NEED
NATIONAL ENVIRONMENT & EDUCATION DEVELOPMENT

Health Sector Experience Profile

Three decades of community health, disability rehabilitation, tribal healthcare, maternal health and disease-prevention programmes across Andhra Pradesh & Odisha — serving communities since 1998.

08+	25+	60,000+
MAJOR HEALTH PROGRAMMES	YEARS OF SERVICE SINCE 1998	LIVES IMPACTED IN HEALTH

Cumulative Health-Sector Impact

11,235	14,302	23,000	2,047
Patients Examined & Treated with Mobile Medical Units	Disabled Persons Screened (DDRC)	Urban Slum Residents Covered with UHC	Pregnant Women Admitted in YTC

ORGANISATIONAL EXPERTISE

Community Health Outreach	Tribal Healthcare Delivery	Maternal & Child Health
Mobile Healthcare Services	Disability Rehabilitation	Disease Prevention & Awareness
Behaviour Change Communication (BCC)	Health System Strengthening	Last-Mile Healthcare Access

Table of Contents

Seven flagship health & rehabilitation programmes, 2007 – 2026

01 **Mobile Medical Unit (MMU) Programme**
Tribal & Rural Mobile Healthcare Outreach

02 **Urban Health Centre (UHC) Programme**
Urban Primary Healthcare, Salur Municipality

03 **Deformity Preventive Medical Rehabilitation (DPMR)**
Leprosy Disability Prevention & Rehabilitation

04 **District Disability Rehabilitation Centre (DDRC)**
Community Disability Rehabilitation, 34 Mandals

05 **Revised National TB Control Programme (RNTCP) IEC**
Community Health Communication, 4 Districts

06 **Hill-Top Pregnant Women's Hostel Programme**
Tribal Safe Motherhood Initiative, YTC Salur

07 **IEC & Kalajatha Tribal Health Awareness**
Community Health BCC, Parvathipuram Manyam District

“Sanctioned by government health departments and international donor partners, NEED's health portfolio combines last-mile outreach with sustained, government-aligned systems strengthening across tribal, rural, slum and hill-top geographies.”

01

Mobile Medical Unit (MMU) Programme

Tribal & Rural Mobile Healthcare Outreach Initiative

Supported By	National Rural Health Mission (NRHM), Govt. of India
Coverage	Pachipenta, Salur, Makkuva & R.B. Puram Mandals, Parvathipuram Manyam District
Team Deployed	Medical Officers, Staff Nurses, Laboratory Technicians, Field Support Staff
Implementation Year	2007 – 2015

Programme Overview

Sanctioned by the Andhra Pradesh Health Department, the MMU Programme has bridged critical healthcare access gaps in geographically isolated tribal and interior rural communities since January 2007. As documented across NEED's early annual reports, Medical Officers and staff were appointed as per Health Department guidelines to run mobile clinics equipped with diagnostic and clinical tools, delivering preventive, promotive, diagnostic, curative and emergency healthcare directly at the community doorstep in Pachipenta, Salur, Makkuva and R.B. Puram Mandals of Parvathipuram Manyam District.

360	11,235	200+	8+
Medical Camps Conducted	Patients Examined & Treated	Villages Covered	Years Operational

Healthcare Services Delivered

Preventive & Maternal Health

- Immunisation support, ANC & PNC services
- Maternal healthcare counselling & child health monitoring
- Community health awareness & preventive education

Diagnostics & Screening

- Haemoglobin, urine albumin/sugar & microscopic exams
- Malaria smear examination in tribal endemic zones
- TB, leprosy & other endemic disease screening
- ECG & ultrasonography via the mobile unit

Curative & Emergency Response

- OPD treatment for minor ailments & geriatric cases
- Referral support to government hospitals
- Emergency mobilisation during outbreaks & disasters

Programme Milestones

2007	2009-15	360	2015
MMU services launched under NRHM in Pachipenta, Salur, Makkuva & R.B. Puram Mandals	Sustained monthly camp cycle established across both mandals	Cumulative medical camps conducted over the programme's lifetime	Programme successfully completed after eight years of continuous mobile healthcare delivery

Operational strength — deep penetration into hard-to-reach interior tribal villages, with strong coordination maintained between NEED field teams, PHCs, CHCs and the Andhra Pradesh Health Department across the programme's eight-plus years of continuous service.

02

Urban Health Centre (UHC) Programme

Community-Based Urban Primary Healthcare — Salur Municipality

Supported By	National Urban Health Mission (NUHM) / AP Health Department
Location	Salur Municipality, Vizianagaram District
Population Covered	16,600 – 23,000 urban slum residents across 9–11 slum communities (year-on-year variation)
Implementation Year	2009 – 2016

Programme Overview

Sanctioned by the Andhra Pradesh Health Department, this long-running UHC Programme strengthened urban primary healthcare delivery in vulnerable slum communities through preventive, promotive and curative services. NEED deployed Medical Officers, ANMs, a Community Organiser and a Project Coordinator for sustained household-level outreach and maternal & child healthcare management, and additionally covered 10 Municipal High Schools and the APWSR Residential Hostel/College with regular health & medical check-up camps, recording each student's height and weight.

1,50,000+	23,000	1,796	1,601
Outpatient Health Consultations	Urban Slum Residents Covered	ANC Cases Supported	PNC Cases Supported

Key Services Delivered (2009 – 2016)

Maternal & Child Health

- Antenatal Care (ANC) & Postnatal Care (PNC) — continuous tracking
- 1,638 Vitamin-A supplementation beneficiaries
- 650 family-planning cases facilitated
- Child immunisation support & nutrition monitoring
- High-risk pregnancies identified & referred to CHCs/hospitals

Community Outreach & Awareness

- 272 counselling sessions + 272 ANC outreach programmes
- 340 mass community meetings conducted
- 152 Mother Committee meetings for community engagement
- 68 Advisory Committee meetings with health authorities
- 10 Municipal High Schools + APWSR Hostel covered for school health check-ups

Programme strength — near-uninterrupted service delivery from February 2009 onward — one of NEED's most consistently reported health platforms — sustained through close coordination with the AP Health Department and CHCs, and near-100% annual target achievement across key maternal-health indicators in several reporting years.

Programme Milestones

2009	2009-16	1,50,000+	2016
UHC launched under NUHM/AP Health Department at Salur Municipality	Continuous ANC/PNC and outreach service delivery across 9–11 slum communities	Cumulative outpatient health consultations delivered over the programme's lifetime	Programme successfully completed after seven years of continuous urban primary healthcare delivery

03 Deformity Preventive Medical Rehabilitation (DPMR)

Leprosy Prevention, Disability Management & Rehabilitation

Supported By	Fontilles, Netherlands / Spain (successor to Gandhi Memorial Leprosy Foundation support)
Partners	Gandhi Memorial Leprosy Foundation (GMLF), New Hope Rural Leprosy Trust, Government Health Systems
Location	Chilakalapalli, Vizianagaram District — 6 High-Endemic PHC clusters
Implementation Year	2018 – 2021

Programme Overview

Building on the legacy of the Chilakalapalli Leprosy Project — first established by GMLF, Wardha in 1953 and later supported through DFIT, New Hope Rural Leprosy Trust and, from 2018, a dedicated Fontilles-supported DPMR Field Unit — the programme strengthened community-based leprosy detection, disability management and rehabilitation across six endemic PHC clusters of Vizianagaram District. A leprosy-trained paramedical worker coordinates closely with ASHA/health staff to strengthen referral services, enable early-stage case detection and support field-based DPMR services, with complicated cases referred to the Fontilles Referral Centre at Chilakalapalli for reconstructive surgery, steroid therapy and self-care training.

Key Achievements & Impact	
OPD Patients Treated	**557**
New Leprosy Cases Confirmed & Referred	**52 (19 MB / 33 PB)**
In-Patient Ulcer-Care Episodes	**64**
Ulcer Cases Successfully Healed	**43**
Disability Cases (Grade I & II) Followed Up	**292 of 314**
Patients Trained in Self-Care Practices	**282**
Protective / MCR Footwear Distributed	**119**
Disability Pension Beneficiaries Linked	**247 (85%)**

Key Interventions

Clinical & Referral Services

- Early detection through PHC/ASHA/ANM coordination
- OPD consultation, in-patient ulcer care, neuritis & reaction management
- Steroid therapy supervision & nerve function assessment
- Reconstructive surgery (RCS) referral support

Disability Prevention

- Grade I & II disability follow-up; home-based self-care training
- Self-care kits, protective & MCR footwear distribution
- Custom foot-maps collected for podiatric footwear

Community & System Strengthening

- Disability care camps with assistive-device distribution
- School health surveys — 46 schools, 3,031 children screened
- 6 training programmes for 844 frontline health staff & ASHAs
- Social protection linkage: pensions & AAY food security

Continuity of care — NEED's role at Chilakalapalli began in 2018 with the Fontilles-supported DPMR Field Unit, building on the site's seven-decade leprosy-care legacy under earlier custodians — GMLF's 1953 project, DFIT and the New Hope Rural Leprosy Trust — and now sustains that community trust across the six-PHC project area.

04 District Disability Rehabilitation Centre (DDRC)

Comprehensive Disability Rehabilitation & Social Inclusion

Supported By	Ministry of Social Justice & Empowerment, Government of India
Location	Vizianagaram District — 34 Mandals, 144+ Villages
Implementation Year	2010 – 2019
Reach	14,302 persons screened | 2,429+ assistive devices & aids distributed

Programme Overview

Approved by the Ministry of Social Justice & Empowerment, the DDRC Programme delivered district-wide integrated rehabilitation services covering early identification, physiotherapy, assistive devices, surgical support, education inclusion and livelihood linkages across rural and tribal habitations of Vizianagaram District. Door-to-door surveys were progressively expanded — from an initial 10 mandals in 2011-12 to all 34 mandals in later years — with aid distribution donated in partnership with Gurudev Charitable Trust, Krushi Orthopedic Centre, Shankar Foundation and several schools for the disabled, deaf and blind.

14,302	5,040	2,429+	168
Persons Screened	Disability Certifications	Assistive Devices Given	Surgeries Facilitated

Key Interventions & Achievements

Medical & Rehabilitation Services

- 289 village-level + 186 mandal-level assessment camps
- 125 medical board mobilisation camps facilitated
- 265 physiotherapy service sessions conducted
- 467 counselling interventions delivered
- 632 persons referred for corrective surgery; 168 operated

Community Outreach & Inclusion

- 215 meetings with parents of children with disabilities
- 353 meetings with disability support groups
- IEC campaigns across 281 villages
- World Disability Day & World Blindness Day programmes annually

Assistive Devices Distributed (consistent totals reported 2015-16 to 2018-19)

Assistive Device	Tricycles	Wheelchairs	Hearing Aids	Hand Sticks	Crutches	Artificial Limbs
Distributed (cumulative)	518	432	289	204	86	68

Social Protection & Livelihood

- 2,856 bus-pass applications + 1,675 train-concession applications facilitated
- 995 scholarship mobilisations supported for children with disabilities
- 1,562 persons mobilised for self-employment / loan linkage; 165 successfully linked

District-wide reach — door-to-door surveys expanded from 10 mandals in the programme's first phase (2011-12) to the full 34 mandals of Vizianagaram District in later years, delivered through sustained convergence with the District Management Team, PHCs and partner rehabilitation institutions.

05

Revised National TB Control Programme (RNTCP) IEC

Community-Based Tuberculosis Awareness & Behaviour Change Communication

Supported By	State TB Control Society / DTCOs & DM&HOs
Coverage	4 Districts — Vizianagaram, Srikakulam, Visakhapatnam, East Godavari
Focus	TB prevention, early diagnosis, stigma reduction & treatment adherence
Implementation Year	2007 – 2010

Programme Overview

NEED implemented large-scale IEC activities under the Revised National Tuberculosis Control Programme (RNTCP/RNTP) across four districts of Andhra Pradesh, supporting the national target of achieving and maintaining at least an 85% cure rate among newly detected infectious TB cases. The programme targeted rural, tribal, slum and vulnerable communities through multi-media behaviour-change communication, and was later followed by NEED's TB/HIV-AIDS sensitisation meetings as a continuing community-health thread.

144	4,320	4	85%
IEC Activities Conducted	Community Members Reached	Districts Covered	National Cure-Rate Target

Interventions & Communication Strategy

Awareness Focus Areas

- TB symptoms, early diagnosis, free-treatment availability
- Treatment adherence & infection-control education
- TB/HIV co-infection awareness
- Stigma reduction in rural and tribal communities
- Village meetings, community sensitisation, public campaigns

Multi-Media IEC Tools Used

- Posters, stickers, flipcharts, pamphlets, hoardings, banners
- Short films, public-transport bus campaigns, exhibitions
- Wall paintings, diagnostic display & treatment charts
- Local & print media campaigns
- Culturally sensitive rural and tribal outreach methods

Government convergence — implemented in close coordination with DTCOs and DM&HOs across four districts, enabling a multi-district programme roll-out with consistent messaging and strong community-level participation.

