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Do you agree with this sketch of the scenario? If not, please describe the scenario in tribal areas of your state as you view it. What steps are necessary to bring it at an optimal level?	No. There is no private doctor practicing in Southern group of islands. Only Govt. institutions are providing entire health care services and medical facilities free of cost. The requisite staff has been posted to the medical institutions in the tribal areas.
24. In some tribal areas which have health institutions like hospitals, there is, generally, absence of services of super-specialties. Please spell out the position in your state in this regard.	There is no facility or services of Super Specialist available in entire A&N Islands. However, when the Super Specialist are invited from mainland for providing consultancy services in this UT, their service are extended to the tribal areas also.
25. Generally, it is found that there is shortage of para-medical staff in the remote tribal areas. What action has the State Government taken to meet the shortage? One method is to strengthen the existing training institutions and to open new training schools. Has the State Government considered such measures? If so, please spell out the action taken or proposed to be taken.	There is no shortage of para-medical workers in tribal areas. All the PHC/CHC & District Hospitals have tribal and non-tribal doctors / para medical workers/Nurses.
26. Non-tribal doctors are reluctant to serve in remote tribal areas. Do you think that the requirement of medical degree could be dispensed with in the tribal areas by starting a 3-year condensed course for preparing tribal doctors who would accept posting in tribal areas willingly? Local people may also accept such a change. Have the State Government any proposal in this regard?	The majority of tribal population is living in Nicobar District, as the Nicobar District comprises the major part of the Tribal areas. There is a prescribed tenure of 2 years for service in the Nicobar District for the Govt. Servants including the Doctors and paramedical servants. There is no reluctance from non-tribal doctors/paramedics to work in tribal areas, however for their dedicated services special incentive should be recommended.
27. Apart from the physical infrastructure planning indicated in paras 18, 19 and 20 above, therapeutic planning also is necessary. This requires study of the local disease patterns of the concerned tribal group/tribal area and problems like falls, accidents, burns, animal bites etc. Generally speaking, though there may be prevalence of common diseases like malaria, filaria, TB, leprosy, STD, diarrhoea, dysentery, skin diseases/disorders, certain specific ailments are known to occur among certain groups of tribals i.e. sickle-cell disease and Glucose-6-Phosphate	The Medical Institutions like CHC, PHC and sub-centres in the tribal areas can popup with occurrence of common diseases in the tribal areas. They are provide sufficient medicines well in time so as to meet such situation.