WELCOME ADDRESS

Smt. Alka Tiwari,
Secretary
National Commission For Scheduled Tribes

The current series of discussions is organized on the theme of tribal health with a special focus on Scheduled Areas. The aim is to conduct a stakeholder consultation on the topic of tribal health and health systems by bringing policymakers, civil society representatives working in the area, as well as academicians together on one platform and taking their suggestions or recommendations. There is a need for discussion on the aspects of financing and budget effectiveness of this process and whether it has been beneficial for the scheduled tribes or not.

There are two important issues here. Firstly, why the services we are providing are not reaching the ST communities or are not being effective in achieving the objectives. One major reason has been geographical isolation. As we all are aware, tribal communities live in far-off areas in deep forests where there is a lack of infrastructure and human resources. Even a doctor would want to reside at headquarters and not at a far-off PHC in such areas. Another problem is transportation which causes hurdles in organizing equipment at these health centers. It's important to notice here that there is a lack of awareness. The tribal community is not aware of whom to approach in situations of distress or about what to really expect from the government system.

ADDRESS BY THE CHIEF GUEST

Dr. R Balasubramaniam
Hon'ble Member (hr),
Capacity Building Commission, Government Of India

It is significant to understand tribal issues with the help of tribal communities themselves. The repetition of past mistakes where tribal development was conceived on the notion that tribal communities are not developed and only the government has all the solutions to develop them, should be avoided. The Indigenous Knowledge Systems must be valued in their own right and there is a need for such knowledge to be

incorporated into the mainstream.

One should not look at tribal society as a problem-based society. Instead they should be looked upon as enormous repositories of resources and wisdom. To develop sustainable medical practices, one must step aside from corporate entities, driven by high end budgets. Afterall, a sustainable approach to development in any field requires learning from tribal communities and their ways of life. The Capacity Building Commission is looking forward to learning from the discussions on how to build an understanding of empathy, equality, partnerships and enable government officials to shift their mindsets from being a provider to a partner.

KEYNOTE ADDRESS

Sh. Harsh Chouhan
Hon'ble Chairperson
National Commission For Scheduled Tribes

Dr R Balasubramaniam's decades' long experience of working among the tribal communities, not only as a doctor but also as an activist for tribal rights, will prove to be very beneficial in this two-day SAMVAD programme. Dr. Balu's book Voices from the Grassroots has also aimed at bringing out the voices from the grassroots and initiating a dialogue with the system. This SAMVAD will follow on the same line and lead to better conclusions.

Some of the Commission's efforts in this direction have already begun yielding results. The first SAMVAD talked about PESA and Community Forest Resource Rights. When people communicated directly with the system and government officers, many aspects and issues were highlighted and brought to the officials' attention. Government officers also provided encouraging feedback and realized the importance of the dialogue. During the discussions, many people raised the issue of unavailability of Kisan Credit Card since bank managers refused to issue it as they did not have any title. So, the RBI representative present among the speakers took the issue into consideration and immediately passed orders to rectify the same. This has helped the farmers receive Kisan Credit Card in their villages.

Witnessing this and understanding how these small steps can bring about big changes was very encouraging. As Smt. Alka ji also mentioned that our mandate is to provide assistance and suggestions during the policy formulation process for tribal communities and also to carry out monitoring activities when they are implemented. Further, NCST also provides feedback on the implementation of policies such that corrections can be made as required. On the same lines, there is a need to bring light to the issues and challenges faced by tribal communities. Tribal communities are often wrongfully projected as ignorant and uncivilized. This leads people who are working in

the area of tribal development to talk about spreading awareness and sympathy for them but there are very few people who work on generating empathy towards the tribal communities.

There is also an issue of migration which attracts a lot of debate and discussion. Surprisingly, however, many people fail to differentiate the tribal migration from other types of migration. In plain areas like UP or Bihar there is permanent migration. However, tribal migration is a temporary phenomenon. Tribals do not leave their villages by choice but financial debts and helplessness causes them to move out. To understand this labour caused by helplessness, we conducted a small survey and also asked the Tata Institute of Social Sciences to conduct a survey on that.

One of the most important conclusions was about health expenditure being a major contributor in the tribal families' burden of loans. Such loans were being sanctioned at very high interest rates since there were no alternative sources for them. To repay the debts, the tribal population opts for migration. This is the reason behind why it is decided to initiate a dialogue on the issue of health. The Commission seeks to understand and evaluate the issue of accessibility in the tribal areas. Only when we study these problems will we come up with appropriate solutions and ways of making our administrative system more tribal friendly.

On the first day, the aim is to learn about the effectiveness of the available network at the grassroots and their concerns. The second day, the discussion is about their solutions. The focus will be on concrete suggestions about how to increase sensitivity and understanding of the health care system towards the tribal needs and ways of working upon capacity building in this direction.

Health sector is a priority sector since it tends to the most basic needs of an individual's life. Therefore, it is important to know about the kind of research available on it or how research can be done about it. The common research is available, however, who will work for the type of healthcare problems faced by the tribal region is what needs to be studied.

Everyone is working in their own way but let us discuss more on what our concerns are and what can be done right. This dialogue is just the beginning, after that the exercise of the Commission will also move to ways of improving it. By monitoring all that is being done by the government, by various agencies, by voluntary organizations for health, we will see what is the right path.

Health is a very important topic. Since the time we joined the Commission, we have witnessed that there is lack of data on tribal issues. Whatever is available is derived from pure academic exercises. The grassroots level information is missing. Hence, we have initiated this SAMVAD.

VOTE OF THANKS

Sh. Ananta Nayak,
Hon'ble Member
National Commission For Scheduled Tribes

SAMVAD has emerged from a series of meetings over this theme which were chaired by heads of eminent institutions. The need was felt for an elaborate and incisive discussion in tribal healthcare systems in India. The Hon'ble Chairperson is of the opinion that tribal communities should be involved in discussions based on their lives. Any dialogue based on their life must incorporate their life experiences. To embody this spirit of democratized communication we have decided to name this dialogue, SAMVAD. The Commission believes that these discussions would serve as a foundation for thinking about tribal healthcare effectively. People from tribal communities have unparalleled resilience, their power of tolerance is worth learning from. However, their refusal to depend on modern medicine can sometimes prove to be fatal. The suspicion about modern medicine among tribal communities must be removed. The system must adapt itself to overcome this disconnect among tribal communities.

The Commission is grateful to Shri. S. N. Tripathi, Director General of the Indian Institute of Public Administration (IIPA), New Delhi and several others for their support and assistance for holding this program.

SESSION - I

Tribal Health Care: Priority Areas and Challenges

The objective of the session was to understand the efficacy of state intervention in tribal health care, assessment of the availability of health care personnel, and evaluation of the Scheduled-Area-focused Government health programs and their utility to the tribal people. Key issues in tribal health care were identified by the speakers, focussing on the changing trends of health indicators, disease burden patterns, and efficacy of health policy. The datasets on the status of tribal health in India and social determinants of tribal health care were presented. Discussions took place on the health status of the tribal women, loss of traditional livelihoods, vulnerability, marginalization, gender discrimination, limited coverage of government programs, and market-driven economic changes in tribal regions.

> *We need to work in partnership with the tribal communities instead of assuming the role of a service provider.*

MODERATOR

Dr. R Balasubramaniam, *Hon'ble Member, Capacity Building Commission*

PANELISTS

Maj Gen (Prof) Atul Kotwal, *Executive Director, National Health System Resource Center*

Dr. Aparup Das, *Director ICMR, National Institute of Research in Tribal Health*

Shri Biswajit Das, *Deputy Director General, Ministry of Tribal Affairs*

Shri Padam Khanna, *Sr. Consultant, Ministry of Health and Family Welfare*

PRESENTATIONS BY PANELISTS

Dr. R. Balasubramaniam, *Hon'ble Member, Capacity Building Commission*

There is a need for governmental and non-government organizations to come together and address the issues plaguing tribal healthcare in our country. In the overall context of tribal development, tribal health in particular, it is to be understood that the tribal societies have their own wisdom for a sustainable and healthy living. Therefore, the State needs to work in partnership with the tribal communities rather than assuming the role of a service provider. The time has come for India to talk about an exclusive Traditional Health University, systematically bringing the power of indigenous thinking to the mainstream society where non-tribal students learn from tribal practitioners. A platform for the celebration of indigenous health practices and indigenous medicines must be created and institutionalized. The aim is to achieve localized solutions driven by respect, dignity, care, and empathy for Scheduled Tribes.

