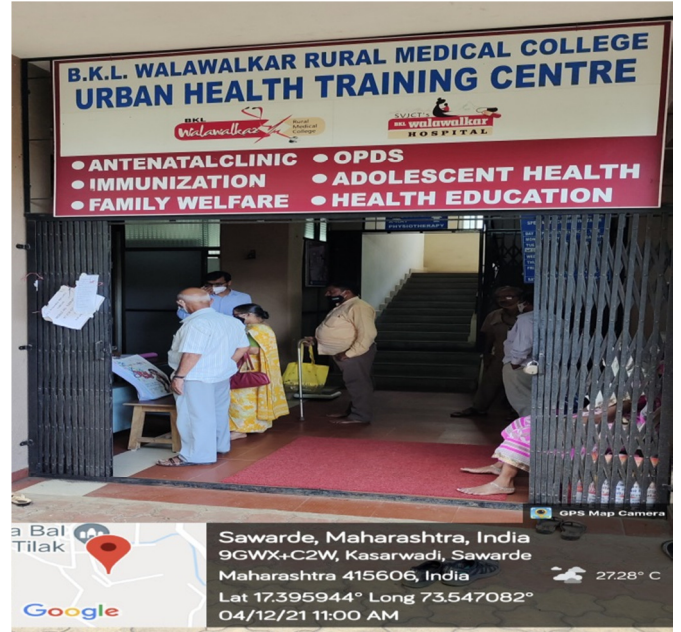


Urban Health Training Center



Urban Health Training Centre

At & Post: Chiplun, Ravtale, Near "Bandhkam Bhavan", Mumbai-Goa Highway,
 Taluka: Chiplun, District: Ratnagiri, M.S.

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Dean's Address

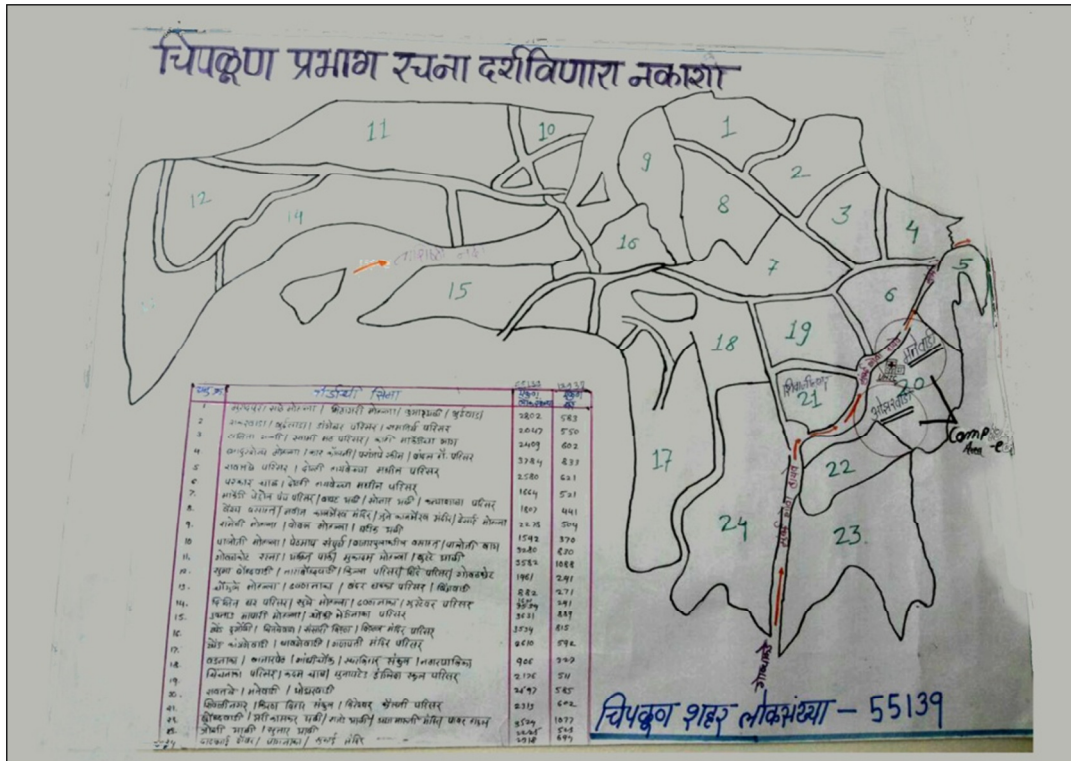
As per the Medical Council of India (MCI) every medical college shall have a urban health training centre for training of students in community oriented primary health care and health education for the urban community attached to it. This centre shall be under the full administrative jurisdiction of the medical college. B.K.L. Walawalkar Rural Medical College, Kasarwadi, Sawarde has its own UHTC with complete jurisdiction.

