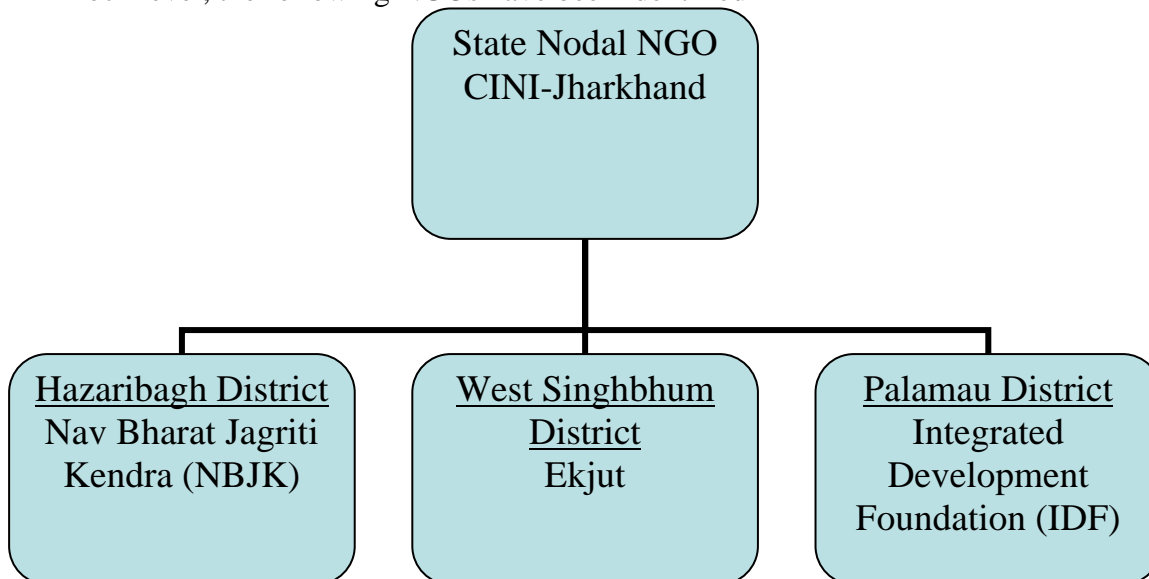


Jharkhand

Community Monitoring Status

- ❖ At state level, the nodal NGO is Child in Need Institute (CINI). At District and Block level, the following NGOs have been identified-



State	Districts	Blocks	NGOs
Jharkhand (CINI)	Hazaribagh (NBJK)	Churchu	NBJK
		Katkamsandi	RKSM
		Ichak	PRAYASH
	Palamu (IDF)	Patan	IDF
		Chainpur	Jan Chetna Kendra
		Lesliganj	Gyan Vigyan Samity
	W. Singhbhum (Ekjut)	Chakradharpur	Ekjut
		Manoharpur	Indira Adivasi Vikash Samity
		Tonto	Samekit Jan Vikas Kendra

Overall Introduction & size of the State-

Jharkhand state has come into existence on 15th November 2000. It became 28th state of India & the youngest member state of Indian republic. The capital of Jharkhand is Ranchi and second capital is Dumka. The total area of Jharkhand is 79,714 sq. km. Area wise Jharkhand's ranking in India is 15th. It is 2.3% of total area of the country.

The boundary of a new state touches with five states. Bihar in north, Orissa in south, west Bengal in East, Chattisgarh and U.P in west. It is a land locked state but seashore is only around 100 km.

An askance to the Health status

40% of population of Jharkhand is living below poverty line. Absence of effective health system makes the problem more acute. Studies show that the poorest 20% suffer infant mortality rates as high as 109 per thousands, which is two and a half times the rate amongst the richest 20% (44 per thousand.) When child mortality is included, the below 5 years mortality rate among the poorest quintile rises to 155 per thousands, almost three times higher than the rate for the richest quintile.

Poverty, malnutrition and absence of clean water are major causes of this disparity. But it is troubling that the public health system is not playing a bigger role to counter this disadvantage. Indeed, when it comes to curative services, studies show that the poorest quintile receive only a tenth of the public subsidy while the richest quintile corner a full third. Jharkhand has distinction of one of the highest malnutrition. The problem of malnutrition and infant mortality is chronic in Jharkhand due to extreme poverty.

“Malnutrition limits development and the capacity to learn. It also cost lives. About 50% of all childhood deaths are attributed to malnutrition.” - [UNICEF-2005]

The mortality rate of Jharkhand is 13.12 per thousand. Child mortality is 92 per thousand. Rural Child mortality rate is 93.2 per thousand and Urban Child mortality rate is 63.7 per thousand. (2001 figure) It will important to note that we have one of the highest mortality rates due to mal-nutrition. This is due to administrative and systemic lapse and because of social and community deprivation. These are one of the highest rates in the country. There are 4,462 Health center in Jharkhand, 368 Additional Health centre, 193 Block Primary centre and 37 Referral Hospital. Apart from district Hospitals, there are 4 Medical Colleges. Present Health System fails to cater the basic health requirement of its people. 58,000 children die every year without proper Medical care in Jharkhand. Maternal malnutrition is major cause of concern in Jharkhand. A little less than three-fourths of women suffer from anemia, a prevalence level much higher than the national average of 52%. 4 of every 10 women in Jharkhand are undernourished.

Source: www.jharkhandnews.org/health.htm

Geographical spread of the CBM activities in phase 1

Districts	Block	PHC	Subcentre	Village	Gram Panchayat	
Hazaribagh	Churchu	Churchu	Kajri	Pipra	PRI not in existence, elections yet to be held in Jharkhand	
				Phusri		
				Kajri		
				Bahara		
			Charhi	Charhi		
				Sharawaha		
				Chanaro		
				Karukhap		
				Handagarha		
			Basadhi	Indra		
				Zarba		
				Mukru		
				Basadih		
				Harhad		
				Dasokhap		
		Katkamsandi	Katkamsandi	Asdhir		Asdhir
						Kanhanpur
						Lupung
						Sulmi
						Hedlag
						Govindpur
				Panra		Panra
						Mayapur
						Harna
				Kansar		Kansar
						Nawada
						Belarguda
						Bahimar
						Saru Garu Kala
						Saru Garu Khurd
		Ichak	Ichak	Bongo		Bongo
						Cirsi
						Tepsa
						Sadam
				Bhusai		
				Chanwar		
			Bariyath	Bariyath		
				Gorbanda		

Palamu				Dhawaya
				Chaparkh
				Hadri
			Dumrawn	Dumrawn
				Rud
				Sighuwa
				Dangi
	Patan	Patan	Nawajaipur	Jaipur
				Mahulia
				Pakaria
				Bagaiya
				Churadohar
			Pandepura	Dandai
				Pandepura
				Rajhara
				Sahdeva
				Khamhi
				Kararkala
				Kararkhurd
				Angra
				Aredana
			Loinga	
Chainpur	Chainpur	Ramgarh	Chorhat	
			Kundpani	
			Musurmu	
			Uldanda	
			Serka	
			Sarja	
			Dinabar	
			Make	
			Adar	
		Nawadih	Nawadih	
			Hisra	
			Kitti	
			Karma	
			Gore	
			Sarhawa	
Lesliganj	Lesliganj	Nawdiha	Dhangaon	
			Kamalpur	
			Koiripatra	
			Sonpurwa	
			Chak	
			Akhauri	
			Navdiha	
		Kurainpatra	Sons	

				Kurainpatra
				Kathaundha
				Dhela
			Kort	Gopalganj
				Kort
				Sitadih
				Pathrahi
West Singhbhum	Chakradharpur	Chakradharpur	Tuiya	Tuiya
				Dhangaon
				Kulitonda
				Dharamsai
				Sagipi
				Sirkapi
			Indkata	Indkata
				Asantaliya
				Dalki
				Banjhikusum
				Thasakpur
			Simlabad	Simlabad
				Chandrajarki
				Baipid
				Kumalong
	Manoharpur	Manoharpur	Bunumda	Bunumda
				Chodarappa
				Tendrauli
				Batma
				Sadanga
				Sidua
			Nandpur	Nandpur
				Tumsai
				Hakagui
				Tenda
			Dimbuli	Dimbuli
				Kamarbera
				Dukurdih
				Sargidih
				Pattharbasa
	Tonto	Tonto	Purnapani	Purnapani
				Pertol
				Dunduchu
			Birsinghhatu	
		Barajhikpani	Barajhikpani	
			Sanjhikpani	
			Durula	
			Romra	

				Padampur	
			Nimdih	Nimdih	
				Chalangi	
				Barakuchiya	
				Sankuchiya	
				Ramposi	
				Ranjaka	

Tasks under community monitoring/Action activities		Status as on Date 31/03/08	If incomplete give reason and status
VHSC	Constituted	Yes, have been done through state government funded NGO led initiative	
	Oriented	No	To be done in Phase-2
PHC	Constituted	No	In Jharkhand there is only one PHC in each Block. Thus, Blocks are taken as Unit
	Oriented	No	
Block	Constituted	No	To be done in Phase-2
	Oriented	No	To be done in Phase-2
Districts	Constituted	No – District Mentoring Group constituted	To be done in Phase-2
	Oriented	No	To be done from 17-25 April 2008 in District Level Orientation Workshop.

Physical progress of Community Monitoring Broader Activities by States:-

Tasks accomplished under major financial heads	Progress till date 31/03/2008	If incomplete reasons/Remarks
Preparatory activities and publication	Conceptualization and designing have been done and printing is under process.	

	District sensitization workshop to be done from 17-25 April 2008	
	District level CSO meeting has been done on 4 th , 6 th and 7 th of March 2008 in all the three Districts	
State and District facilitation teams constitution/TOT	State mentoring group and three District mentoring groups have already been constituted	
	State TOT have been conducted from 27-29 th March 2008	
Constitution and orientation of Community monitoring committees at PHC, Block and VHSC	To be accomplished in the 2 nd phase after District level orientation workshop	
Conduction of Jan Samwad	Community mobilization will be done through <i>Kala Jattha</i> .	
	<i>Kala Jattha</i> will be oriented for its activities from 4 th – 7 th of April'08.	
	<i>Kala Jattha</i> movement will be done in the villages between 17 th – 23 rd of April 2008 in all the three Districts	
Process documentation and review	Under process and being documented time to time	