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International Journal For Research in  
Applied Science and Engineering Technology



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# INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY

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**Volume: 7      Issue: VI      Month of publication: June 2019**

**DOI: <http://doi.org/10.22214/ijraset.2019.6021>**

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# Amenities of Tribal Health Centers in Andhra Pradesh (With Reference to ITDA KR PURAM, West Godavari District of Andhra Pradesh)

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**Abstract:** According to the view of Roy Burman (1971) India is a land of castes and tribes. According to an estimate there are about 427 tribal groups in the Country. Anthropological Survey of India (1967) has estimated the number at 314 considering a number of tribes to be the constituents of a group of tribes designated by a common name such as the Gonds, the Bhils, etc. In 1950, the number of scheduled tribes was 212. This number increased in 1956 with the revised list up dates till on date. Hence, Government implemented number of schemes for development of tribal communities, but the result is lower than expected way, in which tribal administration vastly improved after creating development institutions. The objective of Government of India concentrates towards all round development of tribal communities, in which establishment of Integrated Tribal Development Agencies in India. In this process ITDAs mainly focus to eradication of poverty while, educational empowerment along with health of tribal communities especially women and Primitive Venerable Tribal Groups like Konda Reddys, in ITDA KR Puram. The main schemes implemented by ITDAs include education, minor irrigation, soil conservation, horticulture, fisheries, sericulture, medical and health and provide necessary infrastructure for social support services while economic development. Usually, majority of the tribal communities with scarce resources that they spend mainly on food, clothing and shelter. As a result, they have no money left to spend on health and are fighting a constant battle for survival and health. The present study insists concept of tribal health in ITDA level which supports to evaluate the amenities enlargement in health conditions while creates healthy environment health centres in ITDA KR Puram, West Godavari of Andhra Pradesh.

**Key words:** Primary health centre, Tribal communities, diseases, infant mortality rate, maternal mortality rate

## I. INTRODUCTION

The greatness of India described as a melting pot of races and tribes. In the word of Roy Burman “India is a land of castes and tribes”. India has the second largest concentration of tribal population in the world next to Africa in the world. In 1958, the first Prime Minister of India; Jawaharlal Nehru laid emphasis on tribal development. Tribal people are expectant to develop their own cultural patterns rather than imposing advanced culture upon them. Tribal rights to lands and forests should be respected and protected. Efforts should be made to prepare and train local people to take over the regions' administrative tasks rather than assigning responsibility to outside officers and agencies. Generally, uneducated interior tribal communities neglect health due to belong to below poverty line.

The tribal Sub-Plan approach and ITDA had come into operation from the fifth Five Year Plan. The State of Andhra Pradesh was the first to adopt this model, from 1975 while continued 2030 most priority in tribal health. The ITDAs are registered as an autonomous society, fully sponsored by the Tribal Welfare Department, and headed by a Project Officer who has a senior administrator, from Indian Administrative Service officer.

Health is cherished as highly valued resource and a goal that every human being aspires for in order to perform his role effectively and efficiently in the society. Health care is one of the most important of all human endeavors to improve the quality of life, especially of the tribal people (Balgir, 1997; 2005a).

According to the 3<sup>th</sup> National health survey depicts 64 percent of child suffered anemia less than 5 years for non tribal areas, but tribal areas 74 percent. Now, 44 percent of tribal child do not take immunization properly vaccines enclosed by 4<sup>th</sup> National health survey. However, ITDA KR Puram established in 1986, it can implement number of health schemes and inculcated healthy habit for tribal communities. The present study focused by tribal health problems and amenities arranged by Health centers in ITDA KR Puram.

