick manufacturing establishments nearby and



within 5 km distance industrial area is present. In every house, there is proper sanitation facility. There is proper government water supply along with it wells, bawdi, and hand pumps as water resources in the panchayat. There is one CHC, five Private clinics which provide their health services to the local people for their treatment. Electricity facility is properly available. The cooking is mostly done with cooking gas, woodchullahs and electrical stove.

- 141. Katindhi:** Katindhi panchayat is 18 km from RARIND, Mandi (H.P.) in which Lanjhanu, Katindhi, Badidhar, Runjh, Shadala villages have been covered. Most of people are farmers and food habit includes mainly self-cultivated food like wheat, maize, cucumber, eggplant, gourd and cauliflower, fruits and milk products. In Katindhi, most of the houses are RCC *Pakka* but some are *Kachcha* houses. In every house, there is proper sanitation facility. There is only government water supply. In the panchayat water shortage is a common problem in the area and they rely on rainfall only for irrigation also as no natural water source is present. There is only one Govt. Ayurvedic Health Centre, health services were not proper in the region. Electricity facility proper. Cooking is mostly done through cooking gas and wood chullahs.
- 142. Syog (Pandoh):** Syog panchayat is 22 km from RARIND, Mandi (H.P.) in which Syog, Teen Papal, Jaral, Sojha, and Trayambala villages have been covered. Most of people are farmers or self-employed and eat mainly self-cultivated food like wheat, maize, rice, barley, some varieties of vegetables, fruits and milk products. In Syog, most of the houses are RCC *Pakka* and *Kachcha* houses. The climate of the area is breezy, cold and sunny in winter and hot in summer. Environment is clean, non-polluted. In every house, there is proper sanitation facility. There is government water supply and hand pumps as water resources in this area. There is only one Govt. Hospital (BBMB: Bhakhra Beas Management Board). Electricity facility is proper. Cooking facilities are also available through cooking gas, woods chullahs and electrical stove.
- 143. Jamni:** Jamni panchayat is 37km away from RARIND, Mandi (H.P.) in which Jamni, Sarnota, Ropari, Bhadrohi, Khalanu, Kallar, Dhangore, Balhyara, Hamsal villages have been covered. Most of the people are farmers, self-employed or Govt. employees and eat self-cultivated food like rice, wheat, maize, seasonal vegetables, fruits and milk products. Houses are RCC, *Pakka* and *Kachcha* houses. In every house, there is proper sanitation facility. Proper Transportation facilities through Govt. and private buses. There is a government water supply and ample natural water resource (water streams). There is one Govt. PHC in the area. Electricity facility is proper. Cooking mostly done through cooking gas, woodschullahs and electrical stove.
- 144. Padhiyun:** Padhiyun panchayat is 10km away from RARIND, Mandi (H.P.) in which Padhiyun, Kathalag, and Chambi, Jola, and Jhal villages have been covered. Most of the people are Govt. employees and self-employed. They eat mainly self-cultivated food like rice, wheat; maize, seasonal vegetables, fruits and milk products. Most of their houses are RCC and *Pakka* and *Kaccha* house In every house, there is proper sanitation facility. Transportation facilities like Govt. and private buses, personal vehicles etc. are good in the area of this panchayat. There is government water supply, bawdi, and hand pumps as water resources in the panchayat. There is one Govt. Ayurvedic Dispensary which provides their health services to the local people for their treatment. Electricity facility is adequately



available. Cooking facilities are also available through cooking gas, woodchullahs and electrical stove.

- 145. Riur:-** Riur panchayat is 25km away from RARIND, Mandi (H.P.) in which Riur, SukkaRiur, Manjyali, Chalahar and Garloni villages have been covered. Most of the people are Govt. employees and farmers. They eat mainly self-cultivated food like rice, wheat, maize, vegetables, fruits and milk products. Houses are mostly made up of RCC and *Pakkah* houses. In every house, there is proper sanitation facility. Transportation facility is proper through Govt. and private buses. There is government water supply, bawdi, and hand pumps as water resources in the panchayat. There are one Govt. Ayurvedic Health Center. Health facility is not proper here. Electricity facility is properly available. Cooking mostly done through cooking gas, woodchullahs and electrical stove.
- 146. Tandu:-** Tandu panchayat is 13 km away from RARIND, Mandi (H.P.) in which Tandu, Bhatog, Dabaradu, Pakhari, Mehar, Mathaneul, and Maigal villages have been covered. Most of people are farmers and eat mainly self-cultivated food like wheat, maize, and barley, some variety of vegetables, fruits and milk products. Most of the houses are RCC or *Pakka* but in some villages (Bhatog, Mathaneul) *Kachcha* houses were present. In every house, there is proper sanitation facility. Proper transportation facilities through Govt. and private buses. There is proper government water supply and also bawdi and handpump were present. There is one Ayurvedic Health Center and one Primary Health Center. Electricity facility is proper. Cooking mostly done through cooking gas, electric stove and wood chullahs.
- 147. Bijani:-** Bijani panchayat is 6 km away from RARIND, Mandi (H.P.) in which Bijani, Bhalana, Chhipanu, Hamgram, Sinhnaal, Kharadubaag, and Shambal villages have been covered. Most of people are Govt. employees or self-employed and eat mainly self-cultivated food like wheat, maize, rice, barley, some varieties of vegetables, fruits and milk products. In Bijani, most of the houses are RCC *Pakka* and rarely *Kachcha* houses. In every house, there is proper sanitation facility. Proper transportation facilities through Govt. and private buses. Proper government water supply and Natural water Sources are also abundant. Electricity facility is adequately available. Cooking mostly done through cooking gas, wood chullahs and electrical stove.
- 148. Dhamayan:-** Dhamyan ward of Majhawar Panchayat is 14 km away from RARIND, Mandi (H.P.) in which Dhamayan, Majhula, Gahari, Nihalag, Jhadvans, Kuther, Jamandhi, Kotala, Nanyali, Kipad villages are included. Most of people are farmer or self-employed and eat mainly self-cultivated food like wheat, maize, rice, and some varieties of vegetables, fruits and milk products. In Dhamyan, most of the houses are RCC, *Pakka* and rarely *Kachcha* houses. In every house, there is proper sanitation facility. Proper transportation facilities through Govt. and private buses. Proper government water supply and Natural water Sources are also abundant. Electricity facility is adequately available. Cooking mostly done through cooking gas, wood chullahs and electrical stove.
- 149. Gihula:-** Gihula ward of Majhawar Panchayat 13 km away from RARIND, Mandi (H.P.) in which Gihula, Kohadi, Banaut, Ropari villages are included. Most of people are farmer or self-employed and eat mainly self-cultivated food like wheat, maize, rice, some varieties of vegetables, fruits and milk products. In Gihula, most of the houses are RCC *Pakka* and





rarely *Kachcha* houses. In every house, there is proper sanitation facility. Transportation facilities is poor in the villages as it is situated approx. 2 Kms away from the main road and only personal vehicles provide the transportation facility. Proper government water supply and Natural Water Sources are also available. There is no school in this village and students are going to the schools placed 3 Km away from the village. Electricity facility is adequately available. There is no medical facility and people have to go for their treatment to the nearby village of the same Panchayat, which provides their services to the people for their treatment during their illness. Cooking mostly done through cooking gas and woods chullahas.

- 150. Nela/ Shilla Kipad:** Nela/ ShilhaKipad ward of Majhwar Panchayat is situated in Tehsil Sadar District Mandi approx. 8 km away from RARIND, Mandi (H.P.) in which Nela, Langani, ShilhaKipad, Bindravani villages are included. Most of people are Govt. employees or self-employed and eat mainly self-cultivated food like wheat, maize, rice, some varieties of vegetables, fruits and milk products. In Nela, most of the houses are RCC, *Pakka* and rarely *Kachcha* houses. In every house, there are proper sanitation facilities. Transportation facilities like Govt. and private buses etc. are good in the area proper government water supply, hand pumps and Natural water Sources are also available. Electricity facility is adequately available. Cooking mostly done through cooking gas, wood chullahs and Electric stoves.
- 151. Jhadvans:-** Jhadvans (Bari) Village of Majhwar Panchayat is situated in Tehsil Sadar District Mandi approx. 27 km away from RARIND, Mandi (H.P.). Most of people are farmer or self-employed and eat mainly self-cultivated food like wheat, maize, rice, some varieties of vegetables, fruits and milk products. Most of the houses are RCC *Pakka* and rarely *Kachcha* houses. In every house, there is proper sanitation facility. The transportation facilities are poor in the villages as it is situated 5 kms away from the Linked main road. Proper government water supply and Natural water Sources are also available. There is no school in this village and students are going to the schools placed 2 Km away from the village. Electricity facility is adequately available. There is no medical facility and people have to go for their treatment to the nearby village of the nearby Panchayat, which provides their services to the people for their treatment during their illness. Cooking fuel is L.P.G. however burning wood particular in winter season is also practiced for cooking purpose.
- 152. Majhwar:-** Majhwar Panchayat is 12 km away from RARIND, Mandi (H.P.). Most of people are farmer or self-employed and eat mainly self-cultivated food like wheat, maize, rice, some varieties of vegetables, fruits and milk products. Most of the houses are RCC, *Pakka* and rarely *Kachcha* houses. In every house, there is proper sanitation facility. The transportation facilities like Govt. and private buses etc. are good in this area. Proper government water supply and Natural water Sources are also available. Electricity facility is adequately available. Cooking fuel is L.P.G. and induction stove; however burning wood particular in winter season is also practiced for cooking purpose.
- 153. Panchayat Pandoh** is situated under Tehsil Sadar District Mandi approx. 18kms away from RARIND, Mandi (H.P.) in which Pandoh, Gaad, Tilli, Dhadol, Upper Pandoh, Jyuni Road, Saranda, Lower Pandoh villages are included. The population according to 2011 census is 2788. People of this area speak Hindi and Mandyali language. Most of the people are self-employed and farmers, some of the villagers are Govt. employees too. People of



this area eat self-cultivated food like rice, wheat, maize, seasonal vegetables, fruits and milk products. Most of their houses are Pakka and RCC. The environment of this area is sunny and cold in winter and hot in summer. In every house, there is proper sanitation facility. Transportation facilities like Govt. and private buses etc. are proper in this area. There is government water supply, natural resources and hand pumps as water resources in the area. There are 4 Govt. Schools in this area. There are 1 PHC, 1 AHC and 3 medical stores, which provides their services to the people for their treatment during their illness. Electricity facility is adequately available and the main cooking fuel is L.P.G., however burning wood particular in winter season is also practiced for cooking purpose.

#### **RARISD, Ahmedabad**

- 154. Chandkheda:** Chandkheda is at a distance of approx.12 from the institute. Population according to last census is approximately 1, 40,000 (one lakh forty thousand). Some of the main localities of Gujarat Housing Board are Durga Chowk, Bauchar Chowk, Laxmi Nagar, Gayatri Nagar, and Mutera Village etc. The people are middle class having small houses of their own or on rented accommodation. All houses have electricity and sanitation facilities with tap water sources. Most of the roads are pakka.
- 155. Thakkar Nagar:** Thakkar Nagar is at a Distance of approx.08 Kms from the institute. Population according to last census is approximately 2, 30,000 (two lakh thirty thousand). Some of the main localities are shyamdham soc, kalyan chock, yogeshwer residency etc. The people are middle class having small houses of their own or on rented accommodation. All houses have electricity and sanitation facilities with tap water sources. Most of the roads are pakka. For education, schools are fairly available. Medical facilities are mostly provided through private clinics.
- 156. Saijpur Bogha:** The area is located at the distance of 05 kms from our Institute in East direction. Some of the main nearby localities are Gayatri Society, New Krishna Kunj Society, Ramdev Society, Shakti Park and Greevan Society. Population is around 1, 50,000 (one lakh fifty thousand). The people belong to middle class having mostly houses of their own or on rented accommodation. Private schools for providing education facilities to the residents are present in this area. All houses have electricity and sanitation facilities with tap water sources. Mostly people are living in Pakka type houses and also have pakka roads and pathways.
- 157. Kuber Nagar:** The Kuber Nagar is at a distance of approx.08 Kms from the institute . Population according to last census is approximately 1, 70,000 (one lakh seventy thousand). Some of the main localities are Shradhnand Society, Kismat Nagar, Savitri Nagar, Vidya Nagar, Jayanti Bhai Ki Chali etc. The people are middle class having small houses of their own or on rented accommodation. All houses have electricity and sanitation facilities with tap water sources. Most of the roads are pakka.
- 158. Adinath Nagar:-** Adhinath Nagar is at a distance of approx.13 Kms from the institute Population according to last census is approximately 1, 20,000 (one lakh twenty thousand). Language spoken is mainly Gujarati and Hindi. The people are middle class having small houses of their own or on rented accommodation. Most of the population is involved in Government / Private Jobs. Few people are involved in small scale businesses. All houses have electricity and sanitation facilities with tap water sources. Most of the roads are pakka.



### ALRCA, Chennai

- 159. Kotturpuram:** This colony is at a distance of 4 km from ALRCA. Tamil language was spoken by them; maximum members are labors and company workers. All houses are pakka & kaccha, proper sanitation facilities were available. Roads were pakkaa but garbage surrounded this area, public transportation facility is available. There were no natural resources and water resources present near the colony; tap water & hand pump water facilities provided by municipality was the main source of water, it industries in and around the colony, govt primary school with in the colony, St. Patrics high school and private degree college are available in this colony. Government health centre inside the colony, government cancer hospital -1 kms away from the colony. No crops grown in the vicinity. Electricity facility was available for the colony.
- 160. Taramani:** Taramani is at a distance of 6 km from ALARCA. Tamil language was spoken by them; maximum members are labors, lower duty works and company workers. All houses are kaccha & pakka, few rcc. Roads were pakkaa but garbage surrounded this area, public transportation facility is available. There were no natural resources and water resources present near the colony. Tap water provided by municipality was the main source of water. Proper sanitation facilities are available some. Tidel park it industries in and around the colony, govt primary school with in the colony, high school and Degree College & polytechnic, nursing college is available in this colony. Private health centre inside the colony, govt health centre available in colony. No crops grown in the vicinity. Electricity facility was available for the colony.
- 161. Besant nagar:** Besant nagar is 9 km distance from ALARCA. Tamil language was spoken by them; maximum members are labors, lower duty works and company workers. All houses are kaccha, few rcc and few thatched. Roads were pakkaa and public transportation facility is available. There were no natural resources and water resources present near the colony. tap water & hand pump water facilities provided by municipality was the main source of water. Proper sanitation facilities are available. It industries in and around the colony, primary schools within the colony, high school and degree college are available in this colony. Private Santhosh hospital, Asian hospital -2 kms away from the colony. No crops grown in the vicinity. Electricity facility was available for the colony.
- 162. Thiruvanmiyur:** Thiruvanmiyur is at 7 km distance from ALARCA. Tamil language was spoken by them; maximum members are labors, lower duty works and company workers. All houses are pakka & kaccha, few rcc. Roads were pakkaa, but garbage surrounded this area, public transportation facility is available. There were no natural resources and water resources present near the colony. Tap water & hand pump water facilities provided by municipality was the main source of water. Ramco industries are around the colony. Proper sanitation facilities are available. One primary school with in the colony, corporation govt hospital, government & private high school and Degree College are available in this colony, corporation govt hospital -5.5 kms away from the colony. No crops grown in the vicinity. Electricity facility was available for the colony.
- 163. Kottur:** Kottur, is at 4 km distance from ALARCA. Tamil language was spoken by them; maximum members are labors, lower duty works and company workers. All houses are pakka & kaccha, few rcc. Roads were pakka but garbage surrounded this area public transportation facility is available. There were no natural resources and water resources



present near the colony. Tap water & hand pump water facilities provided by municipality was the main source of water. Wipro it industries in and around the colony, proper sanitation facilities are available. Govt primary school with in the colony, govt high school and Degree College are available in this colony. Govt health centres inside the colony, private hospital padmapriya -1 kms away from the colony. No crops grown in the vicinity. Electricity facility was available for the colony.

- 164. Chitra Nagar:-** Chitra Nagar is situated at a distance of approximately 4.4 kms from the institution. This colony is situated near “MARIYAMMAN TEMPLE” at housing board. Cement roads, good electric, water and transportation facilities are provided at this region. All most all people are using ground water for drinking purposes. Tamil is the local language and some also speaks in their regional language (Urdu/Hindi and Malayalam etc.). A PHC is present near this colony providing some basic medical facilities for these people. Major part of this population uses rice and non-vegetarian foods which are being cooked with Gas in hygienic conditions. Educational institutions and companies are present nearby these colonies and educational status of this region is developing.

**Prevalent diseases at various Villages/Colonies documented across different States under Swasthya Rakshan Programme**

S. No.	Name of Institute	Prevalent Diseases
1.	ACRI, New Delhi	Sandhi Vata, Sandhi Sula, Kasa, Madumeha, Vyanabala Vaishmya
2.	NRIP, Cheruthuruthy	Vata Vyadhi, Sandhi Sula, Sandhi Vata, Katisula, Tvaka Roga Kasa, Prameha, Grdhrasi, Sirah Sula, Swasa, Gulma, Pandu, Amlapitta, Jvara, - Vata Rakta, Mutra Kriccha, Kostha Baddhata, Rajodosham, Grandhi, Sotha
3	NRIADD, Bhubaneswar	Amlapitta, VataVyadhi, SandhiVata, Pratisaya, Pandu, Kasa, Tvaka Roga, Kostha Baddhata, Krimi, Sirah Sula, Arsa, Svasa, Jvara etc.
4	NRIADD, Kolkata	SandhiVata, VataVyadhi, Prameha, Amlapitta, TvakaRoga, Katisula, Svasa, Kasa, KosthaBaddhata, Arsa, UdaraSul, Grahanidosa, Sita Pitta, MutraKriccha, Amavata, KarnaRoga, Grdhrasi, Svitra, Paksaghata
5	NIAPR, Patiala	Dourbalya, Pratisaya, Sandhi Sula, Tvaka Roga, Kasa, Vata Vyadhi, Udara sul, Kostha Baddhata
6	NVARI&H, Lucknow	Udar Sula, Sandhi Sula, Tvak roga, Jvara, Vatavyadhi, Amlapitta, Sotha, Kostha Baddhata, Sandhi vata, Svasa, Pratisaya, Sirah sula, Prameha, Mutrakriccha, Kasa
7	ACRI, Mumbai	Vatavyadhi, Sandhivata, Kasa, Amlpitta and Katishool, Prameha, Koshta-baddhata, Twakroga, Udarshool Pratisyaya, Balakasa
8	ACRI, Jaipur	Sandhi Vata, Prameha, Sandhi Shula, Amlapitta, Udara Shula, Kasa, Tvaka Roga, Sirah Shula, Katishula, Pratisyaya
9	NRIASHRD, Gwalior	Vata Vyadhi, Pratisaya, Tvaka Roga, Udara sul, Sandhi Vata, Pradara, jvara, Kasa, Sirah Sula, pandu, Sandhi Sula, Svasa, Mukharoga, Amlapitta, katisula, Kostha Baddhata, Prameha, Arsa, Krimi, Atisara





