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CHALLENGES IN IMPLEMENTING GOVERNMENT HEALTH SCHEMES IN TRIBAL AREAS: A COMPREHENSIVE REVIEW

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ABSTRACT

India's tribal population, comprising over 8.6% of the national demographic, continues to face severe health disparities despite numerous government interventions. Schemes such as the National Health Mission (NHM), Ayushman Bharat, and the Tribal Sub-Plan (TSP) have been launched to address these disparities; however, their implementation in tribal areas remains suboptimal. This review article critically examines the multifaceted challenges impeding the effective delivery of these health programs in tribal regions. Key barriers identified include poor infrastructure, geographical isolation, shortage of trained healthcare professionals, socio-cultural mismatches, language barriers, and weak administrative coordination. Additionally, economic deprivation and low literacy levels among tribal communities exacerbate these challenges. The review draws on findings from recent studies, government reports, and case analyses from various Indian states to highlight systemic gaps and operational inefficiencies. It further discusses the need for culturally sensitive health interventions, strengthened rural health infrastructure, enhanced community participation, and improved intersectoral coordination. The article concludes that to ensure equitable healthcare delivery, it is essential to adopt a holistic, community-driven approach that acknowledges tribal-specific contexts. Bridging the implementation gap in government health schemes is vital to achieving universal health coverage and reducing the health inequities faced by India's tribal populations.

Keywords: Tribal health, Government schemes, Health disparities, Rural healthcare, Implementation barriers, India

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INTRODUCTION

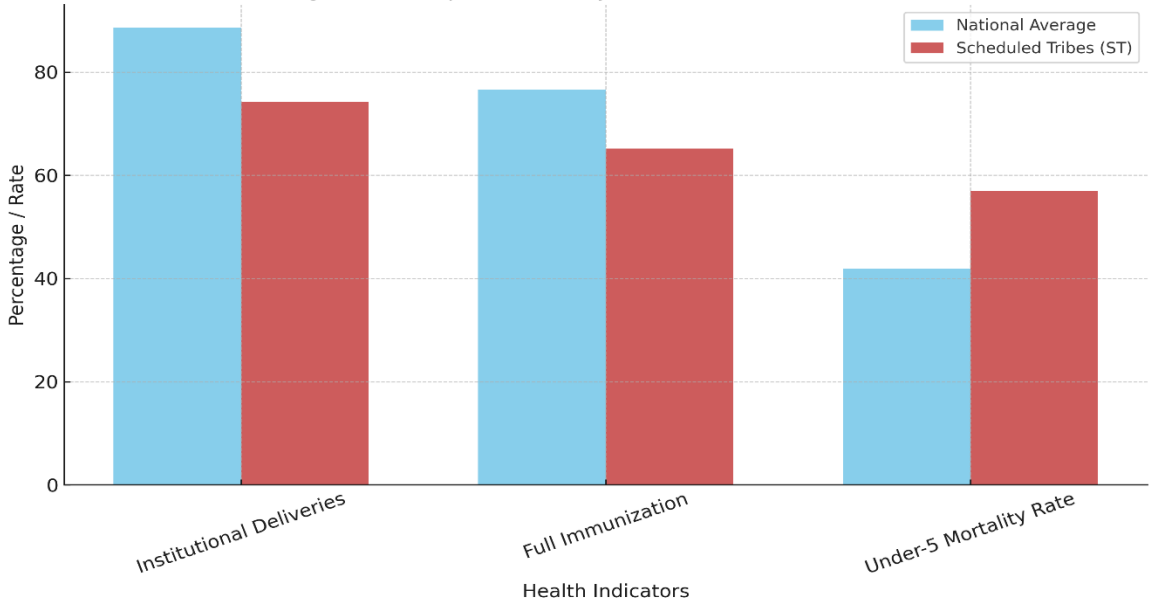
India is home to over 705 officially recognized Scheduled Tribes (STs), accounting for approximately 8.6% of the total population (Census 2011). These tribal communities, residing primarily in geographically remote and forested regions, face disproportionately high rates of poverty, illiteracy, malnutrition, and disease. Despite significant policy efforts through government health schemes like the National Health Mission (NHM), Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), and the Tribal Sub-Plan (TSP), the intended outcomes in tribal areas remain far from satisfactory.

