

No. 17014/11/2014-Eco
Government of India
Ministry of Tribal Affairs
(Economic Division)

Room No. 280, August Kranti Bhawan,
Bhikaji Cama Place, New Delhi

Dated: 15th September, 2014

OFFICE MEMORANDUM

Subject: Meeting of Coordination Committee to monitor, planning and progress of the schemes/programmes being implemented for overall development of Scheduled Tribes.

The undersigned is directed to forward herewith a copy of the minutes of the meeting of the Coordination Committee Ministry of Tribal held under the chairmanship of Secretary (TA) on 28th August, 2014 in the Conference Room No. 734-735, 'A' Wing, 7th Floor, Shastri Bhawan, New Delhi for information and necessary action.

(P.L. Verma)

Deputy Secretary to the Government of India

Tele: 011- 2618 2823

To,

- 1) Secretary, Ministry of Human Resource Development, Department of School Education & Literacy, Shastri Bhawan, New Delhi.
- 2) Secretary, Ministry of Drinking Water and Sanitation, 6th Floor, Block -11, CGO Complex, Lodhi Road, New Delhi.
- 3) Secretary, Ministry of Power, Shram Shakti Bhawan, Rafi Marg, New Delhi.
- 4) Secretary, Ministry of Health & Family Welfare, Department of Health, Nirman Bhawan, New Delhi.
- 5) Secretary, Ministry of Rural Development, Krishi Bhawan, New Delhi.
- 6) Advisor, Planning Commission, Yojana Bhawan, New Delhi.
- 7) Secretary, Ministry of Women & Child Development, Shastri Bhawan, New Delhi
- 8) Secretary, Ministry of Agriculture, Department of Agricultural Research & Education, Krishi Bhawan, New Delhi.
- 9) Secretary, Ministry of Corporate Affairs, Shastri Bhawan, New Delhi
- 10) Dr. Avdesh Kumar, Addl. Director (Representing Dr. A.C Dhariwal, Director), Directorate General of Health Services, NVBDCP, Shamnath Marg, New Delhi-110054
- 11) Dr. Neeru Singh, Director & Scientist G, RMRCT (ICMR), Department of Health Research, MoHFW, RMRCT Complex, Jabalpur, Madhya Pradesh-482003
- 12) Dr. A. Laxmaiah, Scientist F, Division of Community Studies and Officer-in- Charge of NNMB, National Institute of Nutrition (ICMR), Jamai-Osmania (Post), Hyderabad, Telangana-500 007.

Copy to:

JS (A)/ JS (MKP) /DDG

All Divisional Heads

PS to Secretary (TA)

Ministry of Tribal Affairs

Minutes of the meeting of the Coordination Committee held on 28th August 2014, 10:30 AM under the chairmanship of Secretary, Ministry of Tribal Affairs.

A meeting of the Coordination Committee constituted for monitoring, planning and progress of the schemes/programmes being implemented for overall development of Scheduled Tribes was held under the chairmanship of Secretary, Ministry of Tribal Affairs on 28th August 2014 at 10:30 AM in Conference Hall, M/o Tribal Affairs, Shastri Bhawan. The agenda of the meeting was "Nutrition and prevalence of diseases amongst STs and the convergent action that can be taken by various member Ministries/ Departments to address this".

2. List of participants is annexed (Annex-I). The discussion and decisions taken are summarized below:

Agenda 1: Minutes of meeting dated 25th June 2014 were confirmed.

Agenda 2: Presentations

3. A presentation was made by Dr. Neeru Singh, RMRCT (ICMR) Jabalpur, on Tribal Health in Central India; Issues and Challenges.

3.1 It highlighted the prevalence of communicable and non-communicable diseases among the tribals: malaria, tuberculosis, anemia, haemoglobinopathies, fluorosis, filaria and scabies.

