Enterprises' with an objective to provide support in areas of credit, technology upgradation, marketing, infrastructure, etc. Further, the Government has enacted the Micro, Small and Medium Enterprises Development Act, 2006, which has come into force from 2nd October, 2006, for promotion and development of MSMEs and to enhance their competitiveness. In addition, the Government is also implementing several schemes/programmes, which include the National Manufacturing Competitiveness Programme and schemes relating to credit, infrastructural development, technology upgradation, marketing, entrepreneurial/skill development, etc. aimed at enhancing competitiveness and productivity of the MSMEs.

Basic health facilities for tribal areas

309. SHRIMATI BRINDA KARAT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the efforts made to provide basic health facilities in tribal areas;

(b) the steps taken towards improvisation as well as infrastructure development and proposal for health insurance coverage, if any, for tribals; and

(c) the status and the funds earmarked for the purpose on State-wise basis?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) To strengthen the basic health facilities and public health system in rural areas including the tribal areas and make health care accessible, affordable and accountable, the National Rural Health Mission (NRHM) was launched in April, 2005.

The Mission seeks to establish functional health facilities in the public domain through revitalization of the existing infrastructure and fresh construction or renovation wherever required. The Mission also seeks to improve service delivery by putting in place enabling systems at all levels addressing issues relating to manpower planning as well as infrastructure strengthening.

It also aims at bridging the gap in Rural Health care services through a cadre of Accredited Social Health Activists (ASHA) and improved hospital care, decentralization of programme to district level to improve intra and inter-sectoral convergence and effective utilization of resources. The ASHA would reinforce community action for universal immunization, safe delivery, newborn care and prevention of water-borne and other communicable diseases, nutrition and sanitation. As per the Implementation Framework for NRHM, ASHA is being provided in each village in the ratio of one per 1000 population. For tribal, hilly, desert areas, the norm could be relaxed for one ASHA per habitation depending on the workload.

Given the concentration of Tribal inhabitation in far-flung areas, forest lands, hills and remote villages, to better support infrastructure development, the population norms have been relaxed at different levels of health facilities:—

- Sub-centers are permitted for 3000 population in tribal areas as against 5000 population in general areas.

- Primary Health Centers are provided for every 20,000 population in tribal areas as against 30,000 population in general areas and
- Community Health Centers are provided for every 80,000 population in tribal areas as against 1,20,000 population in general areas.

The programmes/schemes implemented in the health sector are available across all areas and segments of societies. However, as Yaws is a specific disease affecting tribal population, Yaws Eradication Programme was launched as Central Sector Scheme to meet the specific needs of tribal and other vulnerable population and this disease has been eradicated in 2006.

Under the Revised National Tuberculosis Control Programme (RNTCP), the norms have been relaxed for the provision of services in the tribal areas. The relaxed norms include *inter-alia* (a) Establishing T.B. Units as well as appointment of Senior T.B. Treatment Supervisor (STS) and Senior T.B. Laboratory Supervisor (STLS) for every 2.50 lakhs population against the usual norm of 5 lakhs (b) establishing microscopy centre for 50000 population against established norm of one lakh population (c) reimbursement of travel claims of patient and attendant for taking treatment at DOTS Centre, (d) Opening of more DOTS centers. Grant-in-aid is also being given to voluntary organizations working for the welfare of Scheduled Tribes with the prime objective of the scheme being to enhance the reach of the Government welfare schemes and fill the gaps in service deficient tribal areas such as education, health, drinking water etc.

No national level health insurance coverage exclusively for tribals is under consideration.

As allocations are made for implementation of health programmes across all segments of society, State-wise allocation of funds is not made exclusively for tribals. However, allocations made by the Union Government under tribal sub-plan in 2909-10 (BE) are given below:—

(Rs. in crore)

Sl. No.	Name of the Scheme	2009-10 (B.E.)
1	2	3
1.	National Vector Borne Disease Control Programme	79.61
2.	National Programme for Control of Blindness	25.00
3.	Revised National T.B. Control Programme	22.94
4.	National Leprosy Eradication Programme	0.49
5.	Infrastructure Maintenance	250.10
6.	Supply of Drugs and Contraceptive	16.79

1	2	3
7.	Immunization	126.62
8.	IEC	15.09
9.	Area Projects	4.05
10.	Flexible Pool for State PIPs	576.09
	TOTAL	1116.78

Availability of fertilizers

*310. SHRI VEER PAL SINGH YADAV: Will the Minister of CHEMICALS AND FERTILIZERS be pleased to state:

(a) whether D.A.P. and N.P.K. fertilizers are available in sufficient quantity for paddy crops;

(b) if so, details thereof State-wise;

(c) if not, the measures being taken by Government; and

(d) the measures being adopted by Government to prevent their black marketing?

THE MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRI SRIKANT JENA): (a) to (c) If State-wise, month-wise requirement, availability and sales of DAP and complex fertilizers (NPK) during Kharif 2009 (April – July, 2009 (upto 20.7.09) is given in the Statement below (*See* below). As can be seen, the availability of DAP has been adequate enough to sustain the sales. There is no shortage of DAP in the country, however, there may be little tightness in availability of complex (NPK) fertilizers because of lower level of indigenous production and also as these can not be imported as they are not covered under existing concession scheme. However, the shortage of complex (NPK) fertilizers is being compensated by additional supplies of DAP.

(d) The State Governments, as the enforcement agencies, are adequately empowered under Fertiliser Control Order, 1985 to take appropriate action against any offender who indulges in any kind of malpractices including black marketing.