Evaluation of Policy-based Initiatives' Impact on Indian Tribal Populations: Current Circumstances and Potential for Development

ABSTRACT

Anomalies, complications and **difficulties**at policy, planning, implementation, administration levels, allied problems with both the educational and healthcare systems, content, curriculum, medium of instruction, pedagogy, supervision, monitoring, teacher/colleague interaction related hitches, social, economic, and cultural issues are some of the reasons why tribal communities continue to lag behind the general population in health and education. **To address the various problems along with other allied variables, several social and government programmes have been undertaken over time to improve the general living standard of tribes in India**. National and International scholarship schemes for higher education of ST Students, Pre-Matric Scholarship **Schemes** and Post-Matric Scholarship (PMS) Schemes are among them. The Government of India **has als**o achieved **several** milestones in the area of tribal health by launching various schemes and devising different portals such as **the**National Tribal Health Portal, The Sickle Cell Disease Support (SCD) Corner, ALEKH: A Learning Endeavour for Knowledge in Healthcare and, The Tribal Health Compendium etc. The fact that just launching programmes and schemes is not a panacea for the scourge of illiteracy among tribal masses. The benefits of these programmes have only recently reached them. **The tribal population'spopulation' lack of awareness of these plans, the distinctive character of their houses, and administrative officials' disinterest in implementing these schemes and programmes are barriers to ST education and health.**

Keywords: Indian tribes, Population, Education, Health, Government Schemes, Gaps.

INTRODUCTION

Heterogeneity is one of the defining characteristics of Indian society. A more or less homogeneous group of people who share a **joint**governance, a shared dialect, and a common culture constitutes a tribe. When the British first started writing about Indian society, the word 'tribe' was used in a broad sense to refer to both a group of individuals who claimed to be descended from the same ancestor and a group living under primitive or barbarous conditions (Carsten, 2024; Xaxa, 1999). In 1950, the Indian Constitution's Article 342 gave tribes the legal designation of "Scheduled Tribes." Scheduled Tribes make up a sizable section of the Indian population. **The scheduled tribe population accounts for 8.6% of the country's overall population, according to the 2011 census. The Constitution of India and the Central Government made steps soon after independence to prioritize the needs of the tribal population and promote comprehensive inclusion, resulting in equitable and sustainable living for the tribal population.** In 1999, a tribal ministry known as the 'Ministry of Tribal Affairs' was established to look after all issues concerning India's Scheduled Tribes, such as education, economic welfare, and public cooperation (Annual report, MoTA, 2021; 2024). **In India, tribal communities have been examined not only about caste but also about farmer society. Approximately 400 tribes in Indian civilization have been formally designated as scheduled tribes by law (Xaxa, 1999).** Over 8% of the tribal population around the world lives in India, along with the **most significan**t concentrations in states such as Assam, Bihar, Chhattisgarh, Jharkhand, Mizoram, Meghalaya, Nagaland, Orissa, and West Bengal (Bainwad, 2016; ClearIAS Team, 2024). Figure 1 depicts the tribal populace map of India.

Figure 1: Scheduled Tribe map of India.

In India, some attitudes about the concept of "tribe" have developed. These include the lack of organization of state structures, the multiple functions of kinship bonds, **the**all-pervasiveness of religion, the segmented character of **units**of socioeconomic, frequently co-operated common goals, a brief history; different taboos, traditions, and ethical codes;the dormitory for teenagers, a lower standard of technology, commonly used names, territories, decline, languages, and traditions, among others (Pathy, 1992; Ghate et al., 2013).

