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HEALTH

Accessible, Affordable Health for One and for All



VicenteFerrer

Rural Development Trust

At a Glance



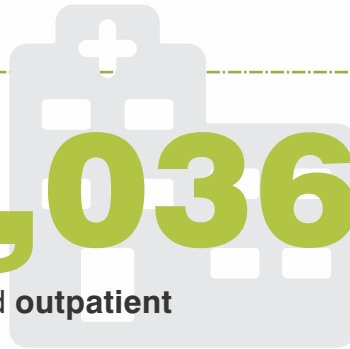
Rural Development Trust



Demographic Reach

53,34,036

persons accessed **inpatient** and **outpatient** services in **RDT rural clinics**



Health Campaigns

5,075

awareness workshops organized on various **health aspects**

Father Ferrer's Philosophy

A perpetual guiding light for all at RDT, Father Vicente Ferrer was loved and admired across the world not only by those who had the privilege to meet him, but also those who got to know about his noble causes.

Following his principles of 'Work beyond duty' and 'Concern for others', RDT functions on the philosophy of action, and works closely with the needy. He believed that development institutions (NGOs) need to become permanent social organisations that work with poor and needy people at a grassroots level, and cater to their changing needs at all times. He supported long term strategic planning, aimed towards the

Geographic Reach

2,688 villages covered

under Community Health Programme

8,909 mothers

have undergone antenatal check-ups by Health Organizers



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Community Health Workers

44,212

persons covered
under Nutrition
Programme

95

% of total deliveries
(3,787 of 4,070)
are institutional
deliveries.



Fund Allocation



4.6%

for Community Health
Programmes

complete eradication of issues like drought, poverty, discrimination, etc. He considered people as the main actors in their development process, and always aspired to reach out to the poorest of the poor.

His work was dedicated to ensuring that the poor could live with dignity and self-respect and was a strong advocate of equal opportunities for men and women, the able-bodied and Persons with Disabilities, while encouraging all sections of society to live in peace and harmony.

"If we join hands,
we will transform
this world."

Vicente Ferrer
Founder - RDT



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Affordable
Healthcare
to Everyone

MESSAGE FROM THE

Executive Director



We've come a long way in our work in the sector of Health. Our present emphasis is in ensuring people make timely, regular and optimum use of the services now affordably accessible to them.

CHWs treat basic ailments and call attention to, and escalate, potential serious issues in a timely manner. Community Health Workers also supplement the public healthcare system, which is strained to reach every rural settlement, by providing basic health and nutrition care, especially to pregnant women, young mothers and children. So we ensure they receive all the input training and support they need.

In the past years, rural poor communities have improved their level of health consciousness, knowledge and practices concerning general health, nutrition and safe pregnancies. This, combined with rising awareness about the government's existing health resources, schemes and services, induces villagers to also seek better health care for themselves. **RDT is committed to continuing its awareness-building efforts in matters of good hygiene, prevention and treatment of HIV/AIDS and TB, importance of institutional pregnancies, and family planning, etc.**

RDT also works towards providing 100% of children in our regions immunization for DPT, Polio, BCG and Measles, either through our health centres or government health centres. Driving awareness about the use of toilets and building them is also a key activity for both our Health and Habitat sectors.

Under-nutrition and malnutrition have significantly reduced, and are continuously going down further especially amongst children aged 1-5 years in whom it's most prevalent. This can be accredited to 95% of eligible children and mothers accessing the Nutrition Centres located in their areas. Many of them are completely run by Community Based Organizations (CBOs). The Nutrition Centres are also the frontline in battling the endemic problem of anaemia in adolescent girls and women - another key goal of ours.

CHWs receive regular trainings to ensure that the community members they serve receive the best primary medical care and guidance. **With all my heart, I would like to express my deepest gratitude to our donors, volunteers and all the CHWs spread in and around Ananthapuram who are tirelessly working towards building a healthy and happy society.**

Anne Ferrer



In the past years, rural poor communities have improved their level of health consciousness, knowledge and practices concerning general health, nutrition and safe pregnancies.



MESSAGE FROM THE

Health Director



Since 1975, RDT has improved access to government infrastructure and schemes, and created our own healthcare infrastructure – we are presently working with the government in the roll out of Individual Household Latrines (IHHL) under its Swachh Bharat Mission.

Many rural poor families have improved their level of knowledge and understanding on health, nutrition and gender issues. Accessing health resources, both of the government and RDT, have significantly increased. This is likely to improve further with more health-related workshops being conducted and the increasing reach of RDT's healthcare programmes. Taking a small yet significant step towards becoming self-dependent, some community people have undertaken full responsibility for the usage and maintenance of - community bathrooms & toilets constructed by RDT or the government. This has added to improved environmental hygiene, reduction in infections and dignified living for women as now they don't have to defecate in the open.

A major part of RDTs work in the Health sector has been in the area of nutrition. **Today we supply Nutrition Centres and Anaganwadis thousands of food-packs containing boiled egg and Ragi-malt for women, girls and children from highly impoverished families.** This is sometimes the only nutrition they receive. We are especially committed to eradicating gross anaemia in adolescent girls and women - an endemic problem.

Among our initiatives is also an on-the-ground awareness creation about communicable diseases like AIDS and TB. Talking about HIV/AIDS especially is still considered to be a taboo in our society. RDT counselled nearly 3000 individuals, family members and community persons focusing on preventive and supportive measures to enable HIV/AIDS affected-persons and families lead a more normal life.

Going ahead, our work in sanitation across our programme areas, and community health initiatives in Srisailam - a thickly forested area of the state peopled by insular forest-dwellers – is where we are laying new ground.

We hope that our field staff, health sector core team, government agencies, field workers and health policy-makers continue working towards improving the health of rural poor in our society, and move jointly towards a healthier tomorrow.

Sirrappa



Community Health Workers (CHWs) are local women trained for providing health-related facilities like nutrition, immunization and minor treatments to people.



