

**Minutes of the Stakeholder Consultation on Tribal Health Issues held on
January 7th, 2015 at the ICMR Head Quarters.**

The Objective of the meeting aimed at identifying issues concerning delivery of health services to tribal people, disease burden among tribal people and augmenting capacity of Institutions involved in tribal welfare.

The meeting began with welcome address by Dr. V.M. Katoch, DG ICMR and Secretary DHR, Govt. of India. DG, ICMR termed it as a day to remember and highlighted that issues with tribal health are related to poor implementation and ICMR is involved in knowledge generation.

Dr. Hrusikesh Panda, Secretary Tribal Affairs while thanking Dr. Katoch for organizing this workshop, involving the Ministry and the State Governments informed that this consultation was an idea floated by Dr. Katoch, Director General, ICMR. He informed that the Ministry focused on tribal education for a long time, because it was important and more than that it was simpler. He indicated that strength of ICMR was demand based for tribal related health issues but its limitation has been the outreach of its research or studies. Therefore, partnering and synergizing of these two institutions, viz. ICMR and State Tribal Welfare Departments will be essential to achieve purpose of this meeting.

He shared that MoTA, has been offering untied funds to the States in its Project Appraisal Committee meetings for addressing tribal health issues for 8.6% of the country's population. He highlighted on the importance of malaria control whose burden was higher for the tribal people as compared to non-tribal areas. With only 8.6% of the population share, tribals account for 30% of Malaria cases, 70% of *falciparum* cases and 50% of deaths due to Malaria. In many tribal areas, the incidence of *falciparum* is 90% or more. Furthermore, Sickle Cell Anaemia was another enormous health problem. He also shared that the Ministry's intervention in writing to the State Welfare Departments to screen tribal students for sickle cell trait and disease has not reaped sufficient response due to lack of awareness of diagnosis and treatment amongst medical officers in the tribal areas.

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Sharing his observation of his field visits, many young tribal girls were deprived of education as they were involved in new born children care due to absence of Anganwadi Centres in many of the areas. Malnutrition among tribal population was yet another issue that requires action. The issue of malnutrition is aggravated due to shift in food basket. The traditional crops, which were rich in minerals, proteins and vitamins, have disappeared and substituted by high carbohydrate cereals. Knowledge in traditional vegetables and tubers, particularly, those gathered from the forests has also disappeared. The Ministry of Tribal Affairs has been supporting revival of these crops. At the same time, cultivation and consumption of green leafy vegetables is also being emphasized to address malnutrition issues. Activities like dairy, poultry and fisheries are also encouraged because, in addition to livelihood support, this will make available nutritious food to the tribal households. In many places, where tribal people were not consuming milk earlier, the behaviour has changed and milk consumption has been accepted. He flagged some problems and hoped to be addressed in this meeting.

Upon congratulating, ICMR and other Institutions in the Ministry of Health on their excellent work covering the entire health and nutrition fields for tribals, Dr. Panda mentioned that there have been several good cases in the management of Malaria, Fluorosis and Malnutrition. These good practices must be carried forward through the Tribal Research Institutions and the ITDAs. He stressed upon the need for the Tribal Development officials and agencies to be more sensitive to intervention in tribal health. Dr. Panda assured that this partnership between the Ministry and State Departments of Tribal Welfare and DHR and ICMR will continue to be sustained.

Dr. V M Katoch, in his summing up reiterated that the new beginning of Joint action by MoTA and ICMR will lead to social and economic development of Tribal. He assured sharing of information generated by ICMR institutions for translation in to action by State Welfare Departments, TRIs and ITDAs. He emphasized the Tribal Welfare Department should make most use of expertise and technology developed by ICMR for all-round development of Tribal communities. He indicated that Sickle Cell and other haemoglobinopathies were priority areas for immediate and joint action.

