सत्यमेव जयते

जनजातीय कार्य मंत्रालय
Ministry of Tribal Affairs
Government of India

Empowering Tribals
Viksit Bharat

National Tribal Health Conclave

20th January, 2025
Bharat Mandapam, New Delhi

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Ministry of Tribal Affairs
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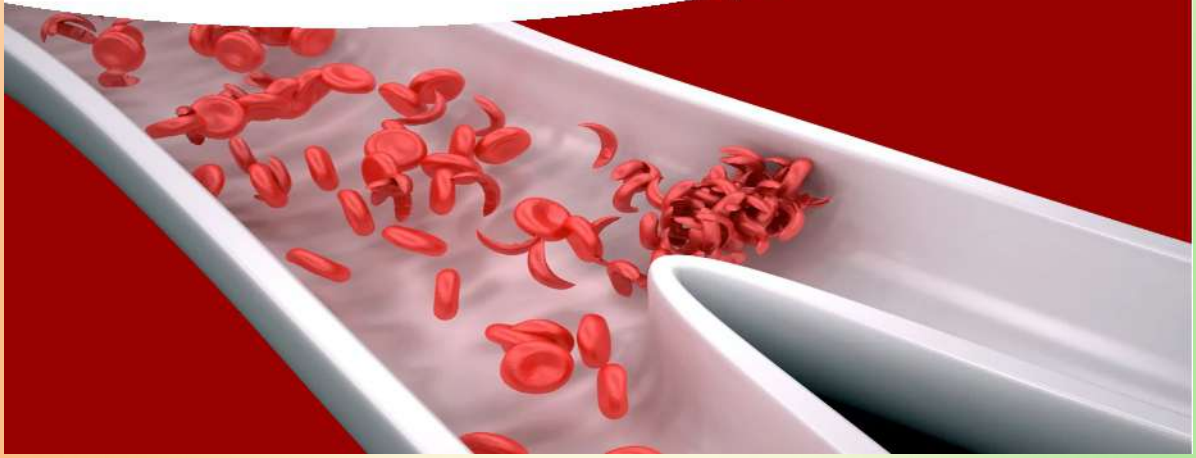
NATIONAL SICKLE CELL ANAEMIA ELIMINATION MISSION

Awareness generation and counseling for Sickle Cell Disease patient and traits

Establisment of Centres of Competance (CoC) for advanced diagnosis of the Sickle Cell Disease



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National Tribal Health Conclave 2025

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Hon'ble Union Minister of Tribal Affairs, Shri Jual Oram Inaugurating the National Tribal Health Conclave

Address by
Hon'ble Union Minister of Tribal Affairs
Shri Jual Oram

Address by
Hon'ble Union Minister of State for Tribal Affairs
Shri Durga Das Uikey

Exchange of Letter of Intent on adoption of tribal blocks in Odisha by AIIIMS Delhi

TOWARDS INCLUSIVE HEALTH CARE: CHALLENGES, SOLUTIONS AND THE ROAD AHEAD

INSIGHTS FROM THE CONCLAVE

The National Tribal Health Conclave (NTHC) was the first ever consolidated effort to discuss issues and challenges faced in the health care delivery specifically in relation to tribal people. The conclave brought together key policymakers, healthcare experts, and representatives from various ministries, anchor institutes, and international organizations to discuss innovative approaches to addressing the unique health challenges faced by tribal communities.

Health is a prerequisite for human development, and it is an essential component in the well-being of humankind. Health problems of any community are influenced by different factors such as social, economic and political factors. The basic or primary health care indicators show a good improving trend for many states yet is patchy. There is an uneven distribution of the progress; with particular populations like tribal groups showing greater challenges. Many factors including geographical locations, poverty, cultural practices etc create greater challenges in providing affordable and accessible health care to the tribal people in many areas. In this background, organization of NTHC has got great significance both to the policy makers and to the health care providers. The Conclave was structured with four sectorial groups which deliberated on different topics through parallel sessions as given below:

c	GROUP	TOPIC	TOPIC
1.	I	Strengthening of existing health care system, to ensure delivery of affordable and high -quality health care to all tribal people	Co-opting traditional tribal Healers in the formal health care system.
2.	II	How to address mal -nutrition and associated challenges among tribal people	How to address challenges in adolescent, maternal and reproductive health among tribal people (with special focus on children in the EMRS)
3.	III	Approaches to management of Sickle cell disease among tribal people & r ole of awareness generation in improving health conditions.	Cultural sensitivity and preservation of traditional ways of living for better health and well -being of tribal people .
4.	IV	How to effectively tackle the challenges associated with addiction among tribal people.	How to address mental health issues among tribal people

STRENGTHENING OF EXISTING HEALTHCARE SYSTEM

Keynote speaker: Prof Dr. Ashutosh Biswas, Director AIIMS Bhubaneswar
PPT presentation: Dr. Sumit Malhotra, AIIMS Delhi.
Lead Ministry: MoH&FW
Co-moderators: Dr.Sudarshan, Tribal health expert, Dr. Reeta Mahey AIIMS Delhi, UNFPA

The discussion focussed on finding out innovative solutions and strategies aimed at addressing the gaps in the existing health care system. thereby ensuring affordable and accessible quality health care delivery to all tribal people in the country. The sectorial group through detailed deliberations have summarized the following as the major challenges which needs immediate attention and action:

i. **Man power shortage:** There is an acute shortage of healthcare staff who are both trained and sensitive to the unique cultural needs of tribal populations. Healthcare workers are often unwilling to work in geographically isolated tribal areas due to personal, logistical, or professional challenges.

ii. **Infrastructural deficiencies of health care system:** Many healthcare facilities in remote tribal areas are either non-functional or lack the basic infrastructure to deliver quality services. Medical equipment and supplies are often unavailable in remote health facilities, making diagnosis and treatment challenging.

iii. **Lack of connectivity and other difficulties associated with topography:** The limited connectivity in terms of roads, internet and mobile in tribal areas often leads to complete or partial exclusion of tribal people from formal health care system, even during medical emergencies.

iv. **Economic barriers:** The poor economic status and wage to mouth status of most tribal people translate in to postponement of treatment, because of the fear of loss of employment and wages. This problem gets accentuated when the nearest health care facility is away from the hamlets/village and requires financial expenditure on transportation.

v. **Socio-cultural barriers:** Tribal people in the country are known for their unique culture, practices and languages. The lack of sensitivity towards the tribal ways of life and languages from the part of health care providers scares away the tribal people. Lack of awareness about diseases and treatment options among tribal people also play a major role in reduced health seeking behaviour.

vi. **Lack of segregated data:** There is a significant gap in data collection, particularly disaggregated data that can provide insights into health needs in tribal areas.

vii. **Inadequate use of technologies:** The usage of appropriate technological innovations to improve connectivity, specialised medical care and lab tests can definitely improve the health care delivery.

