



A.INDUSTRY SECTOR PROFILE

INTRODUCTION : Karnataka State Health System Resource Centre (KSHSRC) has been set up under the National Rural Health Mission to function as a Centre for Excellence for facilitating implementation of NHM. Registered on 2nd March 2009, as an autonomous registered society. It is the state version of National Health System Resource Centre (NHSRC) established under Govt. of India. KSHSRC serves technical support and capacity building for strengthening public health system in Karnataka.

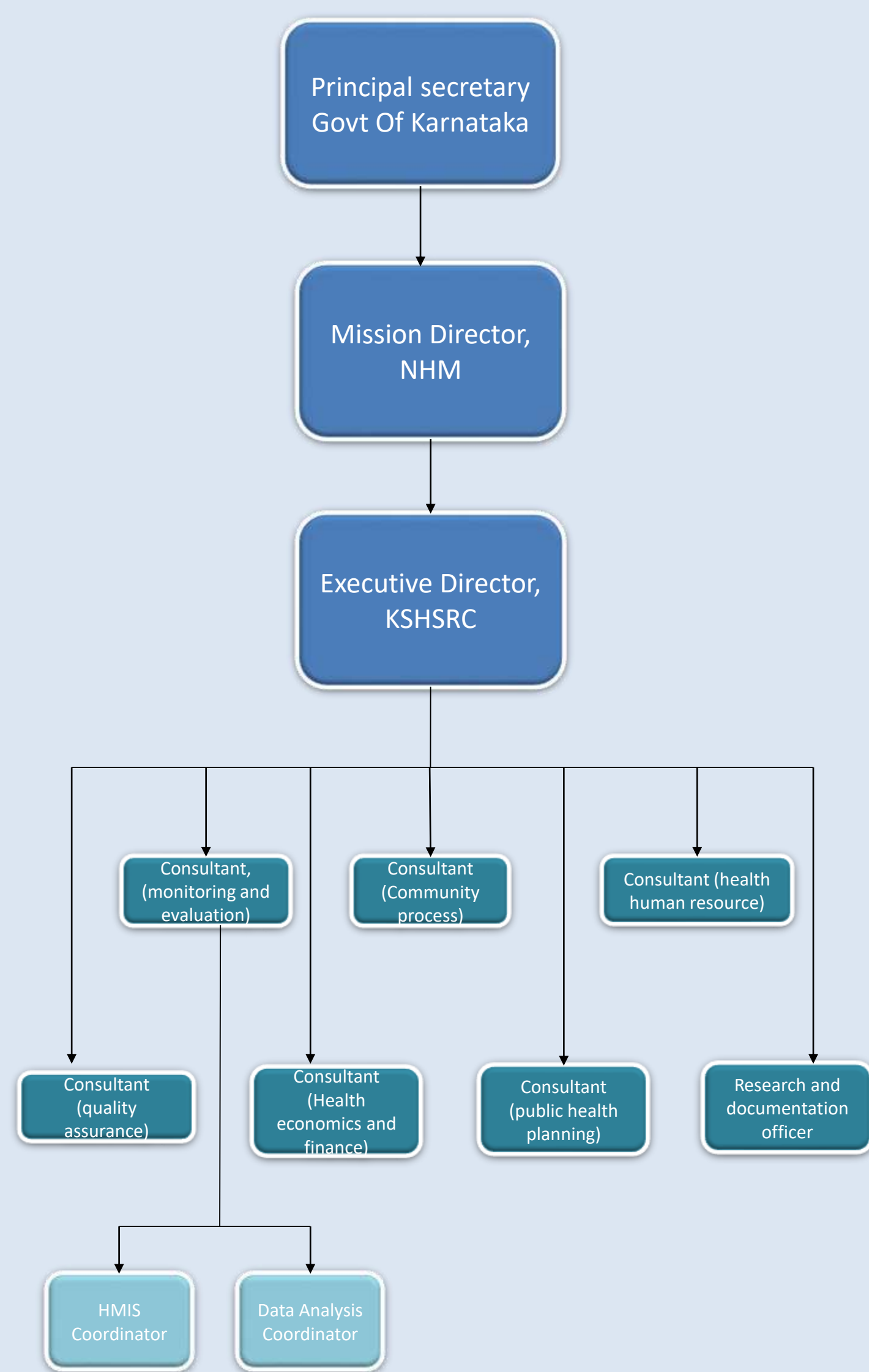
ORGANIZATION VISION AND MISSION



VISION : Facilitate the attainment of universal access to equitable, affordable and quality healthcare, which is accountable and responsive to the needs of the people in the State of Karnataka.

MISSION : KSHSRC serves technical support and capacity building for strengthening public health system in Karnataka. The goal of this institution is to improve health outcomes by facilitating governance reforms health systems innovations and improved information sharing among all stake holders at the National, State, District and Sub-District levels through specific capacity development and convergence models.

ORGANIZATION STRUCTURE :



SUMMER INTERNSHIP AT KARNATAKA STATE INSTITUTE OF HEALTH AND FAMILY WELFARE

DEPARTMENT : KARNATAKA STATE HEALTH SYSTEM RESOURCE CENTRE

ASSESSMENT OF RASHTRIYA KISHOR SWASTHYA KARYAKRAM

2. ABOUT THE PROJECT

- The Rashtriya Kishor Swasthya Karyakram was launched on 7th January 2014. The key principle of this programme is adolescent participation and leadership, Equity and inclusion, Gender Equity and strategic partnerships with other sectors and stakeholders.
- This programme envisions enabling all adolescents in India to realize their full potential by making informed and responsible decisions related to their health and well being and by accessing the services and support they need to do so.



OBJECTIVES OF THE PROJECT

The objective of this study is to evaluate the services for RKSK interventions across selected geographies of Karnataka.

Specific objectives:

1. To check the implementation of adolescent-friendly health clinics at health facilities.
2. To assess the coordination and communication between related departments for adolescent health interventions
3. To check the implementation of weekly iron and folic acid supplementation program.
4. To assess the implementation of Adolescent Health Day.



METHODOLOGY



Study Design: A Cross-sectional mix method with emphasis on both qualitative (in-depth interview) and quantitative techniques.

Coverage: Panchayat President, ASHA, School teachers and RKSK counsellors.

16 districts are selected in Karnataka and the study is for the duration of **6 months**.

A total of 238 AFHCs are selected as sample from 16 districts of Karnataka where the AFHCs are established.

Data Collection Methods : Qualitative and quantitative methods, I have actively participated in preparing questionnaires for this study.

The research proposal is still in progress, and I was involved only in the initial stages.

QR code to access the RKSK Webpage



3. LEARNINGS AND VALUE ADDITIONS

LEARNING AND VALUE ADDITIONS DONE DURING THE INTERNSHIP	Learnt to do assessment of Rashtriya Kishor Swasthya Karyakram.
	Developed strong scientific writing skills.
	Learnt to conduct a comprehensive literature review.
	Learnt to formulate research questions, hypothesis, and objectives
	Learnt to write research proposals.
	Learnt to practice effective communication of research findings.
	Participated in data collection activities.
	Understood and adhered to ethical principles and guidelines in research
	Learnt how to collaborate with research team members, supervisors and mentors
	Gained proficiency in data analysis techniques

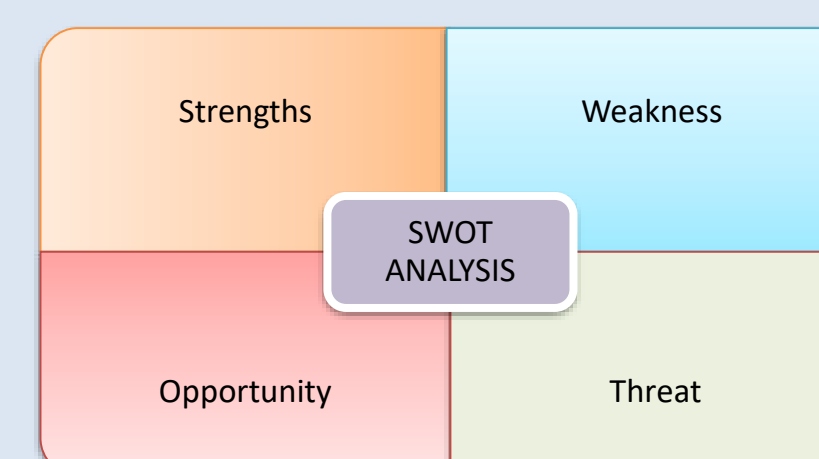
4. SWOT ANALYSIS OF THE PROGRAM RKSK

Strengths :

- Comprehensive Approach :** to adolescent health, addressing various aspects such as sexual and reproductive health, mental health, nutrition, and substance abuse.
- Government Support :** which provides financial resources and policy support, enhancing its credibility and sustainability.
- Targeted Intervention:** RKSK focuses on the specific needs of adolescents, recognizing their unique challenges and vulnerabilities, and tailoring interventions to address them effectively.

Weakness :

- Implementation Challenges:** like absence of proper guidance, parents support, lack of skills, insufficient services from health care delivery system.
- Limited Awareness**
- Lack of Staffing and Training**
- The program's effectiveness could be hindered if it does not receive sufficient financial and logistical resources



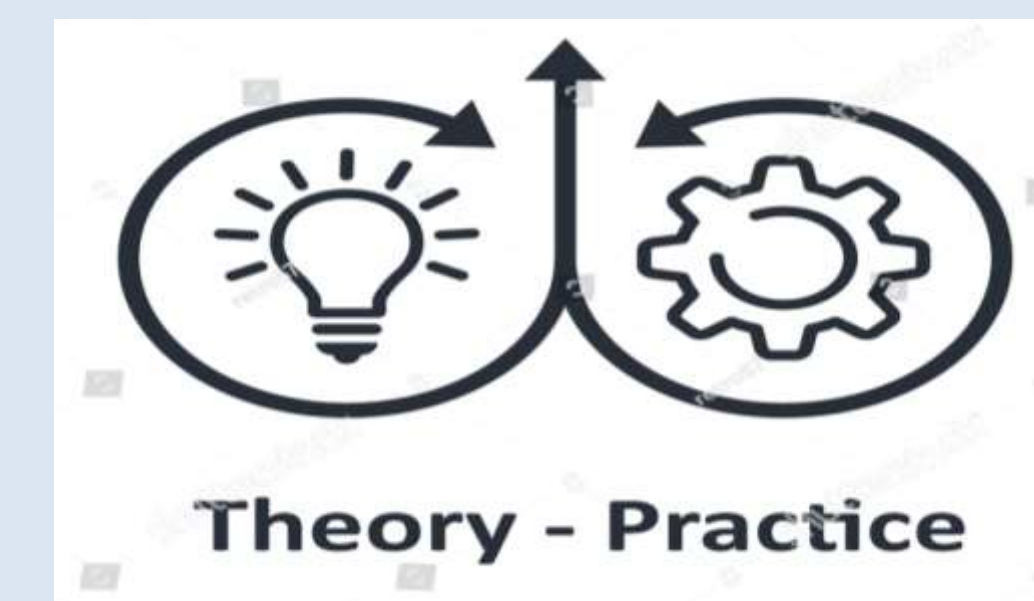
Opportunity :

- Policy Advocacy:** The RKSK program can leverage its government support to advocate for policies that prioritize adolescent health and allocate resources for its successful implementation.
- Collaborative Partnerships :** with NGOs, Educational Institutes etc.
- Digital Interventions :** Exploiting the increasing penetration of digital technologies, the program can leverage platforms like mobile apps, telemedicine, and online counseling to improve access to information and healthcare services for adolescents.

Threats :

- Cultural and Social Barriers:** Traditional norms, cultural taboos, and social stigma surrounding adolescent health issues may hinder the acceptance and utilization of the program's services.
- Funding Constraints:** Inadequate funding or budget cuts could restrict the program's reach and limit the availability of essential resources and services for adolescent health.
- Changing Health Landscape:** Emerging health challenges, such as new infectious diseases or mental health issues

5. DIFFERENCE BETWEEN THEORETICAL LEARNING AND PRACTICAL EXPOSURE :



Theoretically, I had an understanding to how research is done, this helped me to contextualize my practical experiences. Practically I got hands on experience, and I worked with SHSRC and other Departments like IDSP, National Mental Health Program, NTEP, child health, Nutrition department and many more, this enriched my practical knowledge about public health.

6. CHALLENGES FACED DURING THE INTERNSHIP :

- New working conditions and adjusting to a professional environment.
- Transportation issues during field visits
- Inadequacy of time to be properly involved in the project
- Difficulty in getting in touch with the Deputy Director and other superiors of the program initially.

7. USEFULNESS OF THE INTERNSHIP

Practical exposure about public health scenario of the state.

Better understanding about the state level health administration.

Developed multiple skill sets in the field of research.

8. SUGGESTIONS :

- More awareness about RKSK program by use of IEC.
- Direct monitoring by the district medical officers must be done and should be reported to the state deputy director.
- State deputy director can be involved in the monthly meetings once in a while.
- Can collaborate with NGOs , Educational institutions and strengthen the program and have better functioning Adolescent Friendly Health Clinics.

PRESENTED BY :

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