

UT of Dadra & Nagar Haveli

**Proposal of Implementation of Plan
For IEC & BCC
Activities (PIP 2016-17)**

(State Health Society,Dadra & Nagar Haveli)

2016-17

Background information

IEC and BCC activities are very important health determinant. Promoting 'Healthy Behavior' to achieve the goal of health is key objective of health services. 'Health activities' perform to prevent disease and promote healthy life. It can be achieved through 'Health Education' which is targeted at dissemination of correct information, motivation of people to adopt healthy life styles and guide people to avail of medical and health services for effective utilization of health services. Health behavior change refers to the motivational, volitional, and actionable processes of abandoning health-compromising behaviors in favor of adopting and maintaining health enhancing behaviors.

Behavior change among individuals and communities is achieved through a combination of communication approaches and strategies/interventions on adoption of healthy behaviors. Behavior change interventions and communications therefore refer to an interactive process using behavior change interventions and communication approaches to develop, promote and sustain positive behaviors in individuals and communities.

The approaches used are aimed at influencing behaviors of individuals and communities through targeted psychological positioning of information accompanied by activities such as skills building, marketing and advocacy to encourage social and cultural changes and to promote the adoption and reinforcement of desired behaviors. BCC service delivery focuses on the use of a variety of targeted messages and campaigns and the Media, including Drama, Poetry, Storytelling and Songs in addition to traditional print and audio mass media (Newspapers, boards, Radio and TV).

Behavior change communication (BCC) is any communication (e.g., interpersonal, group talks, mass media, support groups, visuals and print materials, videos, etc.) that helps foster a change in behavior in individuals, families, or communities. BCC is a process of working with individuals, families and communities through different communication channels to promote positive health behaviors and support an environment that enables the community to maintain positive health behaviors taken on. The BCC Division at Haryana is mandated to support the district administration in ensuring that communication activities in the district equip families and communities with appropriate knowledge, skills and attitude to improve health and lifestyle decisions. In order to meet

this goal, various strategies including mass media, local and folk media, outdoor media, social mobilization, social marketing, community dialogue, interpersonal communication are employed.

Communication, promotion of services/social marketing, demand generation, and interpersonal communication skills of front line workers remains a weak link which impacts the effectiveness of the national flagship programme NHM. In this regard a novel BCC strategy was initiated in the UT of Dadra & Nagar Haveli to impart health education and to communicate the available information and knowledge to public in rural/remote areas in simple and easy to understand language. This is a major shift from conventional to rural centric and community participative approach targeting people right up to the grass root level. IEC committee under the Director of Medical & Health Services looks after building the capacity of paramedical staffs at districts and village levels to design, execute and evaluate strategic communication programs on behavior change. The committee focuses on behavior change in following thematic areas —Antenatal Care, Institutional Deliveries, Post Natal & New Born Care, Married Adolescents, Gender discrimination, Unmet need for family planning, Nutrition through the life cycle (infant, under three, adolescent, woman), Routine immunization, Hygiene and safe water practices, Marginalized groups and households including urban poor, Need for supportive supervision of ASHAs, Capacity building of BCC skills for service providers across NRHM and Workload definition and structuring of workload for the ASHAs

Situation analysis

Table 1 – Showing problem indicator in the UT of Dadra & Nagar Haveli

Programme	Problem Indicator	National scenario in 2013-14	Current Status	Target 2015-16
Maternal	Early			

Health	registration
	T T
	Iron Tablet
	Institutional Delivery
	JSSK
Child Health	Ist visit in 24 hours
	Ist Breast feeding
	Birth Weight
	Symptoms of Serious Disease
	Full Immunization
Family Planning	Nirodh/Condom
	IUD
	Oral Pils
	NSV/VT
	LTL
Adolescent	Age of Marriage
	Reproductive organs
	Pregnancy
	RTI/STI
	Sickle Cell test
Save Girl Child	PNDT
	Equality in sex
	Girls Benefit schemes

