



# Anamaya the Tribal Health Collaborative

A multi-stakeholder collaborative committed to end preventable deaths among tribal and marginalised communities in India







# Tribal communities of India



8.6% of the total population of India.



More than 700 unique tribal communities



over 300 languages (core and subsidiary)



Keeper of traditional knowledge and wisdom



About 90% of tribal peoples live in rural areas



Tribal areas of India account for 60% of the country's forest coverage

Tribal and indigenous peoples across the globe, with about 370 million population, play a crucial role in conservation of the nature. Preservation of tribal traditional knowledge and their modes and methods of knowledge transfer are crucial to bring us closer to actualisation of the concept of One Health that can foster ecological balance.





# Health and nutrition status of tribal communities

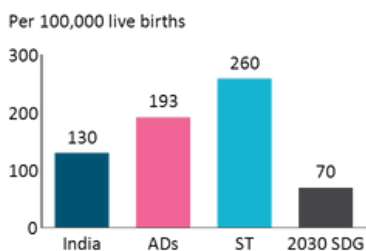
The state of health and wellbeing of tribal peoples do not paint a picture of hope. Globally, tribal communities continue to remain at special health risk with a life expectancy up to 20 years lower than non-indigenous and non-tribal counterparts.

India has 28% of the global tribal and indigenous population. Their state of health resonates with the global trend of impoverished health. A tribal individual in India has a life expectancy of about 4 years lower than the general population. They account for about 50% of malarial death. A tribal mother is twice as likely to die of childbirth when compared to non-tribal women in India.

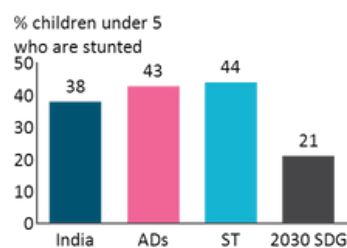
10.4% of the total notified tuberculosis (TB) are from tribal communities.



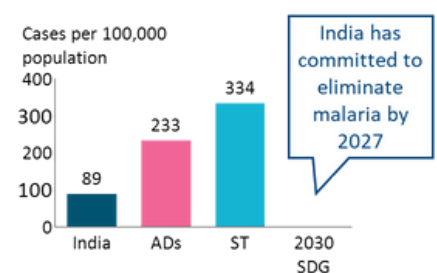
## Maternal mortality



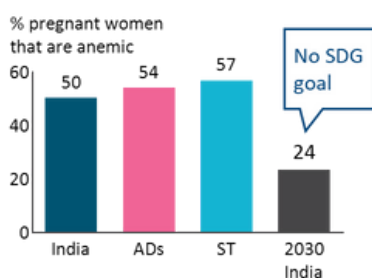
## Child nutrition



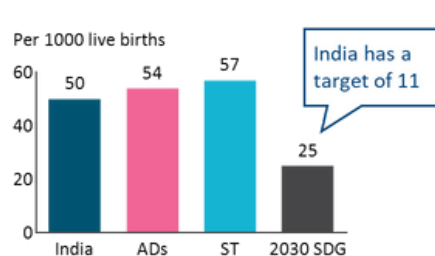
## Malaria



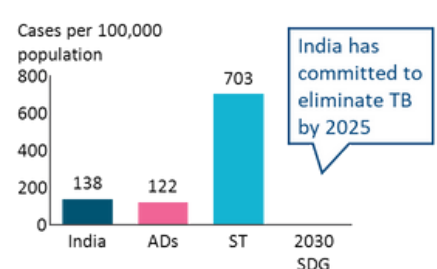
## Maternal anemia



## Under 5 mortality



## Tuberculosis





# Therefore, Anamaya: the Tribal Health Collaborative

Anamaya's journey was seeded in Asara, a programme run by Piramal Swasthya that is dedicated to improving health and nutrition status of pregnant women, mothers, and children living in the tribal blocks of Vishakhapatnam. Asara achieved zero maternal death among the women registered with the programme by 2017. This inspired Piramal Swasthya to aspire to scale Asara's impact across India.

