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

**LOK SABHA**
**UNSTARRED QUESTION NO. 2478**
**TO BE ANSWERED ON 13th FEBRUARY 2026**

# MALNUTRITION, INFANT MORTALITY AND MATERNAL MORTALITY AMONG TRIBAL

**2478. SHRI BENNY BEHANAN:**

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

(a) the prevalence of malnutrition, infant mortality and maternal mortality among tribal communities in the country, State/UT-wise, particularly in Kerala;
(b) whether the Government is aware of reports of starvation deaths and lack of access to primary healthcare services in tribal hamlets of Kerala;
(c) the funds allocated and utilised under tribal health schemes during the last three years; and
(d) the steps taken by the Government to improve last-mile healthcare delivery in remote tribal areas?

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

**(a)** As per National Family Health Survey 5 (2019-21), the prevalence of malnutrition among scheduled tribes across the country and in the State of Kerala are as placed at **Annexure I.**
The information as available in the Sample Registration System 2023 Report of Registrar General of India (SRS-RGI report) regarding the Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR) at the National and State/ UT level including State of Kerala is placed at **Annexure II and III.**

(b) and (d) The Ministry of Health and Family Welfare is implementing Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH+N) strategy in a life cycle approach under National Health Mission (NHM) to address health and nutrition concerns among children and women across the country, including remote areas and schedule tribes across the state of Kerala as placed below:

1. **Nutrition Rehabilitation Centres (NRCs)** are set up at public health facilities to provide in-patient medical and nutritional care to children under 5 years of age suffering from Moderate and Severe Acute Malnutrition (MAM and SAM) with medical complications. In addition to curative care, special focus is given on improving the skills for mother and caregivers on complete age-appropriate caring and feeding practices.
2. **Anaemia Mukt Bharat (AMB)** is implemented to reduce prevalence of anaemia among six beneficiary groups - Children 6-59 months, Children 5-9 years, Adolescents 10-19 years, Pregnant women, lactating mother and Women of Reproductive Age (20-49 years). The interventions are Prophylactic Iron and Folic Acid Supplementation, deworming among children 1-19 years and pregnant women, Intensified Behaviour Change Communication (BCC) Campaign, Provision of IFA fortified food in government funded public health program and addressing non-nutritional causes of anaemia in endemic pockets with special focus on malaria, haemoglobinopathies and fluorosis, implemented via robust institutional mechanism.
3. **Mothers' Absolute Affection (MAA) Program** is implemented to improve breastfeeding coverage emphasizing on early initiation of breastfeeding and exclusive breastfeeding for first six months followed by age-appropriate complementary feeding practices through capacity building of frontline health workers and comprehensive IEC campaigns.
4. **Lactation Management Centres** are established to ensure availability of Mother's Own Milk or safe, pasteurized Donor Human Milk for feeding of sick, preterm, low birth weight babies admitted in Neonatal Intensive Care Units and Special Newborn Care Units.
5. Under **National Deworming Day (NDD)**, albendazole tablets are administered in a single fixed day approach via schools and anganwadi centres to reduce worm infestation among all children (1-19 years).
6. In **Vitamin A Supplementation Programme**, all children age 6–59 months are administered Vitamin A dose every 6 months in two rounds during Village Health Sanitation and Nutrition Days or in campaign approach.
7. **Facility Based Newborn Care:** Special New-born Care Units (SNCUs) are established at District Hospital and Medical College level, Newborn Stabilization Units (NBSUs) are established at First Referral Units (FRUs)/ Community Health Centres (CHCs) for care of sick and small babies.
8. **Community Based care of Newborn 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 newborn and young children in the community.
9. **Janani Shishu Suraksha Karyakram (JSSK)** entitles all pregnant woman delivering in public health institutions to have absolutely free and no expense delivery, including caesarean section. The entitlements include free drugs, consumables, free diet during stay, free diagnostics, free transportation and free blood transfusion, if required. Also, Sick infant up to one year of age is entitled to free treatment in public health institutions along with the provision of free transport, diagnostics, medicines, blood and consumables.

