

SITHARA NEWSLETTER



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***Alone we can do
so little, together
we can do so
much.***

-Helen Keller

Dear Friends of Sirumalai ,
Greetings from Kodaikanal
where our days are currently filled with
grey clouds , mist and torrential rain.
Monsoon has arrived in our parts and
everything is lush and green post a
dreadful summer full of forest fires.
This is our first newsletter following the
formalization of SITHARA (Sirumalai
Initiative for Tribal Health and Rural
Affairs).

The team has been busy on the field with
ground work and we are happy to report
and share with you about the ongoing
work .

Hope you enjoy reading it

COMMUNITY DIALOGUES

What does it take to listen ? What does it take to understand ? What does it take to know ?

More than often as a new organization, we tend to act in haste with an intent to enter into an action mode. However, sooner than later the realization dawns that the need perceived by us for community might not be a need perceived by the community itself. So would it not be wise for the community to be stakeholders in the journey, an essence of 'swaraj' to be instilled in the community. What would be the way to do it? We questioned and felt why not listen to the community and understand first. So came up our **Community Dialogues**

We can't heal the world today but we can begin with a voice of compassion, a heart of love, an act of kindness.
-Mary Davis

Every Wednesday - The team (Dr Vivek and Mr Ramarajan , social worker) visited the tribal hamlets initially to identify the two hamlets that SITHARA shall work with this year . After identification of the two hamlets viz Kadugudadi in the lower Palanis and Samakadu Colony in the Adukkam Panchayat . We have been conducting Focused Group Discussions in these regions since April. The focussed group discussion have included village leader's meet , youth meet up, elderly farmers meet, women's group discussion, entitlement awareness meet.

Top priority problems identified were issues related to Livelihood and entitlement.

- 1. Inability to get a fair price for the non-timber forest produce and organic farm produce***
- 2. Inability to access finances necessary for cattle rearing***
- 3. Problems with firewood cooking***
- 4. Issues of entitlement - bureaucratic barriers in obtaining tribal community certificate***

were the primary causes of concern.

Understanding these needs SITHARA has made its maiden attempt towards initiating a Livelihood program in this hamlet on a small scale .



LIVELIHOOD SUPPORT PROGRAM

After multiple community dialogues, the felt need by the community was earmarked as issues WITH livelihood generation. A need to intervene in this sphere did arise .

SITHARA initiated

Project Siru-vanam on a pilot basis in one of the tribal hamlets .

- Twelve farmers from the tribal hamlet of Kadugadai were provided with 600 kg of organic turmeric for cultivation.
- A guided interaction with other organic farmers is being organized for these farmers on a monthly basis.

We are expected to harvest the turmeric during January and shall look at multiplying the seeds this time instead of processing them.



*There are two ways
of spreading light
:to be the candle or
the mirror that
reflects it.*

-Edith Wharton





There is no power
for change greater
than a community
discovering what it
cares about
-Margaret
Wheatley