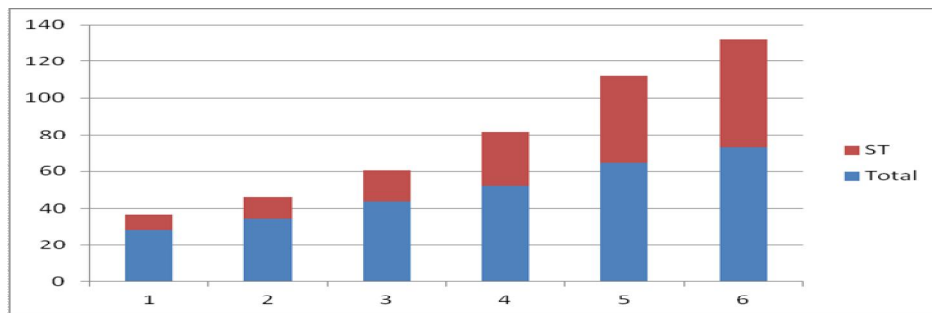
Table1.1

Statement showing the details of literacy rate of all Social Groups and ST population in INDIA( 1961 to 2011)						
Year	All Social groups			Tribal Community (ST)		
	Male	Female	Total	Male	Female	Total
1961	40.40	15.35	28.30	13.83	3.16	8.53
1971	45.96	21.97	34.45	17.63	4.85	11.30
1981	56.38	29.76	43.57	24.52	8.04	16.75
1991	64.13	39.29	52.21	40.65	18.19	29.60
2001	75.26	53.67	64.84	59.17	34.76	47.10
2011	80.89	64.64	72.99	68.53	49.75	58.96

Source: Census 2011

Enunciate the table 1.3 depicts trends of total literate rate and respective tribal literacy rate from 1961 to 2011. It can be evidence from the table total literacy rate increased from 28.30 to 72.99 percent, while tribal literacy rate 8.53 to 58.96 percent six decades of Indian population It reveals 157.92 percent and tribal literacy growth rate 591.21 times, it is favourable condition.

Picture-1



## II. REVIEW OF LITERATURE

A brief review is worthwhile in order to highlight what has already been depth studied in the field. In the study focused on tribal health conditions of Andhra Pradesh.

Ramamani (1988) examined the tribal Economy of Donubai panchayat in Srikakulam, and stated that the group between tribes and non tribes exist notwithstanding the fact of introducing protective measures, creativity of new agencies and extension of credit by the institutional financing agencies.

Bapuji. M (1993) in his study “Tribal Development Administration” has given detailed view of tribal scenario in Visakhapatnam district of Andhra Pradesh and Government initiative (central & state) to address the issues related to tribal communities. The author has taken a close view of the development performance of ITDAs and the development agencies come out with specific sector suggestions for improvement of developmental performance towards serving the people living in remote tribal areas. His Study deeply observed how to improve tribal groups in different fields with the help of establishment of ITDAs.

Swaleha Sindhi (2012) observes evaluation is a process wider than monitoring and its purpose is not only to improve the process of implementation, but also to review the very design of the programme in order to achieve its objectives. It should be carried out through an external agency and all the stakeholders should be associated “Improving the Skills and Productivity of the tribal women. Thus, assessment of these activities would help the trainees to improve and work with perfection. It will lead to better productivity and income of these tribal’s. It reviews vocational and skill based training among the women of several tribal villages in Gujarat.

Amarnath Pashwan(2016) The greatest challenge that the Government of India has been facing since independence is the proper provision of social justice to the scheduled tribe people, by improving their socio-economic conditions. For this, a lot of development programmes has been initiated by the Government. But it has been found out that a very high percentage of ST population lives below the poverty line in Odisha having a very high Infant Mortality Rate and low literacy rate especially among tribal women. Further tribal districts have performed poorly in terms of various indicators of human development vis a vis non-tribal



districts of the state. Thus a concrete effort is required on part of state to fill up the holes in different development programmes for tribal so that they can reap its benefit and the gap between tribal and non-tribal in terms of different socio-economic indicators can be narrowed down.

A.Sharadha & B.Sureshlal (2017): The study on demographical issues of tribal communities of Waranga district of Telangana state. The study compiled education, income level, age, sex, toilets etc., while economic backwardness imposes health problems of tribal communities of Warangal district.

Chinnamanaidu Jammu & GV Chalam (2018) conduct a study on performance evaluation of ICDS in ITDA KR puram west Godavari, which provides nutri food and beverages under several schemes for tribal pregnant, lactating women and her child such as Balamrutham, Girigoru Muddhalu, 1000days care, Anna Amruth Hastham, KSY, Sabala, IGMSY and Balvadi ect.,

Doloi IM.Rongpi and Nitish Mondal (2019) the study has successfully reported the possible relationships and estimation of stature from the HL and HB. Similar studies are also recommended for ethnic/population specific equation and/or utilize and validation of equations to estimate the stature from HL and HB.

