

## **UNITE FOR HEALTHY ERNAKULAM (U4HE)**

Unite for Healthy Ernakulam envisages collective actions involving more than one specialized agency, performing different roles for a common purpose. It relies on strengthening Intersectoral action for health and Community Ownerships for health.

Following important problems are identified in the initial stages for urgent actions

### **Malinyamakattam Rogangalum | Keep Waste Away and Diseases Too**

This campaign programme aimed to a civil society movement to generate demand for safe disposal of wastes and empowering people to dispose their waste scientifically. Education can play a major role in helping to deal with the solid waste management crisis. Citizens should be made aware of the need for integrated waste management which includes waste processing and treatment. The Local Self Government to encourage the setting up waste disposal units at the household level via composting or the installation of biogas units. The participation of all NGOs/Residence associations and community organisations is critical for the success of such programmes. The campaign leads by district unit of Suchithwa Mission in support of other department with the coordination of National Health Mission.

#### **Main activities for the campaign**

- Green Protocol in all institutions
  - All Government institutions to follow Green Protocol- No flex printing, flower wrapped in plastic, No paper/plastic cups/plates, proper scrap handling, promoting ink pen in schools, segregate and properly discard wastes.
  - To set up a Green Protocol team for monthly monitoring of activities in each institution
- Sensitizing NGOs
  - Sensitizing NGOs on need for and methods of household waste disposal
- Sensitizing LSGDs
  - All LSGDs need to be trained regarding methods of proper disposal of wastes and advocated to have projects
- Sensitizing Kudumbasree
  - Sensitize Kudumbasree leaders on need for and proper household methods of waste disposal
- Sensitizing Residence Association
  - Sensitizing Residence Association on need for and methods of household waste disposal
- Awareness generation at schools
  - Sensitizing all school children on ill effects of improper waste disposal and proper waste disposal.
- Mass Media Campaigns
  - To keep the issue in public attention with proper news coverage in leading news papers

## **Immunise Ernakulam**

Ernakulam district had 8 confirmed cases of diphtheria with 3 deaths. There are around 851 children according to official records, not yet fully immunized, despite all attempts made by health services department. Following strategies are planned for Immunise Ernakulam initiative

- Team visiting 851 partially immunized children
  - A team includes a representative of District Collector, a representative of Local Self Government and an expert doctor (IAP/Health Services representative) should visit all the houses of partially immunized/unimmunized children and request them to take vaccines explaining the current scenario and in view of huge impending outbreaks in the community.
- Survey to assess current coverage
  - Survey need to be conducted to assess current coverage of vaccines
- Advocacy with opinion leaders
  - High level advocacy with opinion leaders need to be done by a team requesting their public opinion in Press
- Capacity Building for health care providers
  - Capacity building for health care providers- Government field staff regarding Communication and soft skill training pertaining to vaccination
- Capacity Building for Private sector staff
  - Regarding cold chain monitoring and maintenance
- Mass field activities in resistant areas
  - Mass field activities with involvement of nursing students/medical students/ mothers/children/anganawadi teachers/ local opinion leaders in “immunization resistant” areas
- Corner meetings
  - Corner meetings at public places (bus stand/markets/major junctions) by doctors
- Professionally designed Communication messages in social media
  - Attractive social media clippings/stories/GIF on need for vaccination

## **Athidi Devo Bhava**

The programme is planned for Migrant welfare scheme to provide essential primary health care to migrant labourers. Initial stage, screening camps conducted in migrant settlements and at their workplaces. A comprehensive checkup conducted including screening for communicable and non-communicable diseases. A health card issued to all migrant labourers and follow up care will be provided at nearest Primary Health Centers. The programme coordinated by the District Labor Office with the support of National Health Mission and District Medical Office.

**Camps at Migrant worksites / settlements:** Medical camps at migrant worksites/settlements with facilities to issue health cards after comprehensive health check up

**Multilingual IEC:** Multilingual IEC boards to be developed and placed in Hindi, Bengali, Odissi and Tamil on immunization, TB, Vector borne diseases, Personal hygiene in migrant settlements and workplaces

**Follow up care at nearest Government facility:** Follow up care of migrant labourers to be carried out at nearest Government PHCs as per SOP.

### **TB Free Ernakulam**

A relatively strong health system, a well integrated TB control programme with a committed primary care and TB management team of doctors and health workers, a co-operative private health sector maintaining reasonable quality of care, efficient social support networks, easy access to diagnostic and treatment services, empowered public with good health seeking behaviour made Government of Kerala to commit itself to further accelerate the TB reduction in the state. The state has taken bold initiatives to attain SDGs Program managers at various levels and all stakeholders are oriented to the great task. Efforts to end TB in urban Municipal areas of Cochin may pave way for the same in the entire country and may prove causal for ending TB globally. District TB Office to co-ordinate this.

#### **Activities for TB FREE ERNAKULAM**

1. Generation of demand through Advocacy, Communication, and Social Mobilization
2. Vulnerability Mapping and Community based active case finding
3. Establish robust TB surveillance and linking surveillance to action
4. Complete treatment of all TB cases and support for treatment adherence
5. End TB Consortium in private sector for ensuring high standards of TB care to all
6. Airborne infection control in health facilities, households and community
7. Addressing TB among migrant workers
8. Strengthening Primary health care for prevention and management of NCDs
9. Universal access to DST using CB NAAT
10. Vulnerability reduction- Prevention of vulnerability through poverty reduction, improvement in nutritional status; prevention of indoor air pollution, smoking and substance abuse

**Mapping of gram panchayat wise annual TB cases for past 5 years:** TB patients registered/notified in the district (TB register/Nikshay) are to be compiled Gram panchayat wise. Five annual lists are to be prepared.