Government schemes aim to provide equitable and accessible healthcare. However, tribal populations still report lower utilization of healthcare services and worse health outcomes compared to non-tribal groups. This disparity can be attributed to a combination of systemic, infrastructural, administrative, and socio-cultural barriers. According to the National Family Health Survey-5 (NFHS-5), indicators such as institutional delivery, child immunization, and maternal health services are significantly lower among STs.

- **Institutional Deliveries:** National Average – 88.6%; STs – 74.3%
- **Full Immunization (12–23 months):** National – 76.6%; STs – 65.2%
- **Under-5 Mortality Rate (per 1,000):** National – 41.9; STs – 57.0

These statistics underscore the systemic gaps in the implementation of health programs in tribal belts.

Figure 1: Comparison of Key Health Indicators (NFHS-5)



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Geographic isolation further complicates healthcare access. Many tribal villages are located in hilly, forested, or border areas where health infrastructure is either absent or severely underdeveloped. The shortage of healthcare professionals, frequent stockouts of essential drugs, and lack of diagnostic services amplify the problem. Additionally, language barriers and traditional beliefs often deter tribal populations from seeking modern medical care, preferring indigenous healing systems.

This review critically explores the challenges affecting the implementation of government health schemes in tribal regions. By synthesizing current evidence and identifying persistent gaps, the paper aims to inform policy refinements that ensure inclusive and effective healthcare delivery. Given India's commitment to Universal Health Coverage (UHC) and Sustainable Development Goals (SDGs), addressing the health needs of its tribal citizens is not just a constitutional mandate but a public health imperative.

METHODOLOGY

This review adopts a narrative approach to synthesize existing literature on the challenges in implementing government health schemes in tribal areas of India. The objective was to identify and categorize the key barriers affecting the delivery and effectiveness of these health interventions. A comprehensive literature search was conducted using academic databases including **Scopus, PubMed, Google Scholar, and Web of Science**, covering the period from **2010 to 2025.** Additional sources such as **government reports, policy briefs, National Family Health Surveys (NFHS-4 and NFHS-5), and Census data** were also utilized to enhance the depth of analysis.

The search employed a combination of keywords and Boolean operators: *"tribal health" AND "India"*, *"government health schemes"*, *"implementation barriers"*, *"rural healthcare"*, *"public health policy"*, and *"healthcare access in tribal populations"*. Articles were screened based on relevance, credibility, and recency. Only English-language publications and official documents with empirical data or policy analysis were included.Selected studies were reviewed to extract information under thematic categories such as **geographical challenges, healthcare infrastructure, human resources, socio-cultural barriers, administrative inefficiencies,** and **policy-level constraints.** Case studies from states with significant tribal populations—such as Odisha, Madhya Pradesh, Jharkhand, Chhattisgarh, and the North-East region—were examined to understand region-specific challenges and implementation outcomes.

Data were qualitatively synthesized and cross-compared to identify recurring patterns, regional disparities, and potential policy gaps. No statistical meta-analysis was conducted due to the

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heterogeneity in data sources and outcomes. Visual elements such as charts and graphs have been included to summarize key findings where applicable.This methodology allows for a comprehensive, context-specific understanding of the operational and systemic challenges that hinder the effectiveness of government health schemes in tribal areas, providing a strong foundation for informed policy recommendations.

OVERVIEW OF GOVERNMENT HEALTH SCHEMES TARGETING TRIBAL AREAS

The Government of India has implemented several health schemes aimed at improving the health outcomes of tribal communities, recognizing their socio-economic vulnerabilities and geographical marginalization. These schemes are designed to provide accessible, affordable, and equitable healthcare services through financial support, infrastructure development, and community-based interventions.