A Comprehensive health care provided to Community at Chiplun through Urban Health Training Centre at Chiplun.

B.K.L. Walawalkar Rural Medical College is aware of the fact that most of the health needs received low priorities in the socio-economic revolution of the 20th century. Neglect on rural health and hygiene, no Equality in health" access, affordability, gender-gap, rural-urban gap, new emerging communicable and non-communicable diseases, social unrest etc., remained as challenges in the 21st century.

This brochure is a journey through the inception and the activities carried out in the period of one year since inception. B.K.L. Walawalkar Rural Medical College has decided to accept the above challenges by establishing Urban Health Centers (UHC) in urban areas.

INTRODUCTION



- ✓ Chiplun City and surrounding villages are situated at a radial distance of 20 Km from B.K.L. Walawalkar Rural Medical College, Kasarwadi, Sawarde surrounded by Sahyadri Hill.
- ✓ Ratnagiri district is a part of very narrow riverine plains that fringe the cost line. **Over 85% of the land surface of the district is hilly.** The main system of hills is the Sahyadri & it's off shoots.
- ✓ Transport is considered as an index of gearing of local regional resources at the best. The Ratanagiri district is known for hilly terrains cross-cross, uneven plateaus and limited plain. **These natural barriers are responsible for slow development of transportation and communication network in the district.**
- ✓ According to census 2011, total 55.01 % population of Ratnagiri district was nonworking while 44.99% population was engaged in various economic activities. **It has observed that near about 50% population of the district do not have regular income source. It has adversely affected on economic development of the region and people.** Agricultural sector of the district is also not well developed; while young population is yet migrating towards Mumbai & gulf countries for employment purpose.
- ✓ **In this way difficult geographic terrain and limited transportation may present obstacles to reaching to hospital in time and the low economic development of the region may affect health care.** The UHTC can reduce the burden over poor people in this region and can benefit to patients from slum area of the city and surrounding villages.

OBJECTIVES

PURPOSE OF UHTC:

Chiplun though gifted with all the beauty of nature, had lacunae in healthcare delivery. Hence, B.K.L. Walawalkar Rural Medical College took the lead by starting health unit at Chiplun with an aim of providing routine and emergency 24 X 7 healthcare services, training to undergraduate and postgraduate students along with the tribal/rural/urban slum research.

FUNCTIONS OF UHTC:

1. **Training** of under-graduate students and interns.
2. To provide **basic health care services** to backward and urban population in & around Chiplun city.
3. To provide **Preventive & Promotive** health care services
4. **Curative health care services** by giving routine OPD services & conducting medical camps.
5. **Referral services** to B.K.L.W. Hospital, a tertiary care center as and when required.
6. Implementation of **National health programmes** relevant to the local situation.
7. **Behavior Change Communication (BCC)** for healthy lifestyle, diseases and their prevention.
8. **Training the paramedical staff** in Community Medicine.
9. To provide **School health services**.
10. Carrying out **research activities** and planning various interventional programmes.
11. Collection and reporting of **vital statistics**.

SERVICES AT UHTC

Following functions are being provided in UHTC:-

1. OPD Services:

General OPD	Daily
-------------	-------

2. Specialty clinic:

1. Surgery /Dental/ Dermatology	Monday
2. ENT	Tuesday
3. Ophthal/ Gynaecology & Obstetrics /ANC Clinic	Wednesday
4. Gen. Medicine	Thursday
5. Paediatrics / Immunization Clinic	Friday
6. Ortho Clinic	Saturday

3. Lab Facility (Tests): Basic Laboratory and Diagnostic Services-

- Routine urine, stool and blood tests (Hb%, platelets count, total RBC, WBC, bleeding and clotting time).
- Lipid profile, LFT, RFT
- Diagnosis of RTI/STDs with wet mounting, Grams stain, etc. (HIV, HBSAg, Leptospirosis,)
- Blood smear examination malarial.
- Blood for grouping and Rh typing.
- Blood Sugar.