THE EARLY YEARS

Health

Poor people's resources are already under ever-present threat from poor rains, drought and indebtedness.

But being poor and ill, stretches the ability to cope to the extreme, destroys the delicate balance of their existence and leads to crushing poverty.

In the early 1970's, healthcare facilities in the Ananthapuram region were almost inadequate, unaffordable and most of all inaccessible. There were very few health centres in the range of approximately one for one lakh people. The rural poor had to travel 60 to 100 kms to access proper medical facilities, that too at government hospitals which weren't necessarily well-equipped to provide proper services.

Availability of qualified midwives was rare, so no controlled pregnancies existed. Pregnant women did not have regular check-ups or access to safe delivery options, and depended on local women (Dais) using traditional methods, who couldn't professionally and safely handle complicated delivery cases. **Illiteracy and local custom further added to the problem especially on the reproductive health and hygiene front.** The region was marked by high Infant and Mother Mortality Rates, gross anaemia –

especially among girls and young women and under-nutrition and malnutrition.

Homes were usually poorly made mud structures, they did not, and mostly still don't, have indoor bathrooms or toilet facilities; water was scarce, so bathing regularly was problematic, and to worsen things, villagers were resistant to these ideas. Even when RDT built bathrooms in the 80s, villagers removed the slabs and used them for cattle sheds or other structures, and mosquito nets given to them would stay unused.



RDT carried out immunisation drives in partnership with government programmes around 1978 against polio, DPT and measles; but practically speaking, till 1987, there was no universal immunization for children in the area. When the government's Universal Immunisation Programme (UIP) did begin, RDT helped the effort with human resources, transportation, cold-storage, awareness buildings and house visits.

Timeline

Over the years, RDT has crossed many milestones through the formation of the Health Sector

1974

Health programme started with 20 doctors



1983

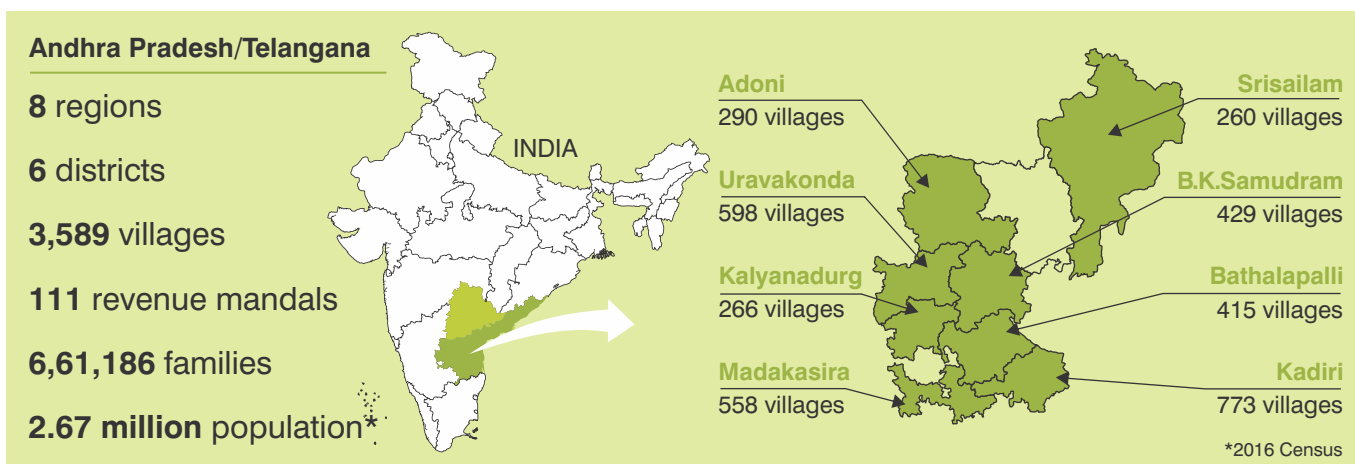
Trained the first batch of Community Health Workers



1989

Family planning centre started at Ananthapuram





The well-being of vulnerable families of low socio-economic status was fragile, and aside from their poverty, even access to the components of a nutritious, balanced meal was an issue. Meagre incomes definitely would not stretch to provide any special food for small children, antenatal/lactating mothers, the elderly or sick persons. Everybody



Objectives

- Rural poor communities should improve their health consciousness, knowledge and practices concerning various social, gender and health aspects with a special focus on Gynaecological Problems, Sexually Transmitted Diseases (STD), HIV/AIDS, Cancer, Anaemia, Nutrition, Immunization, Sanitation, Personal Hygiene, Safe drinking water, Epidemics, implications of consanguineous and early marriages, etc.
- Target Communities/CBOs should be aware of existing government health resources, schemes and services and access them to improve their health status
- Target communities/CBOs should build individual toilets and bathrooms with the financial assistance from the Government/RDT and should use them properly.
- Community Health Workers (CHWs) should be well trained about reproductive health care, including importance of institutional delivery, immunization, nutrition/dietary practices and treatment of minor ailments and should promote their services among target communities.
- 100% of eligible children should access the required doses of immunization either in RDT Hospitals or Government Health Centres.
- Children in the age group of 1-5 years old should improve their nutrition with under-nutrition and malnutrition being drastically reduced.
- Adolescent girls and women should improve their diet and show less incidence of gross anaemia.
- Patients should receive better follow up care through a system involving hospitals, rural clinics, field health staff and patients/attendants.

1994

Started implementing HIV preventive programme



2001

Started 20 mobile school health clinics



2007

Utilization of Govt schemes - Health Insurance (Arogya Sri) and following up of chronic cases



2011

Adolescence Girls workshop intensified to reduce anemia





had to eat the same food which invariably was of low protein content. It was only during any festive occasions that some of the better-off families ate chicken, mutton or fish.

