

# Basic Health for Gender Resource Centres

*2010 Guidebook*

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## List of Abbreviations

AIDS	Acquired Immuno Deficiency Syndrome	GRC	Gender Resource Center
ANM	Auxiliary Nurse Midwife	ICTC	Integrated Counselling And Testing Center
ANC	Ante Natal Care	IEC	Information, Education, Communication
ART	Antiretroviral Treatment	IFA	Iron Folic Acid
AWC	Anganwadi Centre	OPV	Oral Polio Vaccine
AWW	Anganwadi Worker	PHC	Primary Health Center
AYUSH	Aurvedic, Unani, Sidha, Homeopathy	PNC	Post Natal Care
BCG	Bacillus Calmeti Guirein	RCH	Reproductive Child health
CHC	Community Health Center	RTI	Reproductive Tract Infection
DOTS	Direct Observation Treatment System	STD/I	Sexually Transmitted Disease/ Infection
DPT	Diphtheria, Pertusis, Tetanus	TBA	Traditional Birth Attendant
ELISA Test	Enzyme Linked Immunosorbent Assay Test	TB	Tuberculosis
HIV	Human Immunodeficiency Virus	TT	Tetanus Toxide

## Introduction

Health plays a critical role in improving the quality of life of individuals and families, as well as impacting the economic and social growth of the country. The Government of India recognizes the important role of health to an individual and society and is making progress towards improving the population's health through several initiatives and partnerships.

One partnership is with Gender Resource Centres (GRCs) which play important role in the community and connect people to services and programs to help improve their health and wellbeing.

By becoming familiar with key concepts around basic health you will serve as an important link between the community and the health system. You can help increase the access to and use of quality health services and help improve the health and quality of life of individuals and the community.



Being able to refer community members to appropriate and quality health services in your community will help strengthen relationships between GRCs and the community and can build the confidence of the community in the GRCs as important resources.

This Guide provides a reference on basic health issues that are most common in the communities you serve. The guide is not meant to provide clinical information; it provides practical information on common health issues and suggests different opportunities and activities for engaging and informing communities around these important health issues.

## The Role of the Gender Resource Centre in Improving Community Health

You have an important role to play in supporting the improved health of your community. Although you are not directly responsible for providing health services, there are several ways in which you can help link your community to important health services. At present there is a network of 93 GRCs in the 9 districts of Delhi.

This document provides some information on specific activities you can initiate to help the health of your community, but as you go through the guide, please keep in mind some of the main objectives of engaging your community on key health issues. Begin to think how you can organize activities and events in your community with the information from this guide.



### Key Skills for Contributing to the Improved Health of Your Community

- Basic health knowledge of common issues experienced in your community
- Knowledge of your community's health needs through discussing with community members about health issues and options
- Identification of key health partners in the community
- Understanding the health services that are available in your community
- Knowing the location, schedules and services of health facilities and outreach units in your community
- Organizing community events and activities to discuss and share information on key health issues

## Targeted Population: The Urban Poor

Nearly 300 million people live in urban areas (towns and cities) in India. About one-third of these, or about 100 million people, live in urban slums. Health conditions are particularly poor in urban slums.

- One in ten children in slums do not survive to see their fifth birthday
- Malnutrition among urban poor children is worse than in rural areas
- Less than half (42%) of children in slums receive all the recommended vaccinations
- Poor sanitation in slums contribute to the high burden of disease



The Government of India and its partners have targeted the urban poor for health interventions in order to increase the access to and use of quality health services and ultimately improve the health of the urban poor.

### Why is it Important to Focus on the Urban Poor?

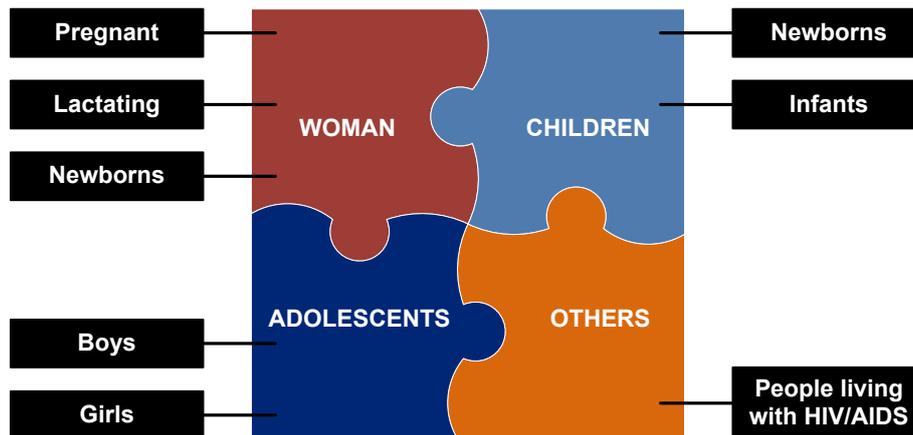
- Unhealthy living conditions (overcrowding, poor hygiene and sanitation) are often present
- Inability of existing health infrastructure and services to cater to the needs of the growing urban population
- Urban poor play an essential role in the economic activities of the cities which in turn contributes to the overall economic growth of the society
- About 50 % of Delhi's population lives in slums and other urban poor areas
- Health indicators among slum dwellers are worse than health indicators for urban and rural areas
- Little or no development of organized health care services for the vast urban areas except a district level hospital and a few urban dispensaries

### Groups Most at Risk

Women, children and youth are particularly vulnerable to poor health outcomes. The figure below reflects that these groups fit together to form a community and within each of these groups there are various subgroups with specific needs that you can target.

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### *Vulnerable Groups among the Urban Poor*



It is important that you recognize these vulnerable groups and have a basic understanding of their particular health conditions so you can target your support to best fit their needs. While needs differ for each individual, the table below provides an overview of the common health considerations for vulnerable groups that exist within the larger urban poor population.

Key Questions for You to Consider
<ul style="list-style-type: none"><li>• What groups can be found within the urban poor in the community you serve?</li><li>• Which is the largest group?</li><li>• What are the most vulnerable groups in terms of health? Why do you think that they are vulnerable?</li></ul>

Group	Subgroups	Common Health Considerations
Woman	Pregnant women  Lactating women	Care during pregnancy at work place or home, antenatal visits, diet and rest, planning for safe delivery, identification of institution for delivery, child care, care for breastfeeding, contraception, prevention from sexually transmitted infections (STIs), unwanted pregnancy, protection needs in case of rape, physical abuse or any other form of domestic violence
Children	Newborns  Infants	Proper feeding, vaccinations, hygiene and care, nutrition
Youth and Adolescents	Adolescent girls  Adolescent boys	Hormonal changes, menstruation, personal care and hygiene, contraception, unwanted pregnancy, chances of early marriage leading to early pregnancy, eagerness towards sexual needs, easy victims of sexual abuse, alcoholism, drugs etc.
People living with HIV/AIDS		Ensure regular check- ups, counseling, availability of medicines, removal of fear of social exclusion, stigma and discrimination etc., prevent mother-to-child transmission of HVI



## Engaging Your Community on Key Health Issues

Community mobilization is one of the most important activities you can do to improve access to health in your community. There are many mechanisms for engaging your community on important health issues. Be creative with thinking of different opportunities to link in discussions related to important health issues.



Below are a few examples of activities to engage and empower your community around important health issues:

- Conduct one-on-one interactions between you and community members at the GRCs linking people with the appropriate health resources available.
- Hold community meetings or health events around particular health issues. Invite the appropriate health service providers and technical experts to inform the community about priority health issues and what health services and programs are available.
- Organize a play, skit or drama which incorporates health themes. Partner with local health groups and providers.
- Leverage activities and events that other related partners and stakeholders are organizing

### Objectives of Engaging Your Community on Key Health Issues

- Spread awareness on health issues to encourage improved health seeking behavior
- Generate demand for quality health services
- Improve utilization of existing health services
- Strengthen the linkages between health providers and your community
- Build capacity of community groups to improve the health of their community

## Steps to Engage Your Community

Steps	Description
1. Establish a good relationship with your community.	<ul style="list-style-type: none"> <li>• Get to know community members.</li> <li>• Share the information you have related to health.</li> <li>• Begin to discuss common health concerns related to access and availability of health services.</li> <li>• Let community members know that you are a resource for health information.</li> </ul>
2. Identify the specific health needs and priorities in your community.	<ul style="list-style-type: none"> <li>• What health resources are available in your community?</li> <li>• Where are they located?</li> <li>• What are the most important health issues in your community?</li> <li>• Talk with community members about their health concerns.</li> </ul>
3. Select a specific health issue for focusing an activity which you will organize along with the appropriate partners.	<ul style="list-style-type: none"> <li>• What health issues are priorities in your community?</li> <li>• Are you familiar enough with these health issues to target the appropriate health resources in your community to provide technical support for the activity?</li> <li>• Seek advice and input from health partners in your community.</li> </ul>
4. Identify key partners to collaborate with that are involved with the health issue you've selected.	<ul style="list-style-type: none"> <li>• What partners should you work with that are also involved with the health issue you've selected?</li> <li>• Where are these partners located?</li> <li>• What kinds of resources do these partners offer?</li> <li>• What experiences do they have with organizing activities and community involvement?</li> </ul>
5. Plan your activity	<ul style="list-style-type: none"> <li>• What type of activity would you like to organize?</li> <li>• What should be the timing?</li> <li>• Who should be involved?</li> <li>• Do you need additional support?</li> <li>• Ask for input from partners and community members in order to get their feedback on the activity.</li> <li>• Are there indicators you can select in order to evaluate your activity after it's completed?</li> </ul>
6. Implement your activity	<ul style="list-style-type: none"> <li>• Be aware of cultural and societal preferences when implementing your activity.</li> </ul>
7. Follow up and monitoring	<ul style="list-style-type: none"> <li>• Get feedback from participants and partners on how the activity went.</li> <li>• Can you record some basic indicators to evaluate how your activity went?</li> <li>• How do you think the activity went?</li> <li>• What can be improved for next time?</li> </ul>

When you are planning activities, it may be useful to remember some of the reasons why community members are not accessing quality health services, as described in the box below.

