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were advised to provide e-payment options and install POS (Swap machines) for the benefit of the tourists.

Ministry of Tourism's 24x7 Multi-lingual Tourist Helpline executives were (x) sensitized to handle queries arising out of the above issues.

## Tourism development in Telangana under Swadesh Darshan Scheme

3827. SHRI DEVENDER GOUD T.: Will the Minister of TOURISM be pleased to state:

- (a) whether it is a fact that projects under Swadesh Darshan Scheme have been sanctioned and allocations have also been made recently;
- (b) if so, the details of the projects taken up under Swadesh Darshan Scheme in Telangana; and
- (c) whether any new projects are proposed to be added in the year 2017-18 and if so, the details thereof, with a particular reference to Telangana?

THE MINISTER OF STATE OF THE MINISTRY OF TOURISM (DR. MAHESH SHARMA): (a) Since the launch of Swadesh Darshan Scheme in 2014-15, the Ministry as on date has sanctioned 56 projects worth for ₹ 4823.91 crore under the scheme.

(b) The details of the projects sanctioned under Swadesh Darshan Scheme in Telangana are as under:-

(₹ in crore)

Sl. No.	Name of the Circuit	Name of the Project/Sanction Year	Amount Sanctioned
1.	Eco Circuit	Integrated Development of Eco Tourism Circuit in Mahaboobnagar district, Telangana (2015-16)	91.62
2.	Tribal Circuit	Integrated Development of Mulugu- Laknavaram-Medavaram-Tadvai-Damaravi-Mallur-Bogatha Waterfalls as Tribal Circuit in Telangana (2016-17)	84.40
	Тотац		176.02

<sup>(</sup>c) The sanctioning of new projects under Swadesh Darshan Scheme is a continuous process. Projects for development under the scheme are identified in consultations with the State Governments/UT Administrations and are sanctioned subject

to availability of funds, submission of suitable detailed project reports, adherence to scheme guidelines and utilization of funds released earlier.

## Provision of health care facilities in tribal areas

3828. SHRI AHMED PATEL: Will the Minister of TRIBAL AFFAIRS be pleased to state:

- (a) what is the infant mortality rate amongst the Scheduled Tribes in the country;
- (b) the State-wise/UT-wise details thereof;
- (c) whether there is a shortfall of Sub-Centres, Primary Health Centre and Community Health Centres in tribal areas;
  - (d) if so, the details thereof and the reasons for this shortfall; and
- (e) what steps are being taken to provide the tribal population with healthcare facilities?

THE MINISTER OF STATE IN THE MINISTRY OF TRIBAL AFFAIRS (SHRI JASWANTSINH SUMANBHAI BHABHOR): (a) As per National Family Health Survey (NFHS)-3(2005-06), Infant Mortality Rate (IMR) amongst the Scheduled Tribes (STs) is 62.1 per 1000 live births in the country.

- (b) State/UT-wise ST IMR are given in Statement-I (See below).
- (c) to (e) State/UT-wise information on shortfall of Sub-Centres, Primary Health Centres and Community Health Centres in tribal areas, as on 31.03.2016, as per Rural Health Statistics, 2016, published by Ministry of Health and Family Welfare, is given in Statement-II (See below).

Public Health and Hospitals being a State subject, the primary responsibility to ensure availability of healthcare services for all population including those in tribal areas lies with the State Governments. However, under the National Health Mission (NHM), financial and technical support is provided to States/UTs to strengthen their healthcare system.

Ministry of Health and Family Welfare (MoHW) has identified 184 High Priority Districts (HPDs) in the country. These are 25% of all districts in each State that are in the lowest quartile of composite health index of that State and all those Tribal majority districts whose composite health index is lower than the State average with the objective to ensure equitable health care, by increased and focussed attention in terms of resources and supervision and to bring about sharper improvements in health outcomes. Further, all the Tribal Districts have been designated as Special Focus