

## GOAL 3: GOOD HEALTH AND WELL-BEING



### TAMIL NADU

#### 1. **IMPROVEMENT OF THE INSTITUTE OF CHILD HEALTH AND HOSPITAL FOR CHILDREN (GRANT ASSISTANCE) -**

Implemented by the Health and Family Welfare Department, the Institute of Child Health and Hospital for Children (537 beds), located in Chennai has played a central role in the region's public tertiary pediatric healthcare since 1968. A new Out-Patient Department was built under this project to improve neonatal and child healthcare which is available for poor people.

#### 2. **URBAN HEALTHCARE PROJECT (ODA LOAN) -**

Implemented by the Health and Family Welfare Department of the Government of Tamil Nadu, the project is aimed at improving the quality of healthcare services in urban areas by strengthening the capacity of key government hospitals by upgrading facilities and equipment, and human resources capacity is strengthened. Focus is given to Non-Communicable Diseases (NCDs), whose risk is rising in the area.

#### 3. **BREAST MILK BANKS -**

Breast milk banks were established in the Aspirational District of Ramanathapuram to provide access to breast milk for low birth weight, pre-term and orphaned babies. The initiative helped improve rates of breastfeeding within the first hour from 42.9% in 2015-16 to 85.5% in the district.

### ANDHRA PRADESH

#### 4. **YSR AROGYASARI HEALTH INSURANCE SCHEME -**

Implemented by the state government to achieve universal health coverage for BPL families, whether defined in terms of financial protection or access to and

effective use of healthcare, the scheme has established a demand-side mechanism that mobilises and channels additional public financing to health, introduced an explicit benefits package, pioneered cashless care, and fostered public-private partnerships.

#### **5. SAHIYA AROGYA KUNJI YOJANA, CHATRA DISTRICT -**

An initiative was undertaken by the aspirational district Chatra in an endeavour to ensure the accessibility and availability of healthcare facilities in the district. Tribals in certain underdeveloped areas of the state do not have access to modern healthcare facilities. To offer a respite to the people living in these affected areas, the state government has designed and developed this Medical Kit scheme. It aims at poor and deprived citizens of the district, by providing Medical Kits and efficient ambulance services across the district. Arogya Kunji has improved the outreach and efficacy of timely medical aid and healthcare services in rural areas.

#### **6. SRI SATHYA SAI MEDICAL MISSION - HEALTHCARE AND TELEMEDICINE FACILITIES - (CLOSELY TIES IN WITH SDG 9 AND SDG 17) -**

The objective is to provide advanced healthcare to those who are furthest behind in society. The Trust initiated massive projects by building hospitals and relevant infrastructures. Two state-of-the-art "super-specialty" hospitals were constructed (Sri Sathya Sai Institute of Higher Medical Sciences), in addition to two general hospitals, a "mobile" hospital. In keeping with the latest technological advances, telehealth facilities for patients located in remote rural areas were established. Services at the institutes include neurosurgery, cardiology, cardio-thoracic vascular surgery, urology, ophthalmology, orthopedics, and plastic surgery. All healthcare services are provided totally free of all charges, there are no "billing" counters in the facilities. It also has a nursing college for graduate training of nurses and paramedical staff. The Trust conducts "medical camps" in rural areas regularly, offering primary healthcare to local populations.

Apart from the best practices, Andhra Pradesh's SDG Vision Document "ACHIEVING SUSTAINABLE DEVELOPMENT GOALS 2030", details further major policies and strategies to achieve benchmarks for SDG 3 - GOOD HEALTH AND WELL-BEING provided as follows-

- Restructuring primary health care by remodeling PHCs, CHCs, UHCs, and DHs and strengthening health workers under the National Health Assurance Scheme.

