GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:3806
ANSWERED ON:27.04.2012
INFANT MORTALITY RATE IN TRIBAL AREAS
Joshi Shri Mahesh

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

(a) whether the infant mortality rate in the tribal areas of the country is relatively higher;

(b) if so, the details thereof alongwith the reasons therefor, State-wise;

(c) the extent to which the National Rural Health Mission (NRHM) has helped in addressing this issue;

(d) whether the Government proposes to start a new programme to tackle this serious problem; and

(e) if so, the details thereof?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPATHYAY)

(a) & (b): The annual Sample Registration System (SRS) does not collect disaggregated data on infant mortality for population groups. However, as per National Family Health Survey (NFHS-3) conducted in 2005-06, Infant Mortality Rate in Schedule Tribes was estimated to be 62.1 per 1000 live births in comparison to infant mortality rate in the General population as 57 per thousand live births. The main reasons are low institutional deliveries, weak health seeking behaviour and shortage of human resource in the tribal areas.

(c) to (e): Under National Rural Health Mission, Government of India has identified 264 high focus districts in 24 States/UTs of the country. One of the criteria for selection of these districts is having more than 35 percent population of SCs and STs in these districts. States have been asked to prioritize resources in high focus districts and special attention is being paid to them in terms of deployment of human resources, infrastructure and service delivery at health facilities in these districts.

Besides this, special schemes are being implemented focusing on specific needs of the tribal districts. These schemes include control of sickle cell anemia and severe acute malnutrition in selected districts. In some tribal districts, birth waiting homes have also been established for pregnant women visiting district hospitals.

The Government of India has also initiated new schemes in the last two years to reduce barriers to institutional care and reduce out of pocket expenditure for pregnant women and sick neonates which would benefit the marginalized population the most. These schemes are :

(a) Janani Shishu Suraksha Karyakram (JSSK) was launched on 1st June 2011 to eliminate out of pocket expenditure and to ensure service guarantee for pregnant women and sick neonates. It provides completely free and cashless services to pregnant women including normal deliveries and caesarean operations and sick newborns upto 30 days after birth in Government health institutions. The free entitlement also include free drugs, free diagnostics, free diet and free transport from home to health institutions and drop back home.

(b) Home Based New Born Care (HBNC): As 56 percent of child deaths take place in the first 28 days of birth, home based newborn care through ASHA has been initiated by providing incentive of Rs. 250. The purpose of Home Based New Born Care is to improve new born practices at the community level and early detection and referral of sick new born babies. Free transport under JSSK is aimed at bringing the sick neonates to health facilities in time.

(c) A name based Mother and Child Tracking System has been put in place which is web based to ensure registration and tracking of all pregnant women and new born babies so that provision of regular and complete services to them can be ensured and both mortality and morbidity are reduced.