



# Health Infrastructure Gap In Tea Plantations of West Bengal

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## ARTICLE INFO

## ABSTRACT

The deplorable living conditions of the workers, in spite of the industry's significance, led to the passage of the Plantation Labour Act 1951 (PLA-51) and subsequent Plantation Labour Rule in 1956 (WBPLR-56) in West Bengal. The rule aimed to improve the living conditions of the workers by providing certain benefits. Among them, providing health infrastructure for the workers in remote areas was the most significant. However, over two lakh daily-rated tea plantation workers in West Bengal faced uncertain living conditions caused by mainly inadequate educational and health infrastructure, along with other factors. The study seeks to demonstrate how different-sized tea estates implement WBPLR-56 differently. The study also examines the variations in the implementation of WBPLR-56 among the Dooars, Darjeeling Hills, and Terai tea-producing regions of West Bengal.

**Keywords:** Health Infrastructure, Plantation Labour Act 1951, Plantation Labour Rule 1956, Labour Welfare, Tea Plantations

## 1. Introduction

The Indian tea industry began in Assam and later expanded to West Bengal, with the help of a large migrant and immigrant labour force from various tribal-populated parts of India and Nepal. Tea producers have conventionally encouraged family migration with the purpose of involving all family members in the production process to obtain a cheap and sustainable labour force. Since its inception in West Bengal, the planters have been the sole providers of basic amenities such as housing, drinking water, medical facilities, etc. However, the living conditions of the workers in the colonial era were miserable, and in most cases, visiting doctors were the sole dependence of the workers for medical care (Bhowmik, 1981; Griffiths, 1967). Considering the growing importance of the plantation industry after independence and to safeguard the basic needs of plantation workers, the Government of India passed the Plantation Labour Act 1951 (PLA-51) that empowered plantation management to extend basic amenities for the workers. Subsequently, all the tea-producing states passed their own rules in order to implement the provisions of the Act. Consequently, the Government of West Bengal passed the Plantation Labour Rule in 1956 (WBPLR-56).

The act as well as the rule prioritize health since tea estates are located in isolated, remote locations, and in addition, the workers lack access to adequate medical facilities. More than two lakh daily-rated plantation workers in West Bengal faced uncertain living conditions due to the lack of extension of the benefits relating to the construction of pucca houses, repairs to existing houses, inadequate educational and health infrastructure, and other benefits. (Bhowmik, 2011; Sankrityayana, 2006; Xaxa, 2019). Many articles in the recent past stated that full implementation of PLA-51 remained a distant goal for workers because labourers were forced to work in the plantations.

A report on the implementation of PLA-51 was released by the West Bengal Government's Labour Department in 2013 covering 273 of the 276 tea estates, with the exclusion of three closed tea estates during the survey period. According to the report, a number of tea estates expanded their facilities under PLA-51. In order to investigate further in-depth details on the implementation status of WBPLR-56, the study was conducted using survey data published by the Labour Department. The size of the tea estates in West Bengal

varies from 201.19 to 1340.81 hectares, with a workforce engagement of 26 to 3719 persons. In relation to the provision, PLA-51 vis-à-vis WBPLR-56 frames rules based on the volume of workforce engagement in the production process. In this study, the estates are grouped into five categories in accordance with the hectares under production: 200 and below, 200-400, 401-600, 601-800, and 801 and above, in order to obtain a clear picture of the variances across all 273 tea plantations in a single frame. The study seeks to demonstrate how different-sized tea estates implement WBPLR-56 differently. The study also examines the variations in the implementation of WBPLR-56 among the Dooars, Darjeeling Hills, and Terai tea-producing regions of West Bengal.

## 2. The Setting

The majority of West Bengal's tea estates are located in six administrative districts in the northern part of the state. The production area is divided into three regions: Darjeeling Hills, Terai, and Dooars Region, producing both CTC and Orthodox varieties of tea. In the state, out of 273 organised tea estates, 80 are in the Darjeeling Hills, 148 are in the Dooars region, and the rest, 45, are in the Terai region. The total area under tea production in the state is 101372.58 hectares, distributed into three regions: 17.12 percent in Darjeeling Hills, 69.14 percent in the Dooars region, and 13.74 percent in the Terai region. The Dooars region has the highest share of large tea estates, while Darjeeling Hills' has comparatively smaller tea estates. The highest area category group (801 and above) has tea estates only in the Dooars region.

