

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

**LOK SABHA
UNSTARRED QUESTION NO. 2181
TO BE ANSWERED ON 29th JULY, 2022**

HEALTHCARE IN TRIBAL AREAS

**2181. SHRI VIVEK NARAYAN SHEJWALKAR:
SHRI SUKHBIR SINGH JAUNAPURIA:
SHRI. RAMESH CHANDRA MAJHI:**

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

- (a) whether the Government has conducted any survey/study relating to health status of the tribal people and the healthcare facilities in tribal regions of the country;
- (b) if so, the details thereof along with necessary steps taken/being taken in this regard;
- (c) the details of schemes being rolled out for improving healthcare facilities in tribal areas of the country, State/UT-wise including district-wise in Odisha; and
- (d) the number of Public Health Centers and Sub-Centers functioning in the tribal areas in the country and the quantum of funds allocated and utilized for development of such center during each of the last three years and the current year, State/UT-wise including Rajasthan?

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

(a): There are various Government/Non-Government institutional mechanisms and survey agencies which generate data on tribal healthcare on a periodic basis. Rural Health Statistics (RHS) provides details of infrastructure and human resource in tribal areas. National Family Health Survey (NFHS) provides details on major health indicators about maternal and child health among Scheduled Tribes. Census of India provides population and household details including Tribal areas. National Sample Survey provides household surveys on various socio-economic subjects.

The Expert Committee on Tribal Health titled, “Tribal Health in India: Bridging the Gap and a Roadmap for the Future” came in 2018 which gives details on the status of tribal health. The Report of the Committee pieces together the health status of the tribal populations, did a detailed analysis of the health situation in tribal areas, maps out the disease burden, discusses the challenges in areas of infrastructure, facilities, Human resource, financing, participation in planning etc., and makes recommendations for improving health outcomes for tribal populations. The main recommendations of the Committee include – strengthen access to comprehensive primary healthcare by establishing health and wellness centres, provide insurance for access to secondary and tertiary care; enhance human resource via community

health officers/mid-level healthcare providers, enhancing capacities/roles of ASHA, task sharing and shifting etc.; community mobilisation and IEC; use of technology to increase access to health services; strengthening school health program; integration of tribal health practitioner in primary care; increased financing for tribal health, for instance through Tribal Sub Plan (TSP).

(b) & (c): The NHM focuses on universal approach and hence all the Health and Family Welfare Schemes run under the umbrella of NHM is applicable and available in all the States/UTs including Odisha. Under the National Health Mission (NHM), financial and technical support is provided 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) within their resource envelope.

Various supports under NHM for better healthcare for beneficiaries in tribal areas are as follows;

- Ayushman Bharat- Health and Wellness Centres (HWCs) are established by transforming the Sub-Health Centres (SHCs) and Primary Health Centres (PHCs), as part of the Ayushman Bharat - the flagship programme of Government of India, to deliver twelve packages of Comprehensive Primary Health Care (CPHC) that includes preventive, promotive, curative, palliative and rehabilitative services which is universal, free and close to the community.
- 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 SHC, PHC and CHC, the norm is 3,000, 20,000 and 80,000 respectively in vulnerable areas such as remote, tribal, desert and 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 population particularly living in remote, in-accessible, un-served and under-served 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 Service Initiative and National Free Diagnostic Service Initiative have been rolled out.
- The ASHA programme guidelines provide for recruitment of ASHA at habitation level in hilly, tribal and difficult areas. (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.

(d): The number of Primary Health Centers and Sub- Centers functioning in the tribal areas in the country as per RHS 2020-21 is attached in **Annexure-I**. The State/UT-wise details relating to Scheduled Tribal Sub Plan (STSP) Central Releases under National Health Mission (NHM) from F.Y. 2019-20 to 2022-23 is given at **Annexure-II**.

