



INTERNSHIP REPORT

JHPIEGO INDIA COUNTRY OFFICE

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Organization profile

JHPIEGO is a John's Hopkins affiliate working since 1974 in broad areas of women and child health system strengthening. Has a presence over 30 countries worldwide, country office in New Delhi, India.

Mission:

Jhpiego creates and delivers transformative health care solutions that save lives. In partnership with national governments, health experts and local communities, Jhpiego builds health providers' skills and develops systems that save lives now and guarantee healthier futures for women and their families.

Vision:

Self-reliant countries, healthy families and resilient communities. All women and families, regardless of where they live, having equitable access to high-quality, lifesaving health care delivered by competent and caring providers.

Comprehensive primary healthcare in India integrates preventive, promotive, curative, and rehabilitative services. It prioritizes community participation, equity, and accessibility. Health and Wellness Centers (HWCs) serve as frontline facilities, offering a range of services including maternal and child health, immunization, chronic disease management, and health education. They emphasize preventive care, screening for non-communicable diseases, and promoting healthy lifestyles. HWCs act as hubs for holistic healthcare delivery, connecting communities with essential services and specialists. Through partnerships with local stakeholders and innovative approaches, India's primary healthcare system strives to address diverse health needs, ensuring quality care and improving over-all well being.

Despite strides, India's comprehensive primary healthcare faces challenges. Inadequate infrastructure, shortage of skilled healthcare professionals, and geographic disparities hinder service delivery. Health and Wellness Centers (HWCs) often lack essential equipment and medications, limiting their efficacy. Insufficient funding and weak health information systems impede monitoring and evaluation. Rural areas suffer most, with limited access to quality care. Moreover, cultural and social barriers affect health-seeking behaviors. Addressing these lacunae requires increased investment in healthcare infrastructure, workforce development, and community engagement. Strengthening primary healthcare is pivotal for achieving equitable access to quality services, aligning with the holistic approach highlighted earlier.

CPHC-NISHTHA

This five-year project, funded by USAID, aims to transform, redesign and re-engineer primary health care (PHC) in India for provision of equitable, comprehensive and client-centered PHC that contributes to improved health outcomes for marginalized and vulnerable populations, including women and girls. NISHTHA supports creating a strong, responsive, accessible, sustainable and affordable PHC system that ensures effective delivery of reproductive, maternal, newborn, child and adolescent health services and integrates quality services for control of tuberculosis. NISHTHA is

working to ensure availability of a skilled workforce, create sustainable training ecosystems and improve health care infrastructure and responsive health systems at the national level and across 12 states (Assam, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura). Core areas of support include: 1) providing technical assistance for rollout of the Government of India's flagship Ayushman Bharat Health and Wellness Center program, which aims to achieve universal health coverage in India; 2) creating an ecosystem for designing, incubating and testing innovative solutions; and 3) fostering strategic partnerships between the public and private sectors to strengthen comprehensive PHC and ensure effective delivery of maternal and child health, family planning and tuberculosis services and the School Health and Wellness program. Jhpiego is also establishing learning labs across the country, upgrading and operationalizing 30,050 health facilities into functional Health and Wellness Centers, and empowering 24,000 community health officers to lead PHC teams—thereby providing approximately 143 million people with access to high-quality, comprehensive PHC services.



Services Provided Under NISHTHA:

1. End-to-end technical support to states for operationalization of Ayushman Arogya Mandirs



2. Learning Labs and Innovations to Demonstrate Contextualized Scalable Solutions
3. Support for NQAS in Intervention States
4. Strengthening Supply Chain Mechanisms till Primary Healthcare
5. Roll Out of Expanded Package of Services
6. Strengthening AYUSH Arogya Mandirs
7. CHO Leadership Certification Program
8. iLearn: e-Learning Management System for CHOs
9. Bringing Pvt Sector for Strengthening Eye Care Services
10. Community Monitoring & Accountability Mechanism through Jan Arogya Samiti
11. Cross-Sectoral Partnerships for Sustained Healthy Hygiene Behaviors
12. Model Resilient Villages
13. Increasing uptake of FP services among young and low parity couples
14. Strengthening Intra Partum Care at Arunachal Pradesh
15. Integrating NTEP in Primary Health Care
16. Beyond Routine TB Services at AAMs
17. TB Family Caregiver Model
18. Collaborative Framework for TB in Pregnancy
19. Differentiated TB Care Services under TIFA
20. Public Health Surveillance: USAID- NISHTHA's support on Strengthening Public Health Surveillance actively engaged with National Centre for Disease Control (NCDC) and the 8 State Governments to strengthen public health surveillance in eight states
21. Citizen Centric Disease Surveillance Model
22. Support for NPCCHH Programme
23. Technical support for development of Green and climate resilient health facilities

24. Technical Support for surveillance of heat and air pollution related illnesses
25. Gender & Social Inclusion Standards for Ayushman Arogya Mandirs (AAM)
26. Strengthening the Capacities of the Primary Healthcare team to address- Gendered Health Inequalities
27. Communication, Documentation and Knowledge Management
28. Monitoring and Evaluation