Patho Laboratory



Immunization Clinic



Procedure Room/Minor Operation



Dispensary



4. Referral services: Patients are referred to B.K.L. Walawalkar Hospital, Dervan

5. Teaching & Training activities:

A number of research projects in the Department have been completed and are under progress.

7. Health Education:



Conseling



Health education

8. Community Programmes:



Maternal and Child Health Care Including Family Planning:

a) Antenatal care:

i. Early registration of all pregnancies ideally in the first trimester (before 12th week of pregnancy). However, even if a woman comes late in her pregnancy for registration she should be registered and care given to her according to gestational age. Record tobacco use by all antenatal mothers.

ii. Minimum 4 antenatal checkups and provision of complete package of services. ANC Services, antenatal visits are provided as per WHO norms.

Associated services like providing iron and folic acid tablets, injection Tetanus Toxoid etc (as per the "guidelines for Ante-Natal Care and Skilled Attendance at birth by ANMs and LHV) Ensure, at-least 1 ANC preferably the 3rd visit, must be seen by a doctor.

iii. Minimum laboratory investigations like Haemoglobin, Urine albumin and sugar, RPR test for syphilis and Blood Grouping and Rh typing.

iv. Nutrition and health counseling. Brief advice on tobacco cessation if the antenatal mother is a smoker or tobacco user and also inform about dangers of second hand smoke.

v. Identification and management of high risk and. Timely referral of such identified cases to BKLW Hospital.

COMMUNITY ANC/PNC PROGRAMME



Shree Sahajanand Saraswati Maharaj has envisioned a society with women playing a key role in giving direction to the society and in bringing up a capable & cultured generation. With this philosophy as guiding force, the organization has kept women at the centre of all its programs.

The UHTC runs several schemes for making the process of child birth less challenging in the given surroundings. Pregnant women who stay at remote areas are referred to the UHTC using an

ambulance. Every Tuesday, the pregnant women are given guidance by doctors & nurses about child care in terms of upbringing, diet, physical & mental health, exercise etc. She is also given the nutritious “Laddoo” (local delicacy prepared by the organization) along with medicines.



Now and then, some pregnant women coming from remote areas get admitted to UHTC and If required they are referred to the BKLW hospital after complications, heavy blood loss, epilepsy etc. The state-of-the-art medical facilities at the BKLW hospital including the blood bank and the specialist doctors have saved lives of many such women & children after conducting specialized surgeries.



To reduce the number of instances needing urgent treatment the Gynecologist visits Primary Health Centers in different villages for medical check-up of pregnant women and gives guidance. Children of those women who are consuming the nutritious “Laddoo” made available by the organization show remarkable improvement in their weight. The UHTC is thus continuing its work of building a society with cultured and healthy mother and child.

Coverage:

Population	67536 Male – 33791 Female - 33745
Chiplun City wards	24 wards
Number of Households	15895
New ANC/Month	48
Area (In sq. km)	21.43
Population per sq. km.	3151

Impact:

- Complication free pregnancy by identifying 'At Risk Pregnant woman' early in her gestation period.
- Information, Education and counseling made pregnant women aware of diet, rest and do's and don'ts during pregnancy.
- Reduction in unseen financial burden of pregnant woman family.
- Prevented maternal death, and perinatal infant death & the rate of Birth Weight of newborn children increased from 65% to 91% (>2.5Kg)
- Proper actions taken for anemic & underweight pregnant woman & Anemic condition reduced from 79.62% to 58.88%

e) Family Welfare:

i. Education, Motivation and Counseling to adopt appropriate Family planning methods.

ii. Counseling and appropriate referral for couples having infertility.

