

**GOVERNMENT OF INDIA
TRIBAL AFFAIRS
LOK SABHA**

UNSTARRED QUESTION NO:3574
ANSWERED ON:15.12.2014
HEALTH NORMS FOR TRIBALS
Meghwal Shri Arjun Ram

Will the Minister of TRIBAL AFFAIRS be pleased to state:

- (a) whether the health norms prescribed in tribal areas are below than that of other areas in absence of expansion of health facility in these areas;
- (b) if so, the details of the measures being taken by the Government to remove this disparity;
- (c) whether the Government has any new scheme to improve health infrastructure in tribal areas and bring health awareness among tribals;
- (d) if so, the details thereof and if not, the reasons therefor; and
- (e) the other steps taken by the Government to raise the health awareness/ health status of tribals in the country.

Answer

MINISTER OF STATE IN THE MINISTRY OF TRIBAL AFFAIRS (SHRI MANSUKHBHAI DHANJIBHAI VASAVA)

(a) to (b): Yes, Madam. The health norms prescribed in tribal areas are below than that of other areas in absence of expansion of health facility in these areas.

To ensure equitable health care and to bring about sharper improvements in health outcomes, a systematic effort to effectively address the intrastate disparities in health outcomes has been undertaken. At least 25% of all districts in each State have been identified as High Priority Districts (HPD) based on a composite health index. These districts would receive higher per capita funding relaxed norms, enhanced monitoring and focussed supportive supervision, and encouraged to adopt innovative approaches to address their peculiar health challenges. In all 47 tribal districts have identified as HPD. Examples listed below:

Relaxed population norms: for setting up SC, PHC, CHC

Tiers of Health Care Infrastructure and the Applicable Population Norms		
Centre	Population Norms	
	Plain Area	Hilly/Tribal /Difficult Area
Sub-Centre	5,000	3,000
Primary Health Centre	30,000	20,000
Community Health Centre	1,20,000	80,000

The applicable norm of 5 Mobile Medical Unit (MMUs) per district based on population criteria is relaxable for hilly & tribal areas.

Relaxed norm under Revised National Tuberculosis Control Programme for establishing microscopy centres from 1 per 1,00,000 population to 50,000 and the TB Units for every 2,50,000 (as against 5,00,000)

Under NRHM, 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.

All the North Eastern States which have a high tribal population get funds under NRHM from Government of India in the proportion of 90 (Gol Share): 10 (State Share) as against share of funding in the ratio of 75:25 between Gol and non-North Eastern states and non-hilly States.

(c) to (d): 1. The National Health Mission (NHM) of Ministry of Health and Family Welfare seeks to provide universal access to equitable, affordable and quality health care to improve the health of people, especially vulnerable population, including Tribal & LWE affected population groups.

2. NHM encourages local recruitment, creation of a special workforce, preferential admission to allied health courses, multiskilling, etc., in tribal areas to overcome shortage of skilled personnel.

3. Special disease driven interventions- Sickle Cell Anaemia, integrated management of malnutrition programmes, insecticide

treated nets, antenatal feeding to combat anaemia and malnutrition etc. amongst others universal coverage of medical interventions.

4. Various monetary and non-monetary incentives are provided to health personnel serving remote, underserved and tribal areas. Support is provided for higher remuneration to Doctors and specialist serving in remote and rural areas.

5. A new norm has also been adopted for setting up a Sub Centre (SHC) based on time to care within 30 minutes by walk from a habitation has been adopted for selected districts of hilly and Desert areas.

6. It has been decided to strengthen sub-health centres (SHC) with increased human resource as first port of call for providing comprehensive primary care services in remote/inaccessible /high priority districts. Almost all the tribal districts are eligible for this.

7. Various States are implementing many innovative projects as per the need of the specific tribal area such as: Birth Waiting Homes, Coordination Cell, Boat Clinics, Doli/Palki, Bed Grant Scheme, Special Camps in Tribal areas, use of GIS in planning and monitoring of Health services.

8. Tribal Counsellors in Government hospitals in tribal areas to create awareness on health and its determinants. They motivate the community towards healthy living practices.

(e): 1. The Ministry of Health and Family Welfare has constituted an Expert Committee on Tribal Health to make recommendations to better address health care challenges of Scheduled Tribe population.

2. The Ministry of Tribal Affairs has launched a nation-wide initiative to control sickle cell anaemia among Scheduled Tribes. Under this initiative the State Governments have been advised to conduct a 100% health check-up of students who are admitted to the schools and hostels managed by the Tribal Affairs Department. Followed by issuance of health card which specifies the state of Sickle Cell Anaemia i.e. Sickle Cell Trait (HbAS), Sickle Cell Disease (HbSS). To further support the control initiative a sample of the health card design has also been shared with the Tribal Welfare Department in all the States.

3. Ministry of Tribal Affairs does provide small amount of untied funds for medical contingencies in Particularly Vulnerable Tribal Groups (PVTGs) areas.

4. The Coordination Committee constituted for monitoring, planning and progress of the schemes/ programmes being implemented for overall development of the Scheduled Tribes, has flagged several actionable points to address tribal health issues.