**Throughout the years, India's central and state governments have taken various steps to uplift the socioeconomic state of the country's tribal population.** The Tribal Sub Plan Strategy (TSP Strategy) has existed since 1974-75. **As seen by Census 2011 and other socioeconomic survey data, these initiatives have resulted in some advances for Scheduled Tribes regarding several indices related to livelihood, low education, healthcare, and other topics. Nonetheless, essential disparities in the development of human indicators between the general population and Scheduled Tribes are identified.** The Government has strategized the overall **growth** and welfare of tribal communities throughout the country through various interventions, **including** providing necessary assistance for literacy, healthcare, cleanliness, livelihood, water supply, and other areas to improve their economic, educational, and social conditions. The Ministry of Tribal Affairs supplements these endeavours by filling crucial gaps. **Most development** operations are initiated through various schematic programs by Central Ministries and State Governments (Business Standard, 2024). Schemes and programmes for scheduled tribes' education, government initiatives in conjunction with NGOs for tribal education and health, and government initiatives for scheduled tribes' healthcare are some of the projects listed below.

HEALTHCARE CHALLENGES OF INDIAN TRIBES:

The future and current health features of tribal societies and their inhabitants are heavily influenced by socio-political and economic organization. The tribal people **have** a distinct yet similar socio-political structure that **heavily emphasizes chieftainship**. Tribal health has a **unique but understandable**interaction with nature. **On the one hand, they are very similar to and believe in paranormal powers in treating or curing health-related difficulties; on the other hand, they are considerably inclined toward forest sources and natural things, which directly impact the health status of the majority, women in particular.** The distances between villages and forest regions had risen due to excessive tree cutting by powerful interests, causing the folklore to trek long distances in quest of essentials and face **significant** consequences of uneven development and growth (Basu, 2000).

Malnutrition is **another thorny** issue in tribal health (Shrivastava, 2018). Various factors, **including illiteracy**, harsh physical surroundings, malnutrition, poor access to drinkable water, and lacking behind in sanitation and self-hygiene, **turn**the tribal population closely prone to illness in mountainous or forested locations (Saha et. al, 2018) Malnutritionamong children under the age of five has also been observed to be **exceptionally**high. The newly released National Family Health Survey (NFHS)-4 report confirms what many people already knew: despite advances. The level of malnutrition among STs has remained high, significantly higher than the sum of all groups. **According to the survey, 44 % of children in tribal below the age of five in India have a low height for their age or are stunted, 45 % have a low weight for their age or are underweight, and 27 per cent are wasted (low weight for height)**(Shrivastava, 2018).**Nutritional deficiencies cause diseases such as endemic goitre, anaemia, pellagra, and beriberi. Tribals' health is affected by unsanitary food supply, contaminated water, and inadequate nutrition (Murthy, 2011).** One of the most significant barriers to tribal populations receiving health care is their poor economic conditions, low income, and financial restraints, which have an impact on the care they get, leaving them in a perpetual condition of disease and unattended, leading to **an**increased number of deaths (Tribal Health Report, 2024; www.nhm.gov.in, 2011).

**In particular, the traditional health care system is in jeopardy among native groups' health care and practises**. Indigenous and cultural wisdom that tribes have with them is likewise in a constant state of flux and transformation. As a result, earnest attempts should be made to mainstream tribal**health, medicine** **and**practises. To mainstream them with modern ways of living, bold measures and steps must be taken. The well-being and health of the tribal population should be everyone's obligation, including all stakeholders and members of society. On the national health policy's model, a national tribal health policy should be developed and executed. **It should catalyze change in human behaviour and lifestyle (Tribal Health Report, 2024; www.nhm.gov.in, 2011).**

GLITCHES IN INDIAN TRIBAL EDUCATION:

Tribes are considered **a**minority in their communities, and due to a lack of educational and technical skills, they**cannot**obtain suitable employment possibilities (MoTA, Annual report, 2021, 2014; Vyas and Mann, 1980). External (problems and difficulties at implementation, strategy, policy and administration levels), internal (**issues**with the system of school, curriculum, content, instruction medium, pedagogy, supervision of academics, monitoring, and problems related to**teachers**), and socioeconomic (relates to social, economic, and cultural issues) are some of the reasons why tribal groups are lagging behind the population in general in terms of education (related with first-generation learners) (Sujatha, 2008).

