Dissertation SK 5

by Surabhi Kumari

Submission date: 20-Jun-2021 10:44AM (UTC+0530)
Submission ID: 1609285136
File name: Surbhi_Kumari_Dissertation_Report_2.docx (51.7K)
Word count: 4128

Character count: 20884

Dissertation Training
at
National Health Mission, Bihar

Project- Alcohol Ban and Domestic Violence: A Case Study of Bihar
by

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PG/19/092

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PGDM (Hospital & Health Management)

2019-21

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ABSTRACT

INTRODUCTION: Domestic violence has become a global concern and is now recognised as a human rights issue over the last 40 years. ." Domestic violence's prevalence is underestimated, and incidences of domestic violence are infamously underreported, despite the fact that it has acquired widespread attention as a social concern. **OBJECTIVE:** To review the key provisions specifically focusing on domestic violence under the Act (PWDVA,2005).To examine the effect of the alcohol ban on domestic violence. To review the effect of the alcohol ban on crime rates (other than domestic violence).**METHODOLOGY :**Data is collected from the various sites ,News reports and Journals. Inclusion criteria: - A study published in the last 10 years. full text article . Exclusion Criteria: • The study was written in a language other than English and was published more than ten years ago.. **RESULT:** In 2016, after the implementation of Alcohol Prohibition Act, the cases of domestic violence and crime (other than domestic violence) such as-Rape, Attempt to commit rape, Assault on women with intend to outrage, Insult to the modesty of women, came down. And it shows the positive impact of Alcohol Prohibition.

Keywords -Domestic Violence, Alcohol Ban, Alcohol Prohibition, Crime Rate

ACKNOWLEDGEMENT

It is great pleasure for me to undertake this project. I feel highly doing the project entitled –

ALCOHOL BAN AND DOMESTIC VIOLENCE: A CASE STUDY OF BIHAR.

I am grateful to my project guide-

Dr. Jayati Srivastava, Deputy Director Trainee, State Health Society, Bihar

Dr. Vinay Tripathi, Associate Professor, IIHMR DELHI

This project would not have completed without their enormous help and worthy experience. Whenever I was in need they were there behind me.

Although this project has been prepared with utmost and deep routed interest. Even then I accept respondent and imperfection.

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LIST OF ABBREVIATIONS

1. **SHSB-**Sate Health Society Bihar
2. **MoHFW-** Ministry of Health and Family Welfare
3. **NRHM**-National Rural Health Mission
4. **NUHM**-National Urban Health Mission
5. **RMNCH+A-** Reproductive, Maternal, Newborn Child plus Adolescent Health
6. **NDCP-** National Disease Control Programme
7. **PCPNDT-** Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse)Act
8. **PPP-** Public Private Partnerships
9. **SIHFW-**Sate Institute of Health and Family Welfare
10. **UNICEF-** United Nations International Children's Emergency Fund
11. **RBSK-** Rashtriya Bal Swasthya Karyakram
12. **RKS-**Rogi Kalyan Samiti
13. **PHC**-Primary Health Center
14. **FRU**-First Referral Unit
15. **DH-**District Hospital
16. **CHC**-Community Health Center
17. **CCC**-Comprehensive contraceptive care
18. **CAC**-Comprehensive Abortion Care
19. **IDF-**Ipas Development Foundation
20. **ANC**-Ante Natal Care
21. **MTP-**Medical Termination of Pregnancy
22. **MCTS-**Maternal and Child Tracking System
23. **JSSK-**Janani Shishu Suraksha Karyakaram
24. **JSY**-Janani Suraksha Yojana
25. **PMSMA-**Pradhan Mantri Surakshit Matritav Abhiyaan
26. **MAA-** Mother Absolute Affection
27. **NQAS-** National Quality Assurance Standards
28. **DEIC**-District Early Intervention Center
29. **VHSND**-Village Health , Sanitation and Nutrition Day
30. **NIHFW**-National Institute of Family Welfare
31. **PIP-**Program Implementation Plan
32. **ToT-** Training of Trainers
33. **ARSH-**Adolescent Reproductive and Sexual Health
34. **NICU**-New Born Intensive Care Unit
35. **SNCU**-Special Newborn Care Unit
36. **NBCC-**New Born Care Center
37. **NCRB-**National Crime Record Bureau
38. **SCRB-** State Crime Record Bureau

39. DV- Domestic Violence
40. PWDVA- Protection of Women from Domestic Violence Act
41. IPC-Indian Penal Code

ABOUT THE ORGANIZATION

State Health Society , Bihar has been established to guide its functionaries towards receiving ,managing (including disbursement to implementing agencies e.g; Directorate ,Medical and Public Health District Societies ,NGOs etc) and accounts for the fund received from the Ministry of Health and Family Welfare, Govt. of India.