#### **Some reasons why community members may not be seeking health care**

- Low educational status and unemployment of the head of the family may make decision making for seeking appropriate health care more difficult.
- Health facilities may be very far away and travel time may result in a loss of wages.
- Lack of available transport.
- Dissatisfaction in previous experiences with health services may lead to a loss of confidence in the health system and can cause a negative association with health services.
- A lack of accurate information can limit choices and result in missed opportunities for key health services.



## Health Resources in Your Community

The Government of Delhi and the Municipal Corporation of Delhi jointly share responsibility for the public health service delivery system.

Private health professionals also play an important role in delivering health care services. In this section you will become familiar with the health services and facilities available in your community so that you can appropriately refer community members depending on their specific needs.

It is not your role to provide any medical counseling to community members. However, you will need to have a base knowledge of health issues in order to appropriately point community members to the health services that best target their needs.

### Main Health Service Channels Available in NCT of Delhi



Health Resources Available in Delhi	
Type	Description
Public Dispensaries	A wide network of health facilities that provide primary health care.
Anganwadi Centres (AWC)	A government sponsored child and mother-care center which is part of the Integrated Child Development Services program. Services offered include immunizations, referral services, health education, early childhood education, and guidance on nutrition.
Ayurveda, Yoga, Unani, Siddha and Homeopathy (AYUSH) facilities	A network of facilities focused on holistic care. Often used by the community for chronic conditions. Offer health promotion and prevention services.
Medical Mobile Units	A set of vehicles which are equipped with basic diagnostic equipment and staffed by qualified health workers who conduct community outreach visits.
Private health facilities	The Government of India is partnering with qualified private sector facilities to offer health programs such as immunization, family planning and institutional delivery. One example of a government-sponsored health program which includes accredited private facilities is the Janani Suraksha Yojna (JSY) scheme.

It is important to understand and leverage the different levels of support that work together to strengthen health within your community as described in the table below.

Levels of Health Support within a Community		
Level	Services Provided	Provider
Household	<ul style="list-style-type: none"> <li>Emotional support, rest, proper food, motivation for timely check up at facility etc</li> </ul>	Family members, such as mother in law and husband
Community	<ul style="list-style-type: none"> <li>Support in emergency, transport, decision making for selection of facility etc.</li> <li>Traditional practices of healing.</li> <li>Health and nutrition services through AWC (supplementary food, counseling, growth monitoring etc.)</li> </ul>	Trained traditional birth attendant (dai), Health groups and Anganwadi worker etc.
Facility	<ul style="list-style-type: none"> <li>Medical services including access to medicines and equipment for diagnosis and treatment.</li> <li>Standardized referral system.</li> <li>Blood transfusion and caesarean section facilities to handle complicated pregnancies etc.</li> </ul>	Skilled birth attendants, medical officers, auxiliary nurse midwives (ANMs), specialists, physicians, etc
Outreach	<ul style="list-style-type: none"> <li>Outreach services support facility-based health services by reaching areas that are traditionally underserved.</li> </ul>	AWCs, medical mobile units, ANM home visits, etc

Key Questions for You to Consider
<ul style="list-style-type: none"> <li>What type of health facilities are there in your community?</li> <li>What types of health services are available in your community?</li> <li>How far is the nearest health facility from your GRC?</li> <li>What are the different transport options to reach the health services?</li> <li>Which areas are inaccessible and what is the provision for outreach services for such areas?</li> <li>What health programs are offered by both the government and nongovernmental organizations (NGOs) in your community?</li> </ul>



## Women's Health

This section is divided into two main parts. The first part covers maternal health and information on common causes of maternal deaths and problems, antenatal care and postnatal care. The second part provides information on family planning.

### Maternal Health

Maternal health refers to the health of women during pregnancy, childbirth and the postpartum (after delivery) period.



### Maternal Mortality and Morbidity

The majority of maternal deaths take place within 24 hours of delivery. However, most maternal deaths are avoidable, and most maternal health problems can be resolved if care is sought from a qualified health worker in a timely manner.

#### Common Causes of Maternal Mortality and Morbidity

##### *Medical causes:*

- Severe bleeding- before, during or after child birth
- Infections
- Hypertensive disorders
- Unsafe abortion
- Prolonged or obstructed labor accounts

##### *Social Causes:*

- Marriage at an early age (before the age of 18)
- Poverty which can lead to poor nutrition and lower access to essential health services
- Poor educational levels can limit knowledge related to appropriate health seeking behavior
- Cost of services - even free services carry costs like cost of travel, cost of hospitalization and accompanying people to health services etc.
- Low status of women
- Cultural preferences for sons over daughters can encourage a woman to become pregnant again and again

You can help reduce maternal deaths and problems in your community by learning basic health information and linking community members with quality health providers.

## Antenatal Care

Why is it important that pregnant women seek care from a qualified health worker?

- To monitor the progress and the growth of the baby
- To monitor the health of the pregnant woman
- To detect potential complications as early as possible and treat them accordingly



Antenatal care helps prevent complications by identifying and addressing danger signs. Pregnant women should receive a minimum of three antenatal check-ups by a qualified health worker:

- *1st visit:* As soon as the pregnancy is detected
- *2nd visit:* In the 4th to 6th month of pregnancy
- *3rd visit:* In the eighth month of pregnancy
- *Additional visits* may be needed during the pregnancy

### Danger signs during pregnancy

A pregnant woman must immediately seek the care of a qualified health worker if she experiences any of the following:

- Vaginal bleeding during pregnancy
- Blurred vision
- Severe headache
- High fever
- Convulsions
- Labor pains (uterine contractions) before eight months
- Prolonged labour pains without advancement to delivery
- Leakage of water from uterus (premature rupture of membranes)
- Reduced movement of baby (kicking) in the womb

In addition to receiving antenatal check-ups from a qualified health worker, good nutrition and adequate rest helps pregnant women stay healthy. Refer pregnant women to appropriate health facilities such as AWCs to receive more information including access to supplementary food to strengthen nutrition.

In order for pregnant women to feel comfortable in seeking antenatal care with a qualified health worker, it may be helpful to discuss what types of health services are offered during antenatal care, the timing of these services, and why they are important.

Health Services during Antenatal Care Visits		
Health Service	Why	When
Early detection of pregnancy	<ul style="list-style-type: none"> <li>To ensure early registration and schedule future visits as necessary.</li> <li>To detect any possible complications and arrange the treatment accordingly.</li> </ul>	Within the first 12 weeks of the pregnancy
Weight record	<ul style="list-style-type: none"> <li>To monitor the progress and the growth of the baby as well as the health of mother</li> </ul>	Each visit
Vaccination (tetanus toxoid)	<ul style="list-style-type: none"> <li>To prevent the mother and child from getting tetanus.</li> </ul>	1st dose – when pregnancy is identified 2nd dose- one month after the 1st dose
Iron and folic acid tablets	<ul style="list-style-type: none"> <li>Iron helps with red blood cell growth which is important for transporting oxygen.</li> <li>Folic acid is critical for the growth of the baby and to prevent birth defects.</li> </ul>	1 tablet per day for a minimum 100 days
Abdominal examination	<ul style="list-style-type: none"> <li>To assess the position of the baby</li> </ul>	Each visit
Blood test	<ul style="list-style-type: none"> <li>To check hemoglobin level to prevent anemia</li> </ul>	During visits
Measurement of blood pressure	<ul style="list-style-type: none"> <li>To prevent complications during delivery</li> </ul>	During visits
Urine test	<ul style="list-style-type: none"> <li>To examine glucose level in the body</li> </ul>	During visits

## Birth Preparedness

Birth preparedness refers to a scheduled set of activities that are carried out throughout the pregnancy to help ensure there are no unforeseen complications during the delivery. For example, one important decision that is part of birth



preparedness is deciding in advance to deliver at a qualified health facility.

#### *Why deliver at a health facility?*

- An institutional delivery can help to manage sudden complications that may occur during delivery, which can put the life of the mother, baby or both in danger.
- Sometimes, a sudden start of labour pains leaves the woman and family members in an indecisive state, like what to do and where to go. The time is too short that a delay in seeking treatment and care can threaten the life of the mother or baby.