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Dr. Neeru Singh, Director, NIRTH, Jabalpur and Coordinator THRF, welcomed all the participants and reiterated the importance of joint meeting with policy makers and implementers. She further enumerated the areas of cooperation that will create a positive impact on the life and quality of tribals.

- **Maternal and Child health**

Presentation of case studies on maternal and child health were made by following ICMR representatives Dr. Smitha Mahale, Director, NIRRH-Mumbai, Dr. Tarun, Scientist C, NIE, Chennai, Dr. Malabika Roy, Head Division of RCH, Dr. Rita Rasaily.

Decisions taken:

- 1) Packaging of education, counselling on disadvantages of early pregnancy to be carried out jointly by ICMR and TRIs.
- 2) ICMR to share NIE data with, the State Welfare Departments and TRIs.

- **Nutrition**

Presentation of case studies on Nutrition was presented by Dr. A. Laxmiah. The research outputs of NIN on the determinants of nutritional status among tribals and projects undertaken for alleviation. Dr. G S Toteja, Director, DMRC-Jodhpur enumerated the values of Effectiveness of *diet and lifestyle intervention* through IEC tools with AWCs as the centre of knowledge dissemination for hypertension risk reduction. Dr. Dwibedi, Scientist C, RMRC-Bhubaneswar presented fever management strategy in relation with malnutrition and shortfalls faced with existing health care systems. The presentations were followed by deliberations on reason for malnutrition with children of 5 years and above.

Decisions taken:

- 1) ICMR to share manual on traditional foods and share with MoTA, State Welfare Departments and TRIs.
- 2) Share modules on nutrition and share with TRIs and TDAs also prepare nutrition manual for school children.
- 3) Training Manual prepared by ICMR for paramedic would be shared with State Tribal Welfare Departments/TRIs for capacity building of local educated persons.

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- **Scabies**

Dr. Chakma, Scientist F, NIRTH-Jabalpur presented the impact of Fluorosis and its mitigation, through Nutritional intervention and safe drinking water and (ii) Scabies control.

Decisions taken:

- 1) **Ministry of Tribal Affairs would issue advisory to the State/UT for inclusion of the *Cassia tora* in the menu of the meals in the schools.**
- 2) ***Cassia tora* leaves (Chakoda bhaji) to be incorporated in all Ashram School menu.**
- 3) **TRIs to launch IEC campaign in all the tribal area , advocacy regarding beneficial aspects of *Cassia tora* leaves (Chakoda Bhaji).**
- 4) **Dr. Chakma will provide local names in all possible languages for *Cassia tora*.**

- **Malaria**

Dr. Neeru Singh, Director, NIRTH-Jabalpur presented on the effectiveness of intensive intervention for malaria control, malaria in disturbed border areas and Best practices for malaria control. Dr. Neena Valecha, Director, NIMR-New Delhi presented the activities of NIMR. Dr. V. Jambulingam, Director, VCRC-Puducherry, presented activities of the centre particularly with regard to malaria control. He enumerated the morbidity pattern in southern Odisha, its causes and strategies undertaken for its control. Dr. Mahopatra, Scientist F, RMRC-Dibrugarh, listed the Features of malaria transmission in NE Region and action taken for its control.

Decisions taken:

Provide report for Malaria Deaths in NE region. Organize research cum action for malaria control and all malaria institutes to meet and jointly finalize action.

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- **Sickle Cell Anaemia**

Presentation of case studies on Sickle Cell Anaemia was presented by Dr. K. Ghosh, ^{Ex-}Director, NIIH-Mumbai. He presented an over view on Sickle Cell Anemia and strategies for detection and control. Dr. Rajni Kaul, BMS-ICMR, New Delhi presented the activities of division in relation with Haemoglobinopathies. Dr. S. Rajasubramaniam, Scientist 'D', NIRTH-Jabalpur presented the priorities for SCA control and activities undertaken by the centre in Central India in addition to developing manpower through training of Health care professionals of Madhya Pradesh.