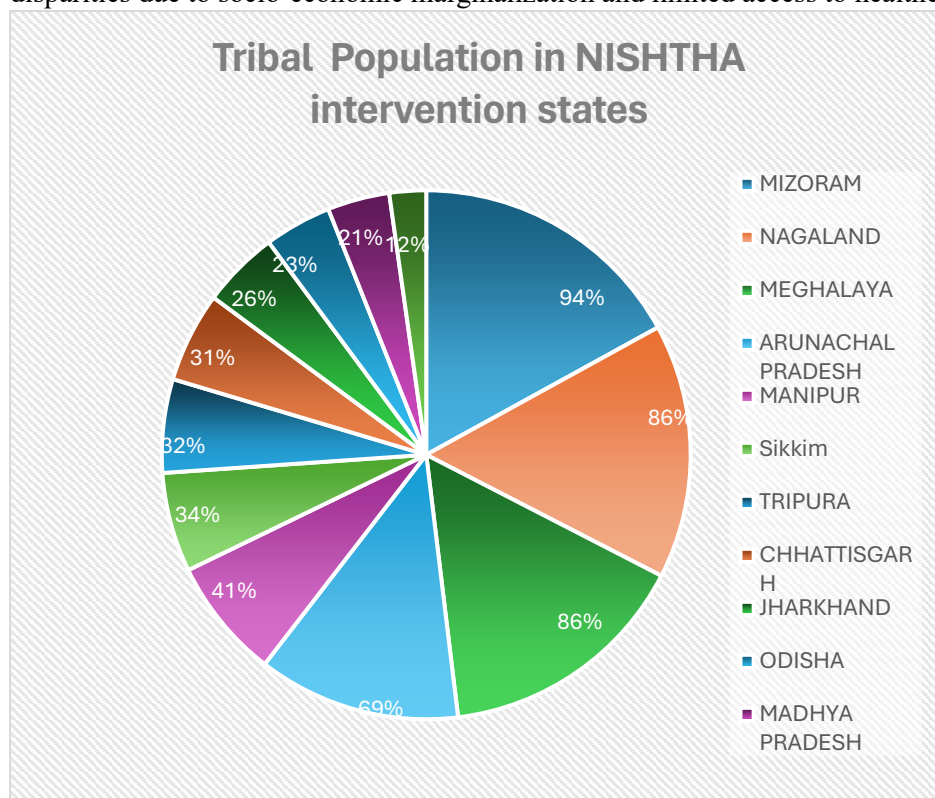
Objective of Internship

1. Assist the Quality Thematic Lead in field testing and feedback collection on the NQAS playbook and logbook
2. Assist in validation of resource materials used for record review under NQAS through concurrent literature review of available GoI and state guidelines.
3. Assist in performance measurement of NQAS implementation in the intervention states.
4. Perform literature review on existing best practices on Quality Assurance/ improvement interventions in LMIC countries including India.
5. Assist in identification of gaps in the roll-out of expanded range of services at HWCs
6. Do a literature review on the existing disease burden and OOPE in India and NISHTHA intervention states

Internship Report on: Health Indicators of Tribal Population- In NISHTHA intervention states

Introduction:

- India is home to a substantial tribal population, representing approximately 8.6% of the country's total population, 11.3 percent of the total rural population which amounts to almost 104 million tribal people spread across 705 tribes.
- The tribal people of the eight states of North East India comprise about 12 percent or one-eighth of the total tribal population of the country.
- As per Census 2011, 21.89 crore population, resides in the 12 NISHTHA states. Out of the which 24.69% belong to the Scheduled Tribes
- Among the NISHTHA intervention states, numerically Mizoram has the highest ST population (94%), followed by Nagaland & Meghalaya (86% each), and Arunachal Pradesh (69%)
- Tribal populations in India, comprising diverse ethnic groups, face significant health disparities due to socio-economic marginalization and limited access to healthcare services.



Literature review:

- I. The life expectancy at birth for the ST population in India is 63.9 years, as against 67 years for the general population. (Lancet 2016).

- II. Health-seeking Behaviour: A study on presumptive tuberculosis (TB) cases in tribal communities in Odisha revealed that they experienced longer delays in seeking healthcare compared to non-tribal populations, with a mean delay to diagnosis of 36.5 days.
- III. Burden of disease: A community-based survey on 12 tribal districts revealed that NCDs accounted for 66 percent of the deaths, followed by infectious diseases (15%) and injuries (11%).

Study Method & Findings:

Purpose: Analysis on Burden of disease among Tribal population in NISHTHA intervention states

Study methodology: Secondary data analysis

Data source:

1. NFHS-5 factsheet and Lok Sabha q&a no. 1053 for 12 Nishtha intervention states on details of the performance metrics for Scheduled Tribes (STs) under various health indicators in National Family Health Survey-5 (NFHS-5) such as mortality rate, maternal and child care, disease treatment, vaccinations, since 2019, State wise.

Analysis: Comparison with the national average, gap analysis among the tribal and overall population

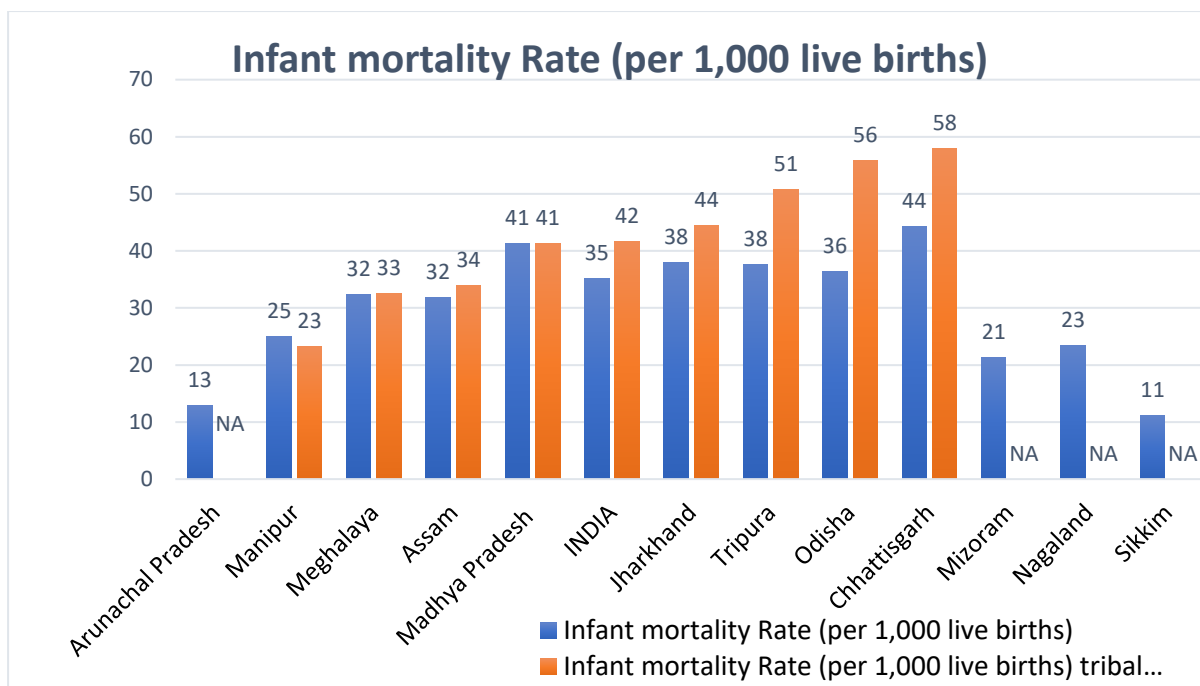
2. NFHS-5 factsheet for states having >50% Tribal population, Viz: Mizoram, Meghalaya, Nagaland, Arunachal Pradesh on NCD indicators: Blood sugar, Hypertension, substance use, and cancer screening.

Analysis: Comparison with the national average

Data representation: In the form of clustered bar charts, funnel charts

Findings:

- 1. **IMR:** The chart illustrates differences in infant mortality rates (IMRs) between the general population and tribal communities across states where the Nishtha Intervention program was implemented.
Some states, such as Madhya Pradesh, have identical IMRs for both populations, which are lower than the national average. Conversely, certain states like Chhattisgarh and Odisha display significant disparities, with IMRs among tribal populations exceeding those of the general population by 14 and 20 points, respectively. Additionally, states like Jharkhand, Tripura, Odisha, and Chhattisgarh have tribal IMRs surpassing the national average, indicating pronounced health inequities

