

(b) whether the power requirements of these tribal artisan communities fit with the guidelines of Decentralised Distributed Generation Scheme of Ministry of Power and Remote Village Electrification Scheme of Ministry of New and Renewable Energy; and

(c) if so, the step that have been taken by Government?

THE MINISTER OF STATE IN THE MINISTRY OF TRIBAL AFFAIRS (SHRI MAHADEV S. KHANDELA) : (a) to (c) The information is being collected and will be laid on the Table of the House.

Maternal mortality rate

1226. SHRI B. S. GNANADESIKAN : Will the Minister of TRIBAL AFFAIRS be pleased to state:

(a) whether it is a fact that the maternal mortality rate is high among various tribal groups in the country;

(b) whether maternal mortality is high due to unhygienic and primitive practices of parturition;

(c) if so, whether Government had contemplated specific programme to reduce maternal mortality rate among tribal people; and

(d) if so, the details thereof and steps taken by Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF TRIBAL AFFAIRS (SHRI MAHADEV S. KHANDELA) : (a) According to information received from the Ministry of Health and Family Welfare and Registrar General of India (RGI), data on Maternal Mortality Rate (MMR) is made available by RGI through its Sample Registration System (SRS). The information regarding MMR is available in respect of India and bigger states in SRS. MMR among various tribal groups is not available in SRS.

(b) Ministry of Health and Family Welfare has informed that as per the Report of RGI titled "Maternal Mortality in India : 1997-2003 trends, causes and risk factors", about 11% of total maternal deaths have been attributed to sepsis and unhygienic practices can contribute to it. Maternal Mortality is also influenced by socio-economic determinants which include low level of education, early age at marriage & child bearing, cultural misconceptions, economic dependency of women etc.

(c) and (d) Under National Rural Health Mission (NRHM), which has a special focus on 18 States with weak public health indicators and infrastructure including tribal people, following activities are aimed at reducing Maternal Mortality:

- Promotion of institutional deliveries through Janani Suraksha Yojna.
- Capacity building of health care providers in basic and comprehensive obstetric care.
- Operationalization of Sub-Centres, Primary Health Centres, Community Health Centres and District Hospitals for providing round the clock basic and comprehensive obstetric care services.
- Tracking of Pregnant Women to ensure antenatal, intranatal and postnatal care.
- Issuing Mother and Child Protection Card to monitor service delivery for mothers and children.
- Engagement of more than 800,000 Accredited Social Health Activists (ASHAs) to generate demand and facilitate accessing of health care services by the community.
- Village Health and Nutrition Days in rural areas as an outreach activity which also serves as a platform to promote institutional delivery.
- A new initiative namely Janani Shishu Suraksha Karyakaram (JSSK) has been launched on 1st June, 2011, which entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean Section. The initiative stipulates free drugs, diagnostics, blood and diet, besides free transport.

Expenditure for implementation of Plan scheme

1227. DR. GYAN PRAKASH PILANIA : Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) the expenditure during the past five years for implementation of plan schemes incurred on Integrated Child Development Services Scheme and Scheme for Welfare of Working Children in need of Care and Protection;

(b) the percentage of above expenditure to the total plan expenditure of the Ministry; and

(c) the total number of children being catered by above schemes and the pittance share each child gets from above grants ?