Way forward:

a) **Addressing geographical remoteness:** Address challenges posed by remoteness by introducing mobile health units, telemedicine, drone technology, and air/boat ambulances for referrals. Mobile health units if used with "suitcase model" of communication can bring medical care facilities to any remotest areas with ease. Utilize telemedicine for specialist consultations and drones for the transportation of medicines and samples to remote locations.

b) **Improving the infrastructural deficiencies of health care system:** More focussed investment in improving the physical and human capabilities of the health care is highly essential. More equipment, buildings, ambulances, medicines etc are to be supplied. Locally tested models of innovation may be embraced for other similar geographies. One such example is "mobile ambulances" which are used for transporting very ill patients from remote areas where normal type of ambulances cannot reach. For example, in Narayanpur, Chhattisgarh, motor-bike ambulance has been successfully used to transport patients and pregnant women through dense forests to health centres, reducing maternal mortality and improving institutional deliveries. Other examples are "mobile delivery vehicles" and "boat ambulances". In order to attract healthcare professionals to work in remote tribal areas, measures such as financial rewards, career growth opportunities, housing facilities, better educational opportunities of children etc are to be employed.

c) **Capacity building:** Regular training programs on medical management along with awareness generation, cultural sensitivity, local requirements etc imparted to the health care providers in tribal dominated areas will strengthen the health care system. Training programs aimed both at the local people and healthcare workers on topics like how to use telemedicine, drones, and other technologies to enhance healthcare delivery, will improve the existing conditions a lot.

It's important to train healthcare staff to be culturally competent, ensuring they understand tribal traditions, beliefs, and language, which can improve patient-provider relationships. By giving exposure/training program to healthcare professionals in tribal areas during their training, they will be better prepared for working for the betterment of these communities. Exposure programs for doctors and healthcare staff during their training/college will make them sensitive to the requirements of tribal people from the beginning. Further, by encouraging tribal communities to join the formal healthcare workforce, such as nurses and healthcare workers, a workforce which is sensitive towards the needs of the local people can be created. Case studies like JSS Nursing School for Tribal Girls in Bastar Chhattisgarh, where trained tribal women volunteers have made significant contributions, show how local engagement can be effective.

d) **Use of technology:** GIS mapping, e-Sanjeevani, drone, point of care testing, collaboration with meteorological department to use weather forecasting for healthcare planning, and deploy GIS mapping for identifying remote communities are some of the technology based measures which have the potential to bring vast changes.

e) **Supporting tribal population inclusivity:** It is equally important that tribal people may be made health literate so that they can navigate through the healthcare system and utilize the services to the best possible ways. Awareness generation campaigns play a crucial role in this. Establishment of community volunteer groups and self-help groups to help with health education & delivery, focusing on prevention and early detection of diseases etc will benefit the communities. For example, Integrated community Health Service Model (ICHSM) of AIIMS Rishikesh, where the concept of voluntary health task force was initiated

f) **Medical Colleges and other tertiary care institutions' role:** Encourage premier institutions and medical colleges to adopt tribal districts, establish satellite centres, and ensure adequate technical know-how at service delivery points. Adoption of tribal block by AIIMS Delhi is an example. Similarly, an Advanced Resource Centre on Tribal Health is initiated by AIIMS Bibinagar as a state-of-the-art Centre for Excellence for Quality Tribal Health Service and Education. it is equally important that we make our beneficiaries health literate so that they can navigate through the healthcare system and utilize the services to the best possible way.

g) **Evidence-based interventions:** Research for situational analysis of regions, genetic testing for diseases prevalent in tribal populations, and identification of barriers to healthcare seeking and treatment acceptance needs to be undertaken on priority basis.

ROLE OF AWARENESS GENERATION IN IMPROVING HEALTH CONDITIONS OF SCDS

Keynote speaker: Dr (Prof) Prashant P Joshi, Director AIIMS Nagpur
PPT presentation: Dr.Manoranjan Mahapatra, Prof Birsa Munda Chair and HoD Haematology, AIIMS Delhi
Lead Ministry: MoH&FW
Co-moderator: Dr. Rishi Dhawan, AIIMS Delhi, Dr.R.K.Jena, Dr. Santosh Kumar, AIIMS Rishikesh WHO

Sickle Cell Anaemia (SCA) is a genetic blood disease which affects the whole life of affected patient. SCA is more prevalent among tribal population in India, where about 1 in 86 births among STs have SCA. The National Mission to Eliminate SCA by 2027 was launched in 2023. MoTA leads the awareness generation activities on the disease and its preventability. The campaign of the Ministry aims to ensure early diagnosis, seeking of timely medical care, remove the stigma associated with the disease, improve the quality of life of the patients and prevent future births with the disease. In this background the conclave deliberated in detail on the challenges faced in attaining the Mission objectives and also tried to identify the challenges from the patient's perspective. The discussion was led by the Birsa Munda Chair of Tribal Health and Haematology, AIIMS Delhi and the following were noted:

Major challenges:

I. **Lack of awareness about the disease, treatment/management options and prognosis:** There are so many myths associated with SCDs, example: eating rice causes SCD, affected persons cannot marry nor have children, it is contagious etc. These myths have created lots of stigma to the disease, discouraging people to get tested for the disease. The lack of information on the availability of medical care and how a healthy way of life can ensure a fully productive life to the affected people has created a feeling of desperation and hopelessness among people about the disease.

ii. **Lack of trust on health care systems and sub optimal availability of health care facilities for SCD:** The tribal people by nature of their geographical location in many cases already face challenges in respect of availability of medical care; this problem gets accentuated when a person is diagnosed with SCD which requires constant medical support. Lack of adequate medical facilities along with non-availability of testing facilities & blood transfusion etc pose a major challenge. When the health care providers do not show cultural sensitivity and special requirements of SCD patients, it further alienates the tribal people from the formal health care system.

iii. **Hydroxyurea shortage for sickle cell disease:** A large number of people with SCD benefit from the use of hydroxyurea, which reduces the frequency of painful vaso-occlusive crises, reduces the necessity for blood transfusions, and enhances their overall quality of life. The ongoing shortage of

hydroxyurea, a crucial medication for managing sickle cell disease (SCD), has raised serious concerns among patients and healthcare providers.