COMMUNITY OUTREACH PROGRAM

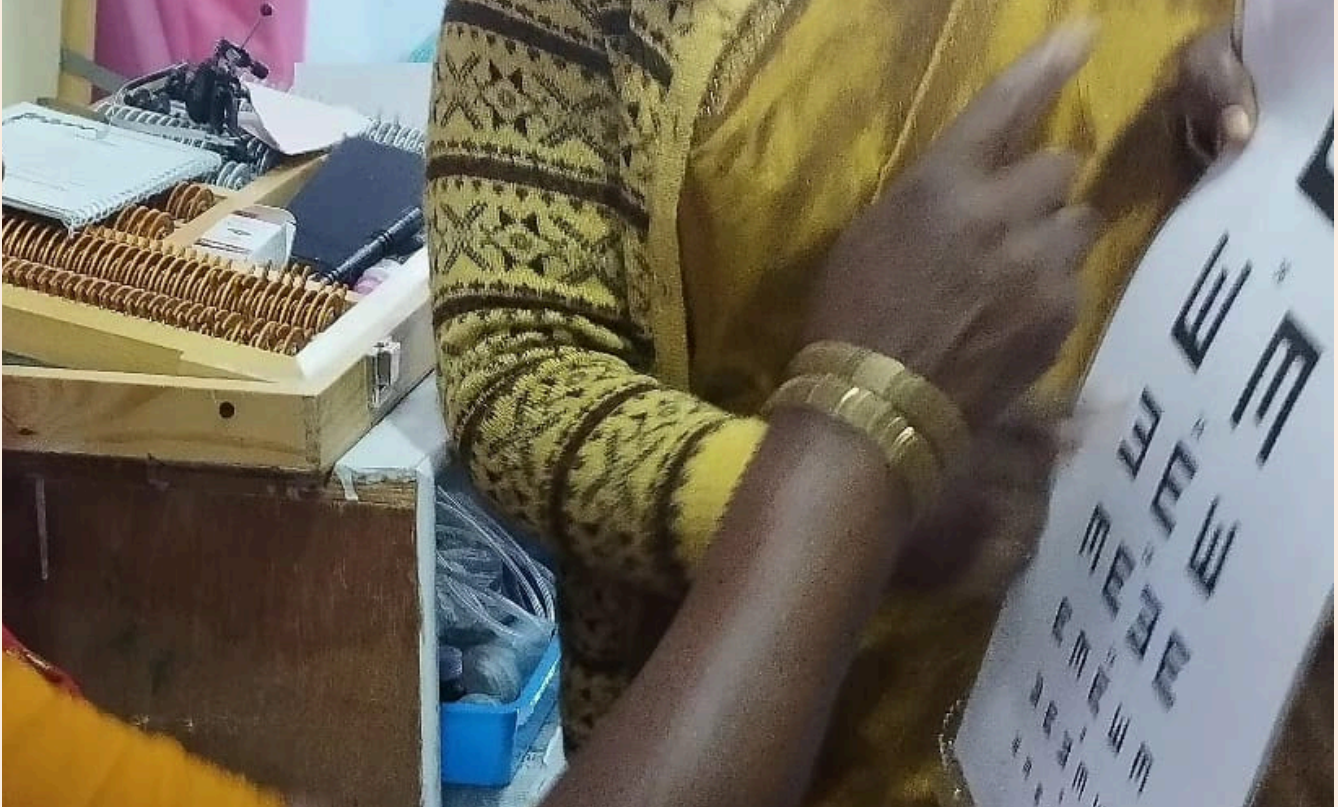
Every Tuesday at noon the outreach team drops the center based clinical responsibilities and heads out to the community to bring healthcare to the doorsteps of the individuals who can't access it at the center, especially for the elderly and women.

The outreach is currently focused in three tribal hamlets - Bharati Anna nagar , Samakadu colony and Palamalai. The team screens as well as follows up on the NCD care in the hamlets. Medications are provided for a monthly basis in these areas.

This program is highly appreciated by the elderly who are often dependent on children for mobility as well as general needs.



CATARACT FACILITATION PROGRAM



Mrs. Annathai ,55yrs, lives near Bharathi Anna Nagar. When she came for the first time she complained of her inability to see the avocado fruits in the farm she worked and her inability to pluck them . At times, her poor vision would cause her to slip and fall. Fortunately for her, she did not sustain major injuries . She underwent surgery in this quarter of the CFR and is doing well. She is happy that she is able to do her ADL and work without being afraid of fall.

Initiated in 2022, CFR is a popular program of SITHARA which has been received well with our community.

The elderly and farming population in our hills often tend to develop cataract early. SITHARA through its Sirumalai Trust Clinic has been conducting **cataract screening camps bi - monthly at the center. Those enlisted for surgery undergo free cataract surgery at Aravind eye care ,Theni after ensuring their fitness.**

This quarter fourteen people underwent surgery while six with refractive errors were encouraged to obtain low cost spectacles from Aravind eye care.

IMPACT STORY

One of the busy Tuesday mornings a petite lady came to our center, ***Mrs.Chinna papa complained of prolonged menstrual bleeding for 2 years and heavy menstrual bleeding over the last 6 months.***

On examination, she appeared very pale. Abdominal and gynecological examination showed a mass in the uterus of a size of 4-5 months pregnancy (18 weeks uterus size). She had been to multiple different hospitals in the foothills before coming to us . At places , she was supplemented on medications , at places suggested on surgery and finally, the family became scared of the financial expenses.

A little more prodding revealed , they were a tribal family living by doing agriculture work. Occasionally they would go for honey gathering.

Understanding that she might require surgical intervention at some stage . A stepwise approach was planned with the family.

Firstly treating her severe iron deficiency anemia along with measures to stop the heavy menstrual bleeding.

She had a hemoglobin of mere 7gm/dl so both injectable as well as oral Iron supplementation was provided.

Secondly a sonogram was required to see the pathology of the uterus to plan further intervention USG of the abdomen and pelvis to assess the size of fibroid which was done in Oddanchatram.

Third was a liaison with the nearest Medical college - OBGYN for surgical intervention plan.

