

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

**LOK SABHA
UNSTARRED QUESTION NO. 2079
TO BE ANSWERED ON 12TH DECEMBER, 2025**

SCREENING OF SICKLE CELL ANAEMIA IN TRIBAL AREAS

2079. SHRI JASHUBHAI BHILUBHAI RATHVA:

SHRI RAHUL SINGH LODHI:

DR. RAJESH MISHRA:

SMT. SMITA UDAY WAGH:

SHRI BALABHADRA MAJHI:

SHRI PRADEEP KUMAR SINGH:

SMT. HIMADRI SINGH:

SHRI MAHESH KASHYAP:

SHRI BIBHU PRASAD TARAI:

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

- (a) the strategy of the Government to ensure universal screening of sickle cell anaemia in all tribal-majority development blocks and the manner in which the screening results being integrated with the ABDM platform, particularly in Odisha;
- (b) the steps taken to establish specialized Tribal Health and Wellness Centres with trained staff in remote PVTG areas of Odisha for addressing malaria, malnutrition and other major health challenges in the country;
- (c) whether any guidelines have been issued for food security with aims to reduce chronic malnutrition and micronutrient deficiencies among children and pregnant women in Odisha's tribal regions, if so, the details thereof;
- (d) whether the Government is extending formal support to traditional healers while ensuring access to modern healthcare services in remote tribal areas of Odisha including the Sidhi Parliamentary Constituency and if so, the details thereof; and
- (e) the measures proposed to be taken by the Government to improve last-mile service delivery in hard-to-reach tribal settlements?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY
WELFARE
(SMT. ANUPRIYA PATEL)**

(a): Under National Sickle Cell Anaemia Elimination Mission (NSCAEM), screenings in the targeted age group of 0-40 years are conducted at all health facilities from District Hospitals (DH) upto Ayushman Arogya Mandir (AAM) level in affected 17 tribal states including the 154 blocks of 13 tribal district of Odisha for diagnosis of Sickle Cell Disease. As per Sickle

Cell Disease (SCD) portal, more than 6.57 cr screenings have been conducted in tribal dominated areas of the country including 56.46 lakh screenings in Odisha, as on 30.11.2025.

(b) & (c) Through Ayushman Arogya Mandirs (AAMs) (erstwhile Ayushman Bharat-Health & wellness centres), comprehensive primary healthcare (CPHC) is provided by strengthening Sub Health Centres (SHCs) and Primary Health Centers (PHCs) across the country including tribal areas for an expanded range of services encompassing Communicable diseases, Non-communicable diseases, reproductive and child healthcare services, emergency medical services and other health issues. For SHC-AAM, operational guidelines for AAMs provide for Community Health Officer (CHO), Auxiliary Nurse Midwife (ANM) and Multipurpose worker -Male along with ASHAs in the catchment area. For PHC-AAM, the norms provide for Medical Officer, staff nurses, pharmacist, Health Assistants and Lab technician.

As per AAM portal, a total of 7,373 AAMs, including 3,343 AAMs in tribal districts and 1,991 AAMs in aspirational districts, have been operationalised in Odisha, as on 07.12.2025.

Under National Vector Borne Disease Control Programme, various interventions are provided for prevention and control of Malaria in the tribal areas including PVTG areas.

Operational Guidelines on Facility Based Management of Children with Severe Acute Malnutrition have been issued to States/UTs by Govt. of India for food security with an aim to reduce chronic malnutrition and micronutrient deficiencies. The Government of India is also implementing several key nutrition interventions i.e. Anemia Mukh Bharat, Nutrition Rehabilitation Centres, Mothers' Absolute Affection, Lactation Management Centres and Vitamin A Supplementation programme under the RMNCAH+N strategy of the National Health Mission (NHM) to address maternal and child malnutrition, across the country including tribal areas of the State of Odisha. Further, Government has also set up Mission Poshan 2.0 Abhiyaan, which has one of the aim to prevent and reduce prevalence of anaemia among Pregnant Women and Lactating Mothers.

(d) Village Health Sanitation and Nutrition Committees (VHSNCs) function as village-level platforms for health, sanitation, nutrition awareness, planning and action. These committees play a key role in conducting Village Health & Nutrition Days (VHNDs), supporting early detection, and community-based prevention of malnutrition and communicable diseases and awareness of traditional systems of medicine. As on 31st March 2025, a total of 5,20,292 VHSNCs have been constituted across the country including Sidhi Parliamentary Constituency of Odisha.

(e) Under NHM, norms have been relaxed for tribal/hilly/hard-to-reach areas to strengthen healthcare access. Population criteria for setting up of SHCs, PHCs and CHCs have been reduced to 3,000, 20,000 and 80,000 respectively. One ASHA is allowed per habitation instead of per 1,000 population, and up to 4 Mobile Medical Units (MMUs) per district are permitted in tribal and hard-to-reach areas, compared to 2 in plain districts.

Under the Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan (PM-JANMAN), launched on 15th November, 2023 by Ministry of Tribal Affairs (MoTA), further relaxation in NHM norms

has been provided up to 10 MMUs per district with Particularly Vulnerable Tribal Groups (PVTG) areas. Norms have been relaxed for one additional ANM for each Multi Purpose Centre (MPC) constructed by MoTA.

As per MMU portal, 751 MMUs under PM-JANMAN and 155 MMUs under Dharti Aaba Janjatiya Gram Utkarsh Abhiyan (DA-JGUA) are operational across the country for providing basic health services in tribal areas till 09.12.2025.