#### **Points to be Remember about Birth Preparedness**

Well before the anticipated date of delivery it is important to:

- Identify the nearest health institution offering 24/7 services including caesarean section (operation) and blood transfusion. At least two to three health facilities should be identified.
- Get the contact number of a qualified healthcare worker (doctor, nurse, midwife, etc.)
- Keep the immunization card (Jaccha-Baccha Rakshak Card) and prescription papers of doctor (if any) in easily accessible place
- Ensure the availability of transport and the required money
- Get the contact number of the person for transport
- Save the money in advance to cover the delivery expenses
- Learn what the common danger signs are (listed on page 8) and share with family members so that in case of an emergence or presence of any of these danger signs the pregnant woman should be moved to hospital without delay

### Postnatal Care

The six weeks immediately after the childbirth is known as the postnatal period. This is a very crucial period for the mother and newborn. Both are easily prone to some problems which can be life-threatening. This is why postnatal care should be treated as important and urgent. Three postnatal visits with a qualified health worker are recommended as per the WHO/UNICEF Joint



Statement on home visits for the newborn child (2009):

- **1st visit:** within 24 hrs of delivery (in case of home delivery as well as after returning from the hospital)
- **2nd visit:** on third day after delivery
- **3rd visit:** on seventh day after the delivery

A pregnant woman must immediately seek the care of a qualified health worker if she experiences any of the following:

- Excessive vaginal bleeding
- High fever and convulsions
- Difficult or heavy breathing
- Severe abdominal pain (although some cramping is normal)

#### Points to Remember for Women that have Recently Delivered (within 6 weeks)

- Visit a qualified health worker for problems such as unusual discharge, cracked nipples and pain
- Have a nutritious diet during the postnatal period which is rich in iron, protein, calcium and vitamins. AWCs can provide supplementary food to lactating mothers for six months post-pregnancy.
- Take iron and folic acid tablets.
- Ensure proper hygiene including care of the breasts and nipples to help effective breastfeeding
- Take care of family planning/contraceptive needs
- Get appropriate rest

## Breastfeeding

Exclusive breastfeeding is very important to strengthen the health of a baby. Exclusive breastfeeding in the first 6 months and sustained breastfeeding (in addition to adequate complementary food after 6 months) up to 3 years of age or even beyond can help reduce the morbidity and mortality among infants and children.

Colostrum is the breast milk that first occurs and may last for several days after the birth of the baby. It can be yellowish or creamy in color. It contains many important nutrients and antibodies that help protect the baby. It is important to feed colostrum to the baby.

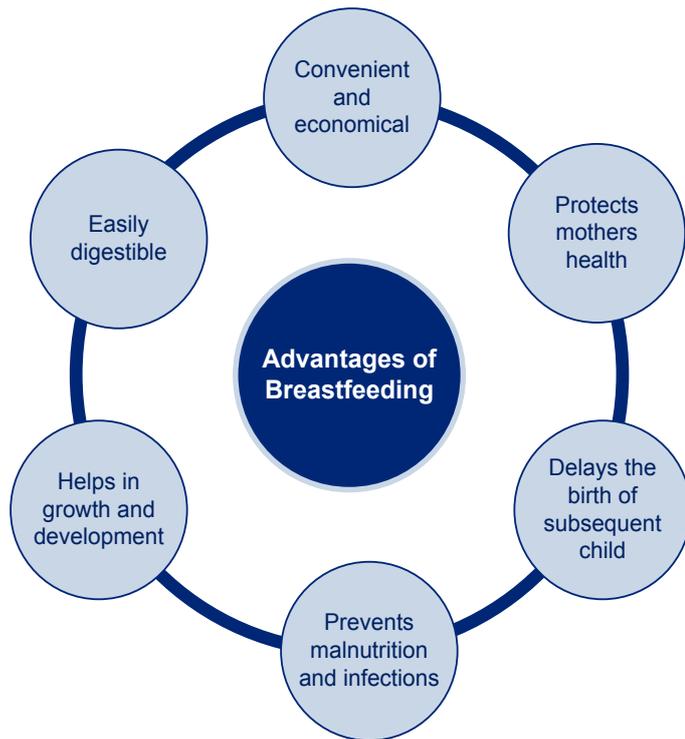


Exclusive breastfeeding is recommended for infants up to the age 6 months, which means that only breast milk is given to an infant and no other food or fluid including water is given.

### Challenges Related to Maternal Health

Maternal mortality and morbidity can be prevented by understanding basic reasons that women may delay seeking immediate care from a qualified health worker.

### The Advantages of Breastfeeding



### Key Questions for You to Consider

- Do the pregnant women in your area receive quality maternal health services?
- What are some of the barriers to women in your community in accessing these services?

<b>Contributing Actions, Causes and Solutions to Maternal Health Problems</b>		
<b>Action</b>	<b>Causes</b>	<b>Solution</b>
Delay in a decision to seek health services	Lack of knowledge of danger signs	Awareness about danger signs to pregnant mother and other family members too.
	Distrust towards the health institution or particular health provider	Pre-planning for birth preparedness including identification of facility.
	Fear of hospitalization cost and other expenditures	Savings and knowledge of schemes like JSY to help meet the expenses
Delay in arriving at the health facility	Delay in arranging transport	Identification of the vehicle for any emergency along with the contact number of the driver.
	Distance of hospital from the community	
	Lack of available transport at the specific time when it is needed.	Alternate vehicle should be ready
	Cost involved in arranging transport etc.	Savings and knowledge of schemes like JSY to help meet the expenses.
Delay in starting the appropriate treatment	Unavailability of trained doctor or nurses in the facility	Identification of institutions with trained Doctor and Para Medical staff providing 24/7 hrs services for delivery.
	Shortage or lack of proper medicines and other supplies.	Provision of emergency obstetric care through skilled health providers, facility that can offer blood transfusions and caesarean sections if required.

## Family Planning

Family planning is the planning of if and when to have children, and the use of contraceptive methods to implement such plans. Family planning can help individuals or couples to attain certain objectives including:

- Avoiding unwanted pregnancy
- Getting pregnant
- Regulating the time between pregnancies
- Determining the number of children in the family

It is important that both women and men in your community understand their family planning options and how and where to access these services.

Family Planning Options	
FP Methods	Type
Permanent methods	Male sterilization
	Female sterilization
Spacing methods	Condoms (popularly known as Nirodh under the government program which provides condoms free of cost)
	Oral contraceptive pills (popularly known as Mala D under the government program which provides contraceptives free of cost)
	Intra-uterine devices (popularly known as Copper T under the government program which provides IUDs free of cost)
	Hormonal method
	Lactation amenorrhea method (LAM)
	Fertility awareness method

In addition to the above, in emergency situations a qualified health worker can prescribe emergency contraceptive pills when unprotected sex has occurred to prevent pregnancy.

Key Questions for You to Consider
<ul style="list-style-type: none"> <li>• Where is qualified family planning services offered in your community?</li> <li>• Do women in your community regularly access family planning services?</li> <li>• Are there any particular barriers to accessing these services in your community?</li> </ul>

## Child Health

Although efforts are being made to improve the health of children in Delhi, the rate of child mortality is still very high.

Common health services for children include: immunizations, measurement of weight and growth, nutritional support and treatment of childhood conditions

### Immunizations

Immunizations can prevent children from diseases that could potentially be fatal.

National Immunization Schedule for Children		
Name of vaccine	Age	Route
BCG (Bacillus calmittee Guerin)	At birth or any time up to one year	Injection
Polio	At birth if delivery is in institution and at 6, 10, 14 weeks but can be given up to 5 years	Oral
DPT (Diphtheria, Perussis, and Tetanus)	At 6, 10, 14 weeks but can be given up to 2 years	Injection
Measles	9 months, should be given up to 5 years	Injection
Vitamin A	At 9 months with measles	Oral
DPT booster	16-24 months	Injection
OPV (Oral Polio Vaccine) booster	16-24 months	Oral
Vitamin A	Several times up to 36 months	Oral
DPT	5 years	Injection
TT (Tetanus Toxide)	10 ,16 years	Injection

## Key Health Conditions for Children

Condition	Description
Diarrhea	Diarrhea can be prevented with exclusive breastfeeding, and good hygiene. When a child with diarrhea becomes dehydrated, rapid treatment is necessary with Oral Rehydration Salts (ORS) and zinc supplements. ORS is easily available from health workers and at AWCs.
Acute Respiratory Illness (ARI)	ARI, such as pneumonia, is the largest single cause of death in children under five. Addressing the major risk factors for ARIs - malnutrition and indoor air pollution - is essential to prevention, along with vaccination. If a child has a serious respiratory illness, the caregiver should immediately take the child to seek care from a qualified health worker.
Malaria	Malaria can be prevented by the use of protective nets treated with insecticide that help prevent mosquitoes from biting a child. If a child is bitten and has malaria, rapid and appropriate care from a qualified health worker is essential.
Malnutrition	Malnutrition among urban poor children in Delhi is a serious problem. If a child becomes malnourished appropriate care is essential. Malnourished children can be treated with "ready-to-use therapeutic foods" which can be accessed at AWCs. In some cases referral to the hospitals may be necessary to treat associated infections. Malnutrition can be prevented through appropriate growth monitoring which is discussed in Box 16.