BCC/IEC activities for MH -

The main barriers in the in Dadra and Nagar Haveli are early registration (< 12 weeks) and 3 antenatal checkups are: no perceived need for ANC checkups as previous deliveries were normal despite no ANC checkups; lack of social norm of early registration and low autonomy and status of women. Other barriers include lack of access to resources including ANC related information. The behavioural inputs are aimed at:

- (1) Motivating women and families to avail of ANC services,
- (2) Motivating ANMS and MPWs to provide quality and timely services at the community level

Institutional Delivery and Hospital Stay of 48 hours

There are two critical aspects being addressed in BCC log frame the issue of institutional delivery and equally important, the need to be in a facility for 48 hours prior to discharge. The barriers to institutional delivery are age old practice of home deliveries, lack of services nearby or at a village level, lack of transport etc.

The behavioural inputs required are:

- (1) Motivating women, families and communities to avail of Janani Suraksha Yojna
- (2) Promoting registration at a facility for delivery as part of a birth preparedness plan,
- (3) Motivating Medical Officers and PHC staff to keep mothers and new borns at the facility for 24 hours.

**Table – Showing details of activities along with expenditure of
Maternal Health**

	Name of Activity	Unit	Rate	Cost in (lak h)
Mass Media, Advocacy - Media and Political	Short Films/CD Spots	5	10000	0.5
	Outdoor Media	1	300000	3
	Press	3	30000	0.9
	TV	3	10000	0.3
	Public Representatives	1	25000	0.25
Institutions FRU, CHC, PHC, Sub Centre	Posters/Leaflets/Banners/Hoardings	14	25000	3.5
	Display Boards	5	40000	2
	Wall Painting	72	3000	2.16
	Total			12.61
Village level activities	Saas bahu Sammelan	72	1000	0.72
	Badhai (MNH) Kits	2000	350	7
Household/Family	Couple Communication	72	500	0.36
	Family Communication	72	500	0.36
	Celebration of Health Days	4	25000	1
	Total			9.44

Newborn Care

The barriers related to newborn care practices are long standing socio-cultural practices related to prelacteal feeds, discarding colostrum, cleaning the baby's

digestive system etc. There is also fear that the baby could be harmed if certain practices are not followed. Weighing the newborn within 24 hours is practices that can find quick acceptance if promoted in a culturally appropriate and locally acceptable manner. The behavioural inputs required to change new born care practices include:

- (1) Motivating pregnant women and older female family members to put the child to the breast within one hour of delivery;
- (2) Motivating dais and ANMs to put the baby to its mother's breast within one hour of delivery;
- (3) Motivate mothers and other family members for providing skin-to-skin care to the new born;
- (4) Motivate family members to ensure that the child is weighed within 24 hours of birth; even if the child is born at home;
- (5) Promote new born care to caretakers of the mother and newborn as a "care" package that is feasible and easy to implement at a household level.

Family Planning

The main barriers to low use of family planning methods are social norm of proving fertility within one year of marriage, son preference, lack of quality of care, limited outreach of FP services in terms of frequency and regularity. Mothers-in-law stated they preferred doctors as providers of IUDs. Also couple communication and family discussion on contraceptive use is low the behavioural inputs required are:

- (1) Directly address newly married couples and motivate them to delay first conception;
- (2) Promote spacing between 2 children by motivating men;
- (3) Motivate health care workers to provide regular and good quality family planning services;
- (4) Promote use of terminal methods after 2 children;
- (5) Promote couple communication and family discussion on temporary and terminal methods.

Table – Showing details of activities along with expenditure of Family Planning

	Indicator	Unit	Rate	Cost in (lakh)
Mass Media, Advocacy - Media and Political	Short Films/CD Spots	4	10000	0.4
	Outdoor Media	1	300000	3
	Press	3	10000	0.3
	TV	5	10000	0.5
	Faith Based organisations	2	20000	0.4
Institutions FRU, CHC, PHC, Sub Centre	Posters/Leaflets/Banners/Hoardings	14	25000	3.5
	Brest feeding Corner	13	20000	2.6
	Display Boards	4	50000	2
	Wall Painting	72	3000	2.16
	Total			14.86
Village Level	Couple Workshop	72	2000	1.44
	Sandheya Swasthy Wartalap	72	500	0.36
Household/Family	Couple Communication	72	1000	0.72