10	NARIVBD, Vijayawada	Sandhi Vata, Vata Vyadhi, Prameha, Tvakaroga, Katisula, Amlapitta, Kasa, Sirahsula, Svasa, Dourbalya.
11	AMHRI, Nagpur	Sandhi Sula, Katisul, Daurbalya, SandhiVata, VataVyadhi, Kasa Amlapitta, Pradara, Pratisaya, Vibandha, Prushthasula, Rajodosa, Sirah Sula, Padasula, Prameha, Svasa, Kandu, Arsha, Yauvanpitika, Amavata
12	NADRI, Bangalore	Prathishyaya, Vatavyadhi, Kasa, Miscellaneous which includes hairfall, general checkup etc, Twak Roga, Sandhishula, Madhumeha, KarnaRoga
13	ARIMCHC, Trivandrum	Sandhisoola, Sandhivata, Kasa, Twakroga, Kattisoola, Pradara, Swasa, Prameha, Grudrasi, Amavata, Arsa, Grahanidosha, Vatavyadi, Prathisyaya, Rajodosa, Krimi, Udarasoola, Sirahsoola, Amlapitha, Pakshagatha
14	ARRI, Patna	Sandhi Sula, Vata Vyadhi, Tvaka roga, Kostha Baddhata, Kasa, Katisula, Udars Sula, Amlapitta, Svasa, Arsa
15	NEIARI, Guwahati	Vata Vyadhi, Amlapitta, Tvaka Roga, Kasa, Sandhi, Prameha, Jvara, Krimi, Pandu, Kostha Baddhata, Katisula, Sandhi Sula, UdaraSul, Pratisaya, Grahanidosha, Arsa, Sirah Sula, Rajodosa, Yoni Vyapada, Grdhrasi, Mutra Kricha, Mukharoga, Amavata, Atisara, Svasa, Yakrit Vikara, Vata Rakta, Asthibhagna, Asmari, Pradara, NasaRoga, Kamala, Raktavikara, Bhagandara, Manasvyadhi, Gulma, Granthi, Kustha, NetraRoga, Sotha, Vrana, AntrikaJvara, Arbuda, Galaganda, HridRoga, KarnaRoga, Kandu, Pravahika, Paksaghata, Urah Sula, Vicharchika
16	ARRI, Gangtok	Vata Vyadhi, Amlapitta Ajirna Tvaka Roga, Sandhi Vata Kasa, URC, Sirah Sula
17	ARRI, Itanagar	Disease, Vatvayadhi, Jvara, Kasa, Amlapitta, Udarshool, Katishool Tvakroga, Shirashool, Krimi, Pandu
18	ARRI, Jammu	Kosthbaddhta, Pandu, Katishula, Agnimandya, Agnimandya, Ajeerna, Jaravyadhi, Kasa, Katishula, Kosthbaddhta, Krimi, Madhumeha, Pandu, Sandhishula, Sandhivata, Tvakarog, Vyanbalvaishmya
19	ARRI, Mandi	Vata Vyadhi, Amlapitta, Prathishaya, Pandu, Vata Rakta, Parmeha, Paradra, Udarasul, KosthaBadhhata, Atisara
20	ACDRI, Ahmedabad	Sandhi Shula, Vata Vyadhi, Sandhi Vata, Arsha, Prameha, Tvak Roga, Kasa, Kushtha, Koshtha Baddhata, Amlapitta
21	ALRCA, Chennai	VataVyadhi, Kasa, Jvara, Gridhrasi, Prameha, Vyanabala, vaishyama Sandhi Sula, Twak Roga, Pandu, Sandhi Vata, Ajeerna, Pratisyaya, Bala Kasa, Dourbalyam, Swasa, Sirah Sula, Katisula, Vata Rakta Krimi, Rajo Dosa



### Village Wise Health Facilities

S. No	Name of Institute	Village Covered	Health Facilities Available Near/in Villages
1.	ACRI, New Delhi	Rampura	MGS Hospital Punjabi Bagh, Maharaja Agrasen Hospital, Punjabi Bagh
		Peeragarhi	Sanjay Gandhi Hospital, Maharaja Agrasen Hospital, Punjabi Bagh
		Madipur	CGHS Dispensary, M&CW Centre, Delhi Govt Dispensary, Madipur
		Punjabi Bagh-	MGS Hospital, Punjabi Bagh, Maharaja Agrasen Hospital Punjabi Bagh, ESI Hospital Punjabi Bagh, Guru Govind Singh Govt. Hospital
		Paschim Vihar-	Balaji Action Hospital, CGHs Wellness Center cum Dispensary Paschim Vihar Delhi Govt. Dispensary Paschim Vihar
		Rohini Sec-18	Ambedkar Hospital, Rohini, Jaipur Golden Hospital
2.	NRIP, Cheruthuruthy	Desamangalam	Primary Health Centre
		Varavoor	Primary Health Centre
		Vaniyamkulam	Pk Das Medical college PHC, Ayurveda, Homeopathy Dispensary
		Kulapully	NRHM Dispensary
		Muloorkara	Primary Health Centre Homeopathy dispensary
		Panjal	Primary Health Centre
3	NRIADD, Bhubaneswar	Baramunda basti (BMC Ward-49)	Govt. Ayurvedic Dispensary, AMRI Hospital
		Bharatpur basti (BMC Ward-22)	CARIHD (CCRAS), SUM Hospital
		Jaydev vatika basti (BMC Ward-23)	Govt. Ayurvedic Dispensary, AMRI Hospital
		Nayapalli basti (BMC Ward-25)	CARIHD (CCRAS), Nursing Homes
		Sahid Laxman Nayak Behera Basti (BMC Ward-15)	State Govt. Dispensary and Hospitals like PHC, CHC etc.
		Saliasahi Basti	State Govt. Dispensary and Hospitals like PHC, CHC etc., Kalinga Hospital
		Shantipalli (BMC Ward-34)	Capital Hospital, Sparsh Hospital, Sunshine Hospital
		Maa Mangala & Bhagabati Basti (BMC Ward-35)	Govt. Hospital viz. Capital Hospital, Nursing Homes like Sparsh Hospital, Sunshine Hospital



4	NRIADD, Kolkata	Krishnapur	3 Hospitals with in 4 k.m in this locality
		South Dum Dum	2 Hospitals with in 5 k.m in this locality
		Barrackpore	3 Hospitals with in 22 k.m in this locality
		Picnic Garden	3 Hospitals with in 7 k.m in this locality
5	NIAPR, Patiala	Sular	Government Allopathic dispensary
		Sanjay Colony	
		Daru ki Kutia	
		Dhiru Ki Majri	
		Badungar	
6	NVARI&H, Lucknow	Rasoolpur	One PHC (Homeopathy) is situated in area
		Basti	No govt. health facility is situated in area. Some RMP are available in area.
		Bhauri	One primary health centre is situated in area. Community Health Centre (CHC) is situated approx 3 km from area
		Kewandi	One primary health centre (Homeopathy) is situated in area.
		Goila	Not available
		Patahapurwa	No any Primary Health Centre is situated in this area for medical services, however some registered medical practitioners are there
		Kharagpur	No any primary health centre is situated in this area for medical services; however some registered medical practitioners are there
		Faridinagar	One or two private RMPs are available
		Takrohi	Private RMPs are available
		Amrahi	No PHC and CHC is available in area
		Murlipurwa	No PHC and CHC is available in area
		Newada	No CHC and PHC is available in area
		Panditpurwa	Private RMPs are available
7	ACRI, Mumbai	Prabhadevi	Municipal Dispensaries available
		Worli – Koliwada, Worli	Pvt. Hospitals & Nursing Homes available
		Jijamata Nagar, Worli	
		Sangam Nagar, Wadala	
		Worli B.D.D	
		Byculla	
8	ACRI, Jaipur	Shastri Nagar	PHC is available
		Malaviya Nagar	
		Vaishali Nagar	
		Jawahar Nagar	
		Murlipura	



9	NRIASHRD, Gwalior	Awadpura	Heath Centre is not Available but private clinics are available
		Moti Jheel	
		Sanjay Nagar	
		Chana Kothar	
		Mehra Gaon	
		Bahodapur	
		Guda-Gudi	
		Ram Nagar Morar	
		Vinay Nagar sec-3	
		Birla nagar	
		Mahal Gaon	
10	NARIVBD, Vijayawada	Rellies & Vivekananda	Primary Sub-Health centers are available.
		Budameru Madhya Katta	
		New Rajarajeswari Peta,	
		Krishna Lanka	
		Kothapeta	
		Giripuram, 18 <sup>th</sup> Division	
11	AMHRI, Nagpur	Pachgoan	PHC Pachgaon , Sub centre at Vihirgaon
		Gonishim	
		Bahadura	
		Kharbi	
		Vihirgaon	
		Champa	
		Dongargaon	
		Gumthala	
		Kadholi	
		Kapsi (Bu.)	
		Palsad	
		Sonegaon Raja	
		Surgaon	
		Titur	
Undri			
12	NADRI, Bangalore	Thathaguni	No Govt Hospitals/ PHC/ Dispensaries around the village.
		Agara colony	
		Vaderahalli	
		Banjarapalya	
		Doddipalya	
		Uttari	
		Kaggalipura	





13	ARIMCHC, Trivandrum	Mudavanmugal	Primary Health Centre
		Rajaji Nagar	Primary Health Centre Thycaud hospital for Women and Child
		Jagathy	Primary Health Centre
		Karimadom	Primary Health Centre Attukal Hospital
		Poojappura	Primary Health Centre S.K Hospital
14	ARRI, Patna	Mehandiganj	Nalanda Medical College and Hospital (NMCH) Patna. However other hospital and nursing home like Govt
		Maharajganj	
		Neem ki bhatti	
		Gud ki Mandi	
		Chhoti Pahadi	
15	NEIARI, Guwahati	Boragaon.	The hospital facilities are moderate of the village with one sub-centre in this area.
		Bongaon.	one dispensary and one private hospital
		Botaghuli	The hospital facility is poor in this village with only one State Dispensary within the area.
		Jyotikuchi	The hospital facility in this village is poor with only one private hospital within few kms from this area.
		Xaukuchi	The hospital facilities of the village were moderate with only one private hospital
		Mainakhurung	
		Deosothal	
and Maghupara			
16	ARRI, Gangtok	Deorali	One Family & Welfare centre, One Primary Health Sub Centre & One Dispensary facility by the State Govt.
		Assam Linzey	One Family & Welfare centre, One Primary Health Sub Centre & One Dispensary facility by the State Govt.
		Luing	One Family & Welfare centre, One Primary Health Sub Centre & One Dispensary facility by the State Govt.
		Burtuk	One Family & Welfare centre, Two Primary Health Sub Centre, One AYUSH Hospital & One Dispensary facility by the State Govt.
		Nandok	One Family & Welfare centre, One Primary Health Sub Centre & One Dispensary facility rby the State Govt.
		Namli	No health facility is available. Nearest available facility is at Ranipool (PHSC) at a distance of 6km from Namli.



17	ARRI, Itanagar	Poma	Not Available
		Ganga	
		Kamko	
		Tengabari	
		Rakap	
		Lenka	
		Kampo	Sub centre
		Khamira	P.H.C.
		Dodum	P.H.C.
		Doli Koto	Not Available
		Chiputa	
		Hollongi	Sub Centre
		Chakma	Not Available
		Karbi	
		Langdanpara	
		Sepanguri	
Khuraguri			
18	ARRI, Jammu	Durga Nagar	Not Available
		Gurah nagar	Government Dispensary
		Laxmi Nagar	Not Available
		Lower Roop Nagar	Urban Health Centre
		Bharat Nagar	Not Available
19	ARRI, Mandi	Kotali	1 CHC
		Talyahar	1 PHC
		Nerchowk	1PHC, 5 Private Clinics
		Katindhi	1 AHC
		Syog	BBMB Hospital
		Jamni	1 PHC
		Padhiyun	1 AHC
		Riur	1 AHC
		Tandu	1 AHC, 1 PHC
		Bijani	No facility
		Dhamayan	No Facility
		Gihula	No Facility
		Nela/ShilhaKipad	1 PHC
		Jhadvans	No Facility
		Majhawar	1 AHC
Pandoh	1 PHC, 1 AHC and 3 medical stores		



20	ACDRI, Ahmedabad	Chandkheda	Pvt. Hospitals – Jeevan Jyoti, Samskar and Satyamev.
		Thakkar Nagar	Pvt. Hospitals – Rugveda hospital, Sardar hospital, Rudrax hospital
		Saijpur Bogha	Pvt. Hospitals – Anand Surgical, Kakadia hospital, Star Hospital
		Kuber Nagar	Pvt. Hospitals – Rameshwar Hospital
		Adinath Nagar	Pvt. Hospitals – Omkar Hospital and Tripathi Hospital
21	ALRCA, Chennai	Kotturpuram	Govt. Primary Health Centre
		Tharamani	Govt. Primary Health Centre Cancer Institute
		Besant nagar	Govt. Primary Health Centre Private hospital
		Thiruvanmiyur	Govt. Primary Health Centre
		Kottur	Govt. Primary Health Centre
		Chitra Nagar	Govt. Primary Health Centre

### Village Wise Water Facility

S. No	Name of Institute	Village Covered	Water Facilities
1.	ACRI, New Delhi	Rampura	Tap water
		Madipur	
		Peeragarhi	
		Punjabi Bagh	
		Paschim Vihar	
		Rohini Sec-18	
2.	NRIP, Cheruthuruthy	Desamangalam	Tap water, Well, Hand pump
		Varavoor	
		Vaniyamkulam	
		Kulapully	
		Muloorkara	
		Panjal	
3	NRIADD, Bhubaneswar	Baramunda basti	Tap, Hand Pump, Well
		Bharatpur basti	
		Jaydev vatika basti	
		Nayapalli basti	
		Saliasahi basti	
		Sahid Laxman Nayak Behera Basti	
		Shantipalli	
		Maa Mangala & Bhagabati Basti	
4	NRIADD, Kolkata	Krishnapur	Tap Water
		South Dum Dum	
		Barrackpore	
		Picnic Garden	



5	NIAPR, Patiala	Sular	Tap Water
		Sanjay Colony	
		Daru ki Kutia	
		Dhiru Ki Majri	
		Badungar	
6	NVARI&H, Lucknow	Rasoolpur	Tap Water and hand pumps
		Basti	
		Bhaulti	
		Kewandi	
		Goila	
		Patahapurwa	
		Kharagpur	
		Faridinagar	
		Takrohi	
		Amrahi	
		Murlipurwa	
		Panditpurwa	
		Newada	
7	ACRI, Mumbai	Prabhadevi	Tap Water
		Worli – Koliwada	
		Jijamata Nagar	
		Worli B.D.D	
		Sangam Nagar	
		Byculla	
8	ACRI, Jaipur	Shastri Nagar	Tap water
		Malaviya Nagar	
		Vaishali Nagar	
		Jawahar Nagar	
		Murlipura	
9	NRIASHRD, Gwalior	Awadpura	Tap Water
		Moti Jheel	
		Sanjay Nagar	
		Chana Kothar	
		Mehra Gaon	
		Bahodapur	
		Guda-Gudi	
		Ram Nagar Morar	
		Vinay Nagar sec-3	
		Birla nagar	
		Mahal Gaon	





10	NARIVBD, Vijayawada	Rellies & Vivekananda	Tap Water
		Budameru Madhya Katta-	
		New Rajarajeswari Peta	
		Krishna Lanka	
		Kothapeta	
		Giripuram, 18 <sup>th</sup> Division	
11	AMHRI, Nagpur	Titur	Tap Water , Well, Hand Pump
		Undri	
		Surgaon	
		Dongargaon	
		Champa	
		Sonegaon Raja	
		Kadholi	
		Kapsi (Bu.)	
		Palsad	
		Gumthala	
		Pachgaon	
		Gonhisim	
		Bahadura	
		Kharabi	
Vhirgaon			
12	NADRI, Bangalore	Thathaguni	Tap Water
		Agara colony	
		Vaderahalli	
		Banjarapalya	
		Doddipalya	
		Uttari	
		Kaggalipura	
13	ARIMCHC, Trivandrum	Mudavanmugal	Tap Water
		Rajaji Nagar	
		Jagathy	
		Karimadom	
		Poojappura	
14	ARRI, Patna	Mehandiganj	Tap Water /Well/Handpump
		Maharajganj	
		Neem ki bhatti	
		Gud ki mandi	
		Chhoti Pahadi	
15	NEIARI, Guwahati	Boragaon	Well and hand pumps
		Mainakhurung	
		Deosothal and Maghupara	
		Bongaon	
		Botaghuli	



		Jyotikuchi	
		Xaukhuchi	
16	ARRI, Gangtok	Burthuk Manbir Colony	Tap water
		Deorali GPU	
		Namli GPU	
		Nandok GPU	
		Luing GPU	
		Assam Linzey	
17	ARRI, Itanagar	Poma	River, Stream, Pond
		Ganga	
		Kamko	
		Tengabari	
		Rakap	
		Lenka	
		Kampo	
		Khamira	
		Dodum	
		Doli Koto	
		Chiputa	
		Hollongi	
		Chakma	
		Karbi	
		Langdanpara	
		Sepanguri	
		Khuraguri	
18	ARRI, Jammu	Durga Nagar	Tap Water
		Gurah nagar	
		Laxmi Nagar	
		Lower Roop Nagar	
		Bharat Nagar	
19	ARRI, Mandi	Kotali	Tap Water and hand pumps
		Talyahar	
		Nerchowk	
		Katindhi	
		Syog	
		Jamni	
		Padhiyun	
		Riur	
		Tandu	
		Bijani	
		Dhamayan	
		Gihula	



		Nela/ShilhaKipad	
		Jhadvans	
		Majhawar	
		Pandoh	
20	ACDRI, Ahmedabad	Chandkheda	Tap Water
		Thakkar Nagar	
		Saijpur Bogha	
		Kuber Nagar	
		Adinath Nagar	
21	ALRCA, Chennai	Kotturpuram	Tap water, Well, Hand pump
		Tharamani	
		Besant nagar	
		Thiruvanmiyur	
		Chitra NAgar	
		Kottur	

### Village Wise Sanitaton Facility

S. No	Name of Institute	Village Covered	Sanitation Facility
1.	ACRI, New Delhi	Rampura	Pakka (Inside)
		Madipur	
		Peeragarhi	
		Punjabi Bagh	
		Paschim Vihar	
		Rohini Sec-18	
2.	NRIP, Cheruthuruthy	Desamangalam	Inside the House, Pakka, Outside the house, Open fields
		Varavoor	
		Vaniyamkulam	
		Kulapully	
		Muloorkara	
		Panjal	
3	NRIADD, Bhubaneswar	Baramunda basti	Pakka, Kaccha,(Inside) Outside house/Open field
		Bharatpur basti	Pakka, Kaccha, (Inside) Outside house/Open field
		Jaydev vatika basti	Pakka, Kaccha(Inside)
		Nayapalli basti	Pakka, Kaccha(Inside)
		Saliasahi basti	Pakka, Kaccha, (Inside) Outside house/Open field
		Sahid Laxman Nayak Behera Basti	Kaccha No facilities, Open field
		Shantipalli	Kaccha (Inside)
		Maa Mangala & Bhagabati Basti	Kaccha (Inside)



4	NRIADD, Kolkata	Krishnapur	Paccka (Inside)
		South Dum Dum	
		Barrackpore	
		Picnic Garden	
5	NIAPR, Patiala	Sular	Mostly Inside the House and pakka, Very rare kaccha
		Sanjay Colony	
		Daru ki Kutia	
		Dhiru Ki Majri	
		Badungar	
6	NVARI&H, Lucknow	Rasoolpur	Paccka (Inside)
		Basti	
		Bhaulti	
		Kewandi	
		Goila	
		Patahapurwa	
		Kharagpur	
		Faridinagar	
		Takrohi	
		Amrahi	
		Murlipurwa	
		Panditpurwa	
		Newada	
7	ACRI, Mumbai	Prabhadevi	Inside house ,Outside house
		Worli – Koliwada	
		Jijamata Nagar	
		Worli B.D.D	
		Sangam Nagar	
		Byculla	
8	ACRI, Jaipur	Shastri Nagar	RCC/Pakka
		Malaviya Nagar	
		Vaishali Nagar	
		Jawahar Nagar	
		Murlipura	
9	NRIASHRD, Gwalior	Awadpura	Pakka (Inside)
		Moti Jheel	
		Sanjay Nagar	
		Chana Kothar	
		Mehra Gaon	
		Bahodapur	
		Guda-Gudi	
		Ram Nagar Morar	
		Vinay Nagar sec-3	
		Birla nagar	
		Mahal Gaon	





