pointed out that globally as well as nationally, the indigenous and tribal people suffer worse health status and chances of survival compared to the general population in the countries. Regrettably, India had the second highest IMR for the tribal people in the world, next only to Pakistan. Now Verma, Sharma and Saha show that even within the tribes, there are large disparities between the states and within the states.

So, what do we make of this?

One, the policymakers need to appreciate the importance of segregated measurement for the tribal people as a whole and for each individual tribe. The expert committee on tribal health has underscored this need; and some movement in the academia can be seen after that. Will the Ministry of Health and Family Welfare, and the Ministry of Tribal Affairs show more action?

Second, the tribal development plans – the tribal sub-plans – and the health plans of the states should now move further and develop the tribe specific plans. Birhore tribe, whether in Chhattisgarh, Jharkhand or Madhya Pradesh, has the highest child mortality. Each tribe has different challenges, hence needs separate attention and solutions.

Third, the pediatricians and policymakers need to assert that the tribal mothers and children receive near complete coverage with the proven health care inter-ventions such as the ANC, institutional delivery, home-based neonatal care, immunization, breastfeeding and nutrition, and finally, treatment for pneumonia, diarrhea and malaria. But the coverage will improve only if measured and monitored separately for tribal children. Niels Bohr was absolutely right – (If) tribal children lives matter, measure them!

REFERENCES