

JHARKHAND

HOUSEHOLD SURVEYS -

Active household surveys were undertaken to find people with ILI/SARI and those above 40 years of age with comorbid health conditions. Pregnant women and children were identified for antenatal check-ups and immunization. An Intensive Public Health Survey (IPHS) Week was organized, prior to which “miking & wall writing” was done extensively to increase public awareness about the survey. Community meetings were held at the village level and in cities. The survey involved Sahiyas, Anganwadi Workers and Community-Based Organizations. Data compiled by Block Development Managers and District Development Managers was shared at the State-level for policy formulation and action. A large-scale door-to-door screening exercise was conducted over a 2-month period, followed by testing of symptomatic individuals and contacts of positive cases.

TruNAT TESTING -

TruNat machines have been installed in Community Health Centres and the confirmatory assay for TruNat tests has been provided to all districts in the State, making them self sufficient in detecting COVID positives. This has facilitated local testing, making it easier to deal with quick testing requirements such as for pregnant women and emergency cases.

TRAINING HEALTH WORKERS -

ASHAs and frontline health workers are trained over the course of a week on different aspects of COVID management including awareness creation, formulation of strategies and reporting mechanisms. Training is organized either over a virtual platform or in-person with small groups to ensure physical distancing norms. Linkages with the ASHA database and demarcation of catchment areas of ASHAs as clusters allow creation of a visualization of the surveillance planning. Regular sharing of field data by ASHAs using their codes with geospatial attributes helps identify target geographies and priority zones as well as develop a spatiotemporal database of individuals in home quarantine across the state.

SOCIAL VULNERABILITY MAPPING -

Additional features were added to the existing application used for recording data from Participatory Learning Action (PLA) meetings to make it more comprehensive for reporting information about essential health services and mapping social vulnerability for over 25,000 villages during COVID times. This

includes data regarding high-risk pregnancies, child and adolescent health and individuals in the 60+ age group. Once data pertaining to essential health services is fed into the application, it becomes accessible to all officials of the National Health Mission through a digital platform and facilitates field-level planning. Depending on their specific needs, social support interventions are provided to senior citizens, including those living in old age homes; transgender persons; people living with HIV/AIDS; persons with disability; prisoners and sex workers.

PUBLIC-PRIVATE PARTNERSHIPS -

Continuity of non-COVID health services was ensured with appropriate triage facilities. Additional infrastructure, medical equipment and human resources that could be utilized for COVID control and management were identified through consultations with private hospitals. Distribution of hygiene products to ICDS beneficiaries was enabled by CSR donations.