Tribal & Aspirational Districts of Rajasthan

A Maternal Health Perspective

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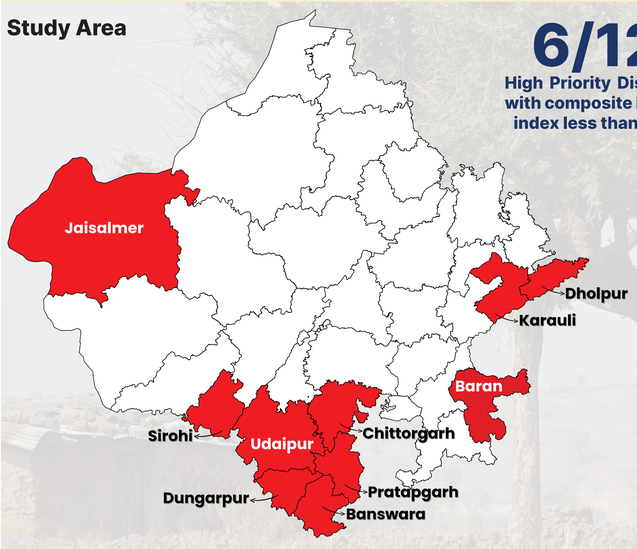
Aim

The National Health Mission (NHM) aims for attainment of universal access to equitable, affordable and quality health care services, accountable and responsive to people's needs, with effective inter-sectoral convergent action to address the wider social determinants of health.

Background

- Government of India adopted the Reproductive Maternal Newborn Child Adolescent Health Plus Nutrition (RMNCAH+N) which essentially aims to address the major causes of mortality and morbidity among women and children. This framework also helps to understand and address anemia, malnutrition & the delays in accessing and utilizing health care services.
- This report focuses on the tribal districts of Rajasthan, regions that present unique challenges and with their distinct cultural practices and traditions, often have limited access to modern healthcare services. Similarly, they face environmental challenges such as extreme temperatures and water scarcity, further complicating healthcare delivery.
- Several policies has been put in place by the National Health Mission as well as the Ministry of Tribal Affairs by there are still gaps in the implementation of these policies.
- This poster crticially analyzes the condition of maternal health and utilisation of the services in the Tribal dominated southern districts of Rajasthan, ihabited in the moutainous and arid regions, with poor literacy rate and dependent on the daily wages, animla husbandry or migratory sources of income.

Study Area



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High Priority Districts with composite health index less than 50%

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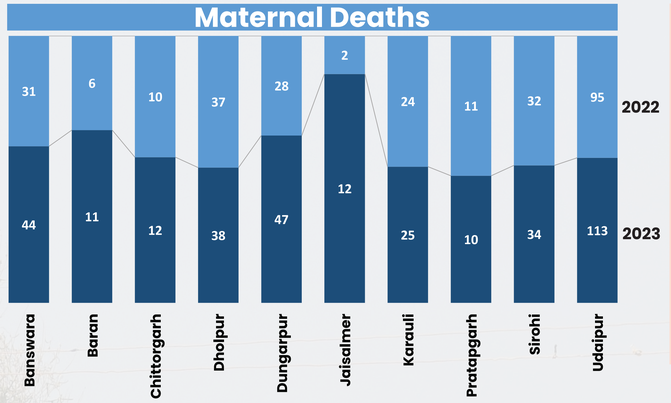
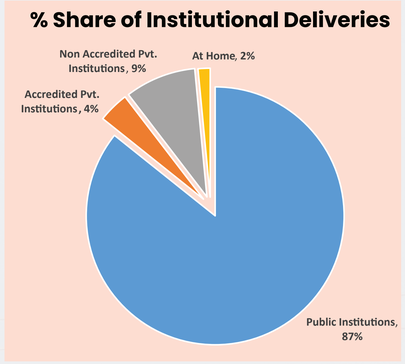
Apirational Districts





Result

1. Non-accredited private hospitals hold a larger share of institutional deliveries compared to accredited private hospitals.
2.Districts such as Banswara (59%), Pratapgarh (65%) and Udaipur (68%) exhibit significantly low rates for 4 ANC checkups.
3. Tetanus diphtheria (Td) dose coverage is generally high, with most districts achieving over 80%, indicating effective vaccination programs.
4. Udaipur reported the highest number of maternal deaths, increasing to 113 in 2023.
5. Jaisalmer(12) experienced a marked increase in maternal deaths in 2023 compared to 2022.
7. Banswara (87%), Dungarpur (73%), and Dholpur (79%) have the highest prevalence of anemia. among women.
8. All districts performed well in meeting institutional delivery targets, with rates exceeding 75%.