	Family Communication	72	500	0.36
	Celebration of Health Days	4	25000	1
		Total		3.88

Adolescent Health

The barriers here are unawareness of balance diet and the general norm of eating twice a day only. Addressing under nutrition in girls and women has the potential of having multiple gains in terms of prevention of anaemia, low birth weight babies and maternal mortality. The behavioural inputs needed are:

- (1) Promote 3 meals a day (2 meals and a snack) for women and girls in food secure families;
- (2) Promote 4 meals a day (2 meals and 2 snacks) for pregnant and lactating women in food secure households;
- (3) Promote consumption of an iron rich food daily in combination with Vitamin C foods for girls and women;
- (4) Promote linkages with anganwadi for food insecure households;
- (5) Promote consumption of IFA tablets for pregnant women;
- (6) Promote DOTS approach for IFA tables for girls 9-14 years.

Table – Showing the detailed of activities in Adolescent Health Programme along with proposed expenditure

	Activities	Unit	Rate	Cost in (lakh)
Mass Media, Advocacy - Media and Political	Short Films/CD Spots	3	1000 0	0.3
	Outdoor Media	1	3000 00	3
	Press	3	1000 0	0.3

	TV	2	1000 0	0.2
	Faith Based organizations	2	2000 0	0.4
Institutions FRU, CHC, PHC, Sub Centre	Posters/Leaflets/Banners/Hoardings	14	2500 0	3.5
	Adolescent friendly Clinic	14	2000 0	2.8
	Display Boards	4	5000 0	2
	Wall Painting	72	3000	2.16
School Level activities	Health Corner	25	1000 0	2.5
	BCC activities	50	2000	1
Total				18.16
Village Level	Adolescent Health Day	864	500	4.32
	Sandheya Swasthy Wartalap	864	500	4.32
Household/Family	Adolescent Communication	72	500	0.36
	Family Communication	72	500	0.36
	Celebration of Health Days	4	2500 0	1
Total				10.36

Child Health

Child health includes the following areas – nutrition of child under three years, prevention and management of diarrhoea and ARI, hygiene and safe drinking water, and immunization. The behavioural inputs needed for child health are:

- (1) Promote value of girl child by motivating elders, samiti members, parents based on “spiritual merit” approach;
- (2) Promote hand washing with soap after defecation in every household;
- (3) Promote introduction of complementary feeds at six months through regular home visits and focus on frequency of feeds;
- (4) Promote appropriate management of ARI and diarrhoea through regular home visits;
- (5) Promote safe drinking water through community level approaches.

Routine Immunization

The routine immunization programme has the following barriers: lack of community ownership, the behavioural inputs needed is:

- (1) A campaign strategy that emphasizes 5 contacts with the health system for immunization in the child's first year of life;
- (2) Motivating health care workers to provide regular immunization sessions at the village level;
- (3) simplifying the immunization campaign by reducing the focus on "number and types of vaccines" to a colour coded 5 contact system;
- (4) Motivating parents through community change agents

Table – Showing the detailed of activities in Child Health Health Programme along with proposed expenditure

	Activities	unit	Rate	Cost in (lakh)
Mass Media, Advocacy - Media and Political	Short Films/CD Spots	4	10000	0.4
	Outdoor Media	1	300000	3
	Swasthya Melas	20	20000	4
	Press	3	10000	0.3
	TV	2	10000	0.2
	Faith Based organisations	2	20000	0.4

Institutions FRU, CHC, PHC, Sub Centre	Posters/Leaflets/Banners/Hoardings	14	25000	3.5
	Display Boards	4	50000	2
	Wall Painting	72	3000	2.16
	Total			15.94
Village Level activities	Sandheya Swasthy Wartalap	864	500	4.32
	Celebration of Health Days	5	25000	1.25
	Total			5.75

