

CHAPTER 7

CHAPTER 7

Adolescent Girls and RCH Programme in Manipur

The previous chapter has discussed the perception, awareness level and health care needs of adolescent girls and it has found that there is a need for intervention at Government and NGO's level in improving the adolescent girls' health. Thus, the purpose of this chapter is to examine the RCH Programmes that have been implemented by government hospitals, NGOs and also to find out the accessibility of health services by adolescent girls within the RCH component.

The Methodology Chapter has given the justification and details of the methods used in the present study. In the second phase of data collection, addresses of Mother Non-Governmental Organizations (MNGOs), Field Non-Governmental Organizations (FNGOs) and hospitals; CHCs, PHCs of two districts are collected. In the third and fourth phases, the researcher developed interview schedule and information Performa for collecting the information from four NGOs including two MNGOs such as Family Planning Association of India, Landring Cherapur Homeopathy & Unani Association and two FNGOs namely, Christian Volunteers for Social & Rural development Organization and Socio Economic Development Organization. In the fifth phase, the researcher collected information from key informants of health care providers in both

Thoubal and Chandel Districts. The data have been presented in this chapter as per the responses that have received through the interview schedule, information Performance and observations.

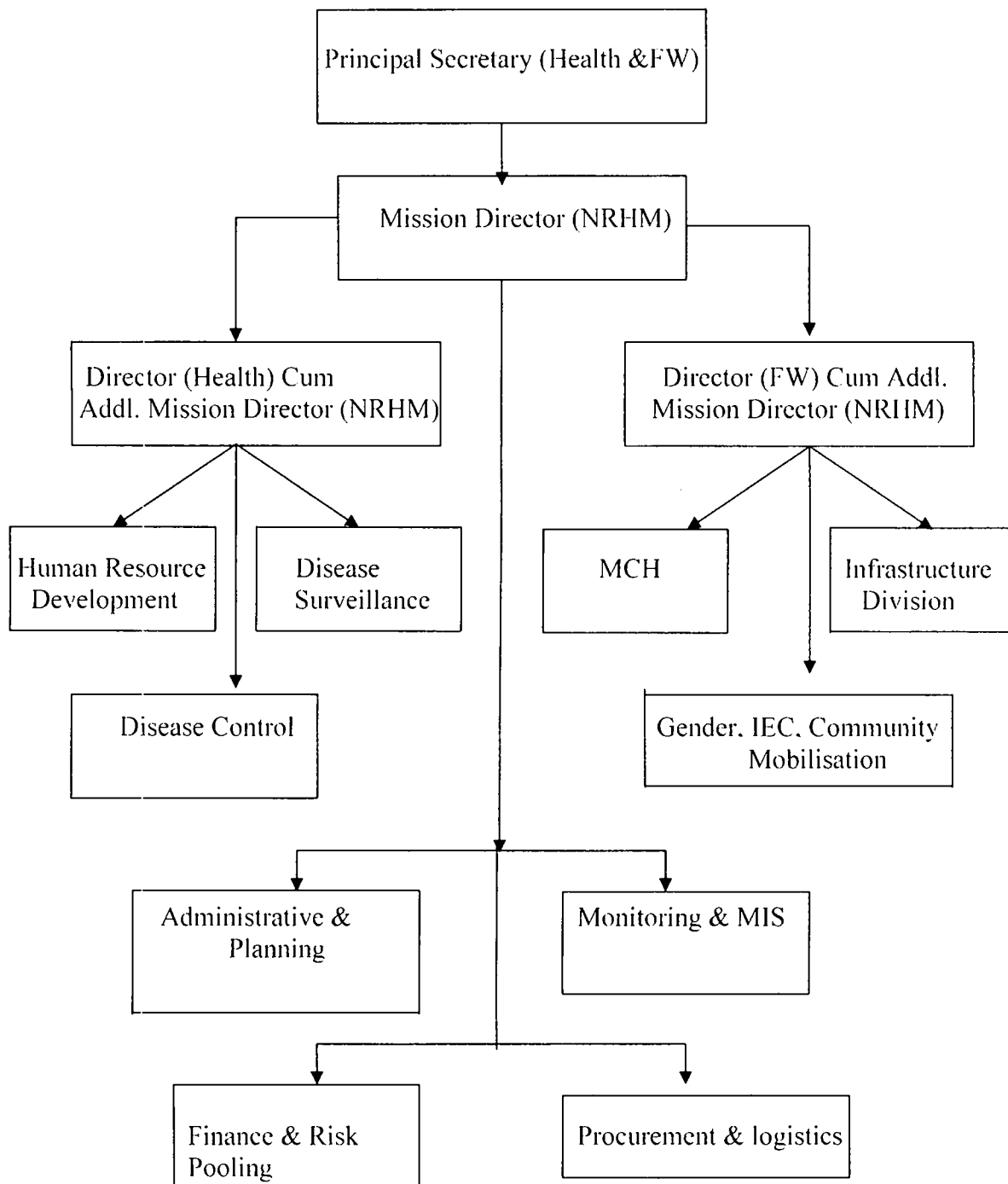
The chapter is mainly divided into two portions (i) RCH Programme implemented by Government Hospitals and NGOs in both districts and (ii) issues of adolescent girls in accessing the RCH Programme. In the beginning of the chapter, a brief description of NRHM and its organizational setting in Manipur state is given so that it will be easier to understand the overall structure of RCH Programme within NRHM. The efforts are also made to highlight background, objectives, area of operation, target group, infrastructure, programmes, staff related information and financing information of both Government and NGOs. While describing the responses from key informants of health care providers of government hospitals on adolescents' issues and RCH Programme, the researcher has made an effort to combine the information of both the districts as the information are more or less the same.

7.1 RCH PROGRAMME IN MANIPUR.

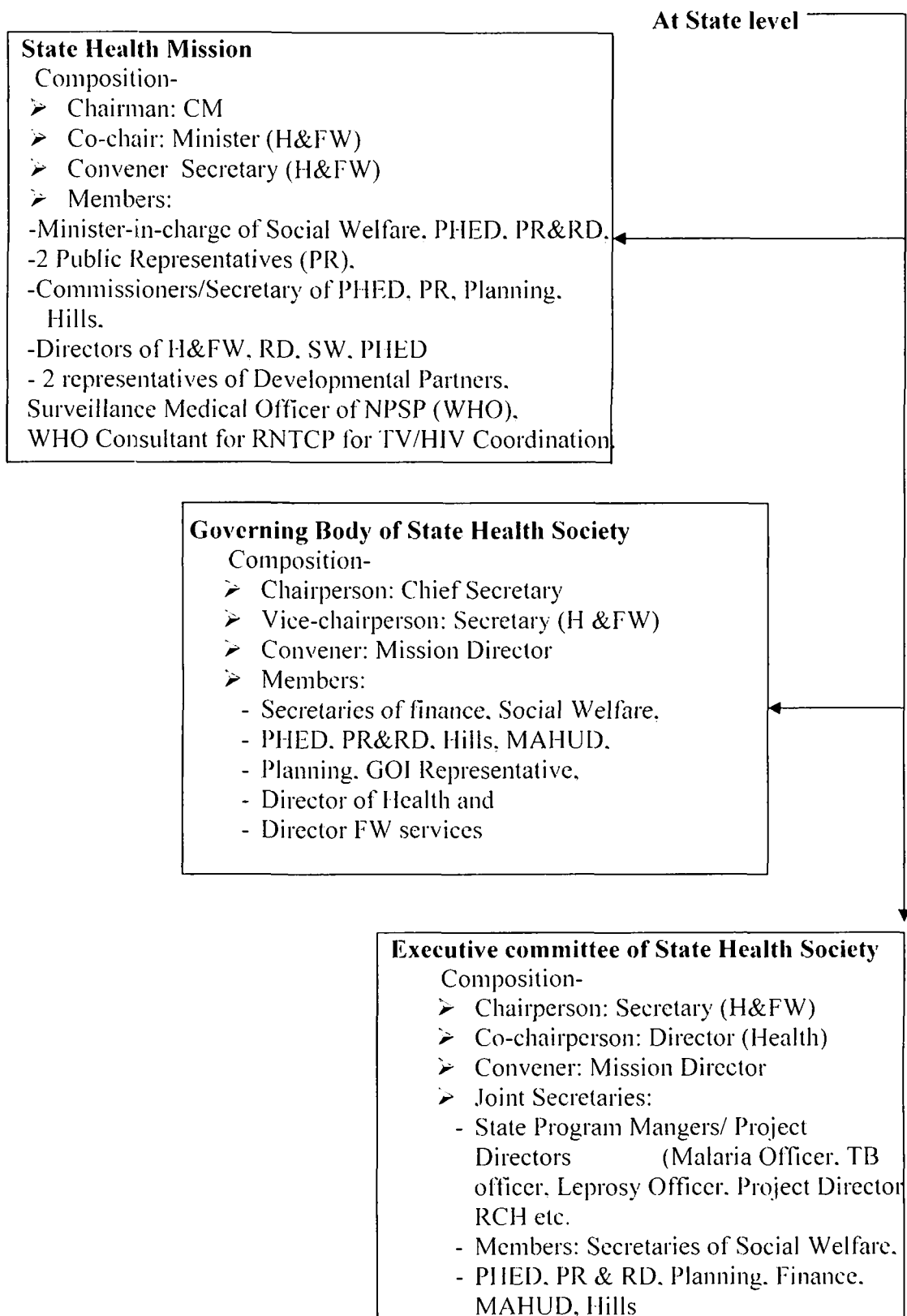
Reproductive and Child Health Programme has clubbed with the National Rural Health Mission in 2005. The National Rural Health Mission (NRHM) is being operationalised from April 2005 throughout the country, with special focus on 18 states which includes 8 Empowered Action Group (EAG) states, 8 North east states, Himachal Pradesh and Jammu & Kashmir, where the infrastructure is weak. The same was launched in the Northeast states including Manipur in November 2005.