10	NARIVBD, Vijayawada	Rellies & Vivekananda	Pakka (Inside)
		Budameru Madhya Katta-	
		New Rajarajeswari Peta	
		Krishna Lanka	
		Kothapeta	
		Giripuram, 18 <sup>th</sup> Division	
11	AMHRI, Nagpur	Titur	Pakka (Inside) ,kaccha and open field
		Undri	
		Surgaon	
		Dongargaon	
		Champa	
		Sonegaon Raja	
		Kadholi	
		Kapsi (Bu.)	
		Palsad	
		Gumthala	
		Pachgaon	
		Gonhisim	
		Bahadura	
		Kharabi	
Vhirgaon			
12	NADRI, Bangalore	Thathaguni	Pakka (Inside)
		Agara colony	
		Vaderahalli	
		Banjarapalya	
		Doddipalya	
		Uttari	
		Kaggalipura	
13	ARIMCHC, Trivandrum	Mudavanmugal	Inside the House Outside the house,
		Rajaji Nagar	
		Jagathy	
		Karimadom	
		Poojappura	
14	ARRI, Patna	Mehandiganj	Pakka House (Inside)
		Maharajganj	
		Neem ki bhatti	
		Gud ki mandi	Pakka/Kaccha, Outside the house, open Facility
		Chhoti Pahadi	
15	NEIARI, Guwahati	Boragaon	Pakka (Inside)
		Mainakhurung	
		Deosothal and Maghupara	
		Bongaon	
		Botaghuli	



		Jyotikuchi	
		Xaukhuchi	
16	ARRI, Gangtok	Burthuk Manbir Colony	Pakka (RCC) sanitation inside the house few use kaccha sanitation.
		Deorali GPU	
		Namli GPU	
		Nandok GPU	
		Luing GPU	
		Assam Linzey	
17	ARRI, Itanagar	Poma	Pakka (Inside), open Field
		Ganga	
		Kamko	
		Tengabari	
		Rakap	
		Lenka	
		Kampo	
		Khamira	
		Dodum	
		Doli Koto	
		Chiputa	
		Hollongi	
		Chakma	
		Karbi	
		Langdanpara	
Sepanguri			
Khuraguri			
18	ARRI, Jammu	Durga Nagar	Pakka (Inside)
		Gurah nagar	
		Laxmi Nagar	
		Lower Roop Nagar	
		Bharat Nagar	
19	ARRI, Mandi	Kotali	Pakka In House and Out house
		Talyahar	
		Nerchowk	
		Katindhi	
		Syog	
		Jamni	
		Padhiyun	
		Riur	
		Tandu	
		Bijani	
		Dhamayan	
Gihula			



		Nela/ShilhaKipad	
		Jhadvans	
		Majhawar	
		Pandoh	
20	ACDRI, Ahmedabad	Chandkheda	Pakka (Inside)
		Thakkar Nagar	
		Saijpur Bogha	
		Kuber Nagar	
		Adinath Nagar	
21	ALRCA, Chennai	Kotturpuram	Pakka
		Tharamani	
		Besant nagar	
		Thiruvanmiyur	
		Chitra NAgar	
		Kottur	

## Institute wise status of Swasthya Rakshan Programme

S. No.	Name of Institute	Name of Village/ Area	No. of tour conducted	Patients treated													
				New						Old						Total (M+F)	
				Adult		Child		Total		Adult		Child		Total		M	F
				M	F	M	F	M	F	M	F	M	F	M	F	M	F
1.	ACRI, New Delhi	Rampura Gaon	8	186	105	19	9	205	114	84	44	4	1	88	45	293	15
		Peeragrahi, Ekta Enclave	8	125	219	27	34	152	253	40	80	4	5	44	85	196	33
		Madipur	9	162	188	22	13	184	201	79	96	5	6	84	102	268	30
		Punjabi Bagh	7	70	128	15	15	85	143	14	31	0	2	14	33	99	17
		Paschim Vihar	8	135	167	9	10	144	177	58	91	3	0	61	91	205	26
		Rampura	39	468	462	39	39	507	501	258	370	11	11	269	381	776	88
		Peeragarhi	38	318	513	23	17	341	530	216	360	8	8	224	368	565	89
		Madipur	38	471	537	40	40	511	577	221	262	5	8	226	270	737	84
		Punjabi Bagh	10	103	73	3	7	106	80	95	62	2	1	97	63	203	14
		Rohini, Sec-18	25	277	410	28	27	305	437	137	168	4	8	141	176	446	61
Paschim Vihar	41	431	497	7	19	438	516	255	323	3	7	258	330	696	84		
2.	NRIP, Cheruthuruthy	Desamangalam	4	68	155	13	1	81	156	39	148	4	2	43	150	124	30
		Varavoor	2	19	131	0	3	19	134	10	59	0	0	10	59	29	19
		Panjajal	2	27	70	0	0	27	70	3	18	0	0	3	18	30	8
		Mullurkkara	2	41	45	0	0	0	0	0	0	0	0	0	0	41	4
		Desamangalam	10	106	309	15	3	121	312	90	361	7	3	97	364	218	67
		Varavoor	30	88	422	3	7	91	429	135	1066	3	1	138	1067	229	149
		Vaniyamkulam	19	115	341	7	5	122	346	118	474	2	7	120	481	242	82
		Kulapully	42	133	417	0	3	133	420	299	839	0	0	299	839	432	125
		Muloorkara	30	204	456	1	1	205	457	347	1142	1	1	348	1143	553	160
Panjajal	5	35	82	0	0	35	82	18	48	0	0	18	48	53	13		



NRIADD, Bhubaneswar	Bharatpur Basti	19	98	161	20	18	118	179	1	3	0	0	1	3	119	182
	Nayapalli Basti	13	94	119	26	7	120	126	0	0	0	0	0	0	120	126
	Saliasahi Basti	7	42	68	10	2	52	70	3	5	0	0	3	5	55	75
	Jaydev Vatika Basti,	6	42	60	12	4	54	64	3	5	0	0	3	5	57	69
	Baramunda basti	27	95	131	19	19	114	150	90	124	14	25	104	149	218	299
	Bharatpur basti	29	91	148	17	19	108	167	37	67	7	3	44	70	152	237
	Jaydev vatika basti	31	106	95	20	19	126	114	122	97	12	7	134	104	260	218
	Nayapalli basti	19	21	27	8	4	29	31	27	44	6	5	33	49	62	80
	SLN Behera Basti	7	19	25	1	4	20	29	17	29	2	4	19	33	39	62
	Saliasahi	80	335	435	46	50	381	485	254	342	25	41	279	383	660	868
	Shantipalli	7	24	22	0	0	24	22	22	16	0	0	22	16	46	38
Maa Mangala & Bhagabati Basti	7	19	20	0	0	19	20	15	18	0	0	15	18	34	38	
NRIADD, Kolkata	South Dum Dum	4	65	101	3	0	68	101	12	32	0	0	12	32	80	133
	Krishnapur	5														
	Dum Dum	47	138	231	3	6	141	237	388	808	1	4	389	812	530	1049
	Krishnapur	43	169	302	4	2	173	304	281	635	0	1	281	636	454	940
	Barrakpore	2	215	10	0	0	215	10	17	2	0	0	17	2	232	12
	Picnic Garden	33	154	249	3	10	157	259	248	284	0	0	248	284	405	543
NIAPR, Patiala	Sular	12	56	126	11	6	67	132	16	55	5	2	21	57	88	189
	Badunger	6	19	70	15	6	34	76	8	33	1	3	9	36	43	112
	Daru kutia	4	20	35	3	0	23	35	5	3	0	0	5	3	28	38
	Sanjay colony	11	34	85	8	10	42	95	17	45	0	0	17	45	59	140
	Dheeru ki majri	13	47	111	13	5	60	116	12	30	2	1	14	31	74	147
	Sular	50	137	229	16	10	153	239	335	477	15	5	350	482	503	721
	Badunger	50	124	317	21	17	145	334	237	613	16	12	253	625	398	959
	Daru kutia	47	131	329	15	21	146	350	154	394	9	13	163	407	309	757
	Sanjay colony	51	115	273	20	17	135	290	175	589	15	7	190	596	325	886
Dheeru ki majri	50	87	251	22	16	109	267	96	479	20	26	116	505	225	772	

NVARI&H, Lucknow	Amrahi	13	115	126	6	9	121	135	133	164	0	7	133	171	254	306
	Takrohi	13	81	109	11	9	92	118	102	158	6	5	108	163	200	281
	Panditpurwa	10	22	46	4	1	26	47	37	63	1	11	38	74	64	121
	Faridinagar	13	47	78	6	2	53	80	91	140	10	0	101	140	154	220
	Kharagpur	12	61	74	13	9	74	83	84	89	6	14	90	103	164	186
	Rasulpur	25	135	314	31	29	166	343	141	391	27	15	168	406	334	749
	Basti	32	255	303	34	42	289	345	408	495	28	62	436	557	725	902
	Bhauri	14	112	119	20	3	132	122	108	101	23	3	131	104	263	226
	Kewadi	13	58	109	11	21	69	130	51	144	7	26	58	170	127	300
	Goila	36	207	452	64	54	271	506	278	685	82	47	360	732	631	1238
	Pataha Purwa	12	50	52	14	15	64	67	93	108	16	25	109	133	173	200
	Kharagpur	7	18	45	10	10	28	55	57	81	9	11	66	92	94	147
	Faridinagar	4	5	16	1	0	6	16	34	61	1	1	35	62	41	78
	Takrohi	6	12	22	3	1	15	23	61	63	2	1	63	64	78	87
	Amrahi	8	32	52	5	3	37	55	82	153	7	5	89	158	126	213
	Murlipurwa	16	58	81	12	17	70	98	94	92	16	17	110	109	180	207
	Newada	14	108	113	10	20	118	133	146	153	7	21	153	174	271	307
ACRI, Mumbai	Prabhadevi	7	114	184	8	7	122	191	0	0	0	0	0	0	122	191
	Worli Koliwada	2	83	104	1	2	84	106	0	0	0	0	0	0	84	106
	Jijamata	3	66	180	8	3	74	183	0	0	0	0	0	0	74	183
	Sangam Nagar	2	37	111	26	30	63	141	0	0	0	0	0	0	63	141
	Worli Koliwada	33	575	566	31	40	606	606	0	0	0	0	0	0	606	606
	Jijamata Nagar	8	93	124	6	10	99	134	0	0	0	0	0	0	99	134
	Worli, B.D.D	21	364	199	535	485	899	684	0	0	0	0	0	0	899	684
	Prabhadevi	18	116	177	14	13	130	190	0	0	0	0	0	0	130	190
	Sangam Nagar	8	68	133	30	32	98	165	0	0	0	0	0	0	98	165
Byculla	6	95	53	6	9	101	62	0	0	0	0	0	0	101	62	

ACRI, Jaipur	Tulsi Nagar	4	37	80	12	13	49	93	1	6	0	0	1	6	50	99
	Malaviya Nagar	4	28	47	1	4	29	51	10	14	0	2	10	16	39	67
	Vaishali Nagar	4	32	31	13	12	45	43	11	17	0	0	11	17	56	60
	Jawahar Nagar	4	64	18	0	0	64	18	14	4	0	0	14	4	78	22
	Murlipura	7	106	151	13	10	119	161	32	20	0	0	32	20	151	181
	Shastri Nagar	35	481	628	90	79	571	707	125	172	19	7	144	179	715	886
	Malaviya Nagar	27	282	251	18	9	300	260	91	108	4	5	95	113	395	373
	Vaishali Nagar	24	183	235	28	23	211	258	71	85	10	7	81	92	292	350
	Jawahar Nagar	28	305	356	16	14	321	370	110	156	8	6	118	162	439	532
	Murlipura	44	526	797	37	24	563	821	203	239	8	2	211	241	774	1062
NRIASHRD, Gwalior	Awadpura	15	86	422	109	96	195	518	14	147	7	8	21	155	216	673
	Moti Jheel	15	167	331	132	115	299	446	44	96	10	11	54	107	353	553
	Sanjay Nagar	14	125	375	101	100	226	475	33	116	24	15	57	131	283	606
	Chana Kothar	14	99	294	96	88	195	382	26	69	11	13	37	82	232	464
	Mehra Gaon	14	128	260	72	83	200	343	22	60	11	13	33	73	233	416
	Awadpura	32	117	452	66	68	183	520	30	135	11	7	41	142	224	662
	Moti Jheel	9	44	86	10	6	54	92	14	23	0	0	14	23	68	115
	Sanjay Nagar	45	164	719	116	129	280	848	39	176	12	11	51	187	331	1035
	Chana Kothar	7	25	69	6	7	31	76	7	27	3	0	10	27	41	103
	Mehra Gaon	10	45	89	12	9	57	98	17	23	2	0	19	23	76	121
	Bahodapur	20	117	211	22	21	139	232	46	50	5	2	51	52	190	284
	Guda- Gudi	36	182	524	188	213	370	737	55	181	31	23	86	204	456	941
	Ram Nagar	19	151	164	26	39	177	203	44	48	4	5	48	53	225	256
	Vinay Nagar	14	142	425	101	84	243	509	43	83	6	7	49	90	292	599
	Birla Nagar	17	125	267	37	50	162	317	57	113	3	12	60	125	222	442
	Mahal Gaon	13	283	190	51	40	334	230	55	52	17	13	72	65	406	295

NARIVBD, Vijayawada	Rellies & Vivekananda Colony	18	74	179	12	15	86	194	20	57	2	4	22	61	108	255
	Budameru Madhya Katta	18	64	146	16	13	80	159	65	116	4	6	69	122	149	281
	New.R.R.Peta	12	35	115	8	13	43	128	14	31	4	0	18	31	61	159
	Kotha Peta	18	66	162	12	10	78	172	39	104	4	3	43	107	121	279
	Krishna Lanka	11	37	124	4	9	41	133	21	65	6	4	27	69	68	202
	Budameru	49	131	380	29	37	160	417	94	294	16	11	110	305	270	722
	Giripuram	43	148	258	36	20	184	278	95	197	20	8	115	205	299	483
	Kotha Peta	46	198	385	34	23	232	408	180	235	19	3	199	238	431	646
	Krishnalanka	47	204	434	21	32	225	466	136	271	2	11	138	282	363	748
	New R.R. Peta	47	178	493	61	58	239	551	115	269	13	17	128	286	367	837
Rellies & Vivekananda Colony	2	9	14	1	1	10	15	3	9	0	0	3	9	13	24	
AMHRI, Nagpur	Pachgoan	15	64	124	2	6	66	130	76	169	0	2	76	171	142	301
	Gonishim	15	24	160	0	5	24	165	20	379	0	4	20	383	44	548
	Bahadura	13	45	152	2	11	47	163	45	188	1	2	46	190	93	353
	Kharbi	13	25	157	1	3	26	160	28	222	0	0	28	222	54	382
	Vhirgoan	12	44	76	6	9	50	85	84	141	12	16	96	157	146	242
	Champa	16	67	104	13	10	80	114	125	195	18	12	143	207	223	321
	Dongargaon	23	82	145	3	0	85	145	212	293	4	0	216	293	301	438
	Gumthala	19	85	184	22	11	107	195	112	341	45	19	157	360	264	555
	Kadholi	25	51	113	6	12	57	125	114	283	0	11	114	294	171	419
	Kapsi (Bu.)	25	101	155	9	10	110	165	244	341	16	16	260	357	370	522
	Palsad	25	98	157	3	5	101	162	352	368	2	8	354	376	455	538
	Sonegaon Raja	23	84	129	13	14	97	143	173	198	9	14	182	212	279	355
	Surgaon	23	83	152	13	22	96	174	190	314	14	21	204	335	300	509
	Titur	22	114	172	7	8	121	180	235	338	13	14	248	352	369	532
Undri	22	74	134	6	12	80	146	148	289	6	24	154	313	234	459	



NADRI, Bangalore	Tataguni	10	12	78	77	76	89	154	4	51	97	82	101	133	190	287
	Vaderahalli	7	22	47	25	20	47	67	8	14	1	2	9	16	56	83
	Agara	8	20	35	13	25	33	60	0	13	0	0	0	13	33	73
	Banjarapalya	9	13	8	58	34	71	42	6	1	107	57	113	58	184	100
	Doddipalya	3	1	7	10	12	11	19	0	0	0	0	0	0	11	19
	Agara	44	56	59	5	4	61	63	36	133	4	2	40	135	101	198
	Banjarapalya	42	21	37	15	13	36	50	60	124	26	19	86	143	122	193
	Kaggalipura	34	132	107	11	7	143	114	99	94	1	0	100	94	243	208
	Tataguni	40	25	42	24	22	49	64	32	109	15	48	47	157	96	221
Uttari	38	30	76	5	6	35	82	48	152	2	5	50	157	85	239	
ARIMCHC, Trivandrum	Mudavanmugal	15	16	22	2	0	18	22	23	38	1	0	24	38	42	60
	Rajaji Nagar	14	13	21	1	0	14	21	9	13	1	0	10	13	24	34
	Jagathy	16	29	77	2	1	31	78	28	36	3	1	31	37	62	115
	Karimadom	14	17	60	4	6	21	66	10	58	9	2	19	60	40	126
	Poojappura ward	11	49	97	3	3	52	100	15	39	0	1	15	40	67	140
	Mudavanmugal	45	60	217	39	16	99	233	147	560	14	7	161	567	260	800
	Rajaji Nagar	51	83	275	3	12	86	287	205	767	12	12	217	779	303	1066
	Jagathy	46	82	271	50	25	132	296	201	671	9	7	210	678	342	974
	Karimadom	48	69	245	11	6	80	251	165	684	28	13	193	697	273	948
Poojappura ward	51	115	269	33	61	148	330	304	671	6	8	310	679	458	1009	
ARRI, Patna	Chhoti pahadi	5	53	53	4	2	57	55	12	23	1	0	13	23	70	78
	Chailital Maharajganj	6	68	67	5	3	73	70	30	33	0	0	30	33	103	103
	Neem ki Bhatthi Gulzarbag	5	55	39	3	5	58	44	23	30	1	1	24	31	82	75
	Gur ki Mandi	5	54	63	8	4	62	67	19	32	0	0	19	32	81	99
	Mehandiganj	4	55	31	2	4	57	35	11	5	0	3	11	8	68	43
	Mehandiganj	46	144	162	6	5	150	167	265	423	5	16	270	439	420	606
	Maharajganj	46	89	205	6	7	95	212	239	744	0	12	239	756	334	968
	Neem ki Bhatthi	47	116	186	17	13	133	199	276	515	35	17	311	532	444	731
Gur ki Mandi	48	66	236	23	13	89	249	155	680	32	29	187	709	276	958	
Chhoti Pahadi	50	127	227	14	12	141	239	350	544	18	6	368	550	509	789	