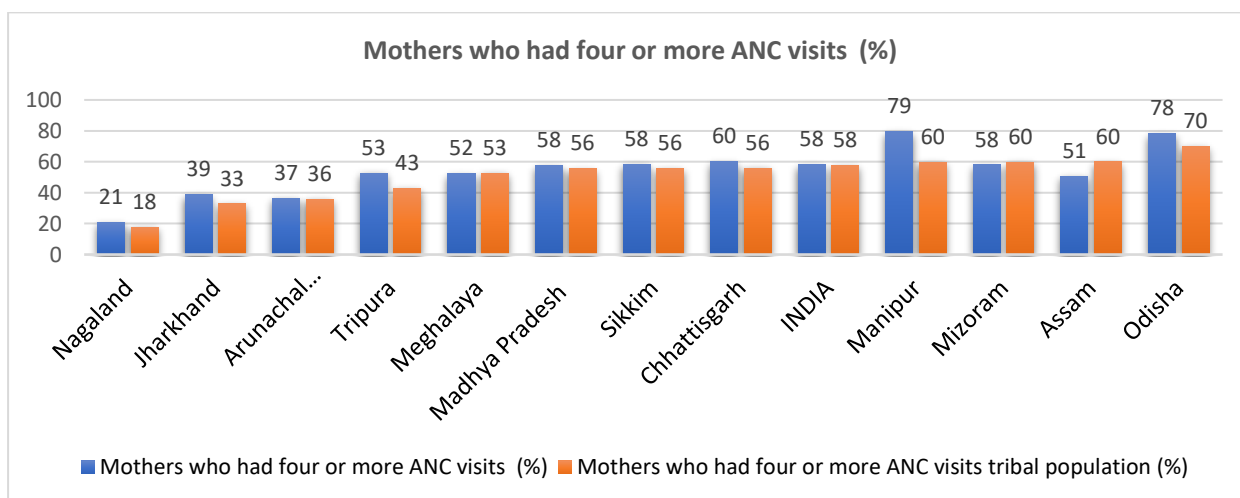


2. **Mothers who had four or more ANC visits (%):** The data highlights varying trends in antenatal care (ANC) attendance among both the overall and tribal populations across different states.

Overall, the national average for mothers having four or more ANC visits stands at 58%. States such as Manipur, Odisha, and Chhattisgarh surpass this national average, indicating a generally positive trend in ANC utilization.

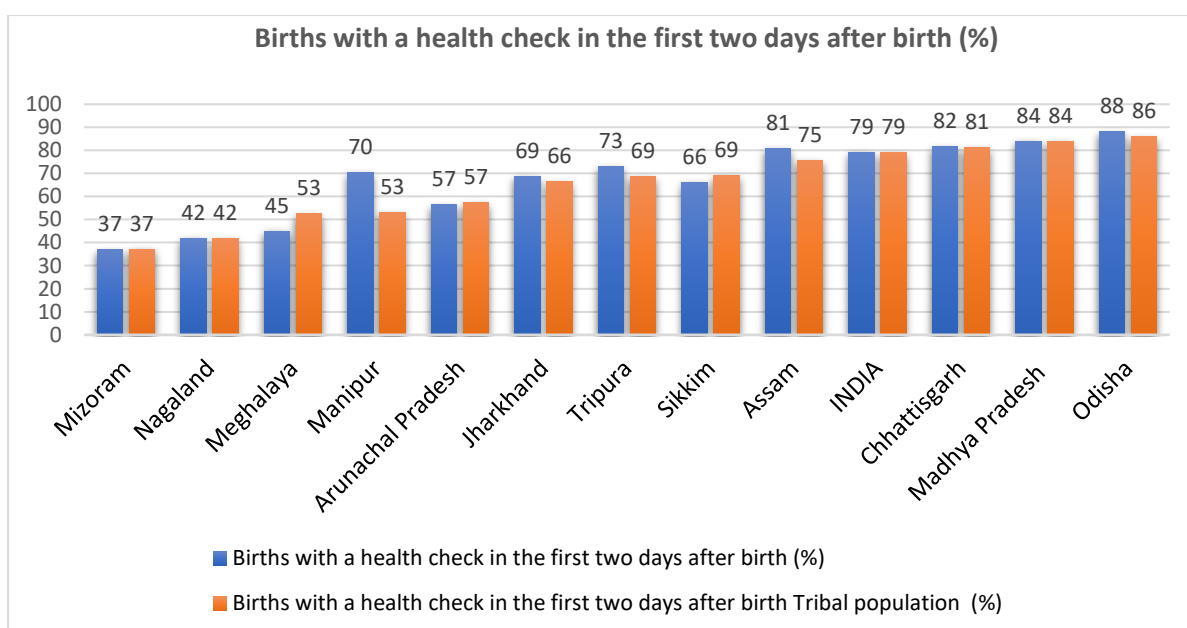
Conversely, states like Nagaland, Jharkhand, and Arunachal Pradesh report ANC attendance percentages lower than the national average. However, despite these lower rates, there's a relatively consistent attendance pattern between the total and tribal populations.

The most substantial disparities between the general and tribal populations are observed in states like Mizoram and Odisha.

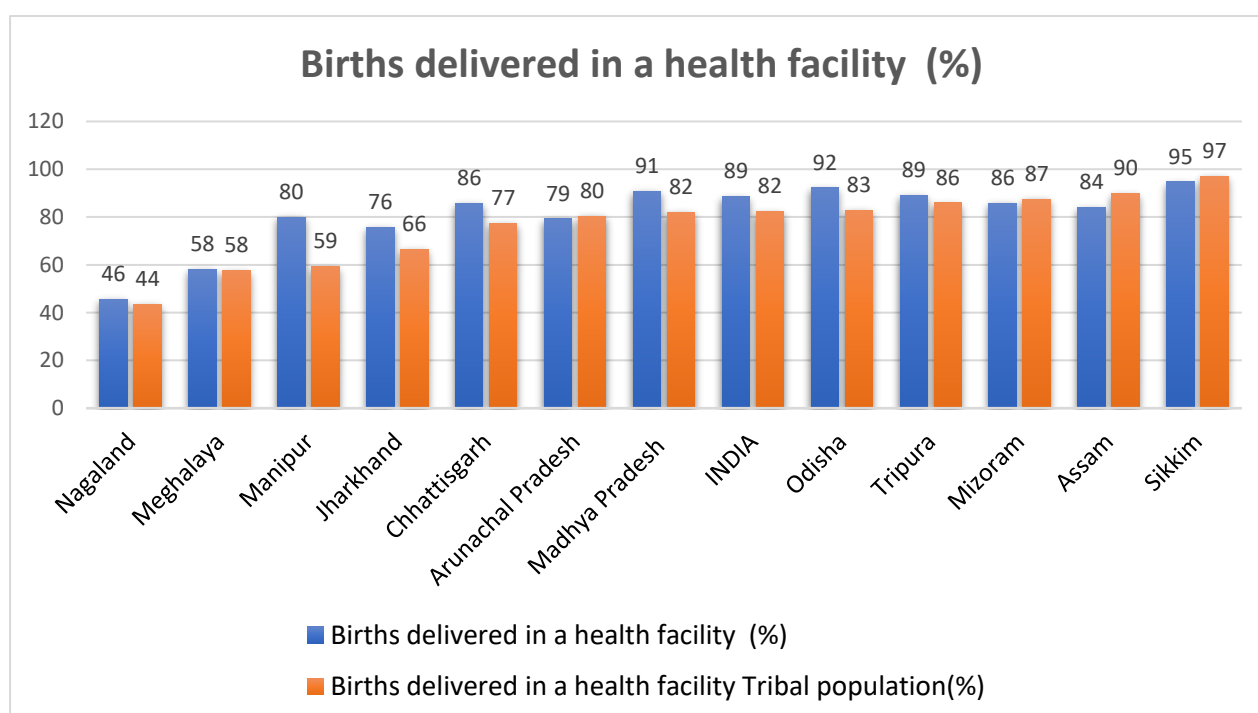


3. **Births with a health check in the first two days after birth (%):** The data on health checks within the first two days after birth reveals both positive trends and disparities across states and populations. Overall, India sees 79% of births receiving early health