### Growth Monitoring

AWCs provide growth monitoring by assessing a child's nutritional status in relation to age and weight. Weight is considered a sensitive indicator of nutritional status. A standard chart is used for growth monitoring. Growth monitoring is important to:

- Identify children with a high morbidity/mortality risk
- Identify parts of the community for special health attention
- Maximize scarce resources for those most in need
- Assist in evaluating the impact of other health intervention activities on the beneficiaries

It is important that all caregivers immediately seek care for their child from a qualified health worker if any of these danger signs are present:

- The child is unable to drink or breastfeed
- The child vomits everything repeatedly
- The child is experiencing convulsions
- The child is lethargic (very sleepy) or unconscious

#### **Key Questions for You to Consider**

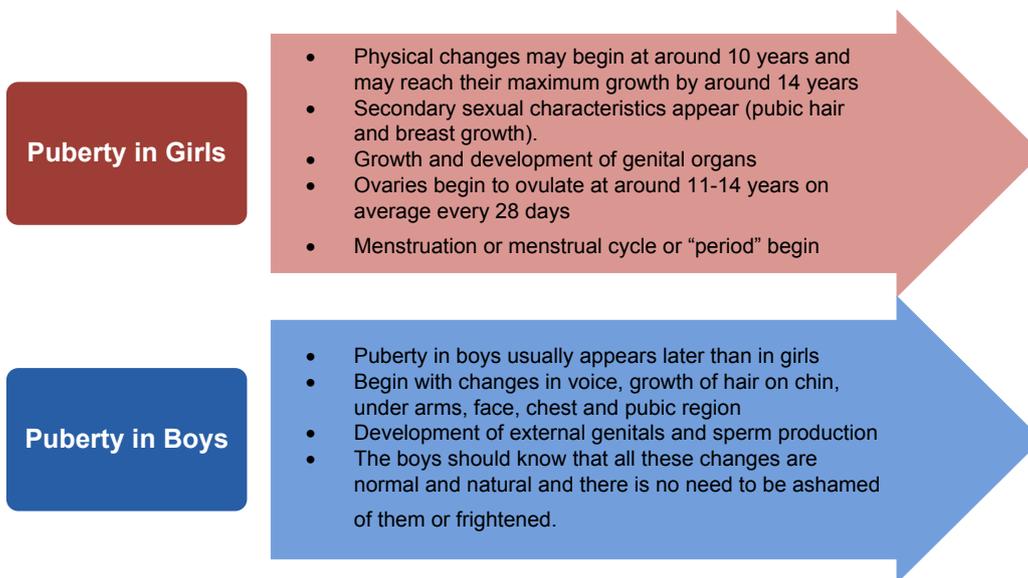
- Where are the child health services, including immunization services offered in your community? When are these services available?
- What are the most common childhood conditions present in your community?
- What are any barriers in accessing childhood services in your community?



# Adolescent Health

Adolescence is the period of transition from childhood to adulthood. It is the period of life between the ages of 10-19 years.

### *Physical and physiological changes during adolescence*



Adolescents should have access to complete, correct and detailed knowledge and information related to their development and its implications on their health. Parents and adults in the family can ensure a safe, secure and supportive environment for adolescents during their formative years of growth and development.

Common adolescent health issues include
<ul style="list-style-type: none"> <li>Irregular menstrual cycle</li> <li>Undernutrition (To address this issue AWCs run a nutritionally program for adolescent girls called Kishori Shakti Yojana)</li> <li>Unprotected sex which can result in unwanted pregnancy, HIV/AIDS and other STIs</li> <li>Risks of pregnancy in adolescence</li> <li>Risk of being sexually abused</li> </ul>



The youth forum or Mandals may be used to talk with adolescents on promoting health and preventing diseases. Programs such as Kishori Shakti Yojana are also targeted towards adolescents. Kishori Shakti Yojana is offered through AWCs and provides nutritional support to adolescent girls.

#### Key Questions for You to Consider

- Are there health services targeted to adolescents available in your community?
- What are the most common issues that adolescents face in your community?
- Are the community groups and other mechanisms for support available to adolescents in your community?

## Communicable Diseases

Communicable diseases are diseases that can be transmitted from one individual to another by water, air, food, insects etc. Some of the major communicable diseases are discussed in this section. Because you do not provide any direct health care or health counseling, it is not important to learn all the specific details related to the disease. Instead, focus on some of the basics including what the key signs and symptoms are that if present require seeking immediate care from a qualified health worker.

Be familiar with what health services are offered in your community for these common communicable diseases so that you can link community members with the appropriate health resources.

### Malaria

Malaria is a common disease transmitted from one person to another by the infective bites of female mosquitoes belonging to genus Anopheles.

#### Prevention

- Avoid stagnant water around residential area (mosquitoes lay eggs in stagnant water)
- Use insecticides spray
- Use mosquito repellent and an insecticide-treated net during at night

#### Key Signs and Symptoms

- Sudden onset of high fever
- Profuse sweating and remission of fever

#### Treatment

- All cases of fever that have lasted 15 days get presumptive treatment immediately after blood smear is collected by a qualified health worker (this includes pregnant and breastfeeding women)
- All confirmed cases of malaria are given first-line treatment by a qualified health worker



### Tuberculosis

Tuberculosis (TB) is an infectious disease caused by a bacterium, *Mycobacterium tuberculosis*. TB is spread through the air by a person suffering from TB.

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### *Prevention*

- Initiation of early and correct treatment from a qualified health worker
- Cover the mouth while coughing
- Avoid spitting openly

### *Key Signs and Symptoms*

- Persistent cough (three weeks or more)
- Blood-streaked sputum
- Fever, especially at night
- Weight loss
- Loss of appetite

### *Treatment through DOTS*

- DOTS is the Direct Observation Treatment Strategy in which a health worker, or another trained person who is not a family member, watches as the patient swallows the anti-TB medicines in their presence.
- Good quality diagnosis – good quality microscopy allows health workers to see the tubercle bacilli and is essential to identify the infectious patients who need treatment the most.
- Good quality medicines – an uninterrupted supply of good quality anti-TB drugs must be available. Medicine for the entire treatment is allocated for every patient registered at a qualified health facility so the patient should always have an uninterrupted supply of medicines.

## **HIV and AIDS**

AIDS (Acquired Immuno Deficiency Syndrome) is a condition characterized by the inability of the body to effectively fight infection. AIDS is caused by the Human Immune Deficiency Virus (HIV). Although there is medication to treat the symptoms of AIDS, there is no cure for AIDS.

### *HIV can be spread in three ways:*

- Through sexual contact
- Through mother-to-child transmission (during delivery and breastfeeding)
- Through the exchange of blood

### *Key Signs and Symptoms*

- Long standing, unexplained fever (> 1 month)
- Unexplained diarrhea (> 1 month)
- Persistent cough (> 1 month)
- Persistent unexplained fatigue and weight loss of more than 5 kg within short period
- White blotches in the mouth or on tongue

### Treatment

If a person thinks they may be at risk for having HIV they should immediately visit a qualified health worker to be tested. If positive, there are programs that offer medicines that can significantly delay the progression from HIV to AIDS.

#### AIDS Control Strategies: National Aids Control Program

- Targeted Interventions for Populations at High Risk
- Blood Safety
- Prevention of Parent to Child Transmission
- Integrated counseling and testing centers (ICTC) at medical colleges, district hospitals, sub district level hospitals and at some community health centers
- Free antiretroviral treatment (ART)
- Condom Promotion



## Dengue

Dengue is an infection that is transferred by mosquitoes and can be fatal. Often severe complications can be prevented if appropriate and timely health care is sought from a qualified health worker.

### Prevention

- Avoid stagnant water around residential area (mosquitoes lay eggs in stagnant water)
- Use insecticide spray
- Use mosquito an insecticide-treated net during at night

### Key Signs and Symptoms

- A sudden high fever
- Severe headache
- Muscle and joint pain

### Treatment

Although there is no specific treatment for dengue, it is important that if any of the signs or symptoms of dengue are present, immediate care must be sought by a qualified health worker. It is important to replace fluids lost and some people with dengue may require additional medical care.



