

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

**LOK SABHA
UNSTARRED QUESTION NO.4314
TO BE ANSWERED ON 13TH DECEMBER, 2019**

**HEALTH INDICATORS AND HEALTHCARE
STATUS OF TRIBAL PEOPLE**

4314. SHRI SUKHBIR SINGH JAUNAPURIA:

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

- (a) whether the Government has conducted any survey to assess the health indicators and healthcare status of tribal people throughout the country;
- (b) if so, the details thereof; and
- (c) the number of Public Health Centres (PHCs) and sub-centres functioning in the tribal areas and the funds allocated and utilised, State/UT-wise particularly in Rajasthan during the last three years and the current year?

ANSWER

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

- (a) & (b): No specific survey has been conducted by the Ministry for getting tribal health indicators. However 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.

Analysis of National Family Health Survey (NFHS) 3 (2005-06) and NFHS 4 (2015-16) data shows that health outcome indicators of tribal population have improved at faster rate than all India Indicators which is due to focused interventions in tribal areas.

- IMR for tribal areas improved by 17.7 points where as for India it is improved by 16.3 points.
- Under five Mortality in Tribal areas is improved by 38.5 points where as for India is improved by 24.6 points.
- Prevalence of Anaemia in tribal women and children have reduced by 8.7 points and 13.7 points respectively as compare to corresponding national reduction figures for women 2.3 points and 11.1 points respectively.

Further, in order to have all the Institutes / Centers working in the field of tribal health on a single platform, Indian Council of Medical Research (ICMR) has established Tribal Health Research Forum (THRF), which is committed to prioritize research addressing specific health needs of the tribal population. Under this THRF, there are 16 Institutes / Centers and major Divisions of ICMR under leadership of National Institute of Research In Tribal Health (NIRTH), Jabalpur. 10 Tribal Health Research Units (THRUs) are also functioning, with an overall mandate to improve tribal health through diagnosis and develop strategies for management in their sub-population with emphasis on various infectious diseases as well as non-communicable diseases, apart from hemoglobinopathies, nutrition and maternal and child health etc. Key Contributions to the National Health Research Programmes / Policies by ICMR are at Annexure-I.

(c) : As per Rural Health Statistics 2018, state wise details of Public Health Centres (PHCs) and sub health centres functioning in the tribal areas is at Annexure-II.

State-wise details of Central release and expenditure under National Health Mission (NHM) for last three years and current year is at Annexure-III.

Key Contributions to the National Health Research Programmes / Policies by

ICMR

- Established facilities for newborn screening for SCD, prenatal diagnosis of - thalassemia syndrome, sickle cell disorders and micro mapping of G6PD deficiency, in Madhya Pradesh, Assam and the Andaman and Nicobar Islands. Established Sickle Cell diagnostic Clinics in 5 tribal districts of MP and in a remote tribal district Baster in CG. The same is underway in 22 tribal districts.
- Conducted regional training workshops / training of Master Trainers on diagnosis of SCD and management - Inducted in 19 States. More than 1.5 crore tribal school children screened.
- Developed evidence-based malaria intervention model (Dindori) for control of forest and tribal malaria. The model up-scaled to make a model in malaria elimination through PPP mode in Mandla district of MP through MEDP project. Prepared “Tribal Malaria Action Plan” as a part of NHM - Contributed to policy formulation for Malaria-in-Pregnancy. Evaluated bivalent malaria rapid kits (RDTs) inducted into National programme. Monitoring therapeutic efficacy in malaria endemic tribal regions of the country to support National programme.
- A sharp decrease in Malaria incidence has been shown in Car Nicobar since the Tsunami (API decreased from 105 in 2005 to <1 in 2013). Further, repeated surveys conducted in Car Nicobar showed a declining prevalence of pulmonary tuberculosis, which is attributed to the better socio-economic status and housing brought about the post-tsunami reconstruction and rehabilitation initiatives. Also, implemented a programme for elimination of lymphatic filariasis from its only focus in India viz. the Nancowry of islands. The programme has almost achieved its objective of bringing down the mf rate <1%.
- Among Saharias (a PVTG in India), several studies identified and reported very high TB prevalence (upto 3000 / 1,00,000). Intervention study among this tribe demonstrated decline in TB prevalence and an intensified TB control program (Research cum Intervention study) has been launched.
- Developed universally accepted Nutritional supplementation and safe drinking water based intervention model for fluorosis prevention & control developed and included in the National Program.
- Sickle cell anaemia is among over 1 lakh tribal population of Rajasthan has been studied and a prevalence of about 10% recorded.
- Kathodi-Katkari tribe in Karnataka has been successfully assessed for health status of and the report / recommendations have been submitted to Dept of Tribal Welfare and Govt. of Karnataka, Mysuru for mitigating the ailments among the tribes.
- Regular health and nutritional surveys have been carried out among the accessible indigenous tribes of Andaman and Nicobar (Onges, Andamanese, Shompens, Jarawas).
- A project to eliminate tuberculosis from Nicobarese of Car Nicobar and subperiodic filariasis from Nicobarese of Nancowry group of Islands are ongoing.

