

Work Plan 2016-17

State Health Resource Centre, Chhattisgarh



State Health Resource Centre, Chhattisgarh
Community Processes

Community Processes – Work-plan 2016-17

- **Outcome oriented and disease specific actions through Mitanin**

- i) **Malaria:** Strengthen the existing role of Mitanin in prevention campaign through VHSNCs, testing using RD tests, treatment with Chloroquine/ACT and referral of complicated cases. Focus on making Mitanins more comfortable in use of ACT for PF cases. Monitoring availability of RD tests and anti-malarials with Mitanins and follow-up with department to improve availability will be another area of emphasis. Study on drug availability with Mitanins and consumption.
- ii) **TB:** Strengthen the existing role of Mitanin in screening and referral for TB identification and for improving treatment adherence. Two six-monthly door to door active search campaign through Mitanins to achieve 2 lakh referrals for TB identification (to cross 700 smear examination per lakh population). Contact tracing and referral of child contacts continue to be another focus area.
- iii) **Leprosy:** Strengthen the existing role of Mitanin in screening and referral for Leprosy identification. Annual door to door active search campaign through Mitanins and mobilizing other community volunteers. Contact tracing and referral of child contacts continue to be another focus area. Strengthen work on Prevention of Disability.
- iv) **Water-borne diseases:** Strengthen the existing role of Mitanin in prevention of water-borne diseases through VHSNC and MAS based action campaign in summer. Continue existing role in promoting timely oral-rehydration for diarrhea cases and referral.
- v) **ARI in Children:** Continue as a focus area of Mitanin's work in prevention, identification, treatment and referral. Monitoring availability of antibiotics (amoxicillin) with Mitanins and follow-up with department to improve availability will be another area of emphasis.
- vi) **Newborn Care, sick newborn referrals:** Continue as a focus area of Mitanin's work in prevention through home visits, identification, treatment and referral.
- vii) **Counseling on Child Nutrition and Care:** Increase number of home visits made by Mitanins for children under-3 years age for counselling on nutrition, prevention, identification and treatment/referral of infection, psycho-social development. Aim to increase total visits to 60 lakh from 34 lakh last year.
- viii) **Maternal Health:** Continue Mitanin's existing role in counseling for ante-natal care and escorting institutional deliveries.
- ix) **Family Planning:** Continue focus on IUCD promotion.

- **Strengthening Community Participation**

- x) **VHSNC and MAS:** Continue support to VHSNCs and MAS through Swasth Panchayat coordinators and MTs for village health monitoring and action especially on Social Determinants of health. Some other specific campaigns can be on a) Entitlements of Persons with disability b) anti-tobacco awareness amongst school-going children
- xi) **Swasth Panchayat Yojana:** Survey round 2016 to compute Panchayat level Health and Human Development HHDI, ranking and awards for Panchayats in public functions.
- xii) **Swasth Panchayat Sammelans:** Sammelans in each of 146 blocks to raise the issues regarding gaps in government services on health and social determinants. Attempt to ensure higher attendance of MLAs through improvements in planning. Further improve capacity of Mitanins and VHSNCs to identify and articulate issues.
- xiii) **Fulwari Creches:** Mitanin programme and SHRC continues to play its role in capacity building and trouble-shooting for community run Fulwari centres. Provide support for the likely expansion of programme this year.
- xiv) **Community Based Monitoring:** Complete reports on a) community reported deaths of 2015 by April end 2016 b) community and patient feedback on services of VHND, sub-centre, PHCs, CHCs and district hospitals by May 2016.
- xv) **Mitanin Patient Help Desks in Hospitals:** Strengthen existing 188 help desks in hospitals (CHC or above levels).

C Training and Capacity Building:

xvi) Training of Rural Mitanins:

- Annual Training of Mitanins: 5 day training of all rural Mitanins (subject to PIP approval). Part of the training will focus on needs of unreached/vulnerable groups like PVTGs, immigrants like brick-kiln workers etc. and social determinants of health. Sickle cell anemia can be another component for building Mitanin's role and knowledge (subject to state policy adopted regarding sickle-cell anemia).
- Induction training: For new/replaced Mitanins (subject to PIP approval).

xvii) Urban Mitanin Training:

- Follow-up for allocation of funds under NUHM PIP to ensure survival of programme.
- A 5 day refresher training for all urban Mitanins (3700)
- A 5 day round to cover all urban Mitanins to test each Mitanin's essential skills and certify
- Internal evaluation of urban Mitanin and MAS

xviii) Training of MAS (Mahila Arogya Samiti):

- Annual 2 day training of MAS members (subject to PIP approval).

xix) Mitanin Incentive payment:

- Follow-up for adequate budget allocation
- Plan to improve fund-flow speed through e-transfers from block level while retaining the community based approval/verification of work done by Mitanin. 11 districts started e-transfer. Prepare guidelines for state-wide process improvement.

xx) Mitanin Career Development: Follow-up with department for jobs for around 900 Mitanins who have completed ANM course but are yet to get employed.

xv) Mitanin Kalyan Kosh: To continue existing activities. Carry out an Internal assessment of Mitanin Kalyan Kosh so far.