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34. Some reports indicate that funds earmarked for specific schemes/programme are diverted. Please mention instances and the nature of the diversions.	No.
35. In respect of non-communicable diseases also, intervention has taken the form of National Goitre Control Programme, National Blindness Control Programme, National Cancer Control Programme, National Mental Health Programme, Integrated Non-Communicable Disease Programme etc. What has been the impact of these Programmes on occurrence of non-communicable diseases among the tribal population in your state? Please support your answer with facts and figures.	All these programmes have brought overall changes in the health scenario of this territory so far morbidity and mortality status of tribals is concerned.
36. The State Government would be aware of the increasing dual disease burden of communicable and non-communicable diseases on tribals because of persisting poverty along with on-going demographic, life-style and environmental transition. What steps have the State Government taken to reduce this burden? Since the issue calls for a policy, have the State Government contemplated it?	There was no incidence of such increase in communicable diseases both in the non tribal and tribal areas of these Islands.
37. It has been observed that whatever rudiments of health-care exist in tribal areas serve the administration's goal-targets rather than those of tribals. As a result, health-care services are not suitable or appropriate at the level of planning and non-operative at the level of implementation. What is the reaction of the State Government to this observation? If the situation in the State does not correspond to this observation, please set it out fully.	The health infrastructure in the tribal areas is about one third of the entire health infrastructure of the UT as a whole, which provides medical coverage to the whole tribal population, which is 9.5% of the total population of the UT.
38. The general experience is that sanitation and hygiene have been neglected in tribal areas. What is the situation in your state? What action is being taken or proposed to be taken to pay adequate attention to these two aspects?	Sanitation and hygiene in tribal areas are comparable to the non-tribal areas in these islands. Health education on sanitation and personal hygiene is a continuous process in all the tribal areas through the health educators and paramedical workers and supervisors.