- Various studies have been recently initiated and are currently being undertaken, which has a direct relevance for health of tribal communities as below :
 - New born screening for sickle cell anaemia has been initiated in tribal populations of 6 States.
 - Understanding tribal culture, lifestyle, animal husbandry activities and cause of death in five tribes of India through establishment of tribal habitats.
 - Study on prevalence and severity of hemoglobin disorders (Hemoglobinopathies and G6PD Deficiency) and the measures of multi-morbidity and morbidity burden of selected hemoglobinopathies among tribal populations of Tamil Nadu.
 - Project to eliminate malaria from Car Nicobar.
 - Surveillance of long term sequelae of chronic hepatitis B infection and risk reduction from Car Nicobar.
 - Double fortified salt (DEC + Iodine) as a supplementary measure to the ongoing MDA for eliminating a persistent foci of diurnally sub periodic *Wuchereria bancrofti* in nancowry group of islands.
 - Comprehensive Health Assessment including a study of reproductive tract infections among women of Lahaul & Spiti, Himachal Pradesh.
 - Lifestyle intervention program on health seeking behavior, malnutrition and malaria prevention in Ashram school children of Dindori district in Madhya Pradesh.
 - Socio-economic development among tribes of India: Analysis of 2001 & 2011 censuses.
 - Revitalizing ethnomedicine among Baiga of Madhya Pradesh - an exploratory research.

Number of Sub Centres(SCs) & Primary Health centre (PHCs) in Tribal areas. (Source: RHS-2018)

		Tribal Population in Rural Areas	Sub Centres	PHCs
			P	P
1	Andhra Pradesh	2293102	804	153
2	Arunachal Pradesh#	789846	312	143
3	Assam	3665405	768	176
4	Bihar	1270851	NA	NA
5	Chhattisgarh	7231082	2811	396
6	Goa	87639	66	8
7	Gujarat	8021848	2775	421
8	Haryana *	0	0	0
9	Himachal Pradesh	374392	104	47
10	Jammu & Kashmir	1406833	307	48
11	Jharkhand	7868150	2465	165
12	Karnataka	3429791	321	64
13	Kerala	433092	831	137
14	Madhya Pradesh	14276874	3545	332
15	Maharashtra	9006077	2057	315
16	Manipur	791126	234	53
17	Meghalaya #	2136891	443	108
18	Mizoram #	507467	370	57
19	Nagaland #	1306838	396	126
20	Odisha	8994967	2701	427
21	Punjab *	0	0	0
22	Rajasthan	8693123	1659	210
23	Sikkim	167146	48	12
24	Tamil Nadu	660280	432	105
25	Telangana	2939027	698	93
26	Tripura	1117566	484	48
27	Uttarakhand	264819	148	12
28	Uttar Pradesh	1031076	NA	NA
29	West Bengal	4855115	3206	300
30	A&N Island	26715	41	4
31	Chandigarh *	0	0	0
32	D&N Haveli #	150944	46	7
33	Daman & Diu	7617	5	0
34	Delhi *	0	0	0
35	Lakshadweep# ⁽²⁾	13463	14	4
36	Puducherry *	0	0	0
	All India/Total	93819162	28091	3971

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.

P: In Position; **: Surplus, *: 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.