Maj Gen (Prof) Atul Kotwal, *Executive Director, National Health Systems Resource Centre*

In remote parts of Jammu and Kashmir, the tribal communities that practice early child marriage were found to be having low BMI and a high incidence of anemia linked with maternal mortality. With the contribution of the National Health Mission in these areas, a substantial increase in utilization of public health facilities like free drugs services, free diagnostic services, and referral transportation services to the tribal communities has been achieved. The holistic approach to the National Health Mission should include decentralization and flexible financing, promoting innovative solutions, encouraging equity and equality among members, involvement of the public, community-based development, and a patient feedback mechanism. Reframing our

Incorporate tribal knowledge systems in the scientific paradigm

scientific paradigm to incorporate tribal knowledge systems is very much necessary at present.

Dr. Aparup Das, *Director, ICMR-National Institute of Research in Tribal Health*

Three significant diseases, namely, Tuberculosis, Inherited Blood Abnormalities, and Malaria are strongly prevalent among the tribal communities of Odisha, Jharkhand, Chhattisgarh, Madhya Pradesh, and Maharashtra. There is a high incidence of genetic illnesses such as Sickle Cell Anemia and Thalassemia among the tribal communities living in the North-Eastern, Eastern and Western parts of India. Increased occurrence of Non-Communicable Diseases (NCDs) such as hypertension (being the most common) followed by diabetes, obesity, oral cancer (due to substance use such as gutka, pan masala, etc), breast cancer, and Polycystic Ovary Syndrome (PCOS) among tribal women are common across the country. Capturing the good health practices of the tribal communities, preservation of their traditional healing practices, connecting the tribal healers to public health, and formulating a comprehensive Tribal Health Policy are important measures to be taken up on priority. The National Institute of Research in Tribal Health has developed solutions for various ailments in collaboration with the tribal healers.

Harmony between traditional healing practices and modern medicine is required for solutions in tribal health care.

Shri. Biswajit Das, *DDG, Ministry of Tribal Affairs*

The Ministry of Tribal Affairs has developed an online portal (https://stcmis.gov.in) to monitor the expenditure and progress in tribal welfare, covering health care. Road connectivity and communication facilities are required to be improved in tribal areas. About 6600 Health sub-centers are in shortfall all over the country. Projects such as, Swasth Balak Spardha Poshan, early childhood education, Gene editing, and Roadmap for sickle cell have been approved, training modules have been completed and the Ministry of Tribal Affairs is now involved in SCD training for doctors, paramedical staff, and field workers.

Shri Padam Khanna, *Senior Consultant, Ministry of Health and Family Welfare*

There is a need for dynamic administrative practices to incorporate the socio-cultural as well as economic needs of tribal communities without damaging their rhythmic spatial movements, especially in the case of the nomadic tribal communities. When NRHM was started in Jammu and Kashmir, co-locating AYUSH facilities in every health center facility was attempted. It is important that 'to reach people we need local practitioners.' In programs designed to facilitate people's participation, it is essential to invert the flow of learning i.e. learn from the people and their knowledge systems. The distribution of tribal population is not uniform all over the country and therefore, it is necessary to deploy 'differential planning'.

Ms. Vinita Srivastava, *Advisor, Tribal Health Cell, Ministry of Tribal Affairs*

Convergence between multiple government departments, such as the Ministry of Tribal Affairs, Ministry of Health and Family Welfare, and the Ministry of Women and Child Development, is a must for the success of the programs aimed at improving tribal health care. The Department of Science and Technology is developing a gene-editing project and training module for the Sickle Cell Disease roadmap. The prevalent diseases in tribal regions are also brought to the forefront through ASHA Van Campaigns and Acute Case Findings. Early childhood care and nutrition are to be included in education to combat hunger in tribal communities. The Poshan Abhiyan and food fortification programs should be expanded.

Dr. Yogesh Kalkonde, *Sangwari, Chhattisgarh*

The tribal community's out-of-pocket spending should be reduced to zero. We also need to solve their communication barrier in terms of language and we should recruit members of their society to grasp their cultural, and social perspectives, and focus on building our facilities tribal-friendly. Imprecise data and a lack of epidemiological studies of diseases can lead to fatalities even in cases where diseases are treatable. Rather than addressing the issues, we must first comprehend the causes of the issues from the peoples' point of view and simplify sophisticated government procedures.

SESSION - II

Tribal Health Care: Priority Areas and Challenges

The second session was a continuation of the deliberations of the first session but focused on the specific issues of women and child development, and their nutritional levels. Discussions on a wide range of themes, spanning from assessing the modalities of treatment of specific diseases to addressing the interface between modern and traditional knowledge systems took place. The session also covered women and child health concerns and programs in the tribal areas, assessment of the ICDS system, and issues of the differently-abled and special individuals.

MODERATOR

Dr. Nupur Tiwari, *Faculty, IIPA*

PANELISTS

Dr. Sumantra Pal, *Economic Advisor, Ministry of Women and Child Development*

Dr. Pankaj Shah, *SEWA Rural- Gujarat,*

Dr. Ashish Satav, *MAHAN Trust, Maharashtra*

Shri. Prakash, *Spandan, Madhya Pradesh (online)*

Dr. Santhosh Kumar Kraleti, *SAKSHAM, Hyderabad*

PRESENTATIONS BY PANELISTS

Dr. Sumantra Pal, *Economic Advisor, Ministry of Women and Child Development*

Broadly three aspects are important while implementing any development program for the tribal communities, namely, a) correctness and authenticity of the data on the tribal communities, b) positive deviance to understand how it can be used for mitigating health risk as well as improving child nutrition and c) Goodhart's law which is a psychological law. Reducing data to numerical targets divorced from the substantial impact they make, are bound to create issues. Therefore, in policy research, one must learn from the psychological lessons of yesteryears. In codifying data related to the communities, care must be exercised in documenting the data to the finest sub-caste or subtribe levels so that traditional practices unique to the smallest groups and intra-community behavioral peculiarities are not left out.

Healthy and efficient practices be replicated and expanded to the community as a whole.

Dr. Pankaj Jha, *SEWA Rural, Gujarat*

SEWA rural working in the districts of Bharuch and Narmada in Gujarat is involved in providing different levels of health services such as a base hospital of 250 beds, a General Hospital, adolescent health programs, health training, and Resource Centres. In the past, 50 percent of deliveries were coming to the hospital, mostly risk deliveries, and 50 percent were happening at home. Now, due to the interventions, the maternal mortality ratio got reduced and as of now, 98 percent of the deliveries are happening in institutional spaces. SEWA Rural's hospital, Lakshya, is accredited and more than 6000 deliveries are happening every year. It is now empowering the frontline health workers and ensuring birth preparedness, complication readiness aspects, and also ensuring that even sonography reaches the community. Blood tests, proper examination, and risk screening happen at the community level. Digital mapping of all the beneficiaries is helping a lot.

Dr. Ashish Satav, *Founder, Mahan Trust, Maharashtra*

Under a home-based childcare program, tribal women are trained as village health workers and are tasked with treating severely malnourished children suffering from diarrhea, malaria, pneumonia, neonatal sepsis, and birth asphyxia. Through this

intervention, there is a considerable reduction in the infant mortality rate by more than 64 percent. Another intervention is community-based management of severe malnutrition where eight types of local therapeutic dishes based on WHO and UNICEF guidelines have been developed. The organization has trained local village workers for the treatment of diseases like hypertension, tuberculosis, etc., and has reduced mortality by around 50 percent. Through the 'public-private partnership counselor programs, the local tribal youth are trained to monitor the services in government hospitals, counsel the parents for hospitalization of severely malnourished children and also advise delivery in government hospitals.