**According to government planners, education is critical in assisting tribal people in coping with national integration. Their education also determines their future riches, success, and security. Tribes that are either deprived of or neglectful of education suffer.**In comparison to the overall population's literacy rate of 29.34 per cent, tribal peoples in India have a literacy rate of only 6%. **The federal and state governments have spent much money on tribal youngsters' education, but the outcomes have been disappointing.**According to the Scheduled Castes and Scheduled Tribes Commissioner, there will be no change in tribal welfare unless exploitation is combated and abolished via education. Education can serve as a foundation for integrated development in tribal territories. According to government reports, there is no shortage of schools, other facilities, or scholarships to execute tribal education programmes. These incentives, on the other hand, are unappealing to the majority of tribal members. As a result, the Government's ambition of assimilation of the tribes remains unrealized, raising fundamental problems regarding how such policies and tactics should be implemented (Mahipal, 2021).

EDUCATION SCHEMES AND PROGRAMS FOR SCHEDULED TRIBES

Pre-Matric Scholarship Scheme

This scheme was launched on July 1, 2012, for children from Scheduled Tribes in classes IX and X who are in need. Its twin goals are to help guardians of Scheduled Tribe students with their children's education in grades IX and X in order to lower the dropout rates, particularly during Primary to secondary school transition and during elementary school, and to improve students' participation in grades IX and X of the Pre-Matric level for their better performance. The scheme's other requirements included things like:

**The**income of Parents from any source should not be more than Rs. 2.00 lakhs per year, with the suggested revision to Rs. 2.50 lakhs every year.

Scholarships are given at Rs. 150 every month for Day Scholars and Rs. 350 every month for Hostellers for a specific period of ten months annually. It is suggested that Day Scholars' fees should be raised from Rs.150 to Rs.225 monthly, and Hostellers' fees be raised from Rs.350 to Rs.525 monthly.

**India's Government will provide State/UT Administrations with 75:25 (90:10 for the Northeast Region and Hilly areas) central assistance.**

**The state government or UT administration should award scholarships.**

**For the financial year (FY) 2021-22, the total funds released for Pre-Matric Scholarship was 320.63 crore. For the fiscal year 2021-22, the largest amount of money was allocated to Madhya Pradesh, whereas no money was allocated to Uttar Pradesh** (Annual report, MoTA, 2021, 2024).

Post-Matric Scholarship (PMS) Scheme

This scheme applies to students enrolled in any recognized course at a recognized institution with a Matriculation or higher qualification. **Parents' annual Income** should not be more than Rs. 2.50 lakhs from all sources. **Fees must** be paid compulsorily and collected by institutions of education, according to the State Fee Fixation Committee's ceiling and **scholarship amount** (Rs. 230 to Rs. 1200 monthly, **according to the study duration**). The Government of India provides central aid to State Governments/UT Administrations in 75:25 proportion (90:10 for NER and Hilly areas). The State Government/UT Administration distributes scholarships. Out of a total budget of 1993 crores, the total money released for Post-Matric Scholarships is 1338.31 crores, covering 15 states (FY 2021-22). Madhya Pradesh received the most funds under the respective scheme for **2021-22.**(93.90 cr) (Annual report, MoTA, 2021, 2024).

Scholarship for Higher Education of ST Students (previously known as Top Class Education)

This scholarship is awarded to students belonging to **the** Scheduled tribe who wish to pursue studies in prescribed disciplines at any of the 246 institutes of excellence recognized by the country's Ministry, such as NIITs, AIIMS, IITs, IIMs, and so on. A total of 1000 scholarships are awarded each year. The total annual Income of a family should not exceed Rs. 6.00 lakhs. Tuition, living expenses, and book and computer allowances are all included in the scholarship sum. **One thousand one hundred forty-three people benefited from the** Top Class Scholarship, which cost 7.59 crores out of a total budget of 30 crores (Annual report, MoTA, 2021, 2024).

