

Field Note # 7

Jharkhand Integrated Development for Health and Nutrition (JIDHAN)

An initiative to organise a community-centric healthcare response to COVID-19 in Jharkhand

1. Context

The Foundation has a deep presence in Jharkhand through our long-term partners. We had been actively supporting our partners to organise immediate humanitarian and healthcare responses on the ground since the beginning of the pandemic. With migrant workers returning home in huge numbers and COVID-19 cases rising every day, it was clear that this would very quickly worsen the state's existing nutrition challenges and push an already-strained public health system into complete collapse. There was, therefore, an urgent need to organise a well-coordinated community-centric health care emergency response to COVID-19, at scale.



Fig. 1

We responded to this need by initiating a programme called the **Jharkhand Integrated Development for Health and Nutrition (JIDHAN)** building on the humanitarian work done by our existing partners in partnership with the state government. To begin with, this programme has been planned for one year (July 15, 2020 to July 14, 2021) in five districts - **Gumla, Khunti, Lohardaga, Ranchi and Simdega** where our long-term partners - **Partnering Hope into Action Foundation (PHIA)**, **Professional Assistance for Development Action (PRADAN)** and **Transform Rural India Foundation (TRIF)** have a very strong work history and deep, extensive ground presence.

2. About JIDHAN

JIDHAN has been conceptualised as an emergency healthcare response to COVID-19 while creating sustainable, long-term capacity for delivering basic services as well as organising such emergency responses in future. Therefore, the Foundation is supporting a consortium of partners to work closely with the National Health Mission (NHM) under the Department of Health and Jharkhand State Livelihood Promotion Society (JSLPS) under the Department of Rural Development to develop systems and capacities for community-centric public health system.

Within this partnership, the consortium of partners will work closely with the state government to implement programme priorities on the ground. In the given period, the programme will focus on the following aspects:

- i. Strengthening community-level preparedness and response to COVID-19. Focus is on containing the spread of infection through preventive measures such as following respiratory hygiene, early identification, testing and isolation of presumptive COVID-19 cases.
- ii. Enhancing screening and testing capacity.
- iii. Augmenting treatment facilities for COVID-19.
- iv. Improvising on planning, monitoring and reviewing mechanisms for effective utilisation of existing public health infrastructures.
- v. Piloting innovations to improve access to health services.

3. Scale and Scope

This programme has been planned for one year (July 15, 2020 to July 14, 2021). It is focused on 50 blocks (out of the 53 blocks) in the contiguous cluster of five districts (Fig. 2) - Gumla, Khunti, Lohardaga, Ranchi and Simdega - with a high tribal population around the tertiary healthcare hub in Ranchi. JSLPS has an active SHG network in these 50 blocks, of which 15 blocks have been marked as intensive blocks where our partners PHIA, PRADAN and TRIF have a strong ground presence. These 15 blocks are Dumri, Ghaghra, Gumla Sadar, Kamdara, Palkot, Raidih in Gumla district; Arki, Karra, Torpa in Khunti district; Kisko, Kuru in Lohardaga district; Angara in Ranchi district and Bano, Pakartand, Kurteg in Simdega district.



Fig. 2: State map marking 5 focus districts and 15 intensive blocks (illustrative)

To achieve effect within a short time frame, we have prioritised work on the following aspects:

- i. Building awareness and encouraging preventive measures at community level to effectively reduce spread of infection.
- ii. Enhancing testing capacity at community level for early detection and isolation.
- iii. Strengthening the primary healthcare system to act as the first line of response as over 75% of cases are asymptomatic or mild and do not require critical care. Illustratively, developing few Sub-Health Centre at gram panchayat level - identified to be the Health and Wellness Centre (HWCs) under Ayushman Scheme - into community-managed HWCs by involving PRI, SHG/VO/CLF members.
- iv. Augmenting capacity of tertiary and referral facilities for COVID-19 treatment.

Additionally, during our baseline survey, we realised that there was a severe drop in access to essential nutrition and health care (RMNCAH+N) services such as take-home ration, immunization, institutional deliveries and ante/pre-natal care due to increased stigma as well as diversion of people who delivered these services to other tasks during the pandemic. This would have caused an additional load on the available tertiary care, therefore, rebooting these services also became an integral part and a priority of our COVID-19 healthcare response strategy.

