UNIT 4 ORGANISING AND CONDUCTING SPECIAL CLINICS

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4.0 INTRODUCTION

You know, earlier the care of sick was provided at home. But later on, places were evolved for treatment of those who could visit them. These are called clinics. At clinics facilities for diagnosing the sick people and their treatment is provided. A clinic is a place or a health facility for care of our patients in a community or a part of hospitals, for ambulatory patients who receive diagnostic and therapeutic need based care.

Some clinics have specialty in particular area, like maternity care, vaccination, prevention of diseases. Some clinics facilitate the diagnosis and treatment of communicable and non-communicable diseases like tuberculosis, malaria, cancer, dental problems, cardiac problems or orthopedic problems etc. the clinics which cater to services in special areas are called special clinics.

Under National Health Programmes special clinics are established in community which provide the services to individuals, families and community at large, at low cost or sometimes free of cost, according to the government schemes for
particular programmes like tuberculosis treatment is provided free of cost at DOTS clinics or centers.

Some important special clinics existing in the community are as follows:
- Non-communicable disease clinics
- Family planning clinics
- Maternal and child health clinics
- Adolescent wellness clinics
- Oral health clinic
- Mental health clinics

### 4.1 Objectives

After completing this unit, you should be able to set following special clinics in your community:
- Non-communicable diseases clinic;
- Family planning clinic;
- Maternal and child health clinic;
- Adolescent wellness clinics;
- Oral health clinics; and
- Mental and other disabilities clinics.

### 4.2 Non-Communicable Disease Clinic

Let us read and learn about various aspects of Non-Communicable disease clinic in details:

As you know that National Health Mission Guides about prevention, early detection and management of non-communicable diseases as part of comprehensive Primary Health Care Package. Prioritising provision of services for NCD at the level of sub-centre and primary health centre, well linked into an appropriate referral system and ensuring a continuum of care, relies on the fact that NCDS account for a substantial proportion of mortality and morbidity. Prevention, early detection and management can significantly improve health and development outcomes.

The World Health Organization (WHO) has identified four major NCDS, Cardiovascular (CVD) like heart attacks and stroke, Diabetes, Chronic Respiratory Diseases (Chronic obstruction pulmonary diseases and asthma) and Cancer. The list of NCDS is of course much longer than four. However, these four conditions account for a high proportion of premature mortality in India (WHO 2014).

Non-Communicable Disease (NCD) clinics are established at village level, Community Health Centres (CHCS), District Hospitals, tertiary care hospitals etc. NCD refers to Cancer, Diabetes, Hypertension, Cardiovascular diseases and Stroke.

NCD clinics provide comprehensive examination of patients referred by lower health facility, health worker as well as those who report directly.
4.2.1 The Functions of NCD Clinics

Screening for early diagnosis
- Management including counselling and lifestyle management.
- Ruling out complications and further referral.
- Home based care.
- NCD clinic provides opportunistic screening of persons above the age of 30 years.
- Screening involves simple clinical examination comprising of relevant questions about lifestyle.
- Identify high risk individuals.

4.2.2 Package of Services at NCD Clinics at Various Health Facilities

The table given below illustrates the package of services at NCD clinics at various health facilities:

<table>
<thead>
<tr>
<th>Health Facility</th>
<th>Packages of Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub centre</td>
<td>1. Health promotions for behaviour change</td>
</tr>
<tr>
<td></td>
<td>2. &quot;Opportunistic&quot; Screening using B.P measurement and blood glucose by strip method</td>
</tr>
<tr>
<td></td>
<td>3. Referral of suspected cases to CHC</td>
</tr>
<tr>
<td>CHC</td>
<td>1. Prevention and health promotion including counselling</td>
</tr>
<tr>
<td></td>
<td>2. Early diagnosis through clinical and laboratory investigations (Common lab investigations: Blood Sugar, Lipid profile, ECG, Ultrasound, X ray etc.)</td>
</tr>
<tr>
<td></td>
<td>3. Management of common CVD, diabetes and stroke cases (out patient and in patients.)</td>
</tr>
<tr>
<td></td>
<td>4. Home based care for bed ridden chronic cases</td>
</tr>
<tr>
<td></td>
<td>5. Referral of difficult cases to District Hospital/higher health care facility.</td>
</tr>
<tr>
<td>District Hospital</td>
<td>1. Early diagnosis of diabetes, CVDs, Stroke and Cancer</td>
</tr>
<tr>
<td></td>
<td>2. Investigations:</td>
</tr>
<tr>
<td></td>
<td>- Blood Sugar,</td>
</tr>
<tr>
<td></td>
<td>- Lipid Profile,</td>
</tr>
<tr>
<td></td>
<td>- Kidney Function Test (KFT),</td>
</tr>
<tr>
<td></td>
<td>- Liver Function Test (LFT),</td>
</tr>
<tr>
<td></td>
<td>- ECG, Ultrasound,</td>
</tr>
<tr>
<td></td>
<td>- X ray,</td>
</tr>
<tr>
<td></td>
<td>- Colnoscopy,</td>
</tr>
<tr>
<td></td>
<td>- Mammography etc. (if not available, will be outsourced)</td>
</tr>
</tbody>
</table>
### Public Health Skills

<table>
<thead>
<tr>
<th>Health Facility</th>
<th>Packages of Services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3. Medical management of cases (out patient, inpatient and intensive care)</td>
</tr>
<tr>
<td></td>
<td>4. Follow up and care of bed ridden cases</td>
</tr>
<tr>
<td></td>
<td>5. Day care facility</td>
</tr>
<tr>
<td></td>
<td>6. Referral of difficult cases to higher health care facility</td>
</tr>
<tr>
<td></td>
<td>7. Health promotions for behaviour change</td>
</tr>
<tr>
<td>Tertiary care Centre</td>
<td>Comprehensive cancer care including prevention, early detection, diagnosis, treatment, minimal access surgery after care, palliative care and rehabilitation.</td>
</tr>
</tbody>
</table>

**National NCD**

- State NCD Cell
- District NCD Cell
- Block CHC (Rogi Kalyan Samiti)
- Village Health Committee
- (Tertiary Cancer Care Centres in Medical Colleges/RCC
- (Health Promotion; Early Diagnosis & Management;
- Home Bsed Care; Day Care Facility)

**Fig. 4.1: Services available under NPCDCS at different levels**

#### 4.2.3 Role of NCD Clinics at Community Health Centre (CHC)

**Activities at Community Health Centre**

Under NPCDCS 7000 CHCs shall be selected in total for programme implementation in two years. Each selected CHC shall establish a "NCD clinic" for comprehensive examination of patients referred by the Health worker as well as reporting directly to rule out complication or advanced stages of common NCDs. The clinic shall run on all working days of the week.

Following activities will be performed by a CHC under the NPCDCS:

a) **Screening**

Opportunistic screening of persons above the age of 30 years shall be carried out at CHC by the appointed doctor under the programme which will be assisted by the nurse. Such screening will involve simple clinical examination comprising of relevant questions and easily conducted physical measurements
(such as history of tobacco consumption and measurement of blood pressure, blood sugar estimation etc.) to identify those individuals who are at a high risk of developing cancer, diabetes and CVD, warranting further investigation/action.

b) **Prevention and health promotion**

Apart from clinical services CHC shall be involved in promotion of healthy lifestyle through health education and counselling to the patients and their attendants at the time of their visit to health facility about the benefit in prevention of NCDs. Key messages that need to be conveyed to the public include:

- Increased intake of healthy foods
- Increased physical activity through sports, exercise, etc.
- Avoidance of tobacco and alcohol
- Stress management
- Warning signs of cancer

Medical officer and a nurse shall impart the health education during the OPD as well as to the inpatients if any. Counsellor appointed under the programme shall counsel on diet, nutrition and tobacco, alcohol, warning signs of cancer etc.

c) **Laboratory investigations**

CHC shall do the required investigations/tests for comprehensive examination for NCDs like Blood Sugar measurement, Lipid profile, Ultrasound, X-ray and ECG etc. in case there is no facility for particular investigations/tests it may be referred to District Hospital. Provision of out sourcing of required investigations to some extent can be done where investigations are not available at the hospital.

d) **Diagnosis and Management**

The unit of NCD clinic at CHC which involves doctor and paramedical personnel will do the diagnosis, management and stabilisation of common CVD, diabetes and stroke cases (out patient as well as in patients).

e) **Home based care**

One of the nurses appointed under the programme shall undertake home visits for bedridden cases, supervise the work of Health workers and attend monthly clinics being held in the villages on a random basis. She shall visit one village/week for home visits and advise the bed ridden patients with diabetes stroke etc. about the care and will refer the case to the CHC/District Hospital if required. In total she shall visit 4 times in a month.

f) **Referral**

Complicated cases of diabetes, high blood pressure etc. shall be referred from CHC to the District Hospital for further investigations and management on the prescribed format.

g) **Data recording and reporting**

"NCD Clinic" at CHC shall maintain individual diagnosis, treatment and referral records on the patient's chronic disease card, with verbal and pictorial
advice for the patients. This record shall be send monthly to the District Cell set up under National Cancer Control Programme.

**Human Resources for CHC NCD Services**

For providing effective comprehensive care at CHC, following staff shall be appointed on contract basis by the State Government:

a) Doctor (1)
b) Nurses (2)
c) Counsellor (1)
d) Data Entry Operator (1)

**i) Role of Doctor**

- To conduct comprehensive examination to diagnose, investigate and manage the cases appropriately.
- To rule out complications or advanced stage.
- To refer complicated cases to higher care facility.
- To provide follow up care to the patients.

**ii) Role of Nurse**

- To assist in examination and investigation.
- To teach the patient and family about risk factors of NCDs and promote patients well-being.
- To assist in follow up and care.

**iii) Role of Counsellor**

- To provide counselling on diet and lifestyle management.
- To assist in follow up care and referral.

**4.2.4 Activities at District Level**

The District shall provide the full complement of preventive, supportive and curative services for cancer diabetes, hypertension and cardiovascular diseases including stroke through the selected District Hospital. Following services will be provided by District Hospital.

District shall identify a district hospital to be strengthened under NPCDCS for providing NCD services. The hospital shall have an ICU and basis laboratory facilities available attached to it. A 'NCD Clinic' will be established at the identified District Hospital to provide emergency care and management of cancer, diabetes, hypertension and acute cardiovascular diseases. The clinic shall run on all working days of the week. ICU of the District Hospital will be upgraded/strengthened with a cardiac care unit (2–4 beds) with ventilator and other necessary equipments. Following activities will be performed by a District under the NPCDCS:

a) **Opportunistic Screening**

NCD clinic at District hospital shall screen persons above the age of 30 years for diabetes, hypertension, cardiovascular diseases etc. to identify individuals who are at a high risk of developing diabetes, hypertension and
CVDs warranting further investigation/action. Such screening shall involve simple clinical examination comprising of relevant questions and easily conducted physical measurements (such as history of tobacco consumption and measurement of blood pressure, blood sugar estimation etc.

District NCD clinic shall also screen women of the age group 30–69 years approaching to the hospital for early detection of cervix cancer and breast cancer. District hospital would be assisted to purchase the required equipments like colposcopy and mammography etc.

b) **Detailed Investigation**

Detailed Investigation of persons those who are at high risk of developing NCDs on screening and those who are referred from CHCs will be done at District hospital. Laboratory services at District Hospital will be strengthened/established to provide necessary investigations for cancer, diabetes, hypertension and cardiovascular diseases like Cardiac Enzymes, Lipid profile Coagulation parameters, ECG, ECHO, CT Scan, MRI and other Laboratory investigations.

c) **Outsourcing of Certain Laboratory Investigations**

District Hospital may outsource certain laboratory investigations that are not available at District hospitals including mammography.

Financial assistance will be provided under Public Private Partnership (PPP) mode will be granted for the purpose. It is expected that District Hospital shall have X-ray and Ultrasound facilities; however, in places where it is not available these shall be outsourced.

d) **Out-patient and In-patient Care**

NCD Clinic at District Hospital shall provide regular management and annual assessment of persons suffering from cancer, diabetes and hypertension. People with established cardiovascular diseases shall also be managed at District Hospital. Cardiac care unit established at hospital shall mange acute and emergent cases of cardiovascular diseases. The hospital shall ensure the availability of essential drug. In case of cancer support shall be provided for common chemotherapy drugs to treat about 100 cases, from the poor category only.

e) **Day Care Chemotherapy Facility**

Identified District Hospital stall provide a day care chemotherapy facility for patients on chemotherapy regimens. The day care facility shall have 4 beds along with necessary equipments such as IV stands, BP instruments, steriliser etc. a medical oncologist and two Nurses shall be appointed on contractual basis for smooth functioning of the centre.

f) **Home based palliative care**

District Hospital shall provide Home Based Palliative care for chronic, debilitating and progressive patients. A team consisting of nurse and counsellor shall be trained in identifying symptoms, pain management,
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communication, psychosocial & emotional care, nursing needs of the terminally ill and ethics of palliative care. The nurse shall be trained in wound dressing, mouth care, oral morphine use, diet, hygiene etc. home care kit containing stethoscope, BP apparatus, torch, thermometer, tongue depressor, forceps, and common medicines etc. shall be provided to this team.

g) **Referral & Transport facility to serious patients**

To ensure timely and emergent care to the patients at district CHC or below, District Hospital shall make provision for transporting the serious patients to the hospital or at nearest tertiary level facility.

Complicated cases shall be referred to nearest tertiary health care facility with a referral card. Patients suffering from lymphomas and leukaemias shall be referred to tertiary care centres (TCC) for Chemotherapy as blood bank facilities and required human resources are available there.

h) **Health Promotion**

Apart from clinical services District hospital shall be involved in promotion of healthy lifestyle through health education and counselling to the patients and their attendants regarding

- Increased intake of healthy foods
- Increased physical activity through sports, exercise, etc;
- Avoidance of tobacco and alcohol;
- Stress management
- Warning signs of cancer etc.

i) **Training**

District Hospital shall impart training to the healthy personnel of Community Healthy Centre as per guidelines issued by National NCD Cell.

j) **Data Recording and Reporting**

Data shall be collected in prescribed formats and monthly report shall be sent to the District NCD Unit of the programme.

k) **Human Resources at District Hospital**

Following additional staff will be required on contract basis by the State Government to manage NCD clinic and to provide acute and chronic care services.

- Doctor (specialist in Diabetology/Cardiology/M.D Physician)
- Medical Oncologist
- Cyto-pathologist
- Cytopathology Technician
- Nurses (4): 2 for Day Care, one for Cardiac Care Unit, one for O.P.D
- Physiotherapist
- Counsellor
- Data Entry Operator
- Care Coordinator
### Annexure 1: Community Based Assessment Checklist (CBAC) for Early Detection of Non-Communicable Diseases

#### General Information

<table>
<thead>
<tr>
<th>Name of ASHA</th>
<th>Village</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of ANM</td>
<td>Sub Centre</td>
</tr>
<tr>
<td>PHC</td>
<td>Date</td>
</tr>
</tbody>
</table>

#### Personal Details

<table>
<thead>
<tr>
<th>Name</th>
<th>Any identifier (Aadhar card, UID, Voter ID)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>RSBY beneficiary: (Y/N)</td>
</tr>
<tr>
<td>Sex</td>
<td>Telephone No.</td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
</tbody>
</table>

#### Part A: Risk Assessment

<table>
<thead>
<tr>
<th>Question</th>
<th>Range</th>
<th>Circle Any</th>
<th>Write Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What is your age? (in complete years)</td>
<td>30-39 years</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>40-49 years</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt; 50 years</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>2. Do you smoke or consume smokeless products such as Gutka; or Khaini?</td>
<td>Never</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Used to consume in the past/some times now</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Daily</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3. Do you consume Alcohol daily?</td>
<td>No</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>4. Measurement</td>
<td>Female</td>
<td>Male</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt; 80 cm</td>
<td>&lt; 90 cm</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>80-90 cm</td>
<td>90-100 cm</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>&gt;90 cm</td>
<td>&gt;100 cm</td>
<td>2</td>
</tr>
<tr>
<td>5. Do you undertake any physical activities for minimum of 150 minutes in a week?</td>
<td>Less than 150 minutes in a week</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Atleast 150 minutes in a week</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>6. Do you have a family history (any one of your parents or siblings) of high blood pressure, diabetes and heart disease?</td>
<td>No</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

**Total Score**

A score above 4 indicates that the person may be at risk for these NCDs and needs to be prioritised for attending the weekly NCD day.
**Part B: Early Detection : Ask if Patient has any of these Symptoms**

<table>
<thead>
<tr>
<th>B1: Women and Men</th>
<th>Yes/No</th>
<th>B2: Women Only</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shortness of breath</td>
<td>Yes/No</td>
<td>Lump in the breast</td>
<td></td>
</tr>
<tr>
<td>Coughing more than 2 weeks</td>
<td>Yes/No</td>
<td>Blood stained discharge from the nipple</td>
<td></td>
</tr>
<tr>
<td>Blood in sputum</td>
<td>Yes/No</td>
<td>Change in shape and size of breast</td>
<td></td>
</tr>
<tr>
<td>History of fits</td>
<td>Yes/No</td>
<td>Bleeding between periods</td>
<td></td>
</tr>
<tr>
<td>Difficulty in opening mouth</td>
<td>Yes/No</td>
<td>Bleeding after menopause</td>
<td></td>
</tr>
<tr>
<td>Ulcers/patch/growth in the mouth that has not healed in two weeks</td>
<td>Yes/No</td>
<td>Bleeding after intercourse</td>
<td></td>
</tr>
<tr>
<td>Any change in the tone of your voice</td>
<td>Yes/No</td>
<td>Foul smelling vaginal discharge</td>
<td></td>
</tr>
</tbody>
</table>

In case the individual answers yes to any one of the above mentioned symptoms, refer the patient immediately to the nearest facility where a Medical Officer is available.

**Annexure 2: Roles and Responsibilities of the Primary Health Care Team in prevention, Early Detection and Management of NCD**

This table delineates roles for the ASHA, ANM and the members of the team at the primary health centre. Sate with an adequate MPW (male) workforce could also use them in a complementary role with the ANM, for HT/DM and oral cancer screening. Once in place, the proposed mid-level health care providers (MLHP) will have a prominent role in leading the effort at the level of the sub centre.

The table below illustrates the HR roles for NCD screening in primary care:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Role of ASHA</th>
<th>Role of ANM*</th>
<th>Role of PHC Team (MO, Lady Health Visitor, Laboratory Technician)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home visits</td>
<td>Enumeration of the population and creation of family folder/health card Complete CBAC for NCD screening; identify individuals with high risk behaviours. Mobilisation of community members to attend screening. Raising awareness</td>
<td>Review completed CBAC for cancer symptoms/epilepsy COPD and refers as appropriate. Supportive supervision through joint visits with ASHA, where required in order to motivate people to attend the screening day.</td>
<td></td>
</tr>
</tbody>
</table>
### Organising and Conducting Special Clinics about NCDs, including about the effects of tobacco consumption, alcohol use, obesity, family history, lack of exercise, unhealthy diets.