Aim: The main aim of NRHM is to provide accessible, affordable, accountable, effective and reliable primary health care, especially, to the poor and vulnerable sections of the population. It also aims at bridging the gap in Rural Health Care through creation of a cadre of Accredited Social Health Activists (ASHA), improved hospital care measured through Indian Public Health Standards (IPHS), decentralization of programme to district level to improve intra and intersectoral convergence and effective utilization of resources. The NRHM further aims to provide overarching umbrella to the existing programs of Health and Family Welfare including RCH II, Malaria, Blindness, Iodine deficiency, TB, Leprosy and Integrated Disease Surveillance. The Mission further seeks to build greater ownership of the program among the community through involvement of Panchayati Raj Institutions, NGOs, and other stake holders at National, State, District, and sub district levels to achieve the goals of National Population Policy and National Health Policy.

The Management organogram at State level



INSTITUTIONAL MANAGEMENT STRUCTURE OF NRHM



At District Level

District Health Mission
Composition-
➤ Chairperson: Deputy Commissioner
➤ Vice-Chairperson: CEO Zilla Parishad/
District Council
➤ Convener: Chief Medical Officer
➤ Members:
- 2 Local MLAs, Project Director, Chairpersons
of Hospital Management Societies, District
Program Managers for Health &FW, EE of PHED
In-Charge, District Program Officer of WCD,
District Moi/c AYUSH, ZEO, District Social
Welfare, All BDOs, MNGOs

Governing Body of District Health Society
Composition-
➤ Chairman: Deputy Commissioner
➤ Chief Executive Officer: CMO
➤ Convener: District RCH/FW Officer
➤ Members:
-District Program Managers for Health &FW
District MO i/c AYUSH, EE of PHED, District
Program Officer (WCD), district PMSU, ZEO,
District SW Officer, All BDOs, All SDOs, CHC
In-charge, 2-4 representatives of Medical
Associations/MNGOs and Developmental Partners

Executive Committee of District Health Society
Composition:
➤ Chairman: CMO
➤ Co-chairman: CEO ADC/PRI
➤ Chief Executive Officer and Convener:
District RCH/FW Officer
➤ Members:
-Superintendent of District Hospital, All
District Program Managers for H&FW,
District
Program Officer (WCD), Deputy Director
of Tribal Development, All BDOs,
Secretaries of Hospital Management
Societies, Non- Official Members of
Governing Body.

At Village Level

Committees at PHC and Subcenter Level

Composition:

- Chairman & Convener: Medical Officer in-charge
Pradhans of Gram Panchayats /Village
- Members:
 - Chairman within the PHC jurisdiction.
 - Public Health Nurse
 - Pharmacist
 - Co-opted members

7.1 (i) RCH Programme Implemented by Government Hospitals

(a) Profile of Selected Health Care Institutions

❖ Office of the District Family Welfare, Thoubal District

1. Background

Office of the District Family Welfare is under the Ministry of Health and Family Welfare, Government of India. The institution is mainly for Programme Management of Mother and Child Health. The institution was established in October 1994. Government of Manipur found that there was very high Maternal Mortality Rate and Infant Mortality Rate because of the poor socio economic conditions and no health facilities available for the people. Thus they initiated a programme called Mother and Child Health Programme which draws the same principle of Government of India. Later in 1997, Mother and Child Health Programme were changed into Reproductive and Child Health Programme. The fund is solely released by Ministry of Health and Family Welfare, Government of India.

2. Present objectives

- Reduce infant mortality Rate & Maternal Mortality Rate
- Universalized access to public health services for women's health, child health, water, hygiene, sanitation & nutrition.
- Prevention & control of communicable & non- communicable diseases.
- Access to integrated comprehensive primary health care
- Ensuring population stabilization & gender balance.
- Mainstreaming AYUSH
- Promotion of healthy life styles

Table: 7.1 The current status and goals of RCH II

	Manipur		
	Current status	Goal by 2007-08	Goal by 2010
MMR	375 (SRS-2001)	250	< 150
IMR	37 (NFHS-2)	34	<30
NMR	18.6 (NFIIS-2)	17.5	16
TFR	3.04 (NFHS-2)	2.6	2.1

3. Area of operations

The office of Family Welfare Department is covering the whole Thoubal district where the total villages are 120 and the coverage of population is 3, 68, 000.

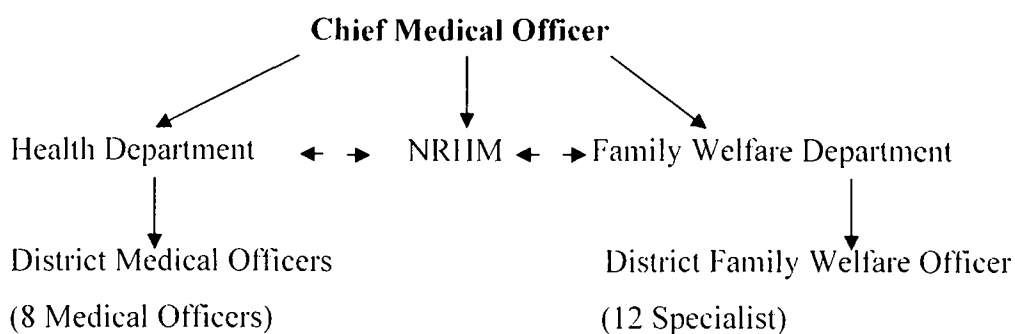
4. Beneficiaries of Thoubal District

Table: 7.2 Beneficiaries of Thoubal District

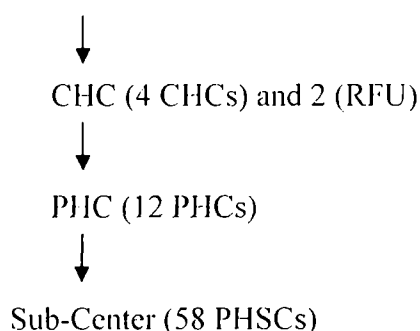
Sl. No.	Beneficiaries	Volume
1.	District hospital	135
2.	CHC Kakching	110
3.	CHC yairipok	109
4.	CHC Haoreibi	40
5.	CHC. Sugunu	64
6.	CHC, Heirol	71
7.	PHC lilong	24
8.	PHC Leishangthem	46
9.	PHC Charangpat	56
10.	PHC. Nongpok Sekmai	40
11.	PHC. Khoirom	55
12.	PHC Wangjing	49
13.	PHC, Kongjhom	81
14.	PHC, Pallel	29
15.	PHC Hiyanglam	60
16.	PHC Kakching Khunou	62
17.	PHC Serou	35
18.	PHC Wangoo khunou	77

5. Organizational structure and infrastructure

Thoubal District Health Services



District Hospital



The present Thoubal District Health service is divided into two as Health and Family Welfare. Both Health and Family Welfare are under the single Chief Medical Officer (CMO). In Family Welfare Department, under CMO there is one District Family Welfare Officer. Specialist 12 (twelve) including gynecologist, pediatrician, and surgeon. In Health department there are 8 medical officers' likely Medico Legal specialists, District tuberculosis Officer, Drug De-addiction Medical officer, District Malaria Officer, District AIDS Officer, District Leprosy Officer, Drug Inspector, Medical store Keepers.