## Annex 1: Key Health Indicators of Delhi

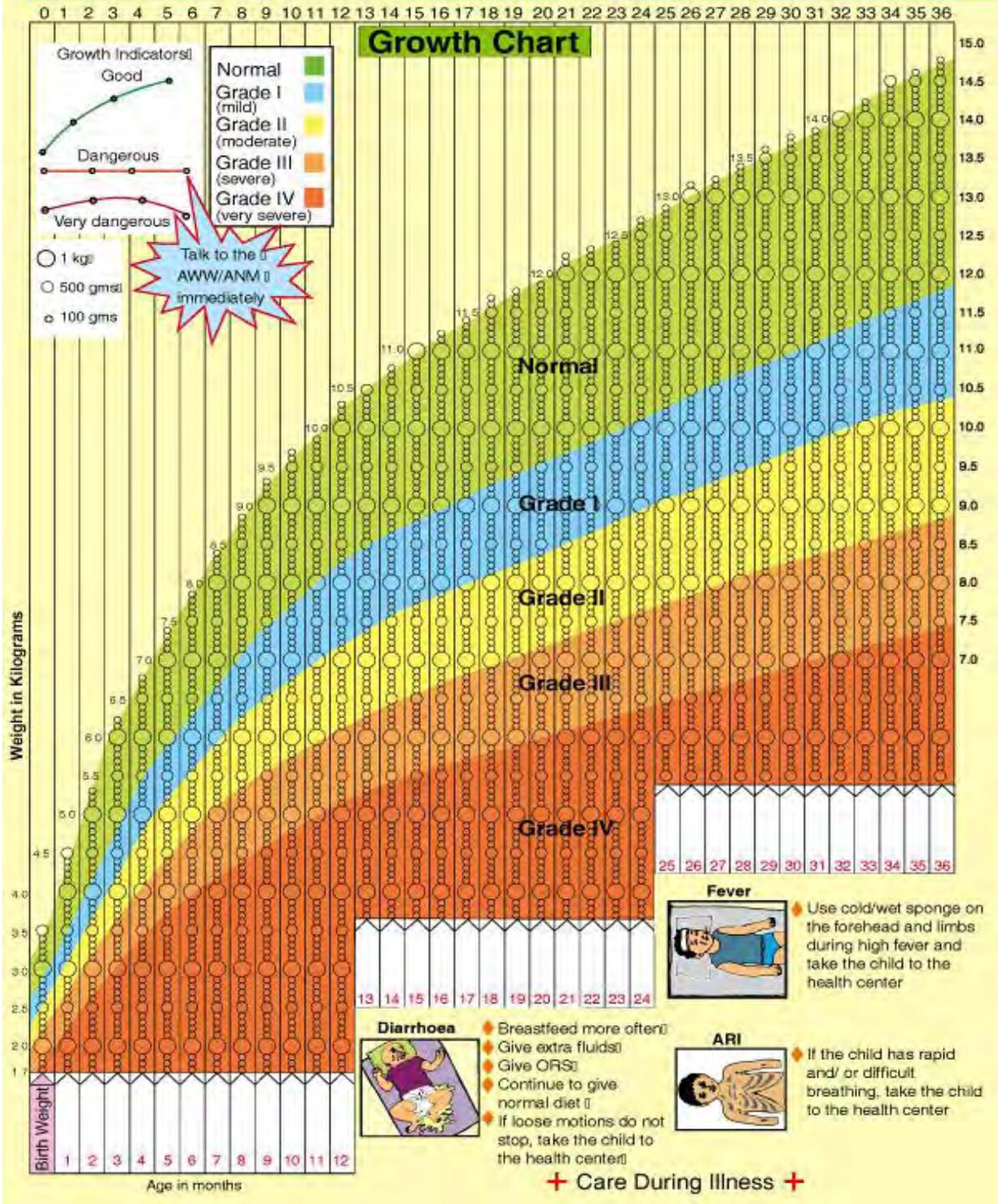
*National Health Family Survey-III (NHFS-III)-2005-2006*

S. No.	Health Indicator	Percentage/Rate
1.	Total Fertility rate (Children/Women)	2.13
2.	Couples using contraceptive for Family Planning	66.9 %
3.	Un-met Need for Contraception	8%
4.	Pregnant Women having received 3 Antenatal Checkups	74.4%
5.	Child birth at Institutional Level	60.7%
6.	Mother received Postnatal Checkups	50.4%
7.	Children of 12-23 months fully immunized	63%
8.	Malnourished children in age and weight ratio	33.1%
9.	Children dying before completing first birthday (per 1000)	40
10.	Anaemic children of age 6-35 month	63%
11.	Children under 3 years visiting health facility for Diarrhoea	75.1%
12.	Children under 3 years receiving mother's milk within 1 hour of birth	19.3%
13.	Children on exclusive breastfeeding	34.5%
14.	Women having heard about AIDS	88.1%
15.	Men having heard about AIDS	97.0%
16.	Women knowing Condom as prevention for AIDS/HIV	77.0%
17.	Men knowing Condom as prevention for AIDS/HIV	92.40%



## Annex 2: Growth Chart

Have your child weighed at the AW centre regularly





## Annex 3: List of Dispensaries in Delhi

### List of Allopathic Dispensaries in Delhi

#### District – East

1. Mayur Vihar: Pocket-2, Phase-I, Delhi 91
2. Trilokpuri : Block 5, Trilokpuri, Near Chand Cinema, Delhi-91
3. Himatpuri : Block 30 (Ext.) Himatpuri, Delhi-
4. Vasundhara Enclave: Near Mamta Public School, Vasundhara Enclave, Delhi 96
5. Gagan Vihar : H.No. 276, Gagan Vihar, Delhi
6. Kalyanpuri : Opp. Kalyanpuri Police Station, Trilokpuri, Kalyanpuri, Delhi-91
7. Kalyanvas : Flat No.1583 -1594. Delhi Admn Flats, Kalyanvas, Khichripur, Delhi- 91
8. Pandit Bismil Camp (Shashi Garden), Delhi-
9. Mandawali Fazalpur : Mandawali Fazalpur, Delhi- 92
10. Geeta Colony : Block 12/113, Geeta Colony, Delhi- 31
11. Laxmi Nagar : L/102, Jagat Ram Park, Laxmi Nagar, Delhi-92
12. B-6, East Azad Nagar : Azad Nagar, Delhi
13. Chand Mohalla: X-978 Chand Mohalla, Near Post Office, Delhi-51
14. Kanti Nagar: B-99, Kanti Nagar, Delhi-51
15. ChanderNagar: House No.50 Shyam Nagar, Chander Nagar, Delhi-51
16. Vishwas Nagar : Moh. Maharam, Near Ramji Lal Rohilla Dharamshala, Vishwas Nagar, Shahdra, Delhi-32
17. Karkardooma (12 Hour)- Karkardooma, Delhi-
18. Surajmal Vihar: A-Block, Surajmal Vihar, Delhi-92
19. Karkardooma Court: Court Complex Karkardooma, Delhi-92
20. I.P Extn.: Behind Hasanpur Bus Depot, I.P Extn., Delhi-92.
21. Bholanath Nagar: 294/1, Bholanath Nagar, Shahadra, Delhi-32
22. Mukesh Nagar : Mukesh Nagar, Shahadra, Near Ramlila Maidan, Delhi-32
23. VivekVihar: Phase-I. Near B Block, Vivek Vihar, Delhi- 95

#### District – West

1. Janakpuri : C2, Pocket-13, Janak Puri, Behind Fire Brigade ,Delhi-58
2. Nangli Jalib: WZ -18, Nangli Jalib, Near Check Post, Delhi-58
3. RamDutt Enclave: A-11-12, Ram Dutt Enclave, Delhi
4. Tihar Jail Complex :Hari Nagar Delhi-58
5. Choukhandi: Resettment Colony, Choukhandi, Delhi-18
6. Vikaspuri: KG-1 Block, VikasPuri, Delhi-18
7. Raghbir Nagar :J.J. Colony, Raghbir Nagar, Delhi-27

8. MadiPur: Block F, Madipur Colony, Near Main Bus Stop. Delhi-63
9. Paschim Puri: Pocket-1, Paschim Puri, Delhi-
10. Paschim Vihar: A-2 Block, Paschim Vihar, Maj. Ashwani Kanva Marg, Delhi-63
11. Nangloi: C-Block, Nangloi-II, Delhi-41
12. Mundka : MPCC Building, Mundka Village, Rohtak Road, Delhi-41
13. Baprola : Nangloi-Najafgarh Road, Baprola, Delhi- 43
14. Hastals : Resettlement Colony, Hastals, Delhi-
15. Tilangpur Kotla: Nangloi-Najafgarh Road, Tilangpur Kotla, Delhi-43
16. Jeevan Park : Jeevan Park, Delhi
17. Hiran Kudna : MPCC Building, Hiran Kudna Village, Delhi-43
18. Bakkarwala: Resettlement Colony, Bakkarwala, Delhi-73
19. Prem Nagar : House No. 2104, Gali No. 12, Prem Nagar, Delhi-08
20. Baljeet Nagar: Baljeel Nagar, Near Sanatan Dharam Mandir, Delhi-08
21. Ranjit Nagar : DDA Flats, Opp. Satyam Cinema, New Ranjeet Nagar, Delhi-08
22. XYZ, NewRanjeetNagar: XYZ-Block, Ranjeet Nagar (Patel Nagar), Delhi 08
23. Jwala Purl : Jwala Puri, Delhi-41
24. Tikri Kalan: TikriKalan. Delhi-73
25. Khyala : A-Block, Khyala, JJ Colony, Delhi- 18
26. TilakVihar: Near Police Station, Tilak Vihar, Delhi-18
27. Nawada : Nawada (near Uttam Nagar Terminal), Delhi
28. Hiran Kudna Delhi

## District – North-West

1. Saraswati Vihar : E-Block, Saraswati Vihar, Delhi-34
2. ShakurPur: I-Block, Shakur Pur, Delhi-34
3. Shalimar Bagh - A Block : AC-1, Shalimar Bagh, Delhi- 52
4. Shalimar Bagh, B Block : LIG Flats, Shalimar Bagh, Delhi-52
5. Vishakha Enclave: C D Block Pitampura, Near Metro Station, Pitampura, Delhi 85
6. Prashant Vihar : B-Block, Prashant Vihar, Rohini, Delhi-85
7. Rohini Sector-2: Sector 2, Rohini, Delhi-85
8. Rohini Sector-8: Sector-8, Rohini, Delhi-85
9. Rohini sector-13 : Sector 13, Rohini, Delhi 85
10. Rohini Sector-18: Sector 18, Rohini, Delhi 85.
11. Daryapur Kalan: Main Bus Stand, Village Daryapur Kalan, Delhi-39
12. Jaunti: Qutabgarh Road, Jaunti, Delhi-81
13. Katewara: Village Katewara, Delhi-39
14. Madanpur Dabas : Village Madanpur Dabas, Delhi- 81
15. Nizampur: Village Nizampur, Delhi-81
16. Harewali: Village Harewali, Delhi 39
17. Salahpur Majra : Village Salahpur Majra, (Majra Dabas) Delhi 81
18. Sultanpuri : B Block. Sultanpuri, Delhi-41

