

## **HEALTH & FAMILY WELFARE DEPARTMENT SCHEMES** **IDENTIFIED FOR CORPORATE SOCIAL RESPONSIBILITY FUND**

### **PREAMBLE:**

India is a country of myriad contradictions. On the one hand, it has grown to be one of the largest economies in the world, and an increasingly important player in the emerging global order. On the other hand, it is still home to the largest number of people living in poverty (even if the proportion of poor people has decreased) and the largest number of undernourished children. What emerges is a picture of uneven distribution of the benefits of growth which many believe, is the root cause of social unrest.

Governments as well as regulators have responded to this unrest and the National Voluntary Guidelines for Social, Environmental and Economic Responsibilities of Business and the Corporate Social Responsibility (CSR) clause within the Companies Act, 2013 are two such instances of the steps taken.



CSR can be defined as “the responsibility of enterprises for their impacts on society”. To completely meet their social responsibility, enterprises “should have in place a process to integrate social, environmental, ethical human rights and consumer concerns into their business operations and core strategy in close collaboration with their stakeholders”

Since Corporate Social Responsibility and sustainability are so closely entwined, it can be said that corporate social responsibility and sustainability is a company’s commitment to its stakeholders to conduct business in an economically, socially and environmentally sustainable manner that is transparent and ethical.

The main objective of Health and Family Welfare Department, Government of Karnataka is to provide Quality Health Care services to the people. ‘Health for All, Health Everywhere’, is motto of Government of Karnataka

The Vision is to ensure access and availability of quality health care for all.

**Mission** - Provide comprehensive and quality health care services to ensure equitable access, redress regional imbalances. Stabilize population and make AYUSH systems Integral part of health care. Involve community participation in all the activities for better acceptance.

The Government of Karnataka has implemented several new programs and strengthened the existing on going programs in order to improve the health care of the community. Various beneficiary oriented schemes are implemented by Government of Karnataka in addition to the existing schemes.

Though the Public Health programs are implemented by the Government, the success of the programs are largely dependent on the participation of the Community, along with the involvement of the Philanthropists, Corporates, Non-Government Organizations, Charitable Institutions etc., .

Government of Karnataka is open for the ‘Corporate Social Responsibility’ support for effective implementation of the health schemes.

In the first stage, the following programmes are identified for CSR support. The brief description of these health activities are:

### **1. Araiike Yojane:**

Under this scheme, provision will be made to provide Pure Drinking Water, Toilet, bath room facility and rooms to stay for the patient's attendants. It is proposed to implement this scheme in all the 21 District hospitals and 146 Taluka hospitals of the state.





## 2. Dialysis Units:

- It is planned to strengthen the existing units by identifying the gaps for the non-functioning of the units and to fill the gaps to make the units functional by inviting PPP partners (Human Resource support viz. Specialists and Technicians).
- Further 100 taluks hospitals are to have dialysis units.
- **It is proposed to have at least 2 machines in each taluk hospital.**



## 3. Mobile Health Clinic (MHC):

Aims to take quality healthcare delivery to the door steps of the vulnerable sections of the population in remote, unreached and poorly accessible under-served areas of Karnataka (rural, hilly, tribal and forest with poor communication facilities). Government is proposing to deploying 1000 Ambulance for this purpose.



#### **4. Citizen Help Desk:**

Despite of good infrastructure, public health facilities in urban and semi-urban areas lack quality and reliability. The main reasons are urban poor lack of awareness about available services, poor grievance redressal system and lack of information on patient rights, privileges and responsibilities. Hence, Citizen Help Desk (CHD) to cater to patient's need, are required to improve utilization of available hospital services.

**It is proposed to start Citizen Help desks in 146 taluk level hospitals of the State through CSR mode.**



#### **5. Contracting MBBS Doctors and Specialists:**

Karnataka is experiencing shortage of Doctors and specialists of all categories in public hospitals at district, Taluka and Community Health Center levels. To overcome the acute shortage of Medical personnel, under Department of H&FW and NHM, the services of the Doctors and specialists are hired on Contract basis.

**It is proposed to approach Private hospitals / practitioners to come forward and spare a day or two per week for catering to the needs of poor patients.**

#### **6. Lysosomal Storage Disorders (LSD) Proposal under CSR Funds**

Under existing insurance schemes like RSBY, RBSK this disease is not covered. It usually seen in consanguineous marriages and lack of early screening which should be tackled by individual cases. The cost for the treatment of LSD is very expensive and it is impossible for many families to bear the cost of Enzyme Replacement Therapy and also for the complications that arise due to these diseases. Hence, it is the responsibility of the society to support such families both economically and emotionally. As this is very costly treatment, budget provision is yet to be made to in the Public Health Facilities.

**On an average an amount of Rs.50.00 lakhs is needed per child / patient for this Enzyme replacement Therapy. CSR can support for Enzyme Replacement Therapy.**

## **7. National Programme for Prevention and Control of Fluorosis**

### **Objectives:**

- ✓ To create awareness about the adverse effects of consumption of excess fluoride in water.
- ✓ To motivate the communities to use only De-Fluorinated water in daily usage.
- ✓ To sensitize elected representatives, specially of Grama Panchayats about adverse effects of consumption of excess fluoride in water and to advocate provision of De-Fluorinated water in daily usage.
- ✓ To promote rain water harvesting and safeguarding surface water to reduce the consumption of ground water in the long run.

**CSR can play a major role in providing safe drinking in Fluorosis affected areas.**

- Out of 8690 total affected villages of 18 endemic districts of Karnataka, provision was made for safe drinking water by installing RO plants in 2917 villages.
- CSR support needed for the Construction of RO plant to provide safe drinking water for 5773 villages.



## **8. Hygiene Kits:**

To provide postnatal care for the mother and the child, it is proposed to give hygiene kits to the delivered mother. The objective of this scheme is to encourage poor pregnant women to deliver in health centres and hospitals in order to reduce maternal and infant mortality in the state.

This Kit is proposed to be provided free of cost to the BPL families by the Health Institutions. Each BPL family is eligible to get a maximum of 2 Kits, one for each live birth delivery. The kit contains some useful items for delivered mother and child.

**CSR support is needed in providing the Hygiene Kits.**



**9. Rashtriya Bal Swasthya Karyakram (RBSK):**

In this programme children upto the age of 18 years are screened for 38 health conditions. The screening is conducted by 2 dedicated RBSK mobile health teams constituted in each taluka, consisting of 2 Medical Officers, 1 Staff Nurse and 1 Ophthalmic Assistant/ Pharmacist. The main aim of this programme is to conduct health screening so as to identify children with health conditions and to refer for appropriate timely treatment.

**CSR can provide the services of Specialists and Super specialists, thereby helping early detection and management of 4 D's (Defects at Birth, Deficiencies, Childhood Diseases and Developmental Delay and Disability).**



**10. Nutrition:**

Under-nutrition is associated with high rates of mortality and morbidity due to common childhood illness including diarrhea, acute respiratory infections, malaria and

measles. To prevent deaths due to severe acute malnutrition (SAM) specialized treatment and prevention interventions are required like NRCs and MNRCs.

**Nutrition Rehabilitation Centres (NRCs):** It refers to a unit for ‘inpatient, centre based’ care of children with severe malnutrition. Children with Severe Acute Malnutrition (SAM) without medical complications are usually treated either in facility/hospital based care units.

**Modified Nutrition Rehabilitation Centres (MNRC):** These are referred rehabilitation centres with trained medical officers and staff nurses where SAM children are referred from primary health centres.

Apart from the above, the technologies of CFTRI like:

1. Energy food - that has been used as a great protein supplement, with good amount of vitamins and minerals.
2. Iron fortified Atta.
3. Whole drumstick pod powder.
4. Iron folate enriched cookies.
5. Methods to make spirulina products (without the fishy taste).

**The above Nutrition items can be provided through CSR support.**



**11. Telemedicine:** Providing facilities to give specialist healthcare at grass root level or at-least at the taluka level would largely benefit the health in the community, prevent further morbidity, mortality, loss of man-hour and thus prevent economic and social loss to families in the community. The provision of Tele-Medicine facilities would address this issue to a large extent along with that of non-availability of specialist in rural areas of the State.

**CSR can play a major role in improving the Telemedicine facility by providing technical assistance.**

**12. National Mental Health Programme:** with the rise of psycho-somatic diseases in the society, it is seen that the economically productive age group people in the State are succumbing to the depression, OCD, suicidal tendencies etc. This is proving to be of immense importance in loss of economic growth and also a burden to society both socially and economically. Also that the number of Psychiatrists in the Public Health Institutions is meagre and sparse.

**Therefore, it is proposed to give Honorarium and Mobility support for the in-sourced Psychiatrists.**

**13. Information, Education And Communication (IEC):** The success of any scheme is in its implementation and benefits to deserved beneficiaries. IEC is playing a major role in giving awareness to the public about the health schemes of the state. AT present the Department is utilizing the following methods for advertising its schemes:

- Print Media (Advertisements in Daily/weekly/monthly
- Printing & distribution of education materials.
- T.V Spot & Radio jingles.
- Publicity through bus branding
- Tele film & documentary.
- Broadcasting and conducting of interviews, on various Health Programme.
- Flex in hoardings Wall painting
- Disseminated through LED TVs in Railway station & KSRTC Bus stations.
- State level Folk artist workshop
- Sensitization programme
- State Level programmes
- Panel discussion
- Books, Posters, Folders
- Student Debate competition
- Press conference, Press meets

**Corporate can help sponsoring any of these activities and also 'Subsidization' for TV serials and Films/Cinemas that show health issues.**