

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

**LOK SABHA  
UNSTARRED QUESTION NO. 1097  
TO BE ANSWERED ON THE 03<sup>rd</sup> DECEMBER, 2021**

**HEALTHCARE IN TRIBAL/NAXALITE AREAS**

**1097. SHRI NAMA NAGESWARA RAO:**

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

- a) whether the Government is aware of the fact that healthcare facilities in the tribal, backward, naxalite affected areas are unavailable/totally neglected and the people living in these areas are vulnerable to various diseases;
- b) if so, the details thereof;
- c) whether the Government proposes to launch any comprehensive plan to provide adequate healthcare facilities in all such areas;
- d) if so, the details thereof; and
- e) if not, the reasons therefor?

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

(a) to (e)

“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 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 in the tribal, backward & naxalite affected areas based on requirements posed by the States in their Programme Implementation Plans (PIPs).

Various interventions that are supported under NHM for better healthcare for beneficiaries in vulnerable areas including tribal, backward, naxalite affected 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 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 such as remote, tribal, desert, hard to reach areas.
- Under NHM, States/UTs have been given flexibility to deploy Mobile Medical Units (MMUs) to provide a range of health care services for the populations particularly living in remote, inaccessible, un-served and underserved areas, as per the needs identified by the respective States/UTs.
- 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 vulnerable 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 vulnerable 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. 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.

- 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.