Milk or milk products were absent from the diet, and eating eggs regularly was expensive, which they did just perhaps once or twice a month. Also, it had to be shared among all the family members – and families were invariably large. Likewise, the cost of vegetables was beyond the reach of a common man. Nutritional awareness was also very low which gave rise to many cases of Marasmus (severe undernourishment) and Kwashiorkor (malnourishment) amongst children. Nearly every village had cases of severe malnutrition and/or undernourishment. **Women and girls were disproportionately affected**

since they were invariably last to eat in the family out of what was left after the male members were done. So not only did they get inadequate nourishment, being leftovers, the food was quite unsuitable to derive balanced nutrition from.



Sexually transmitted diseases if contracted, were left untreated and easily transmitted. Women faced comparatively more problems than men, and illiteracy only added the problem. They knew little about reproductive health, could not seek out information from outside sources. They were shy to disclose their problems to other women, let alone the male householder who was rarely concerned with the health of the women of his family. So girls approached puberty completely unaware of the hormonal changes that happened, and how to maintain proper personal, and later reproductive, hygiene.

Andhra Pradesh is one of the eight states in India that contributes to 75% of its Infant Mortality Rate (IMR). Malnutrition is one of the

important factors causing infant mortality. Findings of National Institute of Nutrition (NIN) reveal that 38.8% of children in Andhra Pradesh in the age group of 1 to 5 are undernourished. It was found that 45.6% of the children in rural areas are underweight and undernourished, with 49.6% of them showing stunted growth. As per the reports of the Principal Secretary, Health Department, Government of Andhra Pradesh (May, 2011) 'The IMR in Andhra Pradesh was 40.3%, while it is 11% in Kerala and 28.5% in Tamil Nadu.

Pregnant women and new mothers were the worst-affected as they did not get proper nutrition before or after the delivery, which directly impacted their health and babies' health. A prevalent pre-delivery belief in those days was that an expectant mother eating a lot was detrimental to a smooth delivery, and post-delivery that a woman should eat only rice and chilli for 40 days. In adolescence also, girls were worse off. As the marriageable age for girls in some villages was as low as 11-12 years in early 70s, when they were neither physically nor mentally ready for it. Early marriage, and subsequently early pregnancy also posed a massive risk to the life of both the mother and the baby. In all, the Mother Mortality Rates (MMR) for the time were as high as 800 deaths per 1 lakh women. **They were also the victims of baseless superstitions that further compromised their health in many more ways - the local practice of Dhrishti, unsafe abortion practices leading to septicaemia and death.**



COMMUNITY HEALTH WORKERS

The Frontline of RDT's Health Services

In 1983 RDT started training young people as Community Health Workers (CHWs) to make them capable of extending first aid and primary health support services.

Given the distances to health-care facilities and the state of transportation infrastructure in the early 80s, the idea of CHWs was conceptualised to tackle minor ailments at the village level without the need for clinic or hospital visits. Started in 1983 with a group of young men as the first CHWs, soon after, RDT also trained and appointed local married women as it started focusing on the health problems of women and children. As of March 2015, almost 1000 villages have as many Community Health Workers (CHWs) serving their needs.

CHWs are the first line of support to villagers and hospitals in tracking village health. Today, a CHW adds critical value to the health camps being conducted in the village as she/he is a repository of knowledge about the health status of every community member. Villagers usually ask their local CHW to accompany them for any major check-ups to communicate with the nurse or doctor. CHWs today are even, in some cases, to perform urgent deliveries if needed, in clean, aseptic conditions.

They also provide guidance about family planning methods and reproductive health awareness to adolescent boys and girls, treat



minor ailments, diarrhoea, identify cases of malnutrition, conduct antenatal check-ups and identify pregnancy risks. They provide home based medical services to general ill-health problems like fever, cough, cold, wounds and counsel women about health care, monthly check ups, usage of iron and calcium tablets, immunization, infant care and precautions during delivery. The workers carry a medical kit with them for the treatment of basic ailments which includes medicines, ointments, cotton, bandages and ORS sachets.

CHWs efforts have been appreciated greatly, and since 2006 the government's Accredited Social Health Assistant (ASHA) programme is a similar health support service for rural people. To keep CHWs well-trained and updated, each one undergoes monthly reviews, and a yearly 6-day refresher programme covering current topics in ante and post-natal care, basic childcare and nutrition.

Complex cases that cannot be taken care at their end are referred to area offices and regional & central teams. They are also actively involved in immunization programmes and maintain the MCH (Mother & Child Health) cards which have detailed information about immunization of community children. Today, infants are properly immunized for Polio, Hepatitis, DTP, BCG etc. - Infant Mortality Rate have come down from close to 300 per 1000 in the 80s, to 49 per 1000 today, a major testament to improvements in infant health in the district.





Good health is
built on a strong
foundation of
awareness

PROGRAMME ONE

Awareness and Capacity Building

Awareness programmes are conducted to strengthen CBOs and familiarise the general public on health-related topics like immunisation, communicable diseases, good nutrition, reproductive health, women's health issues and the ills of early marriages and pregnancies.



In RDT's early years in Ananthapuram, the endemic health issues were gastroenteritis, diarrhoea, severe under/malnutrition, gross anaemia (particularly in women) and poorly-managed deliveries. These were all tied in with poor hygiene, low nutritional awareness and misconceptions about reproductive health. So, RDT's initial on-ground efforts were directed at undoing wrong beliefs and superstitions passed through generations. Poor nutrition was a problem immense enough to warrant a separate programme. Some of the other areas in which the awareness programme tackled ignorance and misconceptions were:

Pregnancy Care

Today, heightened awareness about the reproductive healthcare practices has resulted in the reduction of infant mortality rate. Years of awareness and family planning counselling have

promoted institutional deliveries in order to ensure safe, aseptic deliveries with qualified care on hand in case of complications. More number of women are now aware of the importance of antenatal check-ups to monitor theirs as well as their baby's health status.

Future mothers are given information about baby's hygiene, diet, care and the importance of breast-feeding in the first six months. They also undergo a medical examination, generally a haemoglobin test to detect any possible cases of anaemia which can complicate the pregnancy or delivery. In the broader context, couples are limiting the number of children to 2, and contraceptive surgeries are on the rise in young parents.

