



Community health

Access to healthcare is the right of every human yet in a country like India, with an exceedingly high population, the existing infrastructure and available medical professionals are insufficient to meet the growing needs, especially in rural areas.

The community health programmes of the Rural Development Trust (RDT) aim to improve access to quality healthcare and well-being at the grassroot level by creating widespread awareness on various diseases and health problems, personal hygiene, nutrition, providing primary healthcare and follow-up checks through rural clinics and a network of health workers.

The main areas of work through which all the programmes and activities are implemented are:

1. Awareness building

The lack of awareness aggravates the health problems in rural communities, who tend to rely on home remedies and believe in superstitions. With adequate knowledge, communities are better equipped to tackle illnesses and diseases in a timely manner.

- **Community Health Workers (CHW)**, trained by RDT, are health volunteers that manage the home visits in villages, the nutrition programme and educate the people on health-related topics.
- CHWs are managed by **Health Organisers (HO)**, who are better equipped to provide immediate care and are responsible for follow-up of chronic patients in the villages.
- They also provide knowledge on how to access government benefits and schemes related to health.

2. HIV and TB

India has one of the highest number of HIV and TB cases in the world, aggravated by widespread stigma and lack of adequate knowledge. Programmes are implemented at the grassroot and institutional level to reduce its burden especially amongst women and children.

- **Awareness on prevention, symptoms and treatment on HIV and TB** is provided by CHWs and medical professionals at the screening camps in the villages.
- **Support sanghams for widows** are organised monthly for infected or affected women to help them access resources from RDT or the Government. They also aim at tackling the social stigma and the widows have access to loans and micro-credit to start an income-generating activity.
- RDT runs **two orphanages for vulnerable children** and provides them with healthcare, education and socio-psychological support to improve their quality of their life.
- The health workers follow-up with patients suffering from HIV and TB to ensure they continue their medication and care.



3. Women's health

Adolescent girls and women, especially in rural areas, lack awareness on the health problems related to them and are at a greater risk of malnutrition and chronic illnesses.

- **Awareness workshops with adolescent girls** are conducted on personal hygiene, menstruation, healthy dietary practices and on the consequences of early marriages.
- The workshops also aim at tackling the huge prevalence of **anemia**. Those suffering from high anemia are provided with iron supplements, while few are referred to hospitals
- CHWs and HOs provide awareness to women on **family planning and reproductive healthcare**. They also provide ante-natal care to pregnant women to promote institutional deliveries and detect risk pregnancies who are then referred to hospitals for diagnosis and care.
- **Screening camps** for cervical and breast cancer are conducted every week in different villages.

4. Supplementary nutrition

Due to lack of knowledge and resources, many families have poor dietary habits because of which they are at a higher risk of undernutrition and chronic illnesses, especially women and children.

- This programme mainly caters to children below five years, antenatal women and recent mothers, the elderly lacking family support and those suffering from chronic health problems.
- The CHWs, who mainly run the programme, also record the weights of children and mothers once a month in sample locations on specific dates.

5. Rural and mobile clinics

In remote villages and tribal areas where people lack access to timely and quality healthcare and have to often travel long distances for it, the rural and mobile clinics bridge this disparity.

- **Mobile clinics** are equipped ambulances that travel to the different villages to provide basic care and checkups mainly in tribal areas like the Srisailem region. Those requiring higher medical care are referred to hospitals for treatment.
- Doctors at the rural clinics visit general patients during the mornings while during the afternoon they visit RDT schools or government hostels to do checkups to children.

6. Referral and follow-up care

Those requiring specialised care are referred to local or higher institutions for further treatment while chronic cases are followed-up to ensure consistency.

- **Higher institutions** are centers for specialised care or diagnosis that cannot be found in Anantapur and other districts, so the patients are referred to nearby cities like Bangalore, Hyderabad or Vellore.
- In rural areas, due to long distances and lack of awareness, patients often neglect their follow-up care after initial treatment. In such cases, CHWs and HOs visit these patients to stress on the importance of taking medicines correctly.