

GOVERNMENT OF INDIA
MINISTRY OF WOMEN & CHILD DEVELOPMENT

LOK SABHA
UN-STARRED QUESTION NO. 855
TO BE ANSWERED ON 14.12.2018

CHILD SEX RATIO

855. DR. MANOJ RAJORIA:
SHRI RAMSINH RATHWA:

Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

- (a) whether the Government is aware that Scheduled Tribe population particularly children and mothers in India suffers from high degree of malnutrition, if so, the details thereof during the last three years, State/UT-wise;
- (b) the steps taken by the Government to tackle this situation;
- (c) whether the Government has accorded priority to provide better healthcare facilities especially to the tribal women and children in the country and if so, the details thereof and if not, the reasons therefor; and
- (d) the steps taken by the Government for improving the Maternal Mortality Rate due to malnutrition and declining Child Sex Ratio in respect of the tribal population?

ANSWER

MINISTER OF STATE IN THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT
(DR. VIRENDRA KUMAR)

- (a): As per the recent report of National Family Health Survey (NFHS) – 4 conducted by Ministry of Health and Family Welfare in 2015-16, 45.3% Scheduled Tribe children under 5 years of age are underweight, 43.8% are stunted and 76.8% are anaemic. Further, 31.7% Scheduled Tribe women (15-49 years of age) have chronic energy deficiency (BMI less than 18.5) and 59.8% are anaemic. The State-wise details are at Annexure-I & II.
- (b): This Ministry is implementing several schemes and programs like Anganwadi Services, Scheme for Adolescent Girls and Pradhan Mantri Matru Vandana Yojna under the Umbrella Integrated Child Development Services Scheme as direct targeted interventions to address the problem of malnutrition throughout the country including for Tribal population. Government has also set up POSHAN Abhiyaan, which aims to prevent and reduce prevalence of stunting, underweight and anaemia among children (0-6 years), prevalence of anaemia among women (15-49 years) and reduction in prevalence of low birth weight in the country in a time bound manner.
- (c): The National Health Mission (NHM) framework provides for a separate chapter for Health in tribal areas. The Framework allows innovative approaches and differential norms for Tribal areas.
 - All tribal districts whose composite health index is below the State average have been identified as high priority districts and receive more resources per capita under the NHM as compared to the rest of the districts in the State.
 - State governments have been advised to provide higher allocation to the high priority districts in the ratio of 1:1.3 per unit of population.
 - All Aspirational Districts have been included into high priority districts and out of 256 identified new high priority district, 101 are tribal districts.

(d): Under the National Health Mission (NHM), following are some of the important steps taken to reduce maternal deaths in the country:

- Janani Suraksha Yojana (JSY), a demand promotion and conditional cash transfer scheme is implemented with the objective of reducing Maternal and Infant Mortality by encouraging institutional deliveries.
- Under Janani Shishu Suraksha Karyakram (JSSK), every pregnant woman is entitled to free delivery, including caesarean section in public health institutions. This also includes free transport, diagnostics, medicines, other consumables, food and blood, if required.
- Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) has been launched to provide fixed-day assured comprehensive and quality antenatal care universally to all pregnant women on the 9th of every month. While antenatal care is routinely provided to pregnant women, special ANC services are provided by OBGY specialists/ Radiologist/ Physicians at government health facilities under PMSMA.
- 'LaQshya - Labor room Quality improvement Initiative' launched on 11th Dec 2017.
- Special provision of birth waiting homes under NHM in tribal areas.
- Maternal Death Surveillance and Response (MDSR) is implemented to take corrective action for averting maternal deaths.
- Funds are provided for strengthening of 'Delivery Points' for provision of comprehensive Reproductive, Maternal, New Born Child Health and Adolescent (RMNCH+A) services. Placing quality emergency obstetric care services at "Delivery Points" is a priority area.
- Maternal and Child Health (MCH) Wings are established at high caseload facilities.
- Operationalization of Comprehensive Abortion Care Services and services for Reproductive Tract Infections and Sexually Transmitted Infections (RTI/STI).
- Mother and Child Tracking System (MCTS) and Mother and Child Tracking Facilitation Centre (MCTFC), a name-based web-enabled system to track every pregnant women and child.
- Operational guidelines for Universal screening of Gestational Diabetes Mellitus, screening for hypothyroidism for high risk group during pregnancy, training of General Surgeons for performing Caesarean Section, calcium supplementation & de-worming during pregnancy and promotion of birth companion during delivery have been disseminated.
- Monthly Village Health and Nutrition Days (VHND) are organized as an outreach activity at Anganwadi centres for provision of maternal and child care including nutrition.
- Over 10 lakhs Accredited Social Health Activists (ASHAs) have been engaged to facilitate access of health care services by the community, particularly pregnant women.
- Under the National Iron+ Initiative, iron and folic acid supplementation is given across life stages including pregnant, lactating women and adolescent girls.
- Regular IEC/BCC is conducted.

