

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA
UNSTARRED QUESTION NO. 2189
TO BE ANSWERED ON 28TH JULY, 2017**

MEDICAL FACILITIES IN TRIBAL AREAS

2189. SHRI JITENDRA CHAUDHURY:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) the number of hospitals in tribal areas;
- (b) whether a large number of people die due to lack of medical facilities in the tribal areas of the country;
- (c) if so, the details thereof and action taken by the Government in this regard; and
- (d) whether the medical facilities are not good in the tribal areas of the country?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI FAGGAN SINGH KULASTE)**

(a): As per Rural Health Statistics 2016, there are 28096 Sub Centres (SCs), 4012 Public Health Centres (PHCs) and 1030 Community Health Centres (CHCs) in Tribal Areas as on 31st March, 2016.

(b): No such information is available with Ministry of Health & Family Welfare.

Public Health being a State subject, the primary responsibility to provide accessible, affordable and quality health care services to the people including tribal population lies with State/UT Governments. However, under the National Health Mission (NHM), support is provided to States/UTs to strengthen their health systems including for setting up/upgrading public health facilities, augmenting health human resource, provision of free essential drugs and diagnostics based on requirements posed by the States in their Programme Implementation Plans. Under NHM, all tribal majority districts whose composite health index is below the State average have been identified as High Priority Districts (HPDs) and these districts are to receive more resources per capita as compared to the rest of the districts in the State. These districts also receive focused attention and supportive supervision. Norms for infrastructure, Human resource, ASHAs, MMUs etc. under NHM are relaxed for tribal and hilly areas.

As per RHS 2005 and 2016, number of SCs increased from 16748 to 28096, PHCs increased from 2809 to 4012 and CHCs increased from 643 to 1030 in last 11 years under NHM/NRHM

(d): Public Health being a State subject, the primary responsibility for provision of good medical facilities to its population including in tribal areas lies with State/UT Governments. Accordingly, the healthcare services in tribal areas vary from State to State.