A small team was formed to actualise this aspiration. We invested ourselves into extensive secondary research, reached out to experts and organisations who have worked with tribal communities across the nation, listened to community representatives and district officials to learn more about the state and issues impacting health and wellbeing of tribal and marginalised communities.

Through this journey we learned that improving the overall health and wellbeing of tribal communities is crucial to achieve India's commitment towards the Global Goals. We also realised that the urgency, complexity, and the scale of the problem necessitates a consolidated and collaborative effort instead of the regular path of scaling up one idea or a pilot.

Anamaya, the Tribal Health Collaborative, is a unique multi-stakeholder entity committed to facilitate this effort consolidation. It believes in facilitating a sustained dialogue between communities and public systems. We work with communities (Communitisation), curate insightful experiences (Knowledge) and engage with governments (System Strengthening) to drive the dialogue.





# Understanding the barriers

Tribal and indigenous peoples across the globe choose to live close to and in solidarity with nature. They play a significant role in bio-diversity conservation, although most often without much recognition. Understandably, a significant proportion of tribal communities in India also continue to live in hilly, forested, and remote rural areas.

Unfortunately, availability and the quality-of-care decreases as one's distance from cities increases. Thus, tribal communities living in remote and distributed settlements have restricted access to the predominantly urban-centric public health system.

Public health facilities in rural and remote areas constantly struggle with lack of quality human resources, timely availability of drugs and equipment, inefficient process management, etc. Additionally, socio-cultural discriminations alienate tribal communities even further.

**The tribal community deserves special attention keeping in mind their geographical and infrastructural challenges.**  
- The National Health Policy 2017