Figure 1: Area and Worker Engaged in Darjeeling Hills

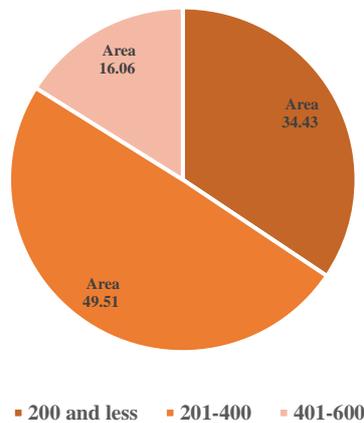


Figure 2: Area and Worker Engaged in Dooars

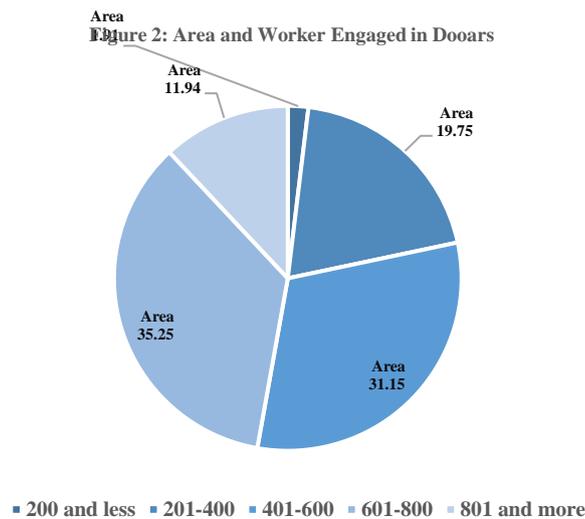


Figure 3: Area and Worker Engaged in Terai

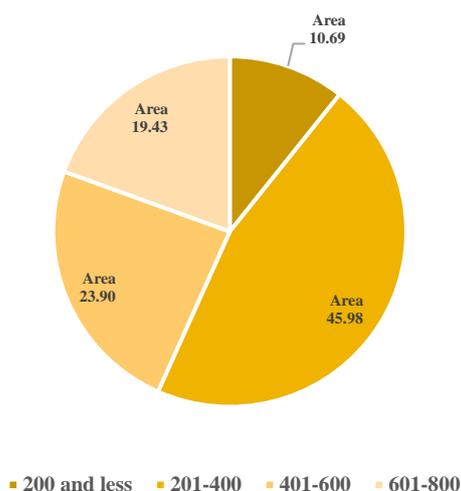
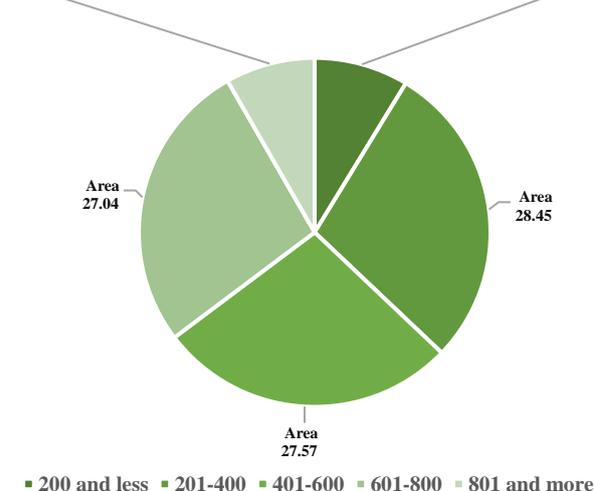


Figure 4: Area and Worker Engaged in West Bengal



Source: Survey of Tea Gardens, 2013, Labour Department, Government of West Bengal

