

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

**LOK SABHA
STARRED QUESTION NO. 379
TO BE ANSWERED ON THE 13TH DECEMBER, 2019
HEALTHCARE FACILITIES IN SCHEDULED DISTRICTS**

***379. SHRI JUAL ORAM:**

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

- (a) whether the Government is aware of the poor healthcare facilities in the scheduled districts of the country;
- (b) if so, whether the Government proposes to sponsor any Central scheme for the people of the scheduled areas of the country;
- (c) if so, the details thereof along with the time by which it will be implemented; and
- (d) if not, the alternative steps proposed to be taken by the Government for providing proper healthcare facilities to the people residing in such areas?

**ANSWER
THE MINISTER OF HEALTH AND FAMILY WELFARE
(DR. HARSH VARDHAN)**

(a) to (d): A statement is laid on the Table of the House

**STATEMENT REFERRED TO IN REPLY TO LOK SABHA
STARRED QUESTION NO. 379* FOR 13TH DECEMBER, 2019**

(a) Public Health and Hospitals is a state subject. The status of healthcare facilities in scheduled districts of the ten states under Schedule V of the Constitution varies from state to state. The tribal population are scattered across in large areas which are remote, difficult and hard to reach areas and therefore create challenges in accessibility to and availability of health facilities, goods and services.

Surveys like National Family Health Survey (NFHS) and District Level Household Survey (DLHS), conducted by the Ministry give estimates inter-alia for tribal health indicators. Analysis of National Family Health Survey (NFHS) 3 (2005-06) and NFHS 4 (2015-16) data shows that health outcome indicators of tribal population have improved at faster rate than all India Indicators which is due to focused interventions in tribal areas.

- IMR for tribal areas improved by 17.7 points where as for India it is improved by 16.3 points.
- Under five Mortality in Tribal areas is improved by 38.5 points where as for India is improved by 24.6 points.
- Prevalence of Anaemia in tribal women and children have reduced by 8.7 points and 13.7 points respectively as compare to corresponding national reduction figures for women 2.3 points and 11.1 points respectively.

Further, as per Rural Health Statistics (2018), the increase in health facilities in Tribal areas is higher as compared to All India average between 2005 and 2018, which is as below:

Type of Facility	All India		Tribal Areas	
	RHS 2005	RHS 2018	RHS 2005	RHS 2018
CHCs	3222	5624	643	1017
PHCs	23109	25743	2809	3971
SCs	142655	158417	16748	28091
Total	168986	189784	20200	33079
Increase in Total facilities	12.30%		63.75%	

(b) to (d) Public Health and Hospitals being a State Subject, the primary responsibility of ensuring healthcare facilities all over the country including Scheduled Districts is that of respective State Governments. Moreover, under National Health Mission (NHM), support is provided to the States /UTs to strengthen their health care systems based on the proposals received from the States so as to provide universal access to equitable, affordable and quality health care services all over the country including in Scheduled Districts.

Support is also provided for provision of a host of free services related to maternal health, child health, adolescent health, family planning, universal immunisation programme, and for major diseases such as Tuberculosis, HIV/AIDS, vector borne diseases like Malaria, Dengue and Kala Azar, Leprosy etc. Other major initiatives supported include Janani Shishu Suraksha Karyakram (JSSK) (under which free drugs, free diagnostics, free blood and diet, free transport from home to institution, between facilities in case of a referral and drop back home is provided), Rashtriya Bal Swasthya Karyakram (RBSK) (which provides newborn and child health screening and early interventions services free of cost for birth defects, diseases, deficiencies and developmental delays to improve the quality of survival), implementation of Free Drugs and Free Diagnostics Service Initiatives, etc. Mobile Medical Units (MMUs) & National Emergency Transport are also being implemented with NHM support to improve healthcare access particularly in rural areas.

- In addition to the above, under NHM, tribal areas enjoy relaxed norms as under:
 - i. Norms for health facilities -The population norms for setting up Health Facilities in tribal areas are relaxed. Against the population norms of 5000, 30000, and 1,20,000 for setting up of Sub Centre, PHC and CHC respectively, in tribal areas its 3000, 20,000 and 80, 0000.
 - ii. States have been provided with the flexibility of relaxing the norm of one ASHA per 1000 population to one ASHA per habitation in Tribal/hilly and difficult areas.
 - iii. While other States can have Mobile Medical Units per 10 lakh populations subject to capping of 5 MMUs per district, for tribal and hilly states this could be relaxed as per need. The norms for MMU have been revised with one additional MMU where existing MMU is exceeding 60 patients per day in plain areas and 30 patients per day in tribal/hilly areas.
- iv. In addition, all tribal majority districts whose composite health index is below the State average have been identified as High Priority Districts (HPDs). These districts are to receive higher per capita funding, enhanced monitoring and focussed supportive supervision, and encouraged to adopt innovative approaches to address their peculiar health challenges.
