

Commentary

A perspicuous initiative in the state under the ambit of Rashtriya Kishor Swasthya Karyakram: Nayi Disha Kendra

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INTRODUCTION

Nearly one-third of India's population is constituted by the young people in the age group of 10-24 years.¹ The adolescent constitutes 21.2% of the country's total population, that is nearly 243 million. So, addressing the health issues and improving the health status of young people is essential.² The main adolescent issues being substance abuse, mental health concerns like depression, anxiety, suicides, violence, unintentional injuries, anemia, malnutrition. The health status of an adolescent today determines his/her health status in adulthood.

A PARADIGM SHIFT FROM AFHCS TO NDKS

To address the health and development needs of the adolescent age group, ministry of health and family welfare took an initiative by launching a multi-sectoral program i.e., RKSK in January 2014.⁴ It aims to leverage existing and new programs of different sectors to deliver a package of health, education and social interventions at different levels i.e., societal, community, family and individual levels to achieve a set of six health outcomes. It is a paradigm shift from existing clinic-based services, that were being provided at AFHC to reach out adolescents in their own space, schools and communities. It has been achieved by the introduction of participatory peer led community-based interventions supported by accredited social health activists (ASHAs).⁵

A SNAPSHOT OF THE STATE

The state of Himachal Pradesh (HP) has a population of 68,64,602 with a majority (90%) living in rural areas and geographically, the area is comprised of hilly regions, difficult terrains.¹ The population density is very low (125 per sq.km) and nearly, one-third of the total population of the State is constituted by the youth.⁶ In today's world of leveraged technology, with an easy access to social media, television and print media, and availability of minimum resources and services to the adolescents, addressing their doubts and curiosity becomes essential.

As per the report by the department of social justice, 7.36% of the youth in Himachal Pradesh had a history of smoking at least once in their lifetime, and majority of them being boys (94%). Among those who ever smoked about 61% started smoking at the age of 15-18 years and 16.4% started before the age of 15 years.⁶

Moreover, about 27% youth in Himachal Pradesh are involved in drug abuse. The state of Himachal Pradesh is facing a deadly menace of drugs and narcotics. The youngsters are not only addicted to alcohol, cigarette, gutka, khaini but they are also falling prey to capsules, balm, shoe polish, cough syrups, white fluid besides charas, smack, heroin and opium.⁷

In Himachal, 3.2% of the population used charas and ganja, that are derivatives of cannabis, which is much above the national average of 1.2%. Our state is the sixth-highest user along with Uttar Pradesh and Mizoram.⁸

Adolescents are the future of nation who can transform the social and economic fortunes of the country. Hence, addressing their health concerns, ambiguity and hesitation is the precedence of the state government. The state government is determined to eradicate the production and use of drugs by imposing, g strict regulations. Additionally, the health department of the state has included has included de-addiction programme, as one of the major components of RKSK, to address the needs of adolescents.

STATE INITIATIVE: NDK

Under RKSK, AFHC established provides a gamut of clinical, counseling and referral services on disparate health issues ranging from sexual and reproductive health to nutrition, substance abuse, injuries, violence, non-communicable diseases and mental health issues at various level of health care facilities. These facilities are also providing de-addiction services; hence the State proposed the name of these facilities as NDK. A total of 99 facilities are notified as NDKs in the State. These are established at medical college/ zonal hospital/ district hospital/ community health centre.

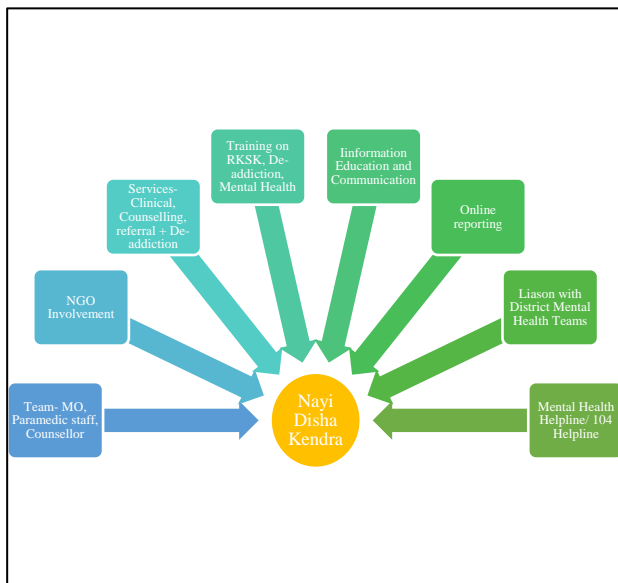


Figure 1: Team and working.

NDK: HIMACHAL PRADESH

Features in NDK

NDK is established in a separate room. In case of non-availability of separate room, the available room is subdivided to create space. The physical appearance of NDK

is important for creating an environment where beneficiaries feel comfortable. A typical health setup might not attract adolescents; a simple makeover is done with wall paint, colorful furniture, bright posters, IEC with appropriate health messages etc. Basic amenities like sitting arrangement clean drinking water and clean toilets are made available for the adolescents visiting the Kendra. All the clinical, counselling and referral services are provided by the trained staff of NDK. The timings of NDK are 9:30 am to 4:00 pm (Monday to Saturday).

