

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

**LOK SABHA
UNSTARRED QUESTION NO. 2854
TO BE ANSWERED ON 3RD AUGUST, 2018**

GOVERNMENT HOSPITALS IN TRIBAL DOMINATED AREAS

**2854. SHRI JITENDRA CHAUDHURY:
SHRI BHEEMRAO B. PATIL:
SHRI HARIOM SINGH RATHORE:**

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

- (a) the total number of Government hospitals in the tribal dominated areas as on date in the country, State/UT-wise;
- (b) whether the Government has undertaken any survey regarding the health needs of tribal people in tribal dominated areas across the country considering the fact that the tribal people are confined to particular habitation which are generally far from cities/town/villages;
- (c) if so, the details thereof and if not, the reasons therefor;
- (d) whether the Government proposes to set up hospitals and healthcare centres equipped with all infrastructural facilities in the tribal dominated and far-flung areas with a view to mitigate the sufferings of the tribal people; and
- (e) if so, the details thereof, State/ UT-wise and if not, the reasons therefor?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI ASHWINI KUMAR CHOUBEY)**

(a): The state wise number of Sub Health Centres, Primary Health Centres (PHCs) & Community Health Centres (CHCs) in Tribal areas as per Rural Health Statistics Bulletin, 2017 is at **Annexure-I**.

(b) & (c): As per information received from Indian Council of Medical Research (ICMR) surveillance for different diseases in the tribal areas, especially in Madhya Pradesh, Chhattisgarh and Odisha are being routinely conducted for different diseases prevalent in tribes by the ICMR-National Institute for Research in Tribal Health. Brief description of surveillance activities in different diseases by the Institute is at **Annexure-II**. In addition, surveys like National Family Health Survey (NFHS), and District Level Household Survey (DLHS), conducted by the Ministry give estimates inter-alia for tribal health indicators.

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(d) & (e): “Public Health & Hospitals” being a state subject, the primary responsibility to set up hospitals and healthcare centres equipped with all infrastructural facilities in all areas including tribal dominated and far-flung areas is that of respective State Governments. Under the National Health Mission (NHM), financial and technical support is provided to States/UTs to strengthen their health care systems including for setting up/upgrading public health facilities, augmenting health human resource on contractual basis for provision of equitable, affordable healthcare to all its citizens particularly the poor and vulnerable population including tribal population 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 under the NHM 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.

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Rural Health Statistics Bulletin, 2017**NUMBER OF SUB CENTRES, PHCs & CHCs IN TRIBAL AREAS**

S.No.	State/ UT	Sub Centres	PHCs	CHCs
1	Andhra Pradesh	804	155	19
2	Arunachal Pradesh#	312	143	63
3	Assam	1283	283	31
4	Bihar^^	23	6	0
5	Chhattisgarh	2804	392	80
6	Goa	66	8	1
7	Gujarat	2775	406	92
8	Haryana *	0	0	0
9	Himachal Pradesh	104	43	8
10	Jammu & Kashmir	307	48	11
11	Jharkhand	2465	165	104
12	Karnataka	321	64	7
13	Kerala	831	137	12
14	Madhya Pradesh	2952	332	104
15	Maharashtra	2057	315	67
16	Manipur	226	45	7
17	Meghalaya #	436	109	27
18	Mizoram #	370	57	9
19	Nagaland #	396	126	21
20	Odisha	2689	425	132
21	Punjab *	0	0	0
22	Rajasthan	1658	209	65
23	Sikkim	48	12	0
24	Tamil Nadu	564	65	20
25	Telangana	698	93	23
26	Tripura	512	47	8
27	Uttarakhand	187	24	9
28	Uttar Pradesh	NA	NA	NA
29	West Bengal	3206	300	104
30	A&N Island	41	4	1
31	Chandigarh *	0	0	0
32	D&N Haveli #	46	7	0
33	Daman & Diu	5	0	0
34	Delhi *	0	0	0
35	Lakshadweep# ⁽²⁾	14	4	3
36	Puducherry *	0	0	0
	All India/Total	28200	4024	1028

Notes: The requirement is calculated using the prescribed norms on the basis of rural population from Census, 2011. All India shortfall is derived by adding state-wise figures of shortfall ignoring the existing surplus in some of the states.

