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

LOK SABHA
UNSTARRED QUESTION NO.3443
TO BE ANSWERED ON 07.08.2026

HEALTHCARE SERVICES FOR TRIBAL WOMEN

3443. SMT. PRIYANKA GANDHI VADRA:

Will the **MINISTER OF HEALTH AND FAMILY WELFARE** be pleased to state:

(a) whether the Government has evaluated the impact of existing interventions to improve maternal health among tribal women, if so, the details thereof including the key gaps identified in this regard;

(b) the details of institutional deliveries, anaemia among pregnant and lactating mothers and maternal mortality among tribal women since 2019 across the country;

(c) whether the Government proposes to implement targeted interventions to improve access as well as the quality of prenatal and postnatal healthcare services for tribal women, especially Particularly Vulnerable Tribal Groups (PVTGs), if so, the details thereof; and

(d) the details of the initiatives taken by the Government to address undernutrition among pregnant and lactating tribal women?

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

(a) Under National Health Mission (NHM), the Government assesses the impact of existing interventions to improve maternal health across the country including tribal women through a robust, multi-layered framework that includes review of State wise key deliverables against approved target during NPCC Meetings with all States/UTs, regular assessment of performance through the Output-Outcome Monitoring Framework (OOMF) , in addition annual Common Review Missions (CRMs) provides independent, on-ground assessments of programme implementations, health system strengthening, and progress on key indicators.

(b) The details of institutional deliveries, anaemia among pregnant and lactating mothers and maternal mortality across the country including tribal women since 2019 is placed at annexure.

(c) & (d) Under the National Health Mission (NHM)**,** the Government of India implements targeted interventions to improve access, quality of prenatal & postnatal healthcare services and undernutrition among pregnant & lactating women across the country including tribal and Particularly Vulnerable Tribal Groups (PVTGs) women, through the following interventions:

- **Janani Suraksha Yojana (JSY)** is a demand promotion and conditional cash transfer scheme for promoting institutional delivery.
- **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. Similar entitlements are also in place for sick infants up to one year of age.
- **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.
  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.
- **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 newborn visiting public health facilities to end all preventable maternal and newborn deaths.
- **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.
- **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
- **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 the Ministry of Women and Child Development.
- **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 awareness for the Maternal & Child health services, community mobilization as well as to track high-risk pregnancies.
- **Birth Waiting Homes (BWH)** are established in remote and tribal areas to promote institutional delivery and improve access to healthcare facilities.

- **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.
- **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.
- **Anemia Mukt Bharat Abhiyaan:** The Government of India has recently released the Anemia Mukt Bharat Abhiyaan –Operational guidelines during the 16th Central Council of Health and Family Welfare (CCHFW) meeting on 29th June 2026 to address the high prevalence of anemia through a 7X7X7 strategy, moving ahead from the older 6X6X6 strategy of Anemia Mukt Bharat programme. The seven beneficiary groups are low birth weight babies (0-6 months), children (6-59 months), children (5-9 years), adolescents (10-19 years), pregnant and lactating women and women of reproductive age group (20-49 years) in a life cycle approach.
- 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.
- **Pradhan Mantri Matru Vandana Yojana (PMMVY)** is a Centrally Sponsored Maternity Benefit Scheme under which cash incentives of ₹5,000/- are provided directly to the Bank/ Post Office account of the beneficiary in Direct Benefit Transfer (DBT) mode for the first child. The eligible beneficiaries receive the remaining cash incentive, as per approved norms, towards maternity benefit under Janani Suraksha Yojana after institutional delivery, so that on an average a woman gets ₹6,000/-. Cash incentive of ₹6,000/- is also provided under PMMVY to eligible beneficiaries for the second child subject to the second child being a girl.
- 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.

Annexure referred in reply to part (b) of Lok Sabha Unstarred Q. No 3443 to be answered on 07.08.2026

Annexure

The Details of Coverage under Key Maternal Health Indicators

Indicator	Source	Status
Institutional Deliveries	NFHS-6 (2023–24)	90.6%
Pregnant Women (15–49 years) who are Anaemic (Hb <11.0 g/dl)	NFHS-5 (2019–21)	52.2%
Maternal Mortality Ratio (MMR)	SRS (2019–21)	93 per 1,00,000 live births
	SRS (2020–22)	88 per 1,00,000 live births
	SRS (2021–23)	88 per 1,00,000 live births
	SRS (2022–24)	87 per 1,00,000 live births