Again in Thoubal district, there are one 1 (one) district hospital, 4 (four) Community Health Center (CHCs) and 2 (two) First Referral Unit (FRU), 12 (twelve) Primary Health Center (PHC), 58 (fifty eight) Primary Health Sub Center (PHSC). In the whole district there are 132 beds in the hospital. The organizational and infrastructural setting of District Hospital, two CHC and one PHC are selected for the study and is discussed below. It can be noted that in all CHC, PHC the same organizational pattern is followed.

A. District Hospital, Thoubal

This hospital is mainly for curative and rehabilitation services. There are 5 specialists including surgeon, pediatrician, ophthalmologist, orthopedic, gynecology and 5 general medical officers. There are 22 nurses, 3 supervisory personnels, 1 matron, 1 male health supervisor, 12 non medical assistants, LDC and UDC, laboratory technician, pharmacist and drivers. In the hospital, there are 30 beds, but only 24 beds are functioning. They have laboratory facilities for urine test, blood test, sputum test and stool test. The hospital also has X- ray facilities, Ultra sound facilities, and autoclaving machines for sterilization of equipments. The hospital has Operation Theatre for Minor operations like tubectomy, vasectomy, hernea, hydrocele and cataract cases. They also have two ambulances.

B. Community Health Center- Kakching

There are five medical doctors, including medical officer for AYUSH, gynecologist specialist and other general medical officers. Though the organizational pattern is divided into two i.e. health department and Family Welfare department, all the doctors take care of both the departments. There are 9 nurses, 2 are supervisors, 3

ANMs in contract basis, 2 female health supervisors and 1 male supervisor, pharmacist, technician, ward boys, driver, dhobi, aya and peon. The center has 25 beds. In Family Welfare department, there is a post partum clinic where there is an immunization programme for children, check up for antenatal mothers and family planning programme. They have laboratory facilities for urine test, sputum test and stool test. They also have operation theatre for minor operation. They used to conduct caesarian operation before but now they stopped because of lack of instruments. There is one NGO called Continuum Of Care Project that is attached with the hospital. The NGO provides counseling for HIV/AIDS patients and conduct awareness programme on HIV/AIDS in different communities. This NGO is run in collaboration with government.

C. Community Health Center- Heirok

There are three medical officers (MO) of allopathy and one medical officer for AYUSH. There are 6 nurse staffs, 6 ANM, 2 female health workers, technician, pharmacist, ward boys, driver and peon. There are 6 beds but they do not have the facilities for indoor patients. They refer the patients to district hospital if the conditions are serious otherwise they discharge the patient after the treatment. They attend minor operations. In this center, they do not separate Family Welfare and health department. They have post partum clinic that provides immunization for children and pregnant mothers and family planning programme. There is a branch of MACS in the center that provides laboratory facilities and counseling facilities for HIV/AIDS patients. It also conducts awareness programme on HIV/AIDS in schools and communities.

D. Primary Health Center- Pallel

There are 1 medical officer, 2 nurse mid-wives, 2 ANMs, 1 ASHA worker in contract, 1 male health assistant and 1 female health assistant, laboratory technician and driver. They have post partum clinic that provide immunization for children, pregnant mothers and distribute contraceptive oral pills and condoms through family planning programme. They provide treatment for minor ailments but refer the patients to community health centers if the cases are serious.

6. Programmes

In Thoubal district, the scenario of RCH Programme in India is followed. The programme is mainly emphasized on mothers and child health in all the organizational setting like CHCs, PHCs, sub centers, they are:

- ✓ Mothers- services for mothers during pregnancy, anemia prophylaxis and treatment, child birth and post natal period.
- ✓ Children-services for children lay newborn care, immunization, vitamin A prophylaxis, and Oral Rehydration Therapy (ORT) for diarrhea.
- ✓ Services for eligible couples through availability and promotion of use of contraceptive methods.
- ✓ Prevention and management of HIV/AIDS/RTI through NGOs.

Now RCH Programme has been clubbed in NRHM. In Thoubal district, NRIHM as a mission came into effect effectively in the month of August 2006. Initially, it involved creating institutional framework such as establishing District Health Mission Society under the chairmanship of the Deputy Commissioner so that a proper line of action and direction could be drawn to serve and achieve the vision envisaged by NRHM. The district Health Mission Society has been constituted with adequate representation

from all the departments especially those departments associated with and are working on health departments and other related aspects.

Part A: activities under RCH II including Janani Suraksha Yojana (JSY)

During 2006-2007, RCH II of Janani Suraksha Yojana (JSY) received funds from State Mission society. In first phase, they received RS.6.88 lakhs, in second phase 3.0 lakhs and third phase 4.0 lakhs. To make the programme effective in the coming financial year (2007-2008), various efforts such as meetings/ workshops and dissemination of guidelines on JSY was taken up by the Health Society. It was mainly organized for medical officers and the health workers of respective health centers. In 2007, funds for the same have been handed over to concerned Primary Health Centers to implement the JSY programme at block level.

Part B: Initiatives/Additionalities under NRHM

ASHA

Accredited Social Health Activist (ASHA) / village link workers were elected in the district. A total number of 276 ASHA have been selected as per the guidelines laid down by the Government of India. ASHA will be serving on voluntary basis and will be paid performance based compensation from time to time depending on her involvement in various programmes. Recently, seven days initial induction training was conducted in four different blocks. The block level trainers headed by the block medical officer conducted the training programme.

Part D: National Disease Control Programme

The national disease control programmes are expected to follow their existing procedures and budgets. The co-ordination and collaborative efforts between the various societies need to be given equal importance.

Part E: Implementation of inter sectoral schemes under NRHM

So far there are 47 Village Health Committee has formed and 103 Village Health & Sanitation Committee has formed. The district is proposing action plans fro improving synergy with Departments of women and Child Development, Panchayati Raj, AYUSH and Total Sanitation Campaign in operationalising mechanism of these departments, optimum utilization of funds thorough convergence in action at field level is planned by the district

- As part of mainstreaming AYUSH in the district, AYUSH Doctors and Pharmacists have been stationed in all the health centers.
- Village Health and Nutrition Day is planned at every Anganwadi Centers in collaboration with the ICDS department. So far 47 village health committee has formed in Primary Health Sub center. It can also be noted that District Health Society has covered more than 50 percent of Anganwadi centres.
- The District Health Mission Society, Thoubal have been focusing on strengthening ties with the Village Authorities to establish a common partnership and ownership. In the regard, training on Panchayati Raj Institutions (PRIs) will be soon taken up by the Society.
- Similarly, convergence with the PHED/PWD need to be given adequate attention in the coming year especially planning joint activities under the Total Sanitation Campaign. 103 Village Health and sanitation Committee has also formed as 1 per revenue village.

7. Staff related information

There are 54 full time paid staff, 40 part time staff and 47 honorary staff. they do not have volunteers in the Office of District Family Welfare.

8. Financing

For the entire programme, Ministry of Health and Family Welfare released the funds. In Thoubal district the fund allocation for all the health care system in 2006-2007 is 17159 lakhs.

❖ Office, District of Family Welfare, Chandel

1. Background

It is almost the same with District of Family Welfare, Thoubal. Office of the District Family Welfare Chandel is under the Ministry of Health and Family Welfare, Government of India which was established in October 1994. Chandel district has 1 district hospital, 1 CHC, 4 PHC, 26 PHSC and 2 dispensaries. In the whole district there are 124 beds in the hospital.

