“HOW TO COPE UP PROBLEMS IN REMOTE VILLAGES AND TRIBAL AREAS WHILE TAKING GOVT. PROGRAMMES WITH SUCCESS STORIES”

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No doubt that there are wonderful schemes of the Government of India and AP State Government and all built for the progress of the poor. But how far these schemes and programmes reach the target population is a million dollar question.!!!!!!!!!
The Scenario in tribal pockets and remote villages is absolutely different from our perception.
The word „tribe” is generally used for a socially cohesive unit, associated with a territory, the members of which regard them as politically autonomous. Different tribes have their own cultures-dialects, life styles, social structures, rituals, values, etc.
In the rural areas, a pregnant woman was carried by the family members on cot for three kil.

• In the tribal areas, a pregnant woman is carried by the family members on cot for delivery.
The success story of the seven-state IDD survey in India

Prof. Chandrakant Pandav, ICCIDD Regional Coordinator for South Asia, delivered the honorary Rajam Oration at the annual meeting of the Indian National Academy of Medical Sciences (NAMS) in Chennai on 14 October 2012. The oration was as follows:
The success story of the seven-state IDD survey in India “IDD constitutes the single largest cause of preventable brain damage worldwide. In India the entire population is prone to IDD due to deficiency of iodine in the soil and consequently the food derived from it. An estimated 350 million people are at higher risk of IDD as they consume salt with inadequate iodine. Every year, nine million pregnant women and eight million newborns are at risk of IDD in India.
The four-pronged approach to fighting the removal of the ban consisted of writing advocacy documents, meeting with stakeholders, campaigning in the media, and tracking of universal salt iodization (USI) in the states through state iodine status surveys. But effective advocacy and media campaigns were hampered by a lack of scientific data substantiating the magnitude of IDD in India. To address this gap, state level iodine status surveys were planned in seven states of India and were executed over the subsequent five years in collaboration with various national and international stakeholders.
The state level IDD surveys were carried out in seven states (Kerala, Tamil Nadu, Orissa, Rajasthan, Bihar, Goa and Jharkhand) from 2000 to 2006 by ICCIDD in collaboration with state medical colleges, Micronutrient Initiative Initiative (MI) and UNICEF. Children in the age group of 6–12 years, women in the household, retail shop keepers, and other community stakeholders constituted the study population. All three indicators, total goiter rate (TGR), urinary iodine concentration (UIC), and iodine content of salt (household and retail), were studied. TGR ranged from 0.9% in Jharkhand to 14.7% in Goa. The median UIC ranged from 76 µg/L in Goa to 173.2 µg/L in Jharkhand.
The household consumption of adequately iodized salt (≥15 ppm) ranged from 18.2% in Tamil Nadu to 91.9% in Goa. These state level IDD surveys are the only sub-national level IDD surveys in India where all three indicators of iodized salt coverage were assessed concurrently. These surveys provided valuable reliable scientific data to back up the urgent need to reinstate the ban and aided in convincing the wider scientific community and policy makers regarding the need for the same. These surveys also aided in capacity building at state level, which will provide the necessary impetus to sustain USI. The ban on the sale of non-iodized salt was finally reinstated in May 2005.” His Excellency Governor of Tamil Nadu Mr. K. Rosaiah presenting the award of the R.V. Rajam Oration to Dr. Chandrakant S. Pandav Prof. Chandrakant Pandav, ICCIDD Regional Coordinator for South Asia, delivered the honorary Rajam Oration at the annual meeting of the Indian National Academy of Medical Sciences (NAMS) in Chennai on 14 October 2012. The oration was as follows
IDD SALT LOGO
SMILING SUN
Iodine deficiency disorders and Soil:

- **Iodine deficiency disorders (IDD)** refer to all of the consequences of iodine deficiency in a population that can be prevented by ensuring that the population has an adequate intake of iodine.

- IDD's – Disease of soil. Iodine present in top soil is constantly leached-
  iodine deficient crops- Iodine deficient food- IDD in humans and animals.
Various stakeholders: IDD

- NGOs
- IDD Experts
- Consumers
- Agriculturalist
- Salt Industry
- Government
- Policy Makers
- Educators
- Consumers
Tribals in daily work....
1. What is a Success Story?
2. What’s the purpose of the Success Story?
3. To who the Story is meant for?
4. Will it be short? Or long?
5. Will it carry visuals? Photos?
6. How effective is the story?
A MODEL SUCCESS STORY
PUBLICITY MATERIAL ON IDDs

Directorate of Field Publicity, Ministry of I&B, Govt. of India - SRIKAKULAM
GOVT. SCHEMES AND PROGRAMMES

- Govt. schemes and programmes:
  - MISSION INDRADHANUSH
  - SARVA SIKSHA ABHIYAN
  - MID DAY MEAL
  - JANANI SURAXAYOJANA
  - B.B.B. P
  - R.N.T.C. P
  - P.P.I
IEC & COMMUNICATION TOOLS

- * VERBAL COMMUNICATION:
  - PRINT
  - ELECTRONIC MEDIA
  - TRADITIONAL MEDIA
BARRIERS OF COMMUNICATION

- The use of jargon
- Emotional barriers and taboos
- Lack of attention, interest, distractions or irrelevance to receiver.
- Differences in perception and viewpoint
- Physical disability, such as hearing problems or speech difficulties.
COMMUNICATION

1. VERBAL COMMUNICATION
2. NON VERBAL COMMUNICATION
3. WRITTEN COMMUNICATION
4. VISUAL COMMUNICATION
Barriers

- Language, psychological, physiological
- Physical and attitudinal barriers

Overcoming Barriers:

1) Active listening
2) Use simple language
3) Give constructive feedback.
Thank you
Happy new year.
Dr. gk