Out of 262426 West Bengal tea estate workers, the Darjeeling Hills, Dooars, and Terai regions have a share of 19.24, 68.99, and 11.77 percent, respectively. In the state, the majority of workers (62.49 percent) are engaged in large-sized (401–600, 601–800, and 801 and above) tea estates, while the rest, 37.51 percent, are engaged in comparatively smaller (201–400 and 201 and below) tea estates. In the Dooars region, tea plantation workers predominantly work in large estates (401–600, 601–800, and 801 and above categories), whereas in Darjeeling Hills, the majority of the workforce is engaged in tea estates of a smaller size (201–400, 200 and below).

### 3. A Review of Literature

The labour-intensive tea industry began in Assam and West Bengal by employing migrant and immigrant labor forces from different tribally populated parts of India and Nepal (Griffiths, 1967; Malley, 1907). The planters initially employed individuals, and later on, they encouraged family members, including children, to bridge the existing labour shortage and ensure future labour supply. Ultimately, the tea industry engaged the largest number of women in the production process compared to any other organized sector in India, and within a short span of time, the industry's women workers outnumbered their male counterparts (Chatterjee, 1995; Dutta, 2015). At the same time, in the remote areas, the planters were the sole providers of basic livelihood amenities (Bhowmik, 2011). Due to a lack of available information, it is not possible to prove the exact scenario during the colonial period (Bhowmik, 1981). But it is also true that in that era, labor unrest in the tea plantations of Assam and Bengal was very common (Behal, 2010; Varma, 2011). From the available information, it appears that no such homogeneous wage structure prevails, and in most cases, it depends on the ownership pattern and willingness of the planters (Bhowmik, 1981; Mukherjee, 1978, 1994). On the other side, the living conditions were vulnerable. Workers were used to living in the small kancha house without proper sanitation facilities, drinking water, etc. Above all, the health infrastructure was pathetic. In most cases, visiting doctors were the sole reliance of the large labor force (Griffiths, 1967; Rege, 1946). Ultimately, in 1946, the Rage Committee gave a detailed report about the pathetic living conditions of the workers and recommended statutory provisions to uplift the living conditions of the workers.

After independence, the Government of India enacted PLA-51 to safeguard and improve the living conditions of plantation workers. To implement PLA-51, state governments sanctioned their own rules to implement PLA-51. The government of West Bengal approved WBPLR in 1956. At the same time, the act entrusted planters or tea estate management to extend the facilities. Initially, plantation workers were given land in labor lines and given basic materials to build temporary huts called kuchcha houses. After independence, the Plantation Labour Act mandated that all the kuchcha should be converted into permanent nature with brick and mortar walls and roofs at 8 percent per year. Accordingly, by 1969, all plantation workers' houses should be permanent. However, in 1996, 25 percent of worker houses in West Bengal were temporary, and repairs were not systematically done (Bhowmik, 2002; DasGupta, 1999). Among the tea-producing regions, no such homogeneous trend was found, and the overall implementation of WBPLR-56 mostly depends on the willingness of the management (Bhowmik et al., 1996). The availability of other non-wage statutory benefits, i.e., crèche, educational infrastructure, canteen with subsidized food, and recreational facilities, was also in volatile condition (Sankrityayana, 2006).

Access to medical facilities for the workers in the remote areas has been one of the most important issues since the beginning, as the tea estate hospital was the sole reliance of a large number of workers and their family members. The engagement of a large number of women workers amplifies its importance twofold

(Bhadra, 2014). In terms of WBPLR-56, the norm for availability of hospital beds is 15 beds per 1000. At this rate, considering workers and their bona fide family members, the actual hospital bed and population ratio was far from the desirable standard (Sankrityayana, 2006). WBPLR-56 also earmarked that there shall be one qualified medical practitioner, compounder, and midwife for every 1750 workers, one nursing attendant for every 700 workers, and one health assistant for every 200 workers. But in reality, most of the tea estates depended mainly on visiting doctors (Bhowmik, 2002). The qualifications of the doctors, nurses, and other paramedical staff raised questions about the quality of health care (Bhowmik et al., 1996). The reality shows that while some gardens adhere to rules, in most of the cases, the estate hospitals run with few trained personnel and insufficient medicine supplies (Chaudhury&Varma, 2002; Majumder, 2022).