19. Kirari: Village Kirari, Delhi-41
20. Mangol Puri : N-Block Mangol Puri, Delhi- 83
21. Wazirpur JJ Colony: K-Block, Wazirpur, JJ Colony, Delhi-52.
22. Ashok Vihar: H-Block, Phase-I, Ashok Vihar, Delhi-52.
23. Wazirpur: Near Post Office, Wazirpur Phase-III, Delhi
24. Bhor Garh: Village Bhor Garh (Narela), Delhi-
25. Bakhtawarpur : Village Bakhtawapur, Alipur Block, Delhi- 36
26. Narela: Punjabi Colony, Narela, Delhi-40
27. Khera Kalan: Village Khera Kalan, Delhi-82
28. Sannoath : Village Sannoath, Delhi - 40
29. Holambi Kalan-Ph-I: Phase I, Resettlement Colony, Holambi Kalan, Delhi
30. Holambi Kalan -Ph-II : A-Block, Holambi Kalan, Phase-II, Delhi
31. Jahangirpuri 'H' Block: H-1 Block, Jahangirpuri (relocated slum), Delhi- 33.
32. Wazirpur Industrial Areas(BVK) : Industrial Areas, Wazirpur, Delhi
33. Jahangirpuri 'B' Block : Jahangirpuri, Delhi- 3
34. Bhalaswa Kalander Colony (BVK): Kalander Colony, Bhalaswa, Delhi-33
35. Bhalaswa 'D1': Resettlement Colonies 'D1', Bhalaswa, Delhi-33
36. Mukhmail Pur: Village Mukhmailpur, Delhi
37. Sangam Park: Near RanaPratap Bagh, SangamPark, Delhi-07
38. Model Town- (12 Hour) . DDA Flats, Model Town, Part-1, Delhi-09
39. GurMandi: Phase-I, Community Centre, Rajpura, GurMandi, Delhi
40. Keshav Puram C-Block : C-7, Keshav Puram. Delhi- 35
41. Keshav Puram B- Block: B-4, Keshav Puram, Delhi- 35
42. Rani Khera: Rani Khera, Village, Delhi 81
43. Jai Dev Park : House No. 47-48, Madan Park, JaiDev Park, Delhi-26
44. Village Begumpur (PUHC) : Village Begumpur, Delhi
45. Sawada-Ghevra-SCSP (12 hour) : Sawada- Ghevra, Delhi

## District – South

1. Chattarpur : ChattarpurVillage, Delhi-30
2. Jonapur: Jonapur Village, Delhi-47
3. BerSarai: BerSarai, Opp. Main Gate, JNU old campus, Delhi-18
4. Begumpur : Near Malviya Nagar, Kalu Sarai, (Begumpur)Delhi-17
5. Chirag Delhi : House No. 828, Chirag Delhi, Delhi- 17
6. Garhi(12 Hour): Q.No. 97-108, Slum Tenament, Garhi,East of Kailash, Delhi-65
7. Srinlvaspuri.J-Block,Srinivaspuri,Delhi-65
8. BatlaHouse:BatlaHouse, NearJamia Milia, Delhi-25
9. Kalkaji : Q. No. 577-580, Kalkaji, Near Four Story DDA Flats,Delhi-19
10. Khanpur: Khanpur, JJ Colony Khanpur, Delhi
11. Dakshinpuri: Dakshinpuri Main Road, Dakshinpuri, Opp. Kali Bldg, Delhi-62
12. Madangir - . Block J-2, JJ Colony, Madangir, Phase-II, Delhi-62

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13. Molarband: MPCC Molarband, New Delhi
  14. Sunlight Colony : Sunlight Colony, Behind Jeevan Nursing Home, Delhi-14
  15. Sarai Kale Khan : 76A. Block 19, DDA Flats (Slum Qtrs), Sarai Kale Khan, New Delhi
  16. Sangam Vihar : D-1/36, Sangam Vihar, New Delhi-62
  17. Tajpur (MPCC) : Tajpur, Delhi
  18. Sangam Vihar : Sangam Vihar, Delhi
  19. Neb Sarai (PUHC) : Neb Sarai, Delhi
  20. F-2, Sangam Vihar (PUHC) : Sangam Vihar, Delhi

### District – South-West

1. Nangal Raya : Nangal Raya Market, near Post Office, Delhi-46
2. BVK, Mayapuri Rewari Rly. Line: Rewari Railway Line, Delhi-
3. Shastri Market : Shastri Market, Near Nanak Pura Gurudwara, Moti Bagh, Delhi
4. Dhansa : Dhansa Village, Najafgarh Block, Delhi- 59
5. Jharoda Kalan: Village Jharoda Kalan NajafgarhBlock, Delhi-43
6. Mundela Khurd : House No. 137/2, Mundela Khurd, Delhi-43
7. Nangli Sakrawati: Nangli Sakrawati Village, Delhi
8. Manglapuri :JJ Colony, Near Sadh Nagar (Palam), Nasirpur, Delhi-45
9. Sagarpur: Gali No. 2, Sagarpur, Delhi-46
10. Rawta: Rawta Village, Behind Chaupal, Delhi-
11. Pindwala Kalan : House 150, Pindwala Kalan Village, Delhi-43
12. Dwarka Sector19: Near Amrahi Village, Dwarka Sector19, Delhi
13. Dwarka Sector 2: Near Bhaskaracharya College Dwarka Sector 2, Delhi
14. Dwarka Sector 12: Near Metro Rail Line Dwarka Sector12, Delhi
15. Shahbad Md. Pur : Shahbad Mohammadpur Village, Delhi-61
16. Rajokari: Rajokari Village Delhi-38
17. Kapashera : Kapashera Village, Delhi-37
18. Mahipalpur: Mahipalpur, Near Mandir, Delhi-
19. Jhatikara: Jhatikara Village, Delhi
20. Bamnoli: Bamnoli Village, Delhi
21. Kanganheri: Kanganheri Village, Delhi
22. InderPuri: E-A/50, Inderpuri, Delhi-12
23. Budh Nagar: JJ Colony, Budh Nagar. Delhi-28
24. Malikpur : Village Malikpur, Delhi
25. Dindarpur : Village Dindarpur Near Najafgarh, Delhi
26. Isa Pur : Isa Pur, Delhi
27. Dwarka (Sector - 10) : Dwarka, Delhi
28. Kakrola : Kakrola, Delhi
29. Chhawla : Chhawla, Delhi
30. Samalka (PUHC) : Samalka, Delhi
31. Raj Nagar Part- II (Sector-8, Dwarka) : Dwarka, Delhi

## District – North

1. Timarpur - 12 Hour :Delhi Adm. Flat Complex, Timarpur, Delhi-54
2. Wazirabad: Plot No.1, Street No.3, Main Road, Wazirabad Village, Delhi
3. Old Secretariat: Alipur Road, Sham Nath Marg, Delhi-54
4. TisHazari : Tis Hazari Court Complex, Room No. 141, Delhi 54
5. Pul Bangash (NawabGanj): NawabGanj, Near Azad Market Crossing, Delhi- 06
6. Majnu Ka Tila : Sanjay Basti, Majnu Ka Tila, TimarPurDelhi-54
7. Tis Hazari: Near Civil Wing Lawyers Chambers, Delhi 54
8. Kamla Nagar: 11-D,KamlaNagar,Delhi-07
9. Shahjada Bagh : Shahjada Bagh, Delhi-35
10. Inderlok : DDA Community Hall Building, 1st and 2nd Floor, Inderlok, Delhi
11. Gulabi Bagh 12 Hour: Near Delhi Admn. Flat, Gulabi Bagh.Delhi-07
12. Sarai Rohilla : Chandra Shekher Azad Colony, Near DESU Office, Delhi-07
13. Anand Parbat: Gali No. 16, Nai Basti, Anand Parbat, Delhi-07
14. Mukund Pur: Mukund Pur Village,Delhi
15. Jharoda Majra : Jharoda Majra Village Delhi.
16. Samta Vihar (PUHC) : Sangam Vihar, Delhi

## District – North-East

1. Seemapuri : JJ Colony, Old Seemapuri, Near DTC Bus Stand, Delhi-95
2. New Seemapuri : New Seemapuri, Delhi- 95
3. Nand Nagri Extn.: Block F-2, Nand Nagri Exln. Sunder Nagari, Delhi-93
4. Nand Nagri: A-2, Resettlement Colony, Near Post Office, Nand Nagri, Delhi-93
5. Johri Pur: Johri Pur Village, Delhi 94
6. Gokul Puri: B Block, Resettlement Colony, Delhi-94.
7. Saboli: Saboli Village, Delhi-92.
8. Babarpur Extn. : Near Babarpur, BusStand, Delhi-32
9. West Jyoti Nagar : B-19/2, West Jyoti Nagar, Delhi- 94
10. Seelampur : Seelampur, Delhi 53
11. Jaffarabad (Gautampuri): T-Block, Gali No. 7, Gautampuri.Delhi-53
12. Arvind Nagar (Ghonda): Arvind Nagar, Ghonda, Delhi-53
13. Yamuna Vihar : B-Block, Yamuna Vihar,Delhi-
14. Sonia Vihar (PUHC) : Sonia Vihar, Delhi
15. Arjun Mohalla : Makan No. 884, Gali No.2 Near Maujpur, Delhi 53
16. Khajoori Khas : Khajoori Khas Village, Delhi-9
17. Dayalpur: Dayalpur Village, Delhi 93
18. Dilshad Garden : Block-A, Dilshad Garden, Delhi-95