Way forward:

i. **Awareness generation and stigma reduction:** Gaining confidence of the tribal population for getting themselves tested and avail medical care requires multi-prong approaches. The message that through holistic, affordable, accessible and equitable medical care given to SCD can lead them to have a normal life will transform the entire perception about the disease. Awareness generation campaigns in tribal/local languages should be given not only to general public but to school and college children also. The children and young adults not only will influence their families to promote health seeking behaviour but also will become capable of taking informed decisions at the time of their marriages. Awareness materials may essentially include "commonly asked questions", "holistic care", "pain management" Community engagement programs involving community dialogues and active engagement of tribal leaders/ representative can make the process more effective, by making them in compliance with the tribal practices and dynamics. Patient peer groups can play a major role in rendering support to the affected people. Local health care workers including ASHA and traditional healers should be given training on SCD. The practice of branding screening camps as "sickle cell camps" should be avoided; rather they should be shown as "health camps" only.

ii. **Strengthening the health care system:** The physical infrastructure of health care system, especially primary health care institutions should be improved in SCD prevalent districts. MoTA may formulate schemes to strengthen PHC, CHC and district hospitals in such places in similar lines with CoC (centre of competence) scheme. Availability of diagnostic tools, medicines, blood transfusion facilities etc have to be ensured.

Capacity building of health care providers is also very crucial, training of healthcare providers on all aspects of SCD including Genetic Counselling at all level of health care facilities need to be given priority. Efforts may be taken to engage a tribal health worker in the management of SCD wherever possible, in case it is not practical at certain places care may be taken to engage a local tribal person in the management of the disease. Tertiary care hospitals which provide highly specialized medical services, often involving advanced procedures and treatments for complex health conditions may be mapped with each SCD prevalent area. Specialised health care supporters may be recruited, in similar lines with "district co-ordinator" in TB programs. Such systems can monitor SCD patients and carriers, send reminders for follow-up appointments, and provide educational resources to encourage consistent treatment adherence etc. Creation of care coordinators/ counsellor from local tribal communities can help in bridging the gap between health systems and community and provide facility navigation support.

CO-OPTING TRADITIONAL TRIBAL HEALERS IN THE FORMAL HEALTH CARE SYSTEM

Keynote speaker/PPT presentation: Dr Pradeep Dwivedi, AIIMS Jodhpur
Lead Ministry: M/o AYUSH
Co-moderators: WHO, Dr. Santosh Kumar, AIIMS Rishikesh

Traditional healing practices play a vital role in promoting cultural sensitivity and preserving the traditional ways of living among tribal communities, contributing to their overall health and well. These practices vary widely across cultures but often share common elements such as herbal medicine, spiritual rituals, and ancestral wisdom.-being. By respecting and integrating these indigenous healing methods, healthcare systems can build trust and ensure more effective medical interventions tailored to the unique needs of tribal populations.

The traditional healers being part of the tribal community yield lots influence over the people through years of services and co-operation. Many of them also act as leaders and guides to the communities. Studies have shown that many such healers possess basic formal education and mostly stay away from really harmful and unscientific practices. Many of them show willingness to work along with the formal health care system for the betterment of their people. In this background, finding ways to enrol the services of such healers in an effective and systematic way needs to be explored. However, before the start of any such initiatives detailed deliberations on the role the healers should be playing, the type of training to be imparted, role of any incentives etc to be deliberated and a consensus to be reached between all stakeholders. During the course of discussions at the conclave the following points were emerged:

What is the need to enrol the traditional healers?

The inadequate availability of skilled healthcare providers creates a gap in the delivery of healthcare services, leading to delayed diagnoses, inappropriate treatment, and limited access to basic medical care. Further, the cultural disconnect and resulting mistrust affects the health seeking behaviour of tribal people negatively. Till we fill these gaps, it is desirable to explore the possibility utilizing the services of educated (10th standard or more) and willing traditional healers from local tribal areas, who will act as the facilitators of health.

What should be the role of traditional healers?

Traditional healers may be engaged as an interface / linkages for the delivery of health care services and behaviour change communicators among tribal people in tribal areas supporting the ASHAs, ANMs and CHOs. They should be engaged and capacitated to identify the danger signs and initiate referral service to patients as and when needed, thereby complementing the work of ASHAs, ANMs and CHOs. These healers can encourage and motivate their community members to trust and embrace the medical care delivery system.

What type of training to be given to the traditional healers?

A decision on what type of training has to be given to these people has to be taken at

the national level to ensure uniformity across the country. Broader contours on the subjects/topics and their extent for imparting training have to be finalized in consultation with M/o H& FW. They may be trained to identify the danger signs and initiate the referral through ASHAs/CHOs. They may also be imparted on basic skills like BP temperature measurements, identification of pallor/stunting/pain crisis etc. Health Systems Content creation for training programs can be created in Hindi and English which could later be translated in to regional and tribal languages. AIIMSs along with other premiere institutions may take lead in this, along with the creation of a band of national and state level master trainers. The state health departments and NHM in collaboration with state TWD may undertake training programs at the local level. A decision on certification given to these healers who complete the training programs has also to be decided.

Whom to be trained?

Handpick the traditional healers, who are willing to act as a change maker by understanding the basic concepts of health systems, who is willing to support the health systems and who will continue her/his practice and will also help in the referral of the patients, when needed and also for supporting the CHOs and ASHAs in behaviour change communications.

What type of role/presence will these trained healers have in respect of formal health delivery system? What types of incentives are to be considered?

These trained healers may initially be attached to health care system as facilitators and based on their performance and utility a decision may be taken later to formally incorporate them in to the formal health care system. During the initial stages, certification and recognition may act as the incentive for the tribal healers; however MoTA may consider giving some monetary incentives in due course.

HOW TO ADDRESS MAL-NUTRITION AND ASSOCIATED CHALLENGES AMONG TRIBAL PEOPLE

Keynote speaker: Prof (Col) Ashok Puranik, Director, AIIMS Guwahati
PPT presentation: Dr.Dibyajyoti Saikia AIIMS Guwahati.
Lead Ministry: M/o WCD
Co-moderators: Dr Dibyajyoti Saikia, AIIMS Guwahati, UNICEF

Nutrition is an indispensable determinant of overall health and well-being, profoundly impacting the physical and cognitive development of individuals. Under-nutrition is a pressing public health concern, characterized by inadequate nutrient intake, resulting in growth stunting, compromised immune function, and a spectrum of health complications. Child malnutrition has declined over the decade, but one-third of children are still malnourished, which adversely affects the mental health of children and is a risk factor of child mortality as well as morbidity.

