

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

UNSTARRED QUESTION NO:62
ANSWERED ON:23.11.2005
HEALTH STATUS IN TRIBAL AREAS
Sujatha Smt. C.S.

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

- (a) whether the health status of the people in the tribal areas remains lowest in the country ;
- (b) if so, the reasons therefor;
- (c) whether a study "Health Status Index" conducted in Rajasthan revealed the dismal state of health status of the tribal community in the state ;
- (d) if so, the details thereof;
- (e) whether the Government has evolved any comprehensive scheme for the improvement of health status of the tribal community; and
- (f) if so, the details thereof?

Answer

THE MINISTER OF HEALTH & FAMILY WELFARE (DR. ANBUMANI RAMADOSS)

(a)to (b): Yes Sir. In general most tribal populations inhabit under-developed areas of the country which are remote, having low density of population and lacking in adequate access to basic amenities, education, employment opportunities and affordable health care services. The physical infrastructure in the tribal areas is also inadequate which results in low capacity of the economy in tribal areas to meaningfully absorb funds including institutional finance.

c)to d) The Ministry of Tribal Affairs had sponsored a study – Health and Malnutrition Study among the PTG of Sahariyas in Rajasthan – having Re- look at the Traditional Food Habits. The study revealed that over 80% of the Sahariyas are living below poverty line and have a high degree of mal nutrition and morbidity.

e) to f) The Government has recently launched the National Rural Health Mission with a special emphasis on vulnerable sections of the rural population. The main objective of the NRHM is to provide accessible, affordable, accountable, effective and reliable primary health care especially to the poor and vulnerable sections of the population. It seeks to provide an overarching umbrella to the existing vertical schemes/programmes of Health and Family Welfare. It also aims to address the issue of health in the context of a sector wide approach encompassing sanitation and hygiene, nutrition, safe drinking water as basic determinants of good health. It further seeks to build greater ownership for Health & Family Welfare programmes among the community through involvement of Panchayat Raj institutions, NGOs and other stakeholders at national, state, district and sub-district levels.

In addition all Programme Officers have been directed to earmark 8% of their Annual Plan funds to the Tribal Sub-Plan for the welfare of Scheduled Tribes. Specific Programmes like the enhanced Malaria Control Project and the Yaws Eradication Program have been formulated exclusively for the tribal and remote areas. Keeping in view that most of the tribal population is concentrated in far flung areas, the population coverage norms for Primary Health Care infrastructure and some Disease Control Programmes have been relaxed.

As supplementing efforts towards improving health status of tribals the Ministry of Tribal Affairs has been implementing a scheme for Grant-in-aid to Voluntary Organisation for Welfare of the Scheduled Tribes. Under the scheme, the Ministry gives grant for setting up and running of 10 Bedded Hospital and Mobile Dispensary for STs. During the year 2004-05, an amount of Rs. 1,94,12,300 and Rs. 3,39,18,800/- were released for running 10 Bedded Hospital and Mobile Dispensary respectively