Latehar, Jharkhand February 2022





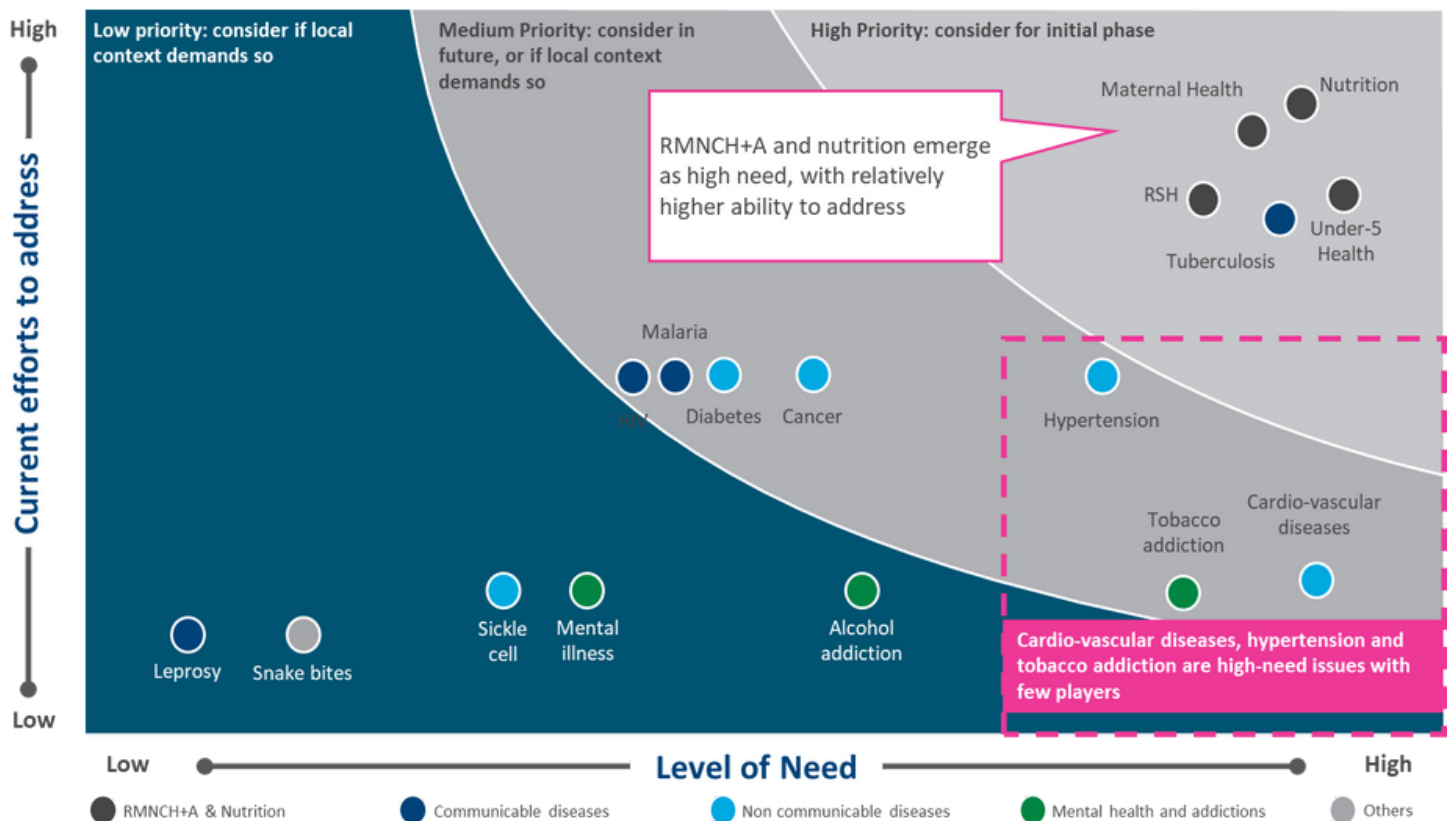
# Understanding health needs

Through conversation with experts, community members, district officials et al. and secondary research Anamaya team created a rough outline of key health needs of tribal communities in India.

We also plotted the same against an unexhaustive list of available efforts and interventions to understand the context. While this has not been carried out as a detailed academic and scientific exercise, the graph below gives an idea about tribal health needs in India which is significantly close to the ground realities.

We learned that Nutrition, Reproductive, Maternal, Newborn, Child and Adolescent Health are certainly of high need. Among infectious diseases, Tuberculosis features as a crucial area followed by Malaria.

Health issues such as sickle-cell, chronic kidney disease, dermatological illnesses, worm infestations represent a high burden in some areas and/or there is high demand from communities for their treatment. These would have to be considered at a local level for interventions.



# Early field visits to collate insights

**05**  
states

**17**  
districts

**09**  
organisations

**148**  
(wo)man days

**100+**  
interactions

**10,000+**  
kilometers

## Glimpse of the major tribal states and tribes\*:

**North-East India: Bodo, Garo, Mishimi, Adi, Deori, Chakma, Khasi, Dimasa et al.**



**Central India: Bhil, Gond, Santhal, Munda, Kondh, Baiga, Oraon, Savar, Birhor, Agariya, Asur et al.**



\* There are more than 600 different tribal communities in India. We have only highlighted a few major communities from Anamaya's priority intervention areas for the first three years.



# Learning from early field visits

## Preserving identity is often at the centre



The formation of the separate state of Arunachal Pradesh from the former Greater Assam suddenly turned the Deori community into a minority. While they continued getting the benefits of being Scheduled Tribes even after the formation of the new state, their access to services remained limited.

Currently, they are enlisted as a Scheduled Tribe and face bottlenecks in accessing the benefits from the state and they are fighting for the same using legal routes.

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## Enabling youth is key to a brighter future



Often, youth from tribal communities experience layers of discrimination and oppression. They have limited access to higher education, healthcare, and often trafficked to serve informal labour markets, sex trade, etc.

Organisations like **Patang** are demonstrating how a multi-disciplinary approach can help youth develop themselves and their community, while **Disha Odisha** is working to safeguard the young and vulnerable people hailing from the tribal communities in Odisha.