| HWC/SC or Village (fixed day/week) | Raise awareness and mobilise the community to attend weekly 'fixed day' NCD screening at the HWC/ village. State to consider the possible role of ASHA for the delivery of screening (I-E measuring blood pressure and blood glucose). Lifestyle counselling/BCC for people with diabetes and hypertension, | Undertake blood pressure and blood glucose measurement. Refer cases with high BP and blood glucose, symptoms requiring investigation for cancer to the appropriate facility for confirmation and initiation of treatment plan. Provide follow-up management for patients (monthly drug supply, periodic BP/ blood sugar measurement, referral for complications). Supportive supervision for ASHA for conducting NCD screening | Technical support for ANM/ASHA. Maintain records, analyse and submit to district. Supportive supervision on NCD Day. Plan review of selected cases during routine visits. Confirmation of diagnosis** and initiation of a treatment plan for people with diabetes and hypertension at PHC/CHC/DH. Provide one three-month's supply of drugs. First follow up at three-months for all, or sooner for patients with concerns/complications. Manage and refer complications and cases requiring diagnostic work-up for cancer/COPD/epilepsy referred by the ANM. Consider annual referral to specialist for HT/diabetes |
| Navigation services | ASHA to accompany patients to health facilities/referral centres and guide them through the consultation and diagnostic processes, on an as required basis. To be done by ASHA on the basis of need and availability |  |  |
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| Document and record maintenance | Maintain village register and record those cases on treatment including referral history. | Maintain NCD register (demographic details, symptoms, BP/ blood glucose readings, symptoms requiring investigation for cancers, referral treatment follow-up data and complications) | Maintain NCD register on patient management |

**Role of MPW (male) - In State with an adequate workforce of MPW (Male), these functionaries could be used to support ANMs in NCD screening, especially for the conduct of screening during home visits/ outreach sessions for those unable to attend screening at the HWC/ VHND and for those in difficult-to-access areas.**

**Role of lab technicians - Lab... Technicians at the PHC/CHC/DH level should be well-versed in measuring fasting, random and post-parandial blood glucose levels- and performing HbA1c tests, where appropriate.**

**Annexure 3: Competencies required conducting NCD Screening**

These can be divided into three categories-general skills, administrative skills and communications skills:

- **General Skills:** Organising work process during screening days; communications skills
- **Administrative Skills:** Process of enumeration and family folder creation (ASHA); follow up to ensure continuity of care; documentation and reporting (ASHA/ANM)
- **Clinical Knowledge and Skills:** Signs, symptoms and sequelae of hypertension and diabetes, history taking, skills for measurement of blood pressure and blood glucose, drugs and side effects, referral (ASHA/ANM), OVE, CBE, and VIA.

### Training Schedule

i) Suggested schedule for the three-day training for ANM and five day training for ASHA, with content suitably structured for the roles of each.

- Principles and value of prevention, early detection and management.
- Signs, symptoms and basic pathology of HT and diabetes.
- Complications/ sequel of HT and diabetes.
- Skills- use of risk assessment tools, history taking, key messages in raising awareness, behaviour change and modification.
- Measurement of blood pressure.
- Measurement of blood glucose (Glucometer).
Organising and Conducting Special Clinics

- Drugs and side effects; referral.
- Follow up to ensure compliance with treatment, motivation and support for lifestyle changes, community meeting, patient support groups, continuity of care.
- Overview of the NPCDCS programme; and the health systems approach to integrate primary care for NCDs.
- Organising weekly screening days, roles and responsibilities.
- Enumeration and family folder creation; record keeping.

ii) Orientation/sensitisation workshop for MO's (one day):

Session 1: Overview of the NPCDCS programme; orientation on prevention, early detection and management through a health system approach to primary health care.

Session 2: Standard Treatment Guidelines; drugs and diagnostics.

Session 3: Referral pathways; follow-up arrangements.

Session 4: Understandings performance based incentives, supportive supervision for ANMs/ASHAs.

4.3 FAMILY PLANNING CLINICS

Family planning: An expert committee (1971) of the WHO defined family planning as a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitude and responsible decisions by individuals and couples, in order to promote the health and welfare of the family group and thus contribute effectively to the social development of the country.

4.3.1 Objectives of Family Planning Clinics

Family Planning Clinics cater to the following services that help individuals or couples to attain following objectives to:

- avoid unwanted births
- bring about wanted births
- regulate the intervals between pregnancies
- control the time at which birth occur in relation to the ages of the parent, and
- determine the number of children in the family.

4.3.2 Role of Nurse in Family Planning Clinics

- Identify people who desire to have children and those who do not Listening, Understanding, Counselling and making appropriate referrals for fertility control.
- Providing and interpreting family planning information and to identify community resources for the health workers and community.
- Planning, participating and evaluating family planning services.
- Training, supervising and guiding, ANMs, & ASHA, etc.
- Initiating and contributing towards health research.
Community Health Nurse

- Organises the physical set up of clinics in terms of supply of equipment & materials which includes supply of contraceptives.
- Ensures aseptic technique.
- Arrange for privacy when counselling and examining couples.
- Display of educational materials and aids.
- Assist medical officer in conducting clinics.
- Supervises the maintenance of registers and records i.e. eligible couple, list of family planning acceptors both temporary and permanent methods, follow up work, vital events and other clinic records.
- Teach, guide ANMs, Multipurpose workers, ASHAs in the clinic and field visits.
- Plan, conduct, supervise and evaluate health education programme.
- Referral services for people who opt for tubectomy and vasectomy and treatment for infertility.

Scope of Family Planning Services

Family planning is not synonymous with birth control; it is more than mere birth control. A WHO Expert Committee (1970) has stated that family planning includes in its purview.

- The proper spacing and limitation of births
- Advice on sterility
- Education for parenthood
- Sex education
- Screening for pathological conditions related to the reproductive system (cervical cancer)
- Genetic counselling
- Premarital consultation and examination
- Carrying out pregnancy tests
- Marriage counselling
- The preparation of couples for the arrival of their first child
- Providing services for unmarried mothers
- Teaching home economics and nutrition
- Providing adoption services
- These activities vary from country to country to national objectives and policies with regard to family planning this is the modern concept of family planning.

4.3.3 Register and Records

There are 20 registers, apart from other registers on national health programmes. These should be maintained properly and correctly, immediately after every visit or contact with the patient/client, without delay. The F.W. programme registers
Organising and Conducting Special Clinics

are given in following table. Just by number, one can recall, its purpose. These registers are numbered as per their purpose.

