


ROPING IN CSR IN THE PROGRAMMES OF THE HEALTH SECTOR .

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DNH and DD.

SCHEME OF THE PRESENTATION

- o Snapshot of Anaemia
 - o Interventions required.
 - o Status of Sickle cell Anaemia
 - o Malnourishment Status and interventions planned.
 - o Status of TB and ways to tackle.
 - o Taking stock of Leprosy in the territories and elimination strategy.
 - o Financial estimates and Mapping of Industries.
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SNAPSHOT OF ANEMIA SITUATION IN DD/DNH

NO	KEY INDICATORS	DNH		DD		INDIA
		NFHS 4	HMIS 19-20	NFHS 4	HMIS 19-20	NFHS 4
	ANEMIA AMONG CHILDREN & ADULTS					
1	Children aged 6-59 months	84.6 %	-	73.8%	-	59 %
2	Non-pregnant women age 15-49 years	80 %	-	59.3%	-	53%
3	Pregnant women age 15-49 years	67.9 %	48.18%	-	37%	50 %
4	All women age 15-49 years	79.5%	-	58.9%	-	53 %
6	Mothers who consumed iron & folic acid for 100 days or more when they were pregnant	43.9 %	95.3%	38.3%	94.4%	30.3%

UNION TERRITORY LEVEL SCREENING OF ANAEMIA .

Aim : To reduce the anemia level in different age groups (women and children)

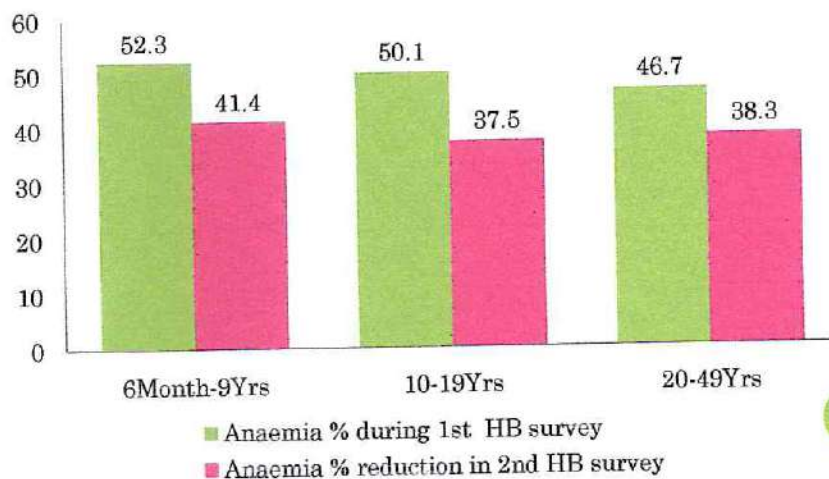
Objectives :

- To provide clear and simple recommendations to use IFA & Vitamin C supplements to the Community
- To prevent and treat iron deficiency anemia.
- To advocate lifestyle modifications mainly dietary diversification and food fortification
- To test & treat non nutritional anemia (Malaria, Sickle Cell Anemia)

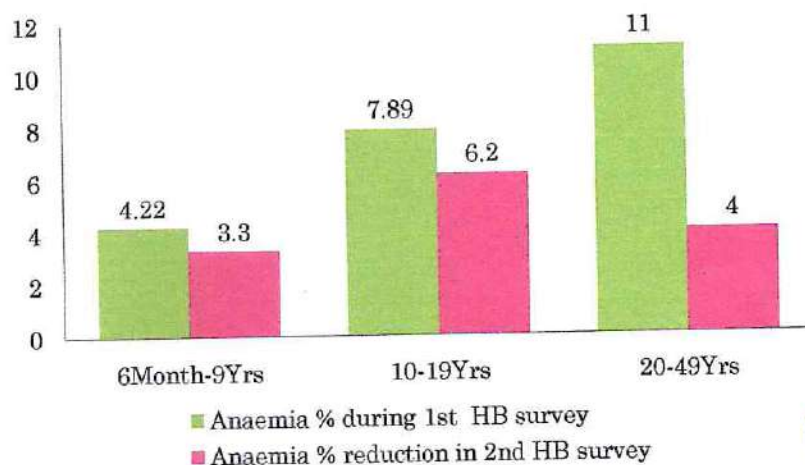
PREVALENCE OF ANEMIA- UT SURVEY

Disease burden	DD		DNH	
	Target Population	Anaemia cases (Hb 2)	Target Population	Anaemia cases (Hb 2)
Anaemic children	29218	975	60686	25124
Anaemic Adolescents (10-19 years)	36000	2232	64158	24059
Anaemic women (20-49 yrs)	61912	2476	79691	30521

SUMMARY OF ANEMIA SURVEY - DNH



SUMMARY OF ANEMIA SURVEY -DD



ANAEMIA MANAGEMENT

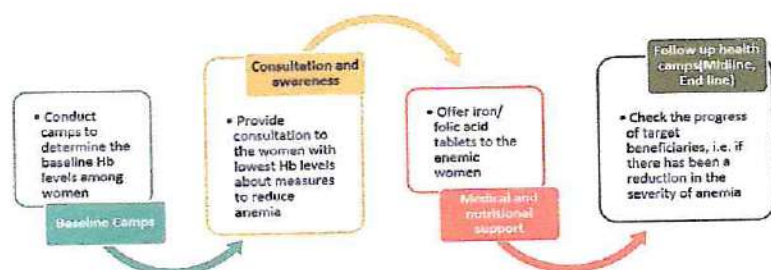


Figure 1: Stages of implementation for anemia management

ROLE OF CSR IN ANAEMIA MANAGEMENT

- Examples: Project Roshini , Kishori express , Suposhan Project.
- Conventionally CSR funds are used : Anaemia screening , Provision of IFA tablets , Health care education.

Required Interventions:

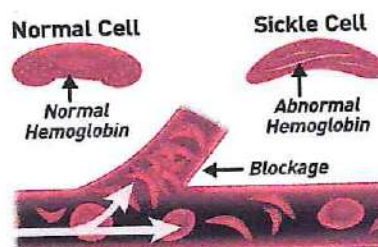
- Village wise adoption .
- Severely anaemic children and Non pregnant women : Take home ration (Rs.500 /bag/ month).
- Double fortified salt to all households @ Rs. 5 per kg
- Establishment of Moringa parks in community lands.
- Distribution of moringa powder.
- Health care education.
- Establishment of HAAT(Health Advocacy, Assistant and Treatment) Centres in Health and Wellness centres with a nodal staff

SICKLE CELL ANEMIA

- Sickle cell Anaemia are a group of Hereditary disorders of hemoglobin characterized by production of defective hemoglobin (HbS).

- On low oxygen tension or de-oxygenation , HbS imparts sickle shape to RBCs.

- Common in the tribal communities like Dhodia, Kokana, Varli, Halpati, Koli, Naika ,Dubla etc.



Sickle cell anemia cases- 2400

INTERVENTIONS

- Screening and Confirmatory tests.
- Counseling centers
- Tab. Folic acid , Sodabcarb and Analgesic tablets free of cost for every month at door steps by Health workers
- Frequent Crisis/Episodes, treated with Tablet Hydroxyurea Supplied free of cost every Month.
- Follow up every 3 months.

Under CSR :

State of the art Counselling, Stem cell therapy and R&D centre at VBCH.

Pneumococcal vaccine to all patients.(cost of single dose of vaccine is Rs.1500)

MISSION MALNUTRITION FREE DD & DNH

- To screen all 6 months to 5 years age children
- To identify and provide Nutritional supplementation to all malnourished children
- To improve personal hygiene, Hand washing
- To promote use of safe water & sanitation practices

Category	DD	DNH
SAM	65	355
MAM	263	1517

- ✓ Inpatient management at NRC
- ✓ Regular follow up
- ✓ Community / Home based Management
- ✓ Monthly screening and counseling

Under CSR :

1. Take Home Ration to MAM children : Rs.500 per Bag .
2. Biscuits for SAM children : Packet of 4 biscuits @ Rs.30 per packet for 60 days.

NATIONAL BLINDNESS CONTROL PROGRAMME-

	Year	Cataract Backlog	Cataract Cases Operated	Pending cases
DNH	2017-18	1920	678	1242
	2018-19	1468	789	679
	2019-20	849	494	355

	Year	Cataract cases	Operated	Backlog
DD	2017-18	305	212	93
	2018-19	308	273	35
	2019-20	335	184	160

INTERVENTIONS

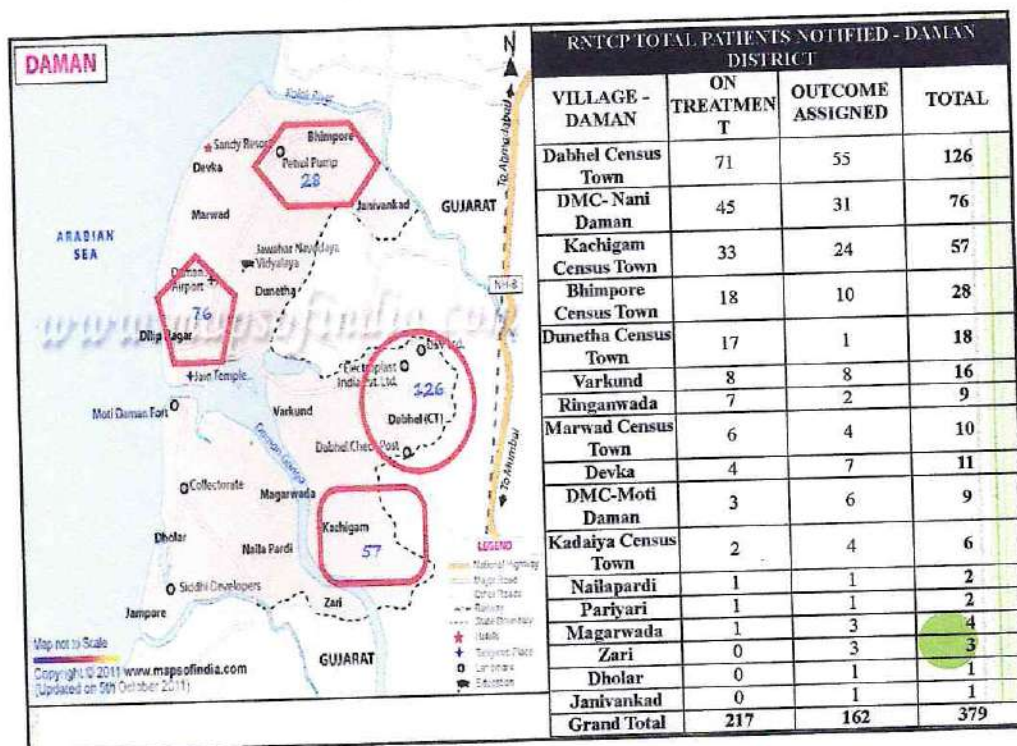
- Village wise camp conducted across UTs
- House to House survey of all elderly by Counsellors during the camp.
- Surgery of identified cases of cataract patients on same day at SDH/ DH.
- Pick and drop facility provided to cataract patient.
- Assistance for admission of cases by the department and facilitation of cases till they reach back to their home after surgery.
- Day care surgery concept where patients are admitted in morning of the day of surgery and discharged by evening.
- In case of non availability of family member or attendant, patients are admitted with help of Health Staff alone.

REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME

The program provides free of cost, quality tuberculosis diagnosis and treatment services.

- A potentially serious infectious bacterial disease that mainly affects the lungs.
- The bacteria that cause TB are spread when an infected person coughs or sneezes.
- Most people infected with the bacteria that cause tuberculosis don't have symptoms. When symptoms do occur, they usually include a cough (sometimes blood-tinged), weight loss, night sweats and fever.
- Patients with active symptoms will require a long course of treatment involving multiple antibiotics.

376 Patients in
DNH and 352 in
DD



VILLAGE WISE STATUS OF TB CASES

(NOTIFIED CASES 2019 – TILL NOVEMBER) – DIU

Diu - Village Wise Data	Outcome Assigned	On Treatment	Total Case Notified
DMC Diu	4	4	8
Vanakbara Gram Panchayat	3	3	6
Saudwadi Gram Panchayat	3	1	4
Bucharwada Gram Panchayat	1	1	2
Zolawadi Gram Panchayat	1	0	1
Grand Total	12	9	21

Diu Island



INTERVENTIONS

UT Administration:

- Strong Diagnostic & Treatment services.
- Screening of Factory workers through Shramyogi Swasthya Sewa
- Direct Benefit Transfer (DBT)
- Universal Drug Sensitivity Testing to detect MDR TB
- Active Case Detection Campaign in High Endemic Pockets
- Focussed awareness activities in vulnerable pockets.

CSR

- Detect Latent TB Infection through IGRA (TB Gold Test)
- Nutritional Support to TB patients - Take Home Ration. Generating awareness.
- TB Screening camps at all industries / vulnerable pockets.
- Family support to MDR TB Patients.
- Wage compensation during the infective period.

NATIONAL LEPROSY ERADICATION PROGRAMME

Objectives

- Diagnosis and treatment of leprosy.
- Training , Intensive IEC activities for reduction of stigma and discrimination.
- Disability Prevention and Medical Rehabilitation
- Total number of patients :
- DNH -213
- DD-20

INTERVENTIONS

○ **Ongoing Interventions-**

- Active Case Finding Campaigns in Every quarter
- Single Dose Rifampicin Prophylaxis to the Household & Neighbourhood contacts of all new cases
- Follow up of already treated cases for three years to prevent Disability
- Reconstructive Surgery Camps for old disability patients
- GIS mapping of all old & new cases

○ **Way Forward -**

- Mass Rifampicin prophylaxis to Hamlets having more than one case in a year

○ **Need Industries Support for -**

- Structural Modification (Polycarbonate Transparent Sheet on roofs) and Mangalore tiles for improving indoor lighting and ventilation of affected and vulnerable tribal houses.
- Nutritional support to Leprosy patient/Families

COMMUNITY HEALTH CARE APPROACH THROUGH COMMUNITY CORPORATE SOCIAL RESPONSIBILITY



- Sec 13 of the Companies Act 2013.
- Symbiotic relationship .
- The goal of CSR is to embrace responsibility for the company's actions and encourage a positive impact through its activities on the environment, consumers, employees, communities, stakeholders and all other members of the public sphere
- By performing the task of CSR activities, the companies are helping to bring in a progressive change in the society
- Conventionally CSR Funds are utilised for Health awareness , Diagnosis and testing in small areas.

THE BENEFITS OF CORPORATE SOCIAL RESPONSIBILITY TO THE ORGANIZATIONS

Being a socially responsible **company** can bolster a **company's** image and build its brand.

- Positive business reputation
- Increased sales and customer loyalty
- Better financial performance
- Greater ability to attract talent and retain staff
- Organisational growth
- Positive Media Attention

SOME EXAMPLES OF CSR ACTIVITIES IN INDIA

- **The TATA Group:** Community Improvement and Poverty Allevation Programmes
- **Ultratech Cement:** Healthcare, Family Welfare, Infrastructure, sustainable livelihood
- **Mahindra & Mahindra:** Scholarships and grants, livelihood training, healthcare for remote areas, water conservation, and disaster relief programs
- **ITC Group:** Sustainable livelihood and environment protection programs



CSR ACTIVITIES IN UT OF DD AND DNH



Upgradation of Subcentres to Health and Wellness centres, Development of Namdighars



COLLABRATIVE COMMUNITY CARE THROUGH CSR – 4C PROJECT-

Scenario in the territories :

- Self sufficient in Diagnosis and treatment .
- Requires assistance in Health care , Nutritional Support and newer interventions.
- Attend to malnourished children, Anaemic women, Sick cell patients, TB , HIV, Leprosy patients

Holistic Adoption of villages- Heath Advocacy , Assistance and treatment (HAAT) centres :

- Establishment and operation to be done in the Health and wellness centres
- Posting of one nodal person from the Industries at every Health and Wellness Centre for monitoring and operationalization of the activities.

SUMMARY- DD

DISEASE BURDEN	NO OF CASES	INTERVENTION REQUIRED	Approx. Annual cost per patient
SEVERE ACUTE MALNUTRITION	65	RUTF biscuits at Rs.30 per packet, for 60 days	Rs.1800/-
MODERATE ACUTE MALNUTRITION	263	Take home ration at Rs.500 per month, for 12 months	Rs.6000/-
TB	352	Take Home Ration @ 1000 per month for 12 months IGRA Testing at Rs.3000 per person for 50 contacts Wage compensation per case at Rs.426 (Minimum wages +100/-) for 12 months	Rs.3,15,360/-
LEPROSY	20	Installation of Polycarbonate sheets at Rs.3000/- per household	Rs.3000/-
ANEMIC CHILDREN (6 months to 9 yrs)	64	Take home ration at Rs.500 per month for 12 months Sukhadi at Rs.220/- per packet for 12 months	Rs.8640/-
ANEMIC ADOLESCENTS (10-19 yrs)	102	Sukhadi at Rs.220/- per packet for 12 months	Rs.2640/-
ANEMIC WOMEN (20-49 yrs)	697	Take home ration at Rs.500 per month for 12 months Iodized salt at Rs.60 per house- Rs.5 for 12 months	Rs.6060/-
HIV	190	Nutritional support to cases at Rs.500 per month for 12 months	Rs.6000/-

SUMMARY- DNH

DISEASE BURDEN	NO OF CASES	INTERVENTION REQUIRED	Approx. Annual cost per patient
SEVERE ACUTE MALNUTRITION	355	RUTF biscuits at Rs.30 per packet, for 60 days	Rs.1800/-
MODERATE ACUTE MALNUTRITION	1517	Take home ration at Rs.500 per month, for 12 months	Rs.6000/-
TB	376	Take Home Ration @ 1000 per month for 12 months IGRA Testing at Rs.3000 per person for 50 contacts Wage compensation per case at Rs.426(Minimum wages +100/-) for 12 months	Rs. 3,15,360/-
LEPROSY	213	Installation of Polycarbonate sheets at Rs.3000/- per household	Rs.3000/-
ANEMIC CHILDEN	4943	Take home ration at Rs.500 per month for 12 months Sukhadi at Rs.220/- per packet for 12 months	Rs.8640/-
ANEMIC ADOLESCENTS(10-19 yrs)	52781	Sukhadi at Rs.220/- per packet for 12 months	Rs.2640/-
ANEMIC WOMEN (20-49 yrs)	10866	Take home ration at Rs.500 per month for 12 months Iodized salt at Rs.5 for 12 months	Rs.6060/-
HIV	229	Nutritional support to cases at Rs.500 per month for 12 months	Rs.6000/-
SICKLE CELL ANAEMIA	2400	Sickle Cell Kit containing Tab.Folic Acid,Sodabicarb ,Tramadol, Ta.Hydroxyurea and vaccine)	Rs.1564/-

4 C Project

TB/ HIV

- Nutritional support
- Wage compensation
- Identify latent infections
- Family support

Leprosy

- Polycarbonate sheets
- Prophylaxis
- Nutritional support

Malnutrition

- THR
- RUTF Biscuits
- Health promotion

Anaemia

- THR
- Moringa packs
- Double fortified salt
- Health education
- Vaccination
- R & D Centre
- Provision of sukhadi

HAAT Centres- Health Advocacy, Assistance and Treatment Centres

THANK YOU...