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19. Durgapuri: Durgapuri, Delhi-93
  20. Ashok Nagar: Gali No. 9, Ashok Nagar, Delhi-

### District – Central

1. Ajmeri Gate : Gali Shahtara, Ajmeri Gate, Delhi- 06
2. Paharganj: Shora Kothi, New Delhi-55
3. Dujana House : Gali Chitti Qabar, Jama Masjid, Delhi-06
4. Sulwalan Gali : 758/X. Gali Wakil Wali, Delhi
5. Motia Khan : 6869, Near Jhandewalan Temple, Delhi-55
6. Nabi Karim : Gali No. 4, Bagichi Allauddin, Nabi Karim, Delhi-55
7. Gali Samosan : 1st Floor, Community Centre, Faras Khana, Delhi-06
8. Chamelian Road : 6562/13, Chamelian Road, Delhi- 06
9. Hindusthani Dawakhana : 1404, Gali Qasimjan, Ballimaran, Delhi-06
10. Tank Road : Gali No. 4, Community Centre, Tank Road, Delhi-05
11. Reghar Pura : Community Centre, Karol Bagh, Delhi-05
12. Delhi High Court : Bhagwandas Road, Delhi High Court, Delhi 01
13. Delhi Sachivalaya : 2nd Floor, Delhi Sachivalaya, IP Estate, New Delhi 02
14. Gali Guliyani Jama Masjid

### List of Homeopathic Dispensaries in Delhi

1. Ajmeri Gate : Ajmeri Gate (DDA), Gali Shahtara, Delhi
2. Baljeet Nagar : Baljeet Nagar, Delhi Admn. Dispy. Bldg., Delhi.
3. Hindustani Dawakhana: Ballimaran, Chandni Chowk, Delhi
4. Sui Walan: Health Center, Wakil Wali Gali, Suiwalan, Delhi
5. Tank Road: Tank Road, Community Centre Bldg., Karol Bagh, New Delhi
6. Bhola Nath Nagar: Bhola Nath Nagar (Rented), H.No. 294, Shahdara, Delhi-31
7. Central Homoeopathic Drugs Store, Himmat Puri (Store Only)
8. Himmat Puri, Block-30 Extra Delhi Admn. Bldg., J.J. Colony, Delhi-91
9. Chander Nagar, Chander Nagar GOD (H) Dispy. Govt. Bldg., Delhi.
10. Geeta Colony, Geeta Colony, Geeta Colony Govt. Dispy Bldg., 13 Block, Delhi-31
11. Hedgawar Arogya Sansthan, Karkardooma, Delhi – 110 032.
12. Himmat Puri, Himmat Puri, Block-30 Extra Delhi Admn. Bldg., J.J. Colony, Delhi-91
13. Kanti Nagar, Kanti Nagar, GOD (Health) Centre, B-99, Ist Floor, Delhi-51
14. Karkardooma, 71, Karkardooma flat, Delhi – 92.
15. Krishna Nagar, Krishna Nagar (DDA), F-3/14, Krishna Nagar, Delhi.
16. L.B.S. Hospital, L.B.S. Hospital Khichari Pur, Homoeo. Unit., Delhi
17. Mandawali, Mandawali Fazal Pur, Delhi Govt. Dispy Bldg. Delhi-91

18. Suraj Mal Vihar, Suraj Mal Vihar, Teachers Colony, Delhi Admn. Dispy. Bldg., Delhi-92
19. Trilok Puri, Trilok Puri (DDA), Block-5, Delhi Admn. Bldg., J.J. Colony, Delhi-92
20. Vasundhra Enclave, DAD Pavitra Appartment, Vashundhra Enclave, Delhi 96 Near Mamta Public School
21. Vivek Vihar, Vivek Vihar, B-Block, Delhi Admn. Bldg. Vivek Vihar, Delhi-92
22. I.P. Extension, I.P Extension near Sai Baba Mandir, Opp. Nation Vector School, Delhi
23. Gulabi Bagh, Gulabi Bagh (PWD), Qr. No. 789, Type-I, D.A. Flats, Delhi-7
24. Inderlok, Inderlok (Leased from (SEJJ), Community Centre, Delhi-35
25. Keshav Puram, B-4, Near Tyagi Public School, Delhi Govt. Dispensary building, Keshav Puram, Delhi
26. Model Town, Model Town Ist, F-3, Type IIIrd, Delhi Admn Flats, Ring Road, New Delhi
27. Sarai Rohilla, Sarai Rohilla (DDA), Bagh Khare Khan, Block-O, Qr.No. 103, Delhi.
28. Timar Pur, Timar Pur, Delhi Admn. Staff Qtrs., Colony, Delhi.
29. Wazirpur Phase 3, Wazir Pur Phase -3, Near Post office, Ashok Vihar, Delhi
30. Aruna Asaf Ali. Rajpur Road, (Near Tis Hazari Court, Police Hospital) Delhi
31. Gokal Puri, Gokal Puri (DDA), DDA Resettlement Colony, Delhi-51
32. Khajuri Khass, Delhi Govt. Dispy. Building, Khajuri khass, Near Govt. Boys Sr Sec School, First Dhalan, Delhi
33. Nand Nagari, Nand Nagari (DDA), Nand Nagri Resettl. Colony (Purchased from DDA)
34. Trilok Puri (DDA), Block-5, Delhi Admn. Bldg., J.J. Colony, Delhi-92
35. Seema Puri, Seema Puri (DDA), J. J. Colony, Seema Puri, Delhi.
36. Sunder Nagari, Sundar Nagari Extn., Delhi Admn. Dispy. Bulding, J.J. Colony, Delhi.
37. BJRM Hospital, Babu Jagjivan Ram Memorial Hospital, Homoeo. Unit, Jahangir Puri
38. Dr. Bhim Rao Ambedkar, Rohini, Delhi
39. Jahangir Puri, Jahangir Puri, H-Block, Resettlement Colony, B-Block, Delhi.
40. Mahrishi Balmiki, Pooth Khurd, Mahrishi Balmiki Hospital, Pooth Khurd, Delhi
41. Satyawadi Raja Harish Chand Hospital, Narela, Delhi
42. Rohini, Rohini, Delhi Admn. Bldg., Sect VIII, Delhi-88
43. Shakur Pur, I – Block, Shakur Pur (DDA), DDA Resettl. Colony, Delhi-34.
44. Shalimar Bagh, Shalimar Bagh, BB-Block, DDA Bldg, New Delhi.

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45. Mangol Puri, Mangol Puri (DDA), DDA Resettlement Colony, A Block, New Delhi-43.
  46. Vishakha Enclave, CD Block, Vishakha Enclave, Pittam Pura, Delhi
  47. Alli Village, Alli Village, Multi-Purpose Community Centre, Badar Pur, ND-44
  48. Batla House, Community Center, OKHLA Village, Delhi
  49. Ber Sarai, Ber Sarai, Delhi Admn. Dispy. Bldg., New Delhi.
  50. Chattarpur, Chattar Pur Village, DDA Bldg., New Delhi.
  51. Dakshin Puri, Dakshin Puri (DDA), Resettlement Colony, New Delhi.
  52. Kalka Ji, Kalkaji (DDA), Qr. No. 577-580, 594-595, New Delhi-19.
  53. Madangir, Madangir (DDA), J. J. Colony, New Delhi -62.
  54. Meetha Pur, Meetha Pur, Multi-Purpose Comm. Centre, School, Badarpur,
  55. Sarai Kale Khan, Sarai Kale Khan, 69-A-76-A, DDA Flats, New Delhi.
  56. Dwarka, Sector 19, Delhi Govt. Health Centre, Sector 19, Dwarka (Ambarahi Village)
  57. Nangli Jalib, Nangli Jalib Dispy. Near B - 1, Nangli Jalib, Delhi Cantt, New Delhi
  58. Palam, Palam (Rented), Gali No. 41, Sadh Nagar, Part - II, Mangla Puri, ND
  59. R.T.R.M. Hospital, Homoeo. Unit, Jafar Pur, New Delhi-73.
  60. Dwarka Sector 2, Delhi Govt. Health Centre, Sector 3, Dwarka, Delhi
  61. Nangal Raya, Near Arya Samaj Mandir, Nangal Raya, Delhi
  62. Jaidev Park, H.No.- 47-48, Madan Park, New Delhi.
  63. Chaukhandi, Choukhandi (DDA), Resettlement Colony, Near Tilak Nagar, ND.
  64. Guru Govind Singh, Raghbir Nagar, Delhi
  65. Janak Puri, Janak Puri DDA Colony, Block:C-2, Pkt-13, New Delhi-110 058
  66. Nangloi, C - Block, Nangloi Camp -2, Opposite Lokesh Cinema
  67. Paschim Puri, Paschim Puri, Janta Flats, No-1-4, Block A, New Delhi.
  68. Raghbir Nagar, Raghbir Nagar, Delhi Admn. Bldg., DDA Flats, New Delhi- 27.
  69. Sultan Puri, Sultan Puri (DDA), Sultan Puri Resettlement Colony, B-3, Delhi-110 083
  70. Tilak Vihar, J.J. Colony, Hathsal (Shiv Vihar) opposite A - Block, New Delhi-59
  71. Vikas Puri, Vikas Puri, DDA Flats, KG-1, New Delhi-110 018