Nutrition Services (coordinated with ICDS)

- a. Diagnosis of and nutrition advice to malnourished children, pregnant women and Adolescent others.
- b. Diagnosis and management of anaemia and vitamin A deficiency.
- c. Coordination with ICDS.

Birthday celebrations for children

After delivery a mother been taught on importance and techniques of breast-feeding. After the birth of the child, the hospital is concerned about the development of the child, his care & diet at home.

A way has been found in monitoring the health of the newly born child and his mother through "Common Birthday celebrations" every month. This way the child and his mother would remain in contact with the community staff. For every newly born child, 3 birth-day celebrations are organized in the 1st year – after 3 months, after 6 months and after 1 year. Not only the child is blessed at this ceremony and gifts given but also his development is monitored, vaccination schedule checked. Mother is given guidance about avoiding malnourishment of her child and the mother of the healthy child is appreciated.



Get-together for in-laws & baby shower ceremony



Every daughter-in-law faces a mountain of expectations from her mother-in-law. Most important among those is the expectation about the birth of a grand-son. UHTC arranges get-togethers of “daughter-in-law & mother-in-law” to keep this bond pleasant one. Doctors explain them the reasons behind the birth of a daughter or son and how the same are not dependent only on the woman, care to be taken of a newly born baby etc. This all will result in the newly born baby being welcomed with joy & happiness which is exactly the objective of this program.

Birth of a child is an event which fills his mother with unlimited joy. Young age, lack of knowledge & awareness about pregnancy, fear of delivery & even fear/stress of the possibility of delivering a girl child causes the pregnant woman to be under stress all the time. To release this stress & pressure, the UHTC arranges Baby Shower ceremony for the pregnant women. This is expected to make the pregnant woman achieve pleasant state of mind, would make her more confident and lead to a stress-free delivery. It is one more way of the UHTC to build life-long bonds with women.



Health workshop for newly married couples & Mangalagaur



Beginning of the married life is one of the important steps filled with joy in the life of the couple. However it is necessary to understand the true meaning of this step for long lasting happiness in life. With this objective, UHTC arranges workshops for newly married couples.

Scientific knowledge is imparted about practices leading to a birth of a healthy child, importance of family planning with respect to the health of the mother & also with respect to the well-being of the entire family; care to be taken of the mother to avoid birth of a mal-nourished child, sexual health, AIDS etc.



SOCIAL & CULTURAL ACTIVITIES

A social activity needs connect & association with the people's representatives and government officials. An important link with the village is the village head-man. There are also others like the village-worker & the toy-school ("Anganwadi") teacher. For spreading the knowledge about various schemes among the entire population, UHTC organizes separate seminars for all of them. Specialist doctors brief them about the schemes being run by UHTC and hospital. It is yet another way in which the hospital is trying to spread health-awareness.

The hospital aims at helping every human being to achieve and maintain his health and hence happiness. All the seminars, meetings, get-togethers towards achieving this aim involve the relevant government officials from the Ratnagiri district.

Haldi-Kumkum programme



B.K.L. Walawalkar Rural Medical College's Community department celebrates Haldi Kumkum every year by encouraging women to get together to celebrate their role in society and start fresh with each other for the New Year.

Women who express devotion to their families, venerate they would love specially and have symbolic ties of love and affection with this gigantic tree which grows in every region and lives for centuries.

Dohale Jevan (Baby Shower Ceremony)

With an aim to elicit the community participation of ANC mothers and spreading awareness amongst them, a unique initiative was taken up by BKL Walawalkar Hospital for last 10 years. Lack of knowledge, Young age, and fear of delivery causes the pregnant woman to be under stress all the time. To release this stress & pressure, the hospital arranges Baby Shower ceremony for the pregnant women on a monthly basis.



B.K.L. Walawalkar Hospital's Community department has a strong commitment to help and uplift the underprivileged sections of society. The socio-economic differences in society does not make possible for poor people to celebrate such type of activities. We arrange common celebration of all expecting mother and also take this as an opportunity to educate women about managing symptoms, diet, exercise, and general care tips that will keep them and their baby healthy.

