Summer Training at
State Health Society, Bihar
(April 3 to June 8, 2017)

Study on 'Accessing "Yuva Clinic" in Patna: A Community Perspective' A Report

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MBA Hospital & Health Management
2016-2018

Institute of Health Management Research
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2017

INSTITUTE OF HEALTH
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IIHMR UNIVERSITY

CERTIFICATE

This is to certify that **Dr. Rashmi** has undergone summer training in **State Health Society, Bihar from 3rd April to 2nd June 2017.**

The candidate herself completed the project assign to her during summer training. Her approach to the project was sincere and proactive. This summer training is in partial fulfillment of the course requirement recommended for the award of MBA in Hospital and Health Management.

I wish her success in all her future endeavors.

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TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Rashmi** *is a Student of MBA in Hospital and Health Management of IIHMR, Jaipur. She has worked as an intern at State Health Society Bihar, Patna for her summer internship program as part of course curriculum from* **03rd April 2017** *to* **08th June 2017**. *She has also submitted the dissertation to State Health Society Bihar, Patna.*

She is hard working and sincere towards her work. She has completed all the assigned tasks at the State Health Society Bihar. I wish her all the very best for her future endeavours.

27.6.2017

(Shashi Bhusan Kumar)
Secretary Health-Cum-Executive Director
SHSB, Patna

Acknowledgement

I would like to express my thanks to my mentor Dr.Mohan Bairwa, who has always encouraged me and showed his interest for the project. He has continuously and persuasively conveyed a spirit of adventure in relation to the research project and also excitement in teaching. Without his supervision and constant help this project would not have been possible.

I would thank Dr.Sarita, State Programme Officer, Quality Assurance, who was my mentor in the organisation and Dr.Y.N.Pathak, State Programme Officer, RKSK &Nursing for the useful comments, remarks and engagement through the learning process of this project. Furthermore I also thank Mr. Aash Mohammad and Mr. Santosh Kumar for introducing me to the topic as well as for their continuous support throughout the way.

I like to give special thanks to Mrs. Mini Kurup for her continuous support, guidance and encouragement throughout the project.

Also would also like to thank all the participants in my survey, who have shared their precious time during the process of Interview and Focused Group Discussions.

CONTENTS

ABBREVIATIONS

SHSB	State Health Society, Bihar
NGO	Non Government Organisation
PPP	Public Private Partnership
SIHFW	State Institute of Health and Family Welfare
NVBDCP	National Vector Borne Disease Control Programme
SRU	State RMNCH+A Unit
RMNCH+A	Reproductive Maternal Neonatal Child Health and Adolescent Health
MDG	Millennium Development Goal
MMR	Maternal Mortality Rate
JSY	Janani Surakasha Yojana
JSSY	Janani Shishu Suraksha Karyakram
PMSMA	Pradhan Mantri Surakshit Matritva Abhiyan
MDR	Maternal Death Review
FRU	First Referral Unit
IMR	Infant Mortality Rate
U5MR	Under 5 Mortality Rate
NBCC	New Born Care Corner
NBSU	New Born Stabilization Unit
SNCU	Special New Born Care Unit
NRC	Nutrition and Rehabilitation Center
NDD	National Deworming Day
HBNC	Home Based New Born Care
TFR	Total Fertility Rate

SRS	Sample Registration System
NFHS	National Family Health Survey
CBR	Crude Birth Rate
GMSD	Government Medical Store Depot
AVDS	Alternate Vaccine Delivery System
SVS	State Vaccine Store
RVS	Regional Vaccine Store
DVS	District Vaccine Store
BVS	Block Vaccine Store
IMNCI	Integrated Management of Newborn and Childhood Illness
IYCF	Infant Young Child Feeding
NIPI	National Iron Plus Initiative
INAP	India Newborn Action Plan
NSSK	Navjaat Shishu Suraksha Karyakram
JSSK	Janani Shishu Suraksha Karyakram
IDCF	Integrated Diarrhoea Control Fortnight Programme
PCP	Pneumonia Control Programme
NUHM	National Urban Health Mission
WIF	Walk In Freezer
WIC	Walk In Cooler
DF	Deep Freezer
ILR	Ice Lined Refrigerator
RBSK	Rashtriya Bal Swasthya Karyakram
VHND	Village Health Sanitation and Nutrition Day
RKSK	Rashtriya Kishore Swasthya Karyakram
NTCP	National Tobacco Control Programme
PMCH	Patna Medical College and Hospital

NMCH	Nalanda Medical College and Hospital
DMCH	Darbhanga Medical College and Hospital
PGE	Peer Group Educators
SBA	Skilled Attendants at Birth
NCD	Non Communicable Disease
RCH	Reproductive and Child Health
CDN	Community Development for Nutrition
WASH	Water, Sanitation and Hygiene
ASHA	Accredited Social Health Activist
MTP	Medical Termination of Pregnancy
ANM	Auxiliary Nurse Midwife
NHM	National Health Mission
NRHM	National Rural Health Mission
NUHM	National Urban Health Mission
PHC	Primary Health Center
PCPNDT	Pre Conception and Pre – natal Diagnostic Technique

OBJECTIVES OF SUMMER TRAINING:

- To scan the internal environment of the organization.
- To gain knowledge about the health care services offered by the government under NHM.
- To study the different departments of the State Health Society in terms of its infrastructure, human resource, programmes undergoing and outcome of respective cells.
- To study the relationship and co-ordination between different ministries and stakeholders.
- To involve myself in a task or activity assigned by the organisation and provide valuable inputs according to the need of organization.

