

## FAILED BY STATE

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The litmus test for any government programme should be the impact it has on the most vulnerable section of the country's population. If a report of an expert committee of the Union ministries of health and family welfare and tribal development is anything to go by, projects that deal with primary healthcare, nutrition and sanitation have some work to do to satisfy this fundamental criteria of success. The report, released last week, points out that tribal communities in India live at least three years less than the non-tribal population, have higher malnutrition, significantly lower immunisation coverage, substantially higher low-birth-weight children and are much more susceptible to diseases like malaria, tuberculosis and leprosy.

The committee was set up in 2013 to assess the gaps and special health needs of the country's 705 Scheduled Tribes. It does note that tribal groups have registered substantial improvement in health indicators since the past two decades. However, several of its findings raise questions about the delivery of government programmes. For example, the finding that three out of four tribal people continue to defecate in the open point to the unfinished task of the Clean India Mission. Similarly, the report's conclusion that an "unacceptably high" number of tribal people suffer from malnutrition throws light on the shortfalls of the Right to Food Programme and the Public Distribution System. The fact that only about 30 per cent of tribal children of different age groups consume diets "adequate in both protein and energy," shows that implementation problems continue to dog the Integrated Child Development Services 17 years after the Supreme Court began to monitor the programme. Even more worrying is the report's conclusion that "the intake of various nutrients, calories and vitamins in tribals has decreased in the last decade".

The report is a reminder that the country's health divide is also about the development disparity between tribal and non-tribal areas. Its conclusion that access to health services, even where they exist, is bedeviled by poor roads should hold salience for the government as it plans to bolster the country's primary and secondary healthcare network. But another endeavour demands as much urgency: The lack of a regular system of data collection of morbidity in tribal areas often comes in the way of a comprehensive health picture of tribal health in the country. Government programmes, as a result, are often ad hoc. A project for the tribal areas along the lines of the recent state-level analysis of the country's disease burden may well be in order.

**END**

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