STRENGTHS

Government Support
Focus on Rural Areas
Comprehensive Programs
Capacity Building
Public Health Initiatives

WEAKNESSES

Resource Constraints
Implementation Challenges
Data Management
Accessibility Issues

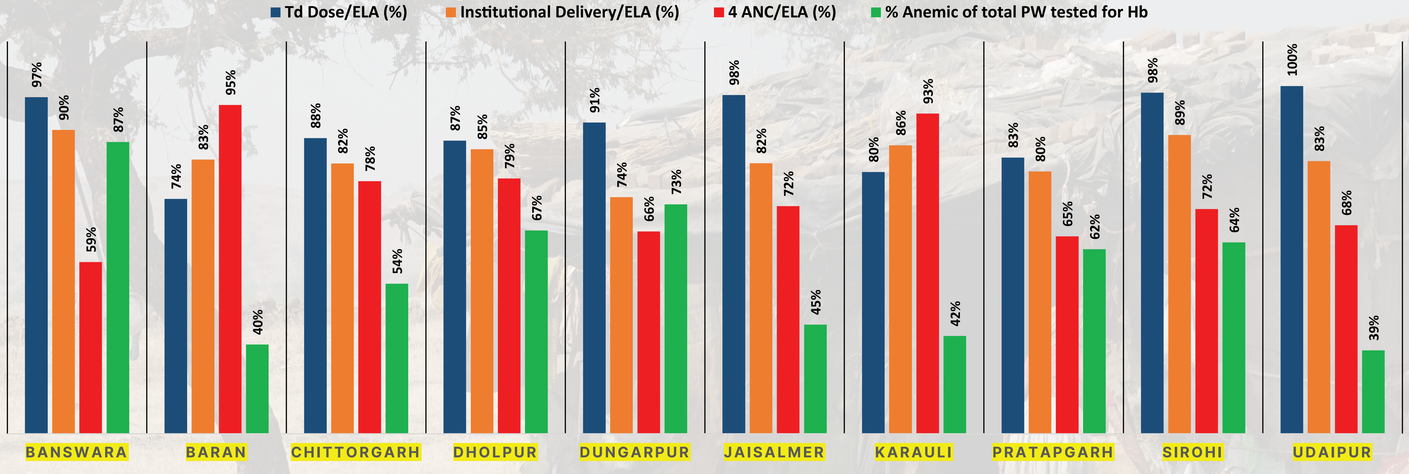
OPPORTUNITIES

Technological Advancements
Public-Private Partnerships
Innovative Financing
Community Involvement

THREATS

Political Instability
Epidemics and Pandemics
Economic Challenges
Climate Change

Overview of the performance of Districts against the Targets (%)

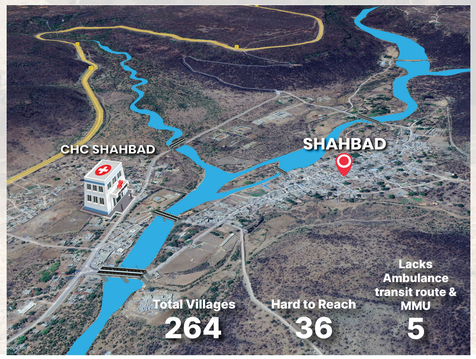


Meathodolgy

- **Government Reports and Statistics:** Data from government sources, including the NHM, National Family Health Survey (NFHS), District Level Household and Facility Survey (DLHS), and Rajasthan's State Health Department reports (PCTS), were analyzed to understand maternal health trends and indicators.
- **Academic Research and Publications:** Relevant academic articles, research papers, and publications were reviewed to contextualize the findings and support the analysis.
- **NGO Reports:** Reports from NGOs working in the field of maternal health in Rajasthan were examined to gain additional perspectives and case studies.
- **Field Visits:** Interviews with ANMs at CHC Shahbad and BCMO Shahbad.

Case Study

Shahbad, a mountainous town in Baran district near the state border, is primarily inhabited by the Saharia tribe, 96,000 out of the total 157,000 population. The region faces challenges due to limited facilities, harsh weather, and arid regions, coupled with socio-cultural beliefs and traditional practices surrounding pregnancy and childbirth that differ from the mainstream population. The presence of five rivers causes flooding during the rainy season, submerging small river crossing bridges and blocking transit routes, which makes accessing healthcare facilities difficult during emergencies.



Key Findings

- Tobacco use in PW.
- Migration for Wages resulting in ANC Dropouts.
- Short PNC period due to loss of Wages.
- High Anemia prevalence.
- Low IFA tablet consumption due to myths of Abortion.
- Traditional beliefs and practices.
- lacks access to proper nutritional diet including milk that in turn affects women and the baby.

Conclusion & Recommendations

1. Efficient Data Reporting
Streamline the reporting process on the PCTS portal and ensure regular audits to maintain data consistency.

2. Training and Education
Enhance training programs for personnel involved in data entry and reporting.
Educate communities on the benefits of modern medical practices to overcome resistance and cultural barriers.

3. Focus on Hard-to-Reach Areas
Prioritize interventions in areas lacking essential maternal health services.
Implement special programs to improve literacy and family earnings in tribal belts.

4. Infrastructure Improvements
Establish birth waiting rooms in hard-to-reach and flood-prone areas.
Design specific interventions to enhance emergency services where mobile medical units and ambulances are unavailable.