Tribal communities in India face significant health and nutrition challenges due to geographical remoteness and dispersion, socio-economic inequalities, and limited access to healthcare services. Poor sanitation, lack of safe drinking water, and inadequate healthcare infrastructure further exacerbate the problem. Efforts by the government and other stakeholders have brought reduction in the incidence of malnutrition. As per the recent report of NFHS-5, the prevalence of malnutrition among tribal children in the country has shown a declining trend, viz., the prevalence of stunting, wasting and underweight has reduced from 43.8%, 27.4% and 45.3% respectively in NFHS-4 to 40.9%, 23.2% and 39.5% respectively under NFHS-5. However, in spite of improvements made the challenges posed by malnutrition among tribal people still is a major concern.

Experts from various fields deliberated on the challenges faced in respect of malnutrition and way forward during the course of NTHC. Smt Pallavi Agrawal, Joint Secretary Women and Child Development explained the role of Saksham Anganwadi and Mission Poshan 2.0 programs to curb the mal- nutrition and associated challenges among the tribal people. The main objectives of the scheme such as human capital development, promotion of nutrition awareness, sustainable health, well-being and immunity etc. were discussed. The ways to address nutrition related deficiencies through diet diversity, promotion of millet, address the challenges through key strategies and finally to optimize the quality and delivery of food under the supplementary Nutrition Program were deliberated.

During the course of the discussion the following were observed:

Challenges and their causes:

Changing food habits: Tribal diets have traditionally been composed of nutrient-rich foods such as millets, tubers, local greens, and wild fruits. These food items were not only providing nutrition but also protecting the tribal people from the effects of poverty. Since these were either cultivated by the community or collected from the

local forest/community lands, these food items mitigated the crisis created by poor economic conditions. Now due to the rapid modernization and urbanization, a rapid shift is happening in the food habits of tribal societies. The traditional foods are losing their appeal especially for the younger generation; instead preference is given to packaged and processed food items. These foods are deficient in many nutrients and also the cost factor prevents consumption of required quantity of different types of foods to meet the nutrient requirements.

Affordability and accessibility: The economic backwardness of tribal communities makes it difficult for them to access nutritional food items. Many families depend entirely on PDS for their food requirements and their inability to purchase a wider food basket limit the nutrient intake. The remoteness of their hamlets creates accessibility issues even for PDS food items. Lack of proper internet connectivity at PDS shops also creates barriers for tribal people.

Mobile PDS.

Lack of segregated data: Tribal specific nutrition and health data in the country is scanty and patchy. Collection of region specific data on the nutritional status, dietary habits, major reasons for malnutrition etc is the first step in devising effective strategies to tackle malnutrition.

Way forward:

i. **Identification of nutritional deficiencies:** This has to be done by testing the food samples and also by observing cooking practices. Based on identification of deficiencies, practical solutions such as change in cooking pattern & practices to preserve nutrient content (steaming vegetables instead of boiling, reducing overcooking etc), incorporation of locally available food items like whole grains/ vegetables/tubers/fish/meat products etc may be advised. Further, based on the findings a targeted approach to food fortification can also be employed. Staples like rice and other widely consumed food materials can be fortified with essential vitamins and minerals—such as iron, folic acid, and vitamin A—to bridge the nutrient gaps identified in the laboratory analyses.

ii. **Promotion of traditional foods and eating habits:** The lost interest in traditional foods can be slowly brought back through constant and targeted messaging. In addition to the projection of their nutritional values, messages targeted at creating a sense of proudness in their traditions and cultures will make people to go back to these eating habits. Integrating these traditional foods into government nutrition programs like Take Home Ration (THR), Hot Cooked Meals (HCM), and mid-day meal initiatives can help restore their role in daily diets. The incorporation of traditional foods in school meals can reinforce the benefits of indigenous diets in the minds of children.

iii. **Awareness generation and community engagement:** Addressing malnutrition requires significant behavioural changes, including proper breast feeding practices, reducing dependence on ultra-processed foods through awareness campaigns and promotion of healthy eating habits. Encouraging breastfeeding and complementary feeding by promoting exclusive breastfeeding for the first six months and appropriate complementary feeding thereafter is critical for early childhood nutrition. Promoting hygiene and sanitation by educating communities on the link between nutrition and sanitation can prevent infections that contribute to malnutrition.

Community awareness campaigns, school programs, and media initiatives can emphasize the health benefits of the traditional foods. Engaging local leaders as nutrition ambassadors can further encourage the adoption of traditional eating habits within tribal communities. Community engagement through food festivals and cooking demonstrations can encourage families to embrace nutritious food habits. Children and adolescents play a crucial role in shaping future dietary habits. Schools can serve as the foundation for nutrition education by implementing nutrition literacy programs that teach children about balanced diets, local super foods, and the importance of micronutrients. Furthermore, peer-led education programs can train students as nutrition champions.

Nutritional gardens, or POSHAN Vatikas, can provide direct access to fresh, locally available vegetables and herbs, thus enhancing household food security. Scaling up these gardens across tribal regions through community participation, support from self-help groups, and integration with existing government programs can significantly improve the nutrition status.

iv. **Rethinking of PDS strategy:** New approaches to improve the reach of PDS system in the difficult terrain of tribal hamlets/villages need to be devised. Deployment of mobile PDS units in vehicles with connectivity (eg: suitcase model of connectivity) may be explored. Possibilities of incorporating local food items like millets, local varieties of pulses etc may be explored.

v. **Innovative strategies:** The idea of "ready-to-use prophylactic foods" (RUPF) can be developed building on the success of ready-to-use therapeutic foods (RUTF) by shifting the focus from treating acute malnutrition to preventing nutritional deficiencies before they become critical. Ready-to-use prophylactic foods can be specially formulated making shelf-stable nutritional products in form of energy bars, nutrient-dense snacks, or powders—that are designed to prevent nutritional deficiencies in populations at risk. Unlike therapeutic foods used for treatment, RUPFs aim to sustain health and enhance resilience against potential nutritional gaps, particularly in contexts where diets are known to be imbalanced or lacking. Such nutritional products needs to customizable formulations for different target groups and areas fortified with macro and micronutrients. The raw products

can be locally sourced that will increase acceptability in the population as well as provide economic boost.

vi. **Segregated data collection and mapping:** Data collection on nutrition and local food items has to be undertaken with priority. Recording and replicating successful nutrition interventions from different tribal regions will be crucial for addressing malnutrition effectively. This can be achieved by developing a repository of best practices, conducting research on ethno-dietary traditions, and creating platforms for knowledge-sharing among government agencies, NGOs, and academia.

