

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

Districts, and are supported to adopt innovative approaches to address special healthcare challenges faced by tribal population. Also, norms for setting up of Sub Centres, engaging ASHAs, deploying Mobile Medical Units (MMUs), higher compensation to tribal population, etc., are available to Tribal Districts. Hard area allowance is also provided to health human resource serving in tribal areas under National Health Mission (NHM) in many States. States have been advised to ensure allocation of minimum 30% per capita of funds over and above the per capita average resource envelop for other districts.

Ministry of Tribal Affairs also provides funds to States, as Special Central Assistance to Tribal Sub-Plan (SCA to TSP) and grants under Article 275(1) of the Constitution of India, for addressing health and nutrition needs of tribals/tribal areas, like, establishing kitchen gardens in schools, mobile dispensary/medical units, construction/infrastructure and medical equipment for PHCs/CHCs, strengthening of district hospitals and screening for sickle cell anaemia.

Taking cognizance of media reports, Ministry of Tribal Affairs has recently advised the Tribal Development Departments of Governments of Madhya Pradesh, Kerala, Maharashtra and Odisha to address the problem of malnutrition.

All the States have also been advised for use of traditional food and minor millets in the food basket, through intervention in schools and also for supplementing food with iron and folic acid.

Statement-I

Details of State/UT-wise Scheduled Tribe IMR

Sl. No.	State/UT	Infant Mortality Rate per 1000 Live Births
	ALL INDIA	62.1
1.	Andhra Pradesh	94.1
2.	Arunachal Pradesh	67.6
3.	Assam	59.0
4.	Bihar	NA
5.	Chhattisgarh	90.6
6.	Goa	NA
7.	Gujarat	86.0
8.	Haryana*	-
9.	Himachal Pradesh	NA

Sl. No.	State/UT	Infant Mortality Rate per 1000 Live Births
10.	Jammu and Kashmir	34.3
11.	Jharkhand	93.0
12.	Karnataka	45.8
13.	Kerala	NA
14.	Madhya Pradesh	95.6
15.	Maharashtra	51.4
16.	Manipur	51.2
17.	Meghalaya	49.3
18.	Mizoram	NA
19.	Nagaland	45.8
20.	Odisha	78.7
21.	Punjab*	-
22.	Rajasthan	73.2
23.	Sikkim	28.9
24.	Tamil Nadu	NA
25.	Tripura	NA
26.	Uttarakhand	NA
27.	Uttar Pradesh	NA
28.	West Bengal	NA
29.	Andaman and Nicobar Islands	NA
30.	Chandigarh*	-
31.	Dadra and Nagar Haveli	NA
32.	Daman and Diu	NA
33.	Delhi*	-
34.	Lakshadweep	NA
35.	Puducherry*	-

*No notified STs as in 2005-06, NA-Not Available.

Source: National Family Health Survey (NFHS)-3, 2005-06, Ministry of Health and Family Welfare.

Statement-II*Details of State/UT-wise shortfall position as on 31st March, 2016*

Sl. No.	State/UT	Sub Centres	PHCs	CHCs
1.	Andhra Pradesh	**	**	**
2.	Arunachal Pradesh	**	**	**
3.	Assam	**	**	14
4.	Bihar	400	57	15
5.	Chhattisgarh	**	**	7
6.	Goa	**	**	0
7.	Gujarat	**	20	31
8.	Haryana*	0	0	0
9.	Himachal Pradesh	20	**	**
10.	Jammu and Kashmir	161	22	6
11.	Jharkhand	289	233	**
12.	Karnataka	822	107	35
13.	Kerala	**	**	**
14.	Madhya Pradesh	1806	381	74
15.	Maharashtra	945	135	45
16.	Manipur	37	**	2
17.	Meghalaya#	281	**	**
18.	Mizoram#	**	**	**
19.	Nagaland#	39	**	**
20.	Odisha	309	23	**
21.	Punjab*	0	0	0
22.	Rajasthan	1239	225	43
23.	Sikkim	7	**	2
24.	Tamil Nadu	**	**	**
25.	Telangana	281	53	13
26.	Tripura	**	10	6
27.	Uttarakhand	**	**	**
28.	Uttar Pradesh	NA	NA	NA

Sl. No.	State/UT	Sub Centres	PHCs	CHCs
29.	West Bengal	**	**	**
30.	Andaman and Nicobar Islands	**	**	**
31.	Chandigarh*	0	0	0
32.	Dadra and Nagar Haveli#	10	0	1
33.	Daman and Diu	**	0	0
34.	Delhi*	0	0	0
35.	Lakshadweep#(2)	**	**	**
36.	Puducherry*	0	0	0
ALL INDIA/TOTAL		6646	1266	294

*State/UT has no separate Tribal Area/Population.

**Surplus.

#States are predominantly tribal areas

(2)The population is less than the norm (CHC) of 80,000.

NA: Data not available. PHC: Primary Health Centre, CHC: Community Health Centre.

Source: Rural Health Statistics, 2016, Ministry of Health and Family Welfare.

Enrolment of tribal students in the primary school level

3829. SHRI ANUBHAV MOHANTY: Will the Minister of TRIBAL AFFAIRS be pleased to state:

(a) whether it is a fact that as per the latest Annual Report of the Ministry, the gross enrolment ratio of the tribal students in the primary school level has declined in 2015-16 in comparison to 2013-14;

(b) whether the Ministry has been able to pin point the reasons for the decline in enrolment of the tribal students in primary level; and

(c) what additional measures would the Ministry propose to ensure that the enrolment of the tribal students in the primary schools level improves?

THE MINISTER OF STATE IN THE MINISTRY OF TRIBAL AFFAIRS (SHRI JASWANTSINH SUMANBHAI BHABHOR): (a) Yes, Sir.

(b) Some of the reasons for low enrolment are:—

(i) Poverty and poor economic conditions of Scheduled Tribes (STs);

(ii) Distance between the home and school;

(iii) Lack of awareness and understanding of the value of formal education among illiterate elders;