Adolescent Girls' health

Anaemia is a serious problem among females in Ananthapuram district with rates as high as 62%. Workshops and counselling sessions are held specifically targeting adolescent girls and young women on anaemia. These workshops are also treated as an opportunity to counsel girls on personal hygiene, healthy dietary practices, the importance of education and the implications of early and consanguineous marriage. Sensitive issues like menstrual periods, changes during adolescence, the causes and prevention of anaemia, HIV/AIDS, and unwanted pregnancies are also discussed. Adolescent Girls' Anaemia

Highlights

- 5,075 awareness workshops on various health aspects implemented through 81 Health Organizers in the year 2014-15 with a coverage of 1,43,399 members. It covered topics like the prevention of malaria, dengue, gastroenteritis, swine flu / influenza, encephalitis and chikungunya and the importance of good sanitation and safe drinking water.
- Various Nutrition demo camps & adolescent girl workshops were held covering topics like personal hygiene and the implications of early marriages and pregnancies to adolescent girls, causes and preventions of STDs/HIV/AIDS, and general health and nutrition with focus on a balanced diet.
- Nearly 7,000 ante-natal follow-ups were conducted under the programme in 2014-15.
- 13 field health doctors and 78 Health Officers (HOs) received training at RDT hospitals
- 7 field health doctors and 6 HOs received training in acupuncture in 2014-15

Evolution

Since

1978

awareness camps have aided in capacity-building for effective healthcare





Staff Speak

"I have been associated with RDT for the past five years conducting trainings and workshops which are especially focussed on adolescent girls. We decided to start these workshops when we realised that there is a huge lack of awareness amongst young people about adolescent and reproductive health issues which can prove to be dangerous for them in future. My team members and I have noticed significant changes in the awareness levels of the participants and now they are much more conscious about their health."

Syamala Dayanidhi, *Health Organizer*

Camps are also held regularly, where girls diagnosed with haemoglobin levels of less than 8 to 10 are identified and given iron and folic acid tablets.

General & Communicable Disease awareness

Illiteracy, reluctance to discuss health (esp. hygiene, STDs, how disease spreads, reproductive health, and mother and child health) is in large part the reason behind poor health awareness and lack of knowledge of preventive health measures. RDT covers general health awareness regarding basic ailments and treatment thereof through Allopathy.



Chief among its facilities, is RDT's HIV care and support centre located at its Bathalapalli hospital. Aside from extensive medical support, it also provides nutritional support to HIV patients and their families via nutritional packages for each family that include rice, dal, wheat, ragi, edible oil and sunflower seeds. In addition, there are 13 Sanghams (collectives) comprising of 175 HIV-positive widows as its members. These Sanghams assist members with loans for livelihood, counselling, home care, children's education among other things. The state government also runs targeted programmes like

Anthyodaya- a ration scheme that gives out 35 kilos of rice to HIV/AIDS patients, the destitute and PWDs. It also runs anti-retroviral therapy (ART) centres, and infected widows of AIDS patients receive bus passes in order to get to the centres to collect their medicines.

Over the years, a large number of people have attended RDT workshops and camps conducted to provide awareness on HIV/AIDS. **Besides providing them with the causes and preventive measures of the disease, and the motivational support to deal with it, they have contributed greatly towards the reduction of vertical transmission of HIV from mother to child to just 3%, the lowest in Andhra Pradesh. In the cases of an HIV positive delivery, medical services proved to be effective in an HIV free upbringing.**

"These workshops are a good way to let people come forward and discuss their problem to receive expert opinion."

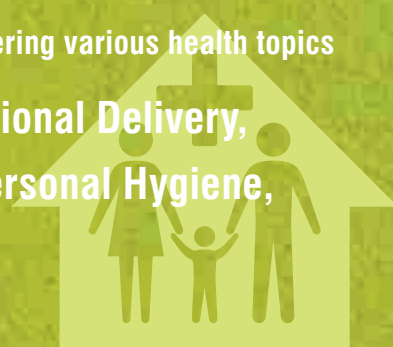
Moncho Ferrer,
Programme Director



Paradigm Shift

When the people know about the cause and effect, they are generally more empathetic towards the affected. The stigma attached to a disease is by far removed and the room for superstition is shrinking day by day.

Awareness Camps covering various health topics such as **STD/AIDS, Institutional Delivery, Nutrition, Immunization, Personal Hygiene, Sanitation** etc., were conducted by **health organizers**



Transmission of HIV virus from mother to child is reduced to less than 3% which is the lowest in Andhra Pradesh.



Success Story

I belong to the Dalit community and had to drop my education after primary level, partly due to lack of support from my parents, and partly because of ill health.

My parents are old and unable to work. Being grossly anaemic, I was completely dependent on my mother for daily routines like bathing and eating. I was unable to take any kind of employment as I couldn't walk more than a few steps or hold something even for a while. My brother considered me to be a burden on the family and never took me to a doctor. Situations worsened when my father passed away and my mother had to borrow money from relatives as she wasn't able to go for labour work because of my condition.

A life changing moment occurred

when RDT conducted a health workshop especially for adolescent girls. A blood test was conducted in which gross anaemia was diagnosed and I was immediately admitted to RDT hospital, Bathalapalli, where regular blood transfusions were undertaken and medicines were provided.

Continuous monitoring and motivation by the health organizer improved my haemoglobin reach a normal level of 12.9 g/dL. Now I help my mother with the household work and also earn a decent living. **I am really thankful to RDT and our community families who supported us during our tough time and strongly believe that RDT should continue conducting more workshops where adolescent girls can share their health problems.**

“Continuous monitoring and motivation by the health organizer improved my haemoglobin reach a normal level of 12.9.”

Ramadevi,
Marthadu village, Mudigubba Mandal



The mind and
body cannot
function on an
empty stomach

PROGRAMME TWO

Nutrition Programme

Nutritional status of people determines the quality of life and is linked with the health status. Through

Nutrition Centres, along with spreading awareness, RDT provides supplementary nutritional meals for children, women, and the most vulnerable.