Counselors at NDK prepare a tour plan for visiting schools, colleges, youth clubs, major health events, adolescent health days etc. twice a week to sensitize the adolescents and the stakeholders on topics like nutrition, puberty related concerns, premarital counselling, sexual problems, contraceptives, abortion, RTI/STI, substance abuse, other mental health issues, healthy lifestyle, risky behavior etc.

In order to minimize the human errors in reporting; online reporting on monthly basis in DHIS-2 (District health information system-2) portal is in place. State has also prepared the RKSK key performance indicators (KPI) to get better outcome and review on the basis of these indicators is being done regularly.

No new human resource has been recruited. Existing human resource like medical officers/ FHW/ staff nurse/ lab technician/ pharmacist/ counselors etc. after due training provides the services.

Capacity building

A team of 3-4 health care providers (Medical officers/ FHW/ staff nurse/ lab technician/ pharmacist/ counselors etc.) from each NDK has been trained on RKSK as well as mental health and de-addiction services. An exclusive training on treatment for de-addiction was imparted to medical officers in NDK and on counselling to counselors. Training of psychiatrist was also done on de-addiction so that medical officers can consult them whenever they require. In addition, training on mental health and de-addiction was also imparted to 104 helpline counselors. Training for online reporting of the RKSK format was given through online mode. Overall, 256 participants including district programme officers, medical officers, paramedic staff, block programme managers and MIS co-ordinators were trained from all the blocks of the state for timely and quality reporting.

Evidence of effectiveness

As capacity building of various staff category was done in the month of December, 2019, hence services on de-addiction started in the month of January, 2020. Nearly 38,128 adolescents (17528 male and 20,600 females) availed the various services at NDK s across the state till now and of them approximately 2200 exclusively availed the services related to the substance abuse. Counseling on

substance abuse was done for these adolescents either by medical officer or counselor/ paramedic staff. Due to COVID 19 pandemic, out-reach services were restricted and OPD decreased because of lock down.

Cost

The budget approved in programme implementation plan (PIP) for the maintenance and establishment of AFHC was utilized for NDKs. No additional budget was required to give de-addiction services.

LESSONS AND CHALLENGES

NDK provides holistic treatment in a single clinic that provides a positive ambience and an assurance of confidentiality to the adolescent's clients. This encourages them to share their issues and hence build confidence on the health facility. It has caused increase in the number of clients who avail services at NDK.

State has only 22 adolescent health counselors and the rest 77 NDKs do not have AH counselors (proposed in PIP). A team including paramedic staff has been trained to provide various services at NDK. Outreach activities have also increased as the team trained at NDK participate in adolescent health days and provide counseling services. Hence it is learning that shortage of a particular staff category can be tackled by the strategy adopted by the state.

Adolescent health is given the least priority in health institutions that provide services to all the age groups. The trained manpower is dynamic and hence repeated training is required at the facility level, to sensitize the existing staff and empowering them to deal with adolescent issues. The performance in such facilities is individual driven and depends upon the self-motivation of the staff. So, this is a real challenge to make adolescent health issues a priority in the health facilities.

Potential for scalability

Initially NDKs were started at the tertiary and secondary level of facility i.e., medical colleges, DH/ CH and CHC having adequate infrastructure. Once these facilities become popular then in next phase health and wellness centers would be covered to provide services to adolescents.

CONCLUSION

NDK in the health institutions of the State will provide an opportunity to identify the disparate concerns and issues of the adolescents in a secured environment. It will be a centre where the positive atmosphere will build the

confidence in adolescents to discuss their problems without any hesitation. The initiative will definitely entail the health and development needs of the adolescents per se, that will eventually lead to a prosperous tomorrow of the nation. Further, scaling these centers at every level of health institute will help the State in better and improved collation of the data pertaining to the health of adolescents and it will be helpful in framing new policies addressing the same.

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REFERENCES

1. A profile of youth and adolescents in India; Census of India 2011, United Nation Population Fund-India. Available at: <https://india.unfpa.org/sites/default/files/pub-pdf>. Accessed on 10 July, 2022.
2. RKSK Strategy Handbook, National Health Mission, Ministry of Health and Family Welfare. Available at: <http://nhm.gov.in/images/pdf/programmes/rksk-strategy-handbook.pdf>. Accessed on 7 July 2022.
3. Maliye C, Garg B S. Adolescent health and adolescent health programs in India. *J Mahatma Gandhi Inst Med Sci.* 2017; 22:78-82
4. Adolescent Health, National Health Mission, Ministry of Health and Family Welfare. Available at: <https://nhm.gov.in>. Accessed on 8 July 2022.
5. Rashtriya Kishor Swasthya Karyakram, Operational Framework Translating strategy into programmes, Ministry of Health and Family Welfare. Available at http://nhm.gov.in/images/pdf/programmes/RKSK/RKSK_Operational_Framework.pdf. Accessed on 9 July 2022.
6. Youth Health Survey Report, Himachal Pradesh. available at: <http://nimhans.ac.in/wp-content/uploads/2019/02/HP-Youth-Health-Survey-Report>. Accessed on 1 April 2022.
7. Drug menace in Himachal Pradesh, Social Aspects of State. Available at: <https://abhikipedia.abhimanu.com/Article/State/Drug-Menace-in-Himachal-Pradesh-Himachal-Pradesh-State>. Accessed on 10 July 2022.
8. Substance use in India. Available at: http://socialjustice.nic.in/MagnitudeSubstanceUse_India_Report.pdf. Accessed on 20 June 2022.

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