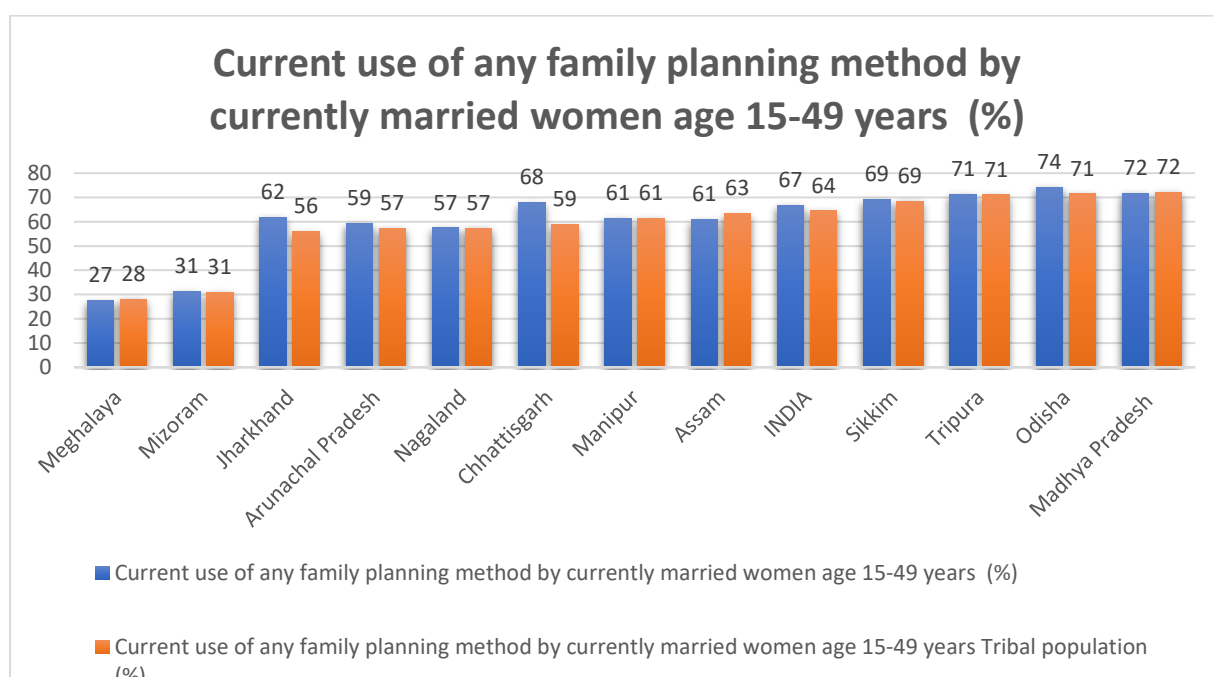
checks, with states like Chhattisgarh, Madhya Pradesh, and Odisha surpassing this national average. However, Mizoram, Nagaland, and Meghalaya report lower-than-average rates. Additionally, while some states show minimal gaps between general and tribal populations, others, like Manipur and Assam, exhibit significant differences.



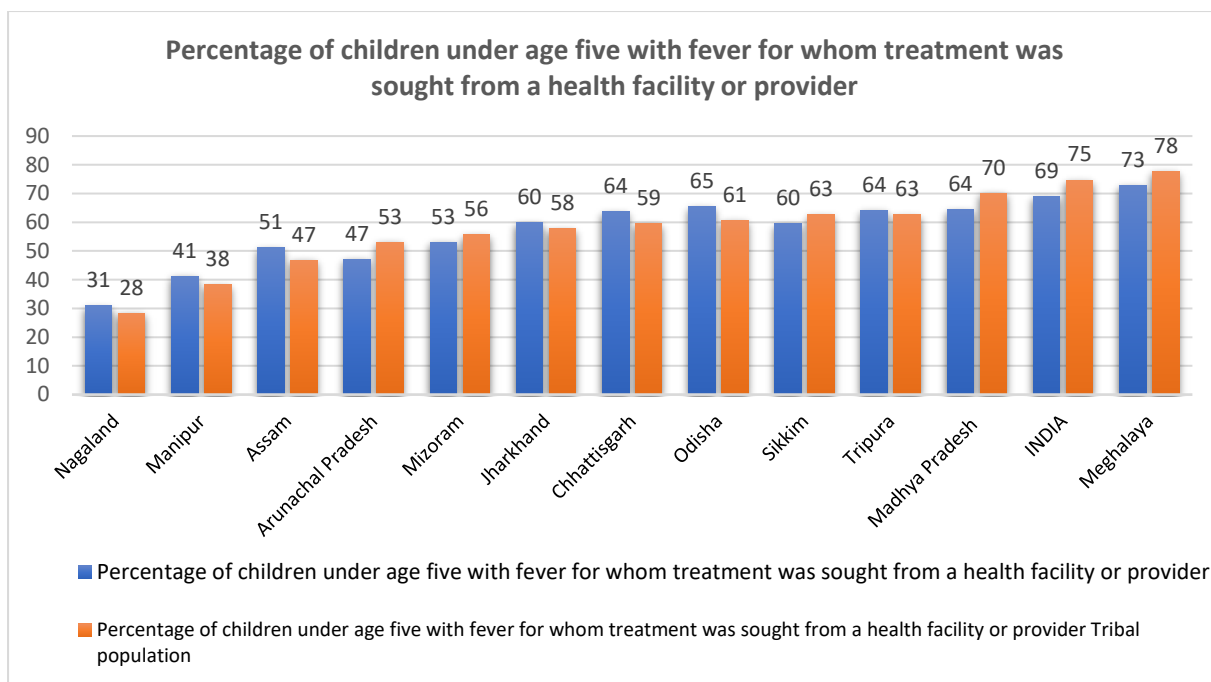
4. **Births delivered in a health facility (%):** The data on births delivered in health facilities highlights both progress and disparities across states and populations, with a national average of 82% for tribal population with 7 points lower than the overall population. Notably, states like Sikkim (97%), Assam (90%), and Mizoram (87%) surpass the national average and have higher values for Tribal populations as well. Conversely, Nagaland and Meghalaya trail behind with rates of 46% and 58% respectively, Manipur, where the total population shows an impressive 80% utilization rate, the tribal community lags significantly at 59%.



