



JERSEY OAC FINAL REPORT

Agency: THE LEPROSY MISSION ENGLAND, WALES, THE CHANNEL ISLANDS AND THE ISLE OF MAN

Grant Received: £11,360

Project: Mobile Clinic for Tribal Communities **Location:** Karwar Tribal Belt, Karnataka State, India

Project summary: Establishing a mobile primary health clinic (PHC) to serve the tribal communities in the remote jungle area between the borders of Goa and Karnataka, India. A major concern of the target population was their inaccessibility to Government medical services due to geographic and social isolation. This was resulting in poor health and increased poverty. The mobile health clinic is playing a crucial role in 30 target villages both with treatment and health awareness.



Achievements:

Mobile Health Clinic has been established

The mobile health clinic has been equipped with appropriate medical facilities and medication. The team comprises of a doctor, nurse and driver and is supported by community development volunteers in each village. Community-based clinics are organized in 30 inaccessible tribal villages. The mobile clinic makes 5 visits per week to remote tribal areas.

Patients treated:

Total number of patient treated in the community health clinics	4,836
Number of men	1,210
Number of women (including 14 for ante-natal care)	1,905
Number of children	1,721

Most of the patients had diseases such as diarrhoea, dysentery, TB, hepatitis, malnutrition, skin diseases, typhoid and worms. 17 patients have been referred for hospital treatment in Belgaum, including three people affected by leprosy.

Health Education and Home Visits

135 community development volunteers from within the tribal communities have received training which has included basic health and hygiene, TB, drug addiction, waterborne diseases and community mobilization. They visit four houses each day to build relations, raise awareness about the days and times of clinics, and also disseminate information on health issues including hygiene and prevention of diseases. They encourage families to access health services, discourage superstitious practices and assist in treatment and follow up. Home visits have helped the community development volunteers, project staff and health workers to build a rapport with families and individuals in the community, ensuring their cooperation and participation.



Awareness programmes on reproductive health, sanitation and waterborne diseases were organized through camps and street theatre. Condoms were also distributed. With a view to reducing maternal and child health problems and early or recurrent pregnancies, health education on reproductive health has been given to 218 women through group sessions in tribal villages in the target areas. Husbands were involved in discussions during home visits by health workers and community development volunteers.

Immunization

The project staff actively participated in the national polio plus immunization programme conducted by the Government. The team provided community members with information on the need for immunization, details of where and when immunizations were to be provided and information on nutrition and child care. 100% of children were immunized in the villages targeted by the project.

Networking

- Networks were established with government hospitals in each taluk (locality) in order to facilitate referral health care services for the tribal communities.
- The project has linked with Despande Memorial Trust (Arogya Samrudhi Scheme) and sent 120 tribal people with speech and hearing problems to a free medical camp for the deaf and dumb. Out of the 120 patients, 98 will receive a further checkup soon and will receive free hearing aids as required.
- Dr. Asok Agerwal, Haliyal taluk Government Health Director has asked the project to link with the Government DOTS centre for the eradication of tuberculosis in the target areas. Our community-based development volunteers will have the role of identifying possible TB patients and sending them for testing. They will then monitor the patients. As a result of this collaboration, the DOTS centre is now providing free medication to TB patients in our target area.
- The project ran four health camps for 388 children sponsored by World Vision Of India in Bhgwati , Sambrani , Kesuroli and Karalkatta Villages.



Sustainability:

At present the government has not yet agreed to take over the mobile clinic on the grounds that they have insufficient staff willing to working in this remote area. They are, however, working closely with the project and acknowledge the valuable service that is being provided. TLM will continue to support this project for another year as it is providing an essential service for these communities, during which time it will continue to lobby the government to provide staff and resources.

Budget:

	Budget	Actual expenditure
Mobile Public Health Clinic £1,000 per month in running costs for ten months of the year .	£10 000	£13,553 – more patients treated than anticipated; also includes doctor's honorarium.
1 x driver – salary for ten months	£435	£456
1 x nurse – salary for one year contract	£925	£925
TOTAL	£11,360	£14,934