ADDICTION AMONG TRIBAL PEOPLE, CHALLENGES AND WAY FORWARD

Keynote speaker: Prof Dr. Saurabh Varshney Executive Director and CEO, AIIMS Deogarh.
PPT presentation: Ms. Radhika Chakravarthy Joint Secretary MoSJ&E
Co-moderators: Dr. Siddharth Sarkar (AIIMS Delhi), Dr Yatan Pal Singh Balhara (AIIMS, Delhi)

India is home to a vast tribal population who have distinct cultural practices, traditions, and socio-economic conditions. However, in recent years, there has been a rising concern over addiction-related issues among tribal populations. Substance abuse, including alcohol, tobacco, and narcotic drugs, has emerged as a major social and health problem, affecting not only individuals but also the community as a whole. Major causes of addiction among tribal communities are as given below:

i. **Cultural and traditional practices:** Many tribal communities have long-standing traditions of consuming locally brewed alcohol as part of their rituals and social gatherings. Over time, these practices have led to habitual consumption and, in many cases, addiction.

ii. **Economic hardships and unemployment:** Poverty and lack of stable employment opportunities push many tribal individuals towards substance abuse as a means of escapism. With limited access to education and skills training, they often engage in menial labour, which provides little financial security.

iii. **Lack of awareness and education:** Many tribal people are unaware of the health hazards associated with substance abuse. The absence of proper health education and rehabilitation centres further exacerbates the problem.

iv. **Easy availability of alcohol and drugs:** The availability of cheap, locally made alcohol and the infiltration of narcotic substances into tribal areas contribute significantly to addiction. Illegal liquor manufacturing and drug peddling have made these substances more accessible.

v. **Social and psychological stress:** The displacement of tribal communities due to urbanization, deforestation, and mining projects has led to significant distress. The loss of traditional lands and livelihoods has caused many to turn to alcohol and drugs as coping mechanisms. Impact of addiction

Major consequences of addiction are as given below:

i. **Health issues:** Substance abuse leads to numerous health problems, including liver diseases, respiratory disorders, and mental health issues such as depression and anxiety.

ii. **Breakdown of family and social structures:** Addiction often results in domestic violence, neglect of children, and financial instability, leading to the disintegration of family units.

iii. **Decline in workforce productivity:** Many addicted individuals are unable to maintain stable employment, which negatively impacts the community's economic development.

iv. **Increase in crime and exploitation:** The involvement of tribal youth in illegal drug trade, theft, and other criminal activities has increased, making them vulnerable to exploitation by external forces.

NTHC deliberated on the challenges of addiction and identified action points. The Ministry of Social Justice and Empowerment has been implementing **"Nasha Mukt Bharat Abhiyan (NMBA)"** to address the issues coming out of tobacco and alcohol use. The initiative recognizes the cultural diversity and specific needs of tribal populations, with 28% of tribal users in regions like Santhal Pargana. It adopts a community-based approach, involving local villages in prevention, treatment, and rehabilitation efforts. Five key pillars—prevention, promotion, collaboration, service delivery, and research—are central, along with extensive training programs for community members. The learnings of this Abhiyan can guide the efforts aimed at tribal communities, for a more focussed approach.

Way forward:

Measures to combat addiction Addressing the issue of addiction among tribal communities requires a multi-pronged approach as given below:

i. **Awareness and education campaigns:** The government and non-governmental organizations (NGOs) should conduct awareness programs to educate tribal people about the dangers of addiction and promote healthy lifestyles. Creation and circulation of awareness generation activities in local/tribal languages will play a crucial role.

ii. **Strengthening rehabilitation and healthcare facilities:** Establishing de-addiction centers and providing mental health support can help individuals recover from substance abuse. The remote locations of many tribal settlements hinder access to healthcare and rehabilitation facilities. The scarcity of healthcare professionals trained in addiction medicine and tribal healthcare presents a significant challenge. Capacity-building programs focused on training community health workers in substance abuse prevention and treatment can enhance intervention efficacy. Strengthening rural healthcare infrastructure, deploying mobile de-addiction units, and leveraging telemedicine can bridge this accessibility gap.

iii. **Employment and skill development programs:** Providing vocational training and employment opportunities can reduce economic distress, thereby lowering the likelihood of substance abuse.

iv. **Regulation of alcohol and drug supply:** Stricter enforcement of laws against illegal liquor production and drug trafficking is essential to curb the easy availability of addictive substances.

v. **Community involvement and support groups:** Encouraging local tribal leaders and community-based organizations to play an active role in addiction prevention can lead to more effective interventions. Addiction is often perceived as a moral failing rather than a medical condition, leading to stigma and reluctance to seek treatment. Culturally sensitive outreach initiatives, led by trusted community figures, can mitigate this stigma and encourage individuals to pursue rehabilitation. Sensitization os school and college students will help in bringing sustained changes in behaviour patterns.

vi. **Sustained economic alternatives:** Short-term employment programs do not provide lasting solutions to economic distress. Sustainable livelihood initiatives, such as cooperative farming, eco-tourism, and indigenous handicraft promotion, can provide long-term economic stability and reduce dependence on substances as a coping mechanism.

vii. **Policy implementation and inter-sectorial coordination:** While policies exist to regulate substance use, inadequate enforcement and lack of coordination between healthcare, law enforcement, and social welfare agencies diminish their impact. A more integrated approach, involving government bodies, NGOs, and tribal councils, is essential for effective policy implementation.

ADOLESCENT, MATERNAL AND REPRODUCTIVE HEALTH AMONG TRIBAL PEOPLE

PPT presentation: Dr. Reeta Mahey AIIMS Delhi
Lead Ministry: M/o WCD.
Co-moderators: Dr.Sumeet Malhotra (AIIMS Delhi), UNIFPA

The resource person started the discussion by mentioning that women are the vulnerable individuals in the male dominated society. Besides, unique customs and ways of life often have impact on the tribal women's health. It was further mentioned that tribal communities bear a significant burden as they account for over 50% of all maternal deaths and IMR in the country. The data shared also suggested that only 10% of tribal women get full antenatal care and only 18% of tribal women's access institutional deliveries. Various health challenges faced by tribal women were discussed at length, which includes poor menstrual heath, anemia prevailing in tribal society, drug addiction, increase risk of infection, lack of safe sexual practices, poor care during pregnancy, less gap between pregnancies poor diet of lactating mothers and so on. Similar challenges faced by tribal women in their later stage i.e., pri-menopausal health was also discussed.