Chinnamanaidu Jammu & GV Chalam (2019) study focused on problems like poverty, convenience, communicative language, technology, aptitude and attitude, qualification and competency of medical staff towards tribal patients, infrastructure, out dated medical treatment methods while lack of malnutrition, Doctor Patient ratio and Government policies. Now, Government implemented remedies such as birth waiting rooms, Tallibidda express, Ambulance services, NTR Vidyaseva, Annasanjeevani medical stores, medical camps, telemedicine and special dispensaries, mobile medical vehicles along creates health awareness with the help of hoardings and flex appointed ASHA, Arogyamitras for improvement of tribal health while ICDS eradication of malnutrition in ITDA KR puram.

Santosh S. Dharanaik1 and Jai Prabhakar S. C (2019) observed broadly looks into the health status of scheduled tribes in general and PVTGs of Karnataka in particular. It also covers the major determining factors to the increased disease burden and the availability of health care infrastructure facilities in and around the tribal areas in Karnataka.

Need of the study: The studies mostly concentrated on the socio-economic profile of the Tribal Communities and neglected the functioning of the administrative setup viz., integrated tribal development agency, K.R. Puram, West Godavari District which is implementation agency for all the tribal welfare schemes of both Central and State Governments. Thus, it is a necessary to study the activities of I.T.D.A, K.R.Puram, and W.G, which has been organizing various tribal health schemes for Welfare of Tribal communities.

Statement of the Problem: Government setup Integrated Tribal Development Agencies throughout India. Recently the Government of Andhra Pradesh, implementation of Tribal sub- plans also to curtail the deviations in the allocated funds for the development of Tribal Communities, the result do not expected by Government.

Scope of the study: The study has identified problems and remedies implemented by ITDA KR Puram, West Godavari district of Andhra Pradesh besides Government of India.

#### A. Objectives

- 1) To measure the difficulties faced by tribal patients.
- 2) To find out the possibilities of socio-economic factors of tribal patients.
- 3) To create awareness among patients and doctors about local conditions.
- 4) To evaluate medical assistance schemes implemented by ITDA KR Puram.
- 5) To assesses the budget allotment under Tribal sub plan.
- 6) To measure amenities in health centers.

#### B. Tools Used in the Study

The study conducted simple quantitative techniques such as percentages, simple and compound growth rates were used for analyzing the data whenever necessary.

#### C. Data and Methodology

The study is totally based on the secondary data. The secondary data collected from the published documents, such as census, Five Year Plan documents of Andhra Pradesh; SECC, Statistical abstract of A.P and Annual reports of ITDA KR Puram, West Godavari district of Andhra Pradesh.