3.2 There has been increasing incidence of viral disease such as dengue and chikungunya in tribal areas, which may be attributed to increasing urbanization, especially in tribal habitat close to urban centres. Tribal people here resorted to store water unlike earlier times due to irregular water supply, which they mostly kept uncovered. This has, infact, resulted in a number of deaths in districts like Mandla in Madhya Pradesh which has 60% tribal population.

3.3 Chhattisgarh, Odisha, West Bengal, Madhya Pradesh and Jharkhand account for more than 60% of malaria cases in the country.

3.4 Development projects are causing resettlement of the residents near project site, with little or no proper medical facilities/limited medical supplies. As these new hamlets are not on record, they are missed out on various interventions such as surveillance, use of treated mosquito nets and spray team.

3.5 Sickle Cell Disorder (SCD) in Madhya Pradesh and Chhattisgarh. Amongst different social groups, primitive tribe, Gond tribe and Scheduled Castes (SCs), SCD has been highest among SCs while there is a high prevalence of thalassemia and G6PD deficiency among primitive tribe followed by Gond tribe. Morbidity profiles of SCD have been discussed and the recorded mean age at death of SCD patients is 14 years.

3.6 In Madhya Pradesh, 29 out of 50 districts are endemic in dental and skeletal flourosis. An intervention model of reversal of flourosis through nutritional intervention and safe drinking water has been undertaken in collaboration with UNICEF.

3.7 Tuberculosis is a one of the major health problems among the Saharia tribe in Sheopur and Gwalior districts of Madhya Pradesh. This is mainly because of a number of people live together in one single room and their habit of smoking inside the room adds to its prevalence. This tribe is found to be more malnourished than others because of their unhygienic living condition. There was no case of AIDS.

3.8 A study carried out among the Bharia tribes of Pataalkot valley revealed high prevalence of scabies which are also found to be worse in Ashram schools.

3.9 Anemia is another health problem among STs in Central India. The causes of anaemia include lack of nutrition and excessive consumption of tea, cold drink, coffee, etc which lacks iron.

4. The Second presentation on the agenda was “Nutrition Scenario among Tribals in India”, by Dr. A. Laxmaiah, NIN (ICMR), Hyderabad. He explained the determinants of nutritional status among tribals, impact of undernutrition among pre-school children and consequences of maternal anaemia.

4.1 The coverage and objectives of NNMB surveys, sample size estimation and results were also discussed. The study has highlighted the availability of basic amenities in tribal areas, such as sanitary latrines, electrification, separate kitchen, use of firewood, average per capita income per month.

4.2 The diet and nutritional status of tribal population and prevalence of obesity and hypertension among adult ST population revealed that average intake of nutrients among children between 1-3 years is very less as compared to the requirements.

4.3 The presentation also stated that the discussion with mothers of the children between 1-3 years as part of survey, found that ignorance of the mothers about the health/nutritional requirement of the child is the main reason for delay in recognizing undernutrition.

Decisions/Actionable points:

5. The following decision has been taken in the Coordination Committee Meeting:

- Screening of Sickle Cell Status (**SCS**) and other diseases must be undertaken in Tribal areas. There should be 100% coverage of all children for screening of SCS in schools so that the incidence of the disease may be kept under check. Each student should be issued card indicating, if student has Sickle Cell Trait (SCT) or Sickle Cell Disease (SCD). Parents of the students should be apprised of the management of such diseases and in particular on marriage of SCT people.

(Action: MoH&FW/DoSE&L/All Divisions of MoTA)

- Fluorosis/Arsenic: One major step in case of fluoride /arsenic contamination is to replace ground water source with surface water.

(Action: M/oDW&S)

- Measures may be taken up for checking the incidence of scabies amongst ST children and its transmission among children in Ashram schools.

(Action: MoH&FW/ Education Div. of MoTA)

- 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.

(Action: MoHRD/Education Div.MoTA/ MoWCD/MoH&FW)

- Supplementary diet provided to AWCs under 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.
- 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.

(Action: MoWCD/MoHFW)

- In case of tribals displaced by projects, the project authorities must take up, under their Corporate Social Responsibility (CSR), provision of safe drinking water, sanitation, nutrition, malaria control and other health issues.