1. National Health Mission (NHM): Launched in 2005, NHM is a flagship initiative that includes the **National Rural Health Mission (NRHM)** and **National Urban Health Mission (NUHM).** It focuses on strengthening healthcare delivery in underserved rural and tribal areas. Key strategies under NHM include setting up Sub-Centres (SCs), Primary Health Centres (PHCs), and Community Health Centres (CHCs), deploying Accredited Social Health Activists (ASHAs), and enhancing maternal and child health services through Janani Suraksha Yojana (JSY).

2. Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY): This scheme provides health insurance coverage of up to ₹5 lakhs per family per year for secondary and tertiary care hospitalization. Special provisions exist for tribal and marginalized populations. However, coverage in tribal districts remains low due to poor awareness and infrastructure.

3. Tribal Sub-Plan (TSP): Introduced in the 1970s, the TSP mandates earmarking of plan funds for tribal development across all sectors, including health. The Ministry of Tribal Affairs and Ministry of Health and Family Welfare jointly support tribal health projects under this mechanism. However, the utilization of funds under TSP has been inconsistent and often under-reported.

4. Mobile Medical Units (MMUs): To reach remote tribal areas with limited infrastructure, MMUs provide primary healthcare services, including antenatal care, immunization, and basic diagnostics. While effective in theory, challenges like irregular visits and lack of trained staff often limit their impact.

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5. Rashtriya Bal Swasthya Karyakram (RBSK): This child health initiative targets early detection of diseases, deficiencies, disabilities, and developmental delays in children aged 0–18 years. Tribal children are among the priority groups under this program.

6. ASHA and ANM Programs: ASHAs (Accredited Social Health Activists) and Auxiliary Nurse Midwives (ANMs) are frontline workers who bridge the gap between communities and health systems, especially in tribal belts. However, training, incentives, and retention remain key issues.

KEY CHALLENGES IN IMPLEMENTATION

Despite numerous government initiatives aimed at improving healthcare delivery in tribal regions, significant challenges persist in the implementation of these schemes. One of the foremost issues is **geographical inaccessibility**. Most tribal communities reside in remote, forested, or hilly terrains that are difficult to reach, especially during monsoons. Poor road connectivity, lack of public transport, and the absence of health facilities within accessible distances make it extremely difficult for tribal populations to avail timely healthcare services. This is compounded by the **shortage of healthcare infrastructure**, including an insufficient number of Primary Health Centres (PHCs), Community Health Centres (CHCs), and Sub-Centres. Even where facilities exist, they are often poorly equipped, with frequent shortages of essential medicines, diagnostic tools, and equipment. Additionally, **human resource deficits** are a persistent problem. Doctors, nurses, and specialists are often unwilling to serve in remote tribal areas due to lack of incentives, inadequate housing, poor security, and limited career growth opportunities. High absenteeism among health workers further weakens the system.

Cultural and linguistic barriers add another layer of complexity to health service delivery. Many tribal communities adhere to traditional healing practices and may mistrust modern medicine. Language differences between healthcare providers and tribal patients often lead to miscommunication and reduced treatment adherence. These issues are exacerbated by **low levels of education and health literacy**, making it difficult for tribal populations to understand disease symptoms, treatment protocols, or the benefits of government schemes. Even when people are aware of their entitlements under programs like Ayushman Bharat or Janani Suraksha Yojana, navigating the bureaucratic process to claim these benefits is often challenging.

From an administrative perspective, **fund mismanagement and poor interdepartmental coordination** frequently obstruct implementation. Funds allocated under the Tribal Sub-Plan or National Health Mission are sometimes delayed or underutilized due to bureaucratic red tape, lack of trained administrators, or political interference. There is also a significant gap in **community participation and**