Good nutrition is the building block for a healthy life, Ananthapuram's rural poor were not only impoverished when it came to three complete meals a day, they were also poorly informed about balanced nutrition, so the little they did partake still lead to deficiencies and poor health.

Droughts further intensified their poverty and adversely affected the health status of deprived and marginalised sections, especially certain risk groups such as mothers,



small children, people with disability, old age people, destitute women, orphans and persons suffering from chronic diseases. The economy of these vulnerable families having low socio-economic status is fragile and there would be no means for any special diet. **Thus, in 2000, RDT initiated the Nutrition Program to cover the people with the following criteria-**

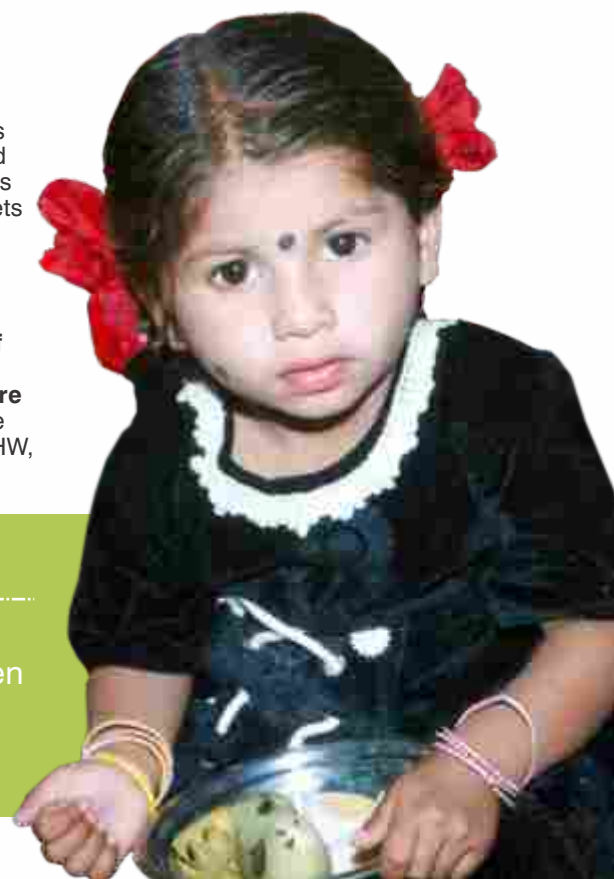
- **Children in the age group of 0-4 years**
- **Antenatal & Postnatal Mothers**
- **Aged persons not having any family support**
- **Children or adults suffering from chronic health problems such as tuberculosis**

It was decided to distributing boiled eggs on every alternate day i.e. 15 eggs a month, in addition to a nutritious beverage made of Ragi powder mixed with Jaggery which contains iron, minerals & other nutrients would be served daily. This nutrition package has been supplied by RDT for the past 12 years and has been a life-saving addition to the diets of many a poor home.

Community Health Workers are given the responsibility of the Nutrition Program. The process of scanning communities to decide whether to set up a Nutrition Centre is carried out by them. It is also the responsibility of the coordinating CHW,

Highlights

- **1,896 Nutrition demo camps held covering 49,294 adolescent girl participants (who are a high-risk group for anaemia incidence) focusing on a balanced diet**
- **1,096 high-risk anaemia cases were identified and Iron supplements were distributed to over 5,045 cases in 2014-15**
- **A total of 44,212 adults are covered by the Nutrition programme, of whom 25,657 are female. 29,374 children between the ages of 1 to 4, 7,078 elderly citizens, 1,577 chronically ill, and 6,183 ante-natal mothers and post-natal mothers benefit out of RDT's Nutrition programme**



Evolution

Since

1978

balanced nutrition has been a key focus area of RDT's Community Health sector.



Staff Speak

“From my early years until today, there has been a drastic reduction in the sheer numbers of extreme cases of nutritional problems. Babies and mothers were under-nourished, even malnourished – but in the villages where nutrition centres have been functional for a few years, drastic cases have been reduced significantly”

Nagamma
Konapuram, Kanaganapalli

CDC or SHG to process the Ragi, and prepare the beverage using proportionate quantities of Jaggery & Ragi powder. They safely and hygienically store the procured eggs and boil them when needed to be dispensed. They take attendance of members before distribution of nutrition and find out the reasons for

progress and review problems, facilitated by sector team leaders & concerned Health Organizers at area headquarters.

Additionally, Mothers' Committees are also formed to monitor Nutrition Centres. 3-4 antenatal & postnatal mothers are aligned to a nutrition centre at village level. Cluster health organizers act as the advisors of mothers' committees. They are trained about nutrition and its importance in child growth. The committees work on a rotating basis and members get shuffled every 6 months for a total tenure of 4 years (by which time their children will have grown) and new mothers are inducted. **They also function to inform CHWs about children's illnesses, and also monitor CHWs for any possible malpractices or supply mismanagement.**

“Now women have realised that their health is the basis of their family's health, and they make sure to eat well at home, and visit the Aanganwadi for supplements regularly.”

Srilatha .V,
Health Officer



any absentees. **It is also ensured that distribution is conducted properly without any bias or prejudice. Nutrition portions are distributed to sick & aged persons at their residences if and when needed. The Nutrition Programme also record the weights of children & mothers once a month in sample locations on specific dates.**

The surroundings of community centres both inside & outside are always kept clean. The attendance of all mothers along with children covered under nutrition program during health check-ups and awareness workshops is ensured through advance intimation by the programme coordinators. They also hold team debriefings to track



Paradigm Shift

Good nutrition has ensured that the survival rate of younger ones remain higher due to reduced morbidity and improved resistance. This turnaround, combined with parallel sensitisation efforts about family planning has brought about a change in people's attitude regarding having a large family.