(Action: MoDW&S/ M/o Corporate Affairs)

- Awareness campaign/action on vector borne diseases such as dengue, proper coverage of stored water inside the house required to be taken. Information and dissemination campaign on the health benefits of covering stored water against vector borne diseases should be part of every programme (IEC) implemented in tribal areas.

(Action: All line Ministries/Departments working in tribal areas)

- Many traditional nutritious foods have disappeared from the menu and the knowledge of tribal people (as also non-tribal people). This was discussed in the meeting. Information has been compiled by various agencies like MoWCD, MoHFW, NIN, DoARE and others. Copies of these books and documents should be given to MoTA, who will get them translated to local languages through TRIs for dissemination.

(Action:MoWCD/MoHFW/NIN/Deptt.of Argi.Research & Edn)

- In current practice, RMRCT have to obtain approval from Tribal Welfare Department for all ICMR projects. However, problems arise with respect to getting permission from concerned Tribal Affairs Department and therefore, the grant from the sponsoring agency is stopped for some of the working projects. Secretary (TA) assured to give/grant blanket clearance for all studies/projects across the country to RMRCT when a formal request is received.

(Action: RMRCT, Jabalpur/MoTA)

6. All the Ministries/Departments and the Divisions of the Ministry of Tribal Affairs may initiate necessary action on the points of previous meeting and above and inform within a fortnight.

(Action: All the Ministries/Departments/Divisions of MoTA)

7. In the next meeting, Ministry of Agriculture- Department of Agriculture & Cooperation (National Horticulture Mission), Department of Animal Husbandry, Dairying & Fisheries and Department of Agricultural Research & Education are to be invited.

8. The meeting ended with a vote of thanks to the Chair.

Annex - I

List of participants of the Coordination Committee Meeting to Monitor, Planning and Programme of the Schemes/programmes being implemented for overall development of Scheduled Tribes (STs) on 28th August, 2014 at 10.30AM.

S.N o.	Name and Designation	Name of the Ministry/Department	
1	Shri Hrusikesh Panda, Secretary	Ministry of Tribal Affairs	Chairperson
2	Shri Ashok, Joint Secretary	Ministry of Tribal Affairs	Member
3	Shri, Manoj Kumar Pingua, Joint Secretary	Ministry of Tribal Affairs	Member
4	Shri S. Chaudhuri, DDG	Ministry of Tribal Affairs	Member
5	Smt. Sangeeta Verma, EA	Ministry of Tribal Affairs	Member / Convener
6	Shri S.M. Sahai, Director	Ministry of Tribal Affairs	Representative
7	Shri S. Sasmal, Director	Ministry of Tribal Affairs	Representative
8	Shri P.L. Verma, DS	Ministry of Tribal Affairs	Representative
9	Ms. Nivedita, Ds	Ministry of Tribal Affairs	Representative
10	Ms. Neeru Singh, Director	RMRCT (Jabalpur)	Representative
11	Dr. A. Laxmaiah, Scientist	National Institute of Nutrition ICMR, Hyderabad	Representative
12	Dr. Avdesh Kumar, Addl. Director	NVBDP, New Delhi	Representative
13	Shri. Madan Mohan, Advisor	Planning Commission	Member
14	Shri. K. Srinivaslu, Joint Secretary	Ministry of Women and Child Development	Representative
15	Ms. Anita Makhijani, DTA	Ministry of Women and Child Development	Representative
16	Dr. Sila Deb, Dy, Commissioner	Ministry of Health & Family Welfare	Representative
17	Ms. Reenuka Kumar, Director	Ministry of Rural Development	Representative
18	Shri. Jagdish Kumar, Asst. Commissioner	Ministry of Rural Development	Representative
19	Shri. K K Mishra, DS	Ministry of Power	Representative
20	Shri. Naresh Kumar, US	Ministry of Drinking Water & Sanitation	Representative