National Fellowship Scheme

Each year, 750 fellowships are awarded to students belonging to Scheduled **tribes** to pursue Ph. D. and M. Phil. studies in India. **UGC guidelines award fellowships, JRFs will be paid Rs. 25,000, and SRFs will be paid Rs. 28,000. A total of 1884 fellowship scholars have benefited from this scheme, funded with 34.59 crores from a budget of 120 crores. Most of those who benefit from it are pursuing higher education, like doctoral programmes like Ph. D. (Annual report, MoTA, 2021, 2024).**

National Overseas Scholarship Scheme for Higher Studies Abroad

This programme gives financial help to chosen students who wish to pursue post-graduate, doctoral, or post-doctoral studies in another country. Every year, a total of 20 scholarships are given out. **There are 17 ST awards and three student awards that belong to VTG, i.e., Vulnerable Tribal Groups. Total Income of parents or family should be Rs. 6.00 lakhs per year or below that.** For candidates in the United Kingdom, a yearly maintenance allowance of £9900/-, an annual contingency and equipment allowance of £1116/-, tuition costs as per actuals, and other acceptable fees are supplied. Maintenance allowance of $15400/- per year, contingency & equipment allowance of $1532/- per year, tuition costs **about** actuals, and other permissible fees are granted to students in the United States. Candidates from other countries will be charged in US dollars or equivalent currency. Scholarships are distributed by the Ministry of External Affairs/Indian Missions in **differen**t countries. The beneficiaries of the National Overseas Scholarship total 29 (18 males and 11 females) from 13 states. 17 are for PhD programmes, **two** are for post-doctoral programmes, and the rest are for Masters and Post-graduation programmes from seven nations. From the total budget of 3 crores for the fiscal year (FY) 2021-22, 2.4 crores have been disbursed.

The MoTA web has been connected with Digi Locker for Fellowship and Overseas Scholarship applications, allowing documents stored in Digi Locker to be instantly collected and shown on the application form. Furthermore, the Fellowship portal has been integrated with all 331 Universities where 4794 Scholars are pursuing fellowship programmes through the "Verification Module," where the University's Nodal officer who is registered can view documents uploaded by Scholar and documents available on Digi-locker and approve or reject the application digitally. It has saved time and verified fraud. **These e-initiatives have resulted in a paradigm change from manual paper-based UC monitoring to data-driven online tracking. On the Performance Dashboard**and the Prayas Dashboard, district-level data on beneficiaries and funds released for all five programmes are available. For "Empowerment of Tribals through IT-enabled Scholarship Schemes," MoTA received the 66th SKOCH Gold Award. In a national evaluation study conducted by KPMG, the NITI Aayog recognized the Ministry of Tribal Affairs' Direct Benefit Transfer (DBT) Portal as a best **practice** in e-governance that has resulted in greater transparency, **accountability** and radical improvement in service delivery to Scheduled Tribe students (Annual report, MoTA, 2021, 2024). A brief overview of educational schemes for STs is represented in Figure 2.

Figure 2: Educational Schemes for Scheduled Tribes by Government of India.

GOVERNMENT INITIATIVES IN COLLABORATION WITH NGOS FOR TRIBAL EDUCATION

Residential Schools:  **This project attempts to provide educational opportunities to underprivileged tribal children who cannot receive a good education due to the lack of a school in their area and the high expense of life and schooling in regions outside their immediate vicinity.** **The Ministry of Education releases funds under the EMRS scheme (Fig. 3) for school construction, upgrades, and ongoing expenses for all grades VI through XII students.** The Government is committed to providing tribal youngsters with a high-quality education. **To** provide the finest quality facilities, the recurrent expenditures per student per annum **have significantly** increased from Rs. 42,000 in 2017-18 to Rs. 61,500 in 2018-19 and then to Rs. 1,09,000 in 2019-20. According to census 2011 data, there are 564 such sub-districts across the country, with an EMRS in only **102. As**a result, by 2022, 462 more schools will have to be built (Annual report, MoTA, 2021, 2024).