2. Area of operation

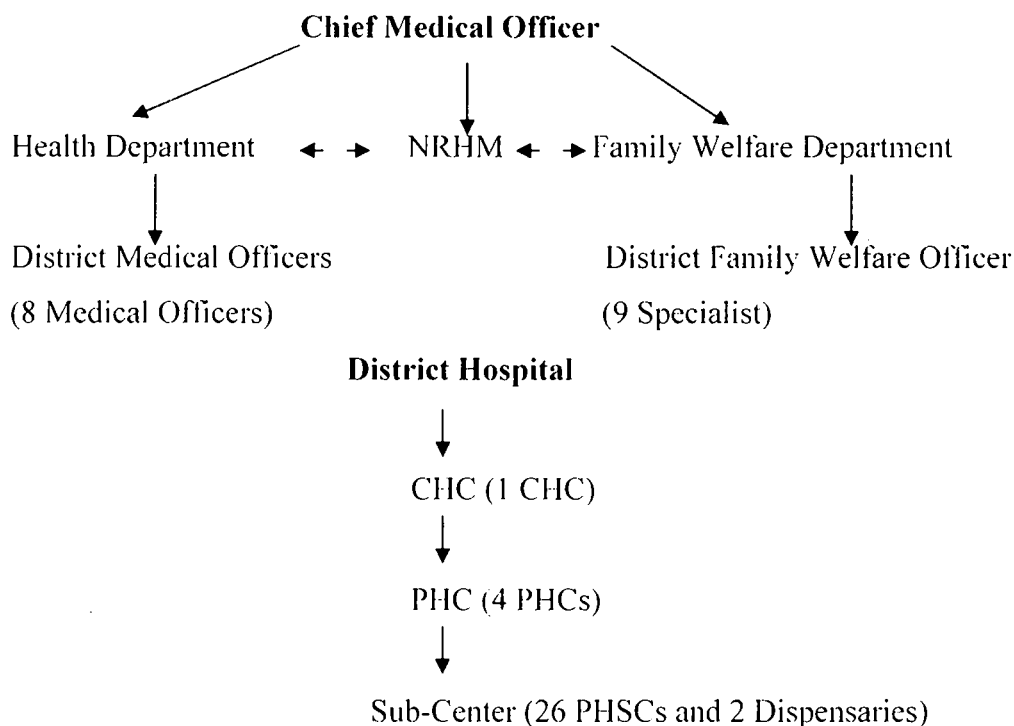
It is covering the whole Chandel district of 350 villages.

3. Beneficiaries of Chandel District

Table: 7.3 Beneficiaries of Chandel District

Sl. No.	Beneficiaries	Volume
1.	Pregnant women	2659 (including all PHCs, CHCs)
2.	Children	2560 (including all PHCs, CHCs)
3.	Machi, chakpikarong	187
4.	Chandel (District hospital)	115

4. Organization structure and infrastructure of Chandel District.



The present organization structure is same as Thoubal District. Here, there are 8 Medical officers under the health department and 9 specialists in District Family Welfare Department. In the Chandel district, there is 1 (One) district hospital, 1 (One) CHC, 4 (Four) PHSCs, 26 (Twenty-six) and 2 (Two) Dispensaries.

A. District Hospital, Chandel

The hospital is based mainly on curative and rehabilitation services which is same with other district hospital. There are 5 specialist including surgeon, pediatrician, ophthalmologist, orthopedic, gynecology and 2 general medical officers. There are 17 nurses, 2 supervisory personnels and 1 matron, male health supervisor, 8 non medical assistants, LDC and UDC, laboratory technician, pharmacist and drivers. In district hospital, there are 25 beds. They have laboratory facilities for urine test, blood test, sputum test and stool test. The hospital also has X- ray facilities, and autoclaving

machines for sterilization of equipments. The hospital has Operation Theatre for Minor operations like tubectomy, vasectomy. They also have two ambulances.

B. Community Health Center-Chakpikarong

There are four medical doctors, 1 gynecologist specialist, 1 medical doctor for AYUSH and others are general medical officers. There are 5 nurses, 1 are supervisors, 2 ANMs in contract basis, 2 female health supervisors, 1 male supervisor, technician, pharmacist, dhobi, driver and peon. The center has 12 beds; they have family planning center and immunization center, laboratory facilities for urine test, sputum test and stool test. There is DOTS center. They also have operation theatre for minor operation. There is a branch of MACS that is attached with the hospital. It provides counseling for HIV/AIDS patients and conduct awareness on HIV/AIDS in the community.

C. Community Health Center- Moreh

There are three medical officers (MO), one pediatrics and one general medical officer. There are 6 nurse staffs, 3 ANMs, 2 female health workers and 1 male health worker, 1 female health assistant technician, pharmacist, driver and peon. There are 8 beds but they do not have the facilities. They attend minor operations. They have family planning and immunization center where they conduct on specific days like Monday, Wednesday and Friday for immunization, Tuesday and Saturday for family planning programme.

D. Primary Health Center- Machi

There are one medical officer, 1 nurse mid wife, 2 ANMs, 1 ASHA worker in contract, 1 male health assistant, 1 female health assistant, laboratory technician.

driver. They have post partum clinic that provide immunization for children, pregnant mother, distribute contraceptive oral pills and condoms through family planning programme. They also provide treatment for minor ailments and refer the serious cases in community health centers. They have DOTS center where they do sputum test and provide medicines accordingly.

5. Programme

The same scenario of RCH Programme which is seen in Thoubal District is followed in Chandel District also in all the organizational settings. Through NRHM, the District Health Mission Society, Chandel has been implementing the following components of National Rural Health Mission: It is almost the same with previous Office of Family Welfare.

Part A: activities under RCH II including Janani Suraksha Yojana (JSY)

During 2006-2007, RCH activities were not actively taken up due to lack of direction and funds from the state. However, JSY was taken up though it was not able to permeate effectively at the field level. The JSY programme (2006-2007) could not be implemented in Moreh/ Tengnoupal block due to controversial handling of the fund by a concerned officer and hence programme could not reach the needy. To make the programme effective in the coming financial year (2007-2008), various efforts such as meetings/ workshops and dissemination of guidelines on JSY was taken up by the Health Society. It was mainly organized for medical officers and the health workers of respective health centers. In the month of July 2007, funds for the same have been handed over to concerned Primary Health Centers to implement the JSY programme at block level. During 2006-2007, the achievement for JSY is approximated to be

around 60 percent and hence, adequate attention to be paid during this financial year 2007-2008.

Part B: Initiatives/Additionalities under NRHM

ASHA

Accredited Social Health Activist (ASHA) / village link workers were elected in the district. A total number of 325 ASHA have been selected as per the guidelines laid down by the Government of India. ASHA will be serving on voluntary basis and will be paid performance based compensation from time to time depending on her involvement in various programmes. Recently, seven days initial induction training was conducted in four different blocks. The block level trainers headed by the block medical officer conducted the training programme and it was organized in 13 different batches. Out of the 13 batches, 12 have been completed and one to be completed soon at Moreh block near the Burma border. However, to make the dream of 100 percent coverage comes true, more co-ordinated and co-operation from all sectors become significant.

➤ Part D: National Disease Control Programme

The national disease control programmes are expected to follow their existing procedures and budgets. The co-ordination and collaborative efforts between the various societies need to be given equal importance.

➤ Part E: Implementation of inter sectoral schemes under NRHM

The district is proposing action plans for improving synergy with Departments of women and Child Development, Panchayati Raj, AYUSH and Total Sanitation

Campaign in operationalising mechanism of these departments. optimum utilization of funds thorough convergence in action at field level is planned by the district

- As part of mainstreaming AYUSH in the district. AYUSH Doctors and Pharmacists have been stationed in all the health centers.
- Village Health and Nutrition Day is planned at every Anganwadi Centers in collaboration with the ICDS department. However. it has not been effectively implemented at the field level due to lack of communication; coordination lying ahead of them is irregular attendance of the staffs at the field level.
- The District Health Mission Society, Chandel have been focusing on strengthening ties with the Village Authorities to establish a common partnership and ownership. In the regard. training on Panchayati Raj Institutions (PRIs) will be soon taken up by the Society.
- Similarly, convergence with the PHED/PWD need to be given adequate attention in the coming year especially planning joint activities under the Total Sanitation Campaign.

6. Staff related information

There are 34 full time paid staff and 34 part time paid staff and 28 honorary staff in Office of District Family Welfare. Chandel.

7. Financial information

It is funded by Ministry of Health Family Welfare. Government of India. In Chandel district the fund allocation for all the health care system in 2006-2007 is 11.772 lakhs

7.1 (b) Responses of Health Care Providers on RCH Programme and Adolescents Health.

