

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

**LOK SABHA
UNSTARRED QUESTION NO. 1842
TO BE ANSWERED ON 29TH NOVEMBER, 2019**

HEALTHCARE FACILITIES IN TRIBAL AREAS

1842. SHRI KODIKUNNIL SURESH:

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

- (a) whether the Government has special scheme for the development of healthcare facilities for Tribals in the country;
- (b) if so, the details thereof and action taken by the Government in this regard, item-wise, State-wise;
- (c) whether the Government is considering to set up health centres at tribal colonies for improved access to health centres and to improve the health condition and health awareness among tribals; and
- (d) if so, the details thereof and if not, the reasons therefor?

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

(a) to (d) “Public Health & Hospital” being a State subject, the primary responsibility of development of healthcare facility all over the country including in rural, tribal and hilly areas lies with State/UT Governments. To supplement the efforts of State Governments of improving the healthcare services, particularly in rural areas including hilly & tribal areas, National Rural Health Mission (NRHM) was launched in 2005. NRHM has been subsumed as a Sub Mission of the overarching National Health Mission (NHM) with the National Urban Health Mission as the other Sub Mission.

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 and 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 (PIPs).

Under NHM, tribal areas already enjoy relaxed norms for setting up public health facilities including “time to care” norm for setting up sub health Centres in tribal areas within 30 minutes of walk from habitation and relaxed norm for Mobile Medical Units for tribal areas; extra one MMU if it exceeds 30 patients per day against 60 patients per day in plain areas for bringing healthcare delivery to the doorsteps of the population.

Further, all tribal majority districts whose composite health index is below the State average have been identified as High Priority Districts (HPDs) and these districts receive more resources per capita under the NHM as compared to the rest of the districts in the State. These districts receive higher per capita funding, have enhanced monitoring and focused supportive supervision and are encouraged to adopt innovative approaches to address their peculiar health challenges.

As per Rural Health Statistics the change in health facilities in Tribal areas versus All India between 2005 and 2018 is given as below:

Type of Facility	All India		Tribal Areas	
	RHS 2005	RHS 2018	RHS 2005	RHS 2018
CHCs	3222	5624	643	1017
PHCs	23109	25743	2809	3971
SCs	142655	158417	16748	28091
Total	168986	189784	20200	33079
increase in Total facilities	12.30%		63.75%	

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