Figure 3: A brief overview of Residential Schools

Non- Residential Schools: The school provides free teaching and mid-day meals to the students. The scheme also covers the costs of clothing, books, stationery, medical aid, and other incidental expenses (Annual report, MoTA, 2021, 2024).

Hostels: The goal of this initiative is to provide dormitory facilities to tribal students who have completed their **primary** or secondary education at schools near their villages but are unable to continue their**studies**due to the lack of institutions in the area and the high expense of living in cities (Annual report, MoTA, 2021, 2024).

Strengthening Education among Scheduled Tribe (ST): The "Strengthening Education among Scheduled Tribe (ST) girls in Low Literacy Districts" scheme is a gender-specific programme that began in 1993-94 for ST girls living in low literacy areas. The plan was amended in 2008-09 and went into force on April 1, 2008 (Annual report, MoTA, 2021, 2024).

LITERACY RATES GAPS

**According to Census data, India's literacy rate among STs increased from 47.1 per cent in 2001 to 59 per cent in 2011. During the same period, the literacy rate among ST males climbed from 59.2 per cent to 68.5 per cent, while the literacy rate among ST girls increased from 34.8 per cent to 49.4 per cent. The overall literacy rate has risen from 64.8 per cent in 2001 to 73 per cent in 2011. The literacy rate of STs is around 14 percentage points lower than the overall literacy rate in India. Gaps in literacy rates of STs as opposed to the rest of India in terms of persons, men, and females for 1991, 2001, and 2011 show a steady drop. Figure 4 depicts a list of literacy rates based on Census data from 1961 onwards (MoTA, Annual report, 2021, 2024).**

Data Source: Annual Report 2020-21, 2024 (MoTA)

Figure 4: Literacy Rates Gaps (Census data from 1961 onwards).

TRIBAL HEALTH IN INDIA: ENCUMBRANCES

Communicable diseases, maternity and child health issues, and malnutrition are still prevalent.

Non-communicable disorders, such as mental stress and addiction, are on the rise.

Accidental injuries, snake and animal bites, and conflict-related violence.

Difficult natural conditions **result**from physical terrain, distances, and harsh environments.

Worse social-economic drivers, including water and sanitation.

Inadequate and low-quality healthcare services with limited access and coverage, as well as low outputs and results.

**There are severe shortages of health human resources at all levels. Foreign specialists are unwilling to serve in tribal communities, and the health system fails to train and employ local potential human resources.**

Most states do not allocate or use the legitimate and necessary financial share for most tribal health. The actual expenditure on tribal health is not transparently accounted for.

**Inadequate data, monitoring, and evolution obscure all of the issues above.**

Political disempowerment of tribal people at all levels, from the individual to the national, exacerbates these issues (www.nhm.gov.in, 2011).

TRIBAL HEALTH STATUS

The status of Infant Mortality Rate (IMR), Under Five Mortality Rate (U5MR), and anaemia in women for STs and All categories is revealed in the National Family Health Survey (NFHS)-4, which was done by the Ministry of Health & Family Welfare during 2015-16. (MoTA, Annual report, 2021, 2024). Figure 5 displays the tribal health status based on NFHS -4.

Data Source: Annual Report 2020-21, 2024 (MoTA)

Figure 5: Tribal health status.

Nutritional Status of Children under the age of 5 years

Figure 6 shows the percentage of children under the age of five years classified as malnourished according to nutritional status: stunted (height-for-age), wasted (weight-for-height), and underweight (weight-for-age) based on data from the National Family Health Survey (NFHS)-3 and 4 conducted by the Ministry of Health and Family Welfare in 2005-06 and 2015-16, respectively. Although data show that the nutritional health of ST children has improved throughout the year, there are still considerable gaps (MoTA, Annual report, 2021, 2024).