Health care providers include mainly doctors, nurses, and community health workers of the selected health care institutions of both Thoubal and Chandel districts.

❖ Doctors

1. Work profile of doctors in implementing RCH for adolescents

The work profile of the doctors has been changed after the RCH Programme has clubbed with NRHM. The workload have increased as survey of the work, meetings, training, workshops, selecting of ASHA workers, etc need to be done within the time frame. According to doctors, there are many changes in the work profile especially in district level, community level and sub center level yet there is not much difference in the implementation process of RCH Programme as the mission is on the initial part.

2. Facilities available for adolescent groups

There are no specific medical services offered for adolescent groups within the programme of RCH Programme in both the districts. There is no separate counseling center for adolescent groups. They also mentioned that there is no particular programme of implementation for adolescent groups besides providing awareness on HIV/AIDS in schools and colleges. It was also said that there were hardly any cases of adolescents coming to the hospital. Even if they come the cases are of fever, poisoning, diarrhea and sometimes for abortion, etc. Therefore, there is no specific importance given to this section but according to NRHM, there are programme components for adolescents on behaviour change modification and so on.

3. Role of IEC for adolescents in RCH Programme

The RCH Programme is now fully concentrated on the assigned task of fulfilling reproductive health of Mothers and Child Health. People are aware of the facilities available and people also avail the services of immunization for children and family planning for mothers and men. The programmes have covered 90 percent of immunization programme and 60-70 percent of family planning and awareness of HIV/AIDS with 90 percent. There was no special training given to the doctors for dealing with adolescent groups but for family planning and HIV/AIDS.

Some of the NGOs in collaboration with government have organized awareness programmes on HIV/AIDS in schools, colleges and even in communities. There were medical camp programme conducted for the age group of 15-49 years from National Campaign under Ministry of Health and Family Welfare (NACO), Government of India for 15 days in different communities. The medical camp was conducted mainly to pass and disseminate messages to empower rural population with knowledge and also for changing in treatment seeking behaviour in regard with Sexually Transmitted Disease including HIV/AIDS. Through NGOs, there were awareness programme conducted in schools, colleges and communities on the topic of HIV/AIDS on special occasion like World AIDS day. Besides there are information given on family planning and immunization through posters, pamphlets, local cable connection, newspaper, radio, etc.

4. Problems faced in implementing the RCH Programme to reach the people

There are no proper trained health workers for reproductive health related problems for adolescent groups. All the workers were trained only for conducting delivery

cases, family planning and immunization of children. The channel of communication between the doctors and health workers was also not proper. There was an incident happened while organizing a medical camp programme that was conducted for the age of 15-49 years. The health workers did the work of publicity. The health workers were supposed to go to the community and make home visits, maintain a home visit card and informed the people who were in the reproductive age group to come for treatment of related illness only on reproductive health problems. But health workers informed the community people about the medical camp that would be provided in free of costs but they did not tell the people the age group and the specific related problems. Thus there were many cases come above the specific age group and also other than reproductive illnesses like eye problems, orthopedic, TB, cancer, etc.

5. Comments for improving of RCH Programme to reach the section of adolescents' population

- Good coordination among staff.
- Build interest of the people in publicity, campaign, etc.
- There should be equal involvement from teachers, students, parents and whole community.
- Cooperation from other organizations.
- No interference from insurgency group.

❖ Nurses and Community Health Workers

1. Work profiles of Nurses and Community Health Workers in implementing RCH Programme

The main work of nurses are to attend in-door patients and out-door patients. They are mainly engaged on immunization of children, pregnant mothers and also assisting doctors in conducting for any minor surgery and other operation like cases of tubectomy.

The main work for community health workers are to attend the out-door patients by visiting door to door in the communities for providing immunization of both children and mothers, motivating eligible couples for family planning and also for distributing Tablet Iron and Tablet Calcium. They also make home visits where they maintain antenatal cards, infant cards, toddler cards and delivery cases cards. During the morning time, they even attend the antenatal mothers in checking weight, height, urine test and haemoglobin test.

2. Difference in their work activities before and after RCH Programme came in and clubbing RCH Programme with NRHM

As far as RCH Programme is concerned, there is no change in the working pattern as NRHM has not operationalised practically but the process is going on for the selection of ASHA workers, village committee members, etc. Community health workers feel that there are changes among the people in availing the services before and after RCH Programme came in. Initially community health workers used to go to the field for motivating eligible mothers for family planning and informing community people for the services. Now, it has changed as people have started coming for the services by themselves. It is also easier for them to complete their

assigned number of motivation of eligible couples for family planning methods as they can reach mothers in the hospital and centers. So they find their work much easier and lesser burden compare to those days.

3. Types of training underwent

Nurses and community health workers attended training programme name as leprosy programme, malaria programme, HIV/AIDS, post partum related family planning programme, antenatal examination, handling of delivery cases and immunization for children. They mentioned that they had never come across any specific adolescents' health related training programme.

4. Services available for adolescents under RCH Programme

There are no facilities and specific programmes that have implemented for adolescent groups under the RCH Programme in the hospitals. But the nurses and community health workers mentioned that they had conducted eye camp and medical camp on general health related of school going students in schools once or twice in the last three years. It is found that RCH Programme is not at all touching the issues of adolescents' health but mainly focuses only on mother and child health.

5. Utilization of services by girls

According to nurses and community health workers, they find girls do not come to the hospital until and unless the illnesses become severe. Even if they come, they come with the common illnesses like fever, diarrhea, accidents, etc otherwise there are very rare cases on reproductive health related illnesses. They had also seen some of the girls came for the cases of abortion in the hospital.

6. Constraints and comments

They are satisfied with the working pattern of RCH Programme but they have felt that they need more workers at the time of conducting awareness programme. They have suggested that they need to undergo training programme on adolescents' health related and there should be good support from girls, parents, schools and colleges.

7.2 (ii) RCH Programme implemented by NGOs.

(a) Profile of Selected NGOs

- ❖ Family Planning Association of India. (FPAI) Manipur Branch, Sega Road, Konjeng Hajari Leikai. Imphal-795001

1. Background

FPAI was established in the year 1974. Smt. N. Mangi Devi, founder secretary and former president of organization was the initial promoter of this organization. The organization was set up in Keisangthong, later they shifted to the present building which is in hired basis. According to the Branch Manager, Dr. Suresh Sharma and the former Branch Manager, Kh. Binod, the permanent building is on the process of completion. This NGO is mainly based on service organization, developmental organization and educational promoter in the state. From the beginning onwards the programme draws the same principle of Family Planning Association of India, Bombay. They started with the motive of providing awareness programme in Imphal areas where they conducted health camp, immunization programme, and population education programme. The main source of funds in the beginning was from local donations and state government grant-in-aid funds. Later in the year 1975-76 onwards they started getting external fund from Bombay headquarter in installment basis. Ministry of Health and Family Welfare recognized FPAI in the year 1999 as the

mother NGO of RCH Programme for running RCH in two districts such as Chandel and Churachandpur.

2. Present objectives

Mission: FPAI provides a Non Governmental and people's dimension to Indian Family Planning programme. It aims to promote Family Planning as a basic human rights and the norm of a 2-child family on a voluntary basis: to achieve balance between population and resources; to people young people for responsible attitudes in human sexuality and to provide education and services in underserved areas of the country.

The Branch shall be non-profit making, non-party political, and non-sectarian working without discrimination as to religion, creed, race, or gender, and shall follow the Aims and Objectives parent body, namely:

- To create awareness, disseminate knowledge and education provide counseling and services where appropriate on all aspects of reproductive, child and sexual health including family planning, with free and informed choice, gender equality and equity the empowerment of women, male involvement, child and adolescent health and their inter relationships with social development and environmental concerns in order to advance basic human rights of all men, women and youth, family and community welfare, the achievement of a balance between population, resources and the environment and the attainment of a higher quality of life for all people.
- To place views before government and other agencies when appropriate and assist whenever possible in the formulation of the

national programme of reproductive and child health including family planning.