Number of Primary Health Centers and Sub- Centers functioning in the tribal areas (as per RHS 2020-21)

	States/UTs	PHCs	Sub-Centres
1	Andhra Pradesh	159	822
2	Arunachal Pradesh #	127	347
3	Assam	188	833
4	Bihar *	N App	N App
5	Chhattisgarh	420	2944
6	Goa *	N App	N App
7	Gujarat	439	2871
8	Haryana *	N App	N App
9	Himachal Pradesh	45	106
10	Jharkhand	159	2465
11	Karnataka	31	195
12	Kerala	40	285
13	Madhya Pradesh	375	3247
14	Maharashtra	317	2054
15	Manipur	48	240
16	Meghalaya #	145	451
17	Mizoram #	68	377
18	Nagaland #	138	445
19	Odisha	444	2701
20	Punjab *	N App	N App
21	Rajasthan	202	1539
22	Sikkim	12	48
23	Tamil Nadu	96	545
24	Telangana	202	1489
25	Tripura	46	439
26	Uttarakhand	7	145
27	Uttar Pradesh *	N App	N App
28	West Bengal	146	1188
29	A & N Islands	4	41
30	Chandigarh *	N App	N App
31	Dadra & Nagar Haveli and Daman & Diu	6	49
32	Delhi *	N App	N App
33	Jammu & Kashmir	66	189
34	Ladakh #	32	289
35	Lakshadweep #	4	7
36	Puducherry *	N App	N App

Notes:

N App - Not applicable

#: States are predominantly tribal areas

**: State / UT has no separate Tribal Area / Population*

Annexure-II

**Statement showing state-wise Central Releases under ST Component under NHM for the F.Ys.
2019-20 to 2022-23**

Rs. in crore

S. No.	Name of the State/UT	2019-20	2020-21	2021-22	2022-23
1	Andaman & Nicobar Islands	*	*	*	*
2	Andhra Pradesh	90.92	98.14	95.09	45.63
3	Arunachal Pradesh	62.54	94.81	68.97	0.03
4	Assam	228.97	171.46	247.37	46.24
5	Bihar	27.16	142.89	32.12	2.47
6	Chandigarh	*	*	*	*
7	Chattisgarh	225.19	268.82	254.85	120.28
8	Dadra & Nagar Haveli	*	*	*	*
9	Daman & Diu	*			
10	Delhi	-	-	-	-
11	Goa	14.02	3.73	2.15	0.92
12	Gujarat	208.20	163.50	197.94	4.63
13	Haryana	-	-	-	-
14	Himachal Pradesh	124.52	58.31	74.11	6.26
15	Jammu & Kashmir	68.57	23.81	14.04	7.16
16	Jharkhand	274.21	146.53	166.10	7.67
17	Karnataka	98.06	145.30	89.72	0.90
18	Kerala	27.80	18.72	24.32	3.93
19	Lakshadweep	*	*	*	*
20	Madhya Pradesh	394.50	457.39	462.25	107.34
21	Maharashtra	254.09	165.04	349.85	51.74
22	Manipur	38.05	30.84	25.20	0.50
23	Meghalaya	83.31	71.29	145.05	1.19
24	Mizoram	83.97	48.08	51.72	0.40

25	Nagaland	85.36	49.85	50.73	0.38
26	Odisha	285.42	410.63	338.50	124.56
27	Puducherry	-	-	-	-
28	Punjab	-	-	-	-
29	Rajasthan	209.12	300.17	266.31	50.04
30	Sikkim	9.79	15.23	9.75	0.04
31	Tamil Nadu	31.31	36.39	27.38	2.30
32	Tripura	55.76	55.14	52.00	16.05
33	Uttar Pradesh	177.88	176.85	63.18	1.41
34	Uttarakhand	10.89	31.72	19.51	0.14
35	West Bengal	143.35	225.44	103.66	24.64
36	Telangana	180.98	66.90	70.52	11.32
37	Ladakh	*	*	*	*

Note: The above releases relate to Central Govt. Grants & do not include State share contribution. It is updated upto 04.07.2022.

Note * : In the UTs without legislature, funds are placed under NHM from 2211 Budget head.