*D. Amenities In Health Centers In Tribal Areas*

- 1) *Ground:* Generally, tribal health centers are located in habitations of main villages with huge ground allotted in premises. However, the ground can develop sufficient level of height, which plant small trees for good atmosphere with free and fresh air in premises of health centers.
- 2) *Building:* Most of the primary health centers are newly constructed buildings adopts international standards of construction while proper planning for various rooms and compartments in single building which contains white colour entire building for brightness.
- 3) *Compound Wall:* Recently, construction of new building has sufficient compound wall along with Gate for protect health centers.
- 4) *Ramps:* Usually, health centers constitutes sufficient ramps required platform for moving wheel chairs and stretchers with emergency medical assistance.
- 5) *Infrastructure:* Modern health institutions contains well structure along with sufficient water, roads, lighting and other amenities provided by health centers.
- 6) *Beds:* Usually constitute of trust and image based on availability of beds in health centers. Now a day health centers arranged modern and flexible beds provided by health care centers with clean and fresh bed sheets to tribal patients.
- 7) *Diagnostic Services:* Utmost important aspect in health centers diagnoses the problem of patients with scientific method of pathology. Usually, uneducated interior tribal patients used medicine without prescription of qualified doctor. Now, most of the patients aware importance of diagnostic disease and how to protect health conditions, treatment methods etc, which helps to select perfect and suitable treatment of patient. For instance, rainy season attack typhoid, required widel test equipment, remaining seasons arise malaria, which requires malaria testing kits. Now, Government of Andhra Pradesh implemented diagnostic tests in the form of private, public participation mode, which construct MOU with MEDAL agency.
- 8) *X ray & Scanning:* Usually, Sevier and critical cases required X ray and scanning reports of patients' especially orthopedic and general medicine. However, x ray diagnosed defects in the body. Now, MRI scanning is popular method for identification of damage and defects of human body. However, tribal food habits are varied from non tribes, which requires more scanning and tests in health centers.
- 9) *Dressing Rooms:* Most of the tribal patients attend health centers for first aid especially in accident cases, which arrange dressing room for cleaning, bandage and paste ointment required patients with prescribed medicine suggested by specialist doctor.
- 10) *Labour Rooms:* Objective of Government minimize MMR and IMR rate, which encouraged 100 percent institutional deliveries. However, each and every health centre have labour room with sufficient and latest equipment especially risk and high risk pregnant women.
- 11) *Operation Theatres:* Recently, most of the tribal health centers conduct surgeries in international standards, while modern operation theatres with latest equipment.
- 12) *Equipment:* Usually, tribal health centers located interior places, which out dated technology and equipment adopted. Now, tribal health centers are constructed well and advanced equipment with latest technology.
- 13) *Surgical Wards:* Now, most of the tribal health centers conduct surgeries by Medical officers at primary health centers, which require pre and post surgical wards with sufficient beds located in tribal area health institutions.
- 14) *Dining Halls:* Generally, tribal health centers are located at interior areas, which people admit tribal patient in hospital with huge number relatives and visitors. Whenever, health centre creates dining hall facilities with hospital premises for each and every tribal hospital.
- 15) *Waiting Rooms:* Now, most of the tribal health centers are smart health care for patients along with their care takers, which require waiting rooms with sufficient sitting facilities.
- 16) *Furniture & Fixtures:* Recently, health centers are designed international norms, which constitutes well equipped furniture both medical staff and patients along with escorts. However, arrange sufficient lights, fans, air coolers and other ventilation facilities in tribal health centers according the needs of patients.
- 17) *Citizen Chart:* Display citizen chart for enclose the details of staff with designation while hierarchy and assigned work for specialist doctor their contact details. Moreover, display available service details period of solving problems/ diagnostic reports and responsible authority details etc.
- 18) *Organization Chart:* usually, health centers run on non profit motive with engage various medical and paramedical staff and other associates like NGOs/ voluntaries. However, patients and visitors easily know about organization structure, receive



appropriate services from health centers promptly and properly by tribal communities.