Data Source: Annual Report 2020-21, 2024 (MoTA)

Figure 6: Comparison of prevalence of nutritional status.

CHILDREN'S IMMUNIZATION STATUS

Table 1 shows the vaccination status of ST and all category children aged 12-23 months who received full immunization and no vaccination. By the age of 12 months, children are considered fully vaccinated if they have received**tuberculosis**(BCG) vaccine, three doses of the diphtheria, whooping cough (pertussis), and tetanus (DPT) vaccine, three doses of the poliomyelitis (polio) vaccine (excluding the polio vaccine given at birth), and one dose of the measles vaccine (MoTA, Annual report, 2021, 2024).

Table 1. Vaccination status of ST and all category children.

Source

Full Immunization

No Vaccination

ALL

ST

ALL

ST

NFHS-3 (2005-06)

43.5

31.3

5.1

11.5

NFHS-4 (2015-16)

62

55.8

6

9.2

Source: National Family Health Survey (NFHS), M/o H&FW

HEALTH INFRASTRUCTURAL DEVELOPMENT IN TRIBAL AREAS

According to the figures published by the Ministry of Health and Family Welfare on the Rural Health Infrastructure in Tribal Areas, there are 28682 Sub Centres (SCs), 4211 Primary Health Centres (PHCs), and 1022 Community Health Centres (CHCs) in operation as of March 31, 2019. In 2019, the number of existing Sub Centres increased by 591, PHCs by 240, and CHCs by 5. As of March 31, 2019, there was a deficiency of 7054 SCs, 1204 PHCs, and 326 CHCs in tribal communities in India compared to the required. There is also a significant shortage of Sub-Centres in Madhya Pradesh (2067), Rajasthan (1653), and Karnataka (833). Madhya Pradesh has 463 PHCs in need, followed by Rajasthan with 251 and Jharkhand with 247. Madhya Pradesh has the most CHC shortfalls (101), followed by Rajasthan (54) and Maharashtra (50) (MOTA, Annual report, 2021, 2024). Table 2 shows the required infrastructure for rural health care.

Centre

Population Norms

Plain Area

Hilly/ Tribal/ Difficult Area

Sub- Centres

5000

3000

Primary Health Centre

30,000

20,000

Community Health Centre

1,20,000

80,000

Table 2. Required infrastructure for rural health care.

Some government measures have been seen to help tribals overcome the aforementioned difficulties. The health outcomes of **India's tribal and non-tribal populations** are vastly different. The near complete lack of statistics and information on the health and nutrition status of various tribal tribes exacerbates the problem. This is frequently the main bottleneck for decision-makers when **designing policies** and initiatives to close these gaps. **The Knowledge Management (KM) Centre of Excellence intends to fill knowledge gaps in tribal health and nutrition. It collects data, information, lessons learned, and best practices from various sources, including partner ministries, tribal research institutes (TRIs), and non-governmental organizations (NGOs) working in tribal areas.**It has developed Swasthya: National Tribal Health Portal as a one-stop solution to enhance the sharing of ideas, information, and learnings across stakeholders, resulting in evidence-based and data-driven decision-making (Ministry of Tribal affair, Swathya Portal, 2021, 2024).

GOVERNMENT INITIATIVES FOR HEALTHCARE OF SCHEDULED TRIBES

**The** government have taken numerous initiatives **to improve** **the** healthcare of Scheduled Tribes in India, as shown in Figure 6. The Centre of Excellence (CoE) was able to **analyze** the landscape of information **available on tribal health and identify organizations operating in this field quickly. The Centre of Excellence (CoE) has reached several significant milestones, including the launch of Swasthya: National Tribal Health Portal, a one-stop destination for tribal health and nutrition information in India.**

Establishment of Sickle Cell Disease Support (SCD) Corner - **a**patient-driven web-based registration system that collects all information about Sickle Cell Disease (SCD) among tribal people in India, including providing them with a platform to register themselves if they have the disease or the trait.