- To formulate policies, set priorities and device programme in pursuance of the above objectives and to undertake or promote studies and activities for information and education, training, services and research covering the sociological, psycho-social, economic, medical and other relevant aspects of reproductive, child and sexual health including human fertility and its regulation, methods of contraception, infertility, family planning education and counseling, stabilization of population and environmental concerns, with special reference to the needs of adolescents and young people.
- To organize conferences, seminars, training course and other meetings and events whether locals, national or international, in the furtherance of the Aims and Objects and allied subjects of the Association.
- To foster and develop contacts with its state Government and other organizations engaged in similar subjects types of work in its area.
- To take any or all appropriate measures to further the Aims and Objects.

3. Area of operation

FPAI operates in 2 (two) hilly districts of Manipur likely Chandel and Churachandpur covering 10 wards in Chandel and 16 wards in Churachandpur of total 17 villages and Imphal West.

4. Beneficiaries

Table: 7.4 Beneficiaries of FPAI. Manipur

Sl.No.	Actual beneficiaries	Volume 2005-2006
1.	Adolescence both girls and boys	Above 1000
2.	Eligible couple	Above 1000
3.	Children (0-6 years)	600.

5. Programme

- Mother and Child Health Programme: Mother and Child Health Programme (MCH) was there from 1974 to 1998 before RCH Programme came in.
- Reproductive and child Health Programme: it was started in the year 1999 which draws the same principle of Ministry of Health and Family Welfare. Under this programme they are many minor and major projects. They are given below:

- Project 1: Sexuality Education for Young People (SEYP)

This project is an ongoing project. The objective is to increase access to comprehensive youth friendly, gender sensitive SRH education & Services including HIV/AIDS & STI to 50 percent for formal sector, 10 to 16 years and 17 to 24 years youth in the formal and community level. The Manipur AIDS Control Society and T.B. Control Society are collaborating in implementing the programme. The location of the project is at Kyamgei and Langthabal Kunja of Imphal West. The project will cover high and higher secondary schools, colleges in the operational area. The project is funded by headquarter of FPAI.

- Project 2: Sexuality Education, Counseling, research and Training/Therapy (SECR)

The project is ongoing. The objective of the project is to enhance availability and accessibility of S & RH services for young people in collaboration with youth and other organizations. The location of the project is at Kyamgei and Langthabal Kunja of Imphal West. The project will cover 40 to 50 percent youths both from the formal and non-formal schools of the project area.

- Project 3: Urban Family Welfare Centre.

The project is for one year that started in the year 2005 till 2006. The objective of the project was to expose 3000 men and women to RCH and family planning information including services facilities and 100 percent immunization of pregnant women. The project is implemented in urban areas like Paona International Market, Imphal. The project covered the eligible couple and their children. They provided quality family planning services including MTP/MP and insertion of copper T, sensitization of dais and other unsafe providers.

6. Staff related information

FPAI has total number of full time paid staff 7 (seven) and part time paid staff 2 (two). They also have volunteers staff. 70 (seventy) in numbers. The salary ranges from approximately Rs.10, 000 for Branch manager, Rs.8000 for Account officer. Rs. 7000 for senior population education officer. ANM Rs 3000 and choukidar Rs. 2500 respectively. Further the Branch Manager added that they were having only two staff (at the time of interview period) including him and one choukidar. He did not specify the reasons but mentioned that there were some financial problems between organization and headquarter.

7. Financial information

FPAI's turnover in the year 2005-2006 was Rs. 7,91,400. During this period various sources of fund were State Government, UNFPA, donations, grant from headquarter FPAI, membership fees, etc. They have felt that there is a financial constraint in some of the projects thus the weakness in the manpower is seen.

❖ Landing Cherapur Homeopathy and Unani Association, (LACHUA) Moirangpali Bazar, Thoubal-795148

1. Background

LACHUA was established in the year 1978 and got registered in 1980 (Regd. No.3201). People from Cherapur and nearby communities found difficulties to reach the government health center for availing the health services as it was quite far from the community. At that time there was one Unani practitioner named Dr. Hamit Khan in Cherapur community who promoted for setting up an organization in the community for Unani. Later the local leaders, chief and educationist wanted to bring a development in the society; a group of leaders were motivated and formed the present organization. This NGO is mainly based on service organization, developmental organization and educational promoter in the state. They started the programme for providing health camp and awareness camp especially on diarrhoeal illness as there was an epidemic happened in the year 1978. Awareness camp was mainly done among the Muslim inhabited areas because there were restrictions of polio immunization among the Muslims. Initially the fund was managed from local donations later; the Government started supporting them by giving Rs.5000 in the year 1985. Now they get fund from Ministry of Health and Family Welfare, UNFPA

Australia aid. The land of present office is donated by Secretary and President of the organization.

2. Objectives of the organization

- To organize community health programme in collaboration with the Government and the non- government organizations.
- To promote the indigenous traditional systems of medicine.
- To disseminate and exchange health information related to sexual and reproductive health services.
- To expand outreach services for the rights based approach for women's empowerment.

3. Areas of operation

RCH phase I started in September 1998 and continued by RCH phase II from 2007 onwards. In RCH phase II, it covers Imphal East District and Thoubal District. All the blocks come under said districts are included.

4. Beneficiaries

Table: 7.5 Beneficiaries of LACHUA organization

Sl. No.	Actual beneficiaries	Volume 2005-2006
1.	Adolescence both girls and boys (11-24)	Above 1 lakh
2.	Eligible couple (15-49)	
3.	Children (0-6 years)	
4.	Aged	

5. Programme

➤ Community Health Programme

It was started in the year 1978 onwards. The main objective of this programme is to make the people aware of Unani, and use of herbal medicine that are available in the community, to encourage treatment of diseases through herbal medicines and provide yoga training. This is funded by Ministry of Health and Family Welfare, Government of India.

➤ Reproductive and Child Health Programme

In this programme, the reproductive age groups of 15-49 years are taken into consideration. In RCH phase I, the programme was mainly focused on providing awareness of the people, it was more centralized in delivering the services. At that time the programme was also focused on sensitizing gender issues (SGI) in the community for three years which was mainly funded by Australian Aid. Now the RCH phase II is clubbed under National Rural Health Mission which is mainly focused on decentralization in service delivery. The main four components are – (a) Maternal and Child Health (b) Family Planning services (c) Adolescent Reproductive Health (d) Prevention and Management of RTI. It also collaborates with government hospital for getting vehicles, ambulance, medicines, and doctors and also for distributing condoms, oral pills in the shops and for the people at remote areas.

➤ Information technology

Information technology programme started in the year 2005. They have computer classes for different age group starting from school going children of 5-10 years, post graduate and government employee. They have almost covered 2-3 communities nearby to the organizations.

6. Infrastructural capacity

In LACHUA, they three types of teams are there, they are:

- Health (expert team) - it includes both allopathy and AYUSH (Ayurveda Yoga and Nature Cure Unani Sidha Homoeopathy).
- Education (expert team) - it includes the experienced faculties from schools and colleges.
- Development activities- Programme Manager looks after the developmental matter and arranges the team from time to time according to the issues comes up.

7. Staff related information

There are 17 (seventeen) number of full time paid staff, 15 (fifteen) number of part time paid staff, 8 (eight) number of honorary staff including doctors, nurse, engineers and around 40 volunteers staff. The organization again did not disclose the salary pattern also.

8. Financial information

Ministry of Health and Family Welfare, Government of India, funded Rs. 16 lakh during 2001. But the organization did not disclose the financial turnover for the year 2005-2006. But they have mentioned that they get fund from Ministry of Health and Family Welfare, UNFPA-Australian Aid, Government of Manipur, local distribution, admission fees for computer classes and pharmacy of herbal medicines and from Xerox machines. They also highlighted the difficulties in running the programme due to financial constraints. It was cautiously mentioned that extortions of money from the project fund even hampered in functioning the programme effectively.

9. Nature of people's participation

For executing the programme and making the people responsible they have developed some process like – (a) begin with survey, (b) provide awareness of the programme (C) once the people are aware of the available programme, they start providing the services (d) the people start attending the training programme, they become responsible and (e) they can become the trainers. Village leaders, elders are very supportive in organizing the programme; they themselves will volunteer to contribute money and other resources in organizing any programme. Many volunteers are also part of the programme but girls do not take part voluntarily until and unless they are being called.

10. Staff mobility

It is seen that in the year 2004-2005, 7 of the staff left the organization because of distance problems, marriage and got government jobs. In the year 2005-2006 all the vacant seats were filled from the nearby community itself. Some of them were in ad-hoc basis. The organization finds difficulties in searching the qualified persons. They have only one Master in Social Work (MSW) therefore, it is difficult in managing the documentation unit and even the office.