Nutrition support provided to **48,412**
individuals through **1,640 Nutrition**
Centres spread across **1,479 villages**



Success Story

My name is Errakka, I was 16 years old at the time of this incident and living in Aaraveedu Chcanchugudem village and married to K. Bayanna. **In March 2016 RDT's Mobile Clinic arrived in Pedda Aaraveedu, to provide medicine and basic treatments to people.** As I had been suffering from headache, fever and chills from the last 20 days, I too went to the clinic and was given medicines. Seeing my state, I was later referred to the Marakapuram PHC, and my husband and parents were informed of my situation.

At Marakapuram PHC I was diagnosed with Jaundice and found to have a very low haemoglobin count of 2. My relatives who didn't fully understand my situation refused to visit me in the hospital. After a discussion among themselves, the Community Development Leaders

elected to send me to Kurnool Govt hospital.

I was put in an ambulance at 6 pm, and reached the Kurnool hospital at 12:30 am. My symptoms by then included a swollen face and tongue and the same haemoglobin level. My family and community were informed there was not much chance of my surviving, and that I should be taken home, but at the request of the Chenchu elders, I was admitted.

Over the next four days, I was administered four pints of blood. We stayed at the hospital for six days and I was given iron tablets and tonics. Slowly, my health became better and my symptoms lessened. **Today, my health is normal, and me and my family are deeply grateful for the fast action taken in my case and timely transfusions which helped me overcome my gross anaemia.**

"After the help my mother received, she taught me the importance of good nutrition. I want to help others in the same way someday."

Ensuring
quality health
care reaches
everyone,
however
remote they
are



PROGRAMME THREE

School Health Clinics and Mobile Clinics

The benefit of modern hospitals did not reach a villager's life. They turned to hospitals only as a desperate last resort. RDT therefore operates school health clinics and mobile clinics in regions lacking good medical facilities, to provide basic healthcare and refer patients to hospitals if necessary.

The health clinics by RDT were started in 1975 with the appointment of doctors with MBBS qualifications. These doctors not only treated the patients, but also spread awareness on primary and preventive health to the communities. They provided quality treatment to the most remote settlements and spread awareness on health, hygiene, safe deliveries, child care and nutrition support.

Very importantly, the clinics provide ready-access to institutional support for rural people. The network also refers more serious patients to RDT hospitals in case of severe problems. 4 school health-clinics run for half a day, treating patients and rest of the day

conducting school health check-ups in the villages and 2 mobile clinics, functioning during the morning and evening hours. These are run by doctors with the help of Health Organisers trained by RDT and auxiliary nurse midwives (ANMs) in rural areas and more than 1,00,000 persons are treated every year for various common health problems.

School Health Programme

Doctors known as 'School Health Doctors' look after health related aspects of school children focusing on the treatment of minor ailments, early detection of chronic and acute health cases and timely referral of these to RDT hospitals or higher institutions. The team then follows up with such children to ensure they follow their prescribed treatment.

Dental Camps

Dental health is a generally overlooked area when outstation clinic or hospital visits are made by villagers. For this reason, RDT conducts dedicated annual dental camps, in association with Doctors Without Borders, at villages which provide services like cavity repair by fillings, scaling, extractions and root canals.

Chronic Cases Follow-up

These clinics keep track of the children suffering from chronic sickness and maintain records and follow-up of their cases. Follow-up happens once in 3

Highlights

- 22,232 patients have been treated by the Mobile Health Clinics & half day School Health Clinic.
- In the schools 24,872 children have been examined and 7,985 children got treated

months and about 1,700 cases are covered. Patients and their families are given awareness on drug usage, and on how to keep a check on the patient's status.

Immunization Camps

The clinics also take care of the immunization activities of the area by conducting 'Immunization Camps' where children are vaccinated for diseases like DTP and Polio. The CHWs help villagers maintain their government-issued immunization cards of their area children which helps them keep a track of the age and category of vaccine to be given to a particular child.



Evolution

2012

RDT started 2 mobile health clinics



Staff Speak

"My experience on coming here for the first time, was that 90% of the houses did not have toilets. This was because village elders were not accepting toilets within or near the houses and preferred open defecation. Our team tried numerous means to create better sanitation awareness among the younger generation and students. Many of them are now coming forward requesting for toilets to be built. RDT has since been working with the government to construct more toilets to prevent the spread of water borne diseases and to control epidemics. We combine this with providing safe drinking water through RO plants so that all water borne threats can be neutralised as far as possible."

K Sivanna,
Health Co-ordinator, Ananthapuram

Identifying Epilepsy

It is a wholly treatable condition and is amongst the key changes these clinics have brought about. Epilepsy was regarded with suspicion and superstition and would either go unidentified, or would be routinely mistreated. An epilepsy patient was spoken about as having 'the devil inside them' and shunned. Today, this situation is drastically changed with trained personnel available close at hand to identify the problem and counsel the patient's family regarding where and how to seek affordable treatment. Regular follow-up ensures the intake of prescribed medications by the patient.

Onward Referrals

An important aspect of the clinics is the early detection and onward referral of chronic ailments or cases requiring specialised treatment. Amongst others, the network has referred patients requiring attention for cardiac problems, dialysis, serious poisoning, cancer, head trauma, serious burn injuries, growth hormone deficiency, and Wilson's disease. In this regard the clinics are an integral part of RDT's hospital ecosystem, and they maintain to and fro close links with each other.

Mobile Clinics

These clinics in particular service remote Chenchu tribal settlements. This community is starkly cut off from the mainstream, dwelling deep inside the forest. Since October 2012, one doctor and one staff nurse, each with an ambulance, provide services to villages in the four regions of Srisailem. Two mobile health clinics are running, at P. Dornala and Achampet. The ambulances assemble people from the surrounding villages into one village and arrange check-ups to lend support to villagers from 234 settlements every month.

Through its mobile clinics, RDT focuses on:

- Running antenatal examinations once in two months in villages handled by ANMs, in

collaboration with Government health staff wherever possible.

- Conducting school health camps twice or thrice a year for all the children attending community schools
- Special health camps especially for women suffering from gynaecological problems

These clinics enable the rural poor to address their immediate health problems. Issues that would have gone unchecked, with the access to these clinics are treated safely and hygienically, or escalated to competent institutions as required. Aside from the actual care provided, these clinics boost people's confidence, save them money by treating ailments before they escalate, and prevent serious illnesses or deaths due to the neglect of early-stage small issues.

"We are really thankful to all the doctors who are proving to be of true service to mankind."

Anne Ferrer
Executive Director



Paradigm Shift

Basic ailments are no more a matter of speculation and early treatment leads to lesser aggravated situations. Curbing the disease in the bud enables the rural poor to be always employable and live a stable life.



Over 41,000 children examined by doctors via the School Health programme

For the last 8 years, an average patient population of 3.5 to 4 thousand per year is covered by the Health Clinic.

8230 pregnant women had undergone 4 to 5 health checkups in rural antenatal clinics conducted during 2014



Success Story

The Mobile Clinic has brought about a marked improvement among the peoples of Dornala Mandal. In its routine visits, the proportion of men, women and children suffering from vision problems in the area was found to be sizeable. It was noted that many of the women especially had cataracts. The numbers were sufficient to warrant the issue being highlighted to the regional lead of the Health team.

RDT discussed the requirements with the nearby LV Prasad Hospital and fixed a date in May 2016 to hold a massive eye-treatment at the hospital. With the mobilisation efforts of the health sector's field staff, people came from all over the Dornala Mandal to have their problems corrected.

A total of 130 people showed up. Among them, 16 people were told that they needed spectacles, and 51 had cataract issues. LV Prasad Hospital has since provided free corrective surgery in the cases of cataracts, and free spectacles to those afflicted with bad eyesight.

It was purely due to outreach by the mobile clinics that these many problems were escalated and corrective measures could be carried out in a timely and efficient manner.

"After just four rounds of acupuncture treatment, I got the kind of relief I had never imagined."

RDT's referral services help patients with advanced illnesses by facilitating specialist treatment for them



PROGRAMME FOUR

Referral and Follow-up Care

RDT's mission of providing quality healthcare is not just confined to rural and mobile clinics. In cases of serious and chronic diseases, beyond the scope of their infrastructure/training, the clinics refer patients to larger hospitals and institutions for better and advanced treatment.

The reach and capability of the Community Health Workers and the rural and mobile health clinics is vast, but they have their limitations when it comes to serious diseases, **in some cases, where the ailment cannot be treated within RDT's own network of hospitals, referral services come to the rescue.** Patients are usually referred to hospitals in Kurnool,

hospital.

CHWs, School Health Doctors, Rural Clinic Doctors and HOs, who are regularly in touch with the villagers, identify the patients needed to be referred based on severity of the disorder and urgency for medical treatment. Sometimes, patients also directly approach RDT for referral



Ananthapuram, Bangalore, Hyderabad, Secunderabad, etc. Often, these locations are near their place of abode and people can easily travel there. **The referred cases are then followed up by the RDT staff members to ensure that they receive cost-effective, timely and affordable treatment in the specialized departments of the concerned**

services, especially when significant financial support is required. The common man looking for a major treatment can't necessarily rely on the government hospitals as they be stretched to their capacity, and private hospitals are out of reach because of the high costs involved. In such cases villagers have resorted to selling their property, land and personal savings to

Highlights

- 5,225 persons were referred to specialist doctors/local institutions in the district headquarters.
- 220 needy people including orphans and widows were provided with necessary support for their treatment related travel and living expenses.
- 90 cases registered and referred under Revised National Tuberculosis Control Programme (RNTCP).



Evolution

Evolution

1975-85

Referral services initiated by Health Organizers



Staff Speak

"It is indeed amazing that local villagers in Ananthapuram today can enjoy world-class care for almost any ailment or injury under the sun. If not through our network, then through our referral network. I am deeply privileged to be part of the core team that continues to reach out to quality institutions outside Ananthapuram to establish referral ties with them for the villagers under RDT's care"

Vanitha Reddy,
Manager, Referrals

meet the cost of treatment, and find themselves in debt for life. RDT extensively funds cases where timely intervention in specialised hospitals can make all the difference to the patient.

Referrals have been carried out for problems such as cardiac surgeries for children, kidney dialysis, poisoning, cancer, head injuries, severe burns, kidney transplant, thalassemia, cirrhosis of liver, pancreatitis, Wilson's disease, traumatic quadriplegia, emergency and incidental cases, etc. Some of the largest number of cases referred out for specialist attention are those of Harelip and Cleft Palate surgeries. Over the years, thousands of patients have had these surgeries with RDT's referral, enabling them to lead normal lives.

Referral services lead to the design and implementation of the 'Arogyashree' and 108 – Ambulance schemes, run by the government to

extend quality medical services to the poor. In this, the rural poor who are having the least access to support services are issued with Arogyashree cards, which ensures convenience in accessing medical services at government as well as private hospitals. **This also ensures that the medical conditions of the poor are being effectively addressed.** The 108 – Ambulance helpline ensures that medical transport is available at a reasonably short notice.

Most importantly, RDT's referral system has brought a level of confidence in villagers that they have access to the best possible care and drawn them to come forth with their problems. **Starting from CHWs at a village level, to Health Officers, outreach doctors, RDT hospitals and finally, the referral programme has been an end-to-end spectrum of affordable and accessible healthcare services and making it available to an increasingly aware and well-informed rural population.**

"Today, our patients can receive treatment at the hands of some of the best doctors in the country via referrals."

Sujatha
STL - Health Sector



Paradigm Shift

In the direst of health cases, due to lack of information, village poor used to waste valuable time at ill-equipped and non-specialised hospitals. By acquiring relevant and timely treatment, rural poor avoid the dreaded vicious circle of debt.

1104 cases of HIV provided with Antiretroviral Therapy (ART) were followed up.



