

**GOVERNMENT OF INDIA
TRIBAL AFFAIRS
LOK SABHA**

UNSTARRED QUESTION NO:3622

ANSWERED ON:15.12.2014

STARVATION DEATHS AMONG TRIBALS

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Will the Minister of TRIBAL AFFAIRS be pleased to state:

- (a) whether the Government is aware of deaths due to starvation and chronic under nutrition among several tribals including women and children in various parts of the country, including Kerala;
- (b) if so, the details thereof during the last three years, State/UT-wise and year-wise;
- (c) whether the Central Government have sought reports from the State Governments regarding the deaths of tribals under such circumstances;
- (d) if so, the details thereof;
- (e) whether the Government is considering to raise the nutrition level among the tribals; and
- (f) if so, the details thereof along with the other steps taken by the Government in this regard?

Answer

MINISTER OF STATE IN THE MINISTRY OF TRIBAL AFFAIRS (SHRI MANSUKHBHAI DHANJIBHAI VASAVA)

(a) to (d): No incidents of deaths due to starvation and chronic under nutrition among several tribals, reported to the Ministry.

As per the information received from the Ministry of Health and Family Welfare, the details of number and causes of death of tribal children are not maintained at the central level.

As per the information received from the Government of Kerala, no starvation death of women and children from any of the tribal areas are reported so far. But the child death in Attappady is due to malnourishment and anaemia of pregnant mothers and preterm labour resulting low birth weight of infants and other related issues. The infant death in tribal areas for the last three years is 159 as follows:

Year	No. of infant deaths
2012	44
2013	94
2014	21

The medical causes of Child Mortality in the age group 0-5 years in India are: Neonatal causes (53%), Pneumonia (15%), Diarrhoeal disease (12%), Measles (3%), Injuries (3%) and Others (14%).

The underlying causes for child and maternal mortality are: Early age of marriage and pregnancy, inadequate spacing between children and repeated pregnancies, home delivery by unskilled persons, poor child care practices and health seeking behaviour, lack of early detection of sick newborn, inadequate/delayed referral mechanisms, inadequate infrastructure at health care facilities for specialized care of sick newborn, and poor hygiene and sanitary condition with inadequate availability of safe drinking water.

(e) to (f): 1. Following interventions are being undertaken under the Reproductive and Child Health Programme of National Health Mission, and funds are being provided to States, each year for carrying out following set of activities towards management of malnutrition among children:

i. Promotion of appropriate infant and young child feeding practices that include early initiation of breastfeeding and exclusive breastfeeding till 6 months of age through Accredited Social Health Activist (ASHA) worker and health care provider at health facilities.

ii. Management of malnutrition and common neonatal and childhood illnesses at community and facility level by training service providers in IMNCI (Integrated Management of Neonatal and Childhood Illnesses) training.

iii. Treatment of sick children with severe acute malnutrition at special units called the Nutrition Rehabilitation Centres (NRCs), set up at public health facilities. Presently 875 such centres are functional in 21 States and UTs. Incentive of ASHA for tracking of SAM

children discharged from NRCs

iv. Vitamin A supplementation is done for children 6 to 60 months.

v. Village Health and Nutrition Days and Mother and Child Protection Card are the joint initiative of the Ministries of Health & Family welfare and the Ministry of Woman and Child for addressing the nutrition concerns in children, pregnant women and lactating mothers. Nutrition Education Monthly Village Health and Nutrition Days (VHND) are monthly days held at village level in Anganwadi centre to increase the awareness and bring about desired changes in the dietary practices including the promotion of breastfeeding.

vi. National Iron Plus Initiative has been launched as an effective strategy for supplementation and treatment of anaemia in children, adolescents, pregnant and lactating women, in programme mode through life cycle approach. Specific program to prevent and treat micronutrient deficiencies through Iron & Folic Acid (IFA) supplementation across life stages such as:

Bi-weekly IFA syrup supplementation to children 6 59 months

Weekly IFA tablet supplementation to children 5 10 years and adolescents 10 19 years

IFA tablets to pregnant and lactating women

Bi-annual Deworming to all children 1 19 years

vii. Incentive are provided to ASHA for tracking of Low birth weight babies.

viii. Promotion for intake of iodised of salt and monitoring salt quality through testing under National Iodine Deficiency Disorders Control Programme

ix. Assistance for nutrition support for pregnant mothers and infants. Under Janani Surksha Yojana (JSY), a national conditional cash transfer scheme incentivises women of low socio economic status to for institutional delivery at public health facilities and assists her in fulfilling nutritional needs during pregnancy. Similarly, under Jananai Shishu Suraksha Yojana (JSSK), all infants seeking treatment in public health facilities are provided food, drugs and transport, free of cost as an entitlement.

x. Under the Rashtriya Bal Swasthya Karyakram (RBSK) and Rashtriya Kishore Swasthya Karyakram (RKSK), systematic efforts are undertaken to detect nutrition deficiency among children and adolescents respectively.

2. The Ministry of Tribal Affairs has flagged several actionable points to raise the nutritional level among tribals during consultations with the Central Ministries and States/UTs.

a. Supplementary diet provided to AWCs under the ICDS programmes to be reviewed with the possibility of replacing soya products due to its high content of hard-to-digest proteins and vegetable oestrogen with milk and milk proteins. Also, the possibility of including minor millets, peanuts and pulses in ICDS list of supplementary diet to be examined.

b. For addressing the nutritional deficiency of mothers and children, counseling on symptoms of malnutrition and good practices with regard to child bearing should be built into extension programme.

c. Many traditional nutritious foods have disappeared from the knowledge of tribal people. Information has been compiled and shared with Department of Tribal Welfare and TRIs for dissemination.

d. Nutrition security advisory issued to all hostels and residential schools in tribal areas to design their menus so as to address malnutrition and anaemia, Ensure essential nutrients through use of locally grown foods and inclusion of green vegetables.

e. These hostels/schools should be encouraged to have kitchen gardens.

f. The advisory should also to cover periodic de-worming and steps to ensure safe drinking water.

g. Local produce based nutrition should also be a part of the training curriculum of ANMs/AWWs.

h. Dissemination of information and awareness about the health benefits of planting and consumption of green leafy vegetables (including drumsticks) and maintenance of kitchen garden to address malnutrition and anaemia.