11. Regular monitoring

Regular monitoring is done, and the secretary is called for meetings in the head office for discussion. Reports need to be submitted half yearly. At the end of the project, the MNGO submit report to the state RCH Society.

NOTE: The reports are not given from the following organizations, so the information is mainly collected through interviews.

❖ Christian Volunteers for Social & Rural Development Organization (CVSRDO), Chandel, Manipur -795127

1. Background

Chandel is the district which has socio-political and economic dynamics. It has about 20 ethnic communities having different political aspirations, cultural practices and beliefs, interests and values. Under development, corruption, unequal distribution of resources, poverty is some major problems seen in this district. So a group of Christian youth started organization called CVSRDO for bringing a change in the community. CVSRDO was registered in the year 1992. Initially the NGO was mainly based on religious organization. Later this NGO focused on service organization, developmental organization as well.

2. Objectives

- To promote wide range of approaches for transforming conflict through a process of learning, sharing and working together at all levels in a way to build trust and creates a culture of peace, through changing relationships, behaviours, attitudes and structures.
- To assess the HIV/AIDS scenario in Chandel district.
- To create awareness among the general public and women on relevant aspects of reproductive, child and sexual health and to make them actively participate in all health issues.
- To organize training course, workshops in collaboration with government and NGOs.

3. Beneficiaries

Table: 7.6 Beneficiaries of CVSRDO organization

Sl. No.	Beneficiaries	Volume
1.	Eligible couple	Around 30,000 population
2.	Children	
3.	Youth	
4.	Aged	

4. Area of operation

In the first phase of RCH Programme, it covered 7 villages (see picture: 7.1) namely Beru Khudam, Tokpaching, Yulbangching, Wangkhera, Kalikalok, Tonsen khullen, Tonsen Tampak. In the second phase, it covered 9 villages namely Mahao Tera, Purum Pantha, Keithal Manbi, New Chayang, Chandrapota, Chote Khunou, Kunuchung, Komson, Nung kangching. In the third phase, it covered 6 villages namely Anal Khullen, Oklu, Phiran Khullen, Leihao, Vonku and Larong.

Map: 7.1 Area of operation by CVSRDO RCH project in Chandel District.

SL. NO.	1st. PHASE	SL. NO.	2nd PHASE	SL. NO.	3rd PHASE
	NAME OF VILLAGE	1.	MAHAO TERA	1.	ANAL KHULLEN
1.	BERU KHUDAM	2.	PURUM PANTHA	2.	OKLU
2.	7OKPACHING	3.	KEITHAL MANBI	3.	PHIRAN KHULLEN
3.	YULBANGCHING	4.	NEW CHAYANG	4.	LEIHAD
4.	WANGKHERA	5.	CHANDRAPOTA	5.	VONKU
5.	KALIKALOK	6.	CHOTHE KHUNOU	6.	LARONG
6.	TONSEN KHULLEN	7.	KUNUCHUNG		
7.	TONSEN TAMPAN	8.	KOMSON		
		9.	NUNGKANGCHING		

This is mainly done with collaboration of churches. It is funded by Ministry of Health and Family Welfare.

➤ Agriculture and horticulture programme

The main objective of this programme is to produce more crops and using appropriate methods on soil preservation. This is mainly funded by Agricultural department. They have worked on soil preservation, seed seedling and planting of crops which is suitable with the soil and to produce more crops.

➤ Programme on Cane and bamboo

The programme started in the year 2004 with the need and importance of Cane and Bamboo in Manipur. The use of Cane and bamboo became the traditional culture of different tribal/communities living in Manipur. Cane and bamboo is the only natural resources which is put into use for innumerable purposes like fodder, shelter, medicine, handicrafts, furniture, toy, agricultural implementation for various other articles of day to day uses. New uses are made possible by science and technology for power generation of Cane and Bamboo which is the poor man's multipurpose timber and they are regarded as "orphan crop" in Manipur.

➤ Church project on substance abuse and HIV/AIDS

As an outcome of series of consultations, awareness programs and counseling skills training, a 5 bedded life care center – a community care and treatment center was inaugurated on June 4, 2005 by Colonel. Ks. Kadian Commandant, 24 Assam Rifles, Chandel with two patients who received medical as well as spiritual care services. Because of the lack of community resources, the center was defunct and under the coordination of Mr. Lh. Starson, they mobilized resources to re-open the center. By May 2006, the center was restarted. 24 Assam Rifles, churches and individuals contributed rice, vegetables, money, cot, etc to the center.

6. Staff related information

There are 9 (nine) number of full time paid staff. 4 (seven) number of part time paid staff. 4 (eight) number of honorary staff including doctors, nurses, and around 25 volunteers staff. The organization again did not disclose the salary pattern also.

7. Financial information

The organization did not disclose the financial turnover for the year 2005-2006. But they have mentioned that they get fund from Ministry of Health and Family Welfare, Government of Manipur, Agricultural Department, Directorate of horticulture, Orchid Project Guwahati, UNMM, Local distribution. They also highlighted the difficulties in running the programme due to financial constraints.

8. Nature of people's participation

Traditional institutions like church, youth, women societies, and youth clubs took part from arranging people, calling people till the end of the programme. Everyone took the responsibility in making the programme successful. Village leaders, elders are very supportive in organizing the programme; they themselves will volunteer to contribute money and other resources in organizing any programme.

9. Staff mobility

It is seen that in the year 2004-2005, 2 of the staff left the organization because of illness, and got government jobs. In the year 2005-2006 all the vacant seats were filled from the nearby community itself.

10. Regular monitoring

Regular monitoring is not properly done, but the secretary is called for meetings in the head office for discussion. Reports need to be submitted yearly.

❖ Socio Economic Development Organization (SEDO), Athokpam -5,
Thoubal Manipur-795138

1. Background

Initially the group of youth formed a club in the year 1985 where they were strongly involved in sports like football. Later on, they started conducting cultural programmes, social services, sanitation programmes, etc. They continued to widen the areas of services and thus formed an NGO called SEDO. The organization got registered in the year 1987. This non-government, voluntary organization that renders services to empower the underprivileged especially women and children; make people self reliant through education, medical care, training and self employment and provides them with equal opportunities for employment; promotes skills training, science and technology among youth for development, biogas construction, naturopathy awareness programme and livestock enhancement training programme. They took up the RCH Programme in the year 1999-2000.

2. Objectives

Vision: making community self reliant

Main objectives:

- To empower youth through skills training.
- To bring about all round improvement in the conditions of rural poor, scheduled caste and backward community through SHGs.
- To organize community programme in collaboration with Government and Non government agencies.
- To disseminate and exchange health and development information upto the grassroots level.

- To create awareness among the general public to make them actively participate in all important issues.

3. Area of operation

The organization operates in whole of Thoubal District.

4. Beneficiaries

Table: 7.7 Beneficiaries of SEDO organization

Sl. No.	Beneficiaries	Volume
1.	Children	252
2.	Adolescents and eligible couple	900
3.	Men folk	30
4.	Women for weaving	40

5. Programme

- RCH Programme: Adolescent skill development programme and guidance center

Adolescent programme started with the realization that the special target group of adolescents, the critical age group in between childhood and adulthood was being left from most of the development policies and programme. This invisible but large population with yet untapped vast potentials needs to be specially targeted and their needs addressed not only for their own growth but also for the growth of family community and society. It also attempts to meet the unmet needs of contraceptives, family planning for women and men.

➤ Vocational training centers

In its attempt to make community self reliant the Foundation at present run two vocational training courses.

- Diesel engine repair training and
- Weaving, Stitching & knitting training.

Diesel Engine repair training unit is headed by Ex- serviceman, who had technical training from 1 signal training center, Jabalpur. Most of the trained mechanics started their own workshops in different part of the country.

Weaving, stitching & knitting training unit is headed by a weaving instructor. The unit provides training on weaving, wool knitting, Mosquito net making and woolen shoe making to women group. Fine products are sold so as to manage training materials.

➤ Micro Finance Training programme to the SHG members through NABARD.

The main objective of the project is to create opportunities for economic development and social action, thereby inviting peace and normalcy in Manipur. This income generating programme is mainly directed towards women beneficiaries. So far five SHGs are financed.