# Learning from early field visits

## Gender disparity prevails among the tribal communities



Contrary to the popular belief, most tribal communities including the ones from the North East, are very patriarchal in nature. Men in Central India don't undertake any other farm work besides ploughing, as they think they shouldn't be bending their heads down. Local governance bodies we interacted with, too, either had no women representation or very few women with no space to voice their opinions.

**Uncle Moosa's Youth Library Movement** is a rare initiative that instills confidence among the youth, especially young women.

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## Someone's solution but someone else's problem



The formation of the Bodo Territorial Region (BTR) improved transportation in the four districts of Assam where they have a majority population. But, the Santhals and other tribal communities who were displaced from their native land and brought to Assam by the Britishers feel that they are further marginalised now. Conflict of interest between various subgroups persists in the BTR area which has witnessed severe violence in past.

**The ant** is one of the organisations working towards improving health and wellbeing in a participatory and comprehensive manner to widen the possibility of peaceful co-existence in the region.



# Learning from early field visits

## Preventable diseases impact quality of life deeply



Infectious diseases such as typhoid, jaundice, and malaria are extremely common in the districts we visited, both in the Central and North-Eastern parts of India. Malnutrition, especially among the tribal communities in Central India, is visible even to the naked eye.

Limited availability of medicines and health human resources in the nearby health centres are some of the primary reasons for the peoples' heavy dependence on not only the traditional healers but also quacks.

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## The 'felt need': Emergency healthcare services & 'out of pocket'



Most communities identify the struggle to access emergency medical care as a priority. Existing emergency care services such as 108, 104, and 102 provided by the government mostly fail to reach the location in a timely manner. Often, communities are unable to access emergency care as the call centre they reach out to speaks languages that do not include ones spoken by the tribal communities living in the catchment area.

Frontline workers such as ASHAs, too, cannot function optimally in a situation where the necessary supply-side support remains weak, leading to unaddressed existing demand. People either depend on private vehicles or surrender to their fate.

# Learning from early field visits

## Traditional healers are often the first respondents



Traditional healing practices continue to find acceptance amongst tribal/advansi communities as they are accessible and affordable. Many healers are willing to support scientific validation to preserve their knowledge and livelihoods.

Foundation for Revitalisation of Local Health Traditions is contributing significantly towards scientific evaluation and preservation of healing traditions. Local organisations such as Prayog Samaj Sevi Sanstha, Raigarh Ambikapur Health Association, Traditional Healers' Association of Chhattisgarh, etc. are working to preserve traditional healers and their practices.

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## The issues of 'access to health' is not emphasized enough



The degree of lack of access to healthcare for the tribal and marginalised people living in remote areas are often not so easy to understand for most people. In the image (right), the river here is only the second of a multi-staged hurdle a patient-in-emergency has to travel through to get basic emergency care. Managing a regular supply of life-saving drugs and test kits in a primary health centre that is situated a few kilometres away from the other side of the river is a mammoth task.

Karuna Trust is one such organisation that works closely with the public health system to improve access to health in such remote areas.



# Anamaya's approach



## Communitiation for healthcare

Communitisation of Healthcare engages with community to help prioritise health as an agenda among the people, elevate community voices and inform the design and deployment of health ecosystems adequately and appropriately. Currently, this vertical is working with various key stakeholders including the following:

- Traditional Healers
- Youth and Students
- Community Influencers
- Organisations (NGO and CSOs) working in tribal areas

## Strengthening Knowledge

This vertical focuses on generating and promoting the use of relevant knowledge to inform and enable internal and external stakeholders to equitably prioritise and invest in tribal health and nutrition.

