GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA
UNSTARRED QUESTION NO. 1151
TO BE ANSWERED ON 6th FEBRUARY, 2026

HEALTH INFRASTRUCTURE FOR TRIBAL COMMUNITIES

1151. SHRI UMMEDA RAM BENIWAL:

Will the **Minister of HEALTH AND FAMILY WELFARE** be pleased to state:

(a) whether the Government has assessed the adequacy and accessibility of health infrastructure for tribal communities residing in desert and geographically remote areas of the country, if so, the details thereof;

(b) the details regarding availability and operational status of Mobile Medical Units (MMUs), telemedicine facilities and primary healthcare services in such tribal regions of the country, Statewise;

(c) whether any formal coordination mechanism exists between the Ministry of Tribal Affairs and State Health Departments for planning, funding and implementation of tribal health programmes in the country, if so, the details thereof; and

(d) the outcomes achieved under various tribal health initiatives during the last five years, including improvements in maternal and child health indicators, disease prevention and reduction in healthcare access gaps among desert-dwelling tribal populations across the country?

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI PRATAPRAO JADHAV)

(a) to (d): Health Dynamics of India (HDI) (Infrastructure & Human Resources), is an annual publication, based on healthcare administrative data reported by States/UTs. Details of availability of health infrastructure across the country including in tribal and remote areas, State/UT-wise, may be seen at the following link of HDI 2022-23: https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%202022-23_RE%20%281%29.pdf

The National Health Mission (NHM) provides support for improvement in health infrastructure, availability of adequate human resources in health facilities, to improve availability, affordability and accessibility to quality health care in the country including desert and geographically remote areas. The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system, based on the proposals received in the form of Programme Implementation Plans (PIPs) under NHM. Government of India provides approval for the proposals in the form of Record

of Proceedings (RoPs) as per norms & available resources.

Mobile Medical Units (MMUs) are supported under NHM to provide outreach services in remote villages with difficult terrain which are underserved and inaccessible. As per NHM-MIS report, a total of 1477 MMUs have been deployed across the country, as on 30.06.2025.

A total of 1.82 lakh Ayushman Arogya Mandirs (AAMs) have been established and operationalized in the country, including 30,817 AAMs in 178 tribal districts, which deliver expanded range of comprehensive primary healthcare services encompassing preventive, promotive, palliative, rehabilitative, and curative care.

The teleconsultation services, available at all operational AAMs across the country including tribal regions, enables people to access the specialist services closer to their homes addressing concerns of physical accessibility, shortage of service providers and to facilitate continuum of care. Total teleconsultations conducted at AAMs are 42.66 crore, as on 31.12.2025.

The Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) with an outlay of Rs.64,180 crore aims to provide support for infrastructure development for Sub-Health Centres, Urban Health and Wellness Centres, Support for Block Public Health Units, Integrated District Public Health Laboratories (IPHLs) and Critical Care Hospital Blocks (CCBs) in the country. 168 IPHL and 110 CCBs have been approved in the tribal districts under PM-ABHIM.

Under NHM, norms have been relaxed for tribal/hilly/hard-to-reach areas to strengthen healthcare access. Population criteria for setting up of Sub Health Centres (SHCs), Primary Health Centres (PHCs) and Community Health Centres (CHCs) have been reduced to 3,000, 20,000 and 80,000 respectively. One Accredited Social Health Activist (ASHA) is allowed per habitation instead of per 1,000 population, and up to 4 Mobile Medical Units (MMUs) per district are permitted in tribal and hard-to-reach areas, compared to 2 in plain districts.

Coordination mechanisms exist between the Ministry of Tribal Affairs (MoTA) and the Ministry of Health and Family Welfare, as well as with State Health Departments, for planning, funding and implementation of tribal health programmes. Under the Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan (PM-JANMAN), launched on 15th November, 2023 by MoTA, further relaxation in NHM norms has been provided up to 10 MMUs per district with Particularly Vulnerable Tribal Groups (PVTG) areas. Norms have been relaxed for one additional Auxiliary Nurse Midwife (ANM) for each Multi Purpose Centre (MPC) constructed by MoTA. As per MMU portal, 763 MMUs under PM-JANMAN and 155 MMUs under Dharti Aaba Janjatiya Gram Utkarsh Abhiyan (DA-JGUA) are operational across the country for providing basic health services in tribal areas till 31.12.2025.

There are various mechanisms and survey agencies which generate data on tribal healthcare on a periodic basis. National Family Health Survey (NFHS) provides details on major health indicators and outcomes achieved under various tribal health initiatives including improvements in maternal and child health indicators among Scheduled tribes. Census of

India provides population and household details including Tribal areas. National Sample Survey provides household surveys on various socio-economic subjects. The State-wise list of key indicators NFHS-5 may be extracted from below mentioned link:
http://rchiips.org/nfhs/districtfactsheet_NFHS-5.shtml

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