## List of Dispensaries under Indian System of Medicine

### Ayurvedic

1. Deen Dayal Upadhyaya Hospital, Hari Nagar, New Delhi
2. Guru Teg Bahadur Hospital, Shahdara, Delhi
3. Rao Tula Rao Hospital, Jaffarpur, Delhi
4. Lal Bahadur Shastri Hospital, Khichripur., Delhi
5. Babu Jagjivan Ram Hospital, Jahangirpuri., Delhi
6. Maharishi Balmiki Hospital, Pooth Khurd, Delhi
7. B.R. Ambedkar Hospital, Rohini, Delhi
8. Dr. Hedgewar Arogya Sansthan, Karkardooma, Delhi
9. LNJP Hospital, New Delhi
10. DGD B-38, Sanathan Dharam Shiv Mandir, Jagat Puri, Delhi
11. DGD B- Block, Yamuna Vihar, Delhi
12. DGD Community Center, Meetha Pur, Delhi
13. DGD Delhi Govt. Flats, Timarpur, Delhi.
14. DGD H-Block, Ashok Vihar, Delhi
15. DDA Flats, Gulabi Bagh, Delhi
16. DGD Nand Nagari Ext., Sundar Nagari, Delhi
17. DGD Gautam Puri( Seelampur ), Delhi
18. DGD IP Extension, Near Hasan Pur Depot, IP Extension, New Delhi.
19. DGD Vasundhara Enclave- Near Pavitra Aptt, Vasundhara Enclave, Delhi
20. F.G. Dispensary: Near Super Bazar Khichirpur Delhi-91
21. DGD Khazoori Khas, Near Sarvodya Vidhalaya, Khazoori Khas, Delhi.

### Unani

1. DGD Sulwalan Gali : 758/X. Gali Wakil Wali, Delhi- 06
2. DGD Batla House, Community Center, OKHLA Village, Delhi
3. DGD Chamelian Road : 6562/13, Chamelian Road, Delhi- 06
4. DGD NewRanjeetNagar: XYZ-Block, Ranjeet Nagar (Patel Nagar), Delhi
5. DGD North Ghonda: Near Sheshi Wali Masjid, Ghonda, Delhi-53
6. Alli Village,Alli Village, Multi-Purpose Community Centre, Badar Pur, ND-44
7. DGD Karawal Nagar: Gali no. 18, Karawal Nagar, Delhi.
8. F.G. Dispensary: Near Super Bazar Khichirpur Delhi-91.
9. Jaffrabad: 39/4, Jaffrabad, Delhi.



## Annex 4: What kind of initiatives/activities GRCs undertake in their community on health.

### Health Related Services

The prime focus of this component is to sensitize women towards their health needs and to promote health seeking behavior in them. Women in the target areas by and large neglect their health and therefore this activity provides awareness generation on primary care at the community level and links them with government services for primary, secondary and tertiary health care. It also endeavors to focus on preventive health and community medicine.

#### a. Objectives

To bring awareness on health issues and provide primary health services to the vulnerable community with focus on women

#### b. Target Population

The target population for the component are vulnerable families residing in the community as identified in the survey especially women and children. But as far as entitlements to government schemes are concerned even men falling under the vulnerable category are to be facilitated for accessing the provisions.

#### c. Key Activities with Description

- The GRC-SK must participate in all the government run health initiatives – like immunization, Polio eradication, Dengue awareness campaign, health and sanitation drives, pre and post natal care, etc.
- Promoting sex education for adolescents in order to check the morbidity due to STD, RTI and HIV/AIDS cases
- Create awareness in the community on the status of the girl child as a motivator for reduction of female feticide and issues of family planning,

The activities under Health Component are as under:

- (1) Weekly clinics
- (2) Monthly health camp
- (3) Counseling for adolescents

#### (1) *Weekly clinics*

##### Norms for Weekly Clinics

- The appointed doctor visiting the centre must be an MBBS – Gynecologist.

- The doctor must sit at the GRC-SK for at least 2 hours during the clinic.
- A Pharmacist must be called for distributing medicines in these clinics.
- Issue of reproductive and maternal health, adolescent health and the concerns of women of different ages must be addressed at this clinic.
- Tie-ups need to be developed with government dispensaries and hospitals and other private health institutions for effective linkages and referral system. For this purpose, resource mapping of health facilities in the vicinity should be available at the GRC clinic. Women should be guided to these services according to their referrals and needs.
- Register and records to be carefully maintained as under :
  - (i) *Registration Register* – Registration of the patient attending the clinic with details like name, age, sex, ailment, diagnosis made, medicine given with follow up action to be taken in each case.
  - (ii) *Follow-up Register* – to be maintained keeping in mind those who require especial care or referral to other specialized services.
  - (iii) *Medicine Stock Register* – Records of the medicines received by the GRC-SK and quantity issued under each medicine head in each clinic.

The weekly clinic is expected to:

- Provide services to at least 25 women per sitting. However the number should not exceed 50 to ensure quality service to be provided at the clinic
- Screen cases requiring further referral services
- Maintain records of referrals and follow-up

## (2) *Monthly health camp*

### Norms for Monthly Camps

- One camp per month in different locations of GRC-SK catchment area.
- Mobilization of beneficiaries in the health camps – the community mobilizers should carry out house to house outreach in the cluster where the camp is scheduled to be organized for creating awareness and identifying the patients for the camp.
- Gynecologist – MBBS, DGO
- Pediatrician-MBBS, DCH
- General Physician , MBBS, MD
- Pharmacist – B/D Pharma
- Health camp would be organized on a convenient day for the community in consultation with community members.

- The duration of health camp must be 4 hours. Ideally the time slot of the health camp should be fixed keeping into consideration the convenience of the target group of the camp.
- Doctors must sit in the camp for a minimum of three hours.
- Medicines must be procured from DHS for distribution at the health camp
- Arranging one health camp per month for general health check up with focus on women related ailments and checkups and screening of RTIs, STIs and related cases.
- At times, depending on the need of the area, a specialist can be called in the health camp or a specialist hospital can be engaged to deliver free special camp services like Disability detection/ certification camp, RCH camp, Cancer detection camp, Eye camp, Heart check up camp, physiotherapy, etc.
- Tie ups with neighboring dispensaries, local public health institutions, doctors, etc. should be established for referral services. Proper and regular follow-up must be done for effective referral, and record of the same shall be maintained for each case in respective family folder.
- The GRC-SK may also put information stalls to impart awareness on HIV/AIDS, Nutrition, legal rights, information about Government schemes, etc. in these camps.
- Register and records to be carefully maintained as under :
  - (i) *Registration Register* – registration of the patient attending the camp with details like name, age, sex, ailment, diagnosis made, medicine given with follow up action to be taken in each case.
  - (ii) *Follow-up Register* – to be maintained keeping in mind those who require especial care or referral to other specialized services.
  - (iii) *Medicine Stock Register* – records of the medicines received by the GRC-SK and quantity issued under each medicine head in each camp.

The monthly camp is expected to:

- Provide services to at least 200 women per camp/sitting. However the number should not be so large which affects the quality of service provided at the camp. It is for the GRC-SK to see that the doctors are able to see the patients reaching the camp and they do not leave the premises dissatisfied by the arrangements.
- Screen cases requiring further referral services
- Maintain records of referrals and follow-up.

#### *d. Implementation Methodology and Processes*

- For monthly Health camps, all vulnerable clusters within the catchment area of the GRC-SK shall be covered on rotation basis. A tentative plan/ roaster shall be prepared and made available to the MNGO/ PMU-SSS. A venue of health camp shall not be repeated

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unless all other areas have been covered, however in case of an urgent need requiring repetition the MNGO should be consulted and reason clearly documented.

- Community mobilizer shall spread awareness in the community well ahead of the camp/ clinic date, clearly communicating the time and date of the camp/clinic, its theme and services available.

#### *e. Documentation, Reporting and Monitoring*

Records for the health clinics and the camps to be maintained are as under:

##### **Weekly Clinic:**

- Number of patients visiting in each clinic.
- Kind of diseases/sickness reported
- Kind of medication prescribed
- Referral services provided.
- Follow-up services.
- Any other records as suggested by MNGOs/ PMU-SSS from time to time.

##### **Camps**

- Number of patients per camp. (male and female)
- Kind of services provided
- Any other record in consultation with MNGOs

#### *f. Qualifications Roles and Responsibilities*

MBBS doctors will be engaged for providing services at the health camps as well as weekly clinics.

#### *g. Key Linkages*

Efforts should be made for linkages with the Delhi State Health Mission, Primary Health Centres, Aanganwadi and Asha workers. Linkages should be made with DHS for medicines.

#### *h. Budget and Resources*

##### **Weekly Clinics**

Honorarium Rs 1000/- per visit to Doctor

Honorarium Rs 250/- per visit for Pharmacist for health clinics.

##### **Health Camps**

- Honorarium of Rs 1,000 to each doctor and Rs 500 to Pharmacist.
- Volunteers could be deployed in the health camp for mobilization of the community groups/ needy women.
- Mobilization and contingencies expenses – Rs 6,000.