Its resource manage NGO/PPO components of NRHM in the state including execution of contracts ,disbursement of funds and monitoring of performance .Bihar govt. has decided that SHSB will function as a resource center for the Department of Health and Family Welfare in policy/situational analysis and policy development.

It organizes trainings, meetings, conferences, policy review studies / surveys ,workshops and interstate exchange visits etc, to improve the implementation of NRHM in Bihar.

Due to these distinguishing features I choose to work with State Health Society, Bihar

About NHM

The National Health Mission seeks to provide effective healthcare to all population throughout the country .Its aim to undertake architectural correction of all health system to enable and effectively handle increased allocation as promised under the National Health Mission Programme.

Mision

Mision of NHM is to improve the quality of life of people by providing better health services .It strives to help people improve their productivity and reduce the risks of diseases and injury in a cost-effective way.

Vision

National health mision seeks to establish long term relationship with groups individuals to enable them to continue to work , to achieve optimal health. It delivers cost competitive health promotion services with patient's satisfaction and accountability.

Components of National Health Mission

- National Urban Health Mission (NUHM)
- NHM Health system strengthening
- NHM finance
- Reproductive, Maternal ,New born Child Health and Adolescent (RMNCH+A)
- National Disease Control Program.

Duties of Health Department:-

- Enforcement of PCPNDT Act. To prevent sex determination.
- Provide essential obstetric care.
- Provide family welfare services.
- Provide immunization services against vaccine preventive diseases of childhood as well as pregnant mother against tetanus during child birth.
- Provide reproductive and child health services with the objective of MMR and IMR.
- Respond to the local community health needs and request.
- Extension, expansion and consolidation of health infrastructure.
- Provide Equitable and quality health care at primary , secondary, and tertiary level.
- Provide Promotive ,Preventive , Curative and Rehabilitative services to the community health through primary health care delivery system.

Observational Learning

STATE HEALTH SOCIETY BIHAR, PATNA

The State Health Society ,Bihar is situated at Sheikhpura , Patna. It has been established in order to guide its functionaries towards receiving ,managing and account for the funds received from the Ministry of Health and Family Welfare, Government of India.

SHSB manages NGO ,PPP Components of the NRHM & NUHM in the state including execution of contracts , disbursement of funds & monitoring of performance . The Government of Bihar has decided that State Health Society , Bihar will function as a resource center for the department of health and family welfare in situational and policy development.

Basically, State Health Society ,Bihar strengthen the technical or management capacity of the Directorate of medical or health services ,Patna as well as district health societies by various means like recruitment of individual from open market and mobilize financial or non-financial resources for supplementing the NRHM activities in the state.

There are some development partners in Bihar which participate in the improvement of health in Bihar like:

- SIHFW
- SRU
- Unicef
- UNFPA
- Ipas

STATE VISION GOAL & STRATEGY IN HEALTH SECTOR UNDER NRHM -

- Provide affordable health care services
- Universal access of primary health services
- Provide decentralized health services
- Community participation in health care
- Encourage participation of civil society partners in health service delivery
- Strengthen health management information system
- Private sector participation in tertiary health care
- Promotion of AYUSH services & their mainstreaming
- Mobile medical services for difficult areas to improve access
- Environment conservation (Bio-medical Waste Management)
- Enhance performance of public health system by improving quality & ensuring client satisfaction

Area in Sq. Km - 99200 KM Sq.

Number of districts – 38

Number of divisions- 9

Number of Sub-divisions- 101

Number of Blocks- 534

DEPARTMENTS UNDER STATE HEALTH SOCIETY ,PATNA

A. Maternal and Child Health (MCH) DEPARTMENT-

Objectives:

- Reduction of maternal, perinatal, infant and childhood mortality and morbidity,
- Promotion of reproductive health
- Promotion of the physical and psychological development of the child and adolescent in the family.