Shri Prakash, *Co-Founder, Spandan Samaj Seva Samiti, Madhya Pradesh*

The Korku tribe in Madhya Pradesh is one of the most affected communities with a high incidence of anemia and malnutrition among their children. The organization has combated this issue, by initiating a community-based food and nutrition program. Kitchen gardens were established for individual families by growing nutritious greens, vegetables, and other local cultivars. The traditional health practices should be strengthened and given due consideration, instead of labeling them as unscientific and superstitious. Lack of connectivity, improper roads, and insufficiency of doctors and ambulance facilities are some of the major issues faced by the Korku tribal people in Madhya Pradesh.

Dr. Santhosh Kraleti, *Saksham, Hyderabad*

The burden of corneal blindness in south India is very low, about less than 0.1 percent but when the organization conducted a study in Kundam taluk near Jabalpur in Madhya Pradesh, it was found that around 3 percent of the tribal people were affected by corneal blindness. Cataract was also very common among them. So, it is found that there is no disaggregated data for the tribal communities and this gap is to be filled up. In the tribal areas, the district's early intervention centers are not operational. With regard to Sickle Cell Anemia, now that a protocol has been established but sickle cell disease is not treated beyond the essentials, such as ice packing and compression, as no one knows the protocol or treatment. Protocols must be put into practice on the ground. In this regard, the organization launched a program called MARA (Mother as Rehabilitation Activist) in Jabalpur, Nashik, and Orissa, in which a mother who already has a disabled child is empowered to treat six to seven children with the same disability with some knowledge. In 2016, the Disabilities Act was passed with a total of 21 disabilities. In addition to the previously listed, visually challenged, hearing challenged, and physically challenged, ailments such as sickle cell anemia, thalassemia, and hemophilia are also listed as disabilities. As rules under this Act have not been framed, on how to implement in individual States /UTs, people and children with these newly listed disabilities are facing problems in availing the disability benefits.

SESSION - III

Covid 19 Management in Tribal Areas

This session sought to highlight the various initiatives that were undertaken to mitigate and handle the impact of COVID 19 and hence manage the various direct and indirect implications of the same by the government as well as by the grassroots organizations. This session saw the interaction through various dialogues and discussions of the policymakers, academicians, scientists, grassroots practitioners, and members of the tribal society as well. Underlining both, the steps were taken by the government authorities and the NGOs assuming that the gaps that remain may be bridged by collaborations between the two.

MODERATOR

Prof Nupur Tiwary, *IIPA, Delhi*

PANELISTS

Shri K. S. Sethi, *Joint Secretary, Ministry of Panchayati Raj*

Dr. Vineeta Srivastava, *Advisor, Tribal Health, Ministry of Tribal Affairs*

Shri Padam Khanna, *Senior Consultant, Public Health Planning, National Health Systems Resource Center, Ministry of Health and Family Welfare*

Dr. Aparup Das, *Director, ICMR- National Institute of Research in Tribal Health*

Dr. Rajendra Bharud, *Commissioner, Tribal Research & Training Institute, Maharashtra*

Prof. Satyajit Majumdar, *Dean, School of Management and Labor Studies, TISS, Mumbai*

PRESENTATIONS BY PANELISTS

Shri. K. S. Sethi, *Joint Secretary, Ministry of Panchayati Raj*

The Ministry was in constant dialogue with the State Panchayat Raj Departments. Through video call meetings, the elected representatives of the Panchayats were contacted in order to offer technical guidance to them on various issues. The grants of the Finance Commission were also immediately released to them to enable the Panchayats to fight the pandemic effectively on the ground. The Ministry released Rs.17,430 crores and Rs.24,747 crores during the 14th and 15th Finance Commissions for a total of 108 districts in the 10 PESA States which are under the Schedule V and Schedule VI areas. The presumption that the panchayats do not have the capacity to handle the emergencies effectively, has been disproved during the pandemic times. Despite the fact that in the rural areas, the health infrastructure is comparatively less, the Panchayats have managed to work with such deficiencies, by taking up a range of activities from sanitization, enforcing social distancing, making masks, sanitizers, etc.

Dr. Vineeta Srivastava, *Advisor, Tribal Health Cell, Ministry of Tribal Affairs*

The appointment of Nodal Officers at the Center and State levels by the Ministry of Tribal Affairs helped in implementing the guidelines and directions given by the Ministry of Health and Family Welfare across the country. Distribution of Jan Aushadhi kits of AYUSH in tribal areas which consisted of nutrition supplies along with medications was effectively executed. The TRIFED organizations manufactured PPE kits and masks to generate employment during the pandemic crisis. The translation of COVID guidelines and directions in the regional languages was undertaken with the help of BITS Pilani, and IIT Bombay as they had the modules available. Communication in regional languages was of extreme importance in a culturally and linguistically diverse country like ours. Supply of oxygen concentrators to various medical centers, from district hospitals to PHC and CST levels, was undertaken on high priority and wherever gaps existed in the supply or distribution, funds were allocated quickly for the same.

Shri Padam Khanna, *Senior Consultant, Ministry of Health & Family Welfare*

Inter-ministerial support during the outbreak of the pandemic was the priority for all to control the spread of the virus across the country, especially collaboration with the Ministry of Rural Development, Ministry of Panchayati Raj, Indian Medical Association, and Ministry of Transport. It took almost four to five months to roll out vaccination programs. Across the departments, staff was identified for training in order to reach a large number of people. During the pandemic period, the apprehension towards the vaccine was high and hence the acceptance of it was also low. Hence, the Ministry had to undertake plans to spread awareness about it. The process of planning, preparation of guidelines, analyzing the pandemic situation, and response in other countries was another major activity undertaken during the pandemic. The example of Mizoram was a learning experience, where, with the help of ASHA workers and others, huts were set up as isolation centers for those who had migrated outside and returned home. During the first phase of the pandemic, there was not much data for planning and preparation but during the second wave, due to the availability of data, even emergencies were managed swiftly.

Dr. Aparup Das, *Director, ICMR-National Institute of Research in Tribal Health*

It is estimated that about 3 percent of the total burden of Covid-19 fell on tribal communities based on the data available on tribal-dominated areas/blocks. A project undertaken among three different PVTGs, namely, Baiga (Dindori), Bharia (Chhindwara), and Saharia (Shivpuri) in Madhya Pradesh and three different tribes of Himachal Pradesh, namely, Bodh, Swangla, and Lahaula tribes, elicited information on their awareness regarding Covid-19 and its impact. It was found that almost all the tribes were aware of Covid-19 and it was noted that the tribes in Lahaul and Spiti had 100 percent awareness. With regard to the diagnosis and treatment of Covid-19, in Dindori, 52 percent were unaware whereas, in Shivpuri, Lahaul, and Spiti, most of them were well aware of it. On the preventive measures for Covid-19, the awareness of face masks was found to be the highest in Shivpuri and lowest in Dindori. The awareness of the usage of soap was also highest in Shivpuri and lowest in Dindori. On the socio-economic burden of the tribes with regard to Covid-19, it was found that 25 percent of the tribal people had no impact on their employment status, whereas 38 percent showed feelings of insecurity. It was also found that there was an increase in violence against women during the lockdown period, the highest was among the Saharia and the Baiga.

Dr. Rajendra Bharud, *Commissioner, Tribal Research & Training Institute, Maharashtra*

In Nandurbar, which has more than 70 percent of the population from tribal communities with the lowest Human Development Index in Maharashtra, the health infrastructure is very weak. Hence the COVID management along with other ongoing projects under weak infrastructure was a big challenge. The medical facilities and testing facilities were very limited and skilled manpower was also not available. Added to these challenges, the tribal people here have low levels of literacy and are affected by malnutrition, sickle cell anemia, and deaths due to snakebite and tuberculosis. Under these conditions, the Tribal Research & Training Institute worked to combat Covid 19 with other agencies, by converting the institution as a control room with landlines to provide information and also created a website to give information about the location of ambulances, vaccination facilities, and hospitals, numbers of available beds and so on. A RT-PCR lab with a capacity of 1000 tests per day was also installed. During the second wave, the capacity was increased up to 2000 swabs. About 29 mobile teams reached out to patients in remote villages. For tribal women, a new COVID hospital was dedicated with 350 oxygen line beds which were established in record time as the construction was completed in three months with 70 ventilators. With the help of Indian Railways, 378 beds were made available in the railway DCHC.