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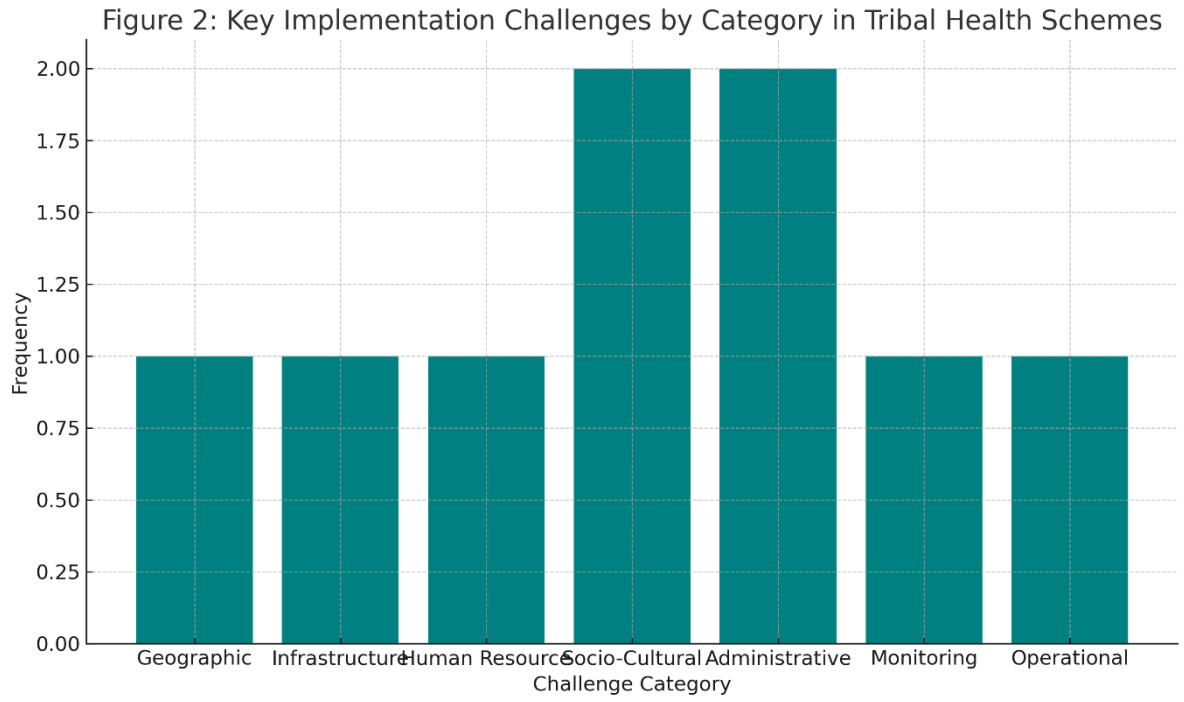
local ownership, which limits the acceptability and effectiveness of health interventions. Without engaging tribal leaders or integrating local health traditions, government schemes often fail to gain community trust.

Monitoring and evaluation mechanisms in tribal areas are often weak or non-existent. Health data collection is sporadic and inaccurate, limiting the ability to make evidence-based decisions. The absence of digital infrastructure further hampers real-time monitoring, which is critical for identifying bottlenecks and improving service delivery. In many tribal districts, **Mobile Medical Units (MMUs)** and telemedicine services, though introduced with promise, suffer from inconsistent operations and poor maintenance. Inadequate training and overburdened frontline workers like ASHAs and ANMs further diminish the effectiveness of last-mile delivery.



Case Studies and Regional Analysis

To better understand the practical challenges in implementing government health schemes in tribal areas, several regional case studies from across India highlight ground realities and region-specific barriers.

Odisha:

Home to a large tribal population, Odisha has implemented innovative programs like *Swasthya Mitras*

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and community health outreach camps. However, studies in districts like Malkangiri and Koraput reveal poor maternal health indicators, primarily due to limited institutional deliveries and lack of skilled birth attendants. Language barriers and deep-rooted traditional practices further discourage modern healthcare utilization.

Madhya Pradesh: Despite being covered under multiple national programs, tribal districts such as Dindori and Alirajpur continue to face high infant mortality and malnutrition. The Tribal Health Action Plan of the state has not translated effectively into local-level implementation due to delays in fund disbursement and inadequate health worker deployment.