ALEKH: A Learning Endeavour for Knowledge in Healthcare was founded. **It is a quarterly e-newsletter that highlights recent developments in tribal health**, with an emphasis on interventions, innovations, case studies, and field champions.

Tribal Health Compendium – A compendium that uses the NFHS-4 dataset to present district/cluster level health and nutrition data tailored to the tribal people (Ministry of Tribal **Affairs**, Swathya portal, 2021, 2024).

Figure 6: Government **Initiatives** for Healthcare of Scheduled Tribes in India.

TRIBAL HEALTH AND NUTRITION PROJECTS DEVELOPED IN CONJUNCTION WITH NGOS

Mobile Dispensaries: **The organization will provide free medical services to tribals living in rural villages/hamlets through a mobile dispensary/clinic.**The scheme offers an annual Grant-in-Aid to cover regular expenses such as salaries for doctors and other employees, as well as the price of purchasing a vehicle or jeep and other equipment (MoTA, Annual report 2021, 2024).

Ten or more Bedded Hospitals: **This project aims to assist non-profit organizations in operating hospitals with ten or more beds in tribal villages where government services are lacking. These little hospitals mainly serve outside patients but also provide services for inside patients.** Furniture and fittings, hospital equipment, ambulances, and a generator set are among the items purchased with assistance, as are routine expenses such as honoraria to doctors, nurses, and other employees, drug procurement, and building hire charges, among other things (MoTA, Annual report 2021, 2024).

CONCLUSION & FUTURE PERSPECTIVES

The **leading**cause of STs' backwardness in our country is illiteracy. STs' engagement in school has been hampered for a variety of reasons. Simply initiating programmes and schemes would not solve the problem of illiteracy among tribal people. The benefits of these programmes have only recently reached them. The ST's Education is hampered by a lack of understanding of these schemes among the tribal masses, the distinctive nature of their houses, and administrative authorities' disinterest in implementing these schemes and programmes. **Issues of social and economic marginalization and deprivation of indigenous knowledge must be addressed using appropriate intervention methods such as systematic and scientific evaluation,**planned and phased intervention, policy advocacy, and large-scale resource utilization and mobilization. To enhance the level of education, public awareness **campaigns** and programmes should be carried out with the assistance of community-based organizations (CBOs) and non-governmental organizations (NGOs). Where there is no educational infrastructure and access to it is impossible, **mobile-based outreach programmes should be done at the very least every month**. A comprehensive plan of strategies should be created at the local governance level to enhance literacy.

**Similarly, it is necessary to document local and traditional healthcare knowledge and practises and raise awareness about scientific healthcare methods and education.**The modern health care system, particularly primary health centres, should be equipped with all modern facilities, and health staff should be appointed in these areas to the national health policy's minimal standard, with regular services provided. Magico-religious healthcare techniques should be in accord with modern and scientific therapeutic methods. **However**, among the tribes, magico-religious methods of healing ailments are **widespread**and popular.**It should not be entirely eradicated but instead dealt with more scientifically. Traditional knowledge has its significance in the context of tribal health. In addition, advanced healthcare methods are becoming increasingly important in today's world. As a result, the current healthcare practices and old methods must be integrated into a new medical and healthcare system since the Indigenous community has a high rate of malnutrition. As a result, Anganwari Centers should be strengthened to address the issue of child malnutrition.**More funding for Anganwadi facilities would undoubtedly be able to address children's health difficulties, particularly the problem of malnutrition. For tribal health and education, more responsive and transparent governance should be encouraged at all levels of Government. As a result, more medical personnel and teachers from the indigenous community should be hired to cope with it. **It will close the gap between healthcare and educational services for tribes and the tribes themselves. It will also assist them in taking advantage of government programmes on education, healthcare, and other issues.**

REFERENCES

Bainwad, RR. (2016). Some Tribes in India: In Recent Scenario. Journal of Socio-Educational & Cultural Research, 2(5): 15-18.