4. Operating Model

The government and the consortium of partners are the front runners of this programme. Our partners have set up a special JIDHAN team to coordinate with efforts of the two departments at all levels. At state level, an Integrated Corona Response Centre (ICRC) has been formed which coordinates efforts with the state level management units of National Health Mission (NHM) and State Rural Livelihood Mission (SRLM). At district level, our Health System Transformation Fellow (HSTF) coordinates with the district administration and acts as a bridge between the state level decision making and on-ground efforts. In each of the intensive blocks, we have a block coordinator at block, a field facilitator or Panchayat Health Facilitator (PHF) at gram panchayat and a community volunteer or *Badlao Didi* at village level to work with the community. In the remaining 35 blocks, we utilise the existing structure of the SRLM and NHM.

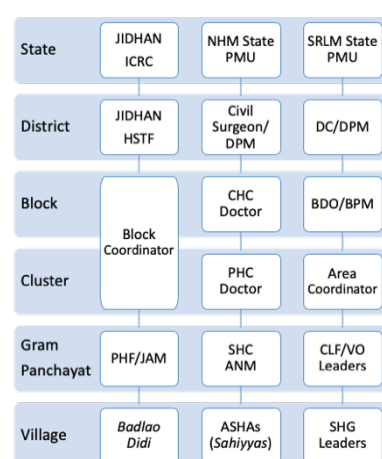


Fig. 3: Structure for JIDHAN, NHM & SRLM

In the intensive blocks, the JIDHAN team works on two fronts – 1) developing capacity of the frontline health system and 2) building awareness and collective preparedness by directly working with the Panchayat Raj Institution (PRIs) members, women Self Help Group (SHGs) members and other community-based organisations. In other blocks, JIDHAN team leverages on this experience and works closely with the district administration to build capacity of the frontline workers to do the same. The table below lists some of the activities planned with the frontline health workers as part of the JIDHAN programme:

Table 1: Activities for Frontline Health Workers¹ under JIDHAN

Level of Intervention	Nature of Work	Activities
Family level	COVID	Regular home visits to all the households focussing on people with a recent travel history. Screening, observing symptoms and identifying at-high-risk to COVID-19 persons such as pregnant women, persons with high BP, TB, diabetes, cancer etc.
Community level	Non-COVID	Regular home visits to provide counselling on family planning, identifying pregnant women and high-risk cases, children for immunization, malnourished children and referrals. Home visits for home-based new-born care (7 visits within 42 days of birth), home based care of young children (till child is 15 months old), visit to low birth weight baby, children discharged from sick new-born care unit, screening of cancer cases, special visits to persons with TB, leprosy.
	COVID	Field surveillance, listing people with recent travel history, monitoring people in home quarantine, organising health camps, conducting meeting with SHGs, facilitate formation of COVID response committees, public awareness events and follow-up cases.
	Non-COVID	Organising Village Health, Sanitation & Nutrition Day (VHNSD), organising Village Health Sanitation & Nutrition Committee (VHSNC) meetings, facilitating village health planning, conducting activities for malaria eradication, conducting community events like <i>Saas Bahu Sammelan</i> , meeting with SHGs on maternal and childcare.
Cluster level meetings		Discussion on issues, challenges and best practices, peer sharing/learning, submission of data and reports etc.
Health Sub-Centre level		In addition to record keeping, essential services for maternal and child care including facility for delivery, new born corner and benefits from other schemes; conducting fixed OPD at SHCs as many CHCs/PHCs are converted into COVID dedicated facilities.

To augment the testing and treatment capacities, we conducted a preliminary gap analysis and are supporting the government accordingly.

¹ Accredited Social Health Activists (ASHAs) and Auxiliary Nurse Midwife (ANMs) part of the Health Department under National Rural Health Mission and Anganwadi Workers (AWWs) part of Women and Child Development Department under Integrated Child Development Scheme

5. Progress so far²

Strengthening Community-level Response

JIDHAN field facilitators (PHFs) and *Badlao Didis* have been working with ASHAs/ANMs/AWWs to build awareness around COVID-19, its causes and prevention, stigma around testing and accessing other health and nutrition services (ANC/PNC, institutional deliveries and immunization) during the pandemic. Some of the progress milestones achieved in intensive blocks are mentioned below:

- i. A total of 7273 community events have been conducted to reach over 99,000 people.
- ii. More than 58,000 people have undertaken a COVID-19 test in these 15 blocks in last 5 months.
- iii. 380 villages have constituted a Corona Task Force and in more than 90% villages their Village Health, Sanitation and Nutrition Committee (VHSNCs) were oriented on preventive measures for COVID-19.
- iv. A total of 19,516 persons (comprising pregnant women and children) were linked back to essential health and nutrition services.
- v. All partners have been able to finalise a community mobilisation strategy – a dashboard to track the same is also in place. (Read more in the [section](#) below)

JIDHAN giving life to governance in Rangamati

Rangamati, an isolated village in Norhi gram panchayat in Arki block of Khunti district did not have a Gram Pradhan for the last 10 years forcing its local governance system into a long hibernation. They did not have any meetings nor were any of the committees functional which meant the mechanism to understand, consolidate and communicate the needs and demands of the village was no longer in place. When JIDHAN started in the region, the first task that the Panchayat Health Facilitator took upon himself was to resuscitate the panchayat system of the village. He sensitized women in their SHG meetings about local governance, its importance and the need of a Gram Pradhan to effectively utilize these platforms for the good of their village. The villagers had already suffered a great deal during the lockdown hence without delaying further the SHG women gathered everyone to elect a young, educated Gram Pradhan for their village. The Gram Pradhan soon constituted a 'Nigrani Samiti' to monitor works in different domains such as education, sanitation, infrastructure and health. They now have regular Gram Sabhas to discuss different issues of the village. Their VHSNC is also functional and has regular monthly meetings. One can see, that in such short time Rangamati has headed towards better governance and has been able to mobilize active participation of the community to avail government health facilities and essential services to prepare themselves better for the pandemic - an important step towards sustainable social change.

Enhancing screening and testing capacity

Till date, in order to enhance testing/screening following activities have been undertaken:

- i. All ASHA workers or *Sahiyyas* (over 6000) in five districts have been equipped with a pulse oximeter and an IR thermometer. 43 CHOs, 316 ANMs and 1368 *Sahiyyas* have been trained to use these.
- ii. *Sahiyyas* have completed one round of screening to identify persons at a higher risk from COVID-19. They will start a second round soon.

² As on 15th December 2020

- iii. To record and track presumptive COVID-19 cases or at-high-risk persons efficiently, we now use an application. This has a screening dashboard and generates reports for diligent tracking and is part of the Corona Control Room work. (Read more in the [section](#) below)
- iv. 12 special drives were conducted to promote COVID-19 screening camps.
- v. The project added 20 TrueNat™ testing machines, the state government has added 182 TrueNat™ testing machines increasing the overall testing rate to around 81,971 tests/million (national avg. ~55,000/m).
- vi. A total of 6,96,849 people have undertaken COVID-19 tests in 5 districts.
- vii. Testing numbers have increased by 331% in the JIDHAN-supported districts. The state government follows the testing procedures as per the protocol of ICMR.
- viii. Recovery rate has increased to 97% as of December 2020 from 68% during August 2020.
- ix. 889 people tested positive for COVID-19, of which 2 died and 876 have recovered so far.

Simple efforts go a long way

Dumariya panchayat, housing over 600 families and over 5000 people, most belonging to the Munda tribe, is connected with its Block headquarter through a 35 km-long fragile fair-weather-road. The village mostly stays cut off from the block as well their Community Health Centre, They were afraid to go for COVID-19 testing and with migrants coming back home post lockdown there was a high possibility of an infection breakout in the region. Hence, the JIDHAN PHF started to come to the village regularly just to talk about COVID-19. The PHF attended every possible meeting in the village be it an SHG meeting, VO meeting, CLF meeting, Gram Sabhas or just general chatting with the PRI members. Soon, he was able to convince people to get themselves tested. A testing camp was organized with the help of the CHC and all the villagers came forward for testing. People soon realized that testing is to allay their fears and take adequate measures to protect themselves and their families from the infection. In fact, when their relatives visited them over holidays for Christmas and New Year, the villagers made sure that the visitors were isolated until they got themselves tested. A seemingly simple effort went a long way.

Augmenting treatment capacities

We supported balanced efforts to strengthen the primary, secondary and tertiary healthcare facilities for COVID-19 through various measures such as capacity development of staff, improving efficiency of processes and protocols, evidence-based advocacy for policy level changes at state etc. Till date, we have supported following in the focus districts:

- i. 30 ICU beds installed in 2 facilities. Overall, there has been a 13% increase in total number of beds since July 2020.
- ii. Total of 140 beds have been supported in 10 facilities, currently in the process of installation.
- iii. Total 287 CHOs posted at 287 Health and Wellness Centres have been trained on management of SARS in children (0-5 years) and pregnant women - a few of them are now working in COVID dedicated facilities.
- iv. 24 hospital managers have been oriented on bio-medical waste management.
- v. Facility assessment of 22 COVID care facilities has been conducted, their HR assessment in under process.
- vi. 5 Sub Health Centres (SHCs) are being developed as demonstration model for community centric Health and Wellness Centre.

- vii. Supporting development of District-level Health Plans for allocation of funds under NHM to replicate these community-centric Health & Wellness Centre models.

Power of the collective voice

The Sub Health Centre (SHC) of Surhu village in Kamdara block of Gumla district did not have basic items such as beds, water or an electricity connection. The ANM would use a torch light to attend her patients' needs after sunset. Delivering babies was a nightmare, the Sahiyya and other villager would have to rush and fetch buckets of water from a well nearby. Without electricity, water and beds it was almost impossible to provide even the basic healthcare in a clean and hygienic way. When JIDHAN was started in the region and the VHSNC started meeting regularly, this issue was brought up in one of the meetings in October 2020. The ANM was encouraged to participate in VO meetings, Gram Sabhas to make people aware about the challenges in delivering healthcare services and requested to demand for them from the government. After discussing and agreeing, they submitted an application to the MOIC of CHC, Kamdara. Within two days of submitting application, the SHC was provided with beds, electricity connection and piped water connection. This not only helped in delivering basic health services but also creating a COVID-care facility right next to their village.

Planning, Monitoring and Reviewing Mechanisms

We have been working closely with NHM to develop robust planning, monitoring and reviewing mechanisms. JIDHAN Integrated COVID Response Centre (ICRC) is housed within NHM - the Integrated Disease Surveillance Programme and the team helps in real time monitoring of emergency healthcare service deliveries for COVID-19 at state and district level. The team also facilitates the planning and review meeting at the district and block level for streamlining essential nutrition and health services. Additionally, we are working on strengthening the District COVID Control Room. We have also supported developing of state level dashboards for 1) tracking of community work, 2) tracking of screening of at-high-risk persons and 3) tracking identified COVID cases.



Fig. 4: Dashboard for JIDHAN Community Project, access [here](#)

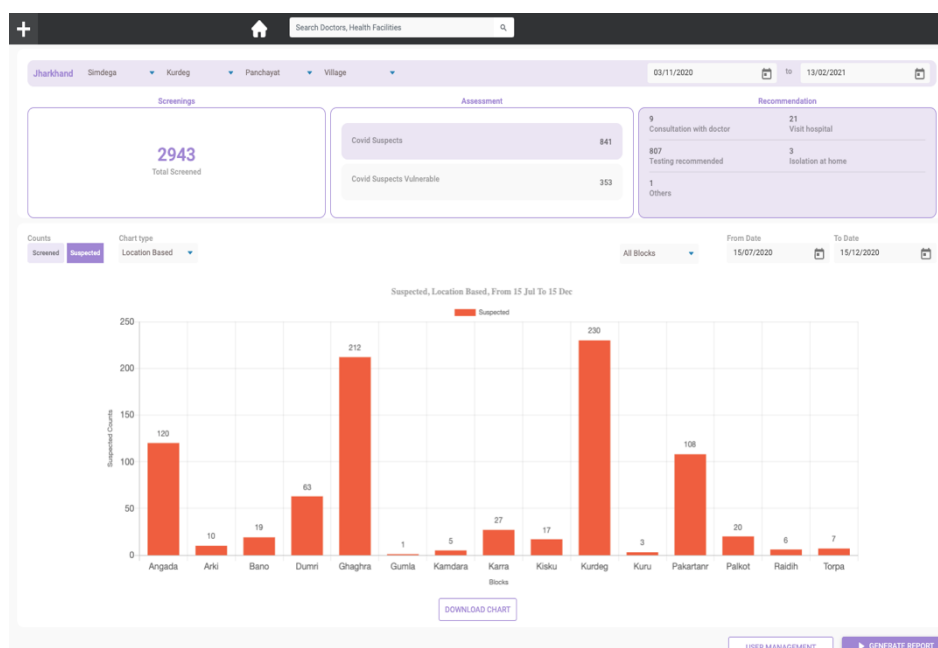


Fig. 5: Dashboard for tracking screening process, access [here](#) (requires login info)

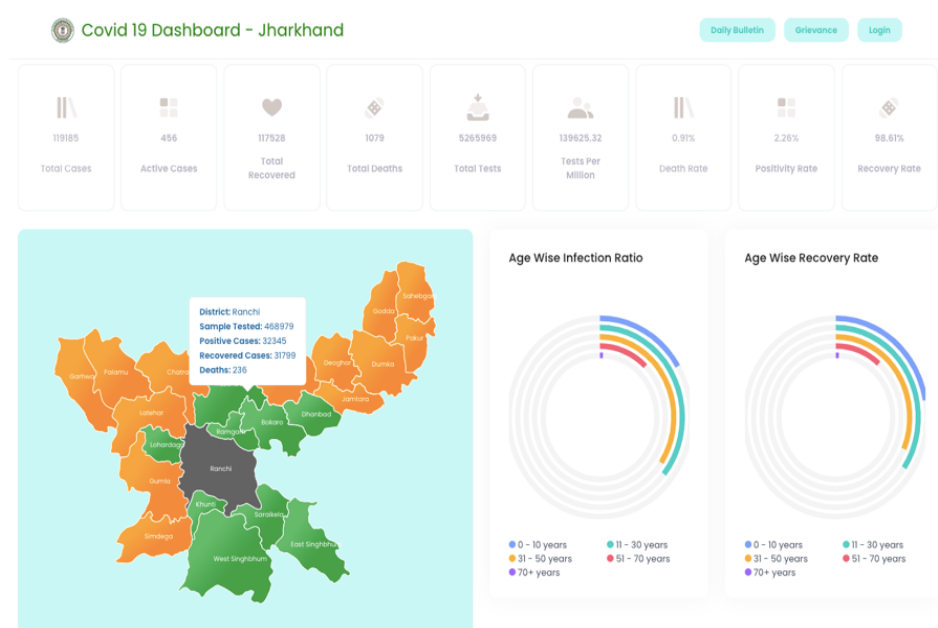


Fig. 6: Dashboard for identified COVID-19 cases, access [here](#).

Piloting Innovations

The public health system in Jharkhand faces an acute shortage of doctors. Hence, tele-medicine could be an effective tool to deliver medical consultation in difficult-to-access regions of the state. We are currently piloting this idea in Arki, Torpa and Pakartand blocks of Khunti and Simdega districts. Parallely, we have initiated discussions with the state government around its implementation at a larger scale if the pilot proves to be a success.

6. Way Forward

Over the next few months, we will continue our work as planned and consolidate the work that has already been rolled out. We may also add elements as we progress further, depending on the need and course of the pandemic in the state. For instance,

- We have been invited to be a part of the Task Force for COVID-19 vaccination roll out. Leveraging on our on-ground experience, we have been contributing meaningfully towards strengthening the planning process at state and district level.
- Additionally, we have started building awareness and sensitisation in the community for COVID-19 vaccination and its acceptance.

The JIDHAN programme has served as a great opportunity for learning and coming together of different types of like-minded agencies to work towards strengthening the overall public health system of the region. We have formalised this network of CSOs/government agencies working in public health as the Jharkhand CSO Network on Public Health (JCSNPH) for lending it a larger voice for strengthening public health.