A CM health insurance benefit card was facilitated for the patient , with which the patient can obtain surgery at a subsidized cost.

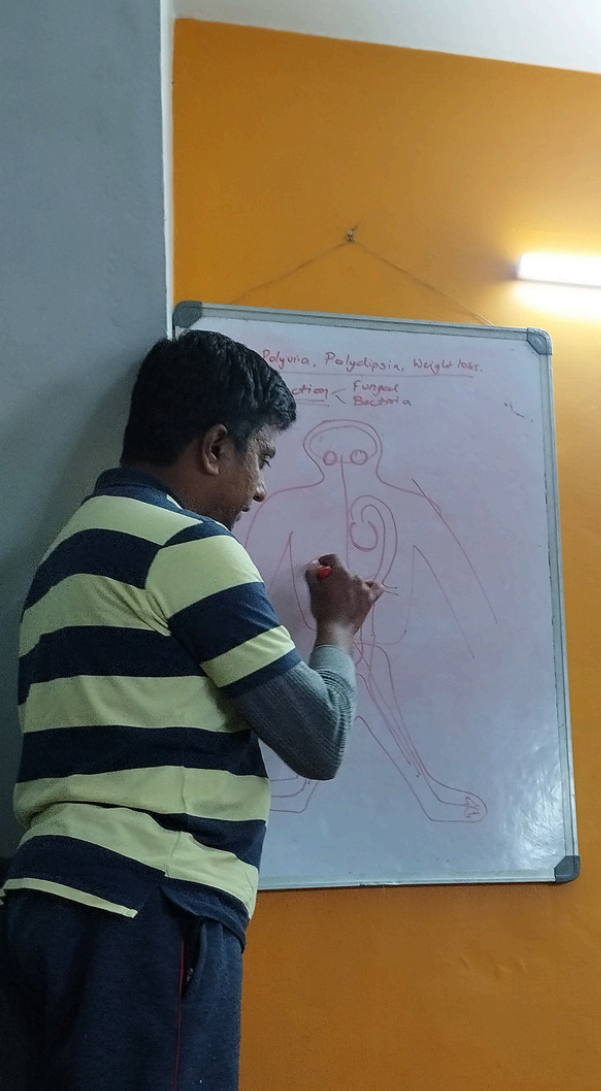
One fine Sunday when we drove to her village , we understood the terrain in which the Chinnapapa lives . Each time to travel to the center she patient has to walk (around 5 km)on foot to board a bus and then travel 15 km come over to the Trust Clinic .

The thoughts that cross our mind is that government primary care centers are located in different regions to make healthcare accessible but as health care providers do we look at people holistically? The effort they make to reach , what they have been through etc .Probably this is where understanding through a

biopsychosocial lens helps and our role of stepping in, taking responsibility and easing out the process of care might make a difference..



Visiting Mrs Chinnapapa in her village



TRAINING AND LEARNING

Each time a new staff joins it helps to repeat and reiterate to ourselves why we are doing what we are doing with all our staff

We also visited back to basics of nursing skills

- ***Making gauzes***
- ***I.V line placements***
- ***Performing point of care testing - CRP Card test***
- ***Myth busting and educating about Basics of Diabetes***
- ***Management of Influenza Like Illness***

SIRUMALAI TRUST CLINIC NEWS

- In the month of , STC received the certification of CLINICAL ESTABLISHMENT ACT from the Directorate of medical and rural health services and we all had a sigh of relief .
- Mrs Priya from BL Shed village joined us as a staff nurse and incharge of outreach clinics .
- Mr Pandian from Samakadu joined us as a part time Lab technician.

NUMBERS

SNO	INDICATOR	QUARTERLY REPORT STC (April –June)	Sirumalai health center
1	FOOTFALL	1291	2463
	ELDERLY	272	468
	TRIBAL	22	–
	PAEDIATRIC	160	208
2	NCD CARE	180	562
	I.DIABETES MELLITUS	69	287
	II.HYPERTENSION	51	130
	III.RHEUMATOID ARTHRITIS	18	55
	IV COPD	35	72
	V.SEIZURE	5	8
	VI CAD	2	10
3	OUTREACH SERVICES		NA
	NUMBER OF VISITS	9	
	NO OF BENEFICIARIES		
4	OTHER SERVICES		
	PHYSIOTHERAPY	41	424
	PALLIATIVE CARE	3	1
5	CATARACT FACILITATION PROGRAM		NA
	SCREENING	28	
	SURGERY DONE	14	
	REFRACTIVE ERROR	6	

SUPPORT US

If you wish to financially support any of the projects of SITHARA you can send your donations to

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