

Rural Health Training Center



Rural Health Training Centre

At & Post: Dervan, 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 rural health training centre for training of students in community oriented primary health care and rural based health education for the rural 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 RHTC with complete jurisdiction.

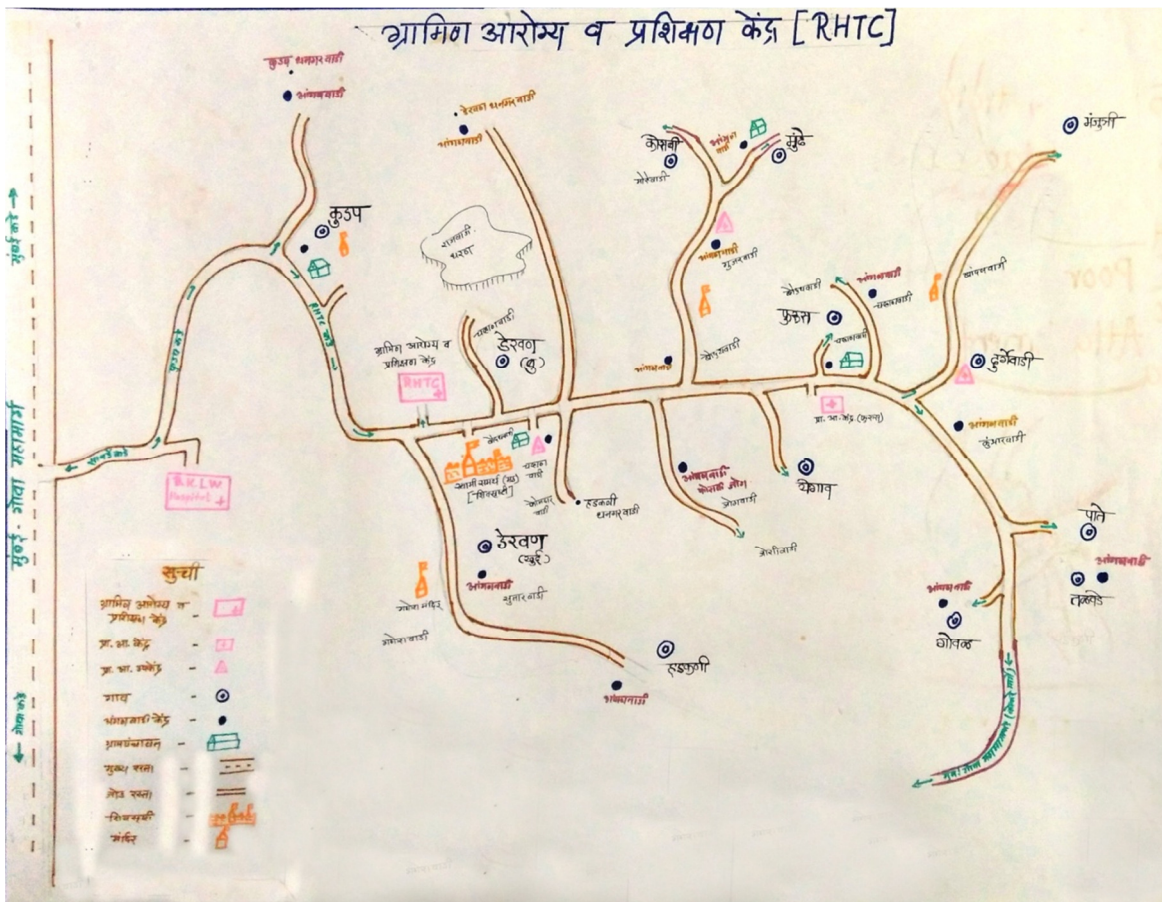
A Comprehensive health care provided to Community at Village Dervan through Rural Health Training Centre and to the urban people through Urban Health Training Centre at Chiplun.

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 Rural Health Centers (RHC) in remote rural areas.