NEIARI, Guwahati	Boragaon	16	96	221	24	19	120	240	15	38	2	0	17	38	137	278
	Mainakhurung	6	15	35	0	1	15	36	0	1	0	0	0	1	15	37
	Deosothal and Maghupara	7	20	39	2	4	22	43	0	7	2	1	2	8	24	51
	Boragaon	34	172	360	37	36	209	396	28	103	3	2	31	105	240	501
	Bongaon	40	215	338	16	23	231	361	87	78	4	4	91	82	322	443
	Botaghuli	30	117	258	35	28	152	286	47	145	2	4	49	149	201	435
	Jyotikuchi	12	42	76	7	12	49	88	15	29	1	3	16	32	65	120
	Xaukhuchi	16	91	95	8	5	99	100	14	36	1	0	15	36	114	136
ARRI, Gangtok	Sundar Gaon Tadong	1	25	27	5	9	30	36	0	0	0	0	0	0	30	36
	Housing Colony, 6 <sup>th</sup> Mile	2	39	64	0	3	39	67	3	11	0	0	3	11	42	78
	Lumsay, 5 <sup>th</sup> Mile	2	71	51	7	17	78	68	0	0	0	0	0	0	78	68
	Burthuk Manbir Colony	3	62	64	5	2	67	57	18	11	0	0	18	11	83	70
	Upper Sichey & Development area	1	40	72	14	12	54	84	0	0	0	0	0	0	54	84
	Deorali GPU	9	184	203	59	55	243	258	52	44	0	0	52	44	295	302
	Burtuk GPU	4	93	110	11	8	104	118	23	25	0	2	23	27	127	145
	Namli GPU	15	197	217	22	24	219	241	37	76	0	0	37	76	256	317
	Nandok GPU	4	97	93	15	14	112	107	5	6	2	0	7	6	119	113
	Luing GPU	12	232	214	30	32	262	246	32	24	5	3	37	27	299	273
Assam Linzey	12	207	286	31	41	238	327	73	69	1	1	74	70	312	397	

ARRI, Itanagar	Poma	5	22	59	8	6	30	65	11	25	1	0	12	25	42	90
	Ganga	5	30	37	5	6	35	43	10	13	0	2	10	15	45	58
	Kamko	3	16	19	5	6	21	25	3	6	0	0	3	6	24	31
	Tengabari	2	9	25	0	0	9	25	1	2	0	0	1	2	10	27
	Poma	2	22	59	8	6	30	65	11	25	1	0	12	25	42	90
	Ganga	2	30	37	5	6	35	43	10	13	0	2	10	15	45	58
	Kamko	2	16	19	5	6	21	25	3	6	0	0	3	6	24	31
	Tengabari	4	16	33	2	4	18	37	5	16	0	0	5	16	23	53
	Rakap	4	28	35	8	0	36	35	5	14	2	0	7	14	43	49
	Lenka	7	12	18	0	1	12	19	22	17	1	2	23	19	35	38
	Kampo	4	23	19	0	0	23	19	6	5	0	0	6	5	29	24
	Khamira	5	8	18	1	2	9	20	0	14	0	1	0	15	9	35
	Dodum	2	5	4	0	1	5	5	0	0	0	0	0	0	5	5
	Doli Koto	4	13	24	2	1	15	25	1	4	0	0	1	4	16	29
	Chiputa	5	26	21	10	8	36	29	17	9	1	1	18	10	54	39
	Hollongi	5	17	35	2	0	19	35	4	10	2	0	6	10	25	45
	Chakma	22	129	168	37	23	166	191	48	58	12	18	60	76	226	267
	Karbi	17	85	88	67	82	152	170	10	22	42	13	52	35	204	205
	Langdanpara	6	44	49	12	14	56	63	23	50	8	10	31	60	87	123
	Sepanguri	3	63	67	3	1	66	68	69	70	4	2	73	72	139	140
Khuraguri	2	83	70	5	7	88	77	37	27	2	1	39	28	127	105	
ARRI, Jammu	Durga Nagar	12	65	47	2	1	67	48	16	24	1	0	16	24	84	72
	Gurah Keran	14	78	89	11	9	89	98	15	18	0	0	15	18	104	116
	Laxmipuram chinore	13	77	89	6	7	83	96	12	11	0	0	12	11	95	107
	Lower Roop Nagar	10	57	51	3	2	60	53	3	16	0	0	3	16	63	69
	Bharat Nagar	12	49	51	1	8	50	59	11	10	0	0	11	10	61	69
	Durga Nagar	42	95	142	17	9	112	151	59	88	1	0	60	88	172	239
	Gurha Keran	42	116	146	14	10	130	156	44	56	0	0	44	56	174	212
	Laxmi puram	40	109	130	20	11	129	141	58	56	0	0	58	56	187	197
	Lower Roop Nagar	40	120	150	13	10	133	160	51	51	0	0	51	51	184	211
	Bharat Nagar	42	148	151	7	8	155	159	56	65	0	0	56	65	211	224



19. ARRI, Mandi	Kotali	7	56	101	5	3	61	104	25	32	0	3	25	35	86	139	225
	Talyahar	9	47	113	2	3	49	116	19	53	0	0	19	53	68	169	237
	Nerchowk	10	45	82	17	15	62	97	25	57	0	2	25	59	87	156	243
	Katindhi	10	67	138	5	5	72	143	21	79	2	0	23	79	95	222	317
	Pandoh	9	29	134	14	12	43	146	6	60	1	0	7	60	50	206	256
	Kotali	13	95	98	2	8	97	106	104	120	0	3	104	123	201	229	430
	Talyahar	14	68	106	10	2	78	108	67	134	0	2	67	136	145	244	389
	Nerchowk	12	37	102	7	7	44	109	42	112	2	3	44	115	88	224	312
	Katindhi	11	43	87	4	1	47	88	44	139	2	0	46	139	93	227	320
	Syog	14	58	101	4	4	62	105	34	157	3	1	37	158	99	263	362
	Janni	21	126	177	12	14	138	191	75	124	2	5	77	129	215	320	535
	Padhiyun	23	88	216	15	15	103	231	44	174	2	3	46	177	149	408	557
	Riur	23	119	193	8	12	127	205	91	165	3	3	94	168	221	373	594
	Tandu	24	155	229	6	11	161	240	115	138	2	8	117	146	278	386	664
	Bijani	23	117	200	4	8	121	208	59	164	2	5	61	169	182	377	559
	Dhamayan	8	24	112	7	17	31	129	13	113	1	2	14	115	45	244	289
	Gifhula	10	22	93	13	5	35	98	11	56	3	1	14	57	49	155	204
	Nela/Shilha Kipad	11	58	148	14	15	72	163	29	131	4	5	33	136	105	299	404
	Jhadvans	9	26	63	12	14	38	77	21	69	13	11	34	80	72	157	229
Majhwar	10	44	55	4	6	48	61	25	24	0	0	25	24	73	85	158	
Chandkheda	3	54	125	14	11	68	136	24	48	0	0	24	48	92	184	276	
SajpurBogha	2	49	112	4	2	53	114	11	27	1	0	12	27	65	141	206	
Adhinathnagar	1	21	49	4	2	25	51	0	0	0	0	0	0	25	51	76	
Chandkheda	47	198	377	39	20	237	397	616	885	20	10	636	895	873	1292	2165	
Thakkar Nagar	48	321	570	28	16	349	586	828	997	41	27	869	1024	1218	1610	2828	
Sajpur Bogha	57	276	576	39	37	315	613	789	1407	35	34	824	1441	1139	2054	3193	
Kuber Nagar	43	231	636	47	35	278	671	325	1100	37	29	362	1129	640	1800	2440	
Adhinath Nagar	50	264	592	54	32	318	624	545	1467	40	55	585	1522	903	2146	3049	



ALRCA, Chennai	Kotturpuram	7	30	107	7	8	37	115	5	30	0	0	5	30	42	145
	Chitra nagar, 1 <sup>st</sup> street-P,Q,R,S,T	7	45	75	8	7	53	82	11	27	0	2	11	29	65	111
	Chitra nagar, 2 <sup>nd</sup> street-A,B,C,D,E	6	19	71	9	3	28	74	8	24	2	0	9	24	37	98
	Kotturpuram, R block-55,77,79, 84, 85	6	24	91	6	8	30	99	5	21	0	0	5	21	35	120
	Kotturpuram, R block-51,52,80,81	5	23	57	6	7	28	64	3	15	0	0	3	15	31	79
	Kotturpuram	42	186	387	46	41	232	428	66	209	16	16	82	225	314	653
	Tharamani	36	165	320	51	42	216	362	89	180	22	21	111	201	327	563
	Besant Nagar	38	181	373	50	48	231	421	57	158	23	19	80	177	311	598
	Thiruvannmiyur	38	148	317	48	46	196	363	81	188	14	22	95	210	291	573
	Kottur	37	166	307	48	44	214	351	88	153	31	20	119	173	333	524
<b>Total</b>		<b>4646</b>	<b>24338</b>	<b>41757</b>	<b>4999</b>	<b>4709</b>	<b>29295</b>	<b>46412</b>	<b>19533</b>	<b>40137</b>	<b>1753</b>	<b>1634</b>	<b>21284</b>	<b>41771</b>	<b>50620</b>	<b>88230</b>



S. No	Name of Institute	Institute wise photographs depicting Activities during SRP Programme	
1.	ACRI, New Delhi		  
2.	NRIP, Cheruthuruthy		  
3	NRIADD, Bhubaneswar		





<p>4</p>	<p>NRIADD, Kolkata</p>		
<p>5</p>	<p>NIAPR, Patiala</p>		



<p>6 NVARI&amp;H, Lucknow</p>		
<p>7 ACRI, Mumbai</p>		
<p>8 ACRI, Jaipur</p>		
<p>7 ACRI, Mumbai</p>		
<p>8 ACRI, Jaipur</p>		





<p>9</p>	<p>NRIASHRD, Gwalior</p>		
<p>10</p>	<p>NARIVBD, Vijayawada</p>		



11	AMHRI, Nagpur		
12	NADRI, Bangalore		
13	ARIMCHC, Trivandrum		





<p>14</p>	<p>ARRI, Patna</p>		
<p>15</p>	<p>NEIARI, Guwahati</p>		



16	ARRI, Gangtok		
17	ARRI, Itanagar		
18	ARRI, Jammu		
19	ARRI, Mandi		





20	ACDRI, Ahmedabad		
21	ALRCA, Chennai		



## CHAPTER - 5

### NORTH EAST HEALTH PROGRAMME- AN OVERVIEW

The health services and medical education has taken a large scale development in last few decades in North Eastern states. Still there is a need to ensure good health care to all. The Central government and state government of these regions are doing their best to improve the health care services of this region. 20 Ayurvedic Sub centre at 3 peripheral institutes of CCRAS Institutes located in North East region under budget for North East along with other health care activities was proposed during 76<sup>th</sup> meeting of Standing Finance Committee on 9<sup>th</sup> February,2016. Initially the programme was implemented in project mode by engaging manpower and providing necessary infrastructure with the a budgetary estimate of Rs 8 crore for a year during 2015-16 for proper implementation of programme and proper utilization of funds under North East sub Plan. Initially 10 health centres as Extension centres of RARIGID, Guwahati (Assam) 6 health centres of ARRI Itanagar (Arunachal Pradesh) and 4 Health Centres of RARI, Gangtok (Sikkim) , were taken. The programme is in running in rented building/ govt. building/ co-location with State Health Centre, under the supervision of concerned institutes in their states. There is regular monitoring by engaging latest information technology (IT) techniques. The photographs taken daily pertaining to activities are to be sent by mail to whatsapp group.

The Institute in Charge have taken necessary arrangements for appropriate space to set up of these centres in consultation with or in intimation to State Directoratee of AYUSH, district authorities controlling AYUSH and local officials (Health panchayat/Corporation/ representative, Central/ State Ministry/ Department as per feasibility and a sign board for this purpose was affixed at each centre depicting ' Ayurveda Health Centre'(under North East Plan of CCRAS, Ministry of AYUSH, Govt. of India) with institute address. The information on Health related demography/ data is being reported on monthly, quarterly, and yearly basis as per the suggested format.

The Aims and Objectives of North East programme are as follows-

1. To provide healthcare facility through Ayurveda to the rural & urban population through OPDs.
2. To create awareness about hygiene of self and surrounding environment.
3. To select research cases of allotted disease and refer to the concerned institutes.
4. To distribute IEC material among the masses in local language and in English/hindi for the promotion of Ayurveda.
5. To document health related demography.

#### **Brief profile of North Eastern CCRAS Institutes**

#### **CCRAS Institutes in North East Region**

- I. Regional Ayurveda Research Institute for Gastro-Intestinal Disorders, Guwahati
- II. Regional Ayurveda Research Institute, Gangtok
- III. Regional Ayurveda Research Institute, Itanagar

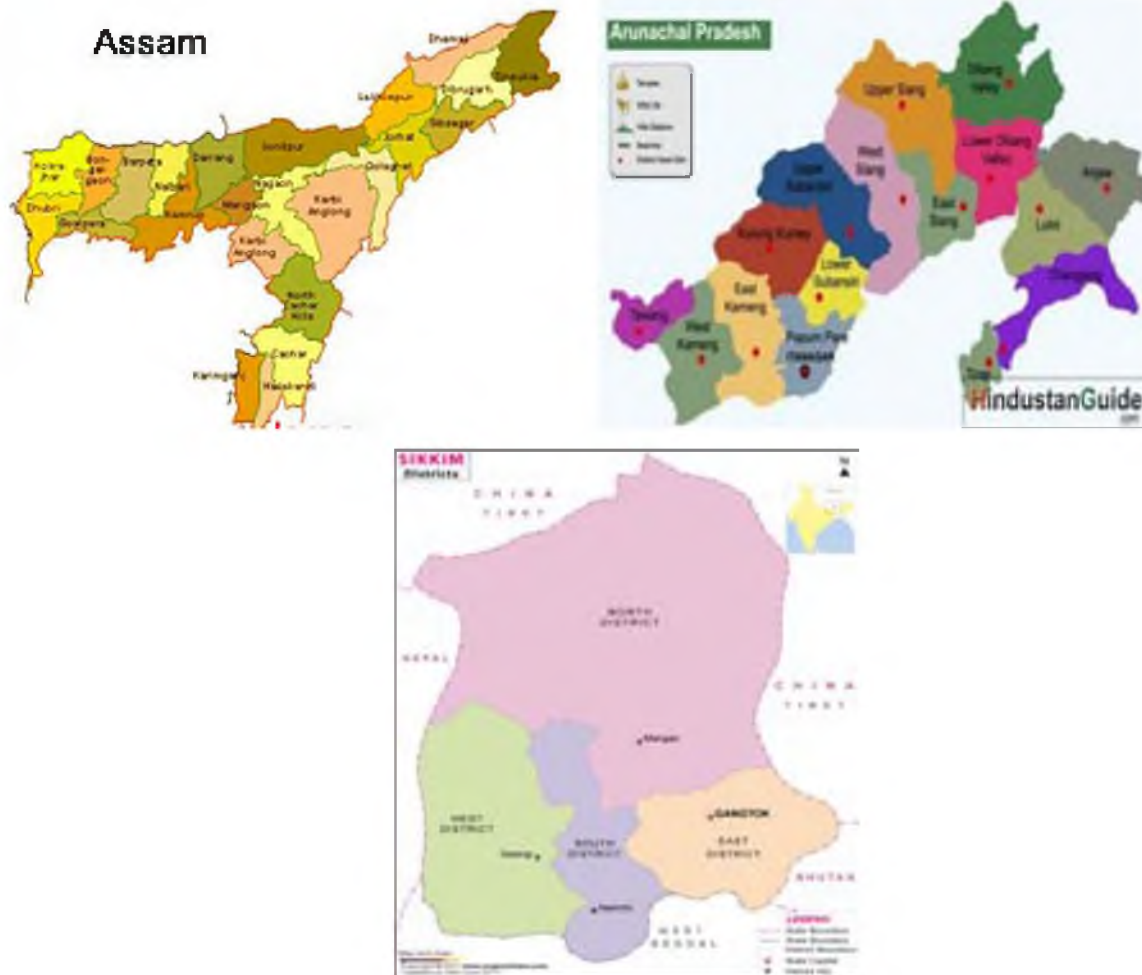


IV. Herbal Ayurveda Research Centre, Nagaland



**North East Region**





**North Eastern States of India where CCRAS institutes are working under NE Plan**

**Under this programme 3 CCRAS peripheral institutes viz. Regional Ayurveda Research Institute for Gastro-Intestinal Disorders, Guwahati and Regional Ayurveda Research Institute, Itanagar and Regional Ayurveda Research Institute, Gangtok, are functioning in North Eastern Region.**

#### **I. Regional Ayurveda Research Institute for Gastro-Intestinal Disorders, Guwahati**

Regional Ayurveda Research Institute for Gastrointestinal disorders, Guwahati is running 10 Ayurvedic health extension centers under North East health care plan of CCRAS, New Delhi located in ten district of Assam state. The main objectives of this project was to increase health awareness, benefit the needful society and spread routes of Ayurveda among general public by providing health care related services for NE region through Ayurveda OPDs. Documentation of health related demography and distribution of IEC material among the public were also other objectives of this programme. The place for center was provided by DHS, Assam as per MOU signed between Director of Health Services, Govt. of Assam, Hengrabari, Guwahati and RARIGID, Guwahati (CCRAS, Ministry of AYUSH, Govt. of India). The brief report of extension AHC is as follows:





1. **Kamrup (R):** AHC centre at District Kamrup (R) was inaugurated on 13/12/16 at Uma Kanta & Chandra Kanta Goswami PHC Barihat, Amranga. Dist-Kamrup ( R ). It is located nearly 50 km from the City of Guwahati and from the RARIGID Institute. It is near to the famous tourist place Chandubi lake. There are 20 numbers of villages under the P. H. C. It covers nearly 30000 population approximately. The main language spoken by the population is Assamese, Rabha and Boro. Common food habit includes mainly rice, non - vegetarian food, leafy vegetables, dal and other commonly available seasonal vegetables. Seasonal Fruits like banana, mango, guava, jack fruit, orange, etc. are commonly found. Electricity facility is available in most of the houses. Some part of this area is hilly and some parts are plain with a humid climatic condition. Govt. transport facility is not directly available to the center whereas private transport facilities like Magic, Tata sumo etc. are available up to the center. 75% of populations are educated. Many schools are available nearby. Three colleges are there within a distance of 7 km. At a distance of around 4km from the center construction of new Central Forensic Science Laboratory is going on. There are 4 Mini PHCs and one civil hospital within range of 5- 7km. distance. During the present reporting period 2017 – 2018, a total 7146 no. of patient were treated. Among them 6026 no. of patients were newly registered and 1120 were old cases. Among all 1240 no. of patients of Vata vyadhi, 344 no. of Sandhivata, 513 no. of Tvaka roga, 517 no. of Jvara, 275 no. of Amlapitta, 221 no. of Arsha etc. were treated mostly. The center also arranged different awareness and free health camps in nearby villages. This center is providing every possible Ayurvedic treatment to the society. The people are also satisfied with the service and want the same in near future to continue.
2. **Morigaon:** The AHC centre at Dist. Morigaon was inaugurated on 16/12/16 at old building premises of Nakhla Model Hospital, Jagiroad Dist–Morigaon. It is approximately 28 km from Morigaon town and 65 km away from RARIGID institute and lies near the National highway. Transportation facilities are good with connectivity via both railway and road. The population of the town is approximately 48000. Assamese, Bengali and Hindi are the most commonly language spoken in this area. There is availability of 4 sub centres and 1 urban PHC under Nakhala Model Hospital. State govt. is also running Ayurveda OPD at Nakhala Model Hospital. During the present reporting period (2017 – 18), a total 7583 no. of patient were treated. Among them 4312 no. of patients were newly registered and 3271 were old cases. The diseases commonly prevalent and treated in center were found to be Pradara, Kasa, Sandhivata, Aamvata, Katishool, Amlapitta, Udarshool and Twakroga.
3. **Golaghat:** The AHC centre at Dist. Golaghat was inaugurated on 13/2/17 at Khumtai MPHC, Dist – Golaghat. Ayurvedic Health Centre, Khumtai is the only first full-fledged Ayurvedic OPD center running successfully in the area since inception. It is situated around 258 km. from RARIGID, Guwahati, in a remote village known as Khumtai Gaon in Golaghat district. Khumtai Gaon is a medium size village located in Khumtai Circle of Golaghat district, Assam with total 353 no. of families residing. The village has population of 1613 of which 836 are males while 777 are females as per Population Census 2011. Male literacy stands at 92.94 % while female literacy rate was 83.17 %. The main language spoken in this village is Assamese. The living condition of the people is well and good. The main source of earning is through different kinds of farming and cultivations. The different modes of transportation are via public and private vehicles. The condition of the road is mostly good. Till to date there is no any Ayurvedic OPD functioning in the nearby vicinity. During the present reporting period 2017-18, a total 5902 no. of patient were treated. Among them 4128 no. of patients were newly registered and 1774 were old cases. The diseases commonly prevalent and treated in center are Vata vyadhi, Tvaka Rog, Udara Shul, Yoni Vyapad, Jvara, Amlapitta, Kasa, Hrid roga, Atisara, Grahanidosa etc.,