**: State / UT has no separate Tribal Area / Population;*

#: States are predominantly tribal areas

² The population is less than the norm (CHC) of 80,000.

^^ Data for year 2010 used

NA - Data not available

A brief description of surveillance activities in different diseases by ICMR- National Institute for Research in Tribal Health

- Study conducted during 2015-2017 in different clusters of Madhya Pradesh and Chhattisgarh revealed 72 TB cases in Madhya Pradesh out of 14409 population screened, and 21 TB cases were detected out of the total 5882 suspected individual screened in Chhattisgarh.
- A cross-sectional survey of primary and secondary care facilities including the providers and patients in Mandla district, Madhya Pradesh consisting of 129 patients surveyed revealed the fact that:
 - Majority of the patients were between 46-60 years of age.
 - Nearly 57% of hypertension and 79% for diabetes patients took regular treatment in the previous month.
 - Overall, 9% of the patients had their blood pressure under control, and 25% of the diabetes patients had glycemic control.
- A cross-sectional causes of death survey in Mandla District of Madhya Pradesh using verbal autopsy in 2017 revealed 579 deaths in 2016 among adults (more than fifteen years of age).
 - Overall, non-communicable diseases accounted for more than half of the deaths (63%) followed by other causes (22%) and infectious diseases (15%). Age-standardized cause-specific death rate (CSDR) was highest for non-communicable diseases, among both males and females.
 - About 29% of the deceased died due to circulatory system disorder followed by respiratory system diseases (12%) and neoplasm (8%). Infectious and parasitic diseases accounted for 14% of deaths; tuberculosis was the major cause of death in infectious and parasitic diseases category (8%).
- Intervention Programme for the management of Scabies - Baiga Tribe of Dindori district of Madhya Pradesh ”
 - A total of 202 villages of Dindori district were surveyed covering a total population of 93,669 individuals.
 - Among all the studied individuals, 1052 were identified to be positive for scabies. These individuals were then randomly allocated to two groups i.e. Group A (n=389) who were treated with Ivermectin and GB Lotion and Group B (n=663) treated with GBH Lotion alone.
 - Results showed that completion/cured rate in the two groups was 34.4% (A) and 11.8% (B) on day 3; 95.6% and 81.1% on day 5 and 98.8% and 99.5% on day 7, respectively.
 - The cumulative cure rates in Group A showed statistically significant reduction in the scabies beginning day 3.
- Mapping of hemoglobinopathies in undivided Madhya Pradesh.
 - Surveillance for hemoglobinopathies is a regular activity of ICMR-NIRTH in tribal areas of Madhya Pradesh, Chhattisgarh and Odisha.
 - Similar surveillance has now been initiated in the Lahul and Spiti district of Himachal Pradesh in Himalayan tribes.
 - Recently, a large scale screening for sickle cell anaemia in 22 tribal districts of Madhya Pradesh is initiated by ICMR-NIRTH to provide all technical support and training for health professional involved in the program in collaboration with government of Madhya Pradesh.

- Considering malaria is known to be in high prevalence among tribes, regular surveillance on malaria for prevalence of different types of malaria parasites, drug-resistant parasites, different species of mosquito vectors and insecticide-resistant mosquitoes are conducted in different tribal areas of Madhya Pradesh, Chhattisgarh, and Odisha.
 - ò Efficacy of different antimalarials as well as different diagnostic kits are also conducted regularly in field.
 - ò At a malaria clinic established at the Government Medical College & Maharani Hospital, Jagdalpur (a tribal district), Chhattisgarh by the ICMR-NIRTH, a total of 15769 patients were screened for malaria in the last year. among these 685 patients were found positive for malaria with *P. falciparum* (87.4%) as major infection, with 111 severe malaria and 64 cerebral malaria.
 - ò At a malaria clinic located in Biswanathpur Community Health Centre (CHC), Kalahandi district (a tribal district), Odisha a total of 4515 febrile patients were screened for malaria parasite last year. Out of total 4515 patients screened, a total of 354 (7.8%) patients were found to be positive for malaria parasite *P. falciparum*. Malaria positivity rate varied from June 2017 (26.8%) to December 2018 (2.6%).