#### 4. Health Infrastructure and Implementation of WBPLR-56

Health infrastructure encompasses all the services and facilities that contribute to the health of the population, which includes components of a healthcare system like hospitals, dispensaries, beds, and the personnel who run the system like doctors, nurses, compounders, health assistants, etc. The survey data have been used to analyse the status of health infrastructure in the tea plantations and the level of WBPLR-56 implementation.

##### 4.1. Garden Hospital

Rule 21 of WBPLR-56 divides the tea plantation hospitals into two categories: garden hospitals and group hospitals. The Garden hospitals are mainly to deal with inpatients and outpatients who do not require any elaborate diagnosis or treatment and are the sole referral units of the group hospitals. Group hospitals deal with all types of cases normally encountered but will not be used for routine treatment. Rule 22(2) of WBPLR-56 instructs that “a plantation employing 1000 or more workers shall run its own garden hospital wherever possible, while plantations employing less than 1000 workers that are situated within a reasonable distance from another may, with the approval of the Chief Inspector, combine and provide joint hospitals and dispensaries and share their expenses, including the expense of transporting patients.”

The tea garden hospital mandate in West Bengal only applies to 40.29 percent of tea estates, with the regions of Darjeeling Hills, Dooars, and Terai having the highest share of workers at 8.18, 83.63, and 8.18, respectively. Out of 110 tea estates, 103 have hospital facilities, with shares in the Darjeeling Hills, Dooars, and Terai regions being 5.83, 85.44, and 8.74, respectively (Appendix, Table 1). In the state, 80.58 percent of garden hospitals exist in the 401–600 and 610–800 hectare category ranges. A positive trend between the size of the estates and the establishment of a garden hospital appears (Appendix, Table 2).

In West Bengal, 163 tea estates engaged less than 1000 workers. That means 59.70 tea estates don't have the mandate to construct a tea estate hospital. Above all, 63 tea estates have constructed hospitals distributed among the Darjeeling Hills, Dooars, and Terai regions, with 15.87 percent, 88.89 percent, and 25.40 percent, respectively. But the major share appears in the 201–400 hector category, with a share of 82.54 percent (Appendix, Table 3). The size of tea estates positively influences the construction of a garden hospital (Appendix, Table 4).

West Bengal's garden hospitals are predominantly located on large tea estates, as the rule does not cover smaller estates employing less than 1000 workers directly. Considering the importance of garden hospitals, 38.65 percent of estates with less than 1000 workers constructed garden hospitals, and the majority of tea estates (93.94 percent) with 1000 or more workers built garden hospitals. A joint hospital is also a statutory provision for small tea estates. But the nonexistence of joint hospitals increases the importance of garden hospitals in the less-than-1000-worker estates.

##### 4.2. Garden Dispensaries

WBPLR-56 has the mandate that “in the case of combined hospitals, plantations employing more than 200 workers shall, wherever possible, run their own dispensaries.” Garden dispensaries are the sole provision for the tea estates not entitled to garden hospitals. Simultaneously, the statutory provision is not extended to tea estates with less than 200 workers.

In West Bengal, there are 259 tea estates with more than 200 workers, with 69.11 percent of them having a dispensary facility. Overall, in all category tea estates in West Bengal, 91 have both a garden hospital and a dispensary facility, which is not the statutory obligation of the tea estates to maintain both the hospital and dispensary, and 88 tea estates have only a dispensary in the tea estates. Above all, five tea estates have neither a garden hospital nor a dispensary facility (equal to or more than 200 workers). In the category of less than 200 workers, nine tea estates have a dispensary facility, and five tea estates have neither a garden hospital nor a dispensary facility.