All these community programmes were implemented by B.K.L.W. Hospital for last 20 years and now all are taken over by UHTC

National Immunization Schedule for Infants, Children and Pregnant Women

Immunization programme provides vaccination against seven vaccine preventable diseases –

S No.	Vaccine	Protection	Number of doses	Vaccination Schedule
1	BCG (Bacillus Calmette Guerin)	Childhood Tuberculosis	1	At birth (up to 1 year if not given earlier).
2	Pentavalent [Diphtheria, Pertussis, Tetanus (DPT), Hepatitis B and Haemophilus influenza b (Hib)]	Diphtheria, Pertussis, Tetanus, Hepatitis B, Haemophilus influenzae type B associated Pneumonia and Meningitis	3	Three doses at 6, 10 & 14 week
3	DPT (Diphtheria, Pertussis and Tetanus Toxoid)	Diphtheria, Pertussis and Tetanus	2	Two booster doses at 16-24 month and 5 years of age. Three primary doses at 6, 10 & 14 week are part of <i>Pentavalent vaccine</i> .
4	Hepatitis B	Hepatitis B	1	Birth dose for institutional deliveries with 24 hour. Three primary doses at 6, 10 & 14 week are part of <i>Pentavalent vaccine</i> .
5	OPV (Oral Polio Vaccine)	Polio	5	Birth dose for institutional deliveries. Three primary doses at 6, 10 & 14 week and one booster dose at 16-24 month of age. Given orally
6	IPV (Inactivated Polio vaccine) [§]	Polio	1	6 weeks & One dose at 14 weeks, along with OPV3. Injectable dose given.
7	Japanese Encephalitis [#]	Japanese Encephalitis	2	9-12 months of age and 2 nd dose at 16-24 months
8	Measles [*]	Measles	2	9-12 months of age and 2 nd dose at 16-24 months
9	Vitamin A	Night Blindness	9	- 1 st dose at 9 months - 2 nd dose at 18 th months - 3 rd to 9 th dose given at 6 monthly interval upto 5 years.
10	RotaVirus [*]	Rotavirus diarrhoea	3	Three doses at 6, 10 & 14 week. Given orally.
11	TT (Tetanus Toxoid)	Tetanus	2 2	- 10 years and 16 years of age - For pregnant woman, two doses given (one dose if previously vaccinated within 3 years)

[§] At present in six states- Assam, Bihar, Gujarat, M.P., Punjab and U.P., and in process of expansion.

[#] In endemic districts,

^{*} Phased introduction, at present in Andhra Pradesh, Haryana, Himachal Pradesh and Orissa from 2016.

School Health Programmes

Teachers screen students on a continuous basis and UHTC Staff visit the schools (one school every week) for screening, treatment of minor ailments and referral. Doctors from UHTC will also visit one school per week based on the screening reports submitted by the teams. Overall services to be provided under school health includes-

Health service provision

Screening, health care and referral:

- ✓ Screening of general health, assessment of Anemia/Nutritional status, visual acuity, hearing problems, dental check up, common skin conditions, Heart defects, physical disabilities, learning disorders, behavior problems, etc.
- ✓ Basic medicines to take care of common ailments, prevalent among young school going children.
- ✓ Referral Cards for priority services at UHTC.

Micronutrient (Vitamin A & IFA) management:

- ✓ Weekly supervised distribution of Iron-Folate tablets coupled with education about the issue
- ✓ Administration of Vitamin-A in needy cases.

De-worming

- ✓ Biannually supervised schedule
- ✓ Prior IEC
- ✓ Siblings of students also to be covered

Child Malnutrition Programme: Overcoming the Curse of Malnutrition



India's greatest national treasure is our people. We cannot afford to neglect their well being and allow so many of our citizens to face hunger and malnutrition.

In recognition of the urgency of ensuring the opportunity for every child and citizen to have a healthy and productive life, we have formed a Mother and child health Project in Rural area of Ratnagiri district of Maharashtra.



One of the major problems in rural India has been malnutrition of children below 6 years of age. With the aim of countering this problem in the vicinity of Ratnagiri & Sindhudurg Districts, children below 6 years of age & Antenatal & post natal mothers in the area were approached. This Malnutrition eradication project is implemented since year 2003. The specially trained teams impart information on Health & Healthy-Diet to this group. For the target group, parameters like Height, weight, Hemoglobin, serum proteins were monitored periodically & Nutritious food (in the form of “Ladoo”, prepared by the Hospital/Trust) was supplied to them on a weekly basis. Children and antenatal mothers are being benefited through this project. The project has created a positive impact on the beneficiaries.