INTRODUCTION

- ✓ Dervan, Kharavte, Vahal, Furus villages are situated at a radial distance of 30 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 coast 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 Ratnagiri 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.
- ✓ The RHTC's at different villages can reduce the burden over poor people in this region and can benefit to patients from all over the district.



OBJECTIVES

PURPOSE OF RHTC:

Dervan 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 Dervan with an aim of providing routine and emergency 24 X 7 healthcare services, training to undergraduate and postgraduate students along with the tribal/rural research.

FUNCTIONS OF RHTC:

1. **Training** of under-graduate students and interns.
2. To provide **basic health care services** to backward and rural population in & around Dervan village
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.Walawalkar Hospital 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. Creating innovative **Public health models**.
11. Carrying out **research activities** and planning various interventional programmes.
12. Carrying out **research - Departmental Projects**, Sponsored projects funded by national agencies
13. Collection and reporting of **vital statistics**.

SERVICES AT RHTC

Rural Health Training Centre, Dervan

Rural Health Training Centre is providing Comprehensive Health Care to the Community and Catering to population of village Dervan.

Location: The Rural Health Training Centre is situated at Dervan

Following functions are being provided in RHTC:-

1. OPD Services:

General OPD	Daily
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2. Specialty clinic:

1. Ophthal Clinic	Monday
1. Gen. Medicine	Tuesday
2. Paediatrics Clinic /Immunization	Wednesday
3. Orthopedics Clinic	Thursday
4. Gynaecology & Obstetrics / ANC Clinic	Friday
5. Surgery 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),
- RFT
- Diagnosis of RTI/STDs with wet mounting, Grams stain, etc. (HIV, HBSAg, VIA/VILI)
- Blood smear examination malarial.
- Blood for grouping and Rh typing.
- Blood Sugar.

4. 24 hours emergency services: appropriate management of injuries and accident, First Aid, stitching of wounds, incision and drainage of abscess, stabilization of the condition of the patient before referral, Dog bite/snake bite/scorpion bite cases, and other emergency conditions.



Opd



Female Ward / PNC



Female Ward / PNC



Labour Room



Pathology Laboratory



Procedure Room/Minor O.T.



Demo Room



Medical Officer Room



Immunization Room



Store Room



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

6. In-patient services – Separate for Male and Female

7. Research & Training

- A number of research projects in the Department have been completed and are under progress.
- Department of Community Medicine is committed for better community health by means of teaching, training of UG, Interns & patient care at community level.
- Department celebrate all Health Days with theme

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 LHVs) 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 alarming signs during pregnancy and labour. Timely referral of such identified cases to FRUs/ other hospitals which are beyond the capacity of Medical Officer PHC to manage.

Vi. Tracking of missed and left out ANC.

b) Intra-natal care: (24-hour delivery services both normal and assisted)

i. Promotion of institutional deliveries.

ii. Management of normal deliveries.

iii. Appropriate and prompt referral for high risk cases as pregnant mothers are malnourished & anemic in this area.

iv. Management of pregnancy Induced hypertension including referral.

v. Minimum 48 hours of stay after delivery.

vi. Managing labour using Partograph.

c) Proficient in identification and basic first aid treatment for PPH, Eclampsia, Sepsis and prompt referral

As per ‘Antenatal Care and Skilled Birth Attendance at Birth’ Guidelines

d) Postnatal Care

- i. post- natal care for 0 & 3rd day at the health facility both for the mother and new-born and sending direction to the ANM of the concerned area for ensuring 7th & 42nd day post-natal home visits.
- ii. Initiation of early breast-feeding within one hour of birth.
- iii. Counseling on nutrition, hygiene, contraception, essential new born care (As per Guidelines of GOI on Essential new-born care) and immunization.
- iv. Others: Provision of facilities under Janani Suraksha Yojana (JSY).
- v. Tracking of missed and left out PNC.