Basu, S. (2000). Dimensions of Tribal Health in India. Health and Population perspectives and Issues, 23(2): 61-70. http://medind.nic.in/hab/t00/i2/habt00i2p61.pdf

Bose, NK. (1971). Tribal Life in India. In: India- The land and people. National Book Trust, New Delhi, India.

Brahmanandam, T., & Bosu, B. (2015). State of Primary Education among Tribals: Issues and Challenges. Artha Journal of Social Sciences, 14(4): 127-127.

Business Standard. (2024). Socio Economic Upliftment of Tribals. https://www.business-standard.com/article/government-press-release/socio-economic-upliftment-of-tribals-115031600594\_1.html

Carsten, J. (2024). Tribe anthropology. Encyclopaedia Britannica. https://www.britannica.com/topic/culture

ClearIAS Team. (2024). Major Tribes in India: State-wise compilation. https://www.clearias.com/major-tribes-in-india/

Mahipal, B. (2021). Tribal education in India. Cultural Survival. https://www.culturalsurvival.org/publications/cultural-survival-quarterly/tribal-education-india

Negi, DP., & Singh, MM. (2019). Tribal Health in India: A Need For a Comprehensive Health Policy. International Journal of Health Sciences & Research, 9(3), 299-305.

Gautam, N. (2013). Education of Scheduled Tribe in India: Schemes and Programmes. Journal of education and practice, 4(4): 7-10.

Ghate, R., Ghate, S., Ostrom, E. (2013). Cultural norms, cooperation, and communication: taking experiments to the field in indigenous communities. International Journal of the Commons, 7(2): 498–520.

Mandelbaum, DG. (1970). Society in India: Continuity and change (Vol. 1). Univ. of California Press, Berkeley, California, United States.

Ministry of Tribal Affairs (2021). Annual report. https://tribal.nic.in/downloads/Statistics/AnnualReport/AREnglish2021.pdf

Ministry of Tribal Affairs (2024). Annual report. Ministry of Tribal Affairs (2021). Annual report. URL: https://tribal.nic.in/downloads/Statistics/AnnualReport/AREnglish2021.pdf

Murthy, P. (2011). Health Care System in Tribal Areas-An Insight (With Reference to Andhra Pradesh State, India). Available at SSRN 1747341.

Negi, DP., & Singh, MM. (2019). Tribal health in India: a need for a comprehensive health policy. Int. J. Health Sci. Res., 9(3): 299-305.

Pathy, J. (1992). 'The Idea of Tribe and the Indian Scene' in Buddhadeb Chaudhun, Tribal Transformation in India, Vol. III, InterIndia Publications, New Delhi, India.

Sujatha, R. (2008). Barriers in Career Growth of Women Managers: An Indian Scenario. Asia-Pacific Bussiness Review, 4(3), 108-112.

Saha, UC., & Saha, KB. (2018). Health Care for India" s remote Tribes. Kurukshetra: A Journal on Rural Development, 67(1), 27-30.

Shrivastava, S. (2018). Why Undernutrition Persists in India' Tribal Population. The Wire, Foundation of Independent Journalism (FJI). https://thewire.in/health/why

Swathya portal. (2021). Tribal Health & Nutrition Portal. Ministry of Tribal Affairs (MoTA). Government of India. https://swasthya.tribal.gov.in/home

Swathya portal. (2024). Tribal Health & Nutrition Portal. Ministry of Tribal Affairs (MoTA). Government of India. https://swasthya.tribal.gov.in/home

Tribal Health Report. (2024). Tribal health in India: bridging the gap and a roadmap for the future. Report of the expert Committee on tribal health, Ministry of Health & Family Welfare, Ministry of Tribal Affairs, Government of India.

Vyas NN., & Mann RS. (1980). Indian Tribes in Transition. Rawat Publications, pp.11, New Delhi, India.

Xaxa V. (1999). Transformation of tribes in India: Terms of discourse. Economic and political weekly, 34(24): 1519-1524.