The garden dispensary serves as the sole treatment or referral unit in the higher-tier health unit for tea garden hospitals and tea estates. Nearly 60 percent of the dispensaries in West Bengal are concentrated in small tea estates (200 and below and 210–400 category). In this set, the highest share of Darjeeling Hills indicates the dependency of small tea estates on only dispensary facilities. Above all, the overall share of dispensaries is highest in Dooars (mainly in the 401–600 and 601–800 categories), which indicates the importance of dispensaries in large tea estates where garden hospitals are also available (Appendix: Table 5).

### 4.3. Bed to Worker Ratio

The WBPLR-56 very specifically incorporated the mandate of 15 hospital beds for every 1000 people. That indicates all the available hospitals in the tea estates engaged 1000 or more workers shall maintain 15-bed hospitals and will increase accordingly.

West Bengal has 110 tea estates of 1000 or more worker category, with 103 of them having a hospital facility. Among the 103 hospitals, 83.5 percent of garden hospitals have maintained more than the required bed-worker ratio, and 1.94 percent have maintained just equal to the mandate. Rest 14.56 percent garden hospitals have violated the mandate. In West Bengal, a positive trend is observed between the size of the tea estates and the worker-bed ratio (Appendix: Table 6).

### 4.4. Qualified Medical Practitioner

WBPLR-56 mandates one qualified medical practitioner for every 1750 workers on tea estates. Mandate for garden hospital for 1000 or more workers. Apparently, it appears that garden hospitals with less than 1750 workers on tea estates are not entitled to qualified medical practitioners. The non-existence of a joint hospital confirms the argument.

In West Bengal, only 30 of the estates, i.e., 11 percent of the tea estates, are entitled to a qualified medical practitioner. Out of which, 28 tea estates have residential medical practitioners, and among them, 21 have the qualification under IMC. Four tea estates were maintained by both visiting and residential medical practitioners. Out of four visiting medical practitioners, three have the qualification under IMC. Two tea estates don't have any medical practitioners. The share of qualified medical practitioners is mainly concentrated in the 601–800 category tea estates in Dooars. (Appendix: Tables 7 and 8).

Rest 243 tea estates engaged less than 1750 workers and are not under the mandate to engage qualified medical practitioners. The other health staff, except qualified medical practitioners, are the only reliance for the 200038 workers in West Bengal. Still, 142 tea estates are maintained by residential medical practitioners, out of which 77 have the qualification under IMC. At the same time, only 107 tea estates have a garden hospital facility, indicating residential doctors practicing in the dispensaries. Visiting medical practitioners is the reliance of 71 tea estates, among which 45 are qualified under IMC.

As a whole, in West Bengal, 62.27 percent and 27.47 percent of tea estates are maintained by residential and visiting medical practitioners. Except for a few, no such steady trend between the size of the tea plantations and the availability of residential medical practitioners appears (Table 9, Appendix I). A steady reverse trend between the size of the tea plantations and the availability of visiting medical practitioners appears (Appendix: Table 11).

### 4.5. Nursing Attendant

WBPLR-56 mandates a 700:1 worker-nurse ratio in tea estates, ensuring one nursing staff member for every 700 workers, and in garden hospitals there shall be at least one trained nurse. In West Bengal, out of 166 garden hospitals, 135 have nursing staff. Overall, in West Bengal, nursing staff is employed both in hospitals and dispensaries. In West Bengal, 167 tea estates have employed 700 or more workers, with 125 employing nurses. Of these, 51.2 percent have the required worker-nurses ratio, 24.8 percent have a lower worker-nurses ratio, and 24.8 percent have a higher worker-nurses ratio. In less than 700 workers category 106 tea estates are lies. Out of which, 32 tea estates have engaged nurses, even though it is not in the mandate. No such relation between the size of the estates and the availability of nursing staff appears (Appendix: Table 13).