School Dental Health Programme

School going children constitute an important fraction of the total population. School children have tremendous latent potential as future human resource of the country. The health issues associated with school children are unique and need special interventions. Malnutrition among school children is widespread in Konkan region of Western Maharashtra and it needs to be dealt with on priority. It is observed that oral hygiene of these children is very poor. Dental caries has severely affected functional capacity of their teeth. This could be one of the contributory factors toward persistent malnutrition.



In the view of above, UHTC is running a School Health Programme which also include Dental Check-up and Treatment i.e. ‘Dental Caries Elimination’ for underprivileged children of remote Konkan region of Western Maharashtra with special emphasis on oral health education. These school children are periodically screened & treated by Medical Officers & Dentists.

1. The approach is both, preventive and curative. The children are not just screened for dental caries but are also treated to eliminate dental caries and to restore functional capacity of their teeth.
2. The activity is on a periodic basis strictly as per well designed schedule that includes oral health education at various levels, screening, step by step treatment and sequential follow-up. This has indeed ensured drastic improvement in the children’s teeth and oral health status.

3. Special emphasis is given on oral health education. Massive oral health education drive is generated by conducting 'Oral Health Education Programs' for Ante Natal and Post Natal mothers, Anganwadi Sevikas and Madatnis, School teachers, Students, Parents, Village Sarpanchs etc.



Impact:

- The programme brought down the incidence oral and dental diseases to less than 43.29% from the existence prevalence of 83.64%.
- Plaque levels were decreased by approximately 15% and dental caries were reduced by 90%.
- We provided free tooth brush and paste to encourage teeth brushing with proper technique.
- This program also encourages dental professionals, public health officials, civil leaders & most importantly, parents & educators to come together to emphasize the importance of oral health as part of a child's overall physical & emotional development.

Adolescent Girl's Health Care

Adolescent Health clinic is available once a week on a fixed day. UHTC staff arranges workshops in schools, colleges and the Services provided are comprehensive i.e. a judicious mix of promotive, preventive, curative and referral services

- ✓ Adolescent and Reproductive Health: Information, counseling and services related to sexual concerns, pregnancy, contraception, abortion, menstrual problems etc.
- ✓ Services for tetanus immunization of adolescents
Nutritional Counseling, Prevention and management of nutritional anemia
- ✓ STI/RTI management



Health Problems amongst adolescent Girls in Rural areas of Ratnagiri District



Adolescent constitute over 21.4 % of the population in India. The onset of Adolescent is a major transition in an individual's life and has psychological and emotional implications. In the case of girls, the onset of menstruation further complicates their personal life. The psychosocial and emotional problems are of considerable magnitude and they may exert significant influence on their nutritional status. Unfortunately, assessment of nutritional status of adolescent girls has been the least explored area of research particularly in rural India.

Nutritional anthropometry predominates over the other methods of nutritional assessment. Several workers have emphasized the importance of Body Mass Index (BMI) as an index of nutritional assessment. As reported elsewhere, high prevalence of under nutrition ($BMI < 18.5$) was observed in adolescent girls of rural area of Ratnagiri District on the basis of this index. This indicates that adolescent girls are the worst sufferers of the ravages of various forms of malnutrition since the beginning of adolescent period. This phenomenon remains uninterrupted throughout their life. Variations in the extent of under-nutrition among adolescent girls



could be attributed to differences in socio-cultural practices, level of socio-economic development, value attached to a girl child and prevailing dietary practices in different settings.

The girls who were found to be anemic were started on Iron and folic acid tablets. Health education about Nutrition and menstrual problems was provided to them. After the completion of three months we plan to repeat their CBC & Hb estimation to find out the prevalence & improvement in the Hb level of adolescent girls. To address the menstrual problems, workshop for adolescent girls will be arranged in every three months in coordination with respective departments.



Impact:

- BMI Status in Adolescence was monitored in teenagers and the girls with hemoglobin percentage is found below normal limits ("anaemic" condition) are treated with proper medicines free of cost.

- The awareness provided to girls and young people with comprehensive health education and sexual and reproductive information and services protected the rights to education and health, and advances gender equality and the achievement of common goals.
- Reduction in unseen financial burden of adolescent girl's family.
- Skills training for wage employment combined with business development services and links to microcredit for young women entrepreneurs strengthened their institutional and capacity-building power.

COMMITTED TO COMMUNITY



Without community service, we would not have a strong quality of life. It's important to the person who serves as well as the recipient. It's the way in which we ourselves grow and develop.

For over last 40 years, Shree Vithalrao Joshi Charities Trust is engaged in helping people in the Konkan region to meet their Socio-Economic needs. The basic Objectives of the Trust are - Health for all, Education for all & Self-Respect for all. The trust believes that the achievement of these will lead to Social & Economic transformation in the area.

Since 1996, B.K.L.Walawalkar Hospital has been a prominent medical provider in the Konkan region community, a backward area in Maharashtra State, caring for all, regardless of one's ability to pay. BKLWH reaches out to those most in need to serve them in their homes, in clinics, and throughout the community.

One of the main aspects that make BKLWH unique is our commitment to serving our local community. Shri Vithalrao Joshi Charities Trust has been working since last four decades to build up our resources and ability to care for the individuals and families in this rural and backward area.

The healthcare at BKLWH is patient-centered and all of our physicians and medical professionals take the time to listen to your health needs and concerns. General camps are arranged in remote villages by UHTC doctors and nurses on periodic basis.



We understand the importance of a healthy community. Thus, we feel it is our responsibility to provide the program and services required and communicate valuable educational information, in order to best serve medical, social, spiritual and emotional needs.



Each year, BKLWH subsidizes the care of patients through its charity care programs. Without this subsidy, patients would not have access to required medical care, preventative treatment or prescriptions requiring co-pays. We feel this is in keeping with our mission to create a transforming, healing presence in our community, regardless of one's economic situation.

Awareness Activities Workshop:

Child Birth Ceremony: To encourage vaccination & nutritional status assessment	3 rd Friday of month
Baby Shower Ceremony /Dohale Jevan: To encourage institutional delivery & safe mother	4 th Tuesday of month
Mangalagaur, Pooja: Folic acid to newly married women	Every Tuesday in Shraavan

Working:

- ❖ OPD timings - 9:00 am to 5.00 pm daily.
- ❖ Patients are given OPD services and the serious patients receive first aid services.
- ❖ Referral to the B.K.L. Walawalkar Hospital as per the need.
- ❖ Ambulance services are available at UHTC for referral services.
- ❖ Surveys are carried out routinely by the RMOs, in the catchment area.
- ❖ School health check-ups and Special Health Camps like Gen. Ophthalmic, Dental, Surgery etc. are organized.
- ❖ From time to time following activities are carried out :
 - Special Health Education sessions, Street plays and Role plays,
 - Healthy Lifestyles & Nutrition in Under 5,
 - Kitchen Gardening,
 - Kishori Shakti, Child Development programmes
 - Youth Group training sessions, Women Empowerment.

Manpower:

Sr. No.	Name of the post	No. of Posts	Name of the Staff
Urban Health Training Centre			
1	Medical Officer of Health-cum-Lecturer/ Assistant Professor.	1	Dr. Amit Mohite
2	Medical Officer	1	Dr. Sakshi Mohite
3	Medical Social Workers	2	Snehal D.K. Abhijit Bhandari
4	Public Health Nurse	1	Sakshi Khake
5	Health Inspectors	2	Sachin Dhumal Sneha Deshmukh
6	Health Educator	1	Nilima Jadhav
7	Technicians	1	Mamata Patil
8	Technical Asst.	1	Shashikala Ghanekar
9	Peon	1	Chandrakant Vankute
10	Van Driver	1	Mahesh Sangmiskar
11	Store Keeper	1	Vijaya Bhagade
12	Record Clerk	1	Sugandha Salim
13	Sweepers	2	Akshay Pawar Ganpat Khair

Activities in residential workshop:



