(ഡി) റിപ്പോർട്ടിന്റെ അടിസ്ഥാനത്തിൽ എന്തെല്ലാം നടപടികൾ സ്വീകരിച്ചു എന്ന് വ്യക്തമാക്കാമോ ?

(ഡി) റിപ്പോർട്ടിന്റെ അടിസ്ഥാനത്തിൽ കൈക്കൊണ്ട നടപടികൾ താഴെ പറയുന്നവയാണ്.

* ആരോഗ്യസർവ്വേ നടത്തി. രക്തകുറവ് ഉള്ളവർക്ക് അയൺ ഗുളികകൾ, അയൺ ഇൻജക്ഷനും ആറാളം പേർക്ക് ബ്ലഡ് ട്രാൻസ്ഫ്യൂഷൻ നൽകി കഴിഞ്ഞു.

* മൊബൈൽ മെഡിക്കൽ യൂണിറ്റുകളുടെ പ്രവർത്തനം, പേരാവൂർ, അഴീക്കൽ, പുല്ലൂർ എന്നീ പഞ്ചായത്തുകളിൽ കേന്ദ്രീകരിച്ച് പ്രവർത്തിക്കാൻ നിർദ്ദേശം നൽകി. ഓരോ ഊരിലും സന്ദർശനം നടത്തുമ്പോൾ അവിടെയുള്ള ആശ, അംഗൻവാടി, മൊബൈൽ പ്രമോട്ടർ, ആരോഗ്യ ജീവനക്കാർ എന്നിവരുടെ പങ്കാളിത്തം ഉറപ്പു വരുത്തിയിട്ടുണ്ട്.

* എംപാനൽ ഡോക്ടർമാരുടെ സേവനം ഉറപ്പുവരുത്തിയിട്ടുണ്ട്.

* കോട്ടയം, അഴീക്കൽ, പുല്ലൂർ എന്നീ ആശുപത്രികളിൽ അധിക സ്റ്റാഫിനെ എൻ.ആർ.എച്ച്.എം വഴി നിയമിച്ചു.

* [illegible] മരുന്നുകൾ അഡ്വാൻസ് വഴി നിയമിക്കാൻ ജില്ലാ മെഡിക്കൽ ഓഫീസർ തലത്തിൽ നടപടി കൈക്കൊണ്ടു വരുന്നു.

* കോട്ടയം ആശുപത്രിയിൽ 2 ഡൈനക്കോളജി സ്കാനുകളുടെയും, സർജറിയുടെയും, അനസ്തേഷ്യസ്റ്റിന്റെയും സേവനം ഉറപ്പു വരുത്തി. കാഷ്വാലിറ്റി തിയേറ്റർ സജ്ജമാക്കിയിട്ടുണ്ട്. കുളിമുറിയുടെ പണി [illegible] ചെയ്തുപൂർത്തിയാക്കാൻ ആസ്പിരേഷണൽ സർവ്വീസ് എം.പാനൽ ചെയ്തിട്ടുണ്ട്. ആശുപത്രിയിലെ കുടിവെള്ള പ്രശ്നം വാട്ടർ അതോറിറ്റി പരിഹരിച്ചു വരുന്നു.

* പുല്ലൂർ ആശുപത്രിയിൽ കിടത്തി ചികിത്സയ്ക്ക് സ്റ്റാഫിനെ എൻ.ആർ.എച്ച്.എം വഴി നിയമനം നടന്നുവരുന്നു.

* ഫീൽഡ് തലത്തിൽ പ്രവർത്തനം ഊർജ്ജിതപ്പെടുത്തി. സൂപ്പർവിഷൻ ശക്തിപ്പെടുത്തി. വിവിധ വകുപ്പുകളുടെ ഏകോപനത്തിനായി ഡോ.സുബ്ബു ഐ.എ.എസ് (റിട്ടയേർഡ്) ചാർജ്ജെടുത്തു.

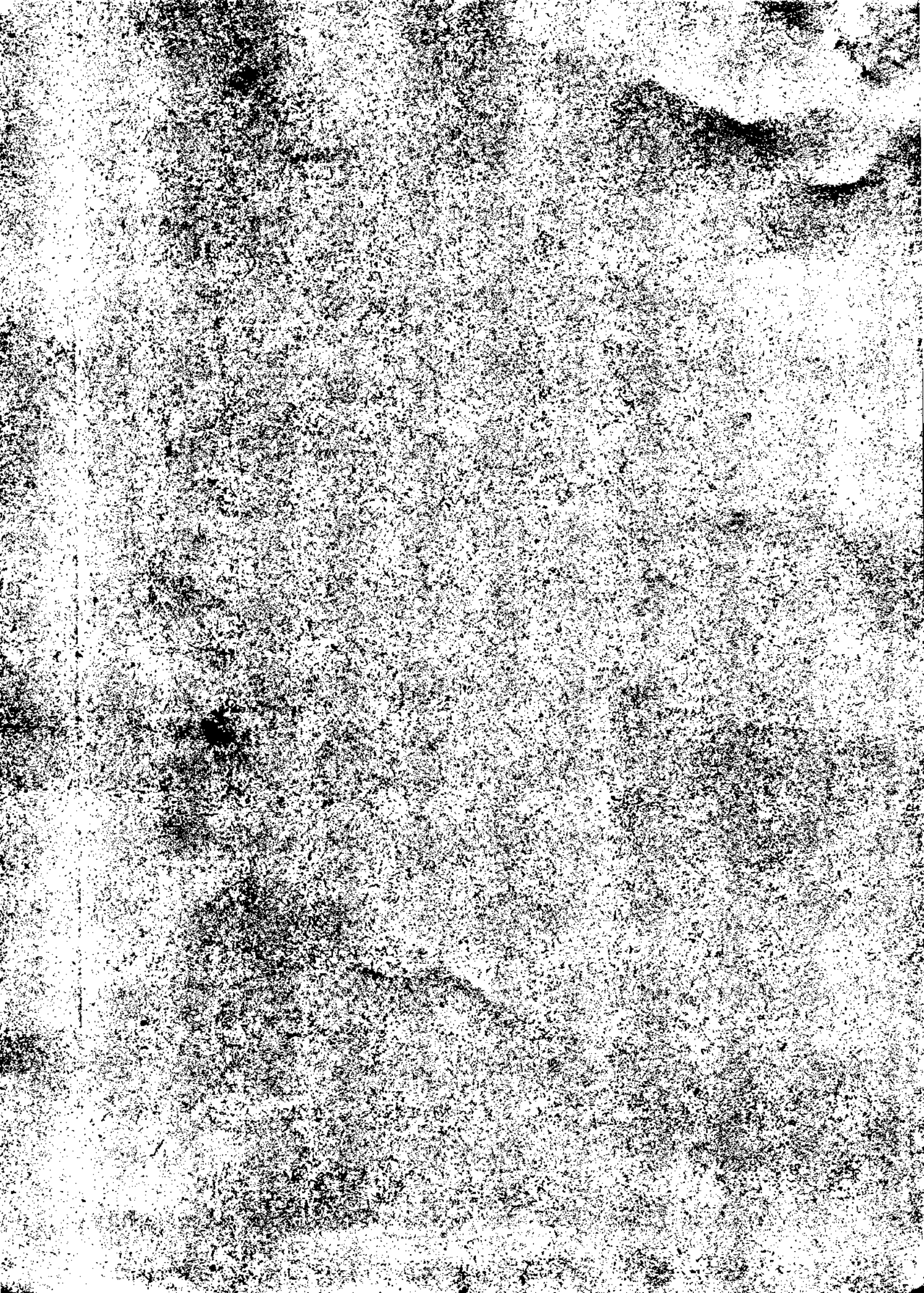
* ഡോ. പ്രദീപ്സ് ജില്ലാ നോഡൽ ഓഫീസറായി ചാർജ്ജെടുത്തു.

* അട്ടപ്പാടി മേഖലയിൽ ഡോക്ടർമാർക്ക് 20,000/- രൂപ അധിക വേതനം നൽകാനും മറ്റ് ജീവനക്കാർക്ക് അടിസ്ഥാന ശമ്പളത്തിന്റെ 20% ശതമാനം സ്പെഷ്യൽ അലവൻസായി നൽകാനും തീരുമാനിച്ചിട്ടുണ്ട്.

(...3)

* [illegible]
* [illegible]
* [illegible]

[illegible]



Report on the visit to Attappadi on 24TH and 25TH of May by Dr.N.Sreedhar, Addl.DHS, Dr.G.Sunil kumar,Dy.DHS and Dr.V.Rajeevan, Asst.DHS.

A team of doctors consisting of Dr.G.Sunil Kumar, DD(FW), Dr. Rajeevan, Asst.DHS and State Nodal Officer for Tribal Health, headed by Dr.N.Sreedhar, Addl.DHS(FW) visited Attappadi on 24th and 25th of May, 2013. The team visited CHC Agali, Tribal Specialty Hospital Kottathara and some hamlets. Later, the team had interaction with the ADM, Palakkad and DMO, Palakkad and with officers of the Social Welfare Department and Tribal Department. Based on the visit the following report is submitted.

[illegible] CHC Agali on 24th May. A meeting was convened there. Doctors of CHC Agali, Dr.Sreehari, DPM of Palakkad, Dr.Prabhudas who is well versed with the hamlets and their traditions and the supervisory staff for the whole area of the CHC were present. Agali CHC is the site proposed for starting a Nutritional Rehabilitation Centre(NRC). There is sufficient room to accommodate the NRC in the existing building but the entire building requires repair works that will take a few months to finish. The repair work has to start urgently. In the meantime, there is another space that can be used as NRC during this time gap until the proposed building is ready for use. The space that is now used as conference hall has sufficient room that can accommodate about twenty children with family, has play space for the kids and room for the kitchen. Only minor works will be needed for this and can be finished in less than two weeks.

Additional staff for [illegible] are appointed contractually and [illegible] in addition to one week's time. Four Medical Officers are staying there in the quarters. There is a labour room. A few deliveries are happening now. If more deliveries are conducted here, it can reduce load on the Tribal Specialty Hospital, Kottathara. Doctors lack orientation on HMIS and MCTS. Their HMIS and MCTS training shall be urgently done. MCP card has been distributed to the field level workers and issuing them to antenatal women has just begun. Once registration of antenatal cases using this card is done, it is an effective tool to monitor the health status of both the mother and the child. Here, strong need to train JPHNs to identify nutritional deficiencies especially marasmus and kwashiorkor is felt. This will enable better risk identification. Anganwadi workers and ASHAs also should be trained on identification of children and women with nutritional deficiencies. JPHN, ASHA and AWW should have contact numbers of one another and should be encouraged to communicate between themselves.

In the afternoon, another meeting was conducted with all the field staff covering the area, Medical Officers of the three Mobile Medical Units and the supervisors. It was generally observed that communicable disease surveillance was sluggish. The Health Supervisor did not know the [illegible] status. There were 65 fever cases in the 20th week and 121 cases in the 21st

week, but this was not identified by the field staff or supervisors and no data analysis had taken place. On enquiring, the MOs told that they are not briefed on the communicable disease status of the field level by their field staff or supervisors.

The team visited the hamlet at Nellipathi. There is an Anganwadi in the hamlet. There is good rapport between the Anganwadi worker and the inhabitants. Generally the women of the hamlet are short statured. Immunization of the children is usually done from the CHC Agali. Food habit of the hamlet is mainly based on cereals alone in majority. They take Kanji in the morning and afternoon with a little curry based on leaves or pulses. But the quantity of curry consumed is very little. In the night they take 'ootta' consisting of rice and ragi with a little amount of curry that too based on leaves or pulses. The quantity of pulses they use is very little. Generally they do not consume milk. Very occasionally they use eggs. They are otherwise vegetarians.

The women of that hamlet go to the Government facility as well as to a private facility – Bethany Hospital – for antenatal care. But majority go to Bethany Hospital because there is facility for doing Caesarean there, according to a woman, Chitra of the hamlet. They have educated men and women in the hamlet and are aware that advancements like Caesarean facility are required for better delivery care.

The Anganwadi can be used to teach [illegible] problems. The [illegible] can be the hub youngsters of the hamlet will bring better acceptance of the messages. Non formal education can also be routed through Anganwadi. There is an Anganwadi in almost all the hamlets. This place is an ideal place for supplying cooked food to the women and children. Take Home Ration also may be distributed through the Anganwadi. Supply of "nutrimix" or "SAT mix" can be done to these Anganwadis. This can be cooked in local recipe for better acceptance. But there is severe shortage of drinking water in all these areas. This will hinder supply of cooked food at the Anganwadis. Availability of potable drinking water should be the first priority in all the hamlets for getting rid of the problem of nutritional deficiency in the tribal population. In the Nellipathi hamlet, they have taps that do not give them water. They dug a bore well and are now getting water every alternate day only that too during odd hours. They are paying for the electricity that they consume for pumping water from that well and they gain this money by contributions from the families inhabiting the hamlet.