### 4.6. Compounder

WBPLR-56 specifies one compounder for every 1750 workers, and in the garden hospitals there shall be at least one qualified compounder. In West Bengal, out of 166 tea garden hospitals, 137 have compounders. The facility of the compounder is also focusing on large tea estates. In West Bengal, out of 30 tea estates in the 1750 and above workers category, two estates don't have compounders. In the less than 1750 workers category out of 243 tea estates, 184 tea estates engaged compounders in their respective hospitals or dispensaries, even though it was not the compulsion of the tea estates. Overall, in West Bengal, 77.66 percent of tea estates have a compounder. Even this facility extended to more than 1750 worker-category tea estates, and the majority of tea estates with compounder facilities concentrated in small tea estates (Appendix: Table 14).

### 4.7. Midwife

WBPLR-56 specifies one midwife for every 1750 workers, and in the garden hospitals there shall be at least one trained midwife. In West Bengal, out of 166 tea estates, 155 have midwives. In West Bengal, in the 1750 and above workers category, 29 tea estates have engaged midwives out of 30. In the less than 1750 workers category, out of 242 tea estates, 201 tea estates have midwives. Overall, in West Bengal, 230 tea estates have a midwife staff, and the majority of the availability of midwives is concentrated in the comparatively small tea estates (Appendix: Table 15).

#### 4.8. Health Assistant

WBPLR-56 gave a clear mandate of one health assistant for every 200 workers, and in the garden hospitals there shall be at least one health assistant. In West Bengal, out of 166 garden hospitals, 131 have health assistants. The mandate clearly focuses on small tea estates. In West Bengal, 259 tea estates are under the purview of engaging health assistants (less than 200 tea estates). Out of 295 tea estates, 195 have a health assistant facility, and the majority of the availability of health assistants is concentrated in the comparatively small tea estates (Appendix: Table 16).

### 5. Concluding Remarks

WBPLR-56, framed with the concept of providing the basic minimum health facility within the tea estates and tea estate hospitals, shall act as an alternative to the Primary Health Centre (PHC). The tea estate hospitals shall act as the first level of treatment and referral unit for the group hospitals. From the available literature and data published by the Labour Department of West Bengal, it appears that only two group hospitals have been established in West Bengal, of which only one is in active mode. To activate the referral health care system, the report of the Labour Department of the West Bengal Government has recommended cluster-based group hospitals. But till today, no such initiative has been taken from any end to start the process.

From the above data analysis, it appears that no such homogeneous pattern has been followed by the tea estates of West Bengal. In most cases, it appears that the extension of health facilities mostly depends on the management. But it is also true that large tea estates with a large number of workers are extending hospitals, medical practitioners, and other facilities, whereas most of the small estates with a lesser number of workers are extending only dispensaries and health assistants. The non-existence of a garden hospital pushed the workers of less than 200 tea estates into the most vulnerable set. Because there is not a single provision in WBPLR-56 for less than 200 workers on tea estates, it can only be possible through a joint garden hospital.

WBPLR-56 considered not the tea estates as a unit but the number of workers employed, which may be in one or more estates. In that case, provision is framed with the concept that a joint garden hospital or dispensary shall be run by more than one estate, and expenditures should be made equally by them. No such evidence of the existence of a joint garden hospital is found in the available data. In this stage, it is also true that the government of West Bengal is extending several health care facilities in the remote tea estates. The Reproductive Child Health (RCH) government subcenter is available in most of the estates. Tea estate management only provides infrastructure. At the same time, the government of West Bengal is providing a cashless health card, SwasthyaSathi, for secondary and tertiary care up to Rs. 5 lakh per annum per family.

In this context, it is very clear to understand that WBPLR-56 failed to cover all the tea estates of West Bengal. At the same time, considering the vulnerable state of the tea estate workers, the government of West Bengal is extending several schemes. In this context, the health facilities in the tea estates should be extended in the public-private partnership mode (PPP) to save a large number of workers. Because in the tea estate primary schools, infrastructure is being provided by the estates management, and teachers and other staff are the responsibility of the state government. For this purpose, the government of West Bengal is taking educational sage from the estate management. The same module can run in the case of health infrastructure. The tea estate hospitals can be converted into PHCs, and health staff will be provided by the state government. Accordingly, the government can charge health services from the estate management. For small tea estates, joint gardens PHCs be the best alternative.