**10.** **Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS)** initiative implemented since 2019 for reduction of childhood morbidity and mortality due to Pneumonia.

**11.** **STOP Diarrhoea** campaign is implemented for promoting use of ORS and Zinc and for reducing morbidity and mortality due to childhood diarrhoea.

**12.** **Rashtriya Bal Swasthya Karyakram (RBSK):** Children from 0 to 18 years of age are screened for 32 health conditions (i.e. Diseases, Deficiencies, Defects and Developmental delay) under Rashtriya Bal Swasthya Karyakram (RBSK) to improve child survival. District Early Intervention Centres (DEICs) at district health facility level are established for confirmation and management of children screened under RBSK.

**13.** **Janani Suraksha Yojana (JSY)** is a demand promotion and conditional cash transfer scheme for promoting institutional delivery.

**14.** **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** provides pregnant women a fixed day, free of cost, assured and quality antenatal check up by a Specialist/Medical Officer on the 9th day of every month.

**15.** **Extended PMSMA** strategy ensures quality antenatal care (ANC) to pregnant women, especially to high-risk pregnant (HRP) women and individual HRP tracking until a safe delivery is achieved by means of financial incentivization for the identified high-risk pregnant women and accompanying ASHA for extra 3 visits over and above the PMSMA visit.

**16.** **Surakshit Matritva Aashwasan (SUMAN)** provides assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every pregnant woman and new-born visiting public health facilities to end all preventable maternal and newborn deaths.

**17.** **Optimizing Postnatal Care** aims to strengthen the quality of post-natal care by laying emphasis on detection of danger signs in mothers and incentivization of Accredited Social Health Activists (ASHAs) for prompt detection, referral & treatment of such high-risk postpartum mothers.

**18.** **Functionalization of First Referral Units (FRUs)** by ensuring manpower, blood storage units, referral linkages to improve the access to quality of care for pregnant women

**19.** **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 including nutrition in convergence with Ministry of Women and Child Development.

**20.** **Outreach camps** are provisioned for improving the reach of health care services especially in tribal and hard to reach areas. This platform is used to increase the awareness for the Maternal & Child health services, community mobilization as well as to track high-risk pregnancies.

**21.** **Birth Waiting Homes (BWH)** are established in remote and tribal areas to promote institutional delivery and improve access to healthcare facilities.

**22.** **Mother and Child Protection (MCP) Card and Safe Motherhood Booklet** are distributed to the pregnant women for educating them on diet, rest, danger signs of pregnancy, benefit schemes and institutional deliveries.

**23.** **Regular IEC/BCC** is also a part of all the schemes for greater demand generation. Health and nutrition education through mass and social media is also promoted to improve healthy practices and to generate demand for service uptake.

(c) The State/UT-wise details of Central funds released ST category-wise under National Health Mission (NHM) from F.Y. 2022-23 to 2024-25 are placed at **Annexure IV.**

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**Annexure referred to in the reply to part (a) of Lok Sabha Unstarred Question No. 2478 for answer on 13.02.2026**