NA - Data not available

Statement Showing Statewise Central Release and Expenditure under National Health Mission (NHM) from the FY 2016-17 to 2019-20

Rs. in crore

Sl. No.	States	2016-17		2017-18		2018-19		2019-20	
		Central Release	Expenditure	Central Release	Expenditure	Central Release	Expenditure	Central Release	Expenditure
1	Andaman & Nicobar Islands	44.90	28.92	33.94	32.84	18.05	33.80	23.92	11.32
2	Andhra Pradesh	629.55	1287.04	875.06	1,555.50	1081.29	1658.07	767.32	702.55
3	Arunachal Pradesh	160.60	165.42	261.70	165.75	216.92	168.74	10.08	42.95
4	Assam	1046.09	1337.40	1,392.66	1,476.86	1381.51	1571.54	873.34	677.10
5	Bihar	1040.59	1619.20	1,557.40	1,820.14	1409.78	1788.82	837.40	759.77
6	Chandigarh	21.47	24.57	20.35	31.64	27.06	29.21	15.49	8.35
7	Chattisgarh	586.97	999.33	825.76	1,180.27	875.10	1138.90	474.29	429.32
8	Dadra & Nagar Haveli	17.12	17.36	19.14	19.76	23.46	23.52	8.98	7.52
9	Daman & Diu	11.53	10.24	10.67	10.63	11.76	14.30	2.88	3.63
10	Delhi	241.98	155.15	268.39	251.37	154.23	156.47	26.38	77.91

11	Goa	26.13	37.38	26.07	43.28	33.96	46.23	15.23	26.42
12	Gujarat	863.66	1395.67	1,221.83	1,593.16	1038.69	1793.63	870.34	721.00
13	Haryana	335.55	535.09	384.25	637.75	538.83	705.96	442.16	312.69
14	Himachal Pradesh	212.49	346.58	370.89	377.08	345.43	441.38	210.41	143.57
15	Jammu & Kashmir	362.42	419.55	550.42	521.86	556.46	573.12	500.87	165.63
16	Jharkhand	454.64	633.54	735.99	753.03	616.23	1016.80	404.43	479.97
17	Karnataka	714.09	1291.49	1,345.50	2,016.65	1254.82	1942.61	606.53	610.79
18	Kerala	452.36	744.98	586.52	936.35	887.90	870.15	641.18	551.30
19	Lakshadweep	3.83	4.33	5.54	6.20	6.58	5.85	4.40	2.01
20	Madhya Pradesh	1490.75	2066.38	1,696.56	2,313.93	1668.09	2531.87	1191.61	1167.98
21	Maharashtra	1252.55	1804.67	1,707.60	2,192.88	1565.98	2714.86	1102.26	1217.97
22	Manipur	79.07	81.40	163.05	110.51	147.09	146.46	90.74	65.39
23	Meghalaya	161.13	152.85	189.02	169.14	145.06	159.81	85.66	52.52
24	Mizoram	80.88	99.55	126.95	112.35	118.36	125.46	58.82	37.95
25	Nagaland	95.92	95.17	134.86	95.55	132.11	133.73	9.24	44.54
26	Orissa	728.58	1299.27	1,216.22	1,514.45	743.57	1673.91	910.53	855.36
27	Puducherry	41.35	38.41	35.55	38.83	38.16	45.95	6.56	14.24

28	Punjab	292.55	695.31	483.74	639.53	570.51	739.07	406.51	343.13
29	Rajasthan	1234.18	1734.34	1,615.29	1,885.55	1667.00	2309.53	1165.90	930.78
30	Sikkim	41.72	50.62	55.40	43.48	45.22	59.38	17.12	7.84
31	Tamil Nadu	788.68	1852.90	1,293.97	2,285.56	1479.71	2533.41	982.97	1015.97
32	Tripura	125.76	143.14	158.99	202.79	186.52	199.86	111.10	69.85
33	Uttar Pradesh	3314.75	5120.68	3,967.46	6,569.01	3886.70	6871.79	2471.07	3336.13
34	Uttarakhand	265.53	350.67	354.85	448.22	297.18	491.87	225.42	211.06
35	West Bengal	806.98	1914.71	1,305.37	2,341.05	1116.09	2236.34	1371.91	814.60
36	Telangana	398.08	700.76	468.34	977.76	713.43	1078.70	712.15	387.84
Sub Total		18424.43	29254.07	25,465.28	35,370.74	24998.81	38031.13	17655.21	16306.95

Note:

1. Release for the F.Y. 2019-20 is updated upto 31.10.2019 and is provisional.
2. The above releases relate to Central Govt. Grants & do not include State share contribution.
3. Expenditure includes expenditure against Central Release, State release & unspent balances at the beginning of the year. Expenditure for the F.Y. 2019-20 (upto 30.09.2019 as per FMR) are provisional.