Additionally, Ministry of Tribal affairs approves projects by the Project Appraisal Committee every year and funds are released under the "Special Central Assistance (SCA) to Tribal Sub Scheme (TSS)" and State Grants under Article 275(1) to the concerned State Governments for improvement of Health facilities among tribal people including tribal women. The concerned States have been instructed that at least one-third of the total beneficiaries should be women/ girls.

In order to address the declining Child Sex Ratio, Beti Bachao Beti Padhao Scheme (BBBP) is implemented, which addresses the issues of women empowerment and aims to change mindsets to value girl child. It is a tri-ministerial effort of Ministries of Women and Child Development, Health & Family Welfare and Human Resource Development. The key elements of the scheme include nation-wide awareness and advocacy campaign and multi-sectoral interventions, which include tighter enforcement of Pre-Conception & Pre-Natal Diagnostic Techniques (PC&PNDT) Act, Pre-Natal/ Post Natal care of mother, improve enrolment of girls in schools, construction of girl's toilets, community engagement/ training etc. The Scheme is currently implemented in all 640 districts (as per census 2011) of the Country through Multi-sectoral intervention and alert District Media & Advocacy in 405 districts and alert District Media & Advocacy in 235 districts. The scheme is administered through District appropriate authority by providing 100% financial grant-in-aid to the selected districts and funds are directly transferred to the concerned districts.

Statement referred to in reply to Part (a) of Lok Sabha Unstarred Q. No. 855 to be for 14.12.2018

Prevalence of Malnutrition among Scheduled Tribe Children (under 5 years) as per NFHS-3 and 4