**Annexure I**

**State/UT-wise prevalence of malnutrition in children under age 5 years among scheduled tribes**

| S No. | State/UT | Children under 5 years who are stunted | Children under 5 years who are wasted | Children under 5 years who are underweight |
|---|---|---|---|---|
| **INDIA** | | **40.9** | **23.2** | **39.5** |
| 1 | Andaman & Nicobar | 21.9 | 15.8 | 18.1 |
| 2 | Andhra Pradesh | 44.5 | 20 | 45.2 |
| 3 | Arunachal Pradesh | 27.9 | 13.2 | 13.7 |
| 4 | Assam | 31.0 | 19.1 | 26.4 |
| 5 | Bihar | 46.9 | 23.8 | 45.9 |
| 6 | Chandigarh | 61.9 | 61.9 | 61.9 |
| 7 | Chhattisgarh | 38.6 | 21.0 | 36.0 |
| 8 | DNH&DD | 50.5 | 23.9 | 51.4 |
| 9 | Delhi | 36.2 | 9.9 | 31.7 |
| 10 | Goa | 27.1 | 21.2 | 14.7 |
| 11 | Gujarat | 46.1 | 30.3 | 49.1 |
| 12 | Haryana | 22.2 | 12.7 | 20.6 |
| 13 | Himachal Pradesh | 31.3 | 15.0 | 20.3 |
| 14 | Jammu & Kashmir | 28.3 | 19.3 | 24.7 |
| 15 | Jharkhand | 45.1 | 25.7 | 47.4 |
| 16 | Karnataka | 41.2 | 22.2 | 36.7 |
| 17 | Kerala | 32.4 | 14.8 | 21.8 |
| 18 | Ladakh | 34.8 | 17.4 | 22.6 |
| 19 | Lakshadweep | 36.1 | 16.6 | 23.7 |
| 20 | Madhya Pradesh | 40.4 | 21.2 | 39.5 |
| 21 | Maharashtra | 43.1 | 33.9 | 46.3 |
| 22 | Manipur | 27.1 | 10.2 | 12.7 |
| 23 | Meghalaya | 46.4 | 11.9 | 25.9 |
| 24 | Mizoram | 28.7 | 9.5 | 12.6 |
| 25 | Nagaland | 32.7 | 17.9 | 26.2 |
| 26 | Odisha | 42.9 | 22.7 | 42.1 |
| 27 | Puducherry | 0 | 0 | 0 |
| 28 | Punjab | 27.7 | 0 | 16.9 |
| 29 | Rajasthan | 35.4 | 18.7 | 31.9 |
| 30 | Sikkim | 23 | 10.4 | 16 |
| 31 | Tamil Nadu | 28.4 | 20.3 | 30.7 |
| 32 | Telangana | 34.3 | 23.5 | 33.5 |
| 33 | Tripura | 34.4 | 20.4 | 30.7 |
| 34 | Uttar Pradesh | 47.1 | 23.4 | 47.3 |

| | | | | |
|---|---|---|---|---|
| 35 | Uttarakhand | 25.3 | 10.5 | 16.8 |
| 36 | West Bengal | 37.7 | 25.6 | 43.3 |

**Source: NFHS-5, 2019-21**

**Annexure referred to in the reply to part (a) of Lok Sabha Unstarred Question No. 2478 for answer on 13.02.2026**

**Annexure II**

**State/UT-wise Infant Mortality Rate**

| S No. | State/UT | Infant Mortality Rate |
|---|---|---|
| | **INDIA** | **25** |
| 1 | A&N Islands | 9 |
| 2 | Andhra Pradesh | 19 |
| 3 | Arunachal Pradesh | 20 |
| 4 | Assam | 30 |
| 5 | Bihar | 23 |
| 6 | Chandigarh | 7 |
| 7 | Chhattisgarh | 37 |
| 8 | D&N Haveli and Daman & Diu | 9 |
| 9 | Delhi | 14 |
| 10 | Goa | 6 |
| 11 | Gujarat | 20 |
| 12 | Haryana | 26 |
| 13 | Himachal Pradesh | 14 |
| 14 | Jammu & Kashmir | 14 |
| 15 | Jharkhand | 29 |
| 16 | Karnataka | 14 |
| 17 | Kerala | 5 |
| 18 | Ladakh | 4 |
| 19 | Lakshadweep | 9 |
| 20 | Madhya Pradesh | 37 |
| 21 | Maharashtra | 14 |
| 22 | Manipur | 3 |
| 23 | Meghalaya | 34 |
| 24 | Mizoram | 13 |
| 25 | Nagaland | 10 |
| 26 | Odisha | 30 |
| 27 | Puducherry | 7 |
| 28 | Punjab | 17 |
| 29 | Rajasthan | 29 |
| 30 | Sikkim | 6 |
| 31 | Tamil Nadu | 12 |
| 32 | Telangana | 18 |
| 33 | Tripura | 15 |
| 34 | Uttar Pradesh | 37 |
| 35 | Uttarakhand | 20 |
| 36 | West Bengal | 17 |

