

(₹ in Lakh)

Sl.No.	Project Name	Amount Sanctioned
1	Development of Mathura-Vrindavan as Mega Tourist Circuit Phase – II	1493.00
2.	Tourist Facilitation Centre at Vrindavan	936.00

The State Government of Uttar Pradesh have undertaken various measures to develop and promote tourism in the State. The tourist spots are publicised through website/posters/brochures, participation in international and national travel marts and seminars.

#### **Promotion of religious tourist places in Maharashtra**

2698. SHRI AJAY SANCHETI: Will the Minister of TOURISM be pleased to state:

(a) the details of the steps taken to promote religious tourist places specially in Maharashtra;

(b) whether the Central Government has received any proposals for development of Pandharpur, Shirdi, Akkalkot and Tuljapur in Maharashtra from the Government of Maharashtra; and

(c) if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF TOURISM (DR. MAHESH SHARMA): (a) Ministry of Tourism has identified twelve pilgrimage cities under the newly launched scheme 'National Mission on Pilgrimage Rejuvenation and Spiritual Augmentation Drive' (PRASAD) with an objective to promote important religious tourist places in the country. These twelve Pilgrimage cities are Amritsar, Ajmer, Dwaraka, Kedarnath, Mathura, Varanasi, Gaya, Guwahati, Puri, Amaravati, Kanchipuram and Vellankanni. Identification of more destinations under the scheme is a continuous process, subject to availability of resources and adherence to scheme guidelines.

(b) and (c) No, Sir.

#### **Malnutrition deaths of tribal children**

2699. SHRI D. P. TRIPATHI:

SHRI B. K HARIPRASAD:

Will the Minister of TRIBAL AFFAIRS be pleased to state:

(a) whether malnutrition deaths of children below the age of five have been reported from the tribal areas in various parts of the country including Maharashtra and Karnataka last year;

(b) if so, the details thereof;

(c) whether the Ministry has conducted any inquiry regarding the reported deaths of children due to malnutrition in such areas and if so, the details thereof;

(d) whether the Ministry proposes to send a team to have an on-the-spot assessment of the situation; and

(e) if so, the details thereof along with the other measures being proposed in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF TRIBAL AFFAIRS (SHRI MANSUKHBHAI DHANJIBHAI VASAVA): (a) and (b) Malnutrition amongst children is a major challenge in the area of tribal health in the country. 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 central level. However, as per the National Family Health Survey 2005-06, the under-five mortality rates in Schedule Tribe, Schedule Caste, Others is as under:

Social groups	Under-five mortality rate/1000 live birth
Schedule Tribe	95.7
Schedule Caste	88.1
Other Backward Classes	72.8
Other	68.2

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%). Around one third of under-five deaths are attributed to malnutrition. 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 etc. are the underlying causes for child and maternal mortality.

(c) to (e) Government accords high priority to the issue of malnutrition, particularly in respect of children. Detailed reports from the States concerned are sought whenever such incidents come to light and teams from the Ministries and NCST also undertake visits to take account of the situation. The Government has

been implementing several schemes/programmes through State Governments/UTs. These schemes, *inter-alia*, include Integrated Child Development Services (ICDS) of Ministry of Women and Child Development, National Rural Health Mission (NRHM) of Ministry of Health and Family Welfare, Mid Day Meals Scheme of Ministry of Human Resource Development, Drinking Water and Total Sanitation Campaign of Ministry of Drinking Water and Sanitation and Targeted Public Distribution System of Department of Food and Public Distribution etc.

1. The National Health Mission (NHM) seeks to provide universal access to equitable, affordable and quality health care to improve the health of people, especially vulnerable population, including Tribal and LWE affected population groups.
2. To reduce under five mortality in the country, it focuses on the low performing districts. 184 High Priority Districts (HPDs) including tribal districts have been identified for implementation of Reproductive Maternal Newborn Child Health+ Adolescent (RMNCH+A) interventions for achieving improved maternal and child health outcomes.
3. The NHM has relaxed norms for setting up Sub Centres, Primary Health Centres and Community Health Centres; norms for ASHAs, Mobile Medical Units (MMUs) and focus is on vector borne diseases and tuberculosis in tribal areas. It also allocates higher per capita resources.
4. NHM encourages local recruitment, creation of a special workforce, preferential admission to allied health courses, multiskilling, etc., in tribal areas to overcome shortage of skilled personnel.
5. Special disease driven interventions- Sickle Cell Anaemia, integrated management of malnutrition programmes, insecticide treated nets, neonatal feeding to combat anaemia and malnutrition etc, amongst others universal coverage of medical interventions.
6. The Ministry of Tribal Affairs provides untied funds for medical contingencies in Particularly Vulnerable Tribal Groups (PVTGs) areas. Through regional consultations and its meetings, it has advocated and supported growing and consumption of traditional minor millets, green leafy and traditional vegetable in kitchen garden, rearing backyard poultry, fishery. In addition, it has supported construction of Toilets; hygiene habits amongst school children; use of recyclable material to reduce pollution; Iron Folic Acid supplement and De-worming of children. Ministry has also initiated documentation of tribal crops and food; tribal medicine and practices to improve health and nutrition issues.