Following programme play very important role under SHSB for improvement of maternal health:-

1. **ANTE NATAL CARE (ANC)**
   - ANC registration should be done at the earliest stage of pregnancies, at least by 12^{th} week.
   - Registration is done with detailed checkup on the basis of set parameters (Height, Weight, Heamoglobin, Previous Medical History, Blood Pressure)
   - 1^{st} visit at 12^{th} week ,2^{nd} visit at 16^{th} and 20^{th} week ,3^{rd} visit at 24^{th} to 32th week ,4^{th} visit at 34^{th} to 36^{th}.
   - 1^{st} dose of Tetanus Toxoid injection is given at the time of registration,2^{nd} dose after one month.
2. **INTRANATAL CARE**

   Intranatal care of a woman in all stages of labor is known as intranatal care. Intranatal care refers to care given to the mother and baby at the time of delivery.
   The main objective of intranatal care is as follows:
   - Cleanliness
   - Smooth delivery without injury mother or baby.
   - Preventing complications
   - Thorough asepsis
3. **POSTNATAL CARE**

   Care of the mother and new born child from 1 hour after delivery up-to 6 weeks post delivery, post natal care includes -systematic examination of mother and baby and appropriate device given to the mother during postpartum period at the SBA level after birth home visit on 3^{rd}, 7^{th}, and 42^{nd} day both for mother and baby also needed additional visit for the new born baby on the day 14^{th}, 21^{st} and 28^{th} further visits may be necessary.

Objectives of postnatal care :

- To access the health status of the mother and child and find out the complication related to Diabetes, Hypertension etc.
- To note the progress of baby including the immunization schedule for the infant.
- To counsel about Breast Feeding, Keeping the Baby Warm, Infection Prevention ,Nutrition Hygiene ,Immunization ,Postnatal Care Checkup & Family Planning Guidance.

4. Safe abortion as per MTP (Medical Termination Of Pregnancy)

Unsafe abortion is a significant yet preventable cause of maternal death . The maternal mortality ratio in India is 130/100000 live birth (RGI-SRS-2014-16) and unsafe abortions account for 8% of the MMR.

Factors contributing to unsafe abortions :-

- Social Factors
- Policy Factors
- Economic factors
- Physical access Factors

MTP Act, enacted in 1971, governs the provision of abortion in India. This Act allows the termination of a pregnancy up to 20 weeks.

The MTP Act:-

A registered medical practioner whose name has been registered in a medical register and who has experience of training in gynecology and obstetric abortions can done up-to 20 weeks gestation.
Up-to 12 weeks Gestation can be terminated in a hospital established or maintained by the government and a place approved by government like PHC, CHC & FRU and up-to 20 weeks. Gestation can be terminated in a DH or medical college where there is arrangement of blood bank.

Maternal and Child Tracking system

- Through this system 1st time pregnancies are registered where name and address are entered which generates a unique MCTS.
- If the mother has already conceived once the second pregnancy is re-registered.

Objective

- To benefit pregnant women for delivery.
- Eliminating out of pocket expenses for family of pregnant women and sick child.

Free following Entitlements for Pregnant women

- Free Delivery and Caesarian section.
- Free Drugs and Consumables.
- Free Essential Diagnostic Tests.
- Free Diet during the stay in health institution.
- Free Provision of Blood.
- Free Transport from home to health institute.
- Exemption from all kind of user charges.

Free Entitlements for sick new borns

- Free Treatment
- Free Drug and Consumables
- Free Essential Diagnostic Tests.
- Free Diet during the stay in health institution.
- Free Provision of Blood.
- Free Transport from home to health institute.
- Exemption from all kind of user charges.

5. Janani Suraksha Yojana (JSY)

Key features of JSY :-

- To provide Institutional Delivery.
- To reduce overall Maternal Mortality and Infant Mortality Rate
- Integrates Cash assistance with delivery.
- Mother's package in rural area -1400/-
- Mother's package in urban area-1000/-
- ASHA's package in rural area- 600/-
- ASHA's package in urban area-400/-
- Assistance for home delivery- 500/-
- At least 4 ANC test should be done.
- 2TT Injection
- 360 Iron tab (once a day before 6 months of delivery and after 6 months of delivery)
- 720 Calcium tab (Twice a day before 6 months of delivery and after 6 months of delivery).

6. Pradhan Mantri Surakshit Matritwa Abhiyan (PMSMA)

- Under the PMSMA , on the 9th of every month , pregnant ladies are given free health check-up including blood pressure ,sugar -level ,haemoglobin test ,blood test etc. and the required treatment in all government medical facilities. Private sector gynecologists are encouraged to voluntarily participate and provide antenatal check-ups (ANC) services in these public health facilities.
- It envisages improving the coverage and quality of ANC diagnostic..
- This to ensure that every pregnant women receive at least on check -up in the 2nd & 3rd trimester of pregnancy by the MBBS doctors.
- Proper Counselling Services
- All the private facilities and institution volunteering to provide the services for the PMSMA.

