

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA
UNSTARRED QUESTION. No. 1611
TO BE ANSWERED ON 11TH FEBRUARY 2022**

DEATH OF TRIBAL CHILDREN DUE TO MALNUTRITION

1611: PROF. SOUGATA RAY

Will the **MINISTER of HEALTH AND FAMILY WELFARE** be pleased to state:

- a) the cases of death of tribal children reported in the country due to malnutrition and lack of treatment facilities during the last three years, State/UT-wise;
- b) the steps taken to ensure availability of food and medical facilities for tribal community in the country;
- c) whether any State/UT is lagging behind in arranging such facilities to the tribal people; and
- d) if so, the details thereof and the corrective action taken thereon?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY
WELFARE
(DR. BHARATI PRAVIN PAWAR)**

(a) to (d)

Malnutrition is not a direct cause of deaths in children; however, it can increase morbidity and mortality by reducing resistance to infections. As per NFHS-5 (2019-21), the Under-5 Mortality Rate in India is 41.9 per 1000 live births. The Government is implementing several schemes and programmes of different Ministries to ensure availability of food for the tribal communities.

In order to bring down child mortality all across the country including in tribal areas, the Government is supporting all States/UTs in implementation of Reproductive, Maternal, New-born, Child, Adolescent health and Nutrition (RMNCAH+N) strategy as a life cycle approach under National Health Mission (NHM) based on the Annual Program Implementation Plan (APIP) submitted by States/UTs.

Interventions for improving Child survival:

- **Facility Based New-born Care:** Sick New-born Care Units (SNCUs) are established at District Hospital and Medical College level, New-born Stabilization Units (NBSUs) are established at First Referral Units (FRUs)/ Community Health Centres (CHCs) for care of sick and small babies.
- **Community Based care of New-born and Young Children:** Under Home Based New-born Care (HBNC) and Home-Based Care of Young Children (HBYC) program, home visits are performed by ASHAs to improve child rearing practices and to identify sick new-born and young children including tribal children in the community.
- **Mothers' Absolute Affection (MAA):** Early initiation and exclusive breastfeeding for first six months and appropriate Infant and Young Child Feeding (IYCF) practices are promoted under Mothers' Absolute Affection (MAA).

- **Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS)** initiative implemented since 2019 for reduction of Childhood morbidity and mortality due to Pneumonia.
- **Universal Immunization Programme (UIP)** is implemented to provide vaccination to children including tribal children against life threatening diseases such as Tuberculosis, Diphtheria, Pertussis, Polio, Tetanus, Hepatitis B, Measles, Rubella, Pneumonia and Meningitis caused by Haemophilus Influenzae B. The Rotavirus vaccination has also been rolled out in the country for prevention of Rota-viral diarrhoea. Pneumococcal Conjugate Vaccine (PCV) has been introduced in all the States and UTs.
- **Rashtriya Bal SwasthyaKaryakaram (RBSK):** Children from 0 to 18 years of age are screened for 30 health conditions (i.e. Diseases, Deficiencies, Defects and Developmental delay) under Rashtriya Bal SwasthyaKaryakaram (RBSK) to improve child survival. District Early Intervention Centres (DEICs) at district health facility level are established for confirmation and management of children including tribal children screened under RBSK.
- **Nutrition Rehabilitation Centres (NRCs)** are set up at public health facilities to treat and manage the children with Severe Acute Malnutrition (SAM) admitted with medical complications.
- **Intensified Diarrhoea Control Fortnight / Defeat Diarrhoea (D2)** initiative implemented for promoting ORS and Zinc use and for reducing diarrhoeal deaths.
- **Anaemia Mukht Bharat (AMB) strategy** as a part of POSHAN Abhiyan aims to strengthen the existing mechanisms and foster newer strategies to tackle anaemia which include testing & treatment of anaemia in school going adolescents & pregnant women, addressing non nutritional causes of anaemia and a comprehensive communication strategy.
- **Capacity Building:** Several capacity building programs of health care providers are taken up for improving maternal and child survival and health outcomes.
- Village Health Sanitation and Nutrition Days (VHSNDs) are observed for provision of maternal and child health services and creating awareness on maternal and child care in convergence with Ministry of Women and Child Development. Health and nutrition education through mass and social media is also promoted to improve healthy practices and to generate demand for service uptake.
- Mother and Child Protection Card is the joint initiative of the Ministry of Health & Family welfare and the Ministry of Woman and Child Development which addresses the nutrition concerns in children including tribal children, pregnant women and lactating mothers.

The other programmes/ schemes under different ministries are being implemented to improve the nutritional status are as under:

Ministry of Women and Child Development is implementing Anganwadi Services, a centrally sponsored flagship programme to improve the nutritional status of women and children including tribal children. The scheme provides package of six services i.e. Supplementary Nutrition, Pre School Non-formal Education, Nutrition and Health Education, Immunization, Health Check-ups and Referral services.

Under the Ministry of Consumer Affairs, Food and Public Distribution, the National Food Security Act, (NFSA) legally entitles upto 75% of the rural population and 50% of the urban population to receive subsidized foodgrains under Targeted Public Distribution System.

About two thirds of the population therefore is covered under the Act to receive highly subsidized foodgrains.

Also, in order to address anaemia and micro-nutrient deficiency in the country, Government of India approved Centrally Sponsored Pilot Scheme on "Fortification of Rice & its Distribution under Public Distribution System" for a period of 3 years beginning in 2019- 20. 15 State Governments namely Andhra Pradesh, Kerala, Karnataka, Maharashtra, Odisha, Gujarat, Uttar Pradesh, Assam, Tamil Nadu, Telangana, Punjab, Chhattisgarh, Jharkhand, Uttarakhand & Madhya Pradesh consented and identified their respective Districts (1 District Per State) with total outlay of Rs 174.64 Cr. Ministry of Consumer Affairs, Food and Public Distribution in association with Ministry of Women & Child Development and Department of School Education & Literacy has planned to distribute fortified rice under ICDS/ Pradhan Mantri Poshan Shakti Nirman - PM POSHAN (erstwhile Mid-Day Meal Scheme{MDM}) across the country during this year in an effort to scale up the distribution of fortified rice in the country to help in fighting deficiency of micro-nutrients like Iron, Folic Acid & Vitamin B-12

Pradhan Mantri Poshan Shakti Nirman - PM POSHAN (erstwhile Mid-Day Meal Scheme{MDM}) under Ministry of Education provides supplementary feeding to school going children including tribal children.

The Government of India has been implementing POSHAN (Prime Minister Overarching Scheme for Holistic Nourishment) Abhiyaan, to address malnutrition in India through convergence, behaviour change, IEC advocacy, training and capacity building, innovations and demand generation.