5. **Current use of any family planning method by currently married women age 15-49 years (%)**: The data reveals the current use of any family planning method by currently married women aged 15-49 years , overall, the national average for current use of any family planning method among currently married women aged 15-49 years stands at 64% for tribal population, which is 3 points lower than the total population. States like Sikkim, Tripura, and Odisha exhibit family planning utilization rates above the national average. While Mizoram and Meghalaya report lower utilization rates compared to the national average, states like Sikkim (69%) and Tripura (71%) showcase parity in family planning adoption rates between the overall and tribal populations. In contrast, states like Jharkhand and Chhattisgarh highlight significant gaps in family planning utilization between the general and tribal populations.



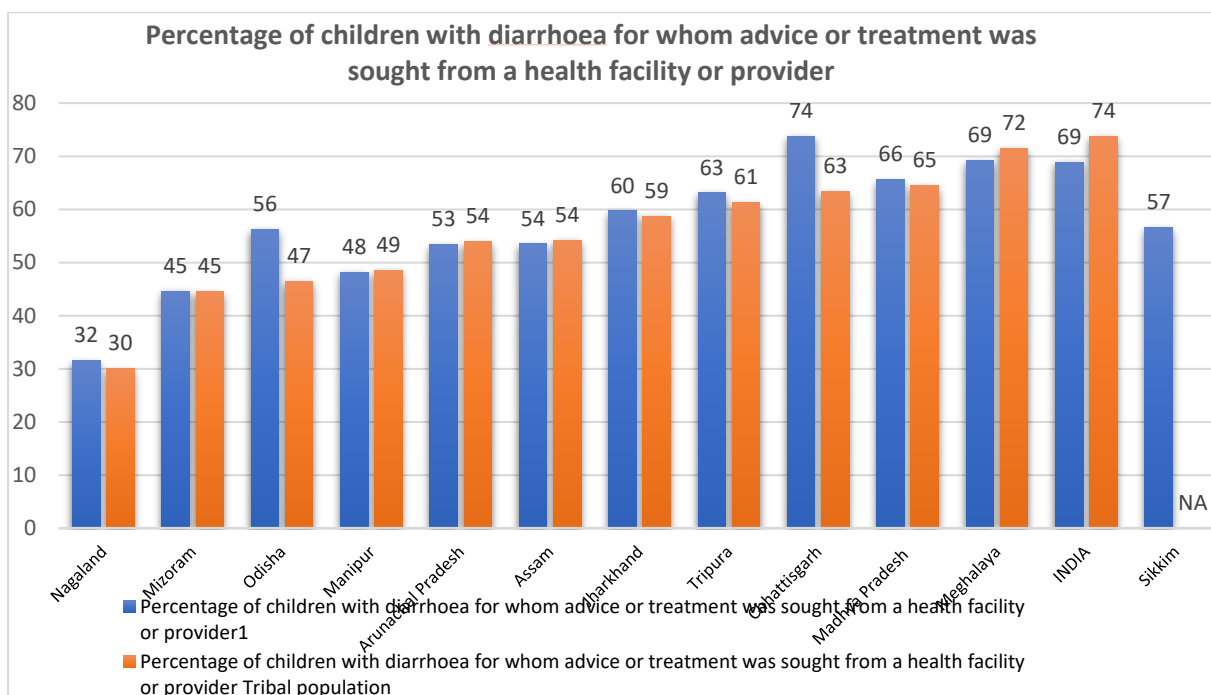
6. **Percentage of children under age five with fever for whom treatment was sought from a health facility or provider**: The data highlights variations in seeking treatment for fever among children under five years old. Comparing the national average of 75%, Meghalaya (78%) exhibits higher and comparable rate to total population , Conversely, Nagaland, Manipur, and Assam fall below the national average with notable differences among both populations.



7. Percentage of children with diarrhoea for whom advice or treatment was sought from a health facility or provider: The data presents insights into the healthcare-seeking behavior for diarrhea among children

In general trends, the national average for seeking treatment stands at 74% for the tribal population which is higher than the total population. States like Nagaland and Mizoram fall way below this average, conversely, Meghalaya and Madhya Pradesh demonstrate rates closer to the national average.

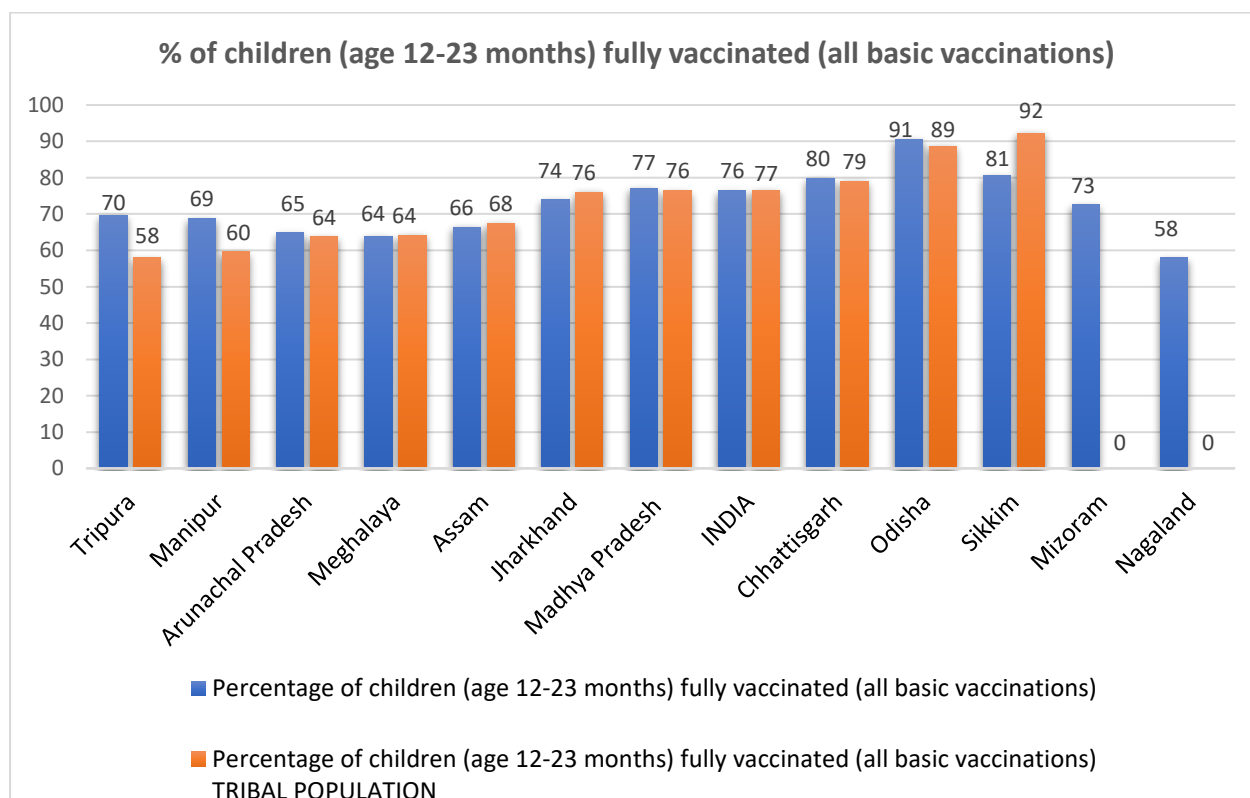
Comparing the tribal population with the general trend, there are noticeable disparities. While some states like Arunachal Pradesh, Assam, and Manipur report similar rates to the total population, Others like Odisha & Chhattisgarh showcase a considerable difference between the general and tribal populations



8. **% of children (age 12-23 months) fully vaccinated (all basic vaccinations):** The chart represents the percentage of children aged 12-23 months who have received full vaccination coverage for all basic vaccines.