7. Capacity Building : Dakshata Programme

- It is the capacity building programme for service providers in labor room best practices during labor, delivery & post -partum.

8. Promotive Health : Mother's Absolute Affection (MAA)

- It is a new initiative Programme for Promotion of Breast Feeding.

B. Quality Assurance

Findings:-

- Preparatory activity, strategies and scope of labor room quality improvement initiative.
- Different set targets for achieving the quality standards in time frame like immediate (0-4 months), short term (up to 8 months), intermediate term (up-to 12 months) & long term (up-to 18 months).
- Implementation of Clinical Guidelines, Labor room clinical pathways, Referral protocols, safe birth checklist (in labor room & OT) and surgical safety check-list.
- Ensuring availability of optimal and skilled human resources as per case load and prevent norms through rational deployment and skill upgradation.
- Different area of concerns & its different measurable elements such as Service Provision, Patient Rights, Inputs, Support Services, Clinical Services, Child Health Services, National Health Programme, Quality Management, Outcome Indicators.
- Process of assessment component (Thematic Area, Criteria & Check point), assessment method (Observational, Staff interview, Record review, Patient Interview), Step (Internal assessment, Peer assessment nomination of the facilities, External assessment) and scoring method (full compliance -2 marks, partial compliance – 1 marks, non compliance -0 marks) How KAYAKALP to promote cleanliness, hygiene control in public health care facilities.
- Parameters for Awards Criteria based on the performance of the facility in '' KAYAKALP'' such as Hospital/Facility, Sanitation & Hygiene, Waste Management, Infection Control, Support Services.
- Incentive of Rs.6 lakh, Rs.3 lakh and Rs.2 lakh for Medical College Hospital, District Hospital and FRUs respectively for employee and hospital service improvement.
- The NQAS (National Quality Assurance Standards) will monitor quality improvement in labor room and maternity OT.
- Every facility achieving 70% score on NQAS will be certified as LAQSHYA certified facility.
- Facilities scoring more than 90% ,80% & 70% will be given Platinum, Gold & Silver badge accordingly. Facilities achieving NQAS certification, defined quality indicators and 80% satisfied beneficiaries will be provided financial incentives.

Recommendations:-

- Mass awareness campaigns can be launched at the community level regarding maternal and child health services.
- For highrisk mothers, there can be a facility of maternity waiting centers in hospital so as doctors can give more medical attention to their possible complications in child birth.
- Nurses also can be given proper training to act as skilled birth attendants.

Conclusions:-

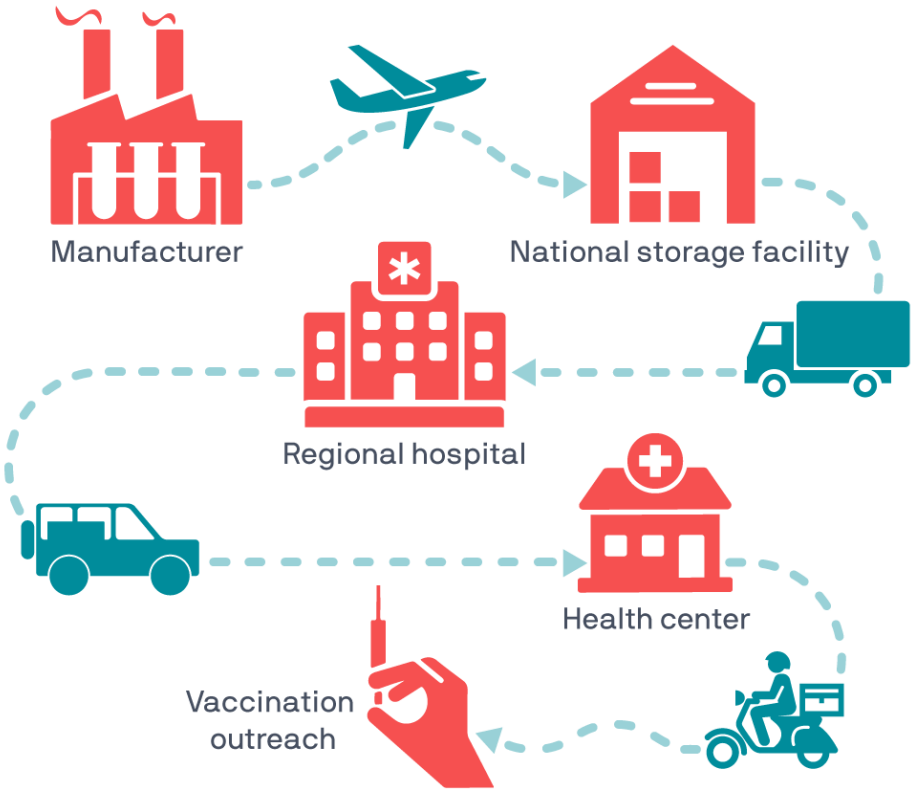
- In Quality Assurance under NQAS, LAQSYA help to reduce preventable maternal and new born mortality, morbidity and still birth associated with the care around delivery in labor room and maternity OT and ensure respectful maternity care.
- It will benefit every pregnant wo-men and new born delivering in public health institutions. It will reduce maternal and new born morbidity and mortality and improve quality of care during delivery and immediate post-partum period and enhance satisfaction of beneficiaries.

