

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

**LOK SABHA
UNSTARRED QUESTION NO. 3326
TO BE ANSWERED ON 17th DECEMBER 2021**

AIIMS IN TRIBAL AREAS

3326. SHRI DURGA DAS (D.D.) UIKEY:

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

- (a) whether the Government proposes to set up All India Institute of Medical Sciences (AIIMS) colleges at district level in tribal dominated districts;
- (b) if so, the details thereof, district wise and State/UT-wise particularly Betul, Madhya Pradesh; and
- (c) the details of steps being taken by his Ministry to ensure access of healthcare facilities to every citizen including tribal people?

ANSWER

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

(a) & (b) New AIIMS are set up under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) for which land is provided by the concerned State/UTs. The site for AIIMS is selected by Government of India from out of the sites offered by the State Government. As far as Madhya Pradesh is concerned, an AIIMS at Bhopal has already been set up and is functional.

(c) “Public Health and Hospital” is a State subject, hence, the primary responsibility of ensuring access to healthcare facilities to every citizen including tribal people 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 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 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 general population norms of 5,000 for sub-centre, 30,000 for PHC, and 1,20,000 for CHC, the norm is 3,000 for sub-centre, 20,000 for PHC and 80,000 for CHC 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.

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%