- Strengthening the implementation of Mission Indradhanush to achieve immunization of all children under the age of 5.
- Supplementary Nutrition programs (SNPs) to improve the nutritional status of pregnant and lactating women, and children below six years.
- Giri Gorumuddalu Scheme, a special feeding program for children up to 5 years, has benefitted children categorized as severely underweight (SUW), severe acute malnourished (SAM) and moderate acute malnourished (MAM).
- Improvement of screening rates for the detection of communicable and non-communicable diseases through the provision of free diagnostic tests under NTR Vaidya Pariksha.
- Provision of free CT and MRI scan services at all district hospitals.
- Health schemes such as Talli Bidda Express, NHM, NTR Vaidya Seva, NTR baby kits, 108 & 102 Services, e-aushdhi, Anna Sanjeevani, Chandranna Sanchar Chikitsa (healthcare services in remote areas through mobile medical services), MAMATA, SABALA, National Mission on AYUSH, PMSSY, access to universal health care and insurance, RCH, Nutritional Security Program, Nutrition and Health Tracking System and robust e-based monitoring and support system.
- Strengthening implementation of the WHO framework convention on Tobacco Control.

## KARNATAKA

### **7. INTEGRATING MENTAL HEALTH INTO GENERAL HEALTHCARE -**

- To address the treatment gap, the District Mental Health Program (DMHP) under National Mental Health program facilitates the training of all health staff for early identification and treatment of mental illnesses. District Mental Health program teams composed of psychiatrists, psychologists, social workers, and nurses were sensitized. Medical officers were trained in how to provide first-line treatment to patients with mental health issues. Counsellors manning free 104 helplines were trained and sensitized. Use of various platforms, besides the services available, was encouraged for persons seeking support as part of the awareness program.

Karnataka's telecommunication mental health services were formulated to provide acute attention to mental health issues. Collaborations were rolled out with physicians to administer timely and effective medicine, including front-line workers, healthcare providers, and patients, with an aim to provide accessible, affordable, and comprehensive mental health care.

#### **8. E - MANAS -**

E-Manas, aka Karnataka Mental Healthcare Management Systems, is an internet-based state-wide registry of Mental Health Establishments (MHEs), Mental Health Professionals (MHPs), People with Mental Illnesses (PwMIs) and their treatment records (including Advance Directives (AD) & Nominated Representatives (NR) aimed at the digitization of mental healthcare in Karnataka and facilitating compliance with the Mental Healthcare Act, 2017. The project incorporated a collaborative design model, and a strong emphasis was placed on bringing in an element of familiarity for the users, simplicity of design, and facilitating and ensuring a comfortable user interface while ensuring the security of sensitive and personal data and incorporating "Privacy by design" features.

#### **9. INNOVATIVE SOLUTIONS TO ADDRESS MALNUTRITION -**

SaiSure is a unique multi-nutrient supplement program for pregnant women, toddlers, and children offered by Sri Sathya Sai Annapoorna Trust to ensure that no mother and no child ever suffers from lack of access to good quality nutritional supplements.

#### **10. PROMOTING AWARENESS ON USE OF SANITARY NAPKINS IN BANGALORE SLUMS -**

In every slum, women belonging to the teen and adult ages are encouraged to join the 8 -month awareness program. They are provided with sanitary napkins and a sanitary kit consisting of basic sanitizers and first aid material and oriented on the benefits of using sanitary napkins, how to use them, and the ill effects of using unclean pieces of cloth during menstruation. After 8 months the women qualify and are launched as sanitation ambassadors in their slums, they further campaign and get other women to join the program until all the target women are reached in the slum to promote hygiene and sanitation among women, eradicate the stigma and superstitions around menstruation, and reduce vulnerability to infection and diseases.

The women, the foundation, student volunteers, and ambassadors (beneficiaries) play an important role in executing the objectives. The risk of infection, diseases

and contamination has been massively reduced in these areas. Members of the foundation contribute from their monthly income for the expenditures incurred in the purchase of simple sanitary napkins and kits. Donations of sanitary napkins from college students have been encouraged.

## MAHARASHTRA

### **11. 'DAKSHATA' INITIATIVE TO REDUCE MATERNAL MORTALITY -**

Gadchiroli faces the issue of High Maternal Mortality, higher than the state average. In areas with challenging road connectivity due to dense forests, scattered populations in small pockets, and heavy rainfall, the District Administration enabled the Dakshata Initiative to find solutions to this multi-pronged problem. The initiative focuses on Capacity Building for supply-side frontline workers, routine tracking of pregnant women to enable safe deliveries, analytical exercises to examine the causal factors and bottlenecks to efficient health service delivery, and effective decentralization in decision-making, allowing village-level contextual needs to be translated to planning interventions at the block/ district level. All the sub-centres and PHC ANMs display a list of pregnant mothers. This information is communicated to other sub-centres in case of a different expected place of delivery. Causal data collected from all institutes in the district revealed that the major causes of maternal death in the district were severe anemia, septicemia, and SCD Disease. Preventable causes of death like PIH, PPH, and sepsis were given priority. Phase-I involved 'Capacity Building' to tackle supply-side interventions for better health. Areas with language barriers were identified and it was ensured that the ASHA and traditional 'Dais' were able to communicate in the local language. The effective and strategic implementation of Dakshata training led to skill enhancement of frontline workers (ASHA and ANM) and MOs of the Health Department.

## TELANGANA

As per Telangana's SDG Implementation Document 2018, the state's strategy to achieve benchmarks for SDG 3 - GOOD HEALTH AND WELL-BEING, the state has focused on the following major policies and strategies-

- Construction of new medical colleges and hospitals
- Aarogya Lakshmi and Strengthening of Anganwadi Centres
- Upgradation and strengthening of Vaidya Vidhana Parishad (VVP) hospitals
- Ambulance Service-Rural Emergency Health Transport scheme
- Upgradation of PHCs
- Upgradation of District Headquarter hospital to Super Specialty Hospitals;
- Strengthening infrastructure to CHCs and PHCs;
- Establishing more trauma care centres
- Amma Vodi

## PUNJAB

### 12. **HEPATITIS C MANAGEMENT -**

This initiative is implemented by the Department of Health and Family Welfare and involves screening and treatment of Hepatitis C patients. Screening and testing procedures are provided free of cost and the patient undergoes a 12-week program. Treatments, with a cure rate of approximately 93%, are available at the doorstep of all district hospitals.

### 13. **BUDDY PROGRAM -**

The program aims to reduce the demand for drugs in the state, build barriers to drug use at an early stage, facilitate engagement on a long-term and sustainable basis, and learn and incorporate the best practices of other countries. It involves the formation of buddy groups in each class/section based on prescribed parameters. The workflow consists of constant interaction among buddies, monitoring by senior buddies, and monthly awareness initiatives through printed material, short videos, participative role plays, demonstrative role plays, etc.

The program is implemented by Punjab's Department of Home Affairs based on a framework that mainly involves:

- Peer support of the group
- Guidance and supervision of teachers/principals
- Partnership with parents, support of the administration
- Long - term & consistent engagement of all stakeholders

## HARYANA

### 14. **ANM ONLINE (ANMOL) TAB -**

ANMOL is a pioneering tablet-based software that focuses on automating data processing, and empowering healthcare personnel by infusing technology into otherwise manpower-intensive healthcare that is prone to human error. It helps ANMs with data capture, record-keeping, and a range of other tasks including beneficiary validation, family planning, immunization, health monitoring, and counseling. It has increased the efficiency of health workers, and revolutionized the state of pre-and post-natal care in rural Haryana.

The program aims to streamline ANM activities by eliminating redundancy, reducing paperwork, and minimizing input errors. It is the convergent action between the Ministry of Health and Family Welfare, UNICEF, SWASTHYA, the Public Health Foundation of India (PHFI), and more than 2,000 ANMs across Haryana. The tablets run the ANMOL app and come pre-installed with state-of-the-art security features with an Aadhaar-approved fingerprint scanner.

## TRIPURA

### 15. **TRIPURA VISION CENTER (TELE-OPHTHALMOLOGY) -**

Tripura decided to use ICT as a delivery mechanism for eye-care services in rural areas due to the lack of availability and accessibility of ophthalmologists.

The Tripura Vision Center Project was conceived and designed by the collaborative efforts of the Ophthalmology Department at Indira Gandhi Memorial (IGM) Hospital under the Department of Health, Government of Tripura, IL&FS ETS and Aravind Eye Care Systems. It aims at offering primary and preventive eye-care services in a decentralized manner to rural citizens by adopting advances in medical sciences, bio-medical engineering, and its convergence with ICT. The project currently serves a rural population size of 27.18 lakh people in remote areas of Tripura. 44 Vision Centers (VCs) have been deployed in three phases to render teleophthalmology service across the state.

All VCs of the state is established in the premises of Community Information Centers (CICs) set up under National e-Governance Plan (NeGP) to leverage the

existing infrastructure. The VCs are connected to the Indira Gandhi Memorial (IGM) Hospital in Agartala, from where the ophthalmologists tele-consult with the patients. Ophthalmic assistants at the VC screen the patients and enter their information in the database and capture the images of the eye which are uploaded to the database along with the patient's history. With the help of the TripuraState- Wide Area Network, the relevant information is transferred to the Referral Center, where the images are diagnosed and the modality of treatment is prescribed.

Apart from the aforementioned practices, the Draft Vision 2030 document further details Tripura's 7- year strategy to ensure healthy lives and promote well-being for all at all ages. The state has also focused on the following-

- Reducing infectious diseases such as TB, malaria, hepatitis
- Taking preventive health measures through vaccination under various disease prevention programs
- Nutritional and food supplements for all segments and ages
- More effective implementation of a reproductive child health program (RCH) to reduce infant, child, and maternal mortality rates
- Prevention, early diagnosis, treatment, and rehabilitation for reducing mortality rate attributed due to cardiovascular disease, cancer, diabetes, or chronic respiratory disease
- Assurance of healthcare by timely appropriate care beyond traditional system Improvement and extension of health coverage
- Investment from central sector schemes
- Electronic Vaccine Intelligence Network (eVIN)
- Prioritising mental and child healthcare
- Financing for the promotion of public health protection
- Quality and affordable medicines including generic medicine and vaccines Reducing death due to traffic injuries etc.
- More trained and skilled personnel in the health sector; and more Public Private Partnerships (PPPs) for developing infrastructure.

## MADHYA PRADESH

### 16. **UNCONDITIONAL CASH TRANSFER PROJECT -**

The intervention was tested in general and tribal populations with control groups for each to evaluate effects through a baseline survey (census), interim



evaluation (sample survey), final evaluation surveys (census) and a sample post-final evaluation survey. Nutrition outcomes assessed included weight for age tracking, food sufficiency reporting, and practices in the purchase of nutritious food. Over 6000 individuals (generally low-income and tribal villages) received small unconditional monthly cash transfers, called a basic income (pilot – ₹200 per adult and ₹100 per child; after one year- ₹300 per adult and ₹150 per child). These amounts were calculated so as not to be too high as to substitute employment, but enough to make some difference in fulfilling basic needs. Receipt of basic income had a statistically significant impact on children's nutrition, in both general and tribal villages, particularly on the nutrition levels of female children.

## CHHATTISGARH

17.

### **'HAMAR SWASTHYA' APP -**

To identify undetected Non-Communicable Diseases (NCDs), the Aspirational District of Rajnandgaon has launched the 'Hamar Swasthya' App to make people's health cards available to doctors and health workers. 8,966 cases of diabetes and 6,871 cases of hypertension were identified in a single day IN 2017-18 during health camps conducted across all the panchayats. To address the issue of spreading NCDs, the App was launched for the early detection of diseases and to register the medical record of patients, giving doctors and health workers access to patient medical history and timely initiation, treatment and subsequent follow-ups.

### **18. MASS VACCINATION FOR PREVENTION OF PPR DISEASE -**

Peste-des Petits Ruminants (PPR), a viral disease, has been known to cause heavy economic loss for goat and sheep rearers in Chhattisgarh. The state Government undertook a massive immunization Program to tackle the disease. A state-wise PPR Disease Control project was formulated and sanctioned under Rashtriya Krishi Vikas Yojana, on the lines of the Pulse Polio Campaign, and implemented in 2010-11.

Vaccination coverage of 82% was attained through the effective implementation of the project (2014-15). PPR titre antibody is analysed by competitive ELISA kit, at

IVRI Mukteshwar. The National Livestock Census showed a steep rise in the goat population in the past decade. Goat meat production, based on the Integrated Sample Survey, the Government of India, also shows a significant growth in this sector after the implementation of the project.

## ODISHA

### 19. **MISSION API – 10: REDUCTION OF MALARIA –**

In the Aspirational District of Koraput, the incidents of Malaria-related deaths were high due to hilly terrain, forest cover, inadequate health facility coverage and low education levels of the population. To combat this, Mission API-10 was launched in 2017. The two main interventions under API-10 included the use of Long Lasting Insecticidal Nets (LLINs) coupled with supply-side interventions, complemented by bottom-up incentives and nudges such as 'bell ringing' as reminders to use nets and night patrolling by ASHA/ AWW/ Volunteers. This initiative helped create awareness about Malaria and brought down the Annual Parasite Incidence (API) to 2 in the affected area. Extensive sensitization was ensured through demonstrations in local markets, posters, Nidhi Ratha and rallies.

### 20. **KALPANA PROGRAM FOR BETTER HEALTH - (CLOSELY TIES IN WITH SDG 5)**

Pregnant women at the Aspirational District of Dhenkanal were prone to skip radiology tests due to inaccessibility. To facilitate them, the District Administration enabled a mechanism for mandatory Ultrasound Sonography (USG) testing for all pregnant women by scheduling mass test dates across the sub-district hospitals under the Program. Bringing all pregnant women together at these hospitals resulted in discussions regarding their lifestyle, food habits and sharing of experiences.

'Kalpana Poshan Kendra' aims at establishing Nutritional Rehabilitation Centres under the umbrella program of the National Health Mission. Kalpana Poshan Kendra helps in recovering the lost weight of children through intensive feeding of therapeutic food (rich in micronutrients) supplements. Capacity building of primary caregivers in preparing home-made nutritious food from locally sourced ingredients and counseling of mothers on family planning are also conducted here. The Kalpana Program has been instrumental in organising mass community

awareness programs across Dhenkanal advocating the message of 'gender equality', to change the predominant societal mindset of preference for a male child.

21. **AMA SANKALPA** - (CLOSELY TIES IN WITH **SDG 10**)

Rayagada, a mineral-rich district in the southern part of Odisha has a predominantly tribal population of 57.52% and all 11 blocks of Rayagada are covered under the Tribal Sub-plan. Since citizens were not availing of health services due to poor connectivity, non-availability of referral systems in hard- to- reach areas, and low literacy, the District Administration developed a specific Action Plan to identify the real beneficiaries to uplift their standards by reducing IMR and MMR. The program relies on a bottom-up demand-driven approach to improve uptake, with IEC & BCC relevant methods.

3 'Ama Sankalpa Ratha' Yatras were organised to spread precautionary measures for maternal and child health accompanied by folk shows on District-specific issues at the village level through which Health messages were disseminated. Supply -side interventions were strengthened, and Integrated Special VHND/RI sessions were conducted where Antenatal, Post Natal, Newborn, and Child Health screening and services, and weekly tracking of high risk pregnancies were enabled. For the early identification and referral of Severely Acute Malnourished(SAM) children between 6 months to 6 years; a special plan 'Project Surjyamukhi' was prepared under Ama Sankalpa. It covered tracking of Red & Yellow Zone children, and the provision of facilities for therapeutic treatment and counseling under the guidance of technical assistants to improve the nutritional status of all children in the district.

## RAJASTHAN

22.

### **ASHA SOFT** -

ASHA Soft is a web-based software launched with key objectives of ensuring timely and transparent online payment to ASHAs and to improve the system of monitoring, reduce delays and establish transparency. It was developed by the State Health Mission in collaboration with National Informatics Center, Rajasthan

State Unit. Fixed dates for the sanction of funds at different levels are assigned which ensures that ASHAs receive timely and transparent payments of incentives. The payment is then transferred into ASHA's bank account directly from state headquarters, where a separate account has been opened for ASHA incentives. After the release of payments, an SMS alert is sent to ASHAs regarding the transfer.

## UTTAR PRADESH

### 23. **PROJECT IDENTIFICATION AND INTERVENTION (IDI) -** (CLOSELY TIES IN WITH **SDG 4, 10, 11 AND 17**)

Project IDI is bridging the gap between health and education by establishing a seamless path to learning for children with multiple disabilities. It impacts children in 3 distinct areas:

- Identification: Finding and screening children with disabilities, many of whom are isolated at home and whose families are not aware of their rights or potential for growth.
- Intervention: Providing the child and family with what they need to overcome initial barriers to learning and inclusion, including therapeutic and educational interventions to prepare them for school.
- Education: Ensuring each child has access to learning by training teachers, community educators and families, and developing model programs for quality education.

Project IDI is initiated with local health and education partner organizations, including hospitals, local education organizations, and schools, which serve as a nucleus of services provided to children and families in the immediate vicinity and adjoining areas. Collaborations with local governments, schools, and civil society organizations help establish interconnected referrals and services to properly identify, assess, and educate children with multiple disabilities. With ongoing training and mentoring, community-based rehabilitation (CBR) workers and special educators at the implementing partner organization carry out day-to-day identification, intervention, and education support for children and families. The child's progress is monitored through a database. After assessment, families are guided to access available therapeutic services and obtain assistive devices. After the basic intervention needs of the child are met, the IDI Team ensures that each child has access to learning in a setting most appropriate for the child. This

involves either establishing new programs or improving existing schools and programs.

#### **24. ESTABLISHMENT OF GRAM PARK/OPEN GYM AT VILLAGE LEVEL -**

Inspired by the Fit India Movement, a pilot project was started in 22- gram panchayats spread over 11 blocks of the Ayodhya district. New and improved gym equipment was installed in identified parks to attract people to a healthy lifestyle. There has been a remarkable improvement in the lifestyle of people living in these gram panchayats. More and more people follow regular physical exercise and know the importance of a healthy lifestyle.

#### **25. HEALTH SECTOR REFORMS THROUGH CSR FUNDS - OBJECTIVES-**

- Healthcare expenditure in rural communities of Siddharth Nagar to impact the local economy. Quality medical equipment and devices in the rural hospitals ensure better health facilities with lesser time and no expenditure.
- Strengthen means of communication and transportation in the district

Through the purchase and installation of medical equipment under CSR, the provision of quality healthcare services to people living in rural areas and affordable treatment against severe diseases for poor families in rural areas has drastically improved the health indicators of the district.

### **JHARKHAND**

#### **26. PARTICIPATIVE LEARNING AND ACTION (PLA) INITIATIVES -**

A capacity -building process in which women's group members invite non-group members, adolescent girls, pregnant women and mothers, frontline service providers for learning, planning, carrying out and evaluating activities on a participatory and sustained basis. Trained facilitators (Sahiyas) enable this community process through mobilization using the PLA cycle approach with the objective of reducing maternal & neonatal mortality, improving receptiveness of government programs like early registration, ante-natal care, institutional deliveries, consumption of IFA, early referrals, etc.

27.

### **POSHAN SAKHI DISTRICT INITIATIVE -**

The initiative aims at developing an integrated monitoring tool for MTC centres. It was proposed to have three mediums to monitor the processing integrated through a single database. It includes an Android Application for Lady Supervisor which would work in the Tablets provided by the department, a dashboard for MTC Centre that would work on the existing computers in the MTC, and a dashboard for the district nodal officers to monitor progress daily.

#### **BENEFITS:**

- No need for new hardware or infrastructure, existing hardware used
- Low -cost solution
- Simple and user -friendly app design
- Improvement in results- Bed occupancy rate increased to 95%
- Real -time monitoring of occupancy status at MTC Centres
- Daily offsite monitoring of the development of admitted children
- Integration of Health and Social Welfare Department.

Apart from best practices, Jharkhand's policies and strategies to achieve benchmarks for SDG 3 - GOOD HEALTH AND WELL-BEING, are mentioned as follows-

- Capacity Building of Health Workers, ANM, MPW
- Sahiya Help Desk
- SAS – BAHU –PATI Sammelan
- Health MCH awareness through community involvement
- Implementation of the National Program for Cancer, Diabetes, Cardiovascular Disease and Stroke to all districts, through adequate infrastructure and deployment of health human resources.
- Development of Health sub-centres as Wellness Centres by appointing trained health personnel and required support.

### **NORTH-EAST**

28. **Electronic Vaccine Intelligence Network (eVIN)** — Arunachal Pradesh, Assam, Manipur, Meghalaya, and Nagaland

In 2015, the Government of India, with implementation support from UNDP, introduced eVIN, an indigenous technology that enabled real-time visibility of

stock and temperature of cold chain equipment across the country. Implementation of eVIN helps in making vaccines available to the last beneficiary, real-time monitoring of stock, reduced vaccine wastage, strengthening the management practices and making evidence-based policy decisions at all levels of the health system. A total of 900 lakh vaccine doses were saved in the states in which eVIN was implemented.

### 29. **Solar Assessment of Health Facilities** — Assam and Meghalaya - (CLOSELY TIES IN WITH **SDG 7**)

In tandem with UNDP's objective of Solar for Health, UNDP India has developed a digital tool to assess capacities for solar energy. This has been used to assess health facilities in the aspirational districts of Baksa in Assam and Ri Bhoi in Meghalaya. The project shows that the solarization of health facilities will help communities access better healthcare 24x7.

### 30. **Assessment of Vaccine Distribution (AVD) till the Last Mile** — Assam

Assam's Department of Health, with support from UNDP, conducted a study on methods and modes of vaccine delivery from cold chain points to the immunization session sites, recording information on vaccine deliverers, vaccine temperatures for safety till the last mile, rational distribution and allocation of sub-centres in view of distance, processes and practices. UNDP developed a tool to record and analyze this information for efficient vaccine distribution. The Alternate Vaccine Delivery (AVD) assessment resulted in high level policy discussions to restructure the system in Assam. It has been termed a pioneer initiative to streamline vaccine delivery to the last beneficiary in the world's largest public health intervention, the Universal Immunization program (UIP).

### 31. **Internal External Branding** — Sikkim

To provide clean, hygienic, and accessible hospitals including sanitized environment for treatment, West Sikkim has renovated health centres in accordance with the guidelines of the National Health Mission. The buildings have been made aesthetic using charts, pamphlets and posters describing major health interventions and necessary preventions. They have been painted with colours to be easily identified and accessed. The Medical Officer of the district has put extra effort to provide free lab facilities and a regular supply of medicines. Nutrition gardens have been developed around the health centres, thus creating awareness regarding the importance of medicinal and nutritious plants. The district has also involved the youth in this process. The Administration and

the community has participated in this initiative, including maintenance of the premises, thus greatly improving health indicators.

### 32. **Kanya Taru Yojana** — Assam

For encouraging hospital delivery and discouraging home delivery, parents of girl children born in any government hospital of Hailakandi were gifted with 5 saplings (Coconut, Litchi, Assam Lemon, Guava & Amla) and were asked to take care of them as they would their daughters. The fruits of the trees can be used to feed children to develop their immunity, and fight malnutrition, and the profits earned from the sales could be redirected to investing in the girl's education and improving the green cover of the district. It attempted to quell the disappointment of citizens on the birth of girl children and instead commemorate her birth as 'Ghar ki Lakshmi' with jubilation and glorification of "Girlforce–Unstoppable".

### 33. **Sanitary Napkin Production by SHGs** — Assam

This initiative has ensured hygienic menstrual days for most women in the aspirational district of Hailakandi. Women in SHGs have undertaken manufacturing hygienic low-cost sanitary napkins. Apart from empowering them, this has significantly improved awareness regarding menstruation and personal hygiene.

## BIHAR

### 34. **THE CHILD PROTECTION UNIT** – (CLOSELY TIES IN WITH **SDGs 4 AND 5**)

The Child Protection Unit in the Muzaffarpur district is a fundamental unit implementing an integrated role in child rights, health, and education. This unit apart from mobilizing the community, emphasizes the importance of gender equality, mortality and also on other critical health indicators including pre- & post-natal, mother and child healthcare. The community members are sensitized to use informative videos during daily Panchayats & Ratri Chaupals. The number of participants in these activities has significantly increased, with girls and women pro-actively spreading awareness and practicing them too.

### 35. **THE DIARRHOEA FIGHT – SWASTH BEGUSARAI**



The Begusarai District has taken up the fight against diarrhoea and pledged to eradicate it by creating awareness for its prevention. Everyone in the District, from school students to frontline workers, to local people, has participated to make it a Jan Andolan. Women from Frontline Health Workers and SHGs are creating awareness by encouraging mothers to use ORS and Zinc solutions for better health of their children. During the Intensified Diarrhoea Control Fortnight, students encourage everyone in their family and neighbours to practice safe sanitation. The Aspirational District of Sheikhpura has also taken inspiration from Begusarai and replicated the idea of making a few days focused on Diarrhoea to fight and eradicate it.