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 RHTC runs several schemes for making the process of child birth less challenging in the given surroundings. Pregnant women who stay at remote areas are brought to the RHTC using an ambulance. For any complications necessitates for a

caesarean delivery the charges are made free. Every Friday 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 the RHTC and if required they are referred to hospital after complications, heavy blood loss, epilepsy etc. The state-of-the-art medical facilities at the



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 to give guidance. Children of those women who are consuming the nutritious “Laddoo” made available by the organization show remarkable improvement in their weight. The RHTC is thus continuing its work of building a society

with cultured and healthy mother and child.

Coverage:

PHCs in Chiplun Tehsil	Villages covered	New ANC/Month	PHCs in Sangameshwar Tehsil	Villages covered	New ANC/Month
Vahal PHC	16	18	Kadwai PHC	11	10
Kharavate PHC	20	8	Burambi PHC	11	8
Sawarde PHC	21	15	Dhamani Sub Center	07	5
Furus PHC	11	8	Chikhali Sub Center	08	4
			Dhamapur Sub Center	07	5
			Aravali Sub Center	08	5

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:

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

Management of Reproductive Tract Infections/Sexually Transmitted Infections

Health education for prevention of RTI/STIs.

Nutrition Services (coordinated with ICDS)

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

Focus on the health of pregnant women, “Maher” (Mother’s house)



In Konkan region, the women remain malnourished because of early marriage, continuous pregnancies, poverty, an addicted husband, insufficient food, and heavy physical labour on farm/home. With the aim of strengthening the society, the RHTC decided to concentrate on health of the pregnant women. A team of doctors & nurses armed with medicines & the nutritious “Laddoo” visits the villages. The great sage Shree Shankaracharya had changed the direction of flow of a river (to make it flow from near his house) to enable his mother to bath in the river. Similarly the hospital decided to treat these poor, malnourished, pregnant women close to their residence.

In Konkan, many stay at remote places and there is a delay in reaching the hospital. To counter the same, the hospital started the “Maher” scheme. In this scheme, the pregnant woman stays at the RHTC since about 7-8 days before the delivery. This period is utilized to guide her on the care of the new born baby, his treatment & bath, his health & clothes and his diet etc. At the time of discharge she is gifted a range of articles for the use of the new born .It is expected that this way the women are introduced to the proper care of their new born & would also be comfortable in getting the child delivered at the RHTC.



Birthday celebrations for children & Lactating mothers Workshops

After delivery a mother been taught on importance and techniques of breast-feeding. After the birth of the child, the RHTC 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 RHTC. 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.

Baby shower ceremony & Get-together for in laws



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. RHTC 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 RHTC 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 RHTC 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, the RHTC 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 of the RHTC among the entire population, the RHTC organizes separate seminars for all of them. Specialist doctors brief them about the schemes being run by the hospital. It is yet another way in which the RHTC is trying to spread health-awareness.

The RHTC 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.

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 RHTC. 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 RHTC 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.



Haldi-Kumkum programme



The RHTC 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.

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

f) New Born care

- i. Facilities for Essential New Born Care (ENBC) and Resuscitation (Newborn Care Corner in Labour Room/OT)
- ii. Early initiation of breast feeding within one hour of birth.

New Born Care in Labour Room /OT:

Delivery rooms in Operation Theatres (OT) and in Labour rooms are available.

Services provided in the Newborn Care are:

- Care at birth
- Resuscitation
- Provision of warmth
- Early initiation of breastfeeding
- weighing the neonate

Janani Suraksha Yojana:

Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Rural Health Mission (NRHM) being implemented with the objective of reducing maternal and neo-natal mortality by promoting

institutional delivery among the poor pregnant women. This scheme integrates cash assistance with delivery and post-delivery care.

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 Programme

Teachers screen students on a continuous basis and RHTC staff visit the schools (one school every week) for screening, treatment of minor ailments and referral. Doctors and Dentists 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 RHTC.

