

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

**LOK SABHA
UNSTARRED QUESTION NO. 4781
TO BE ANSWERED ON 20TH MARCH, 2026**

MALNUTRITION IN SCHEDULE TRIBE COMMUNITIES

4781. DR. D RAVI KUMAR:

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

- (a) whether the Government is aware that, as per National Family Health Survey (NFHS-5) findings and provisional health indicators for 2024–25, Scheduled Tribe (ST) communities continue to record disproportionately high levels of malnutrition and anaemia, with over 67 per cent of Schedule Tribe (ST) women affected, alongside limited access to primary healthcare in remote areas of the country and if so, the details thereof;
- (b) the steps taken under the Tribal Health Programme including expansion of Mobile Medical Units, telemedicine and strengthening of Health and Wellness Centres in tribal dominated districts of the country;
- (c) whether the Government has reviewed health and nutrition outcomes under the Particularly Vulnerable Tribal Groups (PVTG) Development Mission launched in 2023–24 and if so, the details thereof; and
- (d) the additional measures proposed, in convergence with the Health Ministry to reduce maternal and child mortality, anaemia and disease burden among tribal populations in the country?

ANSWER

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY
WELFARE
(SHRI PRATAPRAO JADHAV)**

(a) to (d): The National Health Mission (NHM) provides support for improvement in health infrastructure, availability of adequate human resources in health facilities, to improve availability and accessibility to quality healthcare across the country including all tribal dominated districts.

The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system, based on the proposals received in the form of Programme Implementation Plans (PIPs) under NHM. Approval is provided to the proposals in the form of Record of Proceedings (RoPs) as per norms & available resources. The details of RoPs issued to States/UTs, are available at following web link:

<https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=1377&lid=744>

There are various mechanisms and survey agencies which generate data on tribal healthcare

on a periodic basis. National Family Health Survey (NFHS) provides details on major changes in malnutrition, anaemia and maternal health indicators among all the high-burden tribal districts across the country. Census of India provides population and household details including tribal areas. National Sample Survey provides household surveys on various socio-economic subjects. The State-wise list of key indicators NFHS-5 may be extracted from below mentioned link:

<https://www.nfhsiips.in/nfhsuser/publication.php>

Under NHM, norms have been relaxed for tribal/hilly/hard-to-reach areas to strengthen healthcare access. Population criteria for setting up of Sub Health Centres (SHCs), Primary Health Centres (PHCs) and Community Health Centres (CHCs) have been reduced to 3,000, 20,000 and 80,000 respectively. One Accredited Social Health Activist (ASHA) is allowed per habitation instead of per 1,000 population, and up to 4 Mobile Medical Units (MMUs) per district are permitted in tribal and hard-to-reach areas, compared to 2 in plain districts.

Under the Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan (PM-JANMAN), launched on 15th November, 2023 by MoTA, further relaxation in NHM norms has been provided up to 10 MMUs per district with Particularly Vulnerable Tribal Groups (PVTG) areas. Norms have been relaxed for one additional Auxiliary Nurse Midwife (ANM) for each Multi Purpose Centre (MPC) constructed by MoTA. As per MMU portal, 815 MMUs under PM-JANMAN and 320 MMUs under Dharti Aaba Janjatiya Gram Utkarsh Abhiyan (DA-JGUA) are operational across the country for providing basic health services in tribal areas till 18.02.2026.

MMUs are supported under NHM to provide outreach services in remote villages with difficult terrain which are underserved and inaccessible. As per NHM-MIS report, a total of 1453 MMUs have been deployed across the country including tribal dominated districts.

A total of 1.84 lakh Ayushman Arogya Mandirs (AAMs) have been established and operationalized in the country by strengthening SHCs and PHCs, including 31,023 AAMs in 178 tribal districts, which deliver expanded range of comprehensive primary healthcare services encompassing preventive, promotive, palliative, rehabilitative, and curative care.

The teleconsultation services, available at all operational AAMs across the country including tribal regions, enables people to access the specialist services closer to their homes addressing concerns of physical accessibility, shortage of service providers and to facilitate continuum of care. Total teleconsultations conducted at AAMs are 44.08 crore, as on 28.02.2026.

Under NHM, the performance of various health programmes is regularly assessed in the country including remote, hilly and tribal areas, through review meetings, mid term reviews of key deliverables, field visits of senior officials, promoting performance by setting up benchmarks for service delivery & rewarding achievements etc. Common Review Missions (CRM) are conducted annually to assess and monitor the progress and implementation status of various schemes.

The Government is making sustained efforts to reduce maternal and child mortality, anaemia among tribal populations in the country, through the Reproductive Maternal Newborn Child Adolescent Health Plus Nutrition (RMNCAH+N) strategy under NHM, focusing on antenatal care, institutional deliveries, post-natal care and family planning services; Promotion of institutional deliveries through schemes such as Janani Suraksha Yojana (JSY), Janani Shishu Suraksha Karyakram (JSSK), Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA), Extended PMSMA, LaQshya, Surakshit Matritva Aashwasan (SUMAN), Facility Based New-born Care, Kangaroo Mother Care (KMC), Mothers' Absolute Affection (MAA), Anemia Mukta Bharat (AMB), Home Based New-born Care (HBNC) and Home-Based Care of Young Children (HBYC) programme, Monthly Village Health, Sanitation and Nutrition Day (VHSND), regular outreach activities, health education and screening by ASHAs and other frontline workers in tribal habitations.

Under Mission Poshan 2.0, the Government focuses on Maternal Nutrition, Infant and Young Child Feeding Norms, treatment of Severe Acute Malnutrition (SAM)/ Moderate Acute Malnutrition (MAM) and wellness through AYUSH practices to reduce prevalence of wasting, stunting, anaemia and being underweight. Supplementary Nutrition is provided to children age 6 months to 6 years, pregnant women, lactating mothers and adolescent girls at Anganwadi centres as per nutrition norms, based on principles of diet diversity that provides quality protein, healthy fats and micronutrients.

National Sickle Cell Anaemia Elimination Mission (NSCAEM) has been launched by Government of India on 1st July, 2023. The objectives of the Mission are provision of affordable, accessible and quality care to all Sickle Cell Diseased patients, reduction in the prevalence of SCD through awareness creation, targeted screening of 7 crore people till year 2025-26 in the age group of 0-40 years in affected 17 tribal states and counselling through collaborative efforts of central ministries and State governments.