C. COLD CHAIN DEPARTMENT

The cold chain is a method of maintaining vaccinations at the correct temperature from the time they are manufactured until the time they are administered to the recipient.If vaccines are exposed to excessive heat, cold, light ,they may lose their potency or effectiveness.

Equipment's needed for cold chain :-

- Vaccine storage room
- Walk in cooler
- Walk in freezer
- Deep freezer
- Ice line refrigerator
- Refrigerated vaccine van
- Cold box
- Vaccine carrier
- Ice Packs


Manufacturer
National storage facility
Regional hospital
Health center
Vaccination
outreach

D. Rastriya Bal Swasthya Karyakaram (RBSK)

INTRODUCTION-

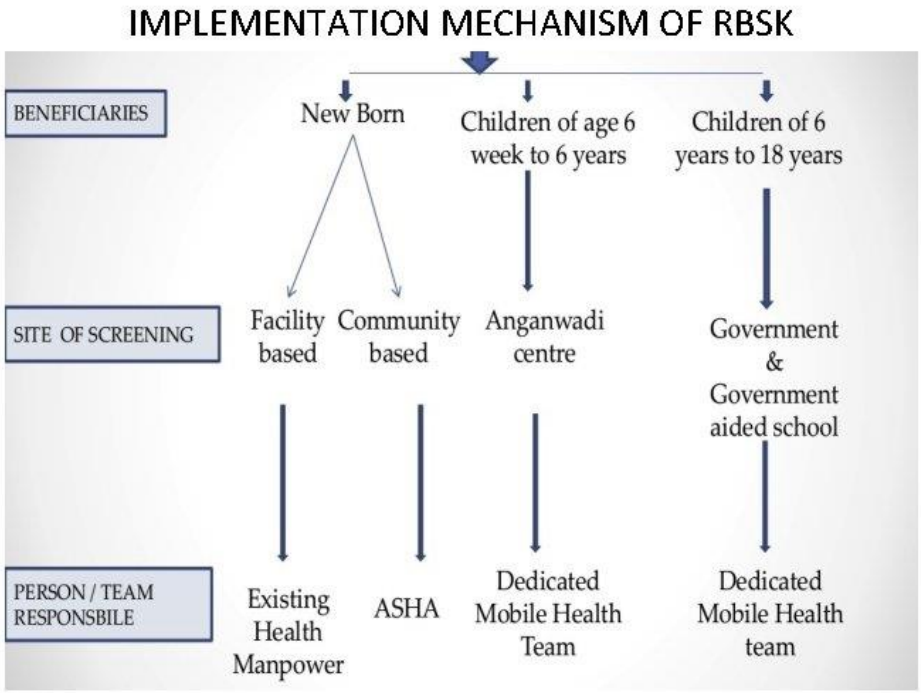
Rastriya Bal Swasthya Karyakaram (RBSK) is a national health initiative for providing Providing comprehensive healthcare and enhancing children's quality of life aiming at early identification and early intervention services and medical conditions and link to care support and treatment.

OBJECTIVE-
Early identification and intervention for children age group from birth to 18 years to cover

4 D's-

- **Defects at birth**
- **Deficiencies**
- **Diseases**
- **Developmental delays including disability**

Target Age Group :-
The services aim to cover children of 0-18 years age group in rural areas and urban slums in addition to children enrolled in classes 1 to 12 in government aided schools. The children have been grouped in to 3 categories, owing to the fact that different sets of tools would be used and also different set of condition could be prioritized.