About The Organization

INTRODUCTION

Summer training is an integral part of Post graduate course in Health Management. As a part of the curriculum, students are required to undergo 2 months training with reputed organization to learn management related issues and areas. The main purpose of the training is to get exposure to functioning of organization.

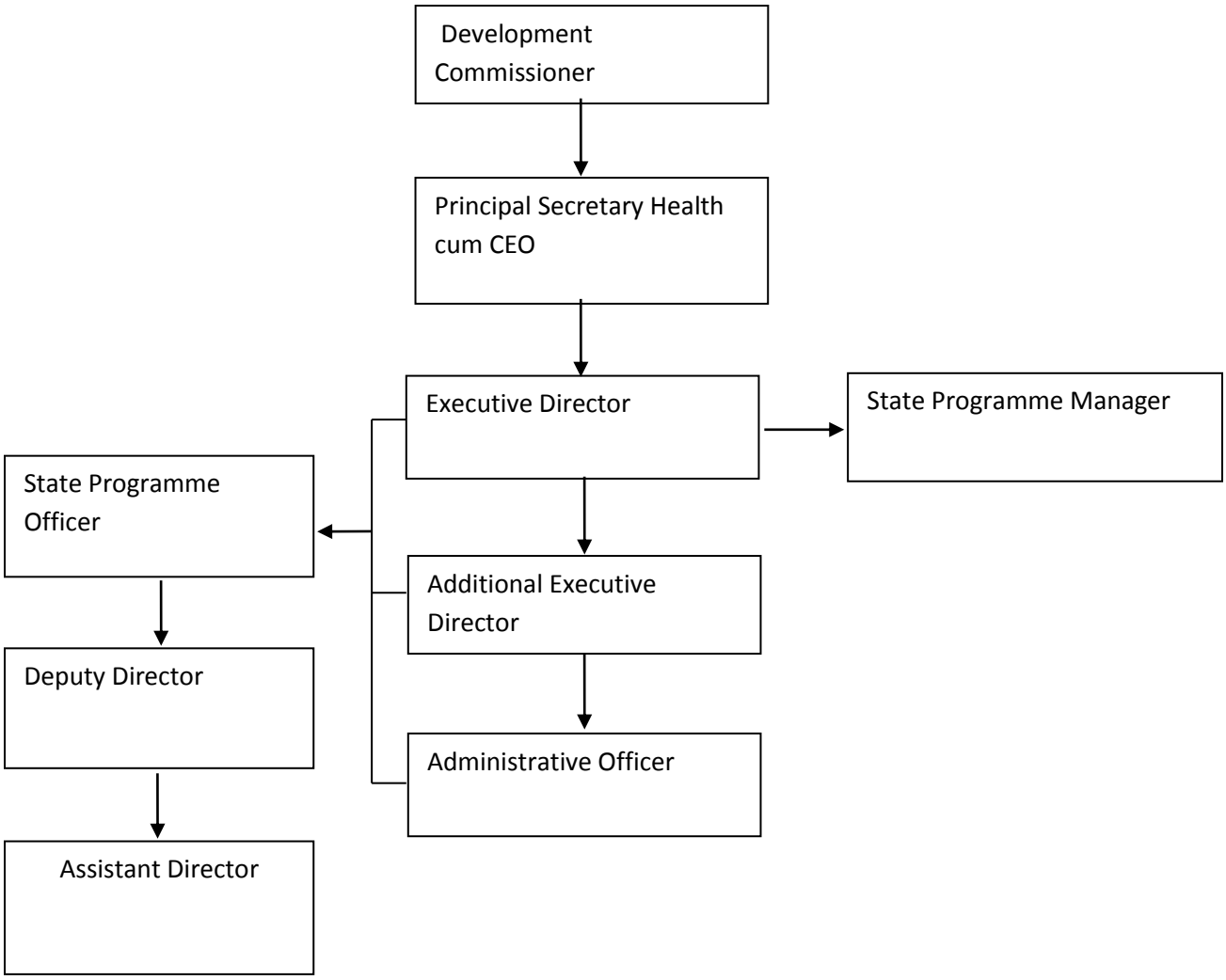
State Health Society, Bihar has been established to guide its functionaries towards receiving, managing (including disbursement to implementing agencies e.g, Directorate, Medical and Public Health District Societies, NGOs etc.) and accounts for the fund received from the Ministry of Health and Family Welfare, Govt. of India.