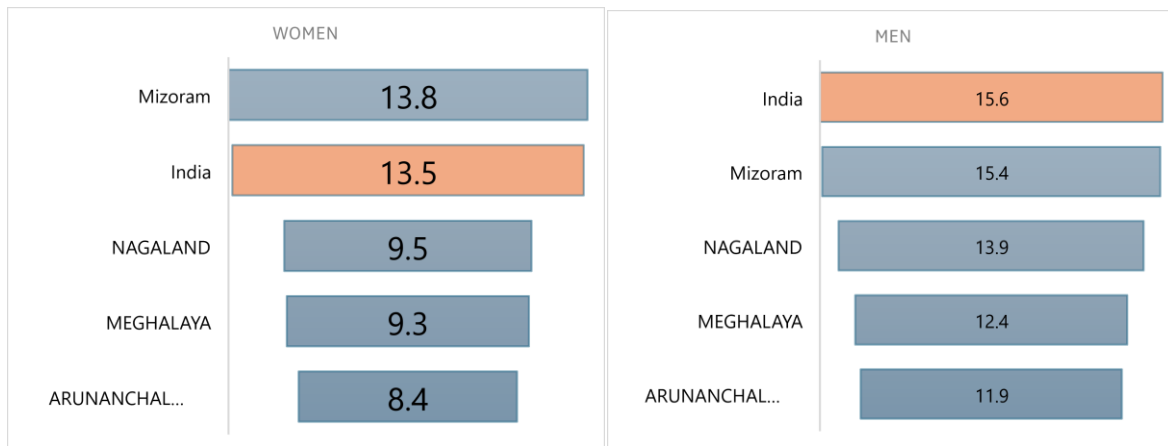
The national average for full vaccination coverage among tribal populations in India is 77%. There are significant disparities among states. While some states like Odisha and Sikkim surpass the national average, others like Tripura and Manipur lag behind and showcase disparities between the vaccination coverage of tribal populations and the total population.

Remarkably Jharkhand, Assam & Sikkim have vaccination coverage higher for the tribal population



9. Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level (%): Compared to the national average in India for both men and women, Nagaland, Meghalaya, and Arunachal Pradesh generally exhibit lower percentages of individuals with high or very high blood sugar levels. Mizoram's percentages are also slightly lower than the national average for men but on the higher side for women.

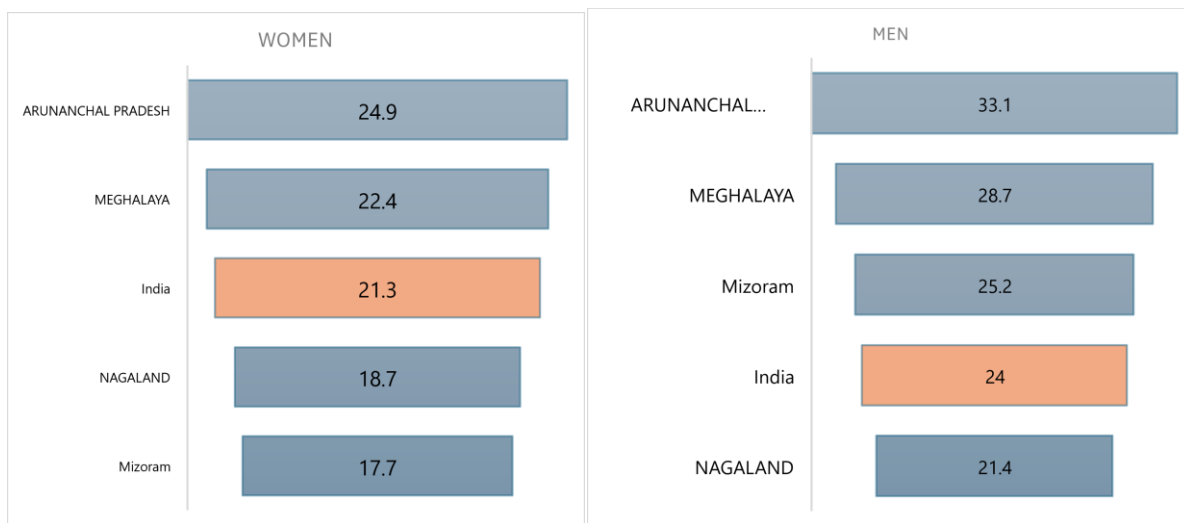
The data suggests that women tend to have slightly lower percentages of individuals with high blood sugar levels compared to men. In India, for instance, the percentage for women is 13.5%, while for men it is 15.6%. Similarly, in Mizoram, women have a percentage of 13.8%, whereas men have 15.4%. This trend is consistent across most states



