

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

**LOK SABHA
UNSTARRED QUESTION NO. 5532
TO BE ANSWERED ON 04/04/2025**

ANAEMIA AMONG TRIBAL WOMEN

5532. SHRI S JAGATHRATCHAKAN:

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

- (a) the details of the measures being taken by the Government to increase the rate of institutional deliveries among tribal women, given that it remains the lowest at 70.1%;
- (b) the steps being implemented to address the high prevalence of anaemia among tribal women, affecting 65% of those in the age group of 15-49 years; and
- (c) the details of the targeted programmes to improve their nutritional and health status?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY
WELFARE
(SMT. ANUPRIYA PATEL)**

(a): As per the National Family Health Survey - 5 (2019-21) India report, the institutional delivery of the country, including tribal women, is 88.6%. Under National Health Mission (NHM), the Government of India (GoI) has undertaken various steps to improve the institutional delivery across all States and Union Territories, including tribal areas. These include:

- **Janani Suraksha Yojana (JSY)** is a demand promotion and conditional cash transfer scheme for promoting institutional delivery.
- **Janani Shishu Suraksha Karyakram (JSSK)** entitles every pregnant woman to free delivery, including caesarean section, in public health institutions along with the provision of free transport, diagnostics, medicines, blood, other consumables and diet.
- **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** provides pregnant women a fixed day, free of cost assured and quality antenatal checkup by an obstetrician/Specialist/Medical Officer on the 9th day of every month. **Extended PMSMA** strategy was launched to ensure quality ANC to pregnant women, especially to high-risk pregnancy (HRP) women, and individual HRP tracking until a

safe delivery is achieved through financial incentivization for the identified high-risk pregnant women and accompanying ASHA for extra three visits over and above the PMSMA visit.

- **Surakshit Matritva Aashwasan (SUMAN)** provides assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and newborn visiting public health facilities to end all preventable maternal and newborn deaths.
- **Birth Waiting Homes (BWH)** are established in remote and tribal areas to promote institutional delivery and improve access to healthcare facilities.
- **Monthly Village Health, Sanitation and Nutrition Day (VHSND)** is an outreach activity at Anganwadi centers for provision of maternal and child care including nutrition in convergence with the Ministry of Women and Child Development (MoWCD).
- **Outreach camps** are provisioned to improve the reach of health care services, especially in tribal and hard-to-reach areas. This platform is used to increase awareness for the Maternal and Child health services and community mobilization as well as to track high-risk pregnancies.

(b) and (c): The Ministry of Health and Family Welfare implements Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH+N) strategy in a life cycle approach under National Health Mission (NHM), which includes interventions to improve health and nutritional status of children and women including tribal women across the country, as placed below:-

- **Anemia Mukht Bharat (AMB)** strategy is implemented to reduce anemia among six beneficiaries age group - children (6-59 months), children (5-9 years), adolescents (10-19 years), pregnant and lactating women and in women of reproductive age group (15-49 years) in life cycle approach through implementation of six interventions via robust institutional mechanism.
- Under **National Deworming Day (NDD)** albendazole tablets are administered in a single fixed day approach via schools and Anganwadi centres in two rounds (February and August) to reduce the soil transmitted helminth (STH) infestation among all children and adolescents (1-19 years).
- Provision of affordable, accessible and quality care to all Sickle Cell Disease (SCD) patient under **National Sickle Cell Anaemia Elimination Mission (NSCAEM)** for reduction in the prevalence of SCD along with awareness creation, targeted screening in affected districts of tribal areas and counselling through collaborative efforts of Central Ministries and State Governments.
- Additionally, the **Ministry of Tribal Affairs** has sanctioned 15 Centres of Competence (CoCs) across the country, as part of its effort to achieve the objectives of National Mission to Eliminate Sickle Cell Anaemia by 2047.
- **Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan (PM JANMAN)** has 11 critical interventions for Particularly Vulnerable Tribal Groups (PVTGs) families and

habitations, for provision of basic facilities, including one ANM in Multi-Purpose Centers (MPCs) with basic drugs & diagnostics, up to 10 MMUs/district in PVTG areas under NHM and saturation of PVTGs as beneficiaries under PMJAY.

- **Dharti Aaba Janjatiya Gram Utkarsh Abhiyan (DA-JGUA)** aims to provide Ayushman Card to the uncovered tribal household under PMJAY and provision of MMUs to cover left-out villages under NHM in tribal majority villages and villages with significant ST population of Aspirational blocks.
- Under **National Health Mission (NHM)**, tribal areas have relaxed norms for establishment of healthcare infrastructure and human resources for need-based intervention.