Health condition to be screened :-

Child health screening and early intervention services to cover 38 selected health condition for screening early detection and free management of diseases.

Defects at Birth
▪ Neural Tube Defect
▪ Down's Syndrome
▪ Cleft lip & palate / cleft palate alone
▪ Congenital cataract
▪ Congenital Deafness
▪ Congenital heart disease
▪ Retinopathy of prematurity

Deficiencies
▪ Anemia especially service
▪ Vitamin A Deficiency
▪ Vitamin D Deficiency
▪ Service for acute malnutrition
▪ Goiter

Diseases
▪ Skin Condition (Scabies)
▪ Otitis Media
▪ Rheumatic Heart Disease
▪ Reactive Airway Disease
▪ Dental conditions
▪ Convulsive Disorders

Developmental Delays and Disabilities
▪ Vision Impairment
▪ Hearing Impairment
▪ Neuro Motor Impairment
▪ Motor Delay
▪ Cognitive Delay
▪ Language Delay
▪ Behavior Disorder (Autism)
▪ Learning Disorder
▪ Attention Deficit Hyperactivity Disorder

DEIC : Operationalization of DEIC in Bihar

The District Early Intervention Centers are established under RBSK for providing management of children identification with specific disease , deficiency and defect at birth with tertiary level health services.9 DEIC are approved one each at divisional Headquarters in district hospital and for surgery tie up with 9 different medical college and hospitals in Bihar.

Functions of DEIC:-

- To Co-ordinate tertiary level treatment.
- To give the intervention to cases suffering from development delays leading to disability.
- To confirm cases referred in.

Ambulance Services (102 & 108 services)

102 and 108 are toll free numbers given by the government of India to the ambulances needed to transfer of emergency cases. These calls are diverted to a central call center .The ambulance is well equipped with GPS and the drivers and emergency medical technicians (EMT) have mobile phones ,these ambulances are run on a PPP mode.

The following are eligible for receive services free of cost:-

- Pregnant women from home to nearest health facility and then back home.
- Newborn from home to health facility and back home.
- Accident cases
- Senior citizens
- BPL patients

For another beneficiaries 10 Rupees/Km are charged from the point of pickup to point of drop.

RKS

RKS committee a registered society acts as a group of trustees for the hospital to manage the affairs of the hospital .It consists of members from local Panchayat Raj institutions NGOs, local elected representatives and officials from government sector who are responsible for proper functioning and management of the hospitals, this committee has been set up at the facilities level to manage ,regulate and supervise the hospital facilities and fulfill the requirement . In Bihar this committee are working at PHC,FRU,SDH and District Hospital.

Objectives of RKS:

The following are the objectives of RKS:

- Ensure accountability of the public health providers to the community.
- Generate resources locally through donations, users fees and other means.
- Undertake construction and expansion in the hospital building.
- Ensure specific disposal of hospital waste.
- Ensure proper training for doctors and staffs
- Ensure proper use ,timely maintenance and repair of hospital building equipments and machinery.

Basic Structure:

RKS consist of the following members-

- People's Representative
- Health Officials
- PRI
- CHC/FRU in charge
- Leading donors.

Functions and Activities :

- Identifying the problem faced by the patients in CHC/PHC.
- Expanding the hospitals building in consultation with and subject to any guidelines that may be laid down by the state government.
- Making arrangement for the maintenance and equipment available with the hospital.
- Encouraging community participation in the maintenance and upkeep of the hospitals.
- Encouraging community participation in the maintenance of the hospitals.

Village Health Sanitation And Nutrition Day (VHSND)

- Organize once in a week at the AWC in the village.
- Interfacing between the community and the health services.
- The villagers can interact freely with the health professionals and obtain basic service information.
- Services to be provided in VHSND is immunization ,ANC, PNC, Prevent Infection causes ,counselling for complementary feeding, counselling for family planning ,health and nutrition education , Sanitation and Hygiene.

Purpose :-

- To reduce maternal and child death.
- To prevent infection causes disease.
- To reduce malnutrition.

DEVELOPMENT PARTNERS OF STATE HEALTH SOCIETY,BIHAR

A. State Institute of Health & Family Welfare:-

State Institute of health and family welfare is training institute. It provides the need-based training. SIHFW is collaborative training institute of the national institute of health and family welfare(NIHFW) New Delhi for state. This institute is to promote health and family welfare programme in the State through education ,training services, research and monitoring in health sector.

- SIHFW helps in the preparation of the PIP for the training.
- It provides training to the employees of social welfare and all the development partners.
- The trainers in SIHFW has been trained by the NIHFW and then trained trainers provide training to the different level in the state.

Governing Body Of SIHFW :-

- Chairman -Development Commissioner.
- Vice chairman -Principle Secretary .
- Member Secretary-Director SIHFW
- Number of faculties-4

Training provided by SIHFW:

- Skilled attendant at Birth (SBA)
- IMNCI supervisor training
- MAMTA ToT.
- Professional Development Course for MOI (PNC)
- ToT IUD Insertion.
- AYUSH (Medical OfficerToT)
- AYUSH (Medical officers YOGA Foundation Course)
- Adolescent Reproductive and Sexuality Health (ARSH)
- Vitamin A
- Measles ToT training
- Child Health Supervisor Training
- Routine immunization ToT training
- Orientation of monitors for training programs under NRHM.
- ASHA ToT training

B. Ipas Development Foundation

- Social Factors
    I. Lack of Awareness that abortion is legal and is available in the health facilities.
    II. Gender discrimination and the low status of women is society.
    III. Ignorance about contraception and the lack of male participation in preventing unintended pregnancy.
    IV. Women do not go to male providers.
- Policy Factors

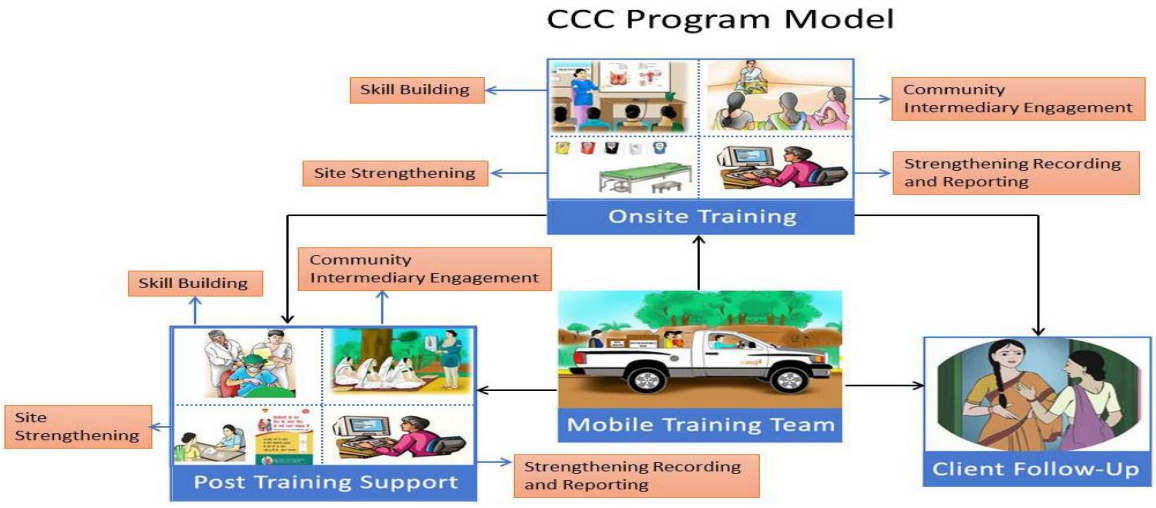
Policies are basic strategies that guide the government to formulate a roadmap for action on any programme ,the policy factors impacting access to safe abortion services are:

I. Scarcity of qualified providers for safe abortion services.
II. Inadequate equipment and supplies essential to provide services.
III. Insisting on acceptance of a particular contraceptive method during abortion care.
IV. Weak referral linkages.

- Economic Factors
    I. Loss of wages affect the individuals decision to seek healthcare.
    II. Private providers charge high fees for services.
- Physical Access factors
    I. Scarcity of trained providers in the under served areas and the judgmental attitude of the providers.
    II. Sites providing safe services are not advertised.

Comprehensive Contraceptive Care

Ipas Development Foundation (IDF) collaborates with the Ministry of Health and Family Welfare (MoHFW) to improve the availability of comprehensive contraceptive care (CCC) and to increase the number of skilled providers trained to offer contraceptive care services (including intrauterine contraceptive devices) and improve access to high quality ,woman -centered services.



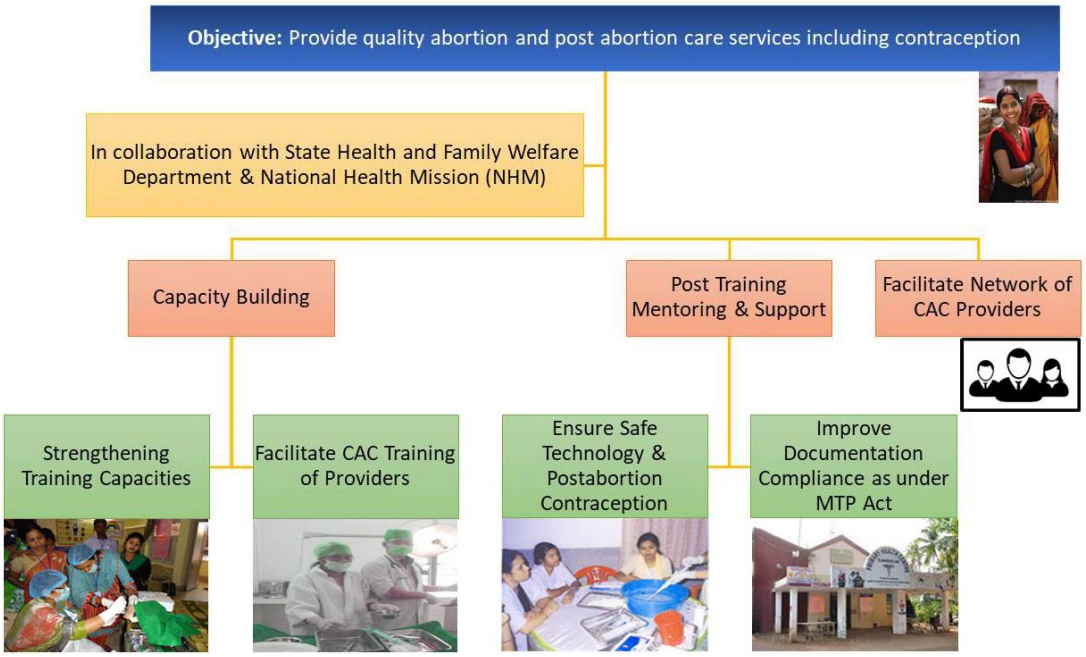
IDF's CCC program strives to :

- Provide safe, high quality contraception services.
- Offer a basket of contraceptive choices for women that meet their needs at any stage and include contraceptive choices available in public health system.
- Ensure services that are non- coercive and based on the women's choice.
- Ensure availability of quality family planning services.
- Address the needs of young women.
- Reduce the number if unintended pregnancies and abortions.
- Be affordable and sustainable to health systems.

Comprehensive Abortion Care (CAC)

Ipas Development Foundation's (IDF) woman -centered CAC approach takes into account the various factor that influence a woman's individual health needs- both physical and mental -as well as her personal circumstances and her ability to access services.

CAC Program Model



IDF's CAC Program Strives to:

- Provide safe,high quality services, including abortions,post abortion care and family planning.
- Decentralize services so they are closer to women.
- Be affordable and acceptable to women.
- Understand each women's particular social circumstances and individual needs and tailor her care accordingly.
- Address the needs of young women.
- Reduce the number of unintended pregnancies and abortions.
- Identify and serve women with other sexual or reproductive health needs,
- Be sustainable to health systems.

Yukti Yojana is a good ,Replicable and innovative Practice

Yukti Yojana ,is a unique public private partnership between the government of Bihar and Ipas Development Foundation .Yukti Yojana is good ,Replicable and Innovative Practices. Under Yukti Yojana ,women receive high -quality ,free-of-cost abortion care from accredited private clinics that are then reimbursed by the respective District Health Societies. The program complements existing public sector CAC services n Bihar.

C. UNICEF

UNICEF is one of the largest UN Organization in the world. It plays a major role to ensure the effective implementation of NRHM Programme .UNICEF provides technical support to the State Health Society ,Bihar for immunization ,maternal health and Nutrition and Training. Patna has the 2nd largest office in India in terms of HR and Employee.

UNICEF initiative for Bihar:

- **Technical Setups in Bihar**

There is different well-equipped facility which have been set up in Bihar at the different PHCs ,DH, FRU and medical colleges.

Hospital	Services provided	No. of Beds
PHC	New Born Care Corner(NBCC)	1
FRU	New Born Stabilization Unit(NBSU)	6
DH	Special New Born Care Unit(SNCU)	12
Medical Colleges	New Born Intensive Care Unit(NICU)	22

NICU :- In order to reduce the IMR a setup has been