- 19) *Direction Charts*: Generally, tribal patients and visitors for patients come from interior places, which direction boards helpful to patients easily reach their places while save working hours of hospital staff. The boards are designed and arranged necessary places in tribal health centers in ITDA KR Puram areas.
- 20) *Name and Designation Plats*: Our tribal health centers constitute name, designation and specialization, display on name boards with follow hierarchy.
- 21) *Drinking Water*: Most of the tribal communities attack seasonal diseases due to un purified drinking water. But, tribal health centers provide purified drinking water with electronic machine or RO water tins according to suitable seasonal conditions of patients.
- 22) *Toilets*: Normally, tribal health centers located agency areas neglected toilets. Now, health centers most priority to health and hygiene, which constructed separate toilets and urinals for male and female with international standards.
- 23) *Sanitation*: Most of the important requirement of health centers is sanitation. However, tribal health centers maintained clean and creates pleasant atmosphere to patients along with relatives and visitors, which sweeping entire hospital regularly with use anti viral cleaning components like Detol twice a day besides refreshment spray.
- 24) *Wheel Chairs*: Usually, tribal health centers arranged by wheel chairs for specially needed persons, when entered in hospital premises. However, maintained by hospital authorities with collaboration of corporate agencies mode of corporate Social Responsibility.
- 25) *Birth waiting Rooms*: Objective of our state welfare of tribal communities, which encounters MMR while promotes institutional deliveries. Generally, tribal communities living huge distance from hospital located. However, hospital arranges special room for pregnant women and her assistant waiting for delivery at hospital with observation of qualified doctor.
- 26) *102*: It is known as Talli Bidda express in Andhra Pradesh, which provide vehicle for pregnant women admits in hospital for delivery and return to home lacting women with her baby free of cost. It minimizes MMR and promotes institutional deliveries in tribal communities.
- 27) *Ambulances*: Arrange ambulance services with emergency purpose of tribal communities by ITDA KR Puram with free of cost along with medical assistance.
- 28) *104*: It is a vehicle for supply of medicine to interior and rural areas with supervision of medical officer for free of cost. Moreover, the vehicle visit the village or thanda weekly, conduct medical kiosk identified regular patients take samples from patients, diagnosed hence supply required medicine free of cost or referred to specialized nearer doctor for remedies of disease of tribal people. In the mobile medical vehicle 104 serve BP check up, sugar test, HB, widel, malaria and other tests and supplied medicine required by tribal communities, along with free tole- free services related to medicine.
- 29) *Diagnostics*: Our Government implements 52 diagnostic tests under NTR Vidya sevalu which belongs to tribal communities with free of cost.
- 30) *Anna Sanjeevani*: it is a medical store for poor people, which supply medicine with subsidy prices without profit making by DRDA. It can maintain generic medicine prescribed by medical specialists.
- 31) *NTR Vidya Seva*: It can formally know as Arogyasri. It can serve the patients with advanced corporate medical services free of cost. Entire medical cost means pre and post surgery services and free medicine required by patient supplied by network hospital, which amount remembrance by Government of Andhra Pradesh. Now, tribal communities belong to poorest of the poor category, so those can utilize corporate hospital services whenever necessary.
- 32) *Smart PHCs*: Our country has majority people belongs to rural areas. Government establishes primary health centers served to patients with enrich quality amenities in village level. It can provide quality treatment with qualified doctor with special care to patients along with pure drinking water, sufficient ventilation, cleaned toilets and premises, display staff particulars along with qualification and specialization their responsibilities, citizen chart, available medicines, duty staff details at shift wise, available medical tests with period of reports required, duties and responsibilities of patients etc, which can determined performance indicators reflect grade/rank of the PHC located in interior and remote agency areas.
- 33) *Medical Camps*: Most of the tribal people neglect health and low level of awareness about diseases and infections surroundings of forest and interior places. However, camp conduct check up and supply free medicines along with counseling for tribal patients by specialist doctor, referred to super specialty hospitals whenever required.
- 34) *Appointment of Specialist Doctors*: Now, most of the tribal health centers, appointed super specialist doctors, who can serve patients with super specialty services with free of cost.



- 35) *Infrastructure*: Most of the health centers established under tribal sub plan funds, which can enrich facilities like construction of buildings, new furniture and fixtures, arrangement of ramp and additional rooms etc.,
- 36) *Medical Stores*: Most of the tribal health centers provide sufficient medicines for patients with free of cost. However, vaccines, ORS, syrups, tabulate ointments and other medicines supplied by health centre authorities both in and out patients with qualified pharmacy expert. Now, Government of Andhra Pradesh supplies medicines regularly with Andhra Pradesh medical services and infrastructure development organization, especially most priority to tribal areas.
- 37) *ASHA Workers*: Accredited Social Health Activist (ASHA) one of the key components of the National Rural Health Mission is to provide every village in the country with a trained female community health activist. She is responsible for creation of awareness of tribal people and conduct counseling with specialist doctors.
- 38) *Arogya Mitras*: This is a special staff for giving guidance to patients in various aspects of medical and surgical services, net work hospitals and staff and specialist details, disease details, diagnostic service in network hospitals etc.
- 39) *Garden*: Now, entire environment has polluted mainly man made activities. However, hospitals also produce some wastage creates some pollution. So, plantation of trees and maintained garden in health centers, which check the pollution and creates happy atmosphere to tribal patients.
- 40) *Kitchen Sheds*: Most of the tribal patients when admit the hospital along with relatives, which requires kitchen shed for cooking food patients besides relatives and escorts.
- 41) *Tool Room*: Usually, health centers maintenance is challenging, which requires sufficient updated tools with experience technicians' in tribal health centers.
- 42) *Generator*: Generally, power cut frequently in girijan tandas than non tribal areas, which condemn power cut each and every hospitals arranged generator for proving services to tribal patients and medical staff without creates in convenience.
- 43) *Bike Ambulance*: Now, Government introduced bike ambulances for carry adivasi patients from deep interior agency areas. For instance, ITDA KR Puram strictly implementation of bike ambulances of Polavaram and Buttaigudem mandals health centers.
- 44) *Vision Centre*: The objective of ITDA KR Puram, constitutes a vision centre. However, the centre conducting eye tests, check eye infections and creates blind less tribal communities with the help of charitable institutions.