**Source: Sample Registration System, RGI 2023 Report**

*Unit: Per 1000 live births*

**Annexure referred to in the reply to part (a) of Lok Sabha Unstarred Question No. 2478 for answer on 13.02.2026**

**Annexure III**

**State-wise Maternal Mortality Ratio**

| S No. | State/UT | Maternal Mortality Ratio |
|---|---|---|
| | **INDIA** | **88** |
| 1 | Andhra Pradesh | 30 |
| 2 | Assam | 110 |
| 3 | Bihar | 104 |
| 4 | Jharkhand | 54 |
| 5 | Gujarat | 51 |
| 6 | Haryana | 89 |
| 7 | Karnataka | 68 |
| 8 | **Kerala** | **30** |
| 9 | Madhya Pradesh | 142 |
| 10 | Chhattisgarh | 146 |
| 11 | Maharashtra | 36 |
| 12 | Odisha | 153 |
| 13 | Punjab | 90 |
| 14 | Rajasthan | 86 |
| 15 | Tamil Nadu | 35 |
| 16 | Telangana | 59 |
| 17 | Uttar Pradesh | 141 |
| 18 | Uttarakhand | 91 |
| 19 | West Bengal | 104 |

**Source: Registrar General of India Sample Registration System 2021-23**

**Annexure referred to in the reply to part (c) of Lok Sabha Unstarred Question No. 2478 for answer on 13.02.2026**

**Annexure IV**

**State/UT-wise Central funds* released ST category-wise under National Health Mission(NHM) from FY 2022-23 to FY 2024-25**

(Rs in crores)

| S. No. | State/UT | 2022-23 | 2023-24 | 2024-25 |
|---|---|---|---|---|
| 1 | Andaman and Nicobar Islands | 0.00 | 0.00 | 3.10 |
| 2 | Andhra Pradesh | 130.16 | 76.50 | 88.37 |
| 3 | Arunachal Pradesh | 124.85 | 172.99 | 113.07 |
| 4 | Assam | 262.34 | 169.84 | 159.66 |
| 5 | Bihar | 30.39 | 24.50 | 35.74 |
| 6 | Chhattisgarh | 311.13 | 256.28 | 307.03 |
| 7 | Goa | 3.88 | 2.90 | 7.08 |
| 8 | Gujarat | 128.10 | 226.41 | 201.92 |
| 9 | Himachal Pradesh | 58.55 | 32.88 | 43.00 |
| 10 | Jammu and Kashmir | 14.45 | 47.78 | 49.08 |
| 11 | Jharkhand | 212.29 | 165.04 | 253.05 |
| 12 | Karnataka | 103.40 | 70.55 | 132.79 |
| 13 | Kerala | 46.64 | 3.16 | 103.49 |
| 14 | Madhya Pradesh | 429.36 | 293.60 | 572.98 |
| 15 | Maharashtra | 321.66 | 277.31 | 234.18 |
| 16 | Manipur | 18.74 | 30.32 | 33.49 |
| 17 | Meghalaya | 134.56 | 141.61 | 33.57 |
| 18 | Mizoram | 67.37 | 63.34 | 30.33 |
| 19 | Nagaland | 49.68 | 112.32 | 91.93 |
| 20 | Odisha | 454.37 | 316.26 | 472.97 |
| 21 | Punjab | 0.00 | 0.00 | 5.71 |
| 22 | Rajasthan | 142.88 | 232.87 | 324.85 |
| 23 | Sikkim | 22.30 | 16.43 | 13.48 |
| 24 | Tamil Nadu | 15.81 | 90.58 | 27.09 |
| 25 | Tripura | 54.48 | 54.77 | 43.02 |
| 26 | Uttar Pradesh | 187.84 | 189.84 | 40.84 |
| 27 | Uttarakhand | 20.43 | 38.54 | 74.42 |
| 28 | West Bengal | 75.21 | 50.88 | 30.75 |
| 29 | Telangana | 50.87 | 41.38 | 93.25 |

**Source: NHM Finance**

*The above releases relate to Central Govt. Grants & do not include State share contribution.

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