**Mapping of gram panchayat wise annual presumptive TB examination:** Presumptive TB patients examined in the district from all laboratory registers are to be compiled Gram panchayat wise. Five annual lists are to be prepared.

**Spot mapping of TB patients in the Gram Panchayat:** Patients during past five years in the Gram Panchayat are to be spotted on a map annually.

**Vulnerability survey/grading:** Vulnerability survey is a onetime activity. It can be undertaken TB elimination house to house campaign for awareness generation. Vulnerability factors( with their weighted scores in brackets) are: Household Contact (5), PLHIV (5), immunosuppressive therapy (4), malnutrition (4), Diabetes (3), Organ dysfunction (3), tribal (3), worked/lived in high burden cities (3), street dweller (3), Chronic Lung disease(2), Smoking (2), alcoholism (2)Migrant (2), Health care worker (2), Prison inmate (2) Age above 60 (1), slum dweller (1). If the total score is 5 or above,

the person is classified as highly vulnerable and requires symptom screening in every 3 months. If the total score is 1 to 5, the person is moderately vulnerable and to be screened for symptoms once every year.

**Active case finding:** This is a periodic activity. The first episode is carried out along with house to house campaign for awareness and vulnerability survey. Once a chest symptomatic individual is identified, s/he is referred for a sputum examination with a referral slip. A sputum container is to be given for early morning sample. If patient is unable to travel, sputum samples can be collected and carried by an attendant.

**Comorbidity screening of all TB patients:** Every TB patient diagnosed is to be screened/ tested for Diabetes, Hypertension, COPD, and malnutrition

**Treatment adherence support for all TB patient patients (in need):** One TB treatment support group [TSG] to be formed in every panchayat. It can be a subgroup of the TB elimination task force. TSG links the patient to social welfare schemes, District Panchayat's nutritional support project, Alcohol de-addiction or local benevolence.

**Airborne Infection Control Kit for pulmonary TB patient:** Each pulmonary TB patient is to be supplied with an AIC kit that contains a spittoon, 5 washable face masks stitched of cloth, and a 1 litre of disinfectant solution for the spittoon. Patients must be educated on the use of AIC kit and monitored frequently.

**Nutritional support for eligible TB patient:** Additional nutrition may be provided to the TB patient with support of the District Panchayat.

### **Nalla Bhavikkayi Nalla Sheelanangal**

**Anti-Smoking Awareness sessions at Schools:** Anti-smoking awareness sessions at schools using standard module and CDs after training teachers and selected students at district level.

**Physical activity Promotion:** Walk for health campaign- Physical activity need to be promoted through Behaviour change communications to School students and formation of walking clubs at Residence Associations- Mass Social Mobilisation involving 5 lakhs citizens of Ernakulam with all associations and institutions.

**Promotion of seasonal fruits:** Seasonal fruits to be promoted and distributed through all institutions- One lakh seasonal fruit tree to be planted.

### **Activities done through the campaign**

- One pre monsoon cleaning activity conducted in the district on May 14, 2017. The whole district participated in the campaign and cleaned the premises of the household. The citizens collected all plastic materials like bottles and bags besides objects like coconut shells which collected if left out in the rain. It was helped to stop disease spreading mosquitoes from eggs on puddles of water. Also chlorinated their water wells on the day. Bleaching powder was distributed from nearest health facilities through ASHA and Health workers.
- Malinyamakatham Rogangalum campaign officially inaugurated on May 28, 2017. It was inaugurated by Saumini Jain, Mayor, Kochi Corporation at Vathuruthy Colony.

- Athithi Devo Bhava inaugurated on May 28, 2017 at Vathuruthy Colony, Ernakulam by K Muhammed Y Safirulla, District Collector. The programme is the disease examination camp for migrant workers.
- Different types of training programmes conducted for the U4HE campaign for Residents' Associations, NSS, NCC, Students' Police cadets, NGOs, Private hospitals. The training focused to participation of volunteers to the activities for sanitation and healthy behaviour.
- In connection with Measles Rubella vaccination campaign, training and orientation programmes conducted for different level in the banner of Unite for Healthy Ernakulam. It help the campaign and reach the vaccination on 89 percent.
- Immunise Ernakulam campaign was inaugurated by K Muhammed Y Safirulla, District Collector.
- In the banner of Athithi Devo Bhava conducted 112 camps for migrant labourers at the workplace or settlement with the support of Labour Department. The campaign was two phases. 42 camps conducted in the first phase and more camps in second phase. In the camps, those diagnosed with diseases have been referred to the nearest health facility. The drive is being carried out in the regions where migrant labourers are found in large numbers. The drive is also supported by the Community Medicine Department of the Amritha Institute of Medical Sciences. The drive mainly focused to the migrant labourers do not have the habit of going to hospitals when they are sick. The drive help to change the habit and most of them link with the nearest health facility.



Unite for #HealthyErnakulam  
Programme presentation





Malinyamakatham Rogangalum – inauguration



Athithi Devo Bhava – Screening camp inauguration



Athithi Devo Bhava – camp



Athithi Devo Bhava – camp





Diabetics Day Programme



Diabetics Day Programme





U4HE APP inauguration