TSH Kottathara

The team visited TSH Kottathara in the evening. This is an institution that can be equipped to provide good quality service to tribal people. There is sufficient space available. Now there are two gynaecologists. Number of deliveries taking place there was one or two before. Now the number has begun to increase due to presence of gynaecologists. But the

provision for Caesarean section should improve to bring about a sustainable change. This institution may be brought under KASH programme at the next possible opportunity. There is an operation theatre there. But there is no plumbing provision. Sterilization room has not been established even though there is a large sterilizer available. Electricity connection to the OT has not been established. Instruction has been given to the Asst.Biomedical Engineer, Junior Consultant (Engg) and Quality Assurance Officer to make proposals with budget estimate for providing the lacking facilities and to follow them up. There is no lift here to serve the patients especially antenatal. The labour room is upstairs and this is causing a lot of difficulties. There is [illegible] lift. This may also be considered as a priority. If sufficient facility with surety for [illegible] confidently for services.

In Tirunelveli, the water supply is [illegible] about three lakhs of litres required every day. But there is no sufficient [illegible]. There is a project to provide a filtration tank at the nearby river "Sruvani" to supply this hospital, but the work needs to be expedited on a war footing.

There is a blood storage unit running from the Drugs Controller here. The license is not issued because a visit by the Asst. Drug Controller of the district is due. Since [illegible] gynaecologists are posted and deliveries are increasing in number, this facility should be functional at the earliest. This also may be given top priority.

Bethany Hospital is a private hospital situated at Anaikatty. They are providing free services including delivery and Caesarean services free of cost to tribal women on [illegible] [illegible] can be given [illegible] the parents choose. 217 tribal deliveries have been conducted in that hospital in the last month free of cost. This institution does not provide JSY now. That hospital may be accredited by the District Medical Officer and JSY benefit may be extended to this hospital also. Since this hospital is located in the land of Tamil Nadu, this will require special sanction subject to condition that it will be provided only to the tribal women from Kerala.

There is still a segment of women especially in the deep forests who do not prefer to come to hospital for delivery. This will increase chances of maternal and infant mortality. In order to reduce such incidents in those hamlets, educated girls can be selected from among them with the help of Tribal Department. They can be given training on identifying risks during pregnancy and to conduct labour. They can advise the women of the risks and persuade them better to seek hospital support with better acceptance. If they are still reluctant, these trained girls can assist delivery in the hamlet. Delivery kits may also be provided to them for this purpose. This proposal may be considered favourably to implement.

regular IFA administration. Their weight gain during pregnancy is low. This is related not to anaemia alone, but to low intake of protein as seen in their low protein diet as a great extent. Anaemia is the major reason for premature delivery. But baby does not develop proper weight resulting mainly to low protein intake by the woman. Report of the State Mission [illegible] [illegible] also testifies to very low birth weight of babies even as low as 0.5kg. This deficit is [illegible] out of proportion to the anaemic status and more due to protein malnutrition. Children [illegible] [illegible] during breast feeding and suddenly dipping after introduction of supplem[illegible] [illegible] up [illegible]

[illegible] protein malnourishment [illegible] during pregnancy and infancy is the major contributing factor. Anaemia also contributes to it but to a lesser extent. So protein supple[illegible] given priority over iron supplementation. Interventions require to be remodeled in this direction.

Recommendations

Immediate Intervention

- NRC may be established [illegible] trained at the SAT hospital [illegible] [illegible] and ASHA may be trained to detect both protein and energy malnourishment. They should communicate to one another [illegible]
- MCP cards shall be filled for all the antenatal women. This must be monitored by the LHIs and the Medical Officers to ensure adequacy of service. If a case needing admission is identified, that shall be immediately informed to the Tribal Extension Officer.
- Tribal Department may be given the responsibility of mobilizing the case to the nearest Govt health facility as advised by the doctor or the health worker. If such cases are referred from a public facility or require transport back from such facility, the ambulance of the facility or a hired vehicle shall be engaged for the purpose by the Supt. Funds for this may be met from the Tribal Department.

Long term intervention

- Anganwadis are there in almost all hamlets. They may be established where there is none. Workers from the same hamlet may be engaged on priority as workers to these AWs. If this is not possible, an educated girl from the same locality shall be made translator at the AW. Health messages and non formal education in local dialect may be given through these AWs. [illegible] "nutrimix" or "SAT mix" may be made available [illegible] sufficient [illegible] Social Welfare Dept.