#### *E. Problems Of Amenities Implementation In Tribal Health Centers*

- 1) The commonly reported ailments of tribal communities such as malaria, pneumonia, respiratory disorders, diarrhoea and fever, snake and scorpion bites, skin diseases, tuberculosis, depression and psychiatric disorders. These groups have lower levels of antenatal care, institutional deliveries, lower levels of immunization and higher prevalence of reproductive tract infections (RTIs) and Sexually Transmitted Diseases (STDs) including HIV/AIDS. However, provides multi specialty medical services in primary health centers not possible.
- 2) The absence of medical and auxiliary nurse midwife (ANM) and male multi-purpose workers (MMPWs) makes the situation very critical in tribal areas. Even where they are present, their contribution to the disease prevention and control and disease surveillance is very negligible.
- 3) Now, till on date tribal communities follow superstitions and myths in health care.
- 4) Most of the tribal patients neglect health care like communicable and seasonal diseases.
- 5) Special tribal communities such as PVTGs, women patients have too little awareness about health care.
- 6) Tribal health centre patients faced twofold problems, available in sufficient medicines while improper medical staff availability.
- 7) Number of Doctors not interested working hill or agency area health centers, because private medical practice not possible/profitable.
- 8) According to the Health in India health assistants are not co operative nature and her language also creates negative influence by tribal pregnant and lacting women.

#### *F. Suggestions*

- 1) Most of the tribal health centers staff appointed with punishment mode, which can change the attitude of medical and Para medical staff.
- 2) Medical staff can treat patients with friendly or relative mode.
- 3) To provide additional incentives and benefits to serving staff in mountain areas.
- 4) To amend act for each and every medical and Para medical staff minimum period of working in agency areas for promotion of services.



- 5) To strictly followed medical staff living the same village where hospital located.
- 6) To strengthen MAY I HELP YOU reception centre.
- 7) To creates awareness and active involvement of tribal health schemes.
- 8) To enrich medical camps, which arranged full pledged expert doctors and supply medicines free of cost.
- 9) To strengthen bike ambulances stay at interior tribal habitations when emergency required.
- 10) To cope up with the government should strengthen the gap existed in Public Private Partnership (PPP) model and provide better health care facilities for tribal groups.
- 11) To strengthen ICDS, while co ordination between ICDS and Health departments.
- 12) To display universal preventive methods in regional languages, especially tribal languages.
- 13) To run mobile vehicle creates awareness with short health films at tribal habitations.
- 14) To provide Mobile vehicles for medical treatment and medical kits to girijan patients according to schedule time.
- 15) To use 100 percent tribe ISSL regularly, it creates ODF in tribal areas.
- 16) To encourage health insurance of tribal communities with concessional premium.

### III. CONCLUSION

Adivasi or tribal communities in general and particularly vulnerable tribal groups (PVTGs) in particular are socio-economically and politically very backward compared to mainstream population in our country. In ITDA KR Puram, Konda Reddy is the most backward, vulnerable, marginalized and disadvantaged indigenous ethnic groups. In recent decades, the level of awareness increased among the PVTGs and they have recognized their rights and responding to socio-cultural, health change and development initiatives taken by the governments. However, they are still far away from the point of full realization of their culture, socio-economic and health perceptions. Innovative, culture sensitive and collaborative approaches would be adopted for meeting the health needs of these groups, which supported by 4<sup>th</sup> health Survey IMR of tribal child reduced 44 in 2014, 90 at the first survey in 1988 out of 1000 deliveries, indicates improving the quality of life in tribal areas in general and health in particular is important due to persistent disease burden faced by the tribal community. In addition to providing health care service, schooling and awareness would solve most of the health related problems tribal people while enrich to improve their housing, sanitation, employment, access to health care and better road transport facilities ultimately leading to improve the quality health services of tribal communities. The objective of the Government should provide special care for 1000 days care for pregnant women and make the benefits available to every woman who reaches a public health care centre, while nutrition programs of ICDS Centre should proactively focus on eradication of malnutrition beneficiaries such as, children, pregnant and lactating women and the adolescent girls of tribal communities.

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