Chhattisgarh: The state introduced Mobile Medical Units (MMUs) in remote Bastar and Dantewada regions. While the initiative increased outreach, irregular visits and lack of follow-up care limited long-term impact. Moreover, security concerns due to insurgency deter healthcare personnel from serving in tribal-dominated areas.

Jharkhand: In tribal districts such as Simdega and Latehar, the Ayushman Bharat scheme saw low enrolment rates due to lack of awareness and difficulties in accessing empanelled hospitals. Many tribal households were unaware of the scheme's benefits or faced challenges in documentation and claim processing.

North-East India: States like Arunachal Pradesh and Meghalaya, with high tribal populations, face challenges due to hilly terrain and dispersed settlements. Telemedicine pilot programs launched to bridge the access gap have faced infrastructural and technical setbacks.

These regional analyses reveal that despite the availability of health schemes, their success is uneven and largely dependent on contextual adaptability, local governance, and sustained community engagement. Tailored strategies are essential for ensuring inclusivity and efficacy of tribal healthcare delivery.

RECOMMENDATIONS

To enhance the effectiveness of government health schemes in tribal areas, a multi-dimensional and culturally sensitive approach is essential. First, **geographic accessibility** must be improved by strengthening road connectivity and expanding the network of Sub-Centres and Primary Health Centres in remote tribal regions. Deploying **Mobile Medical Units (MMUs)** with consistent schedules and improved logistics can provide interim relief in hard-to-reach areas.Second, **human resource development** is crucial. The government should offer financial and career incentives to attract doctors,

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nurses, and paramedics to serve in tribal belts. Local youth can be trained as **community health workers** to bridge language and cultural gaps and enhance trust in formal healthcare systems.Third, **health awareness and literacy campaigns** should be intensified using local languages and culturally appropriate mediums, such as folk media and tribal festivals. These efforts can improve the community's understanding of disease prevention, maternal health, and the benefits of government schemes like Ayushman Bharat and Janani Suraksha Yojana. Fourth, **community participation** must be institutionalized. Involving tribal leaders, local self-governments (Panchayats), and non-governmental organizations (NGOs) in health planning and monitoring will ensure that interventions are locally relevant and better accepted. Fifth, **digital inclusion** through telemedicine, biometric health cards, and mobile health apps can overcome infrastructure bottlenecks. However, investments in digital literacy and mobile connectivity are prerequisites for such innovations. Lastly, a robust **monitoring and evaluation framework** with real-time data collection and decentralized decision-making is needed to track progress, ensure transparency, and course-correct policies based on on-ground realities.By aligning healthcare delivery with the unique socio-cultural and geographic context of tribal populations, these recommendations aim to reduce disparities and promote inclusive, equitable healthcare access.

CONCLUSION

The persistent health inequities faced by tribal populations in India highlight the complex interplay of geographical, socio-cultural, infrastructural, and administrative barriers that hinder the effective implementation of government health schemes. Despite the presence of multiple national and state-level initiatives, including the National Health Mission, Ayushman Bharat, and Tribal Sub-Plan, the intended benefits often fail to reach the last mile in tribal regions. Challenges such as difficult terrain, shortage of healthcare personnel, cultural disconnects, low health literacy, and weak monitoring mechanisms continue to compromise service delivery and health outcomes.

This review underscores the need for a context-specific and inclusive approach to healthcare planning and execution. Tribal health cannot be improved through top-down schemes alone; it requires bottom-up engagement that respects local traditions, promotes trust, and builds capacity within the community. Successful case studies and regional innovations provide valuable insights, but their scalability depends on political will, financial investment, and consistent policy support.For India to achieve Universal Health Coverage and the Sustainable Development Goals, focused attention on tribal health must be more than a policy mandate—it must become a national priority. Strengthening infrastructure, ensuring health worker availability, enhancing community participation, and promoting digital and mobile

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healthcare solutions are key steps forward. A committed and culturally informed strategy can bridge the health divide and ensure that no tribal community is left behind.

DECLARATIONS

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- **Ethical Approval:** Not applicable (review article).

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