➤ Others

The organization has conducted many awareness programme including naturopathy awareness programme, biogas construction programme, farmers related development programme and livestock enhancement training programme.

6. Staff related information

There are 17 (seventeen) number of full time paid staff. 4 (four) number of part time paid staff. 6 (six) number of honorary staff including doctors, nurses, and around 10 volunteers staff. The organization again did not disclose the salary pattern also.

7. Financial information

The organization did not disclose the financial turnover for the year 2005-2006. But they mentioned that they get fund from Ministry of Health and Family Welfare, Government of Manipur, Ministry of agricultural development, local distribution. They mentioned that for getting a project they need to face lot of problems. Almost half of the amount of the project has been shared by different organizations (insurgency group), so they don't even want to say anything on financial matter.

7.1 (ii) NGOs and its implementation of RCH Programme for adolescent groups.

Adolescence is a time of tremendous opportunity and change. Adolescence is both a transient stage, between childhood and adulthood, and a formative period during which many life patterns are learned and established. It is found that they have different general and reproductive health problems. But due to many obstacles they are often discouraged from seeking any health care. Adolescents were significantly less in seeking the health services. They are often bypassed by the programme and policy in many ways. In this context, it is necessary to look at the role of NGOs in providing the services of RCH Programme to adolescents group.

(a) Need for General and Reproductive Health Services

All selected four NGOs reflect that there is a need for reproductive and general health services for adolescents. It is said that adolescents are the crucial period to become mother, if their health is not taken care of, then problems will arise at the time of

motherhood. But unfortunately only one NGO i.e. LACHUA has medical services for adolescent groups which is given through homeopathy medicines. Thus, girls come to the organization for medical services especially for homeopathy medicines of both general and reproductive health problems like fever, cold, cough, RTI but numbers are very less. CSVRDO organization conducted free medical camp in different four communities of Chandel district on general health related problems. Thus, they provide medicines even for those girls who come for health check up. It was seen that girls' participation in medical camp was very less. Hence, it can be noted that though the component of adolescents' health is there in RCH Programme but in practical there is no services provided for them within the study area.

(b) Nutritional Aspects

In all the four NGOs there is no specific services provided on nutritional needs for adolescents. The LACHUA organization organized health camp for women who were in the reproductive age group where they provided Tablet Folic Acid and Tablet Iron of those women (mainly antenatal mothers) not specifically for girls. They also provided awareness for girls on balance diet and also talked on resource mapping.

During the medical camp organized by CSVRDO, they provided Tablet Folic Acid and Tablet Iron to all the women and girls whoever comes for check up. It is seen that girls' participation in medical camp was very less. So they organized awareness camp on reproductive health issues where they tried to highlight on nutrition aspects as well.

(c) Role of IEC/ Behavior Change Modification

In all the four NGOs, IEC plays a very important role in providing information to the mass especially for adolescent groups as they do not have counseling centers and

other facilities where the adolescent groups can come and discuss for their personal and other health related problems. The strategies that are used for campaigning or publicity are mainly cable, TV channel, radios, posters and pamphlets.

Unfortunately, it is found that all the four NGOs organized and conducted awareness programme on the topic of HIV/AIDS and family planning programme in High schools, Higher Secondary Schools, Colleges and in communities. But only two NGOs namely FPAI and LACHUA focus on awareness programme based on gender issues and behaviour change-modification in different communities and schools especially for adolescents and youth group.

In FPAI, they organized programme for 10 to 16 years and 17 to 24 years youth in the formal and community level on gender sensitive (SRH) education & Services under Sexuality Education for Young People (SEYP) project including HIV/AIDS & STI in collaboration with Manipur AIDS Control Society and T.B. Control Society. They also provide awareness and training programme on Sexuality Education, Counseling, Research and Training/Therapy (SECRIT) for youth in collaboration with youth clubs and other organizations in formal and non-formal schools.

LACHUA claimed that 16 camps had been organized in different schools and different communities in a year which covered adolescent groups, youth, women and children on different issues like behaviour change-modification, HIV/AIDS and family planning. Banners, pamphlets, posters, radio are channelised for effective communication. They got full supports and participation from teachers, students, and community people. They mentioned that in some of the schools they gave incentives like books, pen for teachers and eatable stuffs for students. They sometimes even

whitewash and provide social services in the school for making the programme more effective.

In CSVRDO, they provide awareness programme in schools, colleges and in communities and in church on different issues like behaviour change-modification, peace keeping and HIV/AIDS. Banners, pamphlets, posters, pastors of church are involved for effective communication. They got full supports from community. On every Sundays they visit the rural community and preach the people who cover all the general population specially the youth group with the help of pastor about God's words. In preaching, they try to touch some of the sensitive issues like drug abuse, promiscuous behavior, HIV/AIDS, etc. They also have a programme called 'youth leadership training programme' where they trained youth for developing leadership qualities that is necessary for the development of the society.

7.2 ISSUES OF ADOLESCENT GIRLS ON ACCESSING THE RCH PROGRAMME

(a) Health Problems faced by Adolescent Girls

The most common health problems faced by adolescent girls that include fever, cold, bodyache, headache, diarrhea, stomach problems, skin problems, eye problems, weakness whereas the reproductive related health problems like itching, white discharge, dysmenorrhea and irregular menstruation. Whenever they have come across of any health problems they share with their friends, sister, sister-in-law, mothers, doctors, pastor, etc. It was also found that when they have reproductive health related problems like dysmenorrhea, irregular menstruation, white discharge, they keep it to themselves until it becomes severe. Majority of the girls do not go to doctors for their reproductive health problems thus reproductive health problems

remain within self or in peer circles. It was seen that for treatment of their general illness, they prefer homemade medicine or self medication. They also prefer going to the private doctors than the government doctors as they find the hospital far off, and inconvenient.

(b) Health Care Needs of Adolescent Girls

Looking at the health care needs of girls, it was identified that safe and supportive environment are not there within the family, schools, hospitals and society at large. In understanding the RCH Programme implemented by Government hospitals and NGOs and the accessibility of health services by girls it was found that there is no facility and services available for adolescents group on adolescents' health both for general and reproductive health besides awareness camp on gender sensitivity from few NGOs. It was found that the components of adolescents' health are there only in programme and policies where there is no proper implementation in practical. RCH Programme is mainly to cover mother and child health where they focus only on family planning, immunization and HIV/AIDS. It is observed that in any of the hospitals, NGOs and in schools under the study area do not have counseling center and other health related facilities. According to girls, the programme conducted on behavior change modification is not up to the mark as they do not even go for follow up.

(c) Knowledge on RCH Programme

Majority of the girls have not heard about RCH Programme. The programme of IEC of both government and NGOs are very effective only on family planning and HIV/AIDS as the awareness level of family planning with different methods of contraception was quite high among the girls and hundred percent of girls have better

knowledge on HIV/AIDS and its mode of transmission and prevention. Again girls have very poor knowledge of RTI/STD which is one of the components of both essential and comprehensive packages of RCH Programme.

From the above discussion, it is clearly seen that there is practically no facility and services available for adolescent groups in RCH Programme both in government health care institutions and NGOs. The health care providers are also not given the proper training in dealing with adolescents' population but for delivery cases, family planning and immunization. Ultimately RCH Programme is mainly for mother and child health that focuses only on the topic of family planning, immunization and HIV/AIDS. Thus there is a need in formulating the methods of delivery of the health services, training programme of the health workers, doctors and NGOs. So, there may be some development during the implementation of NRHM in delivering the services to meet the health care needs of adolescent groups.

References

Family Planning Association of India, Manipur Branch. (2006). *Revised Annual Programme budget*: Imphal

Government of India. (2006). *Guidelines for Village Health and Sanitation Committees, Sub Centers, PHC's and CHC's*: Ministry of Health & Family Welfare.

Government of Manipur, (2006). *Integrated P.I.P of National Rural Health Mission (NRHM) for Manipur State for the year 2006-2007*, Department of Health & Family Welfare: Imphal.

Kaka Foundation. (2007). *Activities Report 2006-2007, Kakching Moirangthem Leikai*: Kakching.

Manipur Voluntary Health Association. (2005). *Annual activities report 2004-2005. Wangkei Ningthem Pukhri Mapan*: Imphal.

Status Report. (2007). *NRHM in Thoubal District*: Thoubal

Status Report. (2007). *NRHM in Chandel District*: Chandel