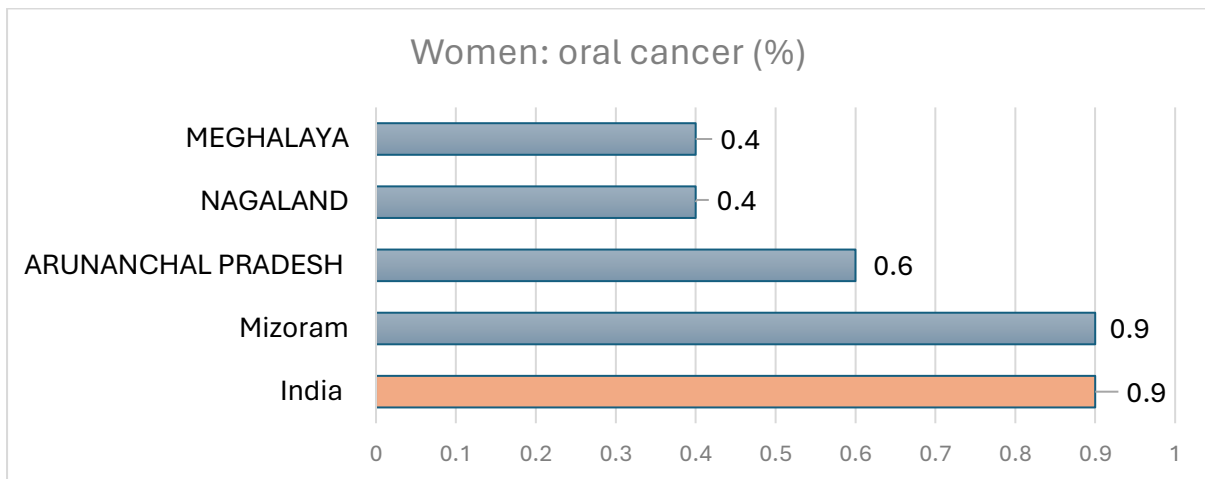
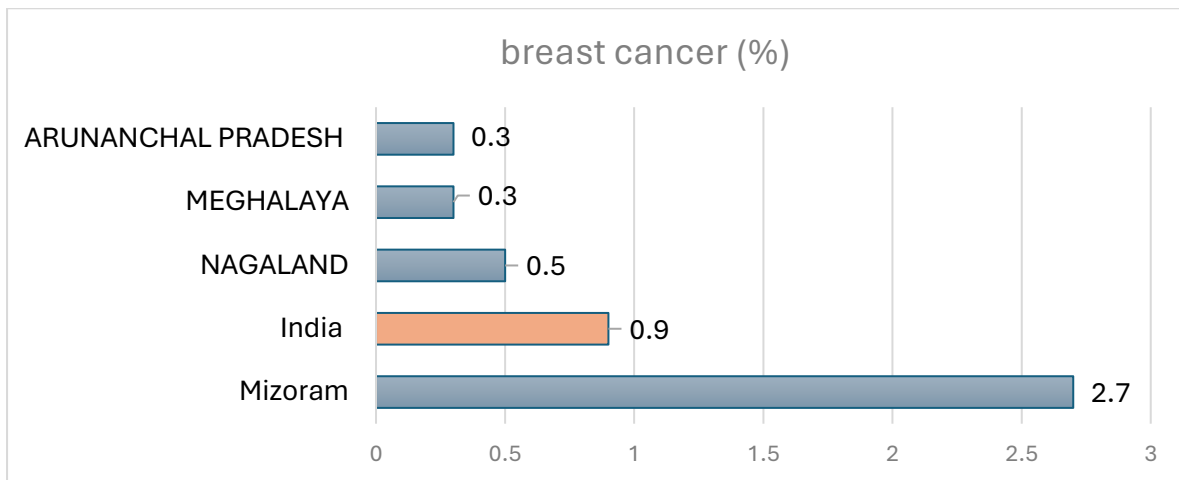
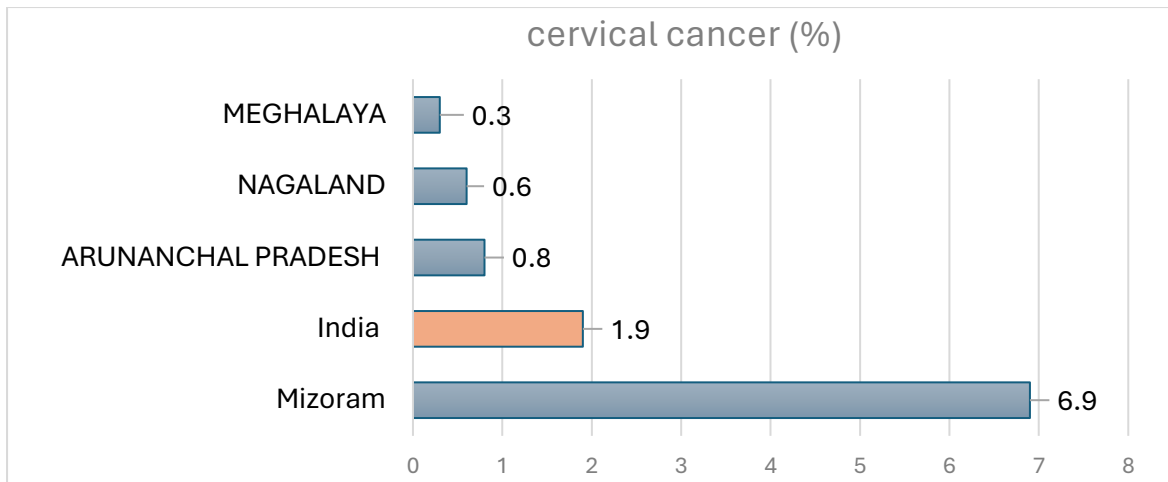
10. Elevated blood pressure (Systolic ≥ 140 mm of Hg and/or Diastolic ≥ 90 mm of Hg) or taking medicine to control blood pressure (%): Arunachal Pradesh and Meghalaya have higher percentages of women with elevated blood pressure compared to the national average of 21.3%. Nagaland and Mizoram have percentages below the national average

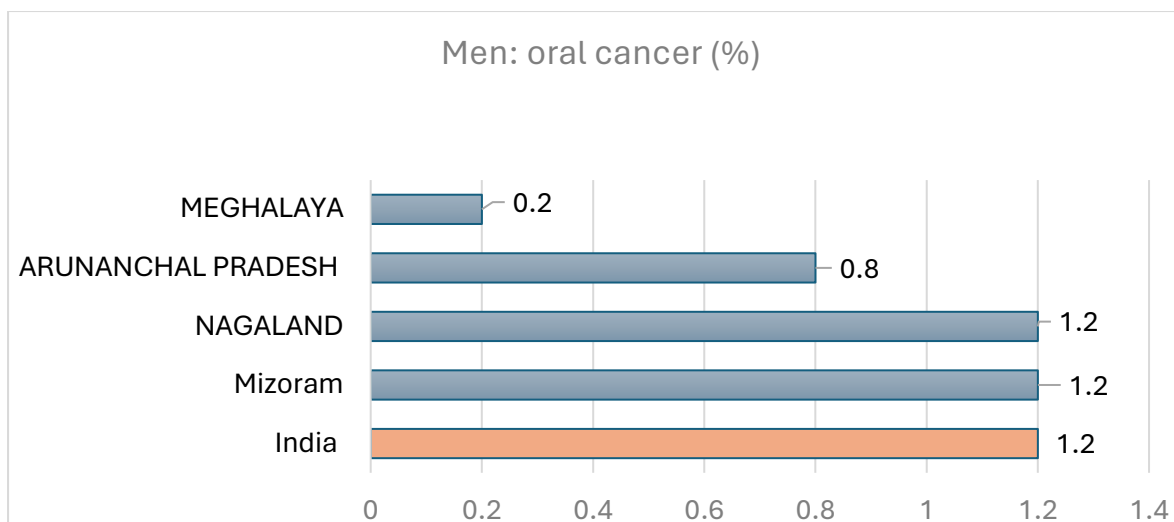
In comparison to the national average of 24% for men with elevated blood pressure, Arunachal Pradesh and Meghalaya Mizoram have higher percentages, while Nagaland has a lower value.

In general, the data suggests that men have a higher prevalence of elevated blood pressure compared to women across all states.

