

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

**LOK SABHA  
UNSTARRED QUESTION NO. 2512  
TO BE ANSWERED ON 13<sup>TH</sup> FEBRUARY, 2026**

**POPULATION OF TRIBAL GROUPS**

**2512. SMT. PRIYANKA GANDHI VADRA:**

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

- (a) whether the Government has taken any initiatives to improve health outcomes for Particularly Vulnerable Tribal Groups (PVTGs), especially in aspirational districts and if so, the details thereof;
- (b) whether any study has been conducted on the vulnerability of tribal communities, particularly PVTGs, to certain diseases and if so, the details thereof, especially for Kerala;
- (c) whether the Government has taken cognizance of the dwindling populations of certain PVTGs such as Aranadans and Cholanayakans in Wayanad Parliamentary Constituency and if so, the details thereof including PVTG-wise population since 1981 in Kerala;
- (d) whether any studies are being conducted to examine the reasons for the population decline of specific PVTGs and if so, the details thereof along with the action taken by the Government to address the same; and
- (e) whether any targeted interventions to improve access to healthcare for PVTGs are being implemented in Wayanad Parliamentary Constituency and if so, the details thereof ?

**ANSWER**

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY  
WELFARE  
(SHRI PRATAPRAO JADHAV)**

(a) to (e): Public Health' & 'Hospitals' are State subjects, hence, the primary responsibility of providing basic healthcare services to all the citizens of the country lies with respective State/UT Government.

The National Health Mission (NHM) provides support for improvement in health infrastructure, availability of adequate human resources in health facilities, to improve availability, affordability and accessibility to quality health care in the country including Particularly Vulnerable Tribal Groups (PVTGs). The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs including Kerala to strengthen the public healthcare system, based on the proposals received in the form of Programme Implementation Plans (PIPs) under NHM. Government of India provides approval for the proposals in the form of Record of Proceedings (RoPs) as per norms & available resources.

Under NHM, norms have been relaxed for tribal/hilly/hard-to-reach areas to strengthen healthcare access. Population criteria for setting up of Sub Health Centres (SHCs), Primary Health Centres (PHCs) and Community Health Centres (CHCs) have been reduced to 3,000, 20,000 and 80,000 respectively. One Accredited Social Health Activist (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.

A total of 1.82 lakh Ayushman Arogya Mandirs (AAMs) have been established and operationalized in the country, including 30,817 AAMs in 178 tribal districts, which deliver expanded range of comprehensive primary healthcare services encompassing preventive, promotive, palliative, rehabilitative, and curative care.

The Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) with an outlay of Rs.64,180 crore aims to provide support for infrastructure development for Sub-Health Centres, Urban Health and Wellness Centres, Support for Block Public Health Units, Integrated District Public Health Laboratories (IPHLs) and Critical Care Hospital Blocks (CCBs) in the country. 168 IPHL and 110 CCBs have been approved in the tribal districts under PM-ABHIM.

Coordination mechanisms exist between the Ministry of Tribal Affairs (MoTA) and the Ministry of Health and Family Welfare, as well as with State Health Departments, for planning, funding and implementation of tribal health programmes. Under the Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan (PM-JANMAN), launched on 15th November, 2023 by 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 Auxiliary Nurse Midwife (ANM) for each Multi Purpose Centre (MPC) constructed by MoTA. As per MMU portal, 763 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 31.12.2025.

Under PM JANMAN, the Ministry of Tribal Affairs through the State Governments/ UT Administration/departments has undertaken habitation level data collection exercise through PM Gati Shakti mobile application to estimate PVTG population figures and infrastructure gaps in order to cover PVTG population residing in villages & habitations under PM JANMAN. Based on the data captured by State Government of Kerala, the population of Cholanaikkan PVTGs is 439. Aranadans is not an identified PVTGs in Kerala.

There are various mechanisms and survey agencies which generate data on tribal healthcare on a periodic basis. National Family Health Survey (NFHS) provides details on major health indicators and outcomes achieved under various tribal health initiatives including improvements in maternal and child health indicators 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 State-wise list of key indicators NFHS-5 may be extracted from below mentioned link:

[http://rchiips.org/nfhs/districtfactsheet\\_NFHS-5.shtml](http://rchiips.org/nfhs/districtfactsheet_NFHS-5.shtml)

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