Major challenges in maternal and reproductive health:

i. **Poor nutrition during pregnancy and breastfeeding:** Women have distinct nutritional requirements throughout their life – especially before and during pregnancy and while breastfeeding, when nutritional vulnerability is greatest. Ensuring women have nutritious diets and adequate services and care is fundamental for the survival and well-being of mothers and their children. Before pregnancy, women need nutritious and safe diets to establish sufficient reserves for pregnancy. During pregnancy and breastfeeding, energy and nutrient needs increase. Malnourished females, low levels of education and awareness, malpractices and lack of availability of food results in nutrition deficiencies in women and thereby creating health issues.

ii. **Pregnancy management:** The practice of home delivery with the help untrained personnel is still a major challenge. Achieving hundred percentage institutional delivery will drastically reduce both MMR and IMR. Complications in pregnancy can result from conditions that are specifically linked to the pregnant state as well as conditions that commonly arise or occur incidentally in women who are pregnant. Serious sequelae might include miscarriage, pre-term labour or premature rupture of membranes, premature birth, stillbirth, low birth weight, macrosomia, birth defects, and infant and maternal morbidity or death. Complications affecting mother and fetus may arise at any stage of pregnancy, during labour, or postpartum. Non-detection of complications and lack of access to tertiary care can lead to danger to the lives of mother and or child.

iii. **Cervical and Breast Cancer:** Breast cancer and cervical cancer, the most common forms of cancer in women worldwide, are on a fast and steady rise, accounting for more deaths in women than any other cancer. Cervical cancer found at an early stage is usually easier to treat, by the time symptoms appear, cervical cancer may have begun to spread, making treatment more difficult. The early diagnosis of these cancers through screening can greatly affect the course of progression of the disease.

The goal of screening for cervical cancer is to find precancerous cervical cell changes, when treatment can prevent cervical cancer from developing. Sometimes, cancer is found during cervical screening. Breast cancer screening means checking a woman's breasts for cancer before there are signs or symptoms of the disease. Although breast cancer screening cannot prevent breast cancer, it can help find breast cancer early, when it is easier to treat.

The lack of awareness on cancers and need for screening, is creating blockage for the chance of early diagnosis to tribal women.

iv. **Non-availability of tribal women specific desegregated data:** The lack of segregated data is a major hinderance in planning and execution of tribal women centric health policies.

Major challenges in adolescent health:

i. **Anemia:** Anaemia is a critical public health problem in India that affects women and children throughout the lifecycle. Anaemia in boys and girls limits their development, learning ability, reduces concentration in daily tasks, increases their vulnerability to infection, increases school dropout rates, reduces physical fitness and work productivity. Anaemia in girls during pregnancy is associated with premature births, low birth weight, and peri-natal and maternal mortality.

ii. **Poor Menstrual Health:** Menstrual Health and Hygiene (MHH) is essential to the well-being and empowerment of women and adolescent girls. While menstruation is a normal and healthy part of life for most women and girls, in many societies, the experience of menstruators continues to be constrained by cultural taboos and discriminatory social norms. The resulting lack of information about menstruation leads to unhygienic and unhealthy menstrual practices and creates misconceptions and negative attitudes, which motivate, among others, shaming, bullying, and even gender-based violence.

To effectively manage their menstruation, girls and women require access to water, sanitation and hygiene (WASH) facilities, affordable and appropriate menstrual hygiene materials, information on good practices, and a supportive environment where they can manage menstruation without embarrassment or stigma.

iii. **Sexually transmitted infections:** Sexually transmitted diseases (STDs) are a serious health problem for adolescents. Determinants of STD risks among adolescents include behavioural, psychological, social, biological, institutional factors. Education is an important component in STD control in adolescents.

iv. **Early marriage:** Child marriage violates children's rights and places them at high risk of violence, exploitation, and abuse. Child marriage affects both girls and boys, but it affects girls disproportionately. A girl who is married as a child is more likely to be out of school and not earn money and contribute to the community. She is more likely to experience domestic violence and become infected with HIV/AIDS. She is more likely to have children when she is still a child. There are more chances of her dying due to complications during pregnancy and childbirth.

Way forward:

MATERNAL AND REPRODUCTIVE HEALTH:

i. **Poor nutrition during pregnancy and breastfeeding:** Ensuring regular ante-natal check ups is key in timely identification of anaemia and managing it. The ASHA may be encouraged to gather support of elderly women in the tribal communities in ensuring antenatal check ups of all pregnant woman in their villages/hamlets. It may be also ensured that these women take iron and folic acid on a regular basis. Through community involvement eating habits and personal hygiene aspects also will improve thereby reducing the chances of anaemia.

ii. **Safe delivery practices:** The major hurdles in achieving hundred percentage institutional deliveries are physical and knowledge barriers. The connectivity issues due to difficult terrain needs practical solutions. The **Mobile Deliver Units** which are present in many locations already along with **Bike Ambulances** will help to take a safe delivery near to their habitations/villages or transfer the patients to nearby health facilities. More such units may be deployed in different locations to ensure safe motherhood. In the case of emergency referrals arising out of pregnancy related complications, non-availability of ambulances (both basic and advance) creates lots of issues. Deployment of more ambulances especially in areas with high MMR may be considered.

iii. **Cancer management:** Including cervical cancer screening as a priority is highly overdue. The lack of any studies on the incidence of cervical cancer among tribal women hinders planning of initiatives/interventions. Screening exercises of sample populations may be undertaken. Awareness generation on both breast cancer and cervical cancers may be organized with IEC material in local languages. Short videos, jingles etc may be prepared and shared, the same may be used by ASHA during her visits also.

iv. **Data collection:** More studies/research projects may be undertaken by MoTA especially for the collection of data in respect of tribal women. This is very crucial for planning and implementation of new initiatives.