Immunization:

- ✓ As per national schedule
- ✓ Fixed day activity
- ✓ Coupled with education about the issue

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.

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 from the RHTC 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 “Laddoo”, 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.



Community Dental 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, RHTC is running a School Dental health and Treatment Programme- ‘DENTAL CARIES ELIMINATION’ since 2007 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 Dentists of BKLW Hospital.

This project is unique in the following ways:

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.

Child Development Center

A malnourished child who is not responding to the treatment at his home is admitted to the "Child Development Centre" with his mother for 21 days.

A schedule is drawn-up for 21 days focusing on the child's diet and his overall development. In some cases the malnourished child is fed nutritious food every 2 hours. To improve her understanding, she is offered counseling about child development. Pictures, films are used to elaborate the stages of growth & development of a child while reasons for malnourishment are explained. Sessions dedicated to culture, sports, and



readings are conducted. Speech-therapists give guidance on speech improvement. They are also taught how to construct a pit-latrine. Guidance is given on growing a garden in their neighborhood which would help in making the area clean & beautiful. In this way CDC helps to treat severe grade of malnutrition. CDC programme is held once in three months and till date thousands of children are benefited through this programme.



Sometimes, women and other family members neglect minor ailments of the children & this may lead to a severe health issue at a later date. Sometimes a common cold can turn into a serious respiratory problem or asthma. As the saying goes “A stitch in time saves nine”. A timely treatment improves the health of the child. The RHTC gets the child admitted for 3 days in case of minor ailments. All the necessary tests are carried out and treatment administered for free of cost

under the guidance of expert doctors while providing nutritious food.

Aim:

Aim of Child Development Centre is to try to bring the malnourished children belonging to grade3/grade4 to normal by providing them proper health and diet.



Adolescent Health clinic is available once a week on a fixed day. Services provided are comprehensive i.e. a judicious mix of promotive, preventive, curative and referral services. This programme is implemented at school, colleges & RHTC. The programme includes-

- ✓ Adolescent and Reproductive Health: Information, counseling and services related to sexual concerns, pregnancy, contraception, abortion, menstrual problems etc.
- ✓ 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.

Outreach services in schools (essential) and community Camps:

Periodic Health check-ups and health education activities, awareness generation and Co-curricular activities.

- ✓ **Prevention and control of locally endemic diseases like malaria, leptospira, Doxy etc.**
- ✓ **Collection and reporting of vital events.**
- ✓ **Health Education**

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.



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	4 th Wednesday of month
Baby Shower Ceremony /Dohale Jevan: To encourage institutional delivery & safe mother	2 nd Friday of month
Mangalagaur, Pooja: Folic acid to newly married women	Every Tuesday of month
Child Development Center: Focusing malnourished child's diet and his overall development in 21 days at RHTC	Every three months
'Maher' (Mother's House): To treat the poor, malnourished, pregnant 15 days prior to delivery at RHTC	15 Days prior to delivery

RURAL PRIMARY HEALTH CENTRES

		R.H.C./P.H.C			
		I	II	III	IV
a)	Name of the centers	B.K.L.W. R.H.C. Dervan	PHC	PHC	PHC
b)	Location of each Centre	Dervan	Kharavte	Vahal	Furus
c)	Population covered by each centre	19,412	11,294	20,849	14,453
d)	Distance from college	5 km	9 km	20 km	10 km

Transport facilities for

- (i) Students + Interns : **2 Star Buses + 2 Tempo Traveler**
 (ii) Staff : **1 Bolero jeep**
 (iii) Supportive Staff : **2 Winger jeeps**
 (iv) Capacity of each Vehicle :

2 Ambulances	
2 Star Buses 2313	Capacity of 23 +1
1 Eicher Mini Bus	Capacity of 20+1
2 Tempo travelers	Capacity of 17 +1
1 Maxx Cruiser	Capacity of 9+1
2 Winger jeep	Capacity of 9+1
1 Bolero jeep	Capacity of 5+1
1 Pickup van	Utility van