Its resource manages NGO/PPP components of NRHM in the state including execution of contracts, disbursement of funds and monitoring of performance. Bihar government has decided that SHSB will function as a resource centre for the department of Health and Family Welfare in Policy/Situational analysis and policy development.

It organizes trainings, meetings, conferences, policy review studies/surveys, workshops and interstate exchange visits etc. to improve the implementation of NRHM in Bihar.

Due to these distinguishing features I chose to work in State Health Society, Bihar.

State Health Society, Bihar follows the following hierarchy:



OBSERVATIONAL LEARNINGS:

Maternal Health

India has reported approximately quarter of maternal deaths, since the beginning of safe motherhood initiative. India targets to achieve MMR less than 100 per 100,000 live

births. In Bihar MMR is 100 per 100,000 live births (MDG Goal). Country's diverse geography, socio-economic and cultural status is a great barrier in reducing MMR.

Maternal Health encompasses the entire period, since conception upto 42 days after parturition. It is divided into 3 phases: *Ante Partum,*Intra Partum,*Post Partum. Various initiatives taken by Government are:

*JSY (Janani Surakasha Yojana)/ JSSY (Janani Shishu Suraksha Karyakram)

*PMSMA (Pradhan Mantri Surakshit Matritva Abhiyan)

*Maternal Death Review

*FRU Operationalization

Child Health

Child Health program is an important component of health development. In last 5 years Infant Mortality Rate, (IMR in 2011=44 and in 2016= 42, according to SRS) and Under 5 Mortality Rate (U5MR) has decreased (U5MR in 2010=64 and in 2014= 53, according to SRS). With government initiatives Child Health has been improved. Government works at both facility and community level.

At facility level there are;

- NBCC (New Born Care Corner),
- NBSU (New Born Stabilization Unit),
- SNCU (Special New Born Care Unit),

At Community Level there are;

- NRC (Nutrition and Rehabilitation Center)
- NDD (National Deworming Day)
- HBNC (Home Based New Born Care)

At all these levels all the programmes are being undertaken such as IMNCI, IYCF, NIPI, INAP, IDCF, NSSK, JSSK, Pneumonia Control Programme, which are discussed further.

Family Planning

Family Planning is the key priority area of the Government and it has been vigorously pursued through the National Rural Health Mission launched in the year 2005 for stabilizing population as per the norms of National Population Policy 2000. The main objectives of National Population Policy are:

- To address unmet needs for contraception
- Achieving a stable population by 2045

at a level such as to attain sustainable economic growth, social development and environmental protection. As a result of various initiatives taken by Government, the country's Total Fertility Rate (TFR) has declined from 2.7 in 2006 to 2.2in 2016 (NFHS – IV). Crude Birth Rate has declined from 23.8 in 2005 to 20.8 in 2015 (SRS, 2015).

The objectives of Family Planning are:

- Population control
- Reduce MMR
- Reduce IMR
- Marriage of Girls at 18 and Boys at 21
- 1st Child after 2 years of marriage
- Gap between two children -3 years
- Opting limiting method after completion of family.

Immunisation

Every year approximately 32 lakh women and 30 lakh new born are benefited by Routine Immunisation. Under this programme children are immunized against various fatal diseases such as Polio, Measles, T.B, T.T, Pneumonia, Haemophillus Influenza Type B, Hepatitis B, Japanese Encephalitis etc. Bihar has the best Pulse Polio Programme in the World.

The Vaccines are collected from the GMSD. Then the Vaccines are stored at various Cold Chain Points (SVS, RVS, DVS, and BVS). The Vaccines are transported through:

- Refrigerator Vaccine Van
- Insulated Vaccine Van

At various Cold Chain Points, the equipments used to maintain the temperature for Vaccines are WIF, WIC, DF, and ILR. From the BVS the Vaccines are carried by Courier or Alternate Vaccine Delivery System (AVDS) in the Cold Box (which can maintain temperature for 10 -12 hrs) to the Session Site.

NUHM

National Urban Health Mission (NUHM) is a sub-mission of National Health Mission (NHM). It focuses not only on health related services but also on nutrition, sanitation, community development, women empowerment, poverty eradication etc. NUHM was launched in 2013, but this became functional in the Financial Year- 2014-15.

The need of NUHM arose from the fact that as the state was developing, more and more number of people starting migrating from rural to urban areas. This Mission focuses on the development of urban slums. The Programme provides Health Care Services for

- Maternal Health
- Child Health
- Counseling
- Referral Services
- Immunisation Programmes

- Family Planning
- NCD Screening Services
- Health Services at community level
- Free medicines and consumable.

Urban ASHAs community level social health activists and are key role players in motivating and educating people regarding the need and availability of Health Care Services provided at UPHCs. There are in total 336 Urban ASHA selected in Bihar.

At Ward level there are MAS and its members are from the community itself. They work on preventive and promotive Health Care.

In order to make UPHCs efficient, 243 Staff Nurses have been selected and they have been given training for the purpose.

Quality Assurance Training is given to Medical Officer Incharge of UPHC and District level Managers.

Special Outreach Camps are organized to benefit the underserved distant population. Till date 186 such Camps have been organized.

De-Addiction

1st April 2016, the Govt. of Bihar decided to ban country made liquor. But from 5th April 2016 the Government decided – Total Alcohol Prohibition, which came in effect from that day itself.

The biggest problem which the state realized was withdrawal from De-addiction. To treat withdrawal symptoms – Doctors, psychiatrists, counselors are required. Sometimes withdrawal from addiction also causes Medical Emergencies. Keeping these requirements in mind the Government decided to set up a 10 bedded De-addiction Center in every

District Hospital. De – addiction Center is also available in Psychiatry Dept. of Medical Colleges.

Problem areas are:

- Lack of Human Resource,
- Government Officers already working for some other Programmes are to be deputed for this Programme.
- Counsellors appointed for De – addiction Centers are the Counsellors who are already trained for counseling for Family Planning Programmes.
- There is lack of Staff Nurses, Ward Attendants etc.

Government decided that all De – addiction Programmes including Tobacco Control Programme will be under 1 State Programme Officer (SPO).

There are Trained Medical Officers as Nodal Officers of respective De – addiction Centers along with District level Nodal Officers for National Tobacco Control Programme (NTCP).
Government wants to introduce treatment for other Substance abuse also. For that Doctors are being given training.

At present there are 39 De – addiction Centers established in state, 1 at each District/Sadar Hospitals and 3 at PMCH, NMCH and DMCH.

There are 645 beds in total at all De – addiction Centers.

RBSK & VHSND

With a view to reduce IMR and improve the health condition among children the Ministry of Health and Family Welfare, Government of India, under the National Health Mission has launched Rashtriya Bal Swasthya Karyakram (RBSK), this programme includes:

- Child Health Screening
- Early Intervention Services
- Systematic approach to Early Identification and a Link to care, support and treatment.

Child Health Screening and Early Intervention services, includes early detection and management of 30 health conditions which is prevalent in children of less than 18 years of age. These conditions are broadly categorized as:

1. Defects at Birth
2. Deficiency Conditions
3. Diseases in Children
4. Developmental Delays including Disabilities – 4Ds.

RBSK corresponds to RMNCH+A, i.e, Reproductive, Maternal, New Born, Child and Adolescent Health strategy. It aims to provide continuation of care from Birth to throughout Childhood.

RKSK & Nursing

The Ministry of Health and Family Welfare has launched this health programme for adolescents. It takes into consideration, the age group of 10 – 19 years. It is known by the name – Rashtriya Kishore Swasthya Karyakram (RKSK) and it was launched on 7TH January 2014.

The key principle of this programme is adolescent participation and leadership, Equity and inclusion, Gender Equity and strategic partnership with other sectors and stakeholders.

It involves community based interventions through Peer Educators, and this programme is working in collaboration with other Ministries and the State Government.

Its objectives are to:

- Improve Nutrition
- Improve Sexual and Reproductive Health
- Enhance Mental Health
- Prevent Injuries and Violence
- Prevent Substance Misuse

Activities undergoing RKSK

1. Facility Based

In Bihar it includes YUVA Clinics in all High Priority Districts at PHC, DH, Medical Colleges and Adolescent and Reproductive Health services which is available at every PHC/DH/Medical College.

2. Community Based

It includes Adolescent Friendly Health Clubs, PGE (Peer Group Educators), Menstrual Hygiene Programme, Distribution of Iron Folic Acid Tablets.

Under this programme, also training to Medical Officers and ANM are given.

Nursing Department works for strengthening Pre – service Nursing Education.

SIHFW

State Institute of Health and Family Welfare (SIHFW) is a associated with the Government of Bihar for providing Training for various programmes. SIHFW has a good infrastructure.

- It is providing Training and Research with Internet facility.
- There is Hostel and Mess facility with Drinking water and RO facility.
- Full time Director is in position since 6th February 2008.
- A good rapport has been established between SIHFW and NIHFW.
- There is a good Library present.

- Following Trainings are given at SIHFW:
    i. Skilled Attendants at Birth (SBA)
    ii. IMNCI for Aanganwadi Workers
    iii. IMNCI Supervisor Training
    iv. MAMTA TOT (Training of Trainer)
    v. Professional Development Course for MOI
    vi. TOT for IUD insertion
    vii. AYUSH Medical Officer TOT
    viii. AYUSH Medical Officer Yoga Foundation Course
    ix. PCPNDT Act 1994
    x. Immunization Training (MOIC)
    xi. ARSH
    xii. Mini lap
    xiii. Vitamin A
    xiv. Pedagogy
    xv. Disaster Management
    xvi. Measles TOT
    xvii. Child Health Supervisor Training
    xviii. RI TOT
    xix. Orientation of monitors for training programmes under NRHM
    xx. TOT for Food and Nutrition Extension
    xxi. CD 10 Training for Regional Office of MoHFW, GoI
    xxii. ASHA TOT
    xxiii. IMNCI Review Meeting

Quality Assurance

In the year 2005, National Rural Health Mission (NRHM) was launched with a goal "to improve the availability of and access to quality health care for people, especially for those residing in rural areas, the poor, women and children."

After the Mission was launched there was rapid expansion of infrastructure, skilled Human Resource, programme implementation, increased budgetary allocation and improved financial management. Despite all the efforts of Government the services were lacking in Quality somewhere.

Poor quality services may discourage patients taking benefit of the available facilities. Improving the quality of services will result in improved patient/ client level outcomes at the facility level.

Ministry of Health and Family Welfare, Government of India aims to support and facilitate a Quality Assurance Programme, which meets needs of Public Health System in the country and is also sustainable.

PCPNDT

- The act provides for the prohibition of sex selection, before or after conception.
- Regulates or keeps an eye on the pre – natal diagnostic techniques for the purpose of detecting genetic abnormalities or metabolic disorders or chromosomal abnormalities or certain congenital malformations or sex linked disorders.
- Prevents misuse of pre natal diagnostics for sex determination so as to stop female foeticide.

This Act is applicable to whole of India except for the state of Jammu &Kashmir.

This Act includes:

- Regulation of Genetic Counseling Centers and Genetic Laboratories and also Genetic Clinics
- A written consent of the pregnant woman should be taken.
- No information in relation to the sex of foetus should be revealed.
- No person should, by any means, select or allow to select the sex before or after conception.

- No advertisement should be done regarding pre natal sex determination or else s/he is subjected to punishment as described in the law.

SRU

State RMNH+A Unit (SRU) Bihar, RMNCH+A approach has been launched in 2013. The approach specifically looks to address the major causes of Infant Mortality Rate and Maternal Mortality Rate as well as the reason for the delay in accessing and utilizing the health care services available.

The RMNCH+A strategic approach has been developed to provide an understanding of 'continuum of care' to ensure equal focus on the various stages of life. It has introduced initiatives like:

- National Iron Plus Initiative
- Comprehensive Screening and Early Intervention for defects at birth, diseases and deficiencies.

RMNCH+A approach directs the state to focus their efforts on the most vulnerable section of society and deprived sections/groups in the country. It also emphasizes the need to put extra efforts in those districts which has already been described as High Priority Districts as their health indicators are below the acceptable level.

UNFPA

UNFPA supports reproductive health for women and youth in more than 150 countries. This UN organisation describes emphasizes that every pregnancy is wanted. It makes effort to ensure that every child birth is safe and every young individual's potential is fulfilled. It provides support for:

- Reproductive health care for women and young individuals.

- Care for women with high risk pregnancy who face life threatening complications.
- Access to modern contraceptives, ensuring that they are affordable even.
- Training of thousands of health workers to ensure that atleast 80% of births are attended by Skilled Birth Attendants.
- Prevent of Gender Based Violence.
- They work for prevention of teenage pregnancies, complications of which are a leading cause of death among 15 – 19 years old girls.
- Works for putting an end to child marriage.
- Works to remove Dowry system.
- Delivery of safe birth supplies, dignity kits and other life saving materials to survivors of conflict and natural disaster.
- Census, data collection and analysis, which are essential for developing planning.

A programme TARANG, an adolescent education programme is also an initiative of UNFPA in Bihar, to sensitize school going children regarding adolescent issues and how to deal with them.

They basically work on policy advocacy and do piloting, for which sometimes they even provide fund to the government.

In Bihar they are working with the help of development partners which are listed below:

- C3/CEDPA
- BVHA
- SEVA
- AKF
- IDF
- CARE INDIA
- ADRI

UNICEF

UNICEF (United Nations Children's Fund), has been working with the Government of India for past 70 years. The organization works for Child Development. But for the development of a child it is important to take care of the health of the one who is bearing or going to bear that child. Keeping this in view The Organization has started focusing on RMNCH+A (Reproductive Maternal Neonatal and Child Health + Adolescent Health). UNICEF's primary focus is on New Borns.

In Bihar UNICEF has been allocated 2 districts:

i. Gaya
ii. Purnea

It works in 5 areas:

1. RCH (Reproductive and Child Health)
2. CDN (Community Development for Nutrition)
3. Education
4. Child Protection
5. WASH (Water, Sanitation and Hygiene)

The organization supports the Government by helping building capacity and also sometimes financially. UNICEF has its own Master Trainers who provides training to MOICs (Medical Officer In Charge), Medical Staff and ASHAs.