ADOLESCENT HEALTH:

i. **Nutritional challenges including aneamia:** Early diagnosis of anaemia is crucial for timely interventions. Screening programs aimed at school and college students may be undertaken in collaboration with local PHC/CHC/District hospitals. Timely and regular distribution of iron and or folic acids as prescribed may be ensured at the school/college levels. Eating a balanced diet means consuming different types of food items like pulses, chapatti or rice, green vegetables, locally available fruits and milk every day. Information and counselling for improving dietary intake and for taking actions for prevention of intestinal worm infestation. The poor absorption of iron and a predominantly vegetarian diet means that despite the consumption of a balanced diet, iron supplementation is required to prevent and control anaemia. Anaemia among adolescents can be prevented by regular consumption of iron and folic acid tablets once a week.

Deworming reduces worm load and blood loss and prevents anemia. To prevent hookworm infestation, one should maintain personal hygiene and environmental cleanliness. Sensitization programs aimed at encouraging the use latrine and avoid open air defecation is very significant.

ASHA and other health workers along with community volunteers may undertake awareness generation among students to understand the need for on healthy eating habits and on personal hygiene. Meetings and sessions involving parents and teachers may also be organized. The training may include topics such as maintaining of height and weight chart of students and comparison with ideal weight and height, seeking interventions from local health care workers whenever required etc. EMRS may take up specific programs aimed at improving eating habits with special emphasis on traditional nutritious food items. The presence and active participation of health care workers in the educational institutions can bring lots of changes which can be seen from the example of Odisha, where ANMs are posted in residential schools.

ii. **Menstrual health:** Improve access to menstrual hygiene products to tribal girls and women, through measures like installation of sanitary napkins vending machines & refilling them at schools & hostels, provide clean wash rooms with running water etc are overdue. Awareness generation pointing menstruation as a regular bodily phenomenon will help in reducing the stigma and prejudices associated with menstruation. The stigma on menarche (start of menstruation in girls) and associated misgivings can be reduced by campaigns and ensuring community involvement. This will also reduce the dropping out of girls from schools once they attain menarche.

iii. **Sexually transmitted diseases:** Sessions on safe sex practices, contraception etc needs to be organized in a culturally sensitive manner.

iv. **Early marriages:** Childhood marriages not only affect the girls and boys involved but also the children born to them also. Since the cultural practices play a major role in such marriages, community engagement and involvement are crucial for prevention of child marriages. Community leaders, elders, ASHA, Anganwadi workers, NGOs, SHGs etc can play a crucial role and efforts may be taken to engage such people.

v. **Life course approach based comprehensive tool kit for women poor:** A tool kit may be developed in collaboration with premiere institutions, which will address topics like menstrual health, sexual health, contraception, age of marriage, maternal health, cervical cancer screening, perimenopausal health. This tool kit can be taught to tribal ASHAs and volunteers who can disseminate the knowledge. EMRS students can be trained using incremental learning approach and impart skill-based training. Small changes to be incorporated gradually for behaviour changes on larger scale. Develop methods and platforms to engage with boys (respecting the opposite gender, consent and joint decision making to be focused on), thereby enabling the young girls to face the outside world in a better way.

ADDRESSING MENTAL HEALTH ISSUES

Keynote speaker: Dr. Pratap Sharan Professor of Psychiatry. Dr Raman Kataria, AIIMS Delhi
PPT presentation: Dr. Naveen Kumar C, Professor of Psychiatry, NIMHANS
Lead Ministry: MoSJ&E
Co-moderators: Dr.Nishtha, AIIMS Delhi

The conclave saw an elaborate discussion among a panel of experts from different parts of the country on the challenges faced by tribal people in respect of mental health issues. The discussion identified the following as the major obstacles:

i. **Lack of Understanding from a tribal perspective:** Mental health is often not well understood in the context of tribal populations, making it difficult to recognize and address. The vast cultural and geographical diversity of tribal communities complicates the uniform healthcare delivery pattern further. Insufficient funding and prioritization of mental health services have exacerbated the challenges faced by these communities.

ii. **Limited awareness & access:** Tribals experience high rates of mental health challenges, but these are often overlooked due to lack of awareness and inadequate services. Tribal communities face cultural trauma, such as loss of customary rights over resources and socio-economic subjugation, which contributes to mental distress. Many tribal areas are remote, making mental health services difficult to access, leading to high out-of-pocket expenses.

iii. **Under-trained Primary Healthcare Providers:** Local healthcare workers often lack training to identify and manage mental health conditions leading to non-diagnosis over under-management. Further, existing mental health services are not customized to meet the unique needs of tribal populations.

iv. **Stigma:** There is a significant stigma surrounding mental health in communities, further discouraging people from seeking help.

v. **Traditional Healing Practices:** Faith-based healing practices are widely used, and mental health issues are often dealt with in traditional ways, which many times are non-scientific.

The deliberations further focussed on the way forward and action points to address the challenge, the following were observed:

i. **Service delivery measures:**

Collaborative approach: A revised approach wherein services beyond health sector are also part of the care delivery is the need of the hour. Establishing community-based mental health centers with trained local practitioners will help to provide standardised care to the affected people. The inclusion of other aspects such as nutrition, exercise, mentorship etc along with medical management will help the affected people to lead a healthy and meaningful life.

Bridging of gaps in service delivery: The infrastructural development with emphasis on in patient care needs urgent attention. Establishment of mental care units in all secondary level hospitals need to be executed on priority. In hilly and difficult terrain areas, linking of primary health care facilities with the experts in secondary or tertiary care centres need to be done.

Capacity building: Through training directed at different cadres of healthcare professionals, especially grassroot-level workers such as ASHAs, Mitanins and community health officers (CHO) early diagnosis and management of mental health issues will become easier.

Reduce stigma through IEC activities: Campaigns and awareness generation activities need to show that people with mental health issues can lead good life with medical care. Emphasis may be made to the fact of complete cure of most of the mental health issues and non-hereditary nature in many cases. By involving community members in the awareness generation, stigma associated with the disease will come down.

ii. **Policy level requirements**

Strengthening/ learning from existing successful programs: The programs such as Chhattisgarh Community Mental Healthcare Telementoring Program **(CHaMP),** National Tele Mental Health Assistance and Networking across States **(TeleMANAS)** are tested methods with good outcomes. Expansion of these programs in all tribal areas can help the affected people greatly by providing them with timely support and care.

Utilization of the existing program frameworks: Liaison with existing health programs focusing in this population like the national sickle cell disease control program will help to reach out to the population more easily.

iii. **Participatory measures:**

Community engagement: By involving community elders and leader as partners in awareness generation, a bridge between patients and the health care system will be created. These elders/leaders will guide other community members in identifying people facing mental health issues at the earliest and also will encourage them to seek medical care.

