

**Access to basic amenities for tribals**

2859. DR. L. HANUMANTHAIAH:

DR. AMEE YAJNIK:

Will the Minister of TRIBAL AFFAIRS be pleased to state:

- (a) whether Government is aware that 70 per cent of the tribal villages in the country are without access to healthcare, 50 per cent without Public Distribution System (PDS) and above 50 per cent are not getting piped water;
- (b) if so, the actions taken by Government to improve this situation in tribal villages in the past couple of years; and
- (c) the details of the action taken in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF TRIBAL AFFAIRS (SHRIMATI RENUKA SINGH SARUTA): (a) Details of availability of healthcare centres, Public Distribution System and piped water in the villages having tribal population 25% or more in the country are given in the Statement (*See* below).

(b) and (c) The actions taken by the Government for improving the situation include the following:

Public Health and Hospitals being a State subject, the primary responsibility of making provision for healthcare services all over the country including tribal areas is that of respective State Governments. However, under National Health Mission (NHM), support is being provided to States/UTs for strengthening the public healthcare system including support for provision of a host of free services such as maternal health, child health, adolescent health, family planning, universal immunisation programme, and for major diseases such as tuberculosis, HIV/AIDS, vector borne diseases such as Malaria, Dengue and Kala Azar, Leprosy etc. to all including tribal people.

Under NHM, tribal areas enjoy relaxed norms as under:

- (i) Relaxed norms for health facilities - The population norms for setting up Health Facilities in tribal areas are relaxed. Against the population norms of 5000, 30000, and 1,20,000 for setting up of Sub Centre, Primary Health Centre (PHC) and Community Health Centre (CHC) respectively, in tribal/hilly and difficult areas its 3000, 20000 and 80000. A new norm of 'time to care' has also been adopted for setting up sub health centres in tribal

areas under which a sub health centres can be set up within 30 minutes of walk from habitation.

- (ii) States have been provided with the flexibility of relaxing the norm of one Accredited Social Health Activist (ASHA) per 1000 population to one ASHA per habitation in tribal/hilly and difficult areas.
- (iii) While other States had Mobile Medical Units (MMUs) per 10 lakh populations subject to capping of 5 MMUs per district, for tribal and hilly states this could be relaxed as per need. The norms for MMU have been revised recently to relax the norm where one MMU exceeds 60 patients per day in plain areas and 30 patients per day in tribal/hilly areas.
- (iv) In addition, all tribal majority districts whose composite health index is below the State average have been identified as High Priority Districts (HPDs). These districts are to receive higher per capita funding, enhanced monitoring and focussed supportive supervision, and are encouraged to adopt innovative approaches to address their peculiar health challenges.

Government of India enacted National Food Security Act, 2013 which provides for coverage of about 75% of the rural and 50% of the urban population (67% of the total population of the country) for receiving highly subsidized foodgrains under Targeted Public Distribution System (TPDS). The Act also contains provisions for nutritional support to pregnant women and lactating mothers and children upto 14 years of age.

Coverage under the Act is under two categories- households covered under Antyodaya Anna Yojana (AAY) to the extent specified by the Central Government and the remaining households as priority households to be identified by the State Governments/Union Territories (UT) Administrations as per criteria evolved by them, within the coverage determined for the State/UT. Under the Act, there is no special provision for tribals. Households covered under AAY are entitled to receive 35 kg. of foodgrains per household per month at ₹ 1/2/3 per kg. for coarse grains/wheat/ rice respectively, under the Act. The priority households are entitled to receive 5 kg. of foodgrains per person per month at the above prices. The Act is being implemented in all the States/UTs and covers about 80 crore persons for receiving highly subsidized foodgrains. The coverage under the Act is substantially high to ensure that all the vulnerable and needy sections of the society get its benefit.

Drinking water is a State Subject. Government of India supplements the efforts of States by providing financial and technical assistance to States/UTs. It is the States/UTs who plan, design, approve, implement, operate and maintain rural water supply schemes in rural areas including Scheduled Tribe (ST) population dominated areas. Under erstwhile National Rural Drinking Water Programme (NRDWP), now subsumed into Jal Jeevan Mission (JJM), the rural ST population of the States has a Weightage of 10% in the criteria for fund allocation to States. Department of Drinking Water and Sanitation has released the earmarked fund for ST population in the preceding years. For the financial year 2018-19, out of total allocation of ₹ 5500 Crore, an amount of ₹ 550 Crore was allocated to States with ST dominated population. Further, an amount of ₹ 1000.06 Crore has been earmarked during 2019-20.

**Statement**

*Details of availability of Healthcare Centres, Public Distribution System and piped water in the villages having tribal population 25% or more in the country*

Sl. No.	Infrastructure Details	No. of villages
	PHC	3453
1.	Availability of	CHC
		7114
		Sub Centre
		18185
	None	88295
2.	Availability of Public Distribution System (PDS)	58068
		100% habitations covered
		12150
		50-100%
3.	Availability of Piped tap water	18647
		< 50% habitation covered
		only one habitation covered
		6936
	not covered	61656

*Source:* Census 2011 & Mission Antodaya.

*Note:* There are about 145000 villages in all India having Tribal population 25% or more out of which Mission Antodaya infrastructure gap data is available only for 117047 villages for the above parameters.