Some of the early activities that this vertical would carry out are:

- Research: Curate and Create Knowledge
- Knowledge Management
- Strategic Communication and Dissemination
- Strategic Partnership and Dissemination



## Strengthening Public Health System

System Strengthening vertical will focus on creating a critical number of transformational health leaders at every level of the government. They, in turn, establish a culture of empowerment, transparency, and accountability amongst themselves and the health system human resources they lead. To build up such a critical number of transformational health leaders, this vertical would work with the health ecosystem to:

- Build institutional capacity
- Strengthen service delivery
- Facilitate digital transformation



# Flagship Projects

## Tribal TB Initiative

The Tribal TB initiative is a unique partnership between the Ministry of Health and Family Welfare and the Ministry of Tribal Affairs to improve the cascade of TB care and support services among Tribal Populations in India. This collaboration would be a 4 (four) year initiative till 2025, in line with the government's goal to End TB by 2025. Tribal TB Initiative brings together multiple stakeholders with diverse capabilities required to tackle multi-dimensional issues prevalent in Tribal areas. It includes collaboration between governments, donors, and partners to strengthen primary health care service delivery from a system's perspective and provide support to the health workforce. TB tribal initiative leverages the expertise of all involved stakeholders and partners to address TB in tribal communities.

## Aashwasan

Aashwasan is a campaign aiming at jointly addressing the spread and impact of COVID-19 and TB among tribal populations. It is being implemented across all tribal districts in India. It focuses on the blocks with more than 25% of tribal population. Community mobilisers and paramedics from local communities recruited and trained for the campaign, reach tribal households in extremely hard-to-reach areas, conduct awareness sessions to inform people about the two infectious diseases of COVID and TB, screen and collect samples from the household level. The team is guided by micro-plans collectively developed by district-level officials and Aashwasan's district team that is formed of Anamaya staff. The campaign is being run with the active support of state and district officials, frontline workers, PRI and SHG members, et al.

### Highlights from Aashwasan

**1,03,84,538** people were screen for TB out of which **3,82,251 (4%)** were presumptive of TB. Total sputum samples tested are **2,80,259 (73%)**. After test **10,249 (3%)** were found TB positive and **9,570** were registered on Nikshay Portal.





# Flagship Projects

## Sangwari

The Sangwari programme is designed to address the health and livelihood needs of the tribal communities of Bastar. Placed at an intersection of these two areas, it is a customised community health entrepreneurship model to address challenges associated with accessibility to healthcare.

18 villages, spread across the Bastar district in the blocks of Jagdalpur, Darbha and Bastar have been chosen for a year-long pilot of the Sangwari programme.

The programme provides opportunities to women at the local level, building their capacities and empowering them to address their own challenges. The Sangwari programme is being implemented in partnership with the Bahar Foundation and Bastar Samajik Jan Vikas Samiti.

## SAKSHAM (Tribal Maternal and Child Health Program)

In view of India's high maternal mortality rate Saksham, a consortium was formed with an aim to improve access to high-quality Maternal Newborn Child Health (MNCH) services, to improve the capabilities of institutions and health systems to deliver MNCH services, and improve access to quality MNCH services in tea garden districts of Assam through cross-sectoral partnerships.

Saksham project will be driven by consortium partners- Piramal Swasthya, PATH, Jhpiego, and Deloitte in three States of Assam, Chhattisgarh, and Odisha for a period of four years. In alignment with the USAID's vision, the overall goal of Saksham is to increase access to high quality MNCH services, improving the capability of institutions, and demonstrating innovative models in these states with specific district level focus for the Tea gardens in Assam.



# Partners of Anamaya

Anamaya's multi-pronged strategy to influence change is built on our extensive engagement with institutions at various levels of governance, national and international financing institutions, philanthropies, knowledge partners, NGOs, community organisations, and community leaders.

We are consistently engaging with our partners through different flagship projects, pilots, research, knowledge and communication projects. Together, we are also working toward creating avenues for further collaborations that can help us attain Anamaya's vision to **end preventable death among tribal and marginalised peoples in India**.

Some of our key partners are



जनजातीय कार्य मंत्रालय  
MINISTRY OF TRIBAL AFFAIRS  
GOVERNMENT OF INDIA



BILL & MELINDA  
GATES foundation



Deloitte.









  
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