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## Appendix

**Table-1: Plantation Area wise Distribution of Garden Hospitals in West Bengal (Engaged 1000 or more workers) (In Percentage)**

Plantation Area (in Hectare)	Darjeeling Hills	Dooars	Terai	West Bengal
201-400	1.94	7.77	0.97	10.68
401-600	3.88	34.95	3.88	42.72
601-800		33.98	3.88	37.86
801 and above		8.74		8.74
Total	5.83	85.44	8.74	100.00

**Table 2: Among the Same Region and Area Group tea plantations availability of Garden Hospital (Engaged 1000 or more workers) (In Percentage)**

Plantation Area (in Hectare)	Darjeeling Hills	Dooars	Terai	West Bengal
201-400	50	88.89	100	78.57
401-600	80	94.74	100	93.62
601-800		97.22	100	97.50
801-1000		100.00		100.00

**Table 3: Plantation Area wise Distribution of Garden Hospitals in West Bengal (Engaged less than 1000 workers) (In Percentage)**

Plantation Area (in Hectare)	Darjeeling Hills	Dooars	Terai	West Bengal
200 and less	3.17	19.05	1.59	6.35
201-400	12.70	58.73	20.63	82.54
401-600	0.00	11.11	3.17	11.11
Total	15.87	88.89	25.40	100.00

**Table 4: Among the Same Region and Area Group tea plantations availability of Garden Hospital (Engaged 1000 less than workers In Percent)**

Plantation Area (in Hectare)	Darjeeling Hills	Dooars	Terai	West Bengal
200 and less	4.65	8.33	8.33	5.97
201-400	29.63	83.78	61.90	61.18
401-600	0.00	71.43	66.67	63.64

**Table-5: Plantation Area wise Distribution of Garden Dispensary in West Bengal (Engaged 200 or more workers) (In Percent)**

Plantation Area (in Hectare)	Darjeeling Hills	Dooars	Terai	West Bengal
200 and below	20.67	3.35	3.91	27.93
201-400	15.64	10.06	6.15	31.84
401-600	1.68	16.76	1.68	20.11
601-800	0.00	15.08	1.68	16.76
801-1000	0.00	3.35	0.00	3.35
Grand Total	37.99	48.60	13.41	100.00

**Table-6: Plantation Area wise worker-bed ratio in the Garden Hospitals in West Bengal (In Percent)**

Plantation Area (in Hectare)	Darjeeling		Dooars		Terai			West Bengal		
	Less	More	Less	More	Equal	Less	More	Equal	Less	More
201-400	50.00	50.00	37.50	62.50		100.00		0.00	45.45	54.55
401-600		100.00	11.11	88.89	25.00		75.00	2.27	9.09	88.64
601-800			14.29	85.71	25.00		75.00	2.56	12.82	84.62
801 and above			11.11	88.89				0.00	11.11	88.89

**Table 7: Plantation area wise Availability of Residential Medical Practitioner in West Bengal (1750 or more workers) (In Percent)**

Plantation Area (in Hectare)	Darjeeling Hills	Dooars	Terai	West Bengal
401-600	3.57	0.00	0.00	3.57
601-800		71.43	3.57	75.00
801 and above		21.43		21.43
Total	3.57	92.86	3.57	100.00

**Table 8: Plantation area wise Qualification of Residential Medical Practitioner in West Bengal (1750 or more workers) (In Percent)**

Plantation Area (in Hectare)	Darjeeling Hills	Dooars	Terai	West Bengal
401-600	4.35	0.00	0.00	4.35
601-800	0.00	69.57	4.35	73.91
801-1000	0.00	21.74	0.00	21.74
Total	4.35	91.30	4.35	100.00

**Table 9: Plantation area wise Availability of Residential Medical Practitioner in West Bengal (less than 1750 workers) (In Percent)**