Programme Footprint

Vizianagaram	Srikakulam	Visakhapatnam	East Godavari
Primary district of operation, tribal & rural sub-plan mandals	Multi-district IEC roll-out coverage	Multi-district IEC roll-out coverage	Multi-district IEC roll-out coverage

06

Hill-Top Pregnant Women's Hostel Programme

Tribal Safe Motherhood, Institutional Delivery & Emergency Care

Supported By	Integrated Tribal Development Agency (ITDA), Parvathipuram
Location	YTC, Salur — serving 12 Mandals, 141 Villages
Coverage	Remote hill-top tribal areas: Pachipenta, Salur, Makkuva, Komarada, Parvathipuram & more
Implementation Year	2022 – 2026

Programme Overview

To address critical maternal-health risks among tribal women in geographically isolated hill-top villages, NEED established a specialised Pregnant Women's Hostel at YTC, Salur. Tribal women from remote villages are admitted from the 7th month of pregnancy, receiving residential care, nutritional support, medical monitoring, counselling, yoga sessions and emergency ambulance services — ensuring near-total safe institutional delivery. Since the programme's ITDA-supported scale-up, admissions have grown steadily year on year, as recorded consistently across NEED's 2021-22 through 2025-26 annual reports.

2,049	2,044	12	141
Pregnant Women Admitted	Institutional Deliveries	Mandals Covered	Villages Reached

Key Services & Delivery Outcomes

Residential Maternal Care

- Safe boarding & lodging from 7th month through postnatal stabilisation
- Nutritional food support, hygiene & sanitation facilities
- Regular ANC monitoring, medical check-ups & high-risk identification
- Referral support to PHCs and area hospitals
- Yoga, wellness sessions & psychological counselling

Delivery & Emergency Outcomes

- 2,044 institutional deliveries — near-total delivery rate
- 1,696 normal deliveries + 346 LSCS (Caesarean) deliveries
- Emergency ambulance system maintained for complications
- Salur Area Hospital integration for emergency referrals
- Consistently low maternal-complication caseload across reporting years

Mandal-Wise Coverage Highlights

Mandal	Salur	Pachipenta	Makkuva	Ramabhadrapuram	Other Mandals
Beneficiaries	1,003	800	108	108	30

07

IEC & Kalajatha Tribal Health Awareness

Community Health Communication & Behaviour Change — Tribal Areas

Supported By	Integrated Tribal Development Agency (ITDA), Parvathipuram
Coverage	7–8 Mandals — Parvathipuram Manyam District (Sub-Plan Tribal Area)
Target Group	PVTG Villages, Remote Tribal Habitations, Hill-Top Communities
Implementation Year	Continuous — ongoing tribal health awareness initiative

Programme Overview

ITDA Parvathipuram sanctioned a series of Kalajatha-based IEC programmes targeting Primitive Vulnerable Tribal Groups (PVTGs) across Parvathipuram Manyam District. Using traditional tribal folk songs, stage theatre and community performances — instead of conventional health communication — the programme achieved deep penetration into communities with limited access to formal health-education systems. NEED's most recent (2025-26) round of the programme expanded the thematic scope to include dengue, malaria and other seasonal diseases, Sickle Cell Anaemia screening, institutional deliveries and sanitation & hygiene, alongside its long-standing focus on child-marriage prevention and adolescent health.

1,200+	7	200
Kalajatha Programmes	Mandals Covered	Villages Targeted in 2025-26

Awareness Themes & Interventions

Health Awareness Campaigns

- Institutional-delivery promotion — maternal safety awareness
- Sickle Cell Anaemia — symptoms, testing & early treatment
- Safe hand-washing & personal-hygiene disease prevention
- Dengue, malaria & other seasonal-disease prevention (2025-26 scale-up)
- Medical & Health Department officials co-facilitated sessions

Social Protection & Rights

- Child-marriage prevention — legal & health consequences
- Adolescent health and girls' education promotion
- Programmes conducted at tribal Sandies (markets) & Ratchabandas
- Culturally rooted communication for maximum community uptake

Unique programme strength — the Kalajatha approach — combining folk music, stage drama and community storytelling — is NEED's proven model for reaching the most socially isolated tribal populations. Embedding health messages within traditional cultural formats has achieved sustained community engagement in areas where conventional IEC methods have limited effectiveness.

About NEED — Established in 1992 and registered under the Societies Registration Act 1860 (No. 185/1998), National Environment & Education Development (NEED) has, over more than three decades, implemented government-supported and donor-assisted programmes in health, disability rehabilitation, tribal welfare, child protection, education, livelihoods and environment across Vizianagaram, Parvathipuram Manyam and neighbouring districts of Andhra Pradesh, with recent expansion into Kalahandi District, Odisha. | **Contact:** needvo@gmail.com · www.needorganisation.com · Jeypore Road, Salur – 535591, Parvathipuram Manyam District, Andhra Pradesh.