Prof. Satyajit Majumdar, *Dean, School of Management & Labor Studies, TISS*

The TISS conducted a study in three States having the highest tribal population, namely, Madhya Pradesh, Maharashtra, and Chhattisgarh. Three districts, within the 3 blocks and 136 villages were studied. The objective of the study was to check whether the measures of central and state governments have reached the concerned people or not. District-wise teams interviewed different agencies including state and central government officials, from the district collectors to the identified stakeholders. The areas covered in the research study were, (1) Healthcare - hospitals, institutional services such as vaccination, ambulance, etc; Health issues – nutrition, general transportation, etc; Health and nutrition linked to livelihood and income (2) Cultural – community-centric practices, social and local (3) Structural – systemic, administrative, participation of other stakeholders. It was observed that exemplary support was provided by healthcare workers in the villages; several Gram Panchayats have created quarantine centers in the outskirts of the villages with basic facilities. It was also found that the Anganwadis were not functional but the distribution of ration was provided. Nutritional gaps were directly seen. The input and output leakages of agriculture have affected the health of people. The District Hospitals noticed the pressures on the doctors and the nursing staff. The ambulance services were in shortage and people used

private vehicles at a very heavy cost. Road connectivity was found to be the biggest impediment for remote villages. In one case, it was also found that handwritten vaccine certificates were issued which raised the question of how this data entered into the system. At the community and cultural level vaccine hesitancy was noticed but after the second wave, the people were more aware. There is a universal framework but the policy framework has to be localized. There is a need to undertake the pandemic under the Disaster Management Plan and a database of the migrant population is seriously required. Health cannot be viewed in isolation but must be seen from the lens of livelihood, nutrition, and social conduct.

SESSION - IV

State Experiences: Health Interventions

The session focused on state-specific experiences in tribal health. The aim was to bring to light the interventions made by government agencies, civil society organizations, and cooperatives for the development and improvements in health systems across Scheduled Areas. As the tribal people are poor, there is a need for reduction in the out-of-pocket expenditure for availing health facilities. With regard to women's reproductive health, it is observed that women become sexually active from a young age in ceratin tribal communities. Therefore proper sex education and counseling should be given to tribal adolescent girls to avoid the risk of Sexually Transmitted Diseases. Government should also provide financial support to run initiatives like 'mobile outreach camps' to bring healthcare facilities to remote areas.

MODERATOR

Smt. Alka Tiwari, *Secretary, NCST*

PANELISTS

Anandi *(Gujarat)*

Sangwari and JSS *(Chhattisgarh)*

Ramakrishna Mission Hospital, *Arunachal Pradesh*

Ramakrishna Mission, *Belur Math*

PRESENTATION BY PANELISTS

Smt. Jenessa Anandi, Gujarat

ANANDI's main work for the last 25 years has been to create women's organizations, empower them and take them forward in an organized form. Through this, we have created Panam Mahila Bachat Dhiran Mandali which is a Saving and Landing Co-operative in Gujarat. However, due to the lack of local administration and ownership, we have been facing many problems in doing our work effectively. Smt. Rita Ben, a worker of Anandi who had joined the conference virtually emphasized the need of having counselors in the PHCs who could talk about sexual reproductive health and its rights with these young girls and women. Similarly, Sharda Ben talked about the initiatives taken by ANANDI during the Covid-19 pandemic, such as the distribution of kits and training for handling emergency situations to 100 women volunteers. Smt. Vanita Ben (online) pointed out the lack of check-ups in ANC Sessions. She also talked about the absence of any kind of counseling and suggested monitoring of activities during the ANC sessions. Collectively they all suggested that the government should take some steps to empower institutions like ANANDI.

Dr. Yogesh Kalkonde, *Chhattisgarh*

There are two incidents that I would like to share. In the first incident, I witnessed a girl from Maharashtra dying from a snake bite because she could not reach the hospital on time, due to a lack of transportation facilities in her village. In the second incident, I saw three people of the same family from the Panda community of Chattisgarh dying due to Scrub Typhus, and the interesting part is that the reason for death was not known until the government started an investigation. My team and NIRTH found that the reason for their death was Scrub Typhus. An epidemiological study on Scrub Typhus will prove to be very helpful because it is treatable. Another point that I would like to bring to the table is that tribals feel that a doctor or nurse should talk to them in their language. It can have a significant impact. Therefore, there is a need for medical staff from tribal communities who can talk to them and understand the problems from the community and cultural perspectives. Quality should not just be about machines and infrastructure but also about how patients are being treated and cared for.

Dr. Lobsang, *Ramkrishna Mission Hospital, Arunachal Pradesh*

In Arunachal Pradesh, due to low population density and several geographical challenges, the health system has its own set of challenges. I carried out a mobile outreach camp in the state for fifteen years, however, due to lack of funding, the program was stopped. Therefore, the government's interventions to support these NGOs are very important. I specifically worked on eye care but I can tell from my own experience that neither eye-care nor primary health care is the need of people residing in hilly areas. Livelihood is the main priority for them. It is hard to imagine a Digital health mission succeeding in hilly areas where even 2G connectivity is not available. Digital connectivity of such remote areas needs to improve in order to facilitate telemedicine and teleconsultation. The drone delivery model of Telangana also needs to be replicated in these remote parts to deliver medicine and other basic needs to the residents.

Swami Dayapurnanda, *Belur Math, Ramkrishna Mission*

I have been working for more than two decades in the three states of Uttarakhand, Uttar Pradesh, and Chhattisgarh. In Uttarakhand, there are three hospitals, one is Mayawati Adwait Ashram which was established 120 years ago by Swami Vivekanand. These hospitals are in remote areas where infrastructure is very poor. There we are conducting eye camps along with other small surgeries. Shyamla Taal hospital is the first health center in the Champawat district. Even people from Nepal have visited there for treatment. Everything has been kept free of cost there. In Chhattisgarh also the tribal healthcare delivery system has been very poor. There is no transport, no awareness, poor connectivity, and no network. Moreover, poverty, language barriers, inadequate resources, the need for PPP, and political exploitation are some other challenges. We have other programs like - General movement assessment in neonates and infants for early intervention, family support, and health awareness – the GANESH program, and the Nutritional food supplement program. We are also giving health education to children through multimedia.

DISCUSSION

Mental health is the most important as well as the most neglected issue. There is an assumption that tribal people don't suffer from mental health issues but it is not true. This is to be looked into. Drug addiction is increasing in the northeast. People at a very early age get addicted to drugs there. Therefore, there is a need to intervene and prevent drug addiction in the northeast. Tribal children who go to Ashram school for education often feel isolated. Sometimes, they are unable to mingle with the other children. It has been aslo reported that tribal students face discrimination in the institutions of higher studies. This impacts the health and mental health of the tribal students.

SESSION - V

Tribal Health and The Issue of Indebtedness

This session sought to understand the issue of Indebtedness that arises in tribal communities while undergoing medical treatments. The session evaluated the experiences of implementation of the Ayushman Bharat Yojana, the extent of the Out-of-Pocket Expenditure when it comes to chronic diseases, and the insurance coverage available for the Scheduled Tribes. The Health System can be divided into three parts; namely, Facilities, Infrastructures such as PHCs, District Hospitals, etc, and Access to the infrastructures. Here, the role of ASHA workers, ANMs, NGOs, etc come in as Affordable Health Systems. The issues in this regard occurred during the time of COVID as the stress of it fell on the infrastructure systems. Many could not reach the formal or government infrastructures which led to rise in indebtedness. The session emphasized the idea of "instead of people going to the facilities, let the facilities go to the people as a flip model."

