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

LOK SABHA
UNSTARRED QUESTION NO. 1080
TO BE ANSWERED ON THE 03rd DECEMBER, 2021

COMMUNICABLE DISEASES IN TRIBAL AREAS

1080. SHRI ACHYUTANANDA SAMANTA:

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

a) whether the National Expert Committee on Tribal Health in its report has stated that tribal people face triple the burden of diseases, and bear a "disproportionate burden" of communicable diseases like tuberculosis and malaria;
b) if so, the details thereof;
c) whether the Government has taken any steps to address this, if so, the details thereof and if not, the reasons therefor;
d) whether there is limited access to healthcare and more severely access to medicines in such areas, if so, the details thereof;
e) whether the Government is taking any steps to ensure better access to healthcare for the tribal people, if so, the details thereof, if not, the reasons therefor; and
f) whether the Government is considering bringing forth a comprehensive tribal healthcare policy to tackle such issues and if not, the reasons therefor?

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(DR. BHARATI PRAVIN PAWAR)

(a) & (b): The Expert Committee on Tribal Health, in its report, has stated that, tribal people face a triple burden of diseases and bears a disproportionate burdenofcommunicablediseases, primarily those that are often referred to as diseases of poverty and underdevelopment, which includeMalaria, and Tuberculosis. While malnutrition and communicable diseases like malaria and tuberculosis continue to be high, rapid urbanization, environmental distress and changing lifestyle have resulted in a rise in the prevalence of non-communicable diseases like cancer, hypertension and diabetes.

(c) to (f): "Public Health and Hospital" is a State subject, the primary responsibility of ensuring availability of healthcare facilities including access to healthcare in tribal areas lies with respective State/UT Governments.

Under the National Health Mission (NHM), government of India provides financial and technical support to States/UTs to strengthen their health care systems including support for communicable diseases management, 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).

Government has taken a number of steps to address the challenges related to Communicable Diseases like, Malaria and Tuberculosis, in tribal areas and the access to healthcare.

Under the National Tuberculosis Elimination Programme (NTEP), in tribal, hilly and difficult areas, special provisions have been made to expand diagnostics and treatment centres, programme management units, to improve access to TB patients and coverage of TB services, as under:

- TB Programme Management Unit (TB Units) - 1 for every 1 lakh population as against 1 for every 2 lakhs general population.
- Microscopy Centres for diagnosis of TB - 1 for every 50,000 population as against 1 for every 1 lakh population.
- Travel Allowance – Rs. 750 is provisioned for TB patients notified from designated tribal areas to support travel to access TB diagnosis and treatment centres.

Key interventions and activities to address Malaria in tribal areas –

i. Long Lasting Insecticidal Nets (LLINs) are distributed to the families for protection from Malaria
ii. Indoor Residual Spraying (IRS) - undertaken extensively to control "endophilic" malaria vectors
iii. Expanding the testing facilities to ensure early diagnosis and treatment by extensive use of Rapid Diagnostics Kits (RDK), through ASHAs, and ANMs
iv. Promoting use of Gambusia Fish to control the larvae in the water bodies.

Besides above, various other interventions that are being implemented for strengthening of healthcare system for improved health outcomesin beneficiaries in tribal areas are as follows;

- Health and Wellness Centres (HWCs) are established by transforming the SHCs and PHCs, as part of the Ayushman Bharat – the flagship programme of Government of India, to improve the health care delivery. In the current financial year, over 80466 HWCs have

been operationalized till 28th November, 2021. Of this 13636 AB-HWCs are operational in 177 tribal districts (as on 28 November 2021).

- The population norms for setting up Health Facilities in vulnerable areas including tribal areas are relaxed. Against the population norms of 5,000, 30,000, and 1,20,000 for setting up of Sub Centre, PHC and CHC, the norm is 3,000, 20,000 and 80,000 respectively in vulnerable areas including tribal areas.
- Under NHM, relaxed norms are there 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.
- To minimize the Out of Pocket Expenditure incurred on health services, National Free Drugs and Diagnostic Service Initiative has been rolled out. The medicines are provided adequately to all health facilities, including the health facilities in tribal areas, as per the essential medicines lists for respective levels of facilities. Special focus is given to ensure that there are no interruptions in availability of medicines in health facilities in tribal areas.
- The ASHA programme guidelines provide for recruitment of ASHA at habitation level, in hilly, tribal and difficult areas). Consequently, ASHAs, have been put in place at habitation level (well below the national norm of one ASHA at a population of about 1000).
- Government of India is supporting states in implementation of National Ambulances Services under NHM for free transportation of sick patients to the health facilities. This service is extended to remote, rural and tribal areas also. States are free to place these ambulances at a lower population norm or as per time to care approach so that these ambulances are easily accessible by all.
- 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 focussed supportive supervision and are encouraged to adopt innovative approaches to address their peculiar health challenges.

Due to above interventions under NHM, there has been 73% increase in Health Facilities available in Tribal areas as compared to 10% increase in all India.

Type of Facility	**All India**			**Tribal Areas**		
	RHS 2005	**RHS 2020**	**% Increase**	**RHS 2005**	**RHS 2020**	**% Increase**
SHCs	1,42,655	1,55,404	9%	16,748	29,745	78%
PHCs	23,109	24,918	8%	2,809	4,203	50%
CHCs	3,222	5,183	61%	643	1035	61%
Total	1,68,986	1,85,505	10%	20,200	34,983	73%

- States are encouraged to adopt flexible norms for engaging specialists for public health facilities by various mechanisms like ‘contracting in’ and ‘contracting out’ of specialist services under National Health Mission. NHM provides for following types of incentives and honorarium to staff for ensuring service delivery in rural and remote areas in the country
    - Honorarium to Gynecologists/ Emergency Obstetric Care (EmoC) trained, Pediatricians & Anesthetist/ Life Saving Anaesthesia Skills (LSAS) trained doctors for conducting C Sections.
    - Hard area allowances and special packages are provided to attract health HR, especially medical officers and specialists, to remote and difficult areas.
    - Incentives like special incentives for doctors, incentive for ANM for ensuring timely ANC checkup and recording, incentives for conducting Adolescent Reproductive and Sexual Health (ARSH) activities etc
    - States have also been allowed to offer negotiable salaries to attract Specialists including flexibility in strategies such as "You quote, we pay".

In addition, non-Monetary incentives such as preferential admission in post graduate courses for staff serving in difficult areas and improving accommodation arrangement in rural areas have also been introduced under NHM.

M/o Health & Family Welfare and M/o Tribal Affairs has prepared a Joint Action Plan for addressing Tuberculosiss in Tribal Areas articulating the steps to be taken by the State/UT Government’s. The key strategies being implemented under this initiative are as under:

1) gap analysis for increasing access to diagnosis and treatment
2) Vulnerability assessment and Active Case Finding
3) Community engagement for improving health seeking behaviour and intensified IEC activities for reducing stigma and increasing demand for services
4) Strengthening recording and reporting systems
5) Contact tracing and intensifying surveillance of TB cases

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