

Extracts from DHAP

The district health planning process of 2010-2011 brought in some new dimensions this year with some of the new innovative ideas and programmes. This was the result of the planning process adopted in the districts starting from villages (as sample), health sub centre level exercises and dialogue with all the ANMs, analysis and discussion on block level health indicators and performance and finally at the district level DHAP review process. Most of the proposed plans were in line as per the NRHM guidelines and budget heads, but certain new issues and activities were emerged which were more district specific and need based.

Here is the brief of the issues, activities proposed some of which have been reflected in different heads RCH flexi pool. It is important to mention that districts have proposed for several innovations and new activities. The state proposes the district specific innovations and activities as below:

I) Tribal Health

- Outreach camps:** **Saraikela Kharaswan** has planned for outreach camps in 25 PTG villages per month on a rotation basis in **Chandil, Kuchai and Nimdih**
- Khunti** has planned for 2 outreach camps in 3 quarters and monthly camp during the rainy season with provision of medicines in **Sosokutti and Telengadih villages of Arki block**
- West Singhbhum** has planned for 4 outreach camps per quarter in **Mahuapur, Bandgaon, Badajamda, Sonwa and some parts of Golkera**
- Referral transport:** **West Singhbhum** plans to provide one ambulances in each block of the PTG pockets of **Mahuapur, Bandgaon, Badajamda, Sonwa and some parts of Golkera** as there are no facilities of public or private transport. They bring the patients in a cot carried by relatives etc.
- Cold chain depot:** **Saraikela Kharaswan** plans to establish a regional cold chain depot in **Chandil** for regular supply of vaccines as there is good transportation facility with the other neighboring areas.
- Infrastructure devpt:** **Jamtara** proposes for the renovation of HSCs in two blocks with PTG pockets in **Kundhit and Narayanpur**.

Saraikela Kharaswan plans to set up one HSC in **Chandil** as there is no facility to cater to that population.

II) Vulnerable group

Counselling centres: **Saraikela Kharaswan** proposes to set up 3 counselling centres for HIV/AIDS and vector borne diseases in the **Industrial areas**.

Health Camps for PTGs - Pakur district has two blocks in Hard to reach areas which is mainly in **Litipara and Amrapara block**. Around 50 villages in this region is PTG and tribal inaccessible villages . The district has planned to send mobile medical van separately to these villages – 3 times in a year which will lead to an extra budget of Rs 1.5 lacs . The van will be equipped with drugs and other logistics and MOs and ANMs for rendering their services .

Capacity Building - In Garhwa district there are about 21000 population of PTGs. The mortality rate among them is high, the reason being Malaria and often diarrhea. Residing in inaccessible , hard to reach areas they are often deprived of health services. Some basic knowledge to prevent and control the disease needs to be given to them in order to improve their condition . 1 person among every 10 persons will be capacitated on the in different batches on Preventive measures for ensuring better health.

Garhwa also proposes to capacitate the PTGs to select a Sahiyya from among themselves who will be working among them . In this they have proposed for a relaxation in the norms of 1 sahiyya in 1000 population . It is also proposed that some of the ANMs working in the remote areas must be given special incentive .

III) Adolescent Reproductive and Sexual Health (ARSH)

ARSH clinic: **Jamtara** has planned to open two new ARSH clinic with counselors in two blocks of **Nala and Narayanpur**.

IV) Child Health

Malnourishment Treatment Centre (MTC): **Jamtara** has proposed for two new MTCs in **Kundhit and Narayanpur** blocks

Lohardagga district has proposed for establishing new

MTCs in Lohardagga , Kisko and Senha**SNCU and New Born Corner**

A Sick Neonatal Care Unit is proposed in Lohardagga district while New Born Corners are proposed to be set up in Bhandra , Kisko, Senha , Kuru and Sadar .

V) Maternal Health**Provision of 3 meals a day for inpatients admitted for Institutional delivery till PNC:**

Jamtara 4 CHCs - Jamtara, Narayanpur, Nala, Kundit

3 PHCs- Mihijam in Jamtara, Pubia in Narayanpur, Bagrudih – Narayanpur

Simdega 2 CHCs – Kolibera and T.Tanger

Khunti 5 CHCs – Arki, Murhu, Karra, Torpa, Rania

1 District hospital – Khunti

Construction of waiting sheds for relatives of patients during Institutional Delivery:

Hazaribag 3 CHCs – Barih, Badkagaon, Katkamsandi

Bokaro 3 CHCs - Chandankyari, Petarwar, Gomia

Provision of “samman patra” to families who opted for Institutional Delivery:

Hazaribag district wants to provide arrangement to honour the families with a **Samman Patra** for choosing Institutional Delivery and giving a **gift to the new born** with clothes (dress/blanket). This is planned in the District hospital and 2 CHCs – Barih and Chouparan.

VI) Community Participation**Reward for Sahiyyas:**

Khunti has planned to **reward** 60 Sahiyyas (10 per block) for the best performance – Rs.2000/- per Sahiyya

Jamtara has proposed to provide 1784 **cycles** to all the Sahiyyas and 84 to Sahiyya sathis for field movement.

Orientation for Mukhias on Community processes under NRHM:

Giridih, Dhanbad, East Singhbhum, Khunti, Hazaribag, Godda, West Singhbhum Ramgarh, Deoghar, Dumka has planned for **orientation of the newly elected Mukhias** in all the blocks of respective districts on NRHM, VHC guidelines and Sahiyyas activities as a link worker. The district has also planned for a **Social audit** on the proper utilization of VHC untied funds in 5 panchayats of each block.

VII) Hard to reach areas

Hazaribag has planned for Quarterly RI in two hard to reach areas of Keredari and Churchu CHCs with additional incentives including movement for the ANMs

Garhwa has planned to ensure the regular presence of ANMs in the Inaccessible Areas where PTGs reside and would offer an Incentive package for them .

VIII) Innovations

Giridih has proposed for an innovative programme called “**Family support Group**” also known as “**parivaar swasthya sahayata samooh.**” Selected **eligible couples from identified revenue villages** will be imparted knowledge and skill on nutrition and health issues, who will in turn **act as demonstration points** for the village community and help in replicating ideal behaviors among the community at large.

The requirement at large would be from preparing the training module, IEC materials, training and follow up with reporting. The budget proposed for the module preparation, training, meetings etc is Rs. 105000/-

Pakur has proposed for special intervention for Grid Area under Grid area Planning –Cases of Polio has been detected in **Sadar Block of Pakur district** and therefore the area has been divided into 10 Grids which are the High Risk Areas. This is the Bengal Murshidabad area (Jharkhand and West Bengal Border) . 120 camps have been planned in these areas @ 5000/- per camp which will incur a cost of 6 lacs on the total budget. The main focus during the camps will be to strengthen Immunization Services and also for JSY.

Palamu has proposed to train 1892 Sahiyya’s in the district on YOGA so that they are inturn able to transfer the knowledge and skill to the community. This will thereby help the community to be aware and conscious about their health .

Palamu has also proposed for a **Mortuary van** to cater to the needs of a population of 20 lac. This will be extremely helpful to carry dead bodies from the different facilities located in the districts to the cemetery or ghat . The problem faced by the community will be thereby lessened due to the van services .

Sahebganj has proposed for Boat Mobile Medical Unit. This will cater to a population of 2 blocks namely Rajmahal, Udwah

Ramgarh - New Born Baby Care Corner in every CHC is proposed and will be set up in all the 3 CHCs of Gola , Patratu, Manadu and Ramgarh SDH. The corner will be equipped with a Radiant Warmer , Weighing Machine , Machintosh, BP Instrument and some drugs(pediatric).

Post mortem House in Bharechnagar Referral Hospital , Mandu , (Ramgarh)

Health Card for PTG Families: There are 13 PTG villages having 162 families. It is planned to provide them Health Card. So we can access them easily and able for better health services. It requires some specific Card format, which will be recommended by the State.

Mental Health Programme : Inclusive mental health programme has been proposed by the following districts in the blocks mentioned against each district.

Sl.No.	District	Blocks
1	Ramgarh	Gola, Ramgarh, Mandu and Patratu
2	Dumka	Jarmundi and Saraiyahat
3	Hazaribag	Hazaribag and Barkagon
4	Khunti	Khunti and Torpa
5	West Singhbhum	Chakradharpur and Jagannathpur
6	Koderma	District Hospital Koderma and Satgawan
7	Deoghar	Sarwan and District Hospital Deoghar
8	Palamu	Husainabad and Daltonganj Sadar
9	Ranchi	Mander and Bundu
10	Giridih	District Hospital Giridih and Deori

IX) Monitoring and Evaluation (M&E)

Giridih proposes to do a **base line survey** of labourers working in stone quarries and sponge and iron industries in 4 blocks – Sadar, Gandey, Bhengabad, Radhanbad

Sahebganj has proposed to establish a feedback process of converting the HMIS data into information and thereby strengthening and relating the information to performance of the programme and thereby improve the programmatic output .

X) Strengthening Institutions

Khunti proposes to **strengthen 4 HSCs each block** to develop it as a model for the other areas, this year, in terms of infrastructure along with residence facilities for ANMs, providing mobile phones for

communication purposes like refilling of drugs, ensuring availability and flow of medicines upto the HSCs, toilet facilities, equipments for labour room etc.

Khunti – Kalamatti, Chalagi, Budadih, Bhandra
Murhu – Bichna, Saiko, Sapparum, mahil
Karra – Birda, jurdag, gufu, jaltanda,
Torpa – Sundari, Marcha, tapkara, Angarabari
Rania – Sode, Banai, Token, Khatkura
Arki – Hemrom, uliathu, Sindri, Norhi.

Bokaro district proposes the same in the following blocks

CHC Chhas – Tupra, Radhanagar HSCS, Pindrajoda PHC
CHC Gomia – PHC Mahuatand , Devipur HSC
CHC Navadih – Telo HSC,
CHC Bermo- Dori HSC

XI) Mobile Medical Unit (MMU)

Khunti proposes for **additional 3 MMUs** to the already existing 3 functioning in 6 blocks. The MMUS would function as the drug distribution centre to cater to the hard to reach areas in the 6 blocks.

Torpa – 17 Arki – 25 Murhu – 5, Rania – 10, Karra – 9, Khunti-2 hard to reach villages

XII) Urban Health – In Pakur district 2 HSCs are proposed in Sadar Block to render services to a population of 50,000.

XIII) Public Private Partnership (PPP)

East Singhbhum plans to establish urban centres through PPP to establish HSCs for RI and Institutional Delivery by fully equipping the facility and reshuffling to fill up vacant posts in 6 areas;

Imarte Sariya - Mango
 Matri sishu kalia- Kendra
 Community hall – Kadma
 Laxmi nagar – Telco
 Bagun hathu – Baridih
 Community hall - Bagbera

West Singhbhum proposes PPP with TSRDS to run the **PHC in Noamundi**, by hiring doctors to run the PHCs.

Ramgarh - In most of the blocks of Ramgarh the Institutional Delivery is more than 80% except Mandu where the Institutional Delivery was 21.4% in 2010-2011 and it decreased to 8.2% in April to Sept,2010. Apart from strengthening the services(availability of Doctor and staff) in the CHC for ensuring

Institutional Delivery there is a need to identify other institutions also where Institutional Delivery can be conducted . Private Institutions – Tata Hospital in Ghato is one of the institutions where the community can go for accessing these services .District will make an effort to sign an MOU with this hospital . Meetings will be conducted for facilitating the process.

IV) IEC / BCC – Lohardagga has proposed to run a campaign for awareness on PCPNDT . One of the ways in which they will be creating awareness in the community regarding the act will be by Painting the Message on the surface of the Overhead Watertanks which are easily visible to the masses.

Deoghar has proposed some new ideas to spread the different health messages through an IEC Van, Nukkad Natak and puppet show.

Budget for all the above and relevant activities: A sum of Rs. **One crore** is proposed for all the above relevant activities under innovations.