CHAIR

Shri Ananta Nayak, *Hon'ble Member, NCST*

MODERATOR

Prof. Satyajit Majumdar, *Dean, School of Management and Labor Studies, TISS Mumbai*

PANELISTS:

Shri A. S. Paul, *General Manager, SBI*

Shri Asit Gopal, *Former Chairperson cum MD for NSTFDC*

Dr. Rahul Reddy, *Health Systems Financing Specialist and National Coordinator, Health Systems Transformation Platform, New Delhi*

Shri Samir Garg, *Executive Director of the State Health Resource Center, Chhattisgarh (online)*

PRESENTATION BY PANELISTS

Shri A. S. Paul, *State Bank of India*

Banking channels play an important role in ensuring the financial inclusion of the tribal population for the effective and timely delivery of the Government Welfare Schemes to the beneficiaries. The Jan Dhan program has led to the habit of saving money among the tribal communities. The Financial Inclusion Index has increased from 43 per cent to 52 per cent which is due for publication in July 2022. The tribal communities also get facilities for loans without cheque books. The grievance redressal cell is active. Although the SBI doesn't have healthcare schemes of its own, it acts as a channel for government schemes.

Shri Asit Gopal, *NSTFDC*

Tribals usually work in the informal sector and so in times of a health crisis, most of the formal agencies of lending, like banks, don't provide them loans. So, at times such as these, the state must step in and provide free healthcare, as happening in Britain. But even in such a model, there are still issues, like, long waiting periods for months. The NGOs that receive funding from the Ministry of Tribal Affairs can help bridge these gaps for access to affordable and free healthcare. I believe that if this model is scaled up, it will definitely be successful in its aim.

Dr. Rahul Reddy, *Health Systems Transformation Platform*

The NSSO survey on Healthcare and Morbidity which is conducted every five years provides the requisite quantitative data on tribal health. The survey also talks about access to infrastructure. The survey highlights "Out of Pocket Expenditure" as one of the biggest causes of indebtedness where the tribal people are forced to sell their assets like cattle, jewelry and some other personal belongings. The high levels of indebtedness

amongst tribal communities is due to the difficulty in accessing public healthcare services. Despite the PM-JAY scheme, under which all the tribal people are enrolled, information regarding where one may access the benefits of the Ayushman card etc has not been disseminated properly, thus creating a gap. Our team has made a suggestion to create a helpline number to access health services, especially for tribals.

Shri Samir Garg, *State Health Resource Center, Chhattisgarh*

Those who access private healthcare are spending 20 times more money than those receiving public health services. Ayushman Bharat has improved the situation but there are still many issues such as lack of medical and health facilities in the living areas of tribal people. So, they have to travel long distances to reach government hospitals. Those who benefit from this scheme are mainly the people in the urban and semi-urban areas and not the tribal population living in the rural and remote areas. The scheme of Ayushman Bharat doesn't cover their travel costs either. As the private health care institutions charge more, the Government Hospitals and its facilities are to be well equipped and staffed with specialist doctors. The physical access to these medical centers for tribal people should be improved on priority.

DISCUSSION

There have to be more conversations on women-related health issues such as abortions or medically terminated pregnancies. These are also related to domestic violence cases, especially with women from poorer sections.

SESSION - VI

Revitalization of Local Healthcare Traditions

The focus on revitalizing traditional medicinal practices has limited success to actualize its objectives due to the absence of codification of local healthcare systems and verifiable laboratory data. The Government of India has taken various initiatives in the last two decades to promote and revitalize the traditional health practices by creating the Ministry of AYUSH, Traditional Knowledge Digital Library, a voluntary certification scheme, and so on. However, regarding the protection of intellectual property rights, it is crucial to protect the traditional knowledge systems and the inter-linked livelihoods of the tribal communities.

Documentation and validation process should be given due attention before introducing the certification system. The certification procedure should consider the ground realities of tribal practitioners, otherwise the whole procedure may become irrelevant to the tribal communities. The traditional knowledge and self-respect of the tribal communities are interlinked. It is important to protect the traditional knowledge and skills of the tribal communities with dignity. It is also feared by some that the institutionalization of tribal healers and practices would strip the knowledge away from tribal communities. Therefore, it is important to work along with the traditional systems of healing without any conflict of interest.

CHAIR

Shri Ananta Nayak, *Hon'ble Member, NCST.*

MODERATOR

Prof Nupur Tiwary, *IIPA*

PANELISTS

Dr. B. Venkateshwarlu, *Assistant Director (Ayurveda) Central Council for Research in Ayurvedic Sciences, Ministry of AYUSH*

Dr. Unnikrishnan Payyappalli, *Professor, Center for Local Health Traditions and Policy, The University of Trans-Disciplinary Health Sciences and Technology, Bangalore (online)*

Dr. Nishant Saxena, *Scientist B, Division of Social Sciences and Ethno-medicine, ICMR-National Institute of Research in Tribal Health, Madhya Pradesh*

Dr. Viswajanani J. Sattigeri, *Head, CSIR, TK Digital Library*

PRESENTATION BY PANELISTS

Dr. B Venkateshwarlu, *Ministry of Ayush*

The Central Council for Research in Ayurvedic Sciences initiated the THCRPP program in 1982 in Arunachal Pradesh. This program has been implemented under the Tribal Sub-Plan and the services have been extended to 14 states through 14 research institutes. They are providing the healthcare facilities at the doorstep to the tribal people and have covered 08 lakh people. The main activities of this program are to collect the information related to health statistics, to study habits causing diabetes, the nature and frequency of prevalent diseases, common medicinal plants in the area, the concept of Pathya Apathya, including traditional health and hygienic practices, dietary habits, indigeneous medicines, and so on.

The Council has evolved a mechanism of screening and validation to identify local health traditions. After documentation of these claims, they are identifying and validating their uniqueness. The study is a compilation of local health traditions and medicines, information about the composition and usage of those medicines, and methods of preparation. Further validation of these claims has been done from the books, as mentioned under the First Schedule of Drugs and Cosmetics Act. Local health traditions and ethnic medical practices, which are found in Ayurvedic classical literature come in one category. It has been found that ethnic medical practices match with the classical texts.

Significant line: Central Council for Research in Ayurvedic Sciences has evolved a mechanism of screening and validation to identify local health traditions.

Dr. Unnikrishnan Payyappalli, *Center Of Local Health Traditions And Policy*

Center of Local Health Traditions and Policy is a pan India network of practitioners, both in terms of medicinal plant conservation and traditional healing practices. In the last decade, the focus is more on tribal healing traditions; there is a huge potential for contribution from AYUSH systems in UHC. To revitalize the traditional medicinal system following approaches are important:

Documentation: Codification of the traditional practices and their regional variation is important for conserving knowledge. Institutes such as the North Eastern Institute of Folk Medicine and Ayurveda have done some commendable work on this. It is important to create more institutes of such nature.

Evidence Creation: The documentation should be verified through the latest research methods with the help of modern scientific laboratories. It will help in removing any doubt and contribute further to establishing the credibility of the traditional knowledge.

Voluntary Certification: Quality Council of India and Indira Gandhi National Open University jointly certify Traditional Healers. The purpose of this certification is to improve their social legitimacy and to integrate into UHC by filling gaps in the hub and spoke model. Now there is a transition. This is becoming a community-supported activity.

Research: The adoption of the latest research methods is a must in the study of traditional knowledge. It is also important to link the modern scientific laboratories with the practitioners of traditional medicines.

Collaboration: For revitalizing the traditional knowledge of medicines, it is important that the agencies such as CSIR, CCRIS, and other scientific bodies create a national platform to work together. The Ministry of AYUSH can take the lead under the close watch of NCST.

Codification of the traditional practices and their regional variation is important for conserving knowledge.

Dr. Nishant Saxena, *Division Of Social Sciences, National Institute Of Research In Tribal Health, Madhya Pradesh*

ICMR-NIRTH is the only government-funded institute working exclusively on tribal health. The burden of non-communicable diseases is slowly increasing among the tribal population, and the lack of access to government healthcare facilities, especially in the tribal area creates a further problem. It also includes the existing impediments to access healthcare in tribes like connectivity, awareness of going to the Primary Health care, alcohol consumption, poor economic conditions, etc.

The area of concern is to bring the traditional healers to the fold of the public health system. There is no data on the number of healers, their services, plants being used, etc. ICMR-NIRTH is now connected to about 117 tribal healers. Systematic data from more than 350 patients were collected which revealed the uses of about 100 herbal remedies. ICMR-NIRTH has started an on-campus study on these plants by developing the garden.