Decisions taken:

- 1) TWDs to draw up a training plan in collaboration with ICMR for Medical Officers and Technicians of tribal areas on Sickle Cell screening and disease management. A user manual also on disease management would be prepared.
- 2) NIIH Mumbai to prepare a detailed training program with ICMR centres to initiate and conduct training for TRIs and ITDAs for SCA screening and control for next 2 years.

- **Tuberculosis**

Dr. Soumya Swaminathan, Director, NIRT-Chennai presented case studies enumerating the obstacles and importance of control of Tuberculosis among tribals. She further implicated that lack of information on TB among tribals as a major cause of inaction. Dr. Tripathy, Director, JALMA-Agra presented the need for Estimation of burden of TB among the tribal population and development an innovative health system model to strengthen TB control in the tribal areas.

Mr. Ashok Pai, Joint Secretary MoTA summed up by thanking ICMR and other health institutions for organising this conference first of its kind. He also thanked State Welfare Departments, officers from Tribal Research Institutes and ITDAs for participating in the conference. He reiterated the main focus of the meeting was on specific themes of Maternal & Child health, Nutrition, Malaria, Sickle Cell Anaemia and Tuberculosis.

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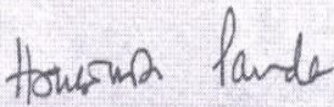
- a. High incidence of Sickle Cell Anaemia amongst tribal people needs to be addressed by screening of all school going children on the status of Sickle Cell Disease and to be provided with health card indicating status. This would help in counselling of parents, availing services and for seeking disease management through health facility. Each State/UT would ensure 100 % screening of school children for Sickle Cell Disease.
- b. To contain Malaria, in tribal areas, services of traditional healers can be used by training them on Malaria medicines, who can also distribute medicine to the patients. Similarly, to contain mosquito to population, composite fish culture in ponds was recommended. This would also provide protein in the form of fish to the tribals.
- c. Malnutrition, Anaemia issues were to be addressed by bringing back traditional food of minor millets, green leafy vegetables and effective implementation of ongoing folic acid supplement and de worming programmes in these areas. Use of *Cassia tora* (chakoda Bhaji) in meals of schools in tribal areas would ensure Calcium and B- complex supplement in the food in cost effective manner. This can also help in improving conditions of Fluorosis.
- d. Issue of adolescence pregnancy, bringing every pregnant mother under health cum nutrition support system was emphasized using best practices. Hiring local girls/women for paramedical service by appropriate training can deepen the service in tribal areas.
- e. High incidence of TB amongst Saharia in Madhya Pradesh can be addressed through better ventilated houses. A special effort by the State would be undertaken towards this.

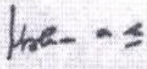
He emphasized on better co-ordination and collaboration between the ICMR and Tribal Welfare Department, TRIs and ITDA/ ITDPs not only in resources but also in knowledge and design interventions based on best practices could help in improving health status of tribal people.

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Decisions taken:

- 1) Disease wise sub groups meetings to be arranged for developing research and action plans.
- 2) SCA: Preparation of training of MOs and LTs of State TRIs, TWAs. Folic acid supplementation by TRIs for patients. NRHM to provide funds for the activities.
- 3) Nutrition: Capacity building, IEC material (use of traditional food, minor millet in the food basket through intervention in tribal schools, Ashrams curriculum to take up: personal hygiene, habit of clean toilets etc.) provided by ICMR for dissemination by TRIs.
- 4) MCH: To track every pregnant mother for registration and to be provided with vitamin supplements.
- 5) Malaria: Intensive monitoring, use of local health facilities for detection and control, integrated vector management and composite fish culture to be taken up. Prospective plans to be developed with State Govt and TRIs.
- 6) Tuberculosis: Funds of Ministry of Rural Development's Indira Awas Yojana may be used for mega housing for Sahariya tribe. State Welfare Department jointly with ICMR may draw action plan in 2 weeks and utilize NRHM funds. Encourage use of smokeless Chullah, alternate energy sources like solar energy and construction of outdoor kitchen.


Dr. Hrusikesh Panda
Secretary, Ministry of Tribal Affairs,
New Delhi


Dr V.M Katoch
Secretary DHR &
Director General, ICMR New Delhi

Stakeholder Consultation on Tribal Health Issues

Date: 7th January, 2015

Day: Wednesday

Venue: Room no 301 conference hall
ICMR Head Quarter, V. Ramalingaswami Bhawan
Ansari Nagar New Delhi-110029 (INDIA)

TIME	AGENDA
09.30-10.00	Registration
10.00 -10.30	Inaugural session
	<ul style="list-style-type: none"> • Welcome address - Dr. V. M. Katoch, DG, ICMR & Secretary, DHR, Govt. of India • Key Note address - Dr. H. Panda, Secretary, MoTA • Welcome and setting the context - Dr. Neeru Singh, Director, NIRTH, Jabalpur
Presentation and Discussion	
Maternal and Child health	
10.30 – 10.50	• Dr. Smita. D. Mahale, Director, NIRRH, Mumbai
10.50 – 11.10	• Dr. S. Mahendale, Director, NIE, Chennai
11.10 – 11.20	• Dr. M. Roy, RCH, ICMR, New Delhi
11.20 – 11.30	• Dr. Rita Rasaily, RCH, ICMR, New Delhi
11.30 – 12.00	Question and Answers for the panel
12.00 – 12.20	Tea Break
Nutrition	
12.20 – 12.35	• Dr. A. Laxmaiah, I/C NNMB, NIN, Hyderabad
12.35 – 12.50	• Dr. G. S. Toteja, Director, DMRC, Jodhpur
12.50 – 1.00	• Dr. S. K. Kar, Director, RMRC, Bhubaneswar
1.00 – 1.10	• Dr. T. Chakma, Scientist, NIRTH, Jabalpur
1.10 – 1.30	Question and Answers for the panel
1.30 – 2.15	Lunch
Malaria	
2.15 – 2.35	• Dr. Neeru Singh, Director, NIRTH, Jabalpur
2.35 – 2.45	• Dr. Neena Valecha, Director, NIMR
2.45 – 2.55	• Dr. P. Jambulingam, Director, VCRC
2.55 – 3.05	• Dr. J. Mahanta, Director, RMRC, Dibrugarh
3.05 – 3.30	Question and Answers for the panel
3.30 – 3.45	Tea break
Sickle Cell Anaemia	
3.45 – 4.05	• Dr. K. Ghosh, Director, NIIH, Mumbai
4.05 – 4.15	• Dr. Vijay Kumar, Head BMS, ICMR, New Delhi
4.15 – 4.25	• Dr. R. Subramaniam, Scientist, NIRTH, Jabalpur
4.25 – 4.45	Question and Answers for the panel
Other Programme (Tuberculosis)	
4.45 – 5.00	Dr. Soumya Swaminathan & Dr. S. Tripathy
Concluding session-Roadmap and the Way forward	
Chairman Lt. Gen. D. Raghunath	
5.00 – 5.15	Summing up of discussions – Mr. Ashok Pai, Joint Secretary, MoTA
5.15 – 5.30	Remarks: Dr. H. Nagesh Prabhu [IAS], Joint Secretary, DHR
Shri Maninder Singh [IAS], Joint Secretary, DHR	
Shri T.S. Jawahar [IAS], Sr. Deputy Director General (Administration), ICMR	
Vote of Thanks - Dr. T. Chakma, Scientist, NIRTH, Jabalpur	

Participants

1. Ministry of Tribal Affairs
2. State Welfare Departments
3. Tribal Research Institutes
4. ITDAs/ITDPs
5. ICMR
6. RMRCs

(Attendance list enclosed)