1181

persons were referred to
higher institutions
outside Ananthapuram
district for
medical/surgical
intervention.

Success Story

As a school going student, my friends had always been a big support for me. But I felt hurt and very lonely when they started calling me blind and were ignoring me. I wasn't actually blind but there was some problem in my eye that caused the closure of the right eyelid. Things further became difficult at school as forcibly opening the eyelid to see the blackboard and also while talking to other people caused severe pain. My parents are illiterate and didn't show me to the doctor until they realised the severity of the pain and rushed me to Nethralaya Private nursing home in Kurnool. After initial check-ups, the nursing home referred me to Narayana Nethralaya hospital in Bangalore for permanent treatment. The treatment at that hospital was quite costly so I and my parents

approached the Team Leader of the health sector who helped us in many ways.

The eye specialists at the hospital diagnosed the disease as 'Right Eye Hypotropia with Monocular Elevation Deficiency' for which the only possible treatment was surgery. It was conducted soon and I started feeling much better as the pain in my eyes had significantly reduced. Even after the treatment was over, the RDT health staff members had kept a regular check about my well-being. Now, I can completely concentrate on my studies and my friends and parents are also very happy as I can open my eye without any difficulty.

"With the timely support of RDT I could get my vision back and lead a normal life once again."

Suneetha,
Madurai village (Aluru, Kurnool)

WAY FORWARD

Affordable Healthcare to Everyone

Even with the great strides made in rural healthcare over the last 46 years, RDT's goal still remains 'The rural poor will have access to quality health care at affordable costs.' The organisation is committed to extending its reach and giving people increased access to healthcare and its own network of services.

The health sector will continue to raise levels of health-awareness through its community-based health workers and work on prevention of communicable diseases and basic infections by extending medical care to remote and isolated areas.

Combating child under-nutrition and malnutrition and acute anaemia among adolescent girls and women will continue to be a key focus area. In an effort to reduce infant mortality, the project intended to promote institutional births is conducted at two levels. First, through the regular check-ups and assisted deliveries at RDT's network of hospitals; and second, in the rural health network through awareness-raising workshops.

Promoting a healthy and hygienic environment through sanitation and

eradicating open defecation by building awareness. Construction of adequate infrastructure is essential to stemming the spread of infections. **RDT is working towards self-sustainment of the village nutrition centres with the aim that 75% village CBOs will take up the responsibility of running nutrition centres on their own with financial support from RDT.**

RDT is also committed to keeping up its support to government-led immunization programs for children, and improving the standards of care in its hospitals. Increasing the quality of specialised care on offer in our hospitals, for instance improving early detection of cancer through screening, will ensure that cases do not needlessly reach advanced stages thereby straining patients and their

families. Acute and chronic cases will be identified as such and have access to medical aid. Terminally ill patients will have access to palliative care and support.

On the vital front of improving treatment and follow up of HIV/AIDS patients, and also of drug resistant tuberculosis, RDT is committed to ensuring that follow up of patients is fully effective from community to hospital level. **RDT's strategic plans are made to suit the need of the community members of the region and act to improve the reach and efficiency of the healthcare programs.**



INDIA
for
india



“Let your
hearts
respond
and
hands help”

India for India Initiative aims to encourage Indians, both people and institutions, to strengthen the hands of the Rural Development Trust in its mission against rural poverty and neglect in India.

India for India is an innovative concept initiated by RDT. It is based on the insight that an individual or community does not have to be affluent to hold concern for the underprivileged. In fact, empathy for the deprived is more likely among those who have known poverty first-hand. **RDT also believes that this example by deed from within the marginalised communities will be acknowledged and receive whole-hearted support from donors across the country.** Here we'd like to tell you about generosity of the poor, for it is among them that RDT launched its Hundis.

It all began in Ananthapuram district, where RDT has had its base since the 1970s, and among the populace it has worked with for over four decades. It follows the common

Over
1.4 lakh
Hundis
maintained every year



custom of depositing small amounts on a regular basis to a Hundi, a collection box, usually for offerings to God. **RDT adapted the practice to pool together small donations from project areas to support the common cause.** RDT has established the tradition of collating all the proceeds from these Hundis on April 9, Father Ferrer's birth anniversary. **In 2014, there were over 85,000 of these Hundis. By the next year, this number had increased to 1,41,200. Likewise, from Rs 1.86 crores in 2014, the collected amount also grew to Rs.4.08 crores in 2016.** This beginning evolved into the '*India for India*' initiative, as many more villages lent momentum and the initiative spread across the boundaries of its project area.

The unique bottom-up approach of the initiative has inspired all sections of society especially students/youth and the poor people. It is they who are motivating their friends, colleagues, relatives, and neighbours to maintain Hundis.

Several of its slogans have caught on, and its message is carried forward simply and effectively. **As for the sum collected, in accordance with people's wishes, it is being utilized to fund the education of more than 700 orphan children in and near Ananthapuram district. Also, about 5,550 were provided with nutrition supplement.** The vitality of the '*India for India*' movement comes from the fact that thousands of poor families and various sections of people, including educational institutions and private business enterprises, within and outside project area have reached out with their support by maintaining such Hundis. In addition, RDT receives support for various projects and programs from banking, insurance and other corporate institutions in India.

If you feel,
you must help too.

Small change brings significant change.

To contribute, setup a SEVA HUNDI and register details with the Foundation. Add amounts daily, if possible, and deposit annual savings into the designated account, on the birth anniversary of Father Ferrer, 9th April.



Other means to help

You can write a cheque in the name of “**Rural Development Trust**” and send it to our **Registered Office or Resource Mobilisation Center**. You can also donate online or via wire transfer to the following account details:

Bank Name: **IDBI**
Account Name: **Rural Development Trust**
Account Number: **0208104000122993**
IFS Code: **IBKL0000208**
Branch Name: **Ananthapuram, Andhra Pradesh.**

All donations to RDT are eligible for tax exemption under section 80G of the Income Tax Act, 1961.

