

A Brief process report of the General Medical and Health Camps in the target area schools with the support of Bible Tabernacle Church USA- Under the aegis of SAMIDA

**Healthy children - Healthy Nation**  
**General Medical Camp**  
**for the Tribal Children in the schools**

Nadimivalasa, Kapativalasa, Chappadi, Kithalangi, Lakshmipuram,  
Barajola, Thadiguda, Pedabidda, Tokuru, Sisaguda Villages

Organised by : **Sanga Mithra Development Association**

Supported by : **Bible Tabernacle Church USA**



**Supported by Bible Tabernacle Church- USA**

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The SAMIDA has organized medical and health camp for Tribal children with the medical team at Villages during January '22 with an estimated 310 children and the guest for the camp is Mr. Padala Ramana. The camp started at Nadimivalasa village school in which the students from various habitations and schools have come in and the same day the medicines have been distributed along with the medical supplementation and Vitamin capsules. We have analysts with an understanding of the fundamental concepts of Portal for the diseases among the Tribal Children and its consequences. It presents a general overview of Portal for tribal ill-health, its key features, manner, and camp implementation; and highlights the platform client applications that are available with the school administration.

### **Program planning and implementation**

Here where the medical camp is organized at all the targeted villages with participants attended by the eminent Tribal leaders of PRI, Sarpanch, Sachivalayam staff with the support of local volunteers.

We have organized special medical camp for Tribal children with the SAMIDA medical team for which the students numbering 500 from various schools have come in the camp venue and attended this camp.

We undertake the Activities of diagnosis and treatment of various seasonal diseases and their cross cutting matters and the treatment services and medicines are provided by SAMIDA in association with public health care facilities like primary health centers, govt. dispensaries. All drugs, diagnostics and interventions are provided free of cost to all children.

### **Program perspective**

It was decided to conduct ongoing Free Medical Camps with monthly 5 medical camps for the targeted children and communities with the support of Bible Tabernacle Church USA under the aegis of SAMIDA in Tribal Schools situated near the Ananthagiri Mandal. One general physician and one child specialist from Visakhapatnam were requested to check and prescribe medicines. Around 500 students from 15 Village were present on that day out of about 165 children and all of them were given free medicines and the other children have been mobilized a----t each village wise in Ananthagiri mandal.

Some of the students had never worn shoes or had the medical assistance in and the families are lacking financial resources to buy these children new clothes and here the camp is facilitating the new patterns.

## **Rationale**

In order to improve the lives of these students and enhance the medical awareness and treatment outcomes the SAMIDA has decided to transform the school into a Happy School.

The members worked on setting up well-furnished classrooms, improving toilet blocks, installing a hand wash Facility and drinking water facility. The walls of the school were painted with themes such as TEACH and Win etc. One of the classrooms was used as a storage room for wooden logs and was in bad shape.

In association with the local PRI and the Mandal administration this medical camp was organized for the three tribal villages in the area and is hosted at all the 8 targeted villages the camp screened 165 children and community people from other villages. Since we had already worked on the Happy School, the Sarpanch of village Nadimivalasa offered to cook and serve meals for the villagers visiting the camp. The camp was inaugurated by the Sarpanch. Patients were treated for problems related to dental, general medicine, cardiology, gastroenterology, oncology, orthopedics, gynecology and ophthalmology.

With the help of the local Anganwadi workers the NGO has generated awareness on menstrual hygiene and are taught the village women how to make cloth pads and spoke about best practices to avoid urinary tract infections.

## **Rationale and impacts- Owing to the following reasons it is necessary**

This Areas poor tribal people have far worse health indicators than the general population. Most tribal people live in remote rural hamlets in hilly, forested or desert areas where illiteracy, trying physical environments, malnutrition, inadequate access to potable water, and lack of personal hygiene and sanitation make them more vulnerable to disease.

This is compounded by the lack of awareness among these populations about the measures needed to protect their health, their distance from medical facilities, the lack of all-weather roads and affordable transportation, insensitive and discriminatory behavior by staff at medical facilities, financial constraints and so on. Government programs to raise their health awareness and improve their accessibility to primary health care have not had the desired impact. The tribal people suffer illnesses of greater severity and duration, with women and children being the most vulnerable. The starkest marker of tribal deprivation is child mortality, with under-five mortality rates among rural tribal children remaining startlingly high.

## **Innovation**

We have adopted a number of innovative strategies to improve the health of tribal groups. Given the wide diversity among these groups and their various levels of socioeconomic development, the interventions adopted were multipronged and area-specific. Almost all these initiatives were provided through public-private partnerships.

The popularity of these initiatives and their impact on the health of tribal populations has prompted to expand most of these endeavors in a phased manner. While gaps still remain such as the lack of credible private health care providers, budget constraints, the need for better oversight mechanisms, and improved capacity for the effective management of PPP contracts there is considerable scope to expand these initiatives for the benefit of tribal populations in regions that continue to be underserved.

While tribal populations make up only 8 percent of India's population, they account for over a quarter of the country's poorest people. Although, these groups have seen considerable progress over these years, but still half the country's Scheduled Tribe population remains in poverty due to their low innovative livelihoods strategies. In ITDA Paderu has the largest population of Scheduled Tribes and are concentrated in the 11 Mandals.

Young tribal girls enter the reproductive age as victims of undernourishment and anemia, and face greater health risks as a result of early marriage, frequent pregnancies, unsafe deliveries, and sexually transmitted diseases. Women's low social status makes them more likely to seek treatment only when the ailment is well advanced. Societal attitudes towards pregnancy, which is generally not considered a condition that requires medical treatment, nourishment or care, hinder efforts to deliver antenatal services.

## **Conclusion**

The acceptance and popularity of these initiatives and their impact in terms of improved health outcomes for tribal and disadvantaged populations has to be prompted to undertake a phased expansion of most of these services. The shortage of clinical staff at fixed public health facilities in tribal areas and the popularity of Mobile Spreading the Innovations Health Clinics have led to discussions about expanding mobile health services, improving targeting, enhancing drug budgets, improving their integration with medical facilities for referrals and sophisticated lab tests, and increasing allocations for overhead costs and staff salaries.



## Some of the photos of the program













