

**GOVERNMENT OF INDIA  
HEALTH AND FAMILY WELFARE  
LOK SABHA**

UNSTARRED QUESTION NO:2254  
ANSWERED ON:28.07.2017  
Human Development Index  
Rao Shri Konakalla Narayana

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

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

(a) whether society for social and economic study has conducted a study in Andhra Pradesh and reported that living standards have fallen very drastically and Andhra Pradesh has fallen down in Human Development Index (HDI);

(b) if so, the details thereof;

(c) the measures taken/proposed to be taken by the Government to increase the HDI and also post bifurcation impact on HDI; and

(d) if so, the details thereof?

**Answer**

ANSWER  
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND  
FAMILY WELFARE  
(SHRI FAGGAN SINGH KULASTE)

(a) & (b): According to the report 'Human Development in Andhra Pradesh' prepared for Government of Andhra Pradesh by Center for Economic and Social Studies in 2016, the rank of Andhra Pradesh in Human Development Index(HDI) among 21 major States of India was 12 in 2004-05 and 9 in 2011-12. Moreover, as per the said report, the districts of Andhra Pradesh with a lower HDI in 2004-05 have improved their HDI status faster compared to the other districts by 2011-12. This reflects declining inequalities in HDI across the districts. The same is evident in case of the three components of HDI, viz., standard of living, health and education.

(c) & (d): The initiatives taken by the Government to further increase the HDI in the country include:

â€¢ Promoting institutional deliveries, strengthening of health infrastructure, training of service providers in management of emergency obstetric care and skilled birth attendance, providing ante-natal and post-natal care, organising village health and nutrition days, engagement of an accredited social health activist (ASHA) in the community, establishing referral systems including emergency referral transport, training of service providers in integrated management of neo-natal & childhood illness, training of ASHAs in Home based new born care, training of health care providers in essential new-born care and resuscitation, providing new-born care at all levels, promoting exclusive breastfeeding and complementary feeding, establishment of nutritional rehabilitation centres, strengthening routine immunisation programme, focussing on reduction in morbidity and mortality due to acute respiratory infections (ARI) and diarrhoeal diseases, introduction of name based web enabled tracking of pregnant women & children (Mother and Child Tracking System) to ensure antenatal, intra-natal and postnatal care to pregnant women and care to new-borns, infants and children. universal population based screening programme for early detection, management and control of common non-communicable diseases such as hypertension, diabetes, and cancers (breast, cervix and oral).

â€¢ Enactment and operationalisation of Right of Children to Free and Compulsory Education (RTE) Act, 2009, Sarva Shiksha Abhiyan, Mid-Day-Meal Scheme, National Programme for Education of Girls at Elementary level, setting up of Kasturba Gandhi Balika Vidyalaya, Mahila Samakhya programme, scheme for providing quality education in Madarasas.

â€¢ Improving the purchasing power of the people through various income generating schemes including Mahatma Gandhi National Rural Employment Guarantee Scheme.

â€¢ The National Food Security Act, 2013 aims to provide for food and nutritional security in human life cycle approach, by ensuring access to adequate quantity of quality food at affordable prices to people to live a life with