

GREAT ANDAMANESE

HEALTH PROBLEMS IDENTIFIED
AND RECOMMENDATIONS MADE
BY PROF. I. C. VERMA, ALL INDIA
INSTITUTES OF MEDICAL
SCIENCES IN THE SECOND INTERIM
REPORT.

COMMENTS AND ACTION TAKEN
REPORT OF THE OF THE
DIRECTOR OF HEALTH SERVICES,
ANDAMAN AND NICOBAR
ISLANDS, PORT BLAIR.

(1). Health Facilities

Doctor should visit once a week and the compounder should initiate activities for prevention of disease and conduct health education immunisation And clinics to monitor regular growth of children. Which in turn should be checked and guided by senior officers.

One compounder is posted to Strait Island. The Medical Officer, Long Island along with ANM / Staff Nurse visits the Andaman, at Strait Island every week and provides not only curative but also preventive and promotive services by way of conducting Health Education, Immunisation and general health examination. New health cards have been introduced which have the 'Road to Health' card. Once every six months specialists are sent there along with the Programme Officer (Tribal Health) to supervise and guide the Medical Officer and the Compounder.

(2). A decade ago half of the population were suffering from tuberculosis. Recently the death of three elderly persons were due to tuberculosis. In 1988 two cases were having physical signs in the chest consistent with pulmonary tuberculosis.

Pulmonary tuberculosis is not at all a health problem these days, as believed earlier. At present there is only one Andamani women, Smti Lichu 27 who is under-going tuberculosis drugs. She, too, is sputum negative.

Till 1988 the Administration has relied on sputum examinations to screen these people. Regular chest radiograph supplemented with Montoux Test on sputum for AFB should be done.

Care is taken to identify fresh cases of Tuberculosis while conducting the weekly clinics by the Medical Officer as well as by the Medical Specialist every six months. Suspects are immediately sent for X-ray and sputum examination.