The structure of the hospital of traditional healers is another positive aspect of the traditional health care system. It is called DHAM or CHOWKI which consists of a waiting area, a cooking area, and a rent-free place to stay. It makes the whole surrounding acceptable and affordable for the patients

ICMR-NIRTH has started documenting the traditional health practices of the 75 Particularly Vulnerable Tribal Groups (PVTGs) of India.

The hospitals of traditional healers which comprise space for cooking, waiting and free space for stay, are liked by the patients from tribal communities.

Dr Viswajanani J Sattigeri, *Csir, Tk Digital Library*

Traditional Knowledge Digital Library (TKDL) is an initiative for the preservation, protection, and promotion of traditional knowledge, especially oral traditional knowledge. TKDL contains information on traditional knowledge from Ayurveda, Siddha, Unani and many more. Currently, it has 4.2 lakh formulations. TKDL is created for the purpose of protecting traditional knowledge from being wrongfully claimed by anybody ; traditional knowledge is codified as Traditional Knowledge Resource Classification and it is made accessible to patent offices in English, French, German, Japanese, and Spanish as per the norms set by the Government of India. This database is accessible only to the fourteen patent offices from across the world that have signed access agreements strictly for the purposes of searching and examining a patent application from the context of our traditional knowledge. TKDL also filed third-party observations in pre-grant opposition. This is a check before the patent litigation.

Significant line: Traditional Knowledge Digital Library database is accessible to the patent offices for the purposes of searching and examining a patent application from the context of our traditional knowledge.

SPECIAL ADDRESS

Shri Faggan Singh Kulaste, *Hon'ble Minister Of State For Rural Development And Steel*

After 2016, the number of medical colleges have increased, and up-gradation has started, in which the government has covered a large number of tribal areas. As a result, the number of medical students has also increased from 50,000 to 75,000 seats in UG and from 12,000 to 25,000 seats in PG. This endeavor seeks to increase the capability of reaching remote areas as the strength of doctors increases so does their coverage area. There is a need for targeted campaigning and consequent grants to focus on remote areas plagued by treatable diseases. The pandemic created an atmosphere of fear in the tribal communities. However, slowly the vaccination has been accepted by the communities. In the remote tribal areas, lack of appropriate modern infrastructure creates a conducive environment for traditional healers who are the first line of defense against any health emergency. The organizations working on the ground should engage in rigorous scrutiny and monitoring of the administration working on the ground level. This will ensure the availability of health services for all.

There is a need for targeted campaigning and consequent grants to focus on remote areas plagued by treatable diseases.

DISCUSSION

The process of recognizing traditional healing procedures requires careful watch so that it can provide recognition to the tribal community associated with it. Institutionalization shouldn't strip the knowledge away from tribal communities. However, there is a need to combine traditional local health care with the modern healthcare system to promote the use of modern diagnostic tools. Preservation of natural forests in tribal areas and recognizing the Community Forest Rights are important for protecting the traditional healers as the traditional medicines rely on biodiversity. Traditional knowledge gives self-respect to the tribal societies. There is a lack of interest in the new generation, in taking the traditional knowledge practices forward. This situation needs to change.

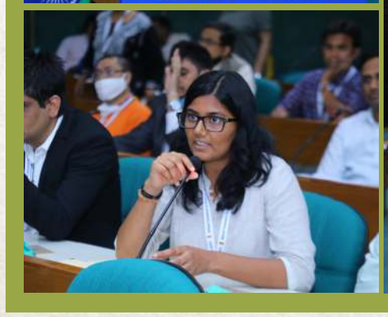
SESSION - VII

Effective Healthcare Programs and Best Practices: Challenges to Solutions from the Grassroot Experiences

The session's primary focus was on exchanging learnings and lessons from the experiences and best practices at the grassroots level. The discussion was on sub-themes of preventive and curative healthcare services; mobile outreach services to improve accessibility; promotion of institutional deliveries; activities on information, education, and communication (IEC); and, leveraging technology for tribal health care.

Community engagement is crucial for the success of any voluntary initiative. It requires trust-building which takes a long and committed effort along with some additional measures considering the practices of the concerned tribal communities.

The use of audio-visuals, pictograph manuals and interpersonal relationships were used as major tools for the initiatives. Community-based health workers should be created through training for the use of technology and medical equipments like glucometers, BP machines, etc. Utilization of local resources, introduction of mobile diagnostic facilities, and the implementation of monetary help during illness will contribute positively to the health care facilities.



CHAIR

Shri Ananta Nayak, *Hon'ble Member, NCST*

MODERATOR

Shri Nitin Dhakad, *Shivganga Foundation*

PANELISTS

Dr Narayanan V, *Swami Vivekananda Medical Mission, Kerala*

Dr. Anand Bang, *SEARCH, Maharashtra (online)*

Dr. Satish Gogulwar, *Founder, Amhi Amchya Arogyasathi, Maharashtra*

Dr. Yogesh Jain, *Sangwari, Chhattisgarh (online)*

Dr. Nirmala Nair, *Secretary cum Chief Functionary, Ekjut, Jharkhand*

PRESENTATION BY PANELISTS

Dr. Narayanan V, *Swami Vivekanand Medical Mission, Kerala*

There are a lot of gaps in terms of health system delivery like lack of empathy, communication gaps, poor transport facilities, poor onsite facilities, etc. In recent years, the government has revamped the health facilities, the availability of doctors has increased and there is a toning up of ground-level monitoring mechanisms. Also, the training of personnel at all levels has improved along with the availability of medicines. The following aspects are crucial for the effective implementation of the health interventions on the ground in tribal areas :

- Promote the involvement of the community in program delivery
- Target behavioral change rather than awareness creation
- Capacity building of grass root level workers
- Create a sense of empathy with the tribal lifestyle and families
- Encourage volunteerism in this sector
- Develop a feeling of ownership of the tribal community in health programs
- Convert a target-oriented approach to a holistic approach to health and wellbeing
- Maintain intensity of programs throughout the year

Inaccessible health care system in tribal areas is the result of a lack of empathy towards the Scheduled Tribes.

Dr. Anand Bang, *Search, Maharashtra*

In the project area, infant mortality rate has been the main problem due to pneumonia and neonatal illness. Hospitals were inaccessible and expensive. So, it was understood that medical facilities should be made available at such a distance that a mother can walk on foot with a sick baby. They started a home-based newborn and childcare program and trained midwives. They trained some literate women of the village as Arogya Doot in weight management and use of mucus in breathing problems and giving injections. Activities on behavioral change and the use of mobile technology resulted in a sharp decline in infant mortality rate. To build a program, the strength of community and local service is necessary. To ensure the success of any program, it should always be linked with data along with simple and affordable technology.

> *Healthcare must be made available to the mothers in tribal communities within walking distance.*

Dr. Satish Gogulwar, *Amhi Amchya Arogyasathi*

Community-based monitoring and planning are important for the success of health services. Promotion of organic kitchen gardens, local food, and preparation of nutritious supplements through local nutritional fruits is effective against malnutrition.

The preparation of traditional medicines with the help of local traditional practitioners played an important role to fight seasonal diseases. Major issues impacting health are the following:

- High rate of Child Mortality rate and Maternal Mortality rate
- Lack of transport facility and network issues
- Cut off villages in the monsoon season

> *Traditional medicines of local health practitioners play an important role to fight the seasonal ailments.*

Dr. Yogesh Jain, *Sangwari, Chhattisgarh*

Family planning among the Particularly Vulnerable Tribal Groups (PVTGs) requires utmost caution, considering the declined population of the concerned communities. The issue of malnutrition in children below 03 years of age is arguably the largest health problem among tribal children. The reason is poor complementary feeding due to the absence of mothers (tribal women need to work far more than other women). Anganwadi with a crèche will help in the fight against malnutrition. Effective use of diagnostic investigations reduce cost and rationalize the image and acceptability of treatment offered by the public health system. Point of care tests which are increasingly available nowadays should be used at the community level whether it is for dengue, pregnancy, scrub typhus, COVID, tuberculosis, or glucose levels. Forming groups of patients with a common illness results in increased compliance rates.

