

Milestones of Participatory Tribal Health Program: Evolution of services and activities:

Year	Activity / Services
1987	<ul style="list-style-type: none"> • A sample survey of Sickle cell carried out by SEARCH in Gadchiroli showing the prevalence of sickle cell to be 15% in the district, with more than 6,000 homozygous cases of anemia in the district.
1988 - 1993	<ul style="list-style-type: none"> • Spearheaded the successful movement against brewing and selling of liquor in the district leading to declaration of complete prohibition in the district.
1993-1998	<ul style="list-style-type: none"> • Conducted series of meetings with the tribal communities and representatives from 50 villages to identify their health priorities, the available avenues of treatment and difficulties in care seeking. Starting the tribal friendly hospital at Shodhgram. • Emergency medical care was provided for patients especially for child birth, cerebral malaria and snake bites in the hospital at Shodhgram.
1998	<ul style="list-style-type: none"> • First Tribal Health Assembly held at Shodhgram, the campus of SEARCH. • Resolution passed calling for regular Gram-Sabha.
1999	<ul style="list-style-type: none"> • In the Tribal Health Assembly 165 representatives from 38 villages participated. The Ballot Box identifies Malaria as the key concern of the tribal communities followed by back / joint pains, diarrhea / dysentery, scabies, sexually transmitted diseases, risk during pregnancy, white discharge, pneumonia, malnutrition and sterility. • The prioritization by the tribal representatives was based on the burden of the problem, the inability of adults to work if afflicted by the morbidity and the resultant economic loss and reduction in the earning ability. • The resolution passed to select and train DanteshwariSewaks / Sewikas (Community Health Workers) for managing these health priorities.
2000	<ul style="list-style-type: none"> • Resolution passed in the Tribal Health Assembly to start program to reconstruct the Gotuls (Traditional Community Centers) in villages. • Resolution passed in the Tribal Health Assembly to involve the traditional healers of the tribal villages in managing the key morbidities, especially malaria. • Selling of insecticide treated mosquito nets in 25 villages for malaria prevention. • Youth provided free volleyballs and nets for games and sports tournaments started for tribal youth in the villages. Formation of 10 `GotulSamiti' (Tribal Community Centre) in 10 villages, thereby initiating sports activities for youth in these villages. • The community representatives elected five volunteers from the 62 voluntary health workers to be supervisors of 10 villages respect each.
2001	<ul style="list-style-type: none"> • Insecticide Treated Nets (ITNs) made available to all villages • Health education of women through PowerPoint presentations in villages
2003	<ul style="list-style-type: none"> • Started village micro-lending system (fund system) to encourage financial independence, called <i>Gram Kosh</i>.
2005	<ul style="list-style-type: none"> • Started the work to improve the conditions of the Korma, including increasing the size, providing ventilation, and providing bathroom facilities. • Created a model of cleaner cattle sheds to reduce the incidence of malaria in people, and foot disease in animals (<i>Kupanarvillage</i>). • Worked on raising awareness to eliminate the practice of human sacrifice from 45 tribal villages (<i>Dhanora</i> block).
2006	<ul style="list-style-type: none"> • Worked with Gram-Sabha to enforce the ban on Gutka (Kharra), liquor, tobacco • Provided training to tribal youth in RTI (Right to Information Act), NAREGA (National Rural Employ Guarantee Act), Gram-Sabha and PDS (Public Distribution System)

2009	<ul style="list-style-type: none"> • Extensive training on NAREGA and job skills. (EGS – job cards, bank accounts, work measurement training).
2010	<ul style="list-style-type: none"> • Worked for creating drinking water facility and wells in the villages through the district administration. • A protest resolution passed by the tribal leadership against the approval from Maharashtra government of 36 factories for making alcohol from food grain, mahua and fruits. • Facilitated delivery of BPL (Below Poverty Line) card to deserving tribals. • Started the Community Health diagnosis camp in tribal villages providing care for morbidities such as surgical, gynecological, medical, pediatric, ANC, Malaria, arthritis, Dermatitis, Bronchitis and Gastro enteritis.
2011	<ul style="list-style-type: none"> • Conducted the training of Gram Sangis, to represent the village regarding RTI filing on NAREGA, PDS and FRA • Health volunteers sent by SEARCH to train on prevention of diarrhea and take surveys
2012	<ul style="list-style-type: none"> • Started the mobile medical unit program for 45 villages • Provided malaria health education meetings held- promoting bed net use, sale, treatment and promoting shramdan • Arranged camps for providing caste certificate ad other useful government schemes for tribal.
2013	<ul style="list-style-type: none"> • Distributed 6000 insecticide treated bed nets to prevent malaria with support from the Govt. of Maharashtra.

Some of the RTIs filed by the Gram Sangis trained in SEARCH

Village	Information sought on
Mahawada	Drain construction
Udegaon	Watershed development
Paraswadi	Drain construction
Gathanyeli	Cement road construction
Katchkal	NREGA estimate
Pathargota	NREGA estimate
Suranda	Cement road
Tulmail	D 1- Registration
Gota	NREGA pond construction
Rengatola	NREGA pond construction
Gota	Planning chart and functioning of PDS
Yelesgondi	Planning chart
Bhaendikanar	ZilaParishad school teacher complain, Tendu leave bonus
Kupaner	Planning chart
Mendha	Distribution of Kerosene
Tevetola	Functioning of PDS
Gathaineli	Functioning of PDS