Use of traditional healers: Since the tribal people trust the traditional healers much more than the formal health care system in many occasions, their involvement plays a crucial role. By educating these healers, we can empower them to identify people who need medical care for the mental health issues and refer them to nearest health facility.

iv. **Research and data collection:** Ethnographic research to understand the needs of the community, e.g., high suicide rate in Sikkim; are essential in defining the future course of action. The expression of distress among tribal people would be different which needs to be understood though sample surveys and research.

Leveraging technology for the promotion and prevention: Technological advances may be used for awareness generation on the dieses, treatment and prevention. Short videos, WhatsApp messages, social media posts etc may be used for effective information dissemination.

CULTURAL SENSITIVITY AND PRESERVATION OF TRADITIONAL WAYS OF LIVING FOR BETTER HEALTH AND WELL-BEING

Keynote speaker: Prof Dr. Ashutosh Biswas,Director AIIMS Bhubaneswar
Lead Ministry: M/o AYUSH
Co-moderators: AIIMS Bhubaneshwar, UNICEF

Cultural sensitivity is to value, respect, and admire cultural diversity. Naturally, no community will accept any help from outside like modern medicine if we do not respect their cultural practices. The same would be the case for mutual respect, the lack of which would lead to non-utilization of services. In this context, one group in the Tribal Health Conclave discussed how healthcare can be made culturally sensitive and how we can ensure the preservation of their traditional practices conducive to their health.

Major challenges:

i. **Traditional healing practices:** Even though many traditional healing practices use medicinal plants and roots, some are harmful to health. Due to this, many healthcare workers, with all good intentions, disregard the tribal population's emotions and discourage them from those practices, which is contrary to the principle of cultural sensitivity. However, dissuading the tribal people completely from these practices that have been going on for generations will make them feel disrespected and further turns them away from healthcare services.

ii. **Language barriers:** In many healthcare centres, the staff may not be knowing the language of the tribal population they serve. This becomes compounded by the fact that the tribal population is a heterogeneous group and there may be more than one dialect spoken in a particular area.

iii. **Cultural taboos:** Tribal culture has many cultural taboos related to food, pregnancy, lactation etc. During pregnancy, women are prevented from eating foods like papaya, coconut water, fish and fermented rice in the belief that it will lead to abortion or obesity and difficult childbirth. The challenge is to identify taboos that may be harmful to health, find ways to discontinue them and identify good ones so that they are encouraged to practise them. However, there is a gap in the knowledge about taboos of different cultural groups in the country.

iv. **Spiritual:** Almost without exception, the tribal culture believes that diseases are caused by some supernatural force. They consider it to be an act of God as punishment or of the evil spirits. Therefore, they tend to rely on their traditional healers to appease the Gods or drive away the evil spirits bringing diseases. In the face of such a belief system, to expect them to accept modem

healthcare services is not an easy task.

v. **Discrimination at health centres:** The tribal population has been on the fringes of society for a long time due to their remote dwellings, proximity to nature and forest lands, the unique ways in which they live, clothe themselves, eat and societal norms. The non-tribal population, which forms most healthcare service providers, do not understand the tribal system or culture and finds them strange. This leads them to look at them differently, condescendingly, and many times, discriminate against them. Such actions lead to further alienation of the tribal population from the rest of society and prevent them from availing the much-needed healthcare services.

Way forward:

i. **Culturally sensitive healthcare services:** Cultural competence should be part of the curriculum for MBBS, nursing and other paramedical courses. MoHFW may communicate to the respective councils for the same. The staff who are currently working in the health care system also needs to be trained in cultural competence. The training has to be conducted in a cascade manner with TOTs trained at the Central and/or State level. One of the major barriers to healthcare access is language and this can be taken care of to a large extent by selecting and training members of the tribal community as health workers. At the health centres, provision can be made to hire language translators or interpreters on a part-time basis.

A Task Force Committee may be set up at the Central level with stakeholders from various ministries who will frame the cultural competence curriculum for students and existing staff. Any training in cultural competence should include exposure visits to tribal areas for 10-14 days. All colleges providing training need to be monitored and the students evaluated for cultural competence in their final exams.

ii. **Increase access to healthcare facilities:** Most healthcare services have specified days and hours and are located at fixed centres. However, for tribal populations, their culture entails going to forests to collect food, firewood, cattle fodders, or commercial forest products. Therefore, healthcare services may be out of reach due to their natural schedule of work, festivals, taboos eg. not going out of the house after childbirth. To overcome these obstacles, healthcare services need to be community-based. Measures such as weekly mobile health clinics (during their bazaar time), holding clinics nearer to the hamlets/habitations via Mobile Medical Units (MMUs), scheduling the clinics hours that are convenient for them (eg. early morning or at night when they come back from work) etc may be implemented.

iii. **Health education and awareness:** Studies have shown that the tribal populations' awareness about health and disease is lower than that of the non-tribal populations. A well-formulated strategy should be in place to

increase the awareness of the tribal populations about health and improve their health-seeking behaviour. Awareness should also include the types of healthcare services available, where it is available and when. Health education sessions can be conducted at weekly

iv. **Research:** To make the healthcare system culturally sensitive and help preserve traditional practices conducive to health, there should be a compendium of such practices. It will be a requirement during training and evaluation. Where good practices prevail, they should be appreciated and encouraged to continue. In case of harmful practices, they should not be directly confronted, rather help should be taken from their traditional healers or their leaders in gently weaning them away from such practices. All such practices that do not hamper health nor are useful should not be tampered with and respected. Make a compendium of traditional practices conducive to health and harmful to health. Such compendiums can be state or area-specific as the practices can be vastly diverse in different parts of the country.

v. **Partnership with tribal organizations:** With over 700 hundred tribes in India, their culture and traditional practices are diverse within them. To be able to reach most of them and work hand-in-hand with them, a concerted effort of MoTA, MoHFW and NGOs working in tribal areas will be needed.

GLIMPSES OF THE NATIONAL TRIBAL HEALTH CONCLAVE

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Ministry of Tribal Affairs
Government of India

National Tribal Health Conclave

under

Dharti Aaba Janjatiya Gram Utkarsh Abhiyan

20th January, 2025

Venue: Bharat Mandapam, New Delhi




Calendar 2025

JANUARY 2025

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OCTOBER 2025

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सत्यमेव जयते

जनजातीय कार्य मंत्रालय
Ministry of Tribal Affairs
Government of India