### Table 4.3: Registers for F.W. Activities

<table>
<thead>
<tr>
<th>Number</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>R-1</td>
<td>Clinic Register for Centre for ANC, Infant etc.</td>
</tr>
<tr>
<td>R-2</td>
<td>Clinic Register for Condom Distribution</td>
</tr>
<tr>
<td>R-3</td>
<td>Clinic Register for Sterilisation</td>
</tr>
<tr>
<td>R-4</td>
<td>Clinic Register for Cut Insertion</td>
</tr>
<tr>
<td>R-5</td>
<td>Eligible Couple Register accepted Contraception</td>
</tr>
<tr>
<td>R-6</td>
<td>Rejected cases for Contraception</td>
</tr>
<tr>
<td>R-7</td>
<td>Follow-ups for Contraception</td>
</tr>
<tr>
<td>R-8</td>
<td>Helpers List</td>
</tr>
<tr>
<td>R-9</td>
<td>Total record of Condom Distribution</td>
</tr>
<tr>
<td>R-10</td>
<td>Camp Record for Sterilisation and Cut</td>
</tr>
<tr>
<td>R-11</td>
<td>Total camp, private and P.H.C cases</td>
</tr>
<tr>
<td>R-12</td>
<td>Social Education - OTC and Health Education</td>
</tr>
<tr>
<td>R-13</td>
<td>Inventory Control - Stock Register of Oral Pills, Condom</td>
</tr>
<tr>
<td>R-14</td>
<td>Family Survey of M.P.W. (Male and Female)</td>
</tr>
<tr>
<td>R-15</td>
<td>ANC/PNC Record Maintained by MPW.</td>
</tr>
<tr>
<td>R-16</td>
<td>0-2 year Children to be maintained by MPW (M+F)</td>
</tr>
<tr>
<td>R-17</td>
<td>2-6 year Children to be maintained by MPW (M+F)</td>
</tr>
<tr>
<td>R-18</td>
<td>Family Contact and Follow-ups</td>
</tr>
<tr>
<td>R-19</td>
<td>Mahila Mandalas and Follow-ups</td>
</tr>
<tr>
<td>R-20</td>
<td>Field Work Record for MPW (Male and Female)</td>
</tr>
</tbody>
</table>

### 4.4 MATERNAL AND CHILD HEALTH CLINIC

Maternal and child health clinics focus on health of both mother and child. It concentrates on the concept of healthy pregnancy by required care during pregnancy which leads to the birth of a healthy baby by a healthy mother.

#### 4.4.1 Role of Nurse in MCH Clinics

1) Supervision and care during pregnancy through antenatal check ups.
2) Midwifery and nursing care before, during and after delivery.
3) Medical and nursing care for infants and toddlers.
4) Education about balanced diet during pregnancy.
5) Requirement of additional food and supplements for mother, infants and children.
Public Health Skills

6) Immunisation during pregnancy.
7) Immunisation for infants and under five children.
8) Postnatal care.
9) Lab services to detect maternal and child diseases.
10) Early detection of maternal and childhood diseases.
11) Reporting and recording of births, morbidity and mortality in mothers and children.
12) Training and supervision of TBAs and ANMs, ASHAs.
13) Procurement of equipments, supplies and vaccines.
14) Recording & Reporting of use of equipments, supplies and vaccines.

4.4.2 Maternal Clinic Services

The personnel available to provide adequate nursing care is quite insufficient in relation to the number of mothers attending the clinics. Since there is usually only one doctor present in the clinic for 50 to 100 or more mothers and children, it is essential for the nurse, and the midwife to relieve the doctor whenever required apart from performing their own functions. The maternity team should develop a programme whereby the normal mother sees the doctor on the first visit and at least on during the last month unless complications arise. The nurse should examine, interview and teach the normal mothers during each clinic visit. She/he should keep an eye on high health risk mothers who need expert opinion.

The doctor should see the mothers belonging to the following categories during each clinic session.

- All newly registered mothers.
- Mothers showing signs of toxemia, bleeding, anaemia or other abnormalities.
- Mothers with history of complications.
- Primigravidae.
- Mothers who have had more than five pregnancies.

The nurse should prepare each mother for the medical examination and the conference as follows (some of the duties may be allocated to other clinic workers too);

- Take the history of past and present health, complaints and pertinent facts about family conditions including history of treatment or exposure to syphilis, tuberculosis, leprosy or other communicable diseases.
- Make tests for haemoglobin, urinalysis, blood pressure, and take pelvic measurements. Collect specimen for the laboratory such as stool, blood for syphilis and malaria smear.
- Observe and record signs and symptoms of deviation from normal.
- Obtain and record reports of laboratory and other tests.
- Weigh each mother and take temperature if indicated.
- Note diet and nutritional status.
The maternity record serves as a guide for obtaining essential history and other data. It is possible to serve each mother well when the clinic is well organised and managed. Maternity clinics are conducted in the centres built for the purpose, in converted homes and in meeting places. Minimum requirements for a centre include: waiting room, room for history-taking examining room, latrine, and laboratory unit. Combined room for treatment and conference, storage and isolation unit.

When separate rooms are not available to provide privacy, the space provided for the clinic should be curtained off.

Arrange for as much privacy as possible. It is extremely important to arrange one door for entrance and other for exit. This prevents overcrowding in doorways and general confusion. A proper latrine and hand washing facility is essential for every clinic service unit. Latrines in the centre and an incinerator in the compound serve as a demonstration of good community health practices.

The work in the clinic and in homes needs a careful and constant adjustment. If the attendance at the centre is heavy, then there is no harm if the home visits become less but when the clinic attendance is poor then more time should be given to home visits, so as to gain confidence of the people and to encourage them to become clinic-minded. Suggested job descriptions for the nurse at main centre and multipurpose health worker at sub-centre:

- Supervise and manage the overall operation of the centre.
- Get the clinic personnel to arrange the clinic, sterilise instruments to be used, take out the records, and make laboratory tests, like urine testing.
- Admit and interview new mothers and attend to already registered mothers.
- Take blood pressure and pelvic measurements.
- Weigh or supervise the weighing procedure.
- Test haemoglobin of each mother and observe and interpret other duty.
- Supervise the midwife or student who may be assigned to this duty.
- Give treatments as instructed.
- Discuss doctor's instructions and other matters with each mother following medical consultation.
- Give appointments for next visit.
- Refer mothers to the hospital or to other agencies as required.
- Write records and reports.
- Give group teaching.
- Supervise distribution of tetanus Toxoid, vitamins and minerals and other essential supplements.

Although the efficient management and smooth running of the health centre or clinic is a responsibilities of the nurse, her larger responsibilities is to make sure that the mother really understands any teaching that is given to her and that ideas are presented to her in the most acceptable form. Learning the principles of good nutrition and antenatal and postnatal hygiene is essential to complete maternity care. The mother should understand the relationship between what is happening
in her body during pregnancy and all that she does, thinks, feels and eats. Finalising plans for delivery must start from the 32nd week.

The nurse may feel that she cannot cope with the large crowds and adequate perform the duties mentioned above. It has been found that trained volunteers can learn to help with such duties as: weighing mothers and babies, directing mothers to and from indicated services, recording for the doctor, assisting with simple laboratory procedures. When such volunteers and doctor's wives, and other educated women are available and trained, they can help in teaching and counselling mothers regarding personal hygiene, child care and nutrition.

It is advisable to have all mothers and children report to the clinic well in advance of the doctor's arrival so that all screening can be done, and that the midwife will be free to assist the doctor, and the nurse will be free to teach the mothers before and after they have seen the doctor. It has been found that some mothers come to the centre too often while others do not come often enough. Those who come too often create overcrowding problems. Appointment for clinic attendance should be given according to the need. Experiment with and try to establish an appointment system but give service to everyone who comes to the centre and sub-centres.

4.5 ADOLESCENT WELLNESS CLINIC

Adolescence refers to phase of human development from childhood to adulthood. It is a period of life that is extended from 10–19 years which includes pubertal development. This period is very crucial since these are the formative years in the life of an individual when major physical, psychological and behavioural changes take place. Therefore adolescent wellness clinic are required in all health care settings.

Adolescent wellness clinics shall be linked to facility-based services across all levels of health system usually services at sub-centre level are provided by the ANM, but an Adolescent Information and Counselling Centre will be made functional by the Medical Officer and ANM at the Primary Health Centre on a weekly basis. At Community Health Centre, District Hospital, Sub district Hospital, Taluk, area hospital and medical college level, Adolescent Health Clinics shall provide services on a daily basis. A professional counsellor shall be available on all days of a week at Community-Health Centre level and higher level facilities. Services in adolescent health clinics are available to all adolescent, married and unmarried girls and boys. Special focus will be given to establish linkages with Integrated Counselling and testing centres (ICTCS) and making appropriate referrals for HIV testing and RTI/STI management, providing comprehensive abortion care and provision of information, counselling and services for contraception to both married and unmarried adolescents. The provision of contraceptives is to be made through this clinic, while ensuring continuous contraceptive supplies and services.

Adolescent Wellness Clinic provide following services:

i) Clinical Services

ii) General Examination

• Nutrition advice
• Detection and treatment of anaemia.
• Easy and confidential access to medical termination of pregnancy.
• Antenatal care and advice regarding child birth.
• RTIs and STIs detection and treatment.
• HIV detection and counselling.
• Treatment of psychosomatic problems.
• De-addiction
• Other health concerns.

iii) Counselling Services

Counselling Services are provided as per the behaviour change domain according to the area of problems and issues e.g. teenage pregnancy and its termination. According to target group such as rural or urban adolescent, group counselling or individual counselling sessions are carried out by health care providers in a team. Different areas are to be catered by different specialty experts.

Information and counselling on adolescent sexual reproductive health and other health issues:

Adolescent require education about management of life skills. Life skills education is a novel promotional programme that teaches generic life skills through, participatory learning methods of games, debates, role plays, and group discussion. Conceptual understanding and practicing of the skills occur through experimental learning in a non-threatening setting. Such initiatives provide the individuals with a wide range of alternative and creative ways of solving problems pertaining to various health and psychosocial issues like drug use, sexual abuse, teenage pregnancy, early sexual experimentation, bullying. Repeated practicing of these skills leads to a certain mastery and application of such skills to real life situation and gain control over the situation. It is a promotional programme, which results in the positive health and high self-esteem.

The life skills which need to be taught to adolescent at the school level are:
• Critical thinking and creative thinking
• Decision making and problem solving
• Communication skills and interpersonal relations
• Coping with emotions and stress
• Self awareness and sympathy

iv) Scheme for Promotion of Mental Health

In order to address mental health issues, the adolescent health strategy envisages promotion of protective factors such as self-esteem, healthy relationships, and the ability to deal with stress and conflicts positively. The peer educators will be trained to counsel adolescents on these issues and service providers (teachers, AWW, ANMs and Preraks etc.) will be trained to screen for anxiety, stress, depression, suicidal tendencies and refer them to appropriate facility. In order to reduce adolescent pregnancy, focused messaging to individuals, families and communities (including men) will be
reinforced through the Life skills Education sessions that are delivered from various adolescent centric platforms including community outreach sessions and Anganwadi centres.

v) **Scheme for Promotion of Menstrual Hygiene among Adolescent girls in Rural India**

The scheme promotes better health and hygiene among adolescent girls (aged 10 to 19 years) in rural areas by ensuring that they have adequate knowledge and information about the use of sanitary napkins. Through the scheme, high quality and safe products are made available to the girls and environmentally safe disposal mechanisms are made accessible. The sanitary napkins are provided under NRHM's brand 'Free days'. These napkins are being sold to adolescent girls by ASHAs.

vi) **Preventive Health Checkups and Screening for Diseases, Deficiency and Disability**

The new approach in the implementation of the school Health Programme is to establish dedicated mobile health teams at block level. These teams will include two Medical Officer (MBBS/ Dental/ AYUSH qualified) and two paramedics (one ANM and any one of the following: Pharmacist/ Ophthalmic Assistant/ Dental Assistant). These teams will be provided mobility support (dedicated hired vehicle) as per the approved norm of the State, equipment and medicines.

vii) **Health Problems**

Physiological Problems

Irregular Menstrual Cycle: Irregular bleeding is sometimes seen after menarche. Health Worker should reassure the girl and her parents and advise her to take nutritious diet. In most of the cases the periods get regular within about 2 years of menarche. If they do not get regular by 2 years, then refer the girl to a doctor (PHC/CHC).

Acne: Acne is a common skin problem in adolescents and youth and causes lot of stress among them.

viii) **Reproductive Health Problems**

Bigger and most populated states of the country have shown the higher percentage of adolescent girls married by the age of 18 years.

ix) **Behavioural Problems**

a) **Risk behaviour:** A significant number of adolescents are engaged in high risk behaviour that results in appreciable morbidity or mortality. A large number of school adolescents in urban areas get exposed to sexual intercourse and many a time they do not use safety measures. Similarly, many adolescents keep experimenting with drugs. Risk taking behaviour of adolescents in India is also high and some keeps knife, rods, and chain (Kishore 1999).

b) **Teenage Pregnancy:** Adolescent Pregnancies are high in number and associated with illegal abortion and infection leading to death.

c) **Sexually Transmitted Diseases:** High prevalence of sexual intercourse in adolescents is associated with high risk of sexually transmitted diseases
and HIV/AIDS because many do not use condom. Majority of adolescents (70% of male and 80% of female) had not even heard of STDs (Kishore 2006).

A report released on World Contraception Day 2011 showed that 28% of the young people had sex and 32% had sex with new partner without using contraceptive. It is also stated that school do not provide comfortable environment for question is a barrier to them to obtain accurate information (26%).

x) Nutritional Problems

a) Undernutrition: Under nutrition in adolescents may suffer from impaired growth, anaemia, iodine deficiency, etc. adolescent should be advised to take nutritious diet and whenever they have manifestations of any disease they must consult doctor.

b) Anaemia in Adolescents: Anaemia is a major nutritional deficiency disorder in India and other developing countries. Large population surveys in rural India indicate that the prevalence of anaemia ranges from 38–72% depending upon age and sex (Choudhury et al 1994). Hookworm, malaria and other infections if present further aggravate iron deficiency and increase its prevalence. The iron deficiency prevalence in adolescent girls has been reported to be high (22–92%) in various studies (Vasanthi et al 1994, SWACH 1997, Rajaratnam et al 2000). The reasons for high incidence of anaemia in adolescent's girls are:

- Increased iron requirements because of growth.
- Menstrual loss.
- Discrepancy between high iron need for haemoglobin formation and low iron content of foods that are commonly eaten.
- Dislike for foods rich in iron: green leafy vegetables.
- Iron absorption inhibitors in food: phytates/tannins.
- Frequent dieting/erratic eating habits.

c) Prevalence of Obesity: Paediatric obesity is an emerging problem in developing countries, especially among higher socioeconomic status groups. Significant gender disparity is seen. With boys of affluent background having a higher prevalence. In a study conducted in 2004 on school aged children 9–15 years showed that the overall prevalence of obesity and overweight was 11.1% and 14.2% respectively.

d) Legislation: The child Marriage Restraint Act, 1978: The act prescribes the minimum age at marriage for girls as 18 years and for boys at 21 years.

The Juvenile Justice (care and protection) Act, 2000: For special treatment, care, protection and rehabilitation of juvenile delinquents and neglected children (Male below 16 years and females below 18 years).

The Child Labour (prohibition and regulation) Act, 1986: Regulates minimum legal age limit (14 years) for employment of children and prohibits engagement of children in certain employments.

The Narcotic Drugs and Psychotropic Substances (NDPS) Act, 1985: Mainly deals with supply reduction activities.

**Under NRHM and RCH for adolescent Health Priority Interventions**

- Adolescent nutrition; iron and folic acid supplementation
- Facility-based adolescent reproductive and sexual health services (Adolescent health clinics)
- Information and counselling on adolescent sexual reproductive health and other health issues
- Menstrual hygiene
- Preventive health checkups

**Adolescent Nutrition and Folic Acid Supplementation**

As part of the new adolescent health strategy, in order to generate awareness, communication on consumption of balanced diet, nutritious food and inter-generational effects of malnutrition is deemed essential.

Nutrition education sessions to be held at the community level using existing platforms like VHND, Kishori Diwas, school setting, Anaganwadi Centres (AWC) and Nehru Yuva Kendra Sangathan (NYKS). Nutritional counselling on a dedicated quarterly Adolescent Health Day (to coincide with Kishori Diwas in SABLA districts) is also proposed. To make deeper in roads, nutrition education is to be included in school curriculum, establishing working linkage with 'Sakshar Bharat' Abhiyan.

Since the National Health Programme does not include the component of direct nutrition supplementation, linkage with MWCD (SABLA scheme) and MoHRD (Mid-Day Meal Programme) for supplementary is to be prioritised.

**Child Health Screening and Early Intervention Services (RBSK)**

Under the child health screening and early intervention services, screening of adolescents for low Body Mass index proposed and this will be followed by counselling at adolescent health clinics.

**Weekly Iron and Folic Acid Supplementation Scheme**

The Weekly Iron and Folic acid Supplementation (WIFS) scheme is a community-based intervention that addresses nutritional (iron deficiency) anaemia amongst adolescents (boys and girls) in both rural and urban areas. It aims to cover adolescents enrolled in class vi-xii of government aided and municipal schools as well as 'out of school' girls. The key features of the scheme are:

- Supervised administration of weekly iron and folic acid supplements of 100 mg elemental iron and 500 mcg folic acid;
- Screening of target groups for moderate and severe anaemia and referral to an appropriate health facility;
- Bi-annual de-worming (Albendazole 400 mg) and
- Information and counselling for improving dietary intake and preventive actions for intestinal worm infestation.
4.6 ORAL HEALTH CLINICS

Oral cavity plays an important role for our body system.

Poor oral health can lead to infections in associated organs with oral cavity e.g. ear, nose, eyes, salivary glands, tonsils, larynx, respiratory tract and gastrointestinal tract. You are aware that teeth are vital for mastication of food which helps in proper digestion. As you know, following structures in oral cavity where bacteria can grow and produce infection.

- Tooth surface
- Inter-dental surface
- Gingival pocket
- Labial and lingual vestibules
- Saliva
- Fold of tonsils
- Cheek
- Tongue
- Hard and soft palate

4.6.1 Mobile Dental Clinics (MDC)

Do you know the functions of MDC:

- It provides on the spot diagnostic, preventive interceptive and curative services to people.
- Community and school children in far flung rural areas of the state are benefitted by MDC.
- There should be 3–4 mobile dental vans in each District catering to a population of 4.5 to 5 lakhs.
- Each mobile van should have two dental chairs, units, each with airturbine, micro-motor, ultrasound scales and other equipments.
- There should be following staff in mobile dental clinic:
  - Dental surgeons - 3
  - Oral Dental Hygienist - 1
  - Chair side assistant - 3

4.6.2 Dental School Health Services

Staff nurses should provide oral health services as important part of school health. You can teach good habits and healthy life style including oral health, which would reduce oral health problems in later life. Children will carry the health messages learned in school to their homes and exchange the knowledge with their parents, grandparents, siblings and playmates.

Functions of School Dental Health:

One dental surgeon with staff nurse performs following activities in school health programme:
1) Oral health education
2) Regular dental checkups
3) Demonstration of correct brushing techniques
4) Supervised fluoride mouth rinsing
5) Primary treatment measures if required
6) Follow safe dental practices guidelines

Important functions of oral health clinics are:
- Regular Dental Checkups of individuals and diagnosis at primary level.
- Preventive services by health education of individuals, groups, families.
- Interceptive and curative services to the community at large and school children.
- Referral to the dental clinics at tertiary level if required.

### 4.6.3 Components of Oral Health Clinics

**Oral health education:**
- Staff nurses working in community shall impart oral health education, provide pain relief measures and be able to refer for further investigation and treatment.
- Oral health clinics shall have health education material like charts, posters, pamphlets, models and comics for individuals, children, and community.
- Spread message of oral health to masses at three media of communication i.e. audiovisual, print, folk media.
- Teach oral hygiene and its importance. Encourage mouth wash after each meal, as food remains in interdental spaces and allow the bacteria present in the oral cavity to grow. The rate of growth is much faster in night than in day that is why it is always necessary to clean the teeth in the night after meals. These bacteria produce decalcification of tooth (caries), infection of gum (gingivitis), stomatitis etc.
- Educate individuals, groups, and masses about dental caries, periodontal diseases, malocclusion and oral cancers. Educate about mal-alignment of teeth and its relationship to jaw functioning. Refer children with mal-aligned teeth to dental clinics at tertiary level.
- Educate public about consequences of neglected oral health like dental caries, loss of teeth and other oral diseases.
- Educate public that 11.8% of pre-term and low birth weight deliveries are due to periodontal diseases in pregnant mothers.
- Diabetes patients having periodontitis have 3.2 times increased risk of Cardio-renal mortality.
- Peridontitis is also likely to increase the risk of many other diseases like chronic obstructive pulmonary diseases, coronary artery disease, atherosclerosis, MI, stroke, osteoporosis, etc.
- Peridental patients are more likely to develop stress related disorders due to altered cortisol levels.
- Educate public about cost of dental diseases and why prevention is required. Motivate to follow oral hygiene.
4.7 MENTAL HEALTH AND DISABILITY CLINICS

The National Mental Health programme was launched during 1982 with a view to ensure availability of Mental Health care services for all, especially the community at risk and underprivileged section of the population, to encourage application of mental health knowledge in general health and social development.

As you studied earlier that mental health is not just an absence of mental disorders. It is defined as a state of well-being in which every individual realises his or her own potential, can work productively and fruitfully and is able to make contribution to her or his community (2007). The focus should be on promoting mental health throughout the life span to ensure a healthy start in life for children and to prevent mental disorders in adulthood and old age. Depression is the 3rd leading cause of moderate to severe disability.

4.7.1 Aims of Mental Health and Disability Clinics

You know why you need mental health clinics:

- Early childhood intervention: Home visits for pregnant women, preschool psychosocial activities, combined nutritional and psychosocial health will prevent mental ill health in the community.
- Support to children: Skill building programme, child and youth development programme, will keep children mentally healthy.
- Socio-economic empowerment of females: Improving access to education and microcredit scheme for empowerment of females will help females in adjustment.
- Social-support for early population: Befriending initiative, community and day care centres for aged to help elderly population to adjust in their life and accept their new role in life span.
- Programme targeted at vulnerable group: Psychosocial intervention after disasters. Rehabilitation of venerable group who lost their family members and property during disasters to accept and adjust for survival.
- Mental health promotional activities at school: Adjustment programmes, counselling for adolescents, de addition programmes.
- Mental health intervention at work: Stress prevention programme, counselling for coping in life situations.
- Housing policies: Housing improvement orientation to financial schemes for building house and standard of living for adjustment.
- Violence prevention: Moral education to respect the individuals rights of women and children for prevental of assaults and mental illness.
- Community development programme: For provision and mental health services for individuals, families and communities.

4.7.2 Services Provided by Mental Health Clinics

Mental Health Clinics provides following services:

- Prevention of mental illness through health education about coping mechanism, adjustment techniques, stress management etc by providing counselling to the clients.
**Public Health Skills**

- Early diagnosis and treatment of mental and neurological disorders and their associated disabilities. Doctors prescribe drugs, counselling sessions are held, follow up is encouraged.
- Use of mental health technology to improve general health services. Coping strategies are discussed with clients for adjustment.
- Application of mental health principles in total community development to improve quality of life: Identifying the weakness, shortcomings and strong points of the clients.
- Promotes community participation in mental health services development to stimulate efforts towards self help among mental patients in a community. Promoting communication between clients who are improving or have improved.
- Provides counselling to adolescents, adults, early of both genders.
- Identification of drug abusers, de-addiction programmes and rehabilitation of drug addiction clients.
- Early identification of mentally ill and referral to the tertiary care institutions.
- Health education programmes for adjustment of all age groups in both genders.
- Health promotion through Life Skills Education.

**Taught at the school level especially adolescents as are:**

- Critical thinking and creative thinking.
- Decision making and problem solving.
- Communication skills and Interpersonal Relations.
- Coping with emotions and stress.
- Self awareness and empathy.

### 4.8 LET US SUM UP

In this unit we have discussed some important clinics, their functions, services provided, role of NCD clinics at CHC, PH. The checklist is also provided for early detection of NCDs. Role and responsibilities of the primary health care team in early detection and management of NCD, family planning clinics and role of nurses, MCH clinics and services provided under this clinic along with job description of nurses at sub-centre. Counselling at adolescent clinics and various other activities carried out adolescent wellness clinics are also discussed. Oral health clinics are explained with various components of oral health clinics. Mental health and disability clinics and services provided under this clinics is also highlighted.

### 4.9 ACTIVITY

1) While doing home visiting do community assessment checklist for early detection of non communicable diseases. Plan health education programme in Family planning clinics.

MCH Clinics
2) Select adolescents in need of counselling services on
- Nutritional needs
- High Risk Behaviours
- De-addiction
- Anaemia
- Psychosomatic problems
Text of Unit 4 organising. 1. ORGANIZING
Prof. Preeti Bhaskar
2. Course outline
Meaning and importance of Organizing
- Functional, divisional and administrative
- Formal and informal organization
- Matrix
- Delegation
- Meaning and Importance of Delegation
- Centralization and decentralization
3. CLASSIFICATION OF MANAGEMENT
   - Managerial functions
   - Operative functions
4. Organizing
   - A manager is responsible for organizing people, work processes, and equipment.
   - Organizing getting the resources arranged in an orderly and functional way to accomplish goals and objectives
5. According to Thea Haiman
6. Steps in organizing
   - According to
   - Sample responses:
     - Student B: Have you heard from Todd lately?
       - Student A: Yes, I got an email from him yesterday.
     - Student B: Has he had any job interviews?
       - Student A: Yes, he has had one.
     - Student B: When was it?
     - Student A: It was two days ago.
     - Student B: By bus, and then he might get a second-hand car.
7. Life Intermediate © National Geographic Learning
   - Unit 4
   - Student B: When’s he starting?
     - Student A: He’s starting next Saturday.
   - Student A: Have you had any news from Todd?
     - Student B: Yes, I got an email from him today.
     - Student A: How’s the job going?
     - Student B: There are good and bad points.
   - Unit 4 - Special Examinations - Free download as PDF File (.pdf), Text File (.txt) or read online for free for learning English.
8. Rephrase the instructions according to what you have studied in this unit and in Unit 3.
   - Instructions:
     - a) Remove your sock and shoe.
     - b) Remove your top clothing.