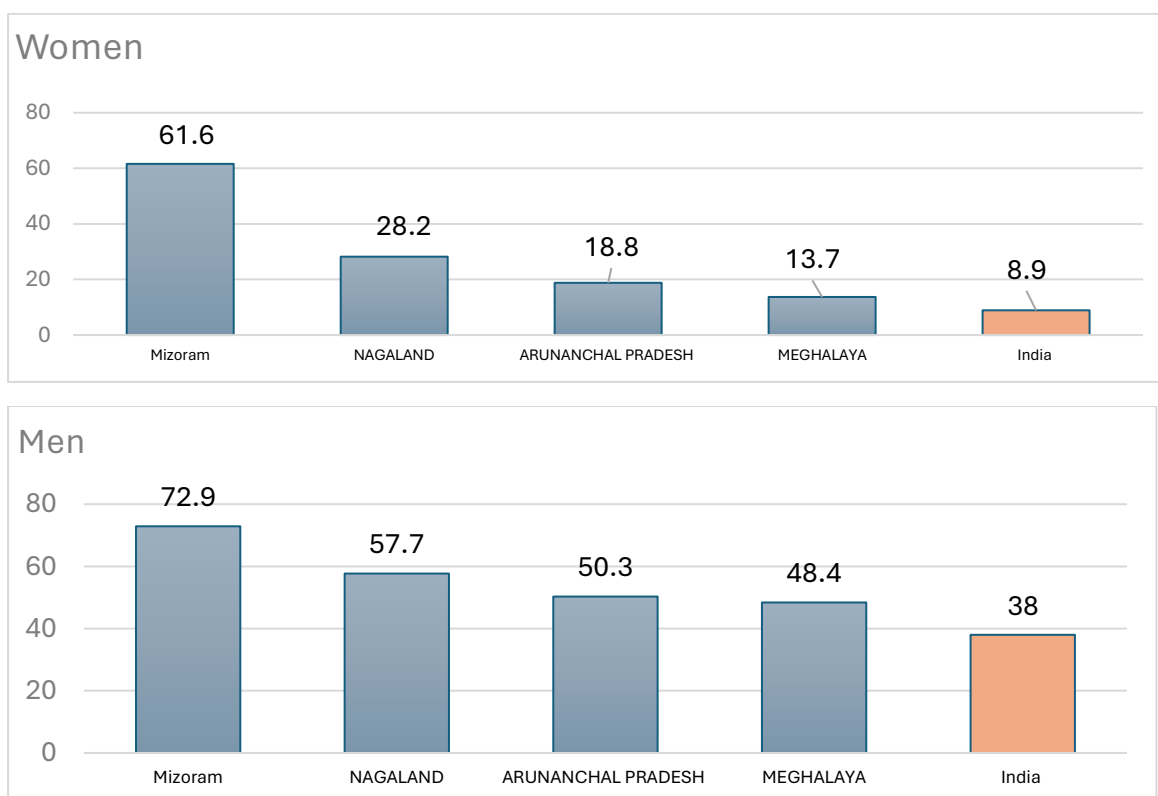


11. Screening for Cancer among Adults (age 30-49 years) - Ever undergone a screening test for: Mizoram generally has higher rates of cancer screening for both men and women compared to the national average, particularly for cervical and breast cancer screening among women. Nagaland and Arunachal Pradesh also show lower screening rates for cervical and breast cancer among women. Meghalaya demonstrates lowest results, for cancer screening among both men and women in all categories.

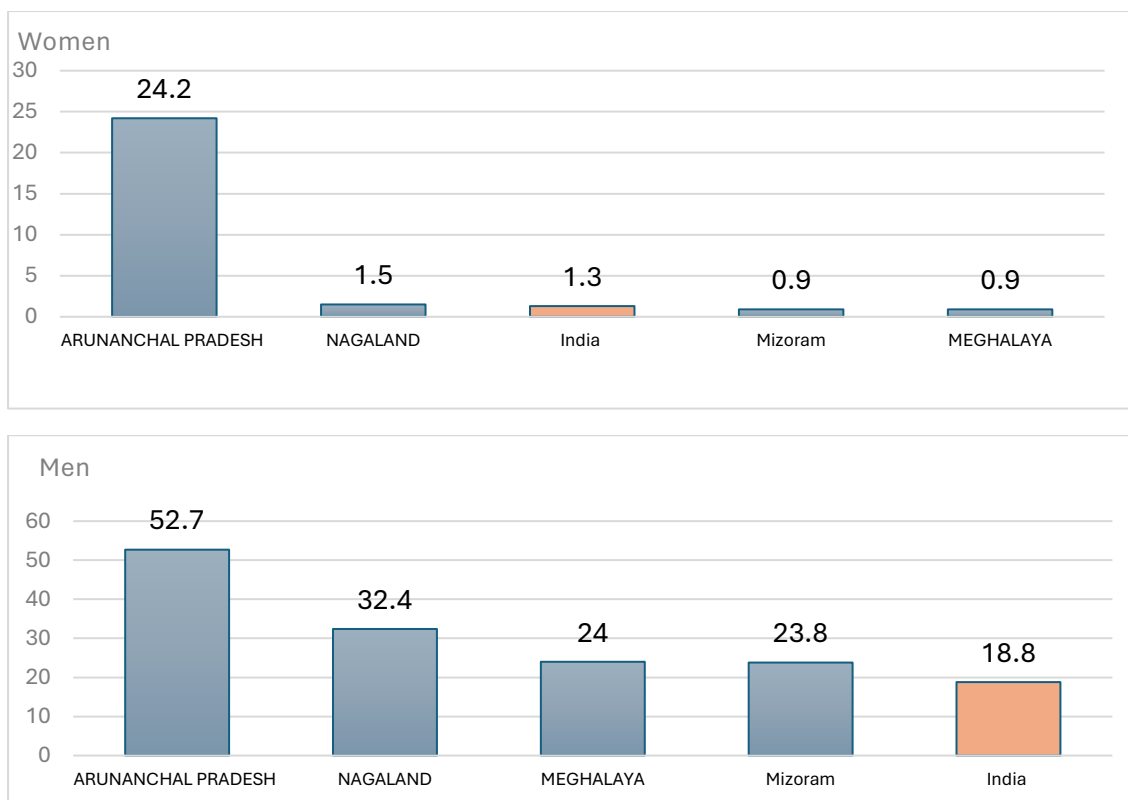




12. Age 15 years and above who use any kind of Tobacco (%): Tobacco use among men is notably higher than the national average of 38%, with Mizoram, Nagaland, and Arunachal Pradesh exhibiting particularly elevated rates. Among women, Mizoram stands out with a substantially higher prevalence compared to the national average of 8.9%.



13. Age 15 years and above who consume alcohol (%): In Arunachal Pradesh, the prevalence of alcohol consumption is markedly higher among men (52.7%) than the national average (18.8%), whereas among women, it's way above average (24.2%). Conversely, in Mizoram and Meghalaya women exhibit lower alcohol consumption rates compared to the national average. Across the board, men generally have higher rates of alcohol consumption than women as well as above the national average in all states.



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