Plantation Area (in Hectare)	Darjeeling Hills	Dooars	Terai	West Bengal
200 and Less	6.34	4.23	0.70	11.27
201-400	7.04	22.54	14.08	43.66
401-600	2.11	28.17	2.11	32.39
601-800	0.00	9.15	2.11	11.27
801 and above	0.00	1.41	0.00	1.41
<b>Total</b>	<b>15.49</b>	<b>65.49</b>	<b>19.01</b>	<b>100.00</b>

**Table 10: Plantation area wise Qualification of Residential Medical Practitioner in West Bengal (less than 1750 workers) (In Percent)**

<b>Plantation Area (in Hectare)</b>	Darjeeling Hills	Dooars	Terai	West Bengal
200 and less	3.90	0.00	0.00	3.90
201-400	5.19	18.18	18.18	41.56
401-600	2.60	29.87	2.60	35.06
601-800	0.00	16.88	2.60	19.48
801 and above	0.00	0.00	0.00	0.00
Total	11.69	64.94	23.38	100.00

**Table 11: Plantation area wise Availability of Visiting Medical Practitioner in West Bengal (less than 1750 workers) (In Percent)**

<b>Plantation Area (in Hectare)</b>	Darjeeling Hills	Dooars	Terai	West Bengal
200 and Less	38.03	0.00	15.49	53.52
201-400	25.35	2.82	4.23	32.39
401-600	1.41	7.04	2.82	11.27
601-800	0.00	0.00	1.41	1.41
801 and above	0.00	1.41	0.00	1.41
Total	64.79	11.27	23.94	100.00

**Table 12: Plantation area wise Qualification of Visiting Medical Practitioner in West Bengal (less than 1750 workers) (In Percent)**

<b>Plantation Area (in Hectare)</b>	Darjeeling Hills	Dooars	Terai	West Bengal
401-600	4.35	0.00	0.00	4.35
601-800	0.00	69.57	4.35	73.91
801 and above	0.00	21.74	0.00	21.74
Total	4.35	91.30	4.35	100.00

**Table 13: Plantation Area-wise Distribution of Nursing Staff in Tea Plantations of West (In Percent)**

<b>Plantation Area (in Hectare)</b>	Darjeeling Hills	Dooars	Terai	West Bengal
200 and Less	0.64	1.28	1.92	3.21
201-400	7.69	23.08	10.90	41.67
401-600	0.00	23.72	2.56	26.28
601-800	0.00	21.15	1.92	23.08
801 and above	0.00	5.13	0.00	5.13
Total	8.33	74.36	17.31	100.00

**Table 14: Plantation Area wise Distribution of Compounders in Tea Plantations of West Bengal (In Percent)**

<b>Plantation Area (in Hectare)</b>	Darjeeling Hills	Dooars	Terai	West Bengal
200 and Less	14.62	1.42	3.77	19.81
201-400	13.68	16.04	8.02	37.74
401-600	2.36	17.45	2.36	22.17
601-800	0.00	15.57	1.42	16.98
801 and above	0.00	3.30	0.00	3.30
Total	30.66	53.77	15.57	100.00

**Table 15: Plantation Area wise Distribution of midwives in Tea Plantations of West Bengal (In Percent)**

<b>Plantation Area (in Hectare)</b>	<b>Darjeeling Hills</b>	<b>Dooars</b>	<b>Terai</b>	<b>West Bengal</b>
200 and Less	13.91	2.17	2.17	18.26
201-400	12.61	18.26	8.70	39.57
401-600	2.61	16.96	2.61	22.17
601-800	0.00	14.35	1.74	16.09
801 and above	0.00	3.91	0.00	3.91
Total	29.13	55.65	15.22	100.00

**Table 16: Plantation Area wise Distribution of Health Assistant in Tea Plantations of West Bengal (In Percent)**

<b>Plantation Area (in Hectare)</b>	<b>Darjeeling Hills</b>	<b>Dooars</b>	<b>Terai</b>	<b>West Bengal</b>
200 and Less	12.56	3.52	3.52	19.60
201-400	9.55	17.59	9.55	36.68
401-600	1.51	17.59	3.52	22.61
601-800	0.00	15.58	1.51	17.09
801 and above	0.00	4.02	0.00	4.02