UNICEF also helps the Government by making Pilot Projects, such that it is easy for the government to adopt it and also provides fund for it.

It supports SHSB in improving full Immunisation Coverage

It supports SHSB for expansion of Cold Chain Points

It does Quarterly Review of EVM (Effective Vaccine Management) implementation plan and support SHSB for quality implementation of EVM IP (Effective Vaccine Management Improvement Plans).

Supports Government for Japanese Encephalitis and Acute Encephalitis Syndrome.

Vector Control

Directorate of National Vector Borne Disease Control Programme (NVBDCP), it is the central nodal agency for prevention and control of the vector borne diseases, i.e, Malaria, Kalazar, Dengue, Chickungunya, Japanese Encephalitis and Acute Encephalitis Syndrome. It is the National level technical nodal office which is equipped with Technical Experts in the field of Public Health, Entomology, Toxicology and Parasitology. It also prepares budget and does planning for the required logistics. Monitoring of the implementation of the programmes is done through regular reports and with the help of returns of MIS (Management Information System). The Directorate carries out evaluation of programme implementation on a regular basis so as to ensure its proper functioning. Resource gap is also assessed so that it can provide an equitable support according to the severity of the problem.

JE Programmes are being carried out in 15 GOM (Group of Ministers) districts and 6 Medical Colleges of Bihar. Malaria Programmes are being carried out at every District Hospital/ Sadar Hospital, Primary Health Center and Health Sub Centers. There are 7 High Risk Districts:

1. Gaya
2. Aurangabad
3. Rohtas
4. Kaimur
5. Nawada
6. Jammui
7. Munger

80 – 90% of Cases of Kalazar in India is reported from 33 districts of Bihar. The Sentinal sites for Dengue and Chikungunya are:

- Patna Medical College and Hospital (PMCH), Patna
- Nalanda Medical College and Hospital (NMCH), Patna
- ANM Medical College and Hospital (ANMMCH), Gaya
- Sri Krishna Medical College and Hospital (SMCH), Muzaffarpur
- Darbhanga Medical College and Hospital (DMCH)
- Jawahar Lal Nehru Medical College and Hospital, Bhagalpur
- Rajendra Institute of Medical Sciences (RMI MS), Patna

Technical Malathion and Synthetic Pyrethirod fogging is done as a preventive measure to protect against Vector Borne Diseases.

Ipas

Ipas is a Global Non Government Organisation, founded in 1973, aiming to end deaths which could be prevented and disabilities as a result of unsafe abortions. Through local, national and global partnerships Ipas is working for those woman who in certain circumstances need abortion and for which they go to untrained local birth attendants putting their life at risk. This organisation works to ensure such needed women that they obtain safe, respectful and comprehensive abortion. Along with this they also give counseling and tell them about contraception methods so as to prevent unintended pregnancies.

In India it provides services in 3 states, Bihar, Jharkhand and Maharashtra. In Bihar Ipas is since 2002. It provides the following services:

- Safe abortion services (as per MTP Act)
- Comprehensive contraception
- Develops Training Centre
- YUKTI Yojana
- Advocacy
- Community Engagement

JANANI

Janani is a non – profit organisation that provides Family Planning services and comprehensive abortion care services in the states of Bihar, Jharkhand and Madhya Pradesh.

Janani is affiliated to DKT – international, a non – profiting organisation based in Washington D.C. with 22 programmes across 22 countries. It is one of the largest and most cost effective sales marketing organizations in the world. They identify individuals with unmet need for limiting and spacing and provide them with appropriate Family Planning services or counseling as is required by them. They also provide backup in case of contraceptive failure. They do this through comprehensive abortion care. It provides services and also products through "Surya Clinic." There are 28 Surya clinics in India, 4 in MP, 18 in Bihar and 6 in Jharkhand.

PHC Phulwari Visit

OPD of PHC Phulwari is 250 – 300 patients per day. PHC is provides services for:

- Normal Delivery
- Immunization
- Treatment for Malaria
- Treatment for Kalazar
- Training to ANM
- Pulse Polio Programme
- Epidemiological Services

The PHC comprises of:

- 1 Gynaecologist
- 3 Medical Officers, out of which 2 are Males and 1 is Female.
- 1 AYUSH Medical Officer
- 45 ANMs
- 1 Health Executer
- 1 Clerk
- 2 Cold Chain Handler

At the PHC, Family Planning operations are carried out everyday.

ACCESSING YUVA CLINIC IN PATNA: A COMMUNITY PERSPECTIVE

ABSTRACT

Globally, Adolescent Health has become a prior concern. Adolescent being one of the most vulnerable and sensitive sections of the society, Government is making a programmatic approach towards helping the future generations to lead a healthy and satisfactory life. In India Government has taken an initiative under the umbrella of RKSK (Rashtriya Kishore Swasthya Karyakram) programme, which was launched on 7th January 2014. Government has set up Adolescent Friendly Health Clinics, which aims to take complete care of all adolescent issues and also provide counseling services for such issues.

With the onset of adolescence, the body of the Individual undergoes many changes such as physical, physiological and behavioral changes. Nearly 21% of Indian Population comprise of adolescents and the health status of adolescents will determine and affect the health of future adults. Also a healthy adult will be capable to reproduce a healthy child. Hence the health status of adolescents to much extent has an impact on the entire life cycle of a human being.

But, unfortunately adolescents are unaware about the physical, physiological leading to change in their behavior. They are too innocent to take a step and are dependent on their parents. Parents are also ignorant about their child's condition and even if they understand they are hesitant to talk about the, "adolescent issues – a talk, which Good families do not speak about."

Such thinking ultimately thrashes the child into Den of Darkness, where s/he is not able to seek answers for his questions, the child is confused, insecured, irritated, frustrated and ultimately suffering. Such a suffering provokes him/her to seek help from other sources which may be sometimes wrong and sometimes hazardous too. The study shows that children in age group 15 – 19 years are suffering more.

Intervention should focus on counseling of children and parents too. Initiative should be taken to educate parents and girls to prevent early marriage and early/ adolescent pregnancy. There should be focused study on Family Life Education and Traffic rules form Class 5 onwards in every Government and Private school. Adolescent Friendly Health Clinics and its services should be made accessible to all and steps should be taken to make people aware of such a service.

INTRODUCTION

Adolescence literally means "to emerge" or "to attain identity". Adolescents are people belonging to the age group 10 – 19 years. Adolescents in India are facing the problems of:

- Sexually Transmitted Infections
- Dysmennorhea
- Tobacco and alcohol use
- Depressive problems
- Physical fights
- Worry
- Loneliness
- Oral Health Problems

Keeping in mind the special requirements of this age group, the Government has taken up the initiative under the RKSK (Rashtriya Kishore Swasthya Karyakram) programme. For this it has established – Adolescent Friendly Health Service Clinics, which in Bihar is

known by the name – YUVA CLINIC. It has focused on adolescent friendly approach and works to build the skills and capacities of adolescent girls and boys to resolve their health concerns.

The key principle of this programme is adolescent participation and leadership, Equity and inclusion, Gender Equity and strategic partnerships with other sectors and stakeholders.

The Programme has identified six strategic priority areas for intervention:

1. Nutrition
2. Sexual and Reproductive Health
3. Non Communicable Diseases
4. Substance Misuse
5. Injuries and violence (including Gender Based Violence)
6. Mental Health

Under this programme, the services will be provided keeping in mind the rights of adolescents; right to privacy, confidentiality, non – discrimination, non – judgmental attitude, and accepting their health needs as they do with any adult client.

Activities are conducted for adolescents, keeping their special needs in mind. These activities are:

1. Facility Based
2. Community Based

1. Facility Based

There are 153 YUVA Clinics in 10 High Priority Districts and 52 Clinics in the Non High Priority Districts of Bihar including Medical Colleges also. The services provided at these facilities comprise of:

- Information – IEC & IPC on nutrition, sexual and reproductive health, gender based violence, non – communicable diseases and substance misuse.

- Commodities – sanitary napkins, IFA, Albendazole, anti – spasmodic tablets and contraceptives.
- Services – registration, general health check up (BMI, anaemia, hypertension and diabetes, referral to ASHAs (for counseling and clinical services).

2. Community Based

At community level there are Adolescent Friendly Health Clubs, where PGEs (Peer Group Educators) talk to adolescents about the adolescent issues and the adolescents can even put their queries in the question box without revealing their identity. These PGEs have been given training by the ANM. The objective is to provide the most effective way to influence and educate adolescents about the correct information at the right time.

LITERATURE REVIEW

According to WHO report 2012, 1.3 million adolescents die from preventable or treatable causes. About 11% of births worldwide occur in the age group of 15 – 19 years and these occur in low and middle income countries. India ranks 3rd in the level of adolescent child bearing. 15% of global maternal deaths are among adolescent mothers. Injuries and neuropsychiatric disorders are major issues among adolescents. There is increasing trend in obesity and consequently non-communicable diseases due to the shift in lifestyle. Nearly 35% of the disease burden is of adolescents. 50% of the cases of mental illness starts with the onset of 14 years of age and most of them remain undetected and untreated.

Adolescents constitute an important section of the society. This group needs to be handled with care and expertise. Keeping this in mind, a committee was formed. The committee on Gopalakrishnan4 Rights of the child (CRC, WHO), published guidelines in 2013 on the rights of children and adolescents and also issued guidelines on the states' obligations to recognize the special health and developmental needs and rights of adolescent and young population. Keeping this in view, government of India has

launched its first comprehensive programme for adolescents, which is 'Rashtriya Kishore Swasthya Karyakram' it was specifically focused on Adolescent Reproductive and Sexual Health. With increasing prevalence of sexual abuse, violence, substance misuse, nutritional issues, it was realized that only sexual and reproductive issues are not the only issues with adolescents, these issues too are equally important for their holistic development. Keeping this in mind the Government of India has established Adolescent Friendly Health Services Clinics, which deals with all the mentioned adolescent issues and at community level there are Peer Group Educators (PGEs) who are selected by ASHA and trained under ANM, the purpose of this is to inform the issues in a right manner to the adolescents so that they can be comfortable with a friend of their age group. In Bihar it is known as YUVA Clinic.

In this article review, the aim is to assess the awareness regarding the YUVA Clinics in Bihar from the perspective of the community.

RESEARCH QUESTIONS

Q. 1. Is Community aware about YUVA Clinic?

Q. 2. Is Community aware of adolescent issues?

Q. 3. Is Community comfortable to talk about adolescent issues?

OBJECTIVES

1. To access the knowledge of adolescent health services in the city of Patna.
2. To study the health seeking behavior of the community with respect to adolescent health services.

METHODOLOGY

Study design: Qualitative study

Study setting: Study has been conducted in Slum, Nalanda Medical College and Hospital and School, in the city- Patna.

Study Duration: 2 months.

Study participants : Adolescents, Mothers of adolescents, Doctors and Nurse.

Sample size: The study was conducted with15 adolescent girls, 15 adolescent boys, 15 Mothers of adolescents, 4 doctors and 1 nurse.

Sampling: Convenience sampling.

Study Tool: Focused Group Discussion guide and In Depth Interview guide.

Data collection: I have approached the community through Peripheral Health Workers and Doctors. I did 3 FGDs, one with the mothers of adolescents, second with the adolescent girls and third with the adolescent boys. In depth interview was conducted with 4 Doctors and 1 Nurse at the YUVA Clinic

RESULTS & DISCUSSION

There is no awareness regarding YUVA Clinic among the community. This name was also new to them. Out of 50 individuals, 49 individuals did not know about Yuva Clinic, there was only one who has heard about it. People consider adolescent issues as a matter of concern but are not aware that they are more prevalent among adolescents and that they are vulnerable. They are not much sensitive about it. Parents are hesitant to talk about sexual and reproductive and substance misuse issues. As the child starts growing, their discussion with their parents are limited to studies. For mothers of adolescents, it is not a priority to talk to their children. They say "*agar hamara khana ban jaye to hum unhe waqt dete hain, par pehle khana banana zaruri hai.*"

Children of the age group 10 – 14 years are close to their parents and especially with mothers. Age group 15 – 19 years, especially boys, feels emotional detachment from family, starts getting close to friends and sometimes siblings but they share most of their secrets with friends. The children of age group 15 – 19 seems to be suffering more, they are under stress and feel the need of someone who would listen to their problems. A 17 year old boy said, "*bohat bar man kiya ke baat karein mummy ya papa se par kr ni paye, ab doston se v utni dosti ni hai jitni 10th tak thi.*"

They sometimes feel that they are not understood. An 18 year old boy said " *jitni batein maine apse share ki, aaj tak kisi se nahi ki thi, kisi ne kabhi pucha hi nahi.*" They are hesitant to talk about adolescent issues but they do talk about these issues with their friends. They want to have counseling facility in case of its need.

For creating hygiene practices among adolescent initiative has been taken by the Government of Bihar under the Education Department for adolescents school going girls from class 6 to 12

Girls of class 6 to 12 are to be given Rs.150/- per year by the Education Department which is actually not given to them rather they do not even know about it.

In every home Television is the most common medium of entertainment used and is available in every household.

Doctors were not available in their rooms. Nurses sitting in front of YUVA Clinic were also not having any Idea of it. The behavior of the nurse was not at all good. No doctor or ANM was trained for adolescent issues. According to doctors, clients are not comfortable with the doctors of opposite sex. Doctor expressed requirement of psychologist, psychiatrist and gynaecologist in YUVA Clinics. Number of males coming to the clinic is more than females. They basically come for mental health issues, nutritional issues. For substance abuse the patient is sent to De-addiction center. No IEC was done regarding Adolescent health except for a single at the side of the Entrance of ENT Building.

CONCLUSION

· No awareness regarding YUVA Clinic.

· Mothers do not feel it a priority to talk to their kids.

· Adolescents never discuss their personal feelings with their parents, whereas they discuss that with their friends.

· Adolescents want to share their problems with their parents but are not able to confront them.

· Girls in slum areas are married before 18 years and they have to leave study for that.

RECOMMENDATION

- Television could be used as a medium to spread awareness regarding RKSK and YUVA Clinics.
- Every Government and Private school should have a separate period for Family Life Education and Traffic Rules class atleast once in two months from class 5 onwards.
- There should be extensive IEC on Adolescent Health.
- Few teachers could be given training on adolescent issues.
- Counseling of Parents could be done at Parents Teachers Meetings, so that they talk about adolescent issues to their kids and become their friends as they grow up.

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