Schedule of PHCs:

Activities	PHC	Day
ANC	Vahal	Every Thursday
	Kharavte	Every Saturday
	Furus	Every Wednesday
Immunization / Paediatric under 5 clinic	Vahal	Every Saturday
	Kharavte	Every Saturday
	Furus	Every Wednesday

KHARAVTE PHC:

Antenatal Clinic – Every Saturday

Immunization – Every Saturday

Workshops & Cultural activities:

Mother in law workshop- Every 3rd

Friday

Baby Shower Ceremony - Every 3rd

Friday

Child Birthday Ceremony- Every 2nd

Thursday



VAHAL PHC:

Antenatal Clinic – Every Thursday

Immunization – Every Saturday

Workshops & Cultural activities:

Mother in law workshop- Every 3rd

Friday

Baby Shower Ceremony - Every 3rd

Friday

Child Birthday Ceremony- Every 2nd

Thursday



FURUS PHC:

Antenatal Clinic – Every Wednesday

Immunization – Every Wednesday

Workshops & Cultural activities:

Mother in law workshop- Every 3rd

Friday

Baby Shower Ceremony - Every 3rd

Friday

Child Birthday Ceremony- Every 2nd

Thursday



MOBILE MEDICAL UNIT (NRHM)

Not every village has a government run medical centre. For medical services to be offered to the people from these villages, the staff visits them with medical-team-on-wheels in a specially prepared vehicle under the National Rural Health Mission. This Mobile Unit is run by B.K.L.Walawalkar Rural Medical College, RHTC since 2010.

The vehicle has a small pathology laboratory, operation theatre & medicine store. Using this vehicle, a team visits villages in remote & inaccessible parts to meet their needs of medical services. With a properly planned schedule the team visits one village every day. The village representatives, leaders, qualified persons from the village and the women from the self-help groups support this activity of medical examination of villagers, pregnant mothers and adolescent girls. Free medicines are distributed and in case of a need of further treatment the patient is brought to the hospital where he is treated by specialist doctors. This is the way the B.K.L. Walawalkar Rural Medical College is contributing to the government initiative of National Rural Health Mission.



Coverage:

Taluka	PHCs covered	No. of Villages
Chiplun	9	37
Guhagar	1	2
Khed	1	3
Sangameshwar	2	3
Average Screening per day (OPD) = 110 , Paediatric opd = 40/day		
Average Investigations per day (Lab tests) = 60		
RCH per day = 8		

Working for RHTC:

- ❖ OPD timings - 9:00 am to 5.00 pm daily.
- ❖ Patients are given indoor services for snakebites and other minor illness.
- ❖ Referral to the B.K.L. Walawalkar Hospital as per the need.
- ❖ Ambulance services are available at RHTC for referral services.
- ❖ Surveys are carried out routinely by the RMOs and Interns, in the catchment area.
- ❖ School health check-ups and Special Health Camps like General medicine, Ophthalmic, Dental, Surgery etc. are organized.
- ❖ From time to time following activities are carried out :
 - Special Health Education sessions, Street plays and Role plays,
 - Education for 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
Rural Health Training Centre			
1	Medical Officer of Health-cum-Lecturer/ Assistant Professor	1	Dr. Rahul Chopade
2	Lady Medical officer	1	Dr. Madhuri Pevekar
3	Medical Social Workers	2	Amit Joshi Akshay Gavhali
4	Public Health Nurse	1	Hemangi Salavi
5	Health Inspectors / Health Asst. (Male)	1	Sandip Patil
6	Health Educator	1	Shradha Jadhav
7	Technicians / Technical Asstt.	1	Prajakta Chavan
8	Peon	1	Sunil Vahalkar
9	Van Driver	1	Rajendra Rajeshirke
10	Store Keeper cum Record Clerk	1	Amita Rahate
11	Sweepers	2	Deepali Jadhav Ashok Sangmiskar

Activities in workshop:

