A Brief process report of the Medical Camp with the support of Bible Tabernacle Church USA under the aegis of SAMIDA

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 50 at Chappadi 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 at each village wise in Ananthagiri mandal.

Some of the students at the villages Borra, Chappadi, Konapuram, Thadiguda, Pedabidda, Kapativalasa, Barajola, Ananthagiri villages had never worn shoes or had the medical assistance in this large scale. Their families are so poor they can't afford to buy these children new clothes.

They wear their uniform on special occasions. If it tears or is worn out, they run a patch and continue to wear it says Mr. S.Sudhakar the School Volunteer. Last year when we visited the village, our teams were saddened to see the children wearing torn uniforms, sitting on chipped and cracked floors, and without any learning material but they still came to school said Mr. Janni Simhadri the SMC President. This school caters to students from eight tribal villages.

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.

On receiving medicines for energy new shoes from the SAMIDA, little Janni Santhosh of Class 4, asked us what I have to do with this, we could only smile at his innocence because he had never been given the medicinal supplementation or seen a pair of socks in his life. I sat down and made him wear the socks and swallow medicines and he smiled and never going to forget that smile. We cannot thank SAMIDA and Bible Tabernacle Church USA enough for improving the lives of these small children.

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 Mr. Desari Ruth 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. A Kalajathara staged by an NGO explained the importance of maintaining cleanliness in and around the house and personal hygiene. A special exhibition, was organized where our NGO teams displayed clothes accessories and utensils in counters for the villagers to choose what they required as suitable to the local situations.

Situational analysis

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.

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.

Challenges

Lack of awareness of health issues

Without awareness of health issues, most tribal populations tend to fall ill more frequently and wait too long before seeking medical help, or are referred

too late by untrained village practitioners. In the past, most health awareness campaigns, which need significant investments over long periods of time for noticeable impact, were planned by the medical community instead of by communications experts. The form and content of health messages was not pre-tested to ensure proper comprehension and absorption by target groups. Moreover, the campaigns' meager effect was easily nullified by the tribal population's poor experience with health workers.

Lack of health facilities in remote Tribal areas

Past efforts to bring health care to the poor through outreach camps and mobile health units have not had the desired impact. Coverage of remote tribal areas was found to be poor, a large number of positions lay vacant, the availability of drugs was inadequate, and vehicles frequently broke down because of poor maintenance.

Lack of emergency transportation

Typically, pregnant women or sick persons from remote tribal hamlets are unable to make it to health facilities in time for institutional deliveries or emergency medical care for want of easily available and affordable transportation.

Discriminatory behavior by health care providers

There are deep-rooted cultural chasms between tribal groups and the largely nontribal health care providers, resulting in insensitive, dismissive and discriminatory behavior on the part of health care personnel. Tribal people are frequently exploited for informal payments and are often referred to private chemists or medical practitioners with mal-intent. This is one of the main reasons why disadvantaged groups prefer to self-medicate or visit traditional healers rather than public or private health facilities.

Financial constraints

As most rural tribal populations live below the poverty line, the lack of funds influences how much and what type of health care they receive, and determine whether households are able to maintain their living standards when one of their members falls ill. Poor tribal people often have to borrow

money, mortgage land or animals, or pawn jewelry to meet medical expenses, or else let the sick person die.

Innovations

To improve tribal populations' access to health care and raise the quality of service provided, the CSO's adopted a number of innovative strategies:

Raising Awareness of Health Issues

Raising awareness of health issues is the first step towards improving health outcomes. However, while public health programs have frequently conducted Information, Education and Communication (IEC) campaigns such as stressing the importance of hand washing, regular ante-natal checkups, institutional deliveries, immunization etc. they have had little impact.

Providing Emergency counseling for Expectant Mothers

We have been encouraging Public-Private Partnerships (PPPs) to provide emergency counseling to take pregnant tribal women for health facilities for obstetric care.

Employing Health Workers from Tribal Communities

As tribal populations find it difficult to navigate through the complexities of medical facilities, all three health projects have made provisions to help them.

Patient counselors: Initially patient counselors are required at Panchayath head quarters, of course the recent Sachivalayams were placed but the partnership with local NGOs is required.

Citizens Help Desks:

Ensuring Sustainability: Given the limited scope, scale and duration to ensure that the capacities built, initiatives supported, and systems institutionalized with the support of this SAMIDA and its mentor partners remained sustainable.

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


Alternative Education Centre
Increase the Knowledge, Talents & Skills in the Dropouts & Leggard children in the Tribal Villages
Chappadi Village , Ananthagiri Mandal
Supported by :
Bible Tabernacle Church USA
Healthy children - Healthy Nation
General Medical Camp
for the Tribal Children in the schools
Venue : CHAPPADI
Organised by :
Sanga Mithra Development Association
Weeks
SUNDAY ఆదివారము
MONDAY సోమవారము
TUESDAY మంగళవారము
WEDNESDAY బుధవారము
THURSDAY గురువారము
FRIDAY శుక్రవారము
SATURDAY శనివారము
Apple
Mango
Cherries
Grapes


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General Medical Camp
for the Tribal Children in the schools
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Bible Tabernacle Church
USA
Alternative Education Centre


Healthy children - Healthy Nation
General Medical Camp
for the Tribal Children in the schools
Venue :
Date:
Supported by :
Bible Tabernacle Church
USA
Alternative Education Centre
Increase the Knowledge ,Talents & Skills in the
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Pedabidda Village , Ananthagiri Mandal
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USA


Healthy children - Healthy Nation
General Medical Camp
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Venue :
Date:
Alternative Education Centre
Increase the Knowledge , Talents & Skills in the
Dropouts & Leggard children in the Tribal Villages


Healthy children - Healthy Nation
General Medical Camp
for the Tribal Children in the schools
Venue : THADIGUDA
Date: 03-12-2021
Organised by
Sanga Mithra Development Association
Supported by :
Bible Tabernacle Church
USA
Alternative Education Centre
Increase the Knowledge , Talents & Skills in the
Dropouts & Leggard children in the Tribal Villages
Thadiguda, Ananthagiri Mandal


Healthy children - Healthy Nation
General Medical Camp
the Tribal Children in the schools
Date:
Supported by :
FILA


Healthy children - Healthy Nation
General Medical Camp
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