S. No.	State	Stunting		Underweight		Anaemia	
		NFHS-3	NFHS-4	NFHS-3	NFHS-4	NFHS-3	NFHS-4
1	Andaman & Nicobar	--	--	--	--	-	-
2	Andhra Pradesh	54.9	31.7	41.5	47.4	76.3	74.2
3	Arunachal Pradesh	44.3	30.5	29.6	18.1	51.4	47.5
4	Assam	38.1	28.2	18.2	18.5	77.2	37.4
5	Bihar	--	48.2	--	46.8	-	68
6	Chandigarh	--	--	--	--		
7	Chhattisgarh	51.6	42.2	52.8	43.8	78	48.2
8	Delhi	--	--	--	--	-	-
9	Dadra Nagar Haveli	--	--	--	--	-	-
10	Daman & Diu	--	--	--	--	-	-
11	Goa	35.9	25.7	43.9	24.4	25.4	44.4
12	Gujarat	60.9	47.5	64.5	51.6	82.9	56.7
13	Haryana	--	32.5	--	28.9		72.1
14	Himachal Pradesh	28.1	22.3	25	20.3	63.3	67
15	Jammu & Kashmir	39.5	32.3	35.7	26.3	61	49.4
16	Jharkhand	54.5	48.8	64.3	55.1	79.5	78.4
17	Karnataka	51	39.3	41.9	40.3	80.6	63.7
18	Kerala	--	23.9	--	21.6	-	49.9
19	Lakshadweep	--	--	--	--	-	-
20	Madhya Pradesh	56.4	48.2	71.4	51.5	82.5	76.1
21	Maharashtra	57.8	45.4	53.2	49.4	67.6	59.4
22	Manipur	45.6	34.3	24.2	12.6	40	19.8
23	Meghalaya	55.4	44.3	48.5	28.6	65	40.1
24	Mizoram	--	27.2	--	11.6	-	18.6
25	Nagaland	37.2	28.9	23	16.3	-	21.8
26	Odisha	57.2	45.5	54.4	48.5	80.1	58.4
27	Punjab	--	--	--	--	--	--
28	Puducherry	--	--	--	--	--	--
29	Rajasthan	48.8	49.3	46.8	52.1	73.7	74
30	Sikkim	45.2	29.6	18	14.2	59.9	58.3
31	Tamil Nadu	--	25.7	--	33	-	45.9
32	Telangana	--	34.7	--	35.4	-	66.5
33	Tripura	30.7	24.9	36.5	20.9	77.1	54.8
34	Uttar Pradesh	68.5	50.9	61.2	46	78.8	65.7
35	Uttarakhand	47.9	34.9	50.4	29.9	72.4	61.7
36	West Bengal	58.6	37.3	59.7	42	86.3	68.1
37	India	53.9	43.8	54.5	45.3	76.8	66.3

Statement referred to in reply to Part (a) of Lok Sabha Unstarred Q. No. 855 to be for 14.12.2018

Prevalence of Malnutrition among Scheduled Tribe Women (15-49 years) as per NFHS-3 and 4

S. No.	State	Underweight		Anaemia	
		NFHS-3	NFHS-4	NFHS-3	NFHS-4
1	Andaman & Nicobar	-	-	-	-
2	Andhra Pradesh	43.5	28.8	69.1	71.8
3	Arunachal Pradesh	12.7	6.4	41.6	35.8
4	Assam	20	14.4	74.1	48.5
5	Bihar	-	29.2		64.4
6	Chandigarh	-	-	-	-
7	Chhattisgarh	50.3	34	74	55.9
8	Delhi	34.6	-	59.5	-
9	Dadra Nagar Haveli	-	-	-	-
10	Daman & Diu	-	-	-	-
11	Goa	41.2	26.7	39.5	33.6
12	Gujarat	61.6	40.6	74.2	59
13	Haryana	-	24.4	-	64.8
14	Himachal Pradesh	29.3	15.6	54.6	58.9
15	Jammu & Kashmir	28.7	21	54.1	37.9
16	Jharkhand	47.2	34.9	85	75
17	Karnataka	48.7	23.6	56.8	46.8
18	Kerala	42.6	20.1	51.9	48
19	Lakshadweep	-	-	-	-
20	Madhya Pradesh	49.8	34.4	73.9	64
21	Maharashtra	51.6	38.3	58.9	53.9
22	Manipur	11.9	7.1	28.4	20
23	Meghalaya	12.1	11	47.9	50.8
24	Mizoram	-	8.3	-	24.4
25	Nagaland	16.0	11.6	-	23
26	Odisha	51.3	36.5	73.8	63.3
27	Punjab	-	10.7		69.2
28	Puducherry	-	-	-	-
29	Rajasthan	49.3	37.5	65	63
30	Sikkim	9.6	4	58.6	34.6
31	Tamil Nadu	60.2	18.2	36	54.9
32	Telangana	-	29.2	-	66.2
33	Tripura	23.7	14.2	74	55.3
34	Uttar Pradesh	46.4	29.8	35.2	57.6
35	Uttarakhand	49.5	21.5	71.4	55.6
36	West Bengal	55.6	33.2	78	75.5
	India	46.6	31.7	68.5	59.9