4. **Nagaon:** The AHC centre at Dist. Nagaon was inaugurated on 20-02-17 at CHC Raha, Ranthali District - Nagaon. It is 102.1 km away from RARIGID, Guwahati Institute. Raha is a small town in Nagaon District of Assam situated near National Highway 37. The river Kolong and Kopili flows near Raha. Raha town is one of the prominent trade centers in Assam for Agricultural product like jute, paddy and mustard. There are 125 villages in Raha circle and total population of 11,030 as per 2011 census. Urbanisation as per 2011 census is 11,030. and Assamese is the local language here. There are 80 no's. of PHC, 15 no's. of CHC along with 354 no's of sub centers and 1 District Hospital (B.P.civil hospital Nagaon) for the health care assistance of people of Raha nagaon. There are many schools and colleges like Raha Higher secondary school, Raha Girls high school also college of Fisheries is also located in Raha. The main source of earning is through different kinds of farming and cultivations. The different modes of transportation are via public and private vehicles. During the present reporting period 2017-18, a total 4989 no. of patient were treated. Among them 4267 no. of patients were newly registered and 722 were old cases. The diseases commonly prevalent and treated in center were Vata Vyadhi, Rakta vikara, Katishula, Amlapitta, Tvaka roga etc.
5. **Barpeta:** The AHC centre at Dist. Barpeta was inaugurated on 24-12-16 at Bahari MPHC, Dist – Barpeta. It is situated at a distance of approx. 100 km away from the Institute and 25 km away from Barpeta Town. Bahari is a large village located in Chenga Circle of Barpeta district, Assam with total 780 no. of families residing. The Bahari village has population of 3352 of which 1672 are males while 1680 are females as per Population Census 2011. The total geographical area of village is 284.92 hectares. In Bahari Male literacy stands at 80.41 % while female literacy rate was 71.45 %. Total 264 Sub centres, 51 PHCs, 6 CHCs, 1 Sub district hospital and 1 District Hospital are available in Barpeta District. Transportation facilities like Govt. bus as well as private vehicles are available here. Main languages spoken are Assamese and Bengali. The living condition of village is moderate and more poor families attracts towards Ayurveda OPD for seeking treatment. Maximum patient comes from the bank of river Brahmaputra. During the present reporting period 2017-18, a total 12195 no. of patient were treated. Among them 6222 no. of patients were newly registered and 5973 were old cases. The diseases commonly prevalent and treated in center were Pradar, Amlapitta, Tvakroga, Vatavyadhi, Arsha, Swas, Kasa, Sandhivata, Rajodosa, Jwara, Kandu, Pravahika, Mutrakriccha, etc.
6. **Darrang:** The AHC centre at Dist. Darrang was inaugurated on 21-12-16 at Dhula MPHC, Dist. – Darrang. It is located nearly 80 kms. from the main center of Guwahati. The centre is established at Dhula point near National Highway which is about 8 kms from Mangaldoi, the district headquarter of Darrang Dist. The District comprises 1 civil hospital and 4 blocks PHC. The basic transportation is available in both public and private mode. The place is chosen as there is a big gap in providing health care facilities in a large area which comprises nearly 1.10 lakhs of population. The surrounding villages namely Paniakhat, Hirapara, Kahataniyapara, Atakata, Magurmari, Balabari, Kharikata, Thekrabari, Tangni, Garapuri are deprived of basic health care facilities. There is not even a single Ayurvedic clinic /establishment in this huge area. The demographic study shows that population comprises nearly 75% of Muslim, 15% of Hindu and 10% other religion. Assamese is the most common language spoken in the town. Nearly 55% of general population is under BPL. The hygienic and sanitation facilities are under minimum standards. During the present reporting period 2017-18, a total 7043 no. of patient were treated. Among them 6758 no. of patients was new cases and 285 were old cases. The diseases commonly prevalent and treated in center were Pratishya, Pandu roga, Tvaka roga, Vrana roga, Jwara, Amlapitta etc.



7. **Jorhat:** The AHC centre at Dist. - Jorhat was inaugurated on 25-03-17 at Kakojan BPHC MPHC, Dist. - Jorhat. It is situated at distance of 350 km. from the main institute, 18 km towards East From Jorhat town, by the road side of NH 37. Transportation facilities like Govt. Buses as well as private vehicles are available from Jorhat to Kakojan. Total population under Kakojan BPHC is 1,46,055. Number of CHC cum FRU is only one i.e. Teok FRU. No. of MPHC is two i.e. Pulinahoroni and Chenijan MPHC. No. of SD is one i.e. Jajimukh SD. No. of sub-centre is 19. Common Languages spoken are Assamese, Bengali, Boro and Sadri. The earning source of this town is mainly from cultivation (tea garden). During the present reporting period 2017-18, a total 6070 no. of patient were treated. Among them 4558 no. of patients was new cases and 1512 were old cases. The diseases commonly prevalent and treated in center were Tvaka roga, Amlapitta, katishula, pradara roga, Sandhivata etc. etc.
8. **Sonitpur:** The AHC centre at Dist. - Sonitpur was inaugurated on 09-01-17 at Kanaklata Civil Hospital, Tezpur, Dist - Sonitpur. Tezpur is the Headquarter of Sonitpur District and the approximate population of Tezpur is 1.03 lakhs as per 2011 census report while the population of the whole Sonitpur District is 19.24 lakhs. It is situated at distance of 179 km via Jayson and 170 km via Mangaldoi from main institute - RARIGID, Guwahati. Assamese is the commonest language spoken here. Town has mixed population of Hindu and Muslims. In terms of educational status, there is 1 University, 13 colleges, 1 ITI, 30 higher secondary school, 166 High school 220 senior basic schools and 1 medical college. In terms of health center 6 Hospital, 23 primary health centers, 11 Dispensaries, 294 sub-center, and 1 mental hospital. There is availability of MO (Ayu.) at Kanaklata Civil hospital but is recently transferred to other district. During the present reporting period 2017-18, a total 5136 no. of patient were treated. Among them 2927 no. of patients was new cases and 2209 were old cases. The diseases commonly prevalent and treated in center were Pradara, Vata Vyadhi, Tvaka Roga, Amlapitta, Sandhishula etc. etc.
9. **Goalpara:** The AHC centre at Dist. - Goalpara was inaugurated on 18-02-17 at Bikali Model Hospital, Dhupdhara, Dist – Goalpara. It is situated at distance of approximate 105km. form the institute, 13 km from Rangjuli, half kilometer away from the NH-37 from the Dhupdhara bus station and also located 58 km towards East from District Headquarters Goalpara. This center attracts patients from nearby about 15 villages having about 10363 populations and there is no such Ayurveda center in this locality. Road connectivity is good. The main language spoken by the population is Assamese and Bengali. During the present reporting period 2017-18, a total 4921 no. of patient were treated. Among them 3184 no. of patients was new cases and 1737 were old cases. The diseases commonly prevalent and treated in center were Tvaka Roga, Sandhi vata, Pradara, Kasa, Katishula etc.
10. **Nalbari:** The AHC centre at Dist. – Nalbari was inaugurated on 14-12-16 at Mahatma Gandhi Model Hospital Adabari, Dist – Nalbari. It is situated at a distance of approximate 65 km. form the main institute, RARIGID, Guwahati and 20km away from Nalbari town. Adabari is a large village located in Barkhetri circle of Nalbari district, with total 412 families residing. This village has population of 2166 (1090 are males and 1076 are females) as per census 2011 report. Hindu and Muslim are the commonest community in this village. Assamese and Bengali are the common language spoken here in this village. Transportation facilities are good. Under district Nalbari, there is 1 Civil hospital, 4 Block PHC, 34 MPHC, 2 Model Hospital, 7 CHC, 5 SD, 4 Subsidiary health centre, 121 Health sub centre and 1510 Anganwadi centre. During the present reporting period 2017-18, a total 6423 no. of patient were treated. Among them 3512 no. of patients was new cases and



2911 were old cases. The diseases commonly prevalent and treated in center were Tvaka Roga, Sandhi vata, Pradara, Kasa, Katishula etc.

**Statement Report of Patients attended at AHC OPD during 2016 – 17**

Sr. No	Name of centre	Number of Patients attended														Grand Total
		NEW						OLD						TOTAL (New + Old)		
		ADULT		CHILD		TOTAL		ADULT		CHILD		TOTAL		M	F	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	
1	Barihath , Kamrup	291	474	50	42	341	516	41	71	6	6	47	77	388	593	981
2	Nalbari	261	503	118	78	379	581	85	180	16	9	101	189	480	770	1250
3	Morigaon	278	328	55	38	333	366	151	131	20	9	171	140	504	506	1010
4	Darang	321	472	98	81	419	553	56	47	5	2	61	49	480	602	1082
5	Barpeta	331	1351	55	102	386	1453	124	520	5	14	129	534	515	1987	2502
6	Sonitpur	158	246	21	18	179	264	88	126	2	1	90	127	269	391	660
7	Golaghat	133	316	110	91	243	407	1	18	6	4	7	22	250	429	679
8	Goalpara	75	168	20	34	95	202	13	33	1	1	14	34	109	236	345
9	Raha	71	177	12	19	83	196	2	3	0	0	2	3	85	199	284
10	Jorhat	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>		<b>1919</b>	<b>4035</b>	<b>539</b>	<b>503</b>	<b>2458</b>	<b>4538</b>	<b>561</b>	<b>1129</b>	<b>61</b>	<b>46</b>	<b>622</b>	<b>1175</b>	<b>3080</b>	<b>5713</b>	<b>8793</b>

**Statement Report of Patients attended at AHC OPD during 2017 – 18**

S. No.	Name of centre	Number of Patients attended														Grand Total
		New						Old						TOTAL		
		Adult		Child		Total		Adult		Child		Total		M	F	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	
1	Kamrup (R)	1897	3511	324	290	2221	3801	405	703	9	7	414	710	2635	4511	7146
2	Nalbari	1223	1783	266	240	1489	2023	1034	1732	73	72	1107	1804	2596	3827	6423
3	Morigaon	1712	2119	249	232	1961	2351	1336	1673	146	116	1482	1789	3443	4140	7583
4	Darang	1875	2821	1092	970	2967	3791	137	128	12	8	149	136	3116	3927	7043
5	Barpeta	1739	3473	441	569	2180	4042	1986	3040	396	551	2382	3591	4562	7633	12195
6	Sonitpur	1148	1444	165	170	1313	1614	816	1184	72	137	888	1321	2201	2935	5136
7	Golaghat	1117	1850	606	555	1723	2405	592	893	155	134	747	1027	2470	3432	5902
8	Goalpara	1169	1577	208	230	1377	1807	704	936	38	59	742	995	2119	2802	4921
9	Raha	1636	2288	153	190	1789	2478	282	428	6	6	288	434	2077	2912	4989
10	Jorhat	2032	2121	236	169	2268	2290	714	766	18	14	732	780	3000	3070	6070
<b>TOTAL</b>		<b>15548</b>	<b>22987</b>	<b>3740</b>	<b>3615</b>	<b>19288</b>	<b>26602</b>	<b>8006</b>	<b>11483</b>	<b>925</b>	<b>1104</b>	<b>8931</b>	<b>12587</b>	<b>28219</b>	<b>39189</b>	<b>67408</b>





## Prevalent Diseases

S.No.	Diseases
1	Vata vyadhi
2	Amlapitta
3	Sandhivata
4	Aamvata
5	Tvaka roga
6	Jvara
7	Arsha
8	Pradara
9	Swasa
10	Kasa
11	Pratishya
12	Katishool
13	Udara Shul
14	Pradara
15	Grahanidosa

## II. Regional Ayurveda Research Institute, Itanagar

The six centres at different districts of Arunachal Pradesh were opened as an extension centre of RARI, Itanagar. All these centres remain opened from 9:30 am to 4:30 pm every day except Sunday, 2<sup>nd</sup> Saturday, and Gazetted holidays. Presently all these centres are running in District Hospital. OPD was started in these centres from May-June 2016. There are also several other activities conducted at these centres. The Free Health Camp and Awareness Programme was conducted at Bomdila of West Kameng District and Seppa of East Kameng District which was inaugurated by (Brig.) Dr. B.D. Mishra (Retd.) Governor of Arunachal Pradesh during his visit in OPD of Ayurveda Health Centre (extension unit of RARI, Itanagar). He expressed his feeling in the visitors' register that *“ I am delighted to see this Ayurvedic Branch of the hospital which is being so efficiently managed. I wish them growth and all the expertise to meet the treatment requirements of the patients coming to them”* and Dr. Sonal Swaroop, IAS, Deputy Commissioner, West Kameng District, Arunachal Pradesh also expressed her feeling by discussing the health problems of the people, that they usually suffers from.

1. **Bomdila (West Kameng District):** OPD was started at this centre on dated 26-05-2016. Bomdilla is the head quarter and the major town of West Kameng district. The population is about 8000. The distance from Itanagar to Bomdilla is 271.6 km The majority of the local population include Aka, Miji ,Monpa,Bagun, etc. The main language spoken is Monpa but Hindi and Assamese are prevalently used by the local people for conversation. The living standards are high and are mostly traders and businessmen. Regular bus and sumo services are available for transportation. It has the modern facilities such as school, college, stadium, etc. The town has a district hospital covering nearby sub-urban Dirang and Rupa town.
2. **Namsai (Namsai District):** OPD was started at this centre on dated 26-05-2016. Namsai is the head quarter and the major town of Namsai district. The population is about 17000 .The distance from Itanagar to Namsai is 323 km (9 hours).The local population are the



Khamptis. The main language spoken is Khampti, English, Hindi and Assamese. The living standard is moderate and depends upon farming. Regular bus and sumo services are available for transportation. It has the modern facilities such as school, college etc. The town has a district hospital covering nearby sub-urban of Chowkham and Wakro town.

3. **Tezu (Lohit District):** OPD was started at this centre on dated 28-05-2016. Tezu is the head quarter and the major town of Lohit district. The population is about 18000. The distance from Itanagar to Tezu is 377km (10 hrs). The majority of the local population including Mishmis and Adi etc. The main language spoken is Mishmi, Hindi. The living standard is moderate. Regular bus, sumo services and Air service are available for transportation. It has the modern facilities such as school, college, stadium, etc. The town has a district hospital covering nearby sub-urban of Sunpura town.
4. **Seppa (East Kameng District):** OPD was started at this centre on dated 26-05-2016. Seppa is the head quarter and the major town of East Kameng district. The population is about 18000. The distance from Itanagar to Seppa is 217.5km (5 hrs approx). The majority of the local population include Nyishi and Bangni. The main language spoken is Nyishi and Hindi. The living standard is high. Regular bus and sumo services are there for transportation. It has the modern facilities such as College, Schools, and Stadiums etc. The town has a district hospital covering nearby sub-urban of town.
5. **Pasighat (East Siang District):** OPD was started at this centre on dated 09-06-2016. Pasighat is the head quarter and the major town of East Siang district. The population is about 25000. The distance from Itanagar to Pasighat is about km 256.6 (7 hrs approx). The majority of the local population are Adi and Mishing. The main language spoken is Adi and Hindi. The living standard is high. Regular Rail service and Air services are there for transportation. It has the modern facilities such as College, Schools, and Stadiums etc. The town has a district hospital covering nearby sub-urban of Ruksin town.
6. **Likabali (West Siang District):** OPD was started at this centre on dated 30-05-2016. Likabali is the major town of West Siang district in the border of Assam near to Shilapatthar town. The population is about 2000. The distance from Itanagar to Likabali is about 160.5 km (5 hrs approx). The majority of the local population are Galo. The main language spoken is Galo and Hindi. The living standard is high. Regular bus, sumo services and Rail service are available for transportation. It has the modern facilities such as Schools, college etc. The town has a Primary Health Center covering nearby sub-urban of Gensi town.

#### Prevalence of disease

S. No.	Name of Disease
1	Amlapitta
2	Arsha
3	Twak roga
4	Jwar
5	kasa
6	Vatavyadhi
7	Pradara
8	Yakritvikara
9	Udarashool
10	kostabaddhata



11	Sandhishool
12	Amvata
13	Griddhrasi
14	Grahani
15	Pratishyaya

### Statement Report of Patients attended at AHC OPD during 2016-17

S. No.	Name of the Extension Centres	Number of patients attended												Grand Total		Grand Total (M+F)
		New						Old						Grand Total		
		Adult		Child		Total		Adult		Child		Total		Grand Total		
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	
01	Tezu	916	794	51	34	967	828	282	280	2	5	284	285	1251	1113	2364
02	Pasighat	366	508	48	41	414	549	155	178	9	9	164	187	578	736	1314
03	Namsai	494	455	152	172	646	627	278	220	23	22	301	242	947	869	1816
04	Bomdila	394	372	27	17	421	389	124	151	4	3	128	154	594	543	1137
05	Seppa	504	316	25	22	529	338	158	91	0	5	158	96	687	434	1121
06	Likabali	303	232	47	33	350	265	104	94	1	2	105	96	455	351	806
	<b>Total</b>	<b>2977</b>	<b>2677</b>	<b>350</b>	<b>319</b>	<b>3327</b>	<b>2996</b>	<b>1101</b>	<b>1014</b>	<b>39</b>	<b>46</b>	<b>1140</b>	<b>1060</b>	<b>4512</b>	<b>4046</b>	<b>8558</b>

### Statement Report of Patients attended at AHC OPD during 2017-18

Sr. No.	Name of the Extension Centres	Number of patients attended												Grand Total		Grand Total (M+F)
		New						Old						Grand Total		
		Adult		Child		Total		Adult		Child		Total		Grand Total		
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	
01	Tezu	1483	1619	99	74	2345	1693	785	550	17	13	727	563	3072	2256	5328
02	Pasighat	1011	1410	238	209	1491	1619	541	532	74	62	587	594	2078	2213	4291
03	Namsai	696	791	249	368	1194	1159	314	228	19	51	311	279	1505	1438	2943
04	Bomdila	749	842	13	6	1026	848	446	427	2	0	404	427	1430	1275	2705
05	Seppa	1101	1018	184	144	1550	1162	576	484	35	46	550	530	2100	1692	3792
06	Likabali	1046	1158	328	276	1797	1434	545	419	12	8	482	427	2279	1861	4140
	<b>Total</b>	<b>6086</b>	<b>6838</b>	<b>1111</b>	<b>1077</b>	<b>9403</b>	<b>7915</b>	<b>3205</b>	<b>2640</b>	<b>159</b>	<b>180</b>	<b>3061</b>	<b>2820</b>	<b>12464</b>	<b>10735</b>	<b>23199</b>

### III. Regional Ayurveda Research Institute, Gangtok

The four centres at different districts viz; Gayzing West district, Jorethang-South District, Mangan- North District and Rangpo- East district were opened as an extension centre of RARI Gangtok under North East plan of CCRAS. These centres are running in rented building as government space is not available. These centres are basically creating a separate entity for publicity as popularity of AYUSH system & Ayurveda in public domain. This Institute takes the opportunity to be the 1<sup>st</sup> Ayurveda Institute in entire Sikkim as well each extension center is 1<sup>st</sup> Ayurveda health center in each district of Sikkim. Details of Each Extension Center are as follows-

1. **Gayzing (West district):** This is the 1st Centre of this extension programme which was inaugurated on 19.09.2016 in the auspicious presence of Shri. K.B. Limbu, Chairman, Poultry Board, Dept. of Animal Husbandry, Govt. of Sikkim was present as



chief guest. Gayzing is a small hill town situated in west district at 6500ft altitude; with total population 4013. This centre is around 137 km far away from the main Institute which takes around 4-5 hrs to reach there. Although the distance is not too far from main institute but the road is not good enough due to mountainous terrain. However there are proper government and private transportation facilities. There is only one district hospital at Gayzing, 7 PHC's and 41 PHSC's are present in West Sikkim district. The total population of west district is 136435 (Male-70238 & Female-66197) with 117 population density as per the last census. The most of the population around 96.15 % are living in rural areas as per 2011 census. The common language spoken is Nepali; Bhutia, Lepcha, limbo, Sherpa English and Hindi. The Government and private educational facilities are available in Geyzing district.

