INTRODUCTION:
Nartiang is a small village of roughly 5000 inhabitants. Located in Community & Rural Development block of Thadlaskein in Jaintia hills District of Meghalya, the village is well connected, by road, with the state capital as well as with the district headquarter. It takes 40 minutes by car to reach Nartiang from Jowai – the district town – and from Shillong – the state capital - anyone can comfortably reach Nartiang in 2 hours by road. Nartiang is one of the most famous tourist destinations in Meghalaya. It is home to the tallest monolith in Meghalaya, also the village is very popular for its 500 years old Durga Temple – a major worship place of the hindu believers.

The village has two secondary schools run by private parties and both high schools have a combine enrolment of 500 students. School dropout is common due to teenage marriage & pregnancy. In July 2010 a 16 year old standard Viii girl consumed pesticide due to unprotected pregnancy. Also, alcohol consumption among the boys is common. There are five illegal vendors selling alcohol in the village. There are three youth NGOs & one women NGO group operating in the village.

Nestled in the central part of the village is a Government run Primary Health Center which has been rendering emergency & indoor services 24x7 since April 2008. The PHC is catering to the health needs of a population of 23,423 people who live in 32 census villages which are clustered in 6 health sub centers. The PHC is manned by one allopathic male doctor, one ayurvedic lady doctor, one lady dentist, 5 female nurses, 3 midwives, 1 male pharmacist, one female pharmacist, 5 grade iv female staffs, 2 female supervisors, 2 female laboratory technicians.

Overall the attitude of the staffs is conservative. Till December 2010 only 3 boys (15 -19 yrs) came asking for condoms from the residence of the male doctor. No girl ever came asking for emergency pills from the nurses of the PHC. Currently youth friendly health services (YFHS) are not provided in the PHC because neither the services providers in the PHC are aware about the contents of services nor the attitude of the staffs toward the youth is friendly. Nevertheless, if only 3 boys in 2010 want the service to be provided to them they surely do not know where to go to get the condoms!

The aim is to improve access to youth friendly health services at Nartiang PHC through availability of technically competent youth friendly staffs and services for young people will be delivered at convenient location and timing appropriate for the young people.

Baseline Information:

- Population of PHC is 23,423 and 10-18 yrs is 4681 ( 20%) - Facility data
- 6 Health Sub Centers and 44 hamlets
- Condom use & Pill use of men & women aged 15-19yrs is zero ( DLHS -3)
- 36 ( 15 % ) of 235 institutional deliveries in 2010 are 15 to 19 yrs – Facility data 2010
- Absence of Youth Friendly Health Services & Clinic
- Staffs not trained on Youth Friendly Health Services (YFHS)
OVERALL OBJECTIVE:

To improve access to Youth Friendly Health Services

SPECIFIC OBJECTIVES:

1. To establish a Youth Friendly Corner at Nartiang PHC
2. To increase knowledge on Youth Sexual & Reproductive Health Rights (YSRHR) of all doctors, nurses, and paramedics of Nartiang PHC

INTERVENTION:

Stake holder’s contact:

- Notification of change project to governing members of Rogi kalyan Samiti of Nartiang PHC was sent in December 2010
- Notification of the change project to the District Health Society Jaintia hills was sent in December 2010.

Activities:

1. Stake holder meeting – 1

Meeting of the governing body of Rogi Kalyan Samiti (RKS) was held on the 23rd December 2010 at Nartiang PHC. Altogether 10 members were present. The objective of the meeting is to sensitize the governing body on the need to establish a youth corner / clinic that will cater to the health needs of young people.
2. **Stakeholder meeting- 2, of District Health Society**

Notification of the Change Project to District Health Society Jaintia hills was sent in December 2010. *The objective of notification is to sensitize the district health society on the Change Project and solicit financial support for implementation.*

3. **Building of commitment with the Youth NGOs**

To ensure participation by young people charting of commitment with two local youth NGOs viz., Khasi Student Union (KSU) and Jaintia Students Union (JSU) was held on the 24th February 2011. *The objective of the meeting is to generate a consensus among the youth on the timing and the frequency, in a week, of organizing the clinic and, to ensure participation of young people in the change project.*

Head teacher of Ram Krishna High School and Presbyterian High School were invited to participate in the commitment building. Also, a local women NGO was invited to participate in the meeting.

4. **Building of commitment with Parents**

Charting of commitment with 16 parents, held on the 12th March 2011, was an exhilarating exercise. *The objective of the meeting is to generate a critical mass reaction(s) with regard to the change project.*

5. **Orientation training of staffs on YSRHR**

A three day orientation training of service providers of Nartiang PHC on Youth Sexual & Reproductive Health Rights (YSRHR) was organized on the 17th through 19th March 2011 at Nartiang PHC. *The objective of the training is to improve knowledge of staffs of Nartiang PHC on Youth Sexual and Reproductive Health Rights(YSRHR) so that a technically competent team is available to serve the sensitive needs of young people.*

To add value to the training two resource persons, viz., Smt. Florish Lyngdoh, a communication officer, and Smt. Earlyreen Kharpuri, an adolescent counselor, were invited to facilitate a session on ‘communicating with a young client’.

To evaluate the impact of the training pre test & post test exercise were given to the trainees. Pre test questionnaires were downloaded from the net and they were carefully filtered to suit the objective of the training.
6. **Developing I.E.C materials in local language**

Availability of take home reading materials is an essential requirement for a youth friendly clinic. *With that objective in mind, 1000 copies of IEC pamphlets in local language have been developed by the Medical & Health Officer I/C Nartiang PHC.* The contents of the IEC pamphlets range from adolescent growth & teenage pregnancy, contraceptive information, RTI / STI, and, drugs & alcoholism.

7. **Inauguration of Friends’ Corner**

The objective of this activity is to mark a milestone that something has been created for the young people. **Friends’ Corner – a clinic dedicated to young people’s health** – at Nartiang PHC was inaugurated on the 31st March 2011 in a simple function that was attended by students of Ram Krishna Mission high school & Presbyterian High school Modop, head teachers of both high schools, teaching staffs of both the high schools, prominent personalities of the village, members of District Health Society Jaintia hills.

The function was presided over by Dr.R.Pohsnem In charge of Nartiang PHC. The function was graced by Shri Thombor Shiwat, a local political representative, as the chief quest, the quest of honor on the occasion was Dr. E.Lyngskor, Chief Medical Officer of Jaintia hills. Shri Sanki Pale – president of Khasi Student Union Nartiang circle – gave a short but encouraging speech in which he appealed to the young people to visit the Friends’ corner that will empower them with knowledge on young people’s health. An adolescent girl’s pledge was read by Smt. Thei Nongpluh of Presbyterian high school Modop.

**PROGRESS ON MONITORING (indicators):**

1. No. of stake holder meeting held : 2
2. No. of commitment building charted: 2
3. No. of staffs trained on YSRHR: 20
4. No. of color take – home I.E.C pamphlets printed: 1000 copies
5. No. of established youth corner: 1
6. No. of young clients utilizing the youth corner: 30

**RESULTS:**

**Objectives related Results:**

1. **An established Youth Corner – brand name Friends’ Corner.**
2. **All staffs were trained. 20 in total.** By written evaluation of training, there is a 35.19 % change in the knowledge level of the trainees in the post test exercise.
Nevertheless, the mean difference, applying paired ‘t’ test for test of significance, in the knowledge of the trainees before and after the training is highly statistically significant: $p < 0.01$ (at 99% confidence).

3. **30 young clients registered in the facility.** 12 boys and 18 girls met the doctor in a span of one month period. Details of visit profile as tabulated below:

<table>
<thead>
<tr>
<th>Sr. no.</th>
<th>Diagnosis/purpose of visit to Friends’ Corner</th>
<th>No. of young clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Body image (acne being the entry point complaint)</td>
<td>13</td>
</tr>
<tr>
<td>2</td>
<td>Contraceptive advice (including condom clients)</td>
<td>10</td>
</tr>
<tr>
<td>3</td>
<td>Sexually Transmitted Infections (STI)</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>HIV screening (including pre test counseling)</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>Emergency contraception</td>
<td>1</td>
</tr>
<tr>
<td>7</td>
<td>Abortion advice (including referral)</td>
<td>1</td>
</tr>
</tbody>
</table>

**Activities based Outcome:**

1. **Outcome of Stake holder meeting – 1 of Rogi kalyan Samiti Nartiang PHC:**
   - Consensus on the need to establish a youth corner
   - Approval & release of RKS fund – a sum of Rs. 20,575/-

2. **Outcome of Stake holder’s meeting -2 of District Health Society Jaintia hills:**
   - Release of fund by District Health Society Jaintia hills- a sum of Rs.60,760/-
3. **Outcome of Commitment Building with Youth NGOs:**

Timing of clinic: Members of both the students’ NGO suggested that the clinic should be organized in the afternoon session from 1 – 3 pm. However, head teachers of both high schools suggested that, in order not to affect the school going students, the clinic should be organized on Saturday. During the meeting the brand name for the youth clinic was suggested by the Medical & Health Officer Dr.R.Pohsnem who pick up *Friends’ Corner* would be the appropriate brand for the clinic. All participants welcome the brand name of the clinic.

4. **Outcome of Commitment Building with Parents:**

The outcome of the exercise is the welcoming gesture by the participating parents who expressed happiness over the initiative which they believe will anchor their young children from falling into the trap of teenage pregnancy and alcoholism.

During the discussion a pastor said, ‘I offer my service to counsel the youth spiritually’. Some parents expressed great importance of generating mass awareness so that the program will have greater impact.

5. **SRH - HIV Convergence:** The establishment of *Friends’ Corner* that caters to the Sexual & Reproductive Health (SRH) issues of Young people has created the opportunity for convergence between SRH & HIV – Nartiang PHC being the only 24x7 PHC in the entire state of Meghalaya running a designated ICTC facility. This is for the first time in Meghalaya that SRH – HIV convergence does so at the primary health center setting.
6. **Feedback:** Feedback from the Exit Interview of 6 randomly selected young clients revealed that the timing of **Friends’ Corner** is appropriate for young people; they said that they like the comfortable environment so much and they said that privacy is assured to them all. Also, they said that the duration of contact between doctor and client is sufficient. They are glad that lots of reading materials are available in the reception room, including the take home pamphlets that were developed at Nartiang PHC.

**CHALLENGES:**

- **Challenges during implementation of the Change Project:**
  1. There was little delay in execution of plan activities no. 3 & 4 due to IPPI in the month of January & February 2011.
  2. Activity no.5 was postponed till March 2011 due to transaction delay at the bank level.

- **Challenges ahead:**
  1. Bringing the non school going young people to the clinic
  2. Referral of a young client to a first referral unit may be met with disappointment due to youth unfriendly environment currently existing there.

**FUTURE PLAN:**

1. **Plan for Outreach services:** A session on young people’s health during the monthly village health & nutrition day.
2. **Plan for scaling up:** As an initial step, youth friendly day will be dedicated once a month in each of 6 health sub centers of Nartiang PHC. However, consultation with the ANM in charge of the sub center will be a priority.
3. **Plan for comprehensive services:** A roster of laboratory technicians will be maintained in order to ensure laboratory services for young clients during the clinic timing. Also, a roster for doctors & nursing staffs will be maintained & displayed in the reception room of Friends’ Corner. A contingency plan will be chalked out to ensure availability of doctors, nurses, & paramedics in the event of any of the service provider is absent on conditional grounds.
4. **Plan for community monitoring & young people’s participation:** A quarterly meeting with members of 4 youth NGOs of Nartiang, teachers of both high schools will be held at the facility.
5. **Plan for sustenance of Youth clinic:** Continuous sensitization & briefing of members of Rogi Kalyan Samiti (RKS) on the performance & challenges of Friends’ Corner during the quarterly meeting of the governing body of RKS. Monthly reporting of activities &
challenges of Friends’ Corner to the District Health Society to ensure continuous support.

6. **Plan for networking:** I would like to be an active member of a network of NTP participants that will help motivate each other and also share experiences & innovative ideas of a youth clinic.

7. **Plan for replication of the Change Project:** After sharing of result with the District Health Society, replication of Youth Clinic will be suggested for 9 PHCs & 3 CHCs of the district.

**DISSEMINATION OF RESULTS:**

- **Importance of Project:** The Change Project has churned out strong evidences upon which to build advocacy campaign for scaling up of efforts of rolling out youth friendly health services in the PHCs & CHCs. Important key evidences that the Change Project, of Nartiang PHC, provide are:
  - Services for the young people are delivered by 20 technically competent staffs who are specially trained for serving young people at Friends’ Corner
  - Services for young people at Friends’ Corner are rendered in separate space with sufficient privacy for clients, convenient location & appropriate timing of the clinic. Availability of onsite / take home reading materials in the reception room of Friends’ Corner
  - Involvement of young people, through commitment building with youth NGO, in deciding the timing & frequency of holding the clinic at Friends’ Corner.
  - Budgetary provision: Only 85% of annual RKS fund can be allocated for rolling out a youth clinic in PHC & CHC

- **Sharing of result:** For the project to have greater impact and for soliciting support for sustained services I would like to share the results with the following categories of stake holders:
  1. Colleagues
  2. Rogi Kalyan Samiti
  3. District Health Society
  4. State Program Management unit

- **Recommendations:** There are sufficient evidences, that emerge from the Change Project, to prove that we do not require huge additional financial investment to roll out youth friendly clinic in PHCs & CHCs, in as much as the budget requirement for capacity building of staffs, creating a comfortable & youth friendly environment etc., are well within the existing capacity of the Rogi Kalyan Samiti of the respective institutions. In other words, replication of the Change Project in 3 CHCs & 9 PHCs of our district is a viable undertaking.
PHOTO JOURNEY OF CHANGE PROJECT AT NARTIANG PHC

Clockwise from top left: 1. Commitment meeting with parents. 2. Civil work. 3. Training of staffs. 4. Reception room of Friends’ corner. 5. Inauguration of Friends’ Corner at Nartiang PHC. 6. A young student reads an adolescent girl pledge at the inaugural function of Friends’ Corner at Nartiang PHC on 31st March 2011.
Clockwise from top left:

1. Take – home I.E.C. pamphlet in local language developed at Friends’ Corner of Nartiang PHC.

2. Young people flipping through reading materials in the reception room at Friends’ Corner of Nartiang PHC.

3. State’s stake holders during the advocacy meeting on Adolescent Friendly Health Services held on the 12th April 2011 in Shillong. From extreme left: Shri.A.Nongbri SPM, Dr.A.Das DHS(MI), Shri.D.P.Wahlang Commissioner Health, Dr.Anette Agardh, Dr.Hazarika DHS(MCH).

4. Standing from left to right: Dr.Chelsi - MO Nartiang PHC, Dr.L.Shylla – Ayurvedic MO Nartiang PHC, Dr.Anette Agardh – Deputy Head Social Medicine & Global Health Lund University Sweden, Professor Per- Olof Ostergren – Head of Social Medicine & Global Health Lund University Sweden, Dr.R.Pohsnem – MO I/C. Nartiang PHC, Dr.Kushal Jain – consultant MAMTA health institute for Mother & Child New Delhi, Dr.Larin – RCH consultant Govt. of Meghalaya in the reception room of Friends’ Corner at Nartiang PHC during the joint evaluation of the Change Project by Lund University & MAMTA on the 11th April 2011.
ACKNOWLEDGEMENT:

1. Dr.(Ms) Anette Agardh of Lund University Sweden – Our mentor & facilitator of the Change Project
2. MAMTA Health Institute for Mother & Child New Delhi – for the technical input and permission to adapt the evaluation tools in our Friends’ Corner at Nartiang PHC
3. National Institute of Health & Family Welfare New Delhi – for the technical input & hospitality during the NTP in New Delhi
4. NRHM Govt. of Meghalaya – for being our chief patron
5. District Health Society Jaintia hills District – for the dynamism in sharing & implementing the Change Project
6. Rogi Kalyan Samiti (RKS) of Nartiang PHC – for the decision to establish the Friends’ Corner

REFERENCES:


Dr. R.Pohsnem
Medical Officer
In charge Nartiang PHC
Jaintia hills, Meghalaya
A Project Report of the Change Project of Nartiang PHC Jaintia hills