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Title: Need to provide better health care facilities and implement the Scheduled Tribes and Other Traditional Forests Dwellers (Recognition of Forest Rights) Act, 2006 in an effective manner to address the problem of tribals in Attappadi area in Kerala.

SHRI P.K. BIJU (ALATHUR): I am bringing your urgent attention to the alarming situation of infant deaths in tribal villages of Attappadi in Kerala. Since the past 16 months, 52 infant deaths have been reported from Attappadi. Malnutrition and low blood count are found to be the reasons for the deaths. Malnutrition and anemia are prevalent among the tribals in Attappadi. Almost all tribal women, including adolescent girls, are anemic, and it's acute among the pregnant and lactating mothers. The deaths show that the health indicators of Attappadi remain poorer than those of the State and the nation. The maternal mortality rate is seven per 1,000 compared with the State figure of 1.3 and the infant mortality rate is 66 per 1,000 as against the State figure of 14.1.

Despite an increase in the mortality rate of tribal infants in the Integrated Tribal Development Project (ITDP) spent just Rs.35 lakh on the health sector out of its total expenditure of Rs.12.55 crore during 2012-13. In Attappadi, there are 36 healthcare centres - one tribal speciality hospital, one community centre, three primary health centres, 28 sub centres and three mobile medical units, all managed by the state health department. Besides, there are two outpatient clinics (OP) under the ITDP and 85 Accredited Social Health Activists (ASHA) under the National Rural Health Mission. But none of the healthcare facilities were working effectively and efficiently for the past two years. Its 2012-13 annual plan expenditure statement showed it spent Rs.2412 lakh for the maintenance of the ambulance and another Rs.8.5 lakh as vehicle rent to bring 1,328 tribal patients from their hamlets to the hospital. Thus, it practically did not spend any money to provide health infrastructure, medicines, or financial assistance to the poor tribal patients. The present government of Kerala also started leasing out the PHCs in the tribal areas, citing non-profitability, to the private parties also one of the reasons of the spate of infant deaths in Iribal areas. There are 172 anganwadis here but they were almost non-functional. Attappadi bears the maximum brunt of ICDS privatisation which was ensuring supplementary nutrition. The root cause of malnutrition and poor health status of the tribes in Attappadi is land-alienation. The Forest Rights Act, 2006, has not been properly implemented in Attappadi. Now most tribes are living on barren hill slopes. Exploitation by the outsiders is another serious concern. Taking advantage of their poor economic conditions, Adivasi's are lured to illegal drug trafficking and liquor trade by the mafia operating from outside.

I urge the Government to take urgent steps to conduct an enquiry in to the deaths of children in Attappadi. Also, steps should be taken to provide better health facilities and nutritious food in the tribal area and for this purpose more budgetary provisions should be allotted.