2. **Jorethang (South District):** This is the 2<sup>nd</sup> Centre which was inaugurated on 10.11.2016 in the presence of Panchayat President, Municipal Councillor & local people. Jorethang is the one of the major business center of South & West district. Jorethang is situated about 1056 ft altitude with total population of 9009 as per last census. This centre is around 96 km far away from the main Institute which takes around 3-4 hrs to reach there. Transportation facilities like Govt. bus as well as private vehicles are available but condition of road is pretty rundown. One district hospital is at Namchi, 5 PHC's, 29 PHSC's and one CHC are there in South district from which One PHC is at Jorethang. Total population of South district according to last census is 146850 (Male-76670 & Female- 70180) with 196 population density. As per 2011 census, 14.44% lives in urban regions of district. 85.56 % population of South Sikkim districts lives in rural areas of villages. The main language spoken is Nepali, Bhutia, Lepcha, limbo, Sherpa and English, Hindi are also spoken. Literacy rate is recorded as 81.42 which is quiet good. The Government and private educational facilities are available in Geyzing district.
3. **Mangan (North District):** This is the 3<sup>rd</sup> Centre inaugurated on 11.01.2017 in Mangan, district head quarter of North district with total population 4644. It was inaugurated in presence of DC, SP, CMOH, Panchayat President and other local peoples. This extension Center is the 1<sup>st</sup> Ayurveda OPD in North district. Mangan is situated about 3136ft altitude. It is 72 km far away from the main Institute which takes around 3hrs to reach. The transportation facilities like govt. bus as well as private vehicles are available. However the road is very bad due to mountainous terrain and there are also frequent landslides during rainy season which makes this place inassessable to rest of Sikkim. There is only one district hospital is at Mangan, 5 PHC's, 8 PHSC's in North district. The total population of North district is 43709 (Male-24730 & Female- 18979) with 10 population density. 10.62 percent lives in urban regions of district. 89.38 % population of North Sikkim districts lives in rural areas of villages as per 2011 census. The main language spoken is Lepcha, Bhutia, Nepali, limbo, Sherpa. English, Hindi are also fairly spoken. The Government and private educational facilities are available in iii. Mangan. Literacy rate is recorded as 78.01.
4. **Rangpo (East district):** This is the 4th Centre which was inaugurated on 24.01.201 in presence of Panchayat President, SDPO of Rangpo and other Panchayat member & local people. The total population of East district is 283583 (Male-151432 & Female-132151) with 297 population density as per the last census. However there is already one AYUSH hospital running in Gangtok, East Sikkim maintained by RARI. Hence it was decided to open one extension center at second largest town Rangpo, which has total population of 10,450. Rangpo is situated immediate to the border of West





Bengal. It is situated at a distance of 34 km away from the main Institute which takes 2 hr to reach there. Rangpo is situated about 1056ft altitude. Transportation facilities are available and road condition is fairly good. There is one state hospital, 1 District hospital, 8 PHC's, 48 PHSC's, one CHC, one AYUSH hospital in East district from which One PHC is at Rangpo with 6 PHSC. 43.19 percent lives in urban regions of district. 56.81 % population of East Sikkim districts lives in rural areas of villages as per 2011 census. This is the 1st Ayurveda OPD in rangpo. The main language spoken is Nepali, Bhutia, Lepcha, limbo, Sherpa and English, Hindi are also spoken. Literacy rate is recorded as 83.85.

### Prevalence of Diseases

S.No.	Prevalant Disease
1.	Sandhi Vata
2.	Tvakroga,
3.	Vata Vyadhi
4.	Amlapitta
5.	Sandhisula
6.	Kasa
7.	Udar shula
8.	Arsha
9.	Katisula
10.	Prameha
11.	Vata Rakta,

### Statement Report of Patients attended at AHC OPD during 2016-17

Name of Extension Centres	Number of patients attended														Grand Total (M + F)
	New						Old						TOTAL		
	Adult		Child		Total		Adult		Child		Total		M	F	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Geyzing	551	405	44	42	595	447	457	334	29	36	486	370	1081	817	1898
Jorethang	590	525	45	37	635	562	584	537	39	30	623	567	1258	1129	2387
Mangan	279	248	35	33	314	281	211	197	14	12	225	209	539	490	1029
Rangpo	194	191	26	28	220	219	99	101	5	6	104	107	324	326	650
<b>Total</b>	<b>1614</b>	<b>1369</b>	<b>150</b>	<b>140</b>	<b>1764</b>	<b>1509</b>	<b>1351</b>	<b>1169</b>	<b>87</b>	<b>84</b>	<b>1438</b>	<b>1253</b>	<b>3202</b>	<b>2762</b>	<b>5964</b>

### Statement Report of Patients attended at AHC OPD during 2017-18

Name of Extension Centres	Number of patients attended														Grand Total (M + F)
	New						Old						Total		
	Adult		Child		Total		Adult		Child		Total		M	F	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Geyzing	885	624	76	62	961	686	908	617	61	72	969	689	1930	1375	3305
Jorethang	1052	993	73	88	1125	1081	1287	1343	21	19	1308	1362	2433	2443	4876
Mangan	498	456	46	34	544	490	977	695	48	8	1025	703	1569	1193	2762
Rangpo	962	695	63	88	1025	783	940	622	39	52	979	674	2004	1457	3461
<b>Total</b>	<b>3397</b>	<b>2768</b>	<b>258</b>	<b>272</b>	<b>3655</b>	<b>3040</b>	<b>4112</b>	<b>3277</b>	<b>169</b>	<b>151</b>	<b>4281</b>	<b>3428</b>	<b>7936</b>	<b>6468</b>	<b>14404</b>



## CHAPTER - 6

### INTEGRATION OF AYUSH (AYURVEDA) WITH NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF CANCER, DIABETES, CARDIOVASCULAR DISEASES AND STROKE

#### BACKGROUND-

Non Communicable Diseases (NCDs) kills 40 million people each year, equivalent to 70% of all deaths globally. Every year, 15 million people die from a NCD between the ages of 30 and 69 years; over 80% of these “premature” deaths occur in low- and middle-income countries. Cardiovascular diseases account for most NCD deaths, followed by Cancers (8.8 million), respiratory diseases (3.9million), and Diabetes (1.6 million). These 4 groups of diseases account for over 80% of all premature NCD deaths. It is projected that globally NCDs will account for nearly 44 million deaths in 2020 (Global status report on non-communicable diseases 2010).

In India, as per the NCD country profile 2014 published by World Health Organization (WHO), overall mortality due to NCDs was 60%. The disease specific share was for Cardiovascular Diseases-26%, Cancers-7%, Diabetes-2%, COPD-13%, Other NCDs-12%. Based on National Cancer Registry Programme (NCRP) of Indian Council of Medical Research (ICMR), it is estimated that there are about 28 lakh cases of different types of Cancer in the country with new occurrence, about 11 lakh cases and about 5 lakh deaths annually. The three most prevalent cancers in India are breast, cervical and oral cancers.

NCDs are caused, to a larger extent, by four behavioural risk factors which are pervasive aspects of economic transition, rapid urbanization and 21st-century lifestyles: tobacco use, unhealthy diet, insufficient physical activity and the excessive use of alcohol. The greater effects of these risk factors fall increasingly on low and middle-income countries, and on poor people within all countries, mirroring the underlying socioeconomic determinants. Ayurveda, food (*Pathya & Apathya*), life style (*Vihara*) play a key role in the maintenance of health and in prevention of many diseases. This includes advocacy on food items (Qualitative & Quantitative), according to the disease. Further, the daily routine activities (*Dinacharya*) such as dental care, oil massage, Yoga, Physical activities, Good conduct, Mental health and seasonal routine for maintenance of health are also described. Ayurveda emphasises the practice of healthy life style for healthy persons to prevent diseases and specific life style modifications for different diseases to arrest the progress of the disease and complications. It was viewed that the potential of this unique contribution of Ayurveda may be adopted for the prevention of NCDs through food and life style counselling. Detection, screening and management of NCDs, as well as prevention of complications, are key components of therapeutic approach to NCDs.

#### INTRODUCTION

Government of India launched “National Programme for Prevention and Control of Cancer, Diabetes, Cardio-vascular diseases and Stroke (NPCDCS)” in 2008 to prevent and control the projected increase in the burden of Non-Communicable Diseases. This program has been implemented in 36 States by Directorate of Health Services.

The National Policy on Indian Systems of Medicine and Homeopathy adopted in 2002, suggested phase wise integration of ISM with health delivery systems. National Health Policy



2017, emphasizes on mainstreaming of AYUSH systems through integration and collocation for achievement on National goal and to reduce premature mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases up to 25% by 2025. During the past decade, the global emergence of integrative medicine has established that India has the potential to become a world leader in this sphere, if adequate support & opportunities for Research and Development is given the Integration will enable patients to choose the appropriate interventions. The ministry also desires to generate the health data of population in relation to various disease preventive factors described in AYUSH systems. AYUSH doctors can play a vital role in prevention and control of NCDs through primary health care network.

Keeping the strength of AYUSH systems for prevention and management of NCDs by promoting healthy lifestyle, “*Integration of AYUSH (Ayurveda) with NPCDCS programme*” was conceived in 2015 by Ministry of AYUSH & Central Council For Research In Ayurvedic Sciences in collaboration with Director General for Health Services, for imparting Health Services on Pilot basis. This would initially cover Districts of 3 states, viz. Bhilwara (Rajasthan), Surendranagar (Gujarat) and Gaya (Bihar). The programme was launched during Jan/Feb in 2 districts viz. Bhilwara (Rajasthan), Surendranagar (Gujarat) whereas in Gaya (Bihar) the programme was launched on April 2016.

### OBJECTIVES

- To integrate Ayurveda to the existing healthcare system for promotion, prevention and control of non-communicable diseases through NPCDCS program.
- To ensure early diagnosis of NCDs for management through life style and behavioral changes through the principles of Ayurveda.
- To reduce drug dependency in chronic cases through Ayurveda, Yoga practices and Lifestyle changes.
- To provide Ayurveda as an adjuvant therapy to reduce complications and associated symptoms.
- To ensure Evaluation, Monitoring and Surveillance of NCDs.

### MATERIALS AND METHODS

#### Study Site

This program has been implemented on pilot basis in three districts of the three states at Community Health Centre (CHC) and Primary Health Centre (PHC) level and the details of the program are depicted in the table no. 1:

**Table no.1: Details of study sites of NPCDCS Program**

Sl. No.	State	Districts	No. of CHCs/ Block PHC + District Hospital(DH)	No. of PHCs in the District
1	Bihar	Gaya	17 CHCs / Block PHCs +1 DH	71
2	Gujarat	Surendranagar	10 CHCs + 1DH	37
3	Rajasthan	Bhilwara	22 CHCs + 1DH	75
<b>Total</b>			<b>49 CHCs &amp; 3 District Hospital</b>	<b>183</b>

**Engagement of human resources**

For this programme, technical manpower from Ayurveda and Yoga discipline and supporting manpower for other secretarial work has been engaged on temporary basis. They have been placed at CHC/Block PHC, districts hospitals of the selected districts and at CCRAS headquarters. The details of the manpower engaged are depicted in Table no.2

**Table no. 2: The details of the staff recruited in the programme**

Name of the District & State	Total	Sr. Consultant (Ay.)	R. A. (Ay.)	Pharmacist (Ay.)	Yoga Instructor	DEO	MTS
CCRAS Hqrs., N. Delhi	03	02	-	-	-	01	-
Surendranagar Distt., Guj.	77	02	20	22	11	11	11
Bhilwara Distt., Rajasthan	161	02	44	46	23	23	23
Gaya, Bihar	126	02	34	36	18	18	18

The roles and responsibilities of each category of manpower have been well defined for smooth implementation of the program. The details are as under -

Manpower	Role & responsibilities
<b>Senior Consultant (Ay.) at DHC level</b>	<ul style="list-style-type: none"> <li>To screen, detect the NCD patients in early stages &amp; arrest the disease progress through life style counseling.</li> <li>To refer the patients of NCDs (non respondents to life style/ Ayurveda) for proper consultations.</li> <li>To entertain cross referrals from modern medicine &amp; provide life style management to the patients.</li> <li>To coordinate with the District Nodal Officer (NPCDCS) and In-charges of NCD Clinics for Investigations support (diagnostic and laboratory).</li> <li>To provide service to NCD patients by giving consultation, life style counseling (<i>Pathya-Apathya</i>) and medicine.</li> <li>To generate awareness about risk factors of NCDs and importance of healthy diet, regular physical activity and Ayurvedic approach for prevention of NCDs.</li> <li>To co-ordinate with Yoga Instructor for Yoga prescription with practical demonstration of Yogic practices as required for NCD patients.</li> <li>To collect data of NCD patients at Life Style Clinics.</li> </ul>





<b>Research Associate (Ay.) at CHC level</b>	<ul style="list-style-type: none"> <li>• To generate awareness about risk factors of NCDs and importance of healthy diet, regular physical activity and Ayurvedic approach for prevention of NCDs.</li> <li>• To provide service to NCD patients by giving consultation, life style counseling (<i>Pathya-apathya</i>) and medicines.</li> <li>• To co-ordinate with Yoga Instructor for Yoga prescription with practical demonstration of Yogic practices as required for NCD patients.</li> <li>• To coordinate with the In-charge of CHC / NPCDCS cell for diagnostic and laboratory Investigations etc.</li> <li>• To distribute medicines and IEC materials to the NCD patients visiting life style clinic and general public attending health camps arranged at PHC level.</li> </ul>
<b>Yoga instructor</b>	<ul style="list-style-type: none"> <li>• To generate awareness about role of yoga in prevention of NCDs.</li> <li>• To impart training to the identified Yoga volunteers on Yoga procedures to enable them to conduct Yoga practices regularly at concerned PHC.</li> <li>• To prescribe and demonstrate the <i>Yoga -Asanas</i> and other related procedures to the person susceptible for NCDs and patients (disease specific yoga procedures) in co-ordination with Ayurvedic consultant/ Research Associate and maintain the records.</li> </ul>
<b>Pharmacist (Ay.)</b>	<ul style="list-style-type: none"> <li>• To dispense medicines as prescribed by the Sr. Consultants/Research Associates at respective Life Style Clinics and camps and to keep all relevant records as required.</li> <li>• To explain the procedure for taking medicines as advised by Sr. Consultants/ Research Associates.</li> <li>• To counsel patients for better compliance of prescribed medicines, promotion of Health and prevention of diseases.</li> </ul>
<b>Data Entry Operator</b>	<ul style="list-style-type: none"> <li>• To assist Sr. Consultant/ Research Associate and Yoga Instructor in preparation of reports and maintenance of records of activities and tasks under the project.</li> </ul>
<b>Multi Tasking Staff (MTS)</b>	<ul style="list-style-type: none"> <li>• To assist in routine office work like diary, dispatch, Photocopying, sending of FAX, etc and to maintain the cleanliness, coordinate supply of electricity, water, housekeeping etc. of the premises</li> <li>• To assist in outreach activities such as organization of camps, distribution of IEC materials etc.</li> </ul>

## INTERVENTIONS

In view of aetiology of NCDs Pharmacological and Non-pharmacological interventions have been advocated.

### Pharmacological interventions

16 common classical Ayurvedic medicines have been identified in consultation with the experts



for the prevention and management of the NCDs. The medicines have been procured from GMP certified Ayurvedic pharmaceutical companies as per pharmacopoeial standards. The medicine were usually prescribed for 3 months or as required as per the discretion of the Ayurvedic doctors based on assessment of the condition of the patients and condition of the disease (*Rogi Roga Pariksha*). However, follow-up was done for another 3 months after treatment. List of the medicines with their doses are depicted in the **Table-3**.

**Table-3: List of the selected classical Ayurvedic medicines for the NCDs with their doses & dosage form**

S.No	Medicine	Disease condition	Dose Per Day
1.	<i>Mamajjak Capsule</i>	Diabetes	1 gm BID
2.	<i>Arogyavardhini Vati</i>	Obesity & Dyslipidemia	500 mg BID (not more than 45 days)
3.	<i>Triphala Churna</i>	Obesity & Dyslipidemia	3 gm BID
4.	<i>Sarpagandha Mish-rana</i>	Hypertension	250 mg BID
5.	<i>Pravala Pishti</i>	Hypertension	250 mg BID
6.	<i>Ashvagandha Churna</i>	Cancer	3 gm BID
7.	<i>Guduchi Churna</i>	Diabetes, Cancer	3 gm BID
8.	<i>Amalaki Churna</i>	Diabetes ( <i>Amlapitta</i> )	3 gm BID
9.	<i>Ekangaveera Rasa</i>	Stroke/ <i>Pakshaghat</i>	125 mg BID
10.	<i>Haridra Khanda</i>	COPD, Ch. Bronchitis, Allergic Bronchitis	3 gm BID
11.	<i>Tribhuvan Mishran</i>	COPD, Ch. Bronchitis	1 Tab BID
12.	<i>Soma Churna</i>	COPD	500 mg BID
13.	<i>Chitrakadi Gutika</i>	Obesity & Dyslipidemia	250 mg BID
14.	<i>Kutajghan Vati</i>	Diabetes ( <i>Atisara, Grahani</i> )	250 mg BID
15.	<i>Yograj Guggulu</i>	Obesity & Dyslipidemia	500 mg TID
16.	<i>Sitopaladi Churna</i>	COPD, Ch. Bronchitis	3 gm BID

The medicines selected for disease conditions as mentioned on the above table are as per their classical indications.

### Non-Pharmacological interventions

#### i. Diet and Life style

It includes regulation of diets, lifestyle and *Yogic Asanas*. Some advocacy on diet and life styles for prevention of NCDs are presented in Table-4.



**Table-4: Advocacy on diet and life styles for prevention of NCDs**

<b>DIABETES MELLITUS</b>	
<b>Do's</b>	<b>Dont's</b>
<ul style="list-style-type: none"> <li>• Intake of old harvested cereals, barley (<i>Yava</i>), Sorghum (<i>Jowar</i>), whole wheat atta, bitter gourd (<i>Karela</i>), green leafy vegetables, garlic (<i>Lasuna</i>), turmeric (<i>Haridra</i>), aloe (<i>Kumari</i>) in vegetables and fruits like Guava, Oranges, Indian Blackberry (<i>Jamun</i>) etc.</li> <li>• Timely intake of diet.</li> <li>• Regular exercise especially walking.</li> <li>• Regular practice of Yoga, Meditation etc. under the supervision of Yoga specialist is suggested.</li> </ul>	<ul style="list-style-type: none"> <li>• Sugarcane juice, jaggery, sugar, milk products</li> <li>• Reduce intake of rice, food rich in carbohydrate and fried or processed food</li> <li>• Sedentary lifestyle</li> <li>• Sleeping in the day time and excessive sleeping</li> <li>• Alcohol</li> <li>• Staying too long on empty stomach.</li> <li>• Cold drinks, Ice cream, burger-pizza and other fast foods etc.</li> </ul>
<b>HYPERTENSION</b>	
<ul style="list-style-type: none"> <li>• Regular blood pressure check-up.</li> <li>• Timely intake of balanced diet, more use of fruits and green vegetables.</li> <li>• Regular physical exercise.</li> <li>• Daily brisk walking for half an hour.</li> <li>• Reduce intake of oily, salty, sour and spicy food items.</li> <li>• Weight reduction.</li> <li>• Barley (<i>Yava</i>), sorghum (<i>Jowar</i>), wheat, green gram (<i>Mudga/Moong dal</i>), horse gram (<i>Kulatha</i>), moringa (<i>Shigru</i>), Bitter gourd (<i>karela</i>), bottle gourd (<i>Ghia/ Lauki</i>), turnip (<i>Shalgam</i>), carrot (<i>Gajar</i>), radish (<i>Muli</i>), Indian gooseberry (<i>Amla</i>), cucumber (<i>Khira</i>), blackgrapes (<i>Draksha</i>), pomegranate (<i>Anar</i>), apple, pineapple, cold milk etc.</li> <li>• Timely sleeping and awakening.</li> <li>• Regular practice of Yoga &amp; Meditation under the supervision of Yoga expert</li> </ul>	<ul style="list-style-type: none"> <li>• Excessive intake of salt (sprinkling over salad, curd etc.)</li> <li>• Excessive use of butter, ghee, chillies (red-green), pickles, Sesame Oil (<i>Til taila</i>), Bengal gram(<i>Chana Dal</i>), mustard oil (<i>Sarson ka Taila</i>), sour fruits, curd, tea, coffee etc.</li> <li>• Intake of animal fat, processed/oily food items.</li> <li>• Alcohol consumption and smoking.</li> <li>• Practice of day sleeping and awakening at night.</li> </ul>



OBESITY	
<ul style="list-style-type: none"><li>• Take low-fat and low-calorie food items.</li><li>• Take frequent small meals to avoid food cravings.</li><li>• Take more proteins to stay longer without food.</li><li>• Use warm water for drinking.</li><li>• Include cabbage in daily meal. It will stop the conversion of sugars to fat.</li><li>• Steamed, boiled and baked vegetables rather than fried.</li><li>• Drink skimmed milk instead of whole milk.</li><li>• Include lemon in diet and drinks.</li><li>• Take Healthy foods such as – oatmeal, walnuts, salads, bitter gourd (<i>Karela</i>), drumstick (<i>Shigru</i>), barley (<i>Yava</i>), wheat, honey (<i>Madhu</i>), Indian Gooseberry (<i>Amla</i>), pomegranate (<i>Anar</i>) and snake gourd etc.</li><li>• Brisk morning walk of 30 minutes.</li><li>• Yoga and Meditation to manage stress and fatigue.</li></ul>	<ul style="list-style-type: none"><li>• Watching TV while having food.</li><li>• High carbohydrate vegetables like – potato, rice etc.</li><li>• More sugary or sweet products, more dairy products, fried and oily foods, fast foods, excess salt.</li><li>• Sedentary habits.</li><li>• Excessive sleep.</li><li>• Alcohol and Smoking</li><li>• Salty foods or excessive salt in meals.</li></ul>
DYSLIPIDEMIA	
<ol style="list-style-type: none"><li>1. Intake of regular and balanced diet.</li><li>2. Use of lukewarm water (<i>Ushnodaka</i>) for drinking.</li><li>3. Use of Barley (<i>Yava</i>), Sorghum (<i>Jowar</i>), Indian gooseberry (<i>Amla</i>), Honey (<i>Madhu</i>) and Butter milk (<i>Takra</i>)</li><li>4. Use of Green gram (<i>Moong</i>), Horse gram (<i>Kulathi</i>), Bengal gram (<i>Chana</i>) and Spilt Red Gram (<i>Arhar</i>)</li><li>5. Plenty of green leafy vegetables and fruits</li><li>6. Fibrous food items</li><li>7. Brisk walking and jogging in fresh air everyday in early morning</li><li>8. Regular exercise</li><li>9. Practice of Yoga &amp; Naturopathy in consultation with the specialist.</li></ol>	<ol style="list-style-type: none"><li>1. Frequent and excessive intake of oily / heavy food items</li><li>2. Sleeping in day time (<i>Diva-swapna</i>)</li><li>3. Sleeping immediately after taking meals</li><li>4. Canned food products</li><li>5. Sedentary lifestyle.</li><li>6. Junk food like burger, pizza, cold drinks and fried food items</li></ol>





## ii. Yogic Asanas

Some useful *Asanas/Kriyas/Pranayam* have been advocated for the NCDs under the supervision of Yoga Experts. These are presented in Table-5.

**Table-5: Shows some *Yogasanas* for Non Communicable Diseases**

<b>NAME OF THE DISEASE</b>	<b>YOGA ASANAS</b>	<b>PRANAYAMA</b>	<b>KRIYA</b>
<b>DIABETES MELLITUS</b>	<i>Suryanamaskara, Tadasana, Katichakrasana, Sarvangasana, Halasana, Matsyasana, Ushtrasana, Gomukhasana, Ardhamatsyendrasana, Mandukasana, Paschimottanasana, Pawanmuktaasana, Bhujangasana, Shalabhasana, Dhanurasana, Vajrasana, Shavasana.</i>	<i>Nadishodhana, Suryabhedi, Bhastrika</i>	<i>Kunjali, Kapalabhati, Agnisara</i>
<b>HYPERTENSION</b>	<i>Tadasana, Katichakrasana, Konasana, Uttanapadasana, Pavanamuktasana, Vajrasana, Ushtrasana, Shashankasana, Bhujangasana, Gomukhasana, Makarasana, Vakrasana, Shavasana.</i>	<i>Nadishodhana, Ujjayi, Shitali, Sitkari and Bhramari</i>	<i>Jalneti</i>
<b>OBESITY &amp; DYSLIPIDEMIA</b>	<i>Surya Namaskar, Tadasana, Katichakrasana, Konasana, Pavanmuktasana, Ardha Padmasana, Padmasana, Pascimottanasana, Halasana, Bhujangasana, Shalabhasana, Dhanurasana, Naukasana, Navasana, Parvatasana, Vakrasana, Padahastana, Vajrasana, Shashankasana, Sarvangasana, Ardhamatsyendrasana, Shavasana</i>	<i>Nadishodhana, Suryabhedi, Bhastrika.</i>	<i>Kunjali, Kapalabhati</i>
<b>STROKE</b>	<i>Surya Namaskar, Tadasana, Katichakrasana, Konasana, Pavanmuktasana, Bhujangasana, Uttanpadasana(Ekpad), Vakrasana, Makarasana, Ardhsalabhasana, Shavasana</i>	<i>Nadishodhana, Suryabhedi, Bhastrika</i>	<i>Kunjali, Kapalabhati</i>



<b>CANCER</b>	<i>Surya Namaskar, Tadasana, Ushtrasana, Vakrasana, Gomukhasana, Bhujangasana, Shalabhasana, Dhanurasana, Simhasana, Shavasana.</i>	<i>Nadishodhana, Ujjai, Shitali, Sitkari, Bhastrika</i>	<i>Kapalbhati.</i>
<b>RHEUMATIC HEART DISEASE</b>	<i>Tadasana, Katichakrasana, Konasana, Pavanmuktasana, Makarasana, Bhujangasana, Shalabhasana, Vakrasana, Paschimottasana, Ushtrasana</i>	<i>Nadishodhana, Bhastrika, Suryabhedhi</i>	
<b>COPD</b>	<i>Surya Namaskar, Tadasana, Katichakrasana, Konasana, Pavanamuktasana, Setubandhasana, Ushtrasana, Bhujangasana, Dhanurasana, Gomukhasana, Vajrasana, Vakrasana,</i>	<i>Bhastrika, Suryabhedhi, Ujjai</i>	<i>Agnisara, Jalaneti, Vamandhouti (Kunjali), Kapalbhati.</i>

#### **ESTABLISHMENT OF AYUSH NPCDCS CLINIC/LIFE STYLE CLINICS**

For establishing AYUSH-NPCDCS clinic/Life Style clinics in all the selected CHCs and District HQ., Hospitals (DH), initially the concerned state health Authorities were approached and made aware about this programme as health is the state subject. The state authorities extended their support by providing space/ rooms in CHCS/District Hospitals premises. The feasibility in existing conditions of CHCs was surveyed and the In-charges of the CHCS/ District Hospitals were also made aware about the programme through team visits and various meetings. The necessary equipments namely B.P. Apparatus, Stethoscope, Weighing machine, Thermometer, Torch, Measuring Tape, Height Scale were provided at every centre. Apart from this, Computer with Internet facility was provided to each Centre for recording the data and communicating reports to the monitoring centers i.e. CCRAS Institute of concerned state and CCRAS Hqrs.

#### **DEVELOPMENT OF INFORMATION EDUCATION AND COMMUNICATION (IEC) MATERIALS, PROGRAMME GUIDELINES AND TRAINING MANUAL**

The information in the form of Pamphlets on Prevention and management of the selected NCDs through Ayurveda has been prepared and made available for wide distribution to the patients and general public in all the CHCs to create awareness. As a part of the implementation strategy, the AYUSH doctors are also disseminating healthy life style advices and benefits of Yoga practices to the attending patients regularly. A detailed “*Guidelines and Training Manual*” has been prepared to depict approach & methodology to be adopted for screening and examination along with the selected Ayurveda & Yoga interventions.



### **Workshop/Training programme for the engaged manpower**

The workshop/training programmes were conducted at all the three selected districts to impart training to stake holders about the modus operandi of the programme. State Health authorities also participated in the training programme and emphasized the significance of Integration and the importance of working in coordination for the success of the programme. Various lectures on the NCDs like Diabetes, Hypertension, Dyslipidemia, Cancer etc. and the methodology to be adopted were imparted in this programme for better understanding and to work in a coordinated manner with a team spirit.

### **MODUS OPERANDI FOR THE EXECUTION OF THE PROGRAMME**

#### **Screening of the NCD patients**

The patients attending the AYUSH NPCDCS clinic at District Hospital/CHC level are being thoroughly screened for NCDs. Further, the health camps are also being organized at PHC level of selected Districts on regular interval to screen the general population for NCDs and to sensitize them about the role of the faulty dietetic habits and lifestyles responsible for increasing incidence of NCDs along with creating awareness about the preventive measures to prevent the NCDs. A format has also been developed for the screening.

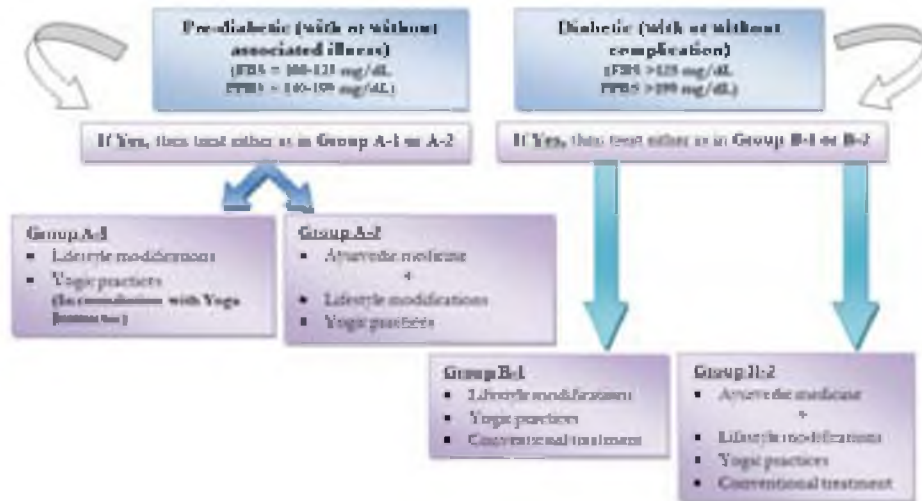
#### **Facility for regular Yoga practice**

The *Yoga Asanas* are being demonstrated and regularly put in to practice by the Yoga Instructors at CHCs and District Hospitals level for the susceptible/ diagnosed patients of NCDs. At each PHC level two volunteers (one male and one female) have been identified and trained by the Yoga Instructor who in turn provide regular yoga practices to general public at village level.

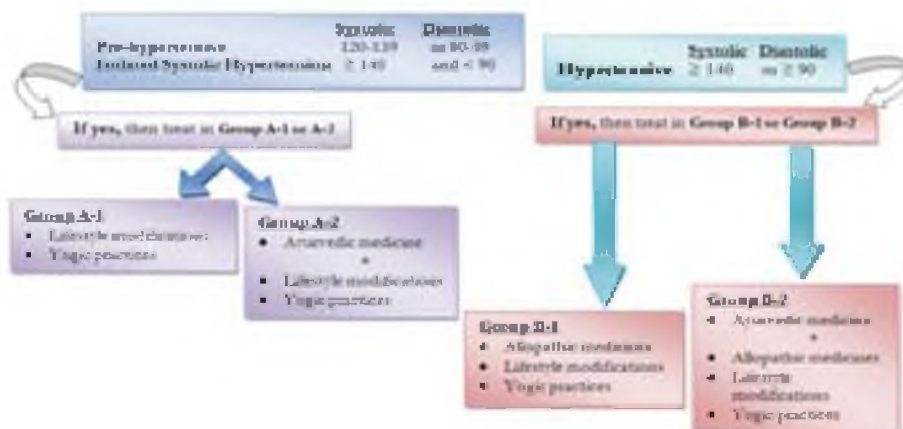
#### **Treatment protocol for NCDs through Ayurveda**

Based on the screening, the subjects who were identified to be in the risk zone of NCDs or established NCD patients have been registered in to two cohorts i.e. Pre disease group (A) and Disease group (B) and further sub divided in to treatment groups A1, A2 & B1, B2. The patients in the early stages of NCDs mainly of Diabetes, Hypertension and Dyslipidemia have been focused. The case record forms (CRFs) have been designed for recording the data of registered patients. The schematic diagrams of the projects undertaken with integration of Ayurveda to NPCDCS programme are depicted below (**Figure I to IV**).

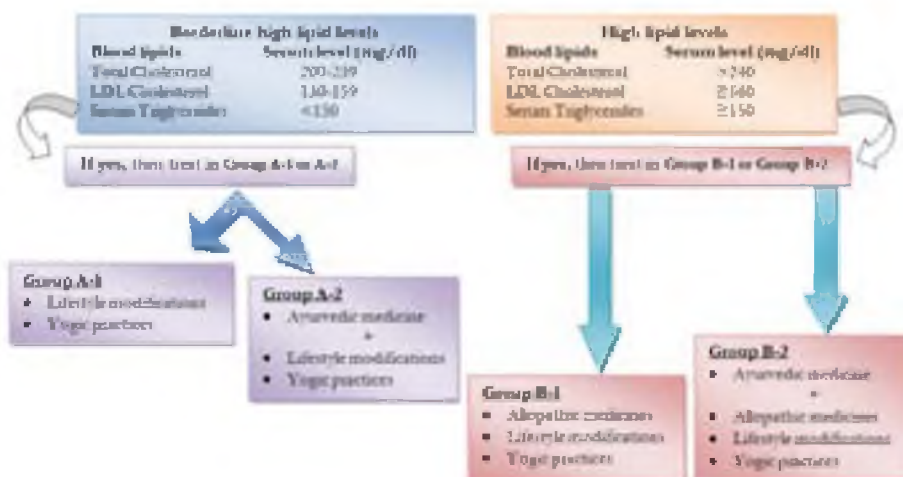
**Figure I : Methodology adopted for Diabetes**



**Figure II : Methodology adopted for Hypertension**



**Figure III : Methodology adopted for Dyslipidemia**







## PROGRAMME MONITORING

Monitoring and evaluation of the programme is being carried out at different levels through NCD cells, reports, regular visits to the field and periodic review meetings. National, State and District NCD Cell is established/strengthened to monitor and supervise the programme by providing the support for contractual manpower, establishment of physical infrastructure and for field visits, contingencies etc.

## TREATMENT PERIOD AND ASSESSMENT

The registered patients are being provided the Ayurvedic interventions for period of 6 months. Till 31<sup>st</sup> January 2018, **3, 01, 102** patients have been screened and **59,107** patients have been enrolled under this Programme. The laboratory investigations such as Fasting Blood sugar, Postprandial Blood sugar, HbA1C, Liver Function Test (LFT), Kidney Function Test (KFT) and Lipid profile as required are being conducted (as per the availability of investigations facilities with state health authorities).

### Endpoint and Outcome measures

#### Primary Outcome

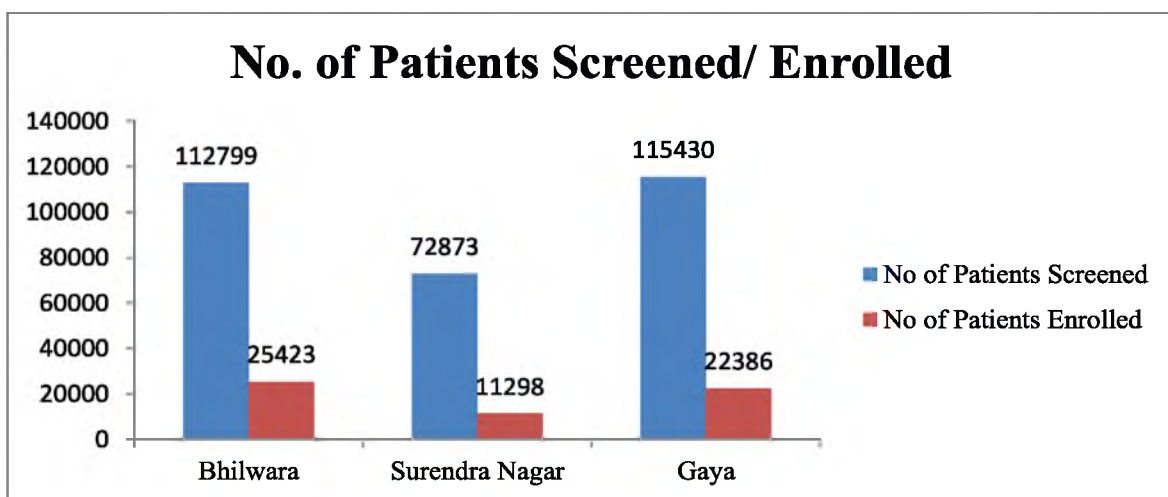
- ◇ To evaluate the changes in blood sugar levels (FBS, PPBS, and HbA1C (Glycosylated Hemoglobin) at 3 and 6 months.
- ◇ To evaluate the changes in systolic and diastolic blood pressure at 3 and 6 months.
- ◇ To evaluate changes in lipid levels at 3 and 6 months.

#### Secondary Outcome

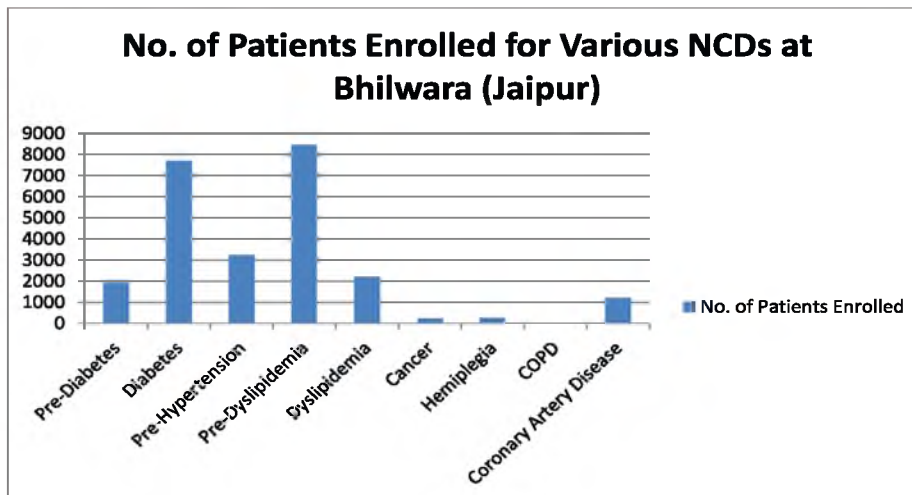
- ◇ To evaluate changes in quality of life.
- ◇ Reduction in dosage of standard care (conventional treatment).
- ◇ Comparison of side effects.
- ◇ In addition to aiding in reducing the non communicable disease burden also aims to establish the effectiveness of Ayurvedic management along with therapeutic lifestyle changes in preclinical NCDs (Pre Diabetes, Pre hypertension and Borderline high risk lipid levels) or Ayurvedic management along with life style therapy as add on to standard treatment in clinical NCDs (Diabetes and its complications, Hypertension, Hyperlipidemia, Hemiplegia & Cancer).

**DETAILS OF SERVICE EXTENDED SINCE INCEPTION TO 31<sup>ST</sup> DECEMBER, 2017****1. Number of patients screened/ enrolled under this project-**

S.No	Name of District	No. of Patients Screened	No. of Patients Enrolled
1	Bhilwara, Jaipur	112799	25423
2	Surendra Nagar, Rajasthan	72873	11298
3	Gaya, Bihar	115430	22386

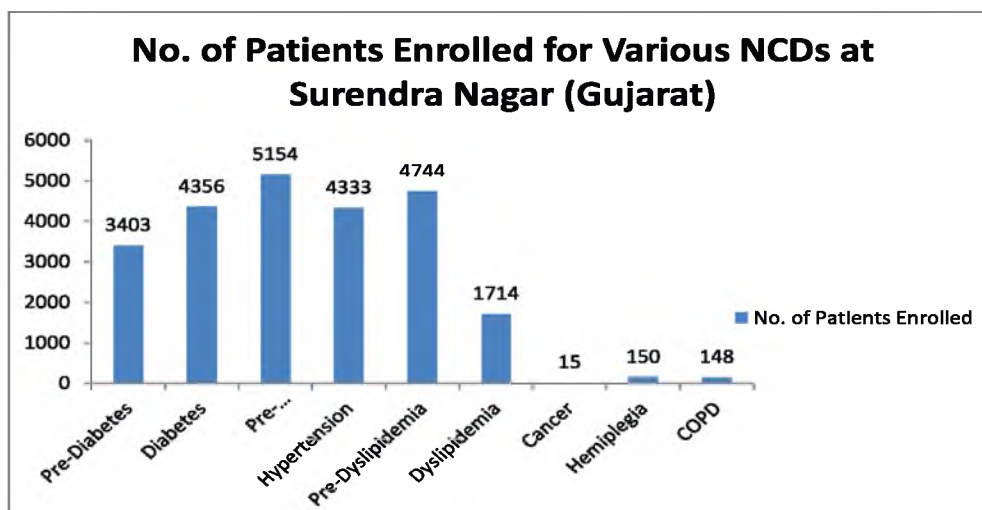
**2. Enrolled Patients for the Management of various NCDs**

<b>Bhilwara (Rajasthan)</b>		
S.No	Non Communicable Disease	No. of Patients Enrolled
1.	Pre-Diabetes	1849
2.	Diabetes	7709
3.	Pre-Hypertension	3246
4.	Hypertension	8472
5.	Pre-Dyslipidemia	2227
6.	Dyslipidemia	239
7.	Cancer	276
8.	Hemiplegia	0
9.	COPD	1200
10.	Coronary Artery Disease	1



**3. Status of enrolled patients for Various NCDs at Surendra Nagar (Gujrat)**

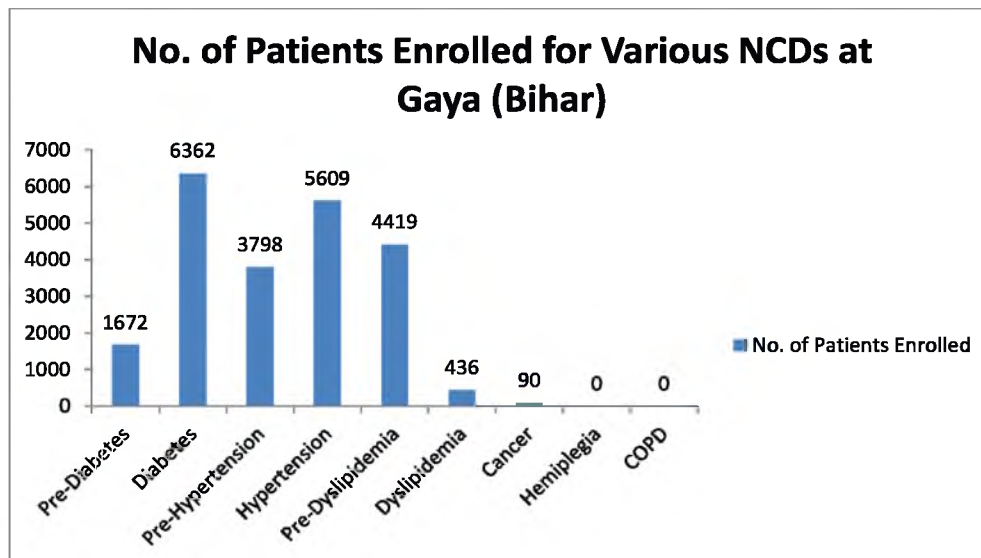
Surendra Nagar (Gujarat)		
S.No	Non Communicable Disease	No. of Patients Enrolled
1.	Pre-Diabetes	3403
2.	Diabetes	4356
3.	Pre-Hypertension	5154
4.	Hypertension	4333
5.	Pre-Dyslipidemia	4744
6.	Dyslipidemia	1714
7.	Cancer	15
8.	Hemiplegia	150
9.	COPD	148
10.	Coronary Artery Disease/RHD	9





#### 4. Status of Enrolled patients for Various NCDs at Gaya (Bihar)

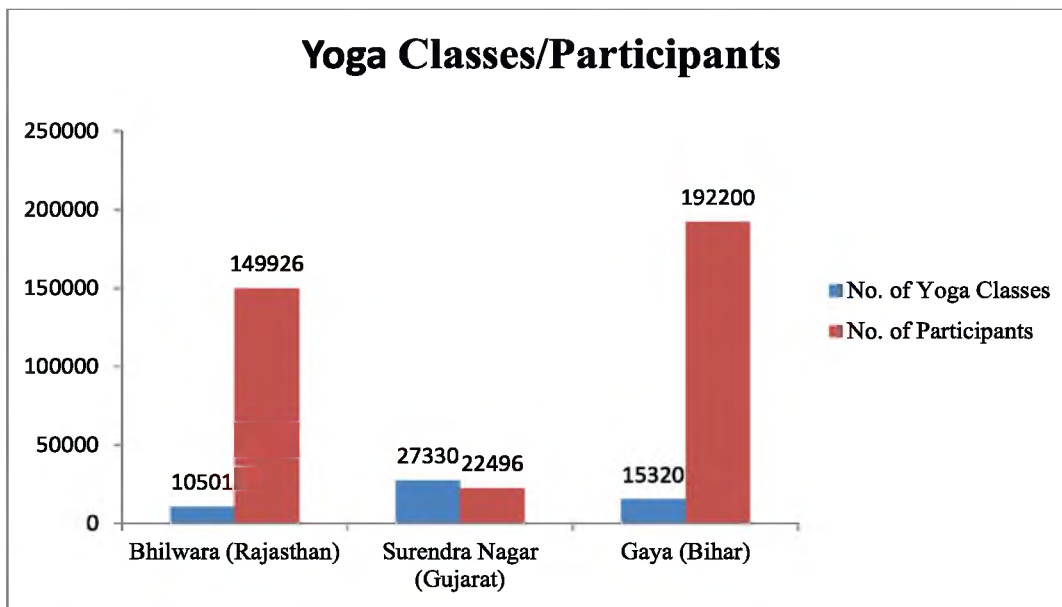
Gaya (Bihar)		
S.No	Non Communicable Disease	No. of Patients Enrolled
1.	Pre-Diabetes	1672
2.	Diabetes	6362
3.	Pre-Hypertension	3798
4.	Hypertension	5609
5.	Pre-Dyslipidemia	4419
6.	Dyslipidemia	436
7.	Cancer	90
8.	Hemiplegia	0
9.	COPD	0
10.	Coronary Artery Disease/RHD	0



#### 5. Status of Yoga Classes and participants

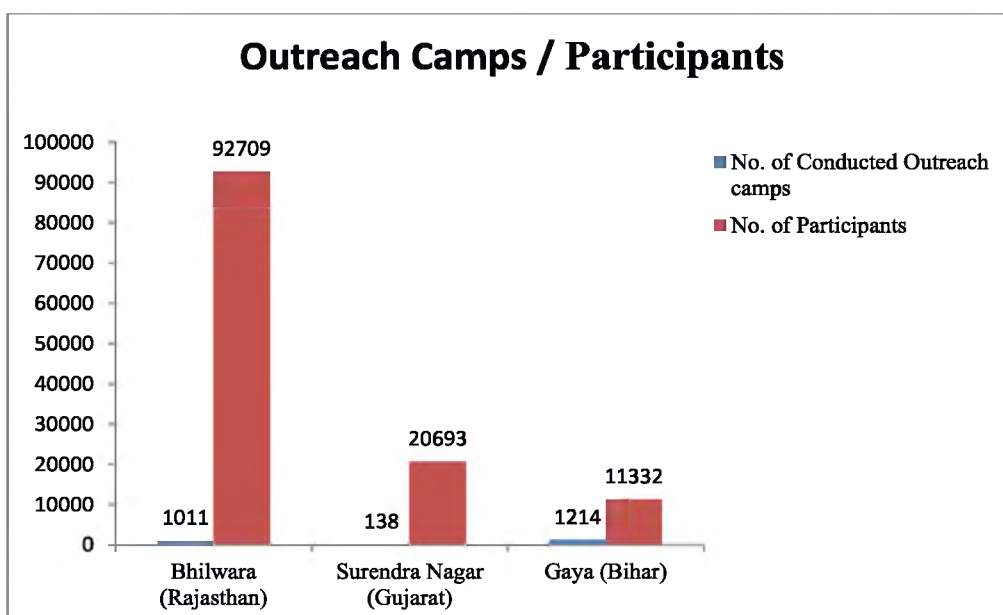
S.No	Districts	No. of Yoga Classes	No. of Participants
1.	Bhilwara (Rajasthan)	10501	149926
2.	Surendra Nagar (Gujarat)	27330	22496
3.	Gaya (Bihar)	15320	192200





#### 5. Status of Yoga Classes and participants

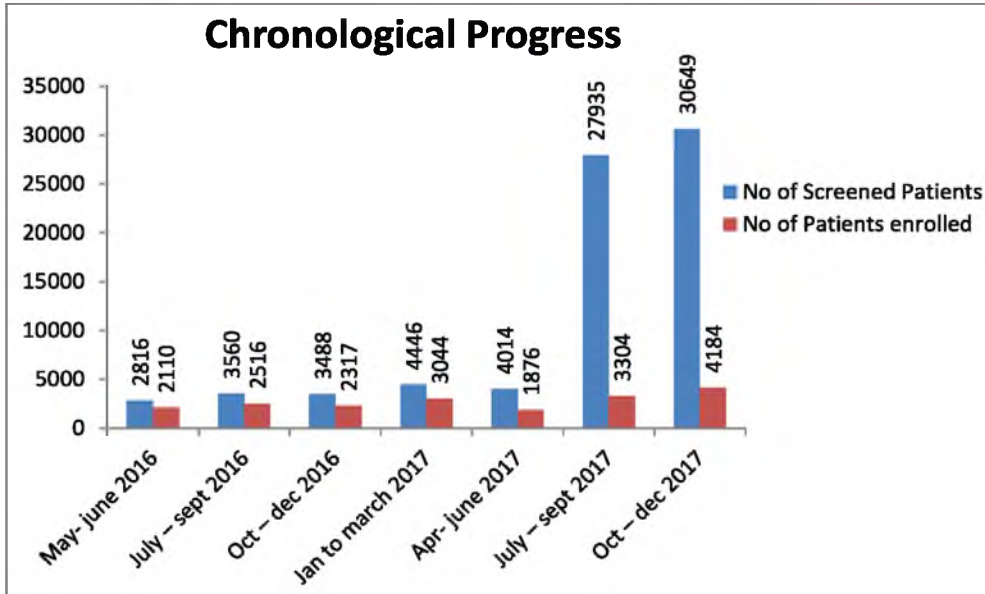
S.No	Districts	No. of Outreach camps	No. of Participants
1.	Bhilwara (Rajasthan)	1011	92709
2.	Surendra Nagar (Gujarat)	138	20693
3.	Gaya (Bihar)	1214	11332



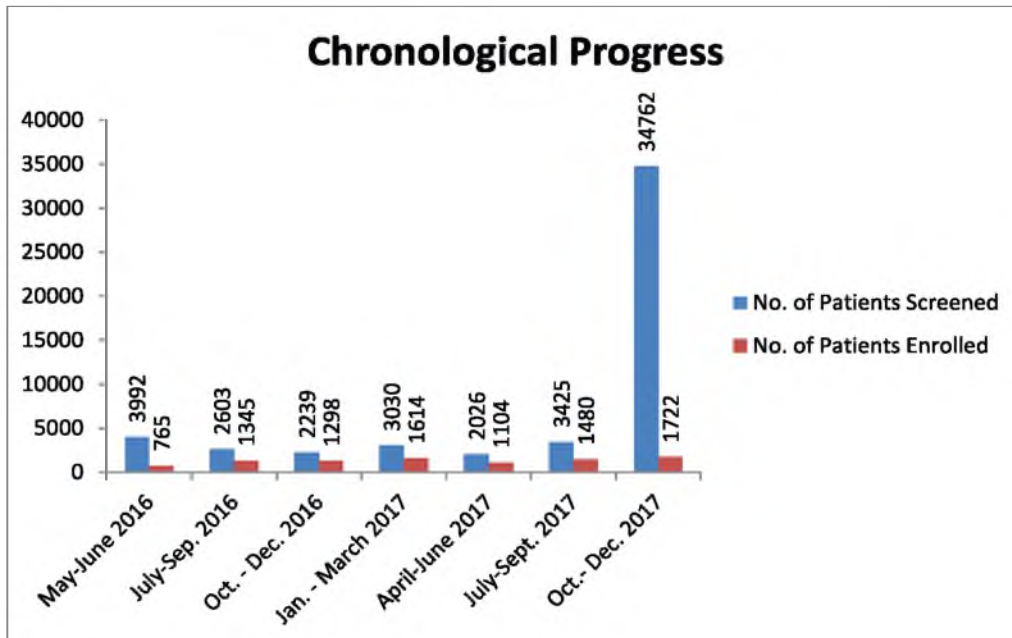


### CHRONOLOGICAL QUARTERLY PROGRESS-

#### 1. Bhilwara (Rajasthan)

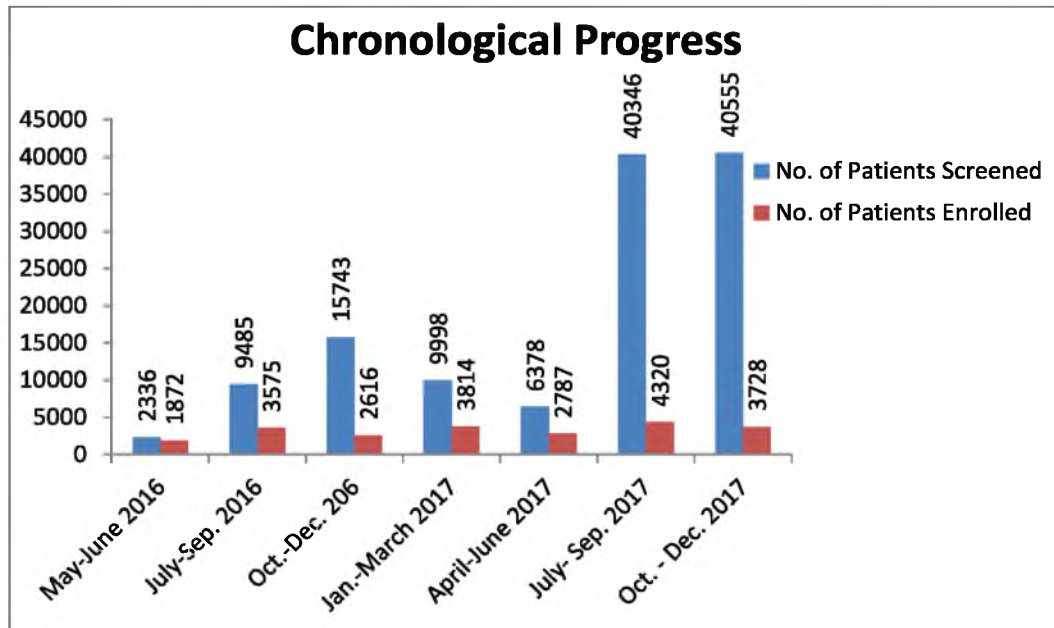


#### 2. Surendra Nagar (Gujarat)





### 3. Gaya (Bihar)



## CONCLUSION

The Integration of AYUSH (Ayurveda) with NPCDCS programme has been successfully launched at three identified districts viz. Bhilwada, Surendra Nagar and Gaya of Rajasthan, Gujarat and Bihar states respectively by CCRAS through Ministry of AYUSH and DGHS and the study is continuing.

An interim analysis has revealed that the dosage or components of conventional medicines/prescription were either reduced or discontinued, in consultation and supervision of Modern doctors, after integrating the intervention of Ayurveda, lifestyle modification & Yoga in patients of Diabetes, Hypertension and Dyslipidemia. Ayurveda - Modern medicine integrative health care services seems to be successful attempt of functional integration through delivering in the context of Non-communicable diseases with encouraging benefits of stand-alone Ayurveda therapies as well as benefits as add-on therapies.

Present Integration of AYUSH with NPCDCS programme at grass root level will be a useful tool for future action plan and to take appropriate policy decisions for Integration which will further help to control and manage the disease burden. Strengthening of Health Care network by utilizing the services of AYUSH doctors can be adopted for the prevention and control of NCDs through primary health care network.













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