> *Effective use of diagnostic investigations reduces cost and rationalizes the image and acceptability of treatment offered by the public health system.*

Dr Nirmala Nair, *Ekjut, Jharkhand*

Effective healthcare programs should be Evidence-based, Engaging, Participatory, Accessible and Culturally acceptable. Intervention should empower and respect the agency and knowledge of the people. There should be quality of care, not 'poor solutions for poor people'. The Participatory Learning and Action [PLA] Meeting Cycle is aimed at identifying & prioritizing problems, planning strategies, putting them into practice, and evaluating together. In three years, it managed to reduce 32 per cent of the neonatal mortality rate in Jharkhand. Next, the best practice was community-led interventions where people share their lived-in experiences. It has helped address sorcery accusations and stigma among people with mental illness.

> *Effective healthcare intervention should empower and respect the agency and knowledge of the people.*

DISCUSSION

Encouraging tribal women to eat 15 local fruits may give them proper nutrition and required strength. Primordial healthcare where mothers may be trained as health workers for the family brings positive results. For better health care services ASHA workers need to be trained to use various testing equipments. Convergence at the local level between different agencies and private players may have a multiplier effect on intervention.

The role of technology has become increasingly relevant. The introduction of telemedicine and consultations through video calling in remote areas may increase the availability of the proper medical guidance and make it affordable. Tribal patients do not receive the requisite care and support due to lack of information and guidance in the hospitals.

SESSION - VIII

Improve Healthcare Delivery, Accessibility & Awareness Building: A Way Forward

The final session for the SAMVAD saw the opinions, data and experiences shared over the last two days. The Scheduled Tribes of India with a population of 10.45 crores, comprising a little more than 700 notified communities exhibit many variations in terms of language, customs and practices, food habits, health and nutritional levels, and so on. The schemes and programmes sometimes do not fit all uniformly or do not achieve the desired success, due to the enormous diversities, complexities and the associated uncertainties.

Therefore, the first battle in the war against inaccessible healthcare is to understand the demand, the means, and health-seeking behavior. This requires several epidemiological works and not just self-reported cases. The second set of issues is related to the challenges of distance and terrains; these should not become an excuse or a rationale to legitimize the failure to provide access to healthcare facilities.

The usage of traditional tribal medicine is never an argument against blood banks, or cesarean section surgery when required. It is important to inculcate indigenous practices but there should be a differentiation between harmful and harmless beliefs and practices, although this can not be easily done. The traditional health service providers also need to be able to nurture the knowledge and grow in a system where they are able to incubate it.

There are also macro activities that affect the status of health among tribal communities such as industrialization, activities like mining, and misinformation that spreads through social media and distorts the understanding of tribal communities.

CHAIR

Shri Ananta Nayak, *Hon'ble Member, National Commission for Scheduled Tribes*

MODERATOR

Smt. Alka Tiwari, *Secretary, National Commission for Scheduled Tribes*

PANELISTS

Smt. Anju Bhalla, *Ministry of Science & Technology*

Shri. Biswajit Das, *Ministry of Tribal Affairs*

Prof. T. Sundararaman, *Former Director, NHSRC*

SPECIAL GUEST

Dr. Bharti Pawar, *Hon'ble Union Minister, Ministry of Health and Family Welfare*

PRESENTATIONS BY PANELISTS

Shri. Biswajit Das, *Ministry Of Tribal Affairs(mota)*

The Ministry of Tribal Affairs (MoTA) is responsible for overall policy planning and promoting the interest of the Scheduled Tribes. Various projects are going on at the ground level and are introduced by the MoTA in collaboration with other Ministries for convergence in the effort and for effective implementation.

Health cannot be studied in isolation and has to be converged with other statuses such as education and livelihood. MoTA is aware of the problem and is working on it gradually as well. About 36,420 villages are identified where various gaps were found in terms of rural development infrastructure. Special Efforts in collaboration with different Ministries are being initiated to address the infrastructural gap in these villages.

Health cannot be studied in isolation and has to be converged with other statuses such as education and livelihood.

Smt. Anju Bhalla, *Ministry Of Science & Technology*

Convergence is the interconnectedness of things. For example, electricity plays an important role in health service delivery, and there are many other factors as well. Thus it is welcoming that MoTA has started acting as a platform for other Ministries in their endeavor to serve the Scheduled Tribes.

COVID has highlighted the importance of the interconnectedness of things. Various Ministries and Departments have to come together to fight the COVID and save lives. However, it is the community that plays the central role in the proper implementation of any scheme.

Community plays the central role in the proper implementation of any scheme.

Prof. T. Sundararaman, *Former Director, NHSRC*

Barriers to access to healthcare delivery can be broadly divided into the following categories.

First: Perception of the need itself. There is a high degree of latent need. The perception of illness depends upon positional objectivity and so because the perception of illness also relates to access to care, awareness, and the possibility of change. The first battle in this war against inaccessible healthcare is to understand the demand, to understand the means, and health-seeking behavior, which also means a lot of epidemiological work and not just self-reported cases.

Second: Challenges of distance and terrains. The poor performance by the health care workers is due to less access to primary care or because of the lack of patient transport systems to bring them to the facility. The use of telemedicine is also a supplementary solution, especially in terms of emergency healthcare and the limitations of mobile clinics, etc.

Third: To keep the facilities in a functional state.

Fourth: There is a need for an evidence-based study to understand how to get people to the community health centers. An incentivizing environment, building a positive work environment, availability of skilled professionals in rural and remote areas, etc.

Fifth: Health Insurance may not have the same impact as other forms of insurance. It also doesn't assure a greater variety of care than the public provider. The current business model of a dedicated couple of NGO groups, with different forms of outsourced healthcare to close the gap, doesn't quite work as it creates a whole issue of quality standards.

Sixth: There is the challenge of dignity, acceptability, and of protection from exploitation. Persons from all sections of life are now involved in providing health care facilities in tribal areas, which results in a visible intercultural form of understanding of treating people with dignity. Extensive use of helpdesk and facilitators can contribute to removing such obstacles.

There is a need for an evidence-based study to understand how to get people to the community health centers.

Shri Ananta Nayak (chair) addressed the audience to state how many points had been brought up for discussion. However many points remained, which he encouraged the delegates to mail so that they get documented in the report.

DISCUSSIONS

With the increase in deforestation and shrinking of forest area, there is also a decrease in the rate of malaria; the decrease in geographical isolation will also decrease the cases of sickle cell anemia. The current mandate of health care providers is an outdated, old model and hence needs revision. Each village has traditional birth attendants and religious practitioners who have credibility in their villages. Instead of discouraging them, it is important to strengthen their capacity.

SPECIAL GUEST

Dr. Bharati Pawar, *Hon'ble Minister of State for Health & Family Welfare*

The question is often raised of how the schemes do not reach the ground level which means there are loopholes on both ends. As the vaccination campaigns began in tribal areas with the pandemic, there were certain delusions and beliefs regarding the vaccine. However, as the number of cases increased, the effectiveness of vaccines was felt by the community and then the acceptance increased.

Ill-effects of tobacco consumption are mostly overlooked in the tribal areas which leads to the diseases related to tobacco consumption. There had been a rise in the number of cancer cases.

The central government organized awareness camps in tribal regions through the NHM. These camps were for spreading awareness, screening, treatment, and for the provision of essential medicines. The list of essential medicines is available at the district hospitals, PHCs, DHO, and CS.

The awareness of the Pradhan Mantri Matritva Vandana Yojana (PMMVY) which is a DBT scheme, is not well spread. Only 50% of the eligible population must have received the benefits of this scheme as many do not have bank accounts.

During the time of COVID, the Ministry had used the means of teleconsultation to reach the people. Every district hospital and PHC will be linked via teleconsultation so that patients do not have to travel far. This has shown great results across the country.

The National Health Mission had been given a huge budget. Many states are provided with ambulances and medicine. The Hon'ble Prime Minister had announced 112 aspirational districts and reviewed the work done on the same personally by discussing with the District Magistrates and other senior officers. Vaccines which were earlier imported are now produced within the country. About 100 crores of vaccines were distributed in 9 months. Although, it was a giant challenge, it was accomplished in time and got credited for the same globally.

> *Every district hospital and PHC will be linked via teleconsultation so that patients do not have to travel afar.*

VALEDICTORY SESSION

CLOSING REMARKS

Smt. Alka Tiwari, *Secretary, National Commission For Scheduled Tribes*

This two-day-long discussion on the status of tribal health in India has been extremely fruitful. The experiential plurality of tribal experiences was dwelt upon in great detail. Especially the distinct issues which nomadic tribes face on account of their landless dwelling patterns. It was also noted that women and child health is very important for understanding tribal health in general. The need for incorporating traditional best practices within mainstream healthcare practices was marked as well. The role of the Ministry of Tribal Affairs in the management of the Covid-19 pandemic in tribal areas was also discussed, especially with regard to how various institutions worked together towards vaccination acceptance. The issue of insufficient funds for these issues was raised and it is to note that this year there is a provision of almost Rs. 2.5 lakh crore in budget allocation. Various issues pertaining to tribal healthcare have been presented by the speakers and the guests. It was argued by numerous guests that tribal communities should be viewed not as a vulnerable group but as a repository of knowledge and resources. The role of a provider should not be restricted to the state but extended to tribal communities as well. It was rightly suggested that a help desk should be set up to understand their culture. In the session on affordability, many valuable suggestions were made. To name a few it was suggested that it is difficult for tribal communities to avail loan facilities from banks so sufficient changes should be made in this process to accommodate the distinct needs of these communities. The Commission looks forward to engaging with these issues in the future as well.

CHIEF GUEST

Shri Bishweswar Tudu, *Hon'ble Minister of State for Tribal Affairs & Jal Shakti*

The Ministry of Tribal Affairs came into existence when Atal Bihari Ji became Prime Minister. With renewed determination, the Ministry strives to work towardS the welfare of tribal communities in India. During the pandemic there was a myth about vaccines but the government worked to raise awareness in tribal areas. The Ministry is making persistent efforts to ensure medical infrastructure covers the remotest of areas.

Many states have started the Ayushman Bharat scheme and we encourage others also to avail the benefits of this scheme. Under Pradhan Mantri Jan Aushidhi Kendra, you can get medicine at a nominal price. A few days back, Hon'ble Prime Minister spoke to the owners and beneficiaries of Jan Aushidhi and they told him that it's a huge saving for them. The Government of India is trying to make healthcare accessible for everyone. There is a lack of awareness in tribal areas about the schemes. It is our responsibility to reach out to them and we are sure they will benefit from these schemes. The government is trying to mobilize the momentum for the development of tribal communities.

RELEASE OF STUDY CONDUCTED BY TISS

Prof. Satyajit Majumdar, *Dean School Of Management And Labour Studies, Tiss*

Under the aegis of the National Commission for Scheduled Tribes, the Tata Institute of Social Sciences conducted a study on 'The Impact of Government Initiatives during the Covid-19 Pandemic'. The findings of this study were released during the Valedictory Session.

This study was conducted in states with the highest percentage of the tribal population according to the 2011 census data. Districts, Sub-districts, and villages were chosen by the same criteria. The unit of analysis for this study is a hamlet. Upon field visits the issues of movement of migrant labor, massive job loss, irregular road connectivity, and lack of public transport to avail medical facilities among others were major issues that people faced during the pandemic.

Through this study, the patterns of vaccine hesitancy among these communities were looked into, and it was found that the Gram-Sabhas have been very active in their work with the local population. District administrations and health workers have also been working extensively alongside ASHA workers who were the first point of contact to disseminate vital information and guide people regarding the pandemic.

The disaster management plan for the country should incorporate a pandemic deal to better equip itself to deal with any such cases in the future. We are grateful to the Hon'ble Chairperson and the NCST team for their confidence in this work.

CHAIRPERSON'S ADDRESS

Shri Harsh Chouhan, *Hon'ble Chairperson, NCST*

Members of tribal communities are of the opinion that their concerns are not

understood by the mainstream. There is an issue at the very heart of how research pertaining to tribal communities is undertaken. Through this dialogue we attempt to tweak our methodologies of conducting research around tribal issues. We hope that the learnings from this dialogue captured in this report would be helpful in taking forward the insights we have received on how to engage with tribal communities. We have been able to successfully conduct this SAMVAD over a period of two days for which the Commission is grateful to all our attendees for their incisive remarks and thoughtful interjections throughout all sessions. Targeted SAMWAD(s) like these are very important to understand the grassroots problems of the Scheduled Tribes. Tribal issues are not limited to implementation and Policy designing.

Collaborative efforts of all the concerned Ministries and Government Departments are required to improve tribal healthcare. It should not be restricted to the Ministry of Tribal Affairs or Health and Family Welfare. Developing an inclusive health infrastructure requires revamping the availability of electricity, water, roads, and many other components. The issue of out-of-pocket health expenditure resulting in indebtedness in tribal communities required the most immediate attention from concerned authorities and was given a separate session in this SAMVAD. Due to lack of financial assistance, the majority of families are forced to spend up to 3 lakhs on health expenditure alone. It was argued that lack of adequate healthcare facilities is a leading cause of migration among these communities. A common misconception associated with migration trends is that people migrate out of their own ignorance of facilities. However, if that were the case we would not have seen monumental rates of vaccination among tribal communities during the pandemic. Where there are facilities people are willing and determined to avail them. It is our responsibility to extend the reach and availability of our initiatives to make them accessible to these communities.

The efficacy with which tribal communities self-managed themselves during the pandemic holds testimony to their determination to learn and better themselves. To see better results in other spheres it is the responsibility of the State to make available the resources such that people can conveniently avail them to take care of themselves and their communities.

VOTE OF THANKS

Shri Ananta Nayak, *Hon'ble Member, NCST*

This two-day-long SAMVAD has been conducted with the aim of discussing and arriving at solutions to challenges being faced in the field of tribal healthcare in India. To identify areas that require attention and redressal we can rely upon the motto given by Hon'ble Prime Minister- 'Sabka Saath, Sabka Vikas. This sentiment is reflected in our endeavors taking shape through this SAMVAD on the theme of Tribal Healthcare in India.

For any meaningful development, it is essential that we move forward alongside all social groups, in the growth of this country. Tribal communities should not be left behind. This is the ideal that informs the efforts of the Commission. NCST strives to continually work for the welfare of tribal communities of India.

We thank everyone for enriching this SAMVAD with their presence.

CONCLUSION

This two-day-long "SAMVAD; Tribal Health and Evaluation of Health System in the Scheduled Areas" helped us inch closer to developing a thorough understanding of issues concerning tribal healthcare by contextualizing the challenges and mulling over possible solutions. For the last seven to eight months, the National Commission for Scheduled Tribes has been in the process of covering issues related to Scheduled Tribes. Some of the outstanding issues which were highlighted in the duration of this discussion were, firstly, a stifling lack of segregated data. The available data looks at health only in the rural-urban duality; the category of tribal is left out as was pointed out by various guests during the dialogue. Concomitantly, the second highlighted issue was that of deep-seated arrogance on the part of the mainstream population in their dealing with tribal communities. The role of a provider should not be restricted to the State but extended to tribal communities as well. Thirdly, there is a lack of infrastructure, human resources, diagnostics, and medicines dedicated to tribal healthcare. Another factor is barriers to physical accessibility and attitudinal accessibility of health infrastructure for tribal communities. It was rightly suggested that a help desk should be set up to understand their culture.

When discussing the status of tribal healthcare, the implementation of different policies and schemes is seldom a topic of conversation. The makers of our Constitution did have this insight and therefore, special provisions were made for the welfare of tribal communities. However, later policy interventions lacked the insight resulting in poor efficiency and effectiveness. A substantial change in the field of tribal healthcare requires efforts by all the 41 Ministries and should not be restricted to the Ministry of Tribal Affairs or Health and Family Welfare. Developing an inclusive health infrastructure requires revamping the availability of electricity, water, roads, and many other components. The issue of out-of-pocket health expenditure and the resulting indebtedness in tribal communities requires the most immediate attention from concerned authorities and was given a separate session in this SAMVAD. This SAMVAD is a beginning of a much longer journey of meaningful engagement with varied themes of tribal welfare in this country which the Commission strives to uphold.

In this report, we detail the recommendations which have been floated over these two days. From inter-ministerial coordination to sensitizing administrative and health workers towards tribal cultures, all suggestions would be closely read and incorporated into future planning processes.