Priority Areas for IEC and BCC Strategy

1. Antenatal Care
2. Institutional Deliveries
3. Post Natal & New Born Care
4. Married Adolescents
5. Gender discrimination (female foeticide, infant girl, under 5 girl, son preference and therefore large family size)
6. Unmet need for family planning
7. Nutrition through the life cycle (infant, under three, adolescent, woman)
8. Routine immunization
9. Hygiene and safe water practices
10. Marginalized groups and households including urban poor
11. Need for supportive supervision of ASHAs
12. Capacity building of BCC skills for service providers across NRHM
13. Workload definition and structuring of workload for the ASHAs

Creating awareness on declining sex ratio issue (PNDDT)

The state proposes social communication campaign to create awareness on female foeticide, social implications of declining sex ratio and constitutional obligations of PC-PNDDT Act. It is presumed that regulation of PC-PNDDT Act may have a dent on Reproductive & Child Health issues, which further supplement the state initiative in conducting a massive social communication campaign for stakeholders, judiciary, appropriate authorities, opinion leaders, university students (future parents) and Panchayati Raj Institutions. In this context, the state has

started a series of communication activity. Hence, state proposes for comprehensive IEC and BCC camapaigans for PC&PNDT activities including awareness generation activities through multiple approaches like mass media and mid-media campaigns, rallies, radio jingles, video spots on regional and cable TV channels, bus panels and hoardings at prominent places like hospital, bus stands and other public place. The advertisement in print media will also be printed to save the girl child and to address the issues of declining female sex ratio in the state. Thus considering the scope and need of the massive IEC/BCC to balance the socio-cultural institutions through equal sex ratios in the state, we propose the following activities:

Table – Showing the detailed of activities in PCPNDT along with proposed expenditure

	Activities	Unit	Rate	Cost in (lakh)
Mass Media, Advocacy - Media and Political	Short Films/CD Spots	3	10000	0.3
	Outdoor Media	1	30000	3
	Press	3	10000	0.3
	TV	2	10000	0.2
	Advocacy workshop for different stockholders	2	20000	0.4
	Rallies on Women’s Day:	1	50000	0.5
Institutions FRU, CHC, PHC, Sub Centre	Posters/Leaflets/Banners/Hoardings	14	25000	3.5
	Adolescent friendly Clinic	14	20000	2.8

	Display Boards	4	50000	2
	Wall Painting	72	3000	2.16
School Level activities	Competitions	25	10000	2.5
	BCC activities	50	2000	1
Total				18.66
Village Level	Adolescent Health Day	864	500	4.32
	Sandheya Swasthy Wartalap	864	500	4.32
Household/Family	Adolescent Communication	72	500	0.36
	Family Communication	72	500	0.36
	Celebration of Health Days	2	25000	0.5
Total				9.86

Interpersonal Communication Tools for the frontline health workers

The department is organizing various IPC/BCC activities as like family communication, couple communication, and ANC mother communication at Villager / slum level through frontline health works. Its need to improve the skills of frontline health and availability of IPC tools kit to workers. The IPC communication tools are very important in social and behavior change communication and interpersonal communication (IPC) to improve health behaviors at the community level. The department has planned to provide need based IPC tools kit to friend line works.

Table – Showing the requirement of IPC tool for frontline workers along with proposed expenditure

S.N	Number	quantity	Tentative rate	Cost
Maternal Health	2	500	150	1.5
Child Health	3	500	150	2.25
Adolescent Health	2	500	150	1.5
Family Planning	1	500	150	0.75
Animal bite	2	500	150	1.5
Zoonotic disease	2	500	150	1.5
Genetically disorders	2	500	150	1.5
BBBP	1	500	150	0.75
Total				11.25

Targeting Naturally Occurring Gathering of People/ Health Mela

It is very feasible and cost effective to convey a message in natural public gatherings like weekly bazaars, science fair, National, Social and Religious festival etc. The department has planned to perform health related IEC/ BCC activities in such gatherings.

Weekly Bazaars - 12 weekly bazaars (per week) are marked in different locations of Dadra & Nagar Haveli.

Science Exhibition and Youth Fairs – The education department of the UT of Dadra & Nagar Haveli has organized science exhibition and youth fairs every year. The Directorate of Medical & Health Services has plan to combined activities on the aforesaid occasions.

Tarpa Festival – To promote the tourism department celebrate Tarpa festival every year. On this occasion the health department may disseminate the message related to healthy behavior.

Sports day/Annual Day etc - Its annual event in most of colleges/schools/industries etc. The department may captured the natural gathering on aforesaid events.

Tableau –

On the occasion of republic day, the department has _____

Table – Showing the plan of IEC activities on natural gathering along with proposed expenditure

S.N.	Name of activities	No of activities	Tentative rate	Expenditure
1	Targeting natural occurring /Weekly bazaar/exhibition and fairs/festivals etc.	1	15.0	15.0

Mobile based IEC/ BCC Solutions

IPC INITIATIVE: SMS GROUPS

In contemporary time, short messages through mobile is part of everyone life even in rural settings. Therefore, it can be a smart and easiest messaging tool for health department. Department has various directories and more than 2 lakhs mobile numbers to deliver health messages in local or Hindi language. . For easy message delivery and for implementation of regular activities, an annual calendar has been prepared based on health determinants and programs. Fortnightly activities (Pakhwara approach) have been planned in such a way that all age groups are given target specific and need based information for desired impact and change in behavior.

Table – Showing the plan of IEC activities on natural gathering along with proposed expenditure

S.N.	Name of activities	No of activities	Tentative rate	Expenditure
1	Mobile based IEC/ BCC Solutions	1	5.0	5.0

INOVATION IN IEC/BCC in the UT of Dadra & Nagar Haveli

1. NEWS LETTERS

The department has planned to publish Newsletters (Dadra & Nagar Haveli Health Bulletin) from the Directorate of medical & Health Services UT of the Dadra & Nagar Haveli. Dadra & Nagar Haveli Health Bulletin will be a bi-language (Hindi & Gujarati) newsletter for frontline workers and PRI members focused on a current health issue of concern, e.g., anemia, child health, maternal health, family planning, care during pregnancy, etc.

2. IEC/IPC MATERIAL DEVELOPMENT

Effective IEC (Information education and communication) and BCC (Behavior change communication) is crucial to achieve desired outcome in any programme. The key strategy for generating awareness to improve health behaviors and promotion of health seeking behavior will remain interpersonal communication by medical/paramedical staff and community volunteers with the people. Initially, all IEC activities were carried out under the different programmes in the Department e.g. CH, MH, RBSK, PNDDT, FP and ARSH. Currently, all IEC of different programmes have been merged to form a fully fledged IEC committee that spearheads planning, implementation and monitoring of all IEC/BCC interventions in the department. Thus the IEC committee has the overall mandate of providing coordination and technical leadership in designing, printing and

implementing interventions for achieving healthy behavior adoption in the community. Under this component we are preparing, designing and printing yearly Calendars and Diaries, Posters, Banners, Hoardings, Brochures, Flipcharts and IPC Booklets for frontline workers like ASHA, ANM, PRI members and ASHA Trainers.

3. MEDIA ACTIVITIES & PR

Public relations of Directorate of Medical & Public Health are being deal by IEC Committee. The Committee has organized various event, conferences, workshops and Sammelans. In the year 2015, the Directorate of Medical & Health Services has organized one state level coordination meeting, four Panchayat level coordination meeting with public representative.

Apart from these the division also works on press releases. In media activities, focusing on carrying out mass media activities like Phone-in-programs, TV/Newspaper advertisements, Radio Jingles and Video Spots. The department has performed following activities in the year 2015. 36 Health talk on All India Radio Daman, 74 Press Note in local news paper, 38 Media Sensitization, 3 advertisements in local News paper, 2 advertisements local TV Chanel and Cinema,

4. LETTERS FOR ASHA & ANMs

An initiative taken up by Director to directly communicate fortnightly with ASHAs and ANMs through letters for dissemination of messages on particular health issues. This work is also carried out through BCC and till now letters have been written to ASHA, ANMs on Anemia, ANC, Post-Partum Care, HBPNC etc.

5. CAPACITY BUILDING-IEC/SBCC

An initiative has been taken up by IEC Committee in the content of capacity building trainings of frontline workers done by other departments of NHM UT of Dadra & Nagar Haveli.

6. SWASTHYA MITRA:

“Swasthya Mitras” is the unique concept of Dadra and Nagar Haveli; it includes trained, non-paid health volunteers at grass route levels. Concept is vital because the every village and padas have few swasthya mitras which knows basic health knowledge; moreover, they are a link messengers between health system and community. The Directorate of Medical & Health Services, Dadra and Nagar Haveli has selected five thousand Swasthya Mitra and organize one day training programme for Swasth Mitra at PHC level on emergency response services, VOICE (Voluntary in Case of Emergency). Still now eleven hundred Swasthya Mitra have been trained

7. COUPLE WORKSHOP:

This is village level activity in this activity the department educates to eligible couples regarding family planning, maternal health, child health, immunization, sex determination institutional deliveries and importance iron folic acid tablets etc. In the year 2015 the Directorate of Medical & Health services has organized 39 couple workshop at the village level.

8. SAAS BAHU SAMMELAN:

“Saas Bahu Sammelan” is a sub-village level gathering of mother in law" SAAS" and the daughters-in-law ‘BAHU’. The primary objectives of this gathering is to educate the dominant female from the family so, health education can pass on in the family. Saas-Bahu Sammelan aimed to facilitate improved communication between mothers-in-law and daughters-in-law through interactive games and exercises. In the year 2015 the department has organized 34 Saas Bahu Sammelan in different place of the UT of Dadra & Nagar Haveli.

Objectives of Saas Bahu sammellan:

- 1.To procure the support of mothers-in-law for 3 ANC checkups and institutional delivery for all pregnant women in the village including their own daughter-in-law.
- 2.To procure support of mothers-in-law and daughters-in-law for delaying first conception.
- 3.To facilitate improved communication between mothers-in-law and daughters-in-law through interactive games and exercises.

9. SANDHYA SWASTHYA VARTALAP:

The people are engage in routine life during day period. To access more number of gathering in community the health department workers visited to urban and villages during evening hours. The aim of this activity is to improve knowledge of health related aspects on a need basis like as, communicable diseases, non-communicable diseases, emergency services like 104, 108 and first aid services etc. The department has organized 124 sandhya swasthya vartalap up to 31 December 2015.

10. VOICE BASED HELPLINE CENTER:

a. ASHA Help line –

The level of technical knowledge of field works (ASHA and other health volunteers) is low. It is needs to provide technical guidance through telephonic call and mobile SMS 24 X7 for health care works and health volunteers who are seeking information regarding any health and programmatic issues. The innovation may be helpful to delivered specific and technical correct message in community.

b. Telephonic Counseling and Follow-up Center – The scientific literature indicate that the telephonic counseling through health professional can improved the health indicators of chronic disease like diabetes, Cancer, Sickle Cell Anemia, Maternal Health, Child Health, Post Surgery, Addiction and Mental Health .

11. COUNSELING CENTER IN COLLEGE –

College can be an exciting place, though at times it may become overwhelming and stressful. Our mission of Counseling Centre (CC) in colleges is to promote the mental health, improve their quality of life and create a learning environment that facilitates their individual development. Counselors of respective programmes help the students to mitigate health related problems. In addition to these, CC provides a range of programs to promote mental health, emotional resilience and wellness throughout the campus community. Our counselors interact with students during orientation, conduct sensitization programs and theme-focused short-term group sessions in students.

12. FAITH BASED ORGANIZATION –

The Faith-based organizations play a major role in BCC activities so the department feels a need to encourage collaboration between health department and faith-based organizations. The religions are very important in our community, thus messages imparted by religious leaders are always taken up on priority basis by community members. Hence, if health messages are spreaded by religious leaders in the community would lead to a healthy growth. The department has made Faith-based organizations in the UT of Dadra & Nagar Haveli. Now we are conducting regular coordination meeting and focusing on following aspects Sickle Cell Anemia, Addiction, Adolescent Health, Suicidal Tendencies, Sex determination

13. HEALTH CORNER IN HEALTH AND EDUCATION INSTITUTIONS-

Health corner is basically modified magazine holder. The department has planned to display it in Colleges, Libraries, Health Institution and other public places. The IEC material like as booklet, folder, handbills and other IEC material of health Programmes will be displayed in the Health Corner.

15. SWASTHY RATH-

The Department has designed a Rath called as “*SWASTHYA RATH*” along with audio visual system. It’s roaming in the remote area of the UT of Dadra & Nagar Haveli. The department has made a schedule for the “*SWASTHYA RATH*” on a need basis for awareness of different Programmes, International Days, and Vaccination Days.

16. GUDDA GUDDI BOARD –

A board is being used to disseminate IEC material on "Beti Bachao Beti Padhao scheme" (BBBP) as well as update quarterly birth statistics at Village level. The UT of the Dadra & Nagar Haveli notorious for its lopsided sex ratio will now have to grapple with quirky bulletin boards that publically announce the number of girls in Village.

17. REPUBLIC DAY TABLEAU –

New Activity Proposed – Voice Based Helpline Center

Whether New/or being Continued – New

Justification –

The activity has two components

c. **ASHA Help line –**

The level of technical knowledge of field works (ASHA and other health volunteers) is low. It is needed to provide technical guidance through telephonic call and mobile SMS 24 X7 for health care workers and health volunteers who are seeking information regarding any health and programmatic issues. The innovation may be helpful to deliver specific and technically correct messages in the community.

d. **Telephonic Counseling and Follow-up Center** – The scientific literature indicates that telephonic counseling through health professionals can improve health indicators of chronic diseases like diabetes, Cancer, Sickle Cell Anemia, Maternal Health, Child Health, Post Surgery, Addiction and Mental Health .

Deliverables –

- a. Knowledge assessment
- b. Numbers of Calls received
- c. Number of telephone cases
- d. Length of counseling sessions
- e. Rates of case assignment to counselors

f. Client satisfaction ratings on access to care

Fund Proposed

Human Recourses = 3.0 lack (2 Counselor, Salary for six month)

Office Expenditure = 5.0 (Office Expenditure and telephone cost)

Activity Proposed – Community leadership and faith based organization

Whether New/or being Continued – New

Justification –

The activity has two components

(a) **SWASTHYA MITRA:**

“Swasthya Mitras” is the unique concept of Dadra and Nagar Haveli; it includes trained, non-paid health volunteers at grass route levels. Concept is vital because the every village and padas have few swasthya mitras which knows basic health knowledge; moreover, they are a link messengers between health system and community. The Directorate of Medical & Health Services, Dadra and Nagar Haveli has selected five thousand Swasthya Mitra and organize one day training programme for Swasth Mitra at PHC level on emergency response services, VOICE (Voluntary in Case of Emergency). Still now eleven hundred Swasthya Mitra have trained

(b) **FAITH BASED ORGANIZATION –**

The Faith-based organizations play a major role in BCC activities so the department feels a needed to encourage collaboration between health department and faith-based organizations. The religions are very importance of in our community, thus messages imparted by religious leaders are always taken up on priority by community. Hence, if health messages are spreaded by religious leaders to the community would lead a healthy growth. The department has made Faith-

based organizations in the UT of Dadra & Nagar Haveli. Now we are conducting regular coordination meeting and focusing on following aspects Sickle Cell Anemia, Addiction, Adolescent Health, Suicidal Tendencies, Sex determination

Deliverables –

- a) Knowledge assessment
- b) Numbers of active participant
- c) No of beneficiaries

Fund Proposed

Trainings of Volunteers = 5.0 lack (one day training)

Coordination Meetings = 2.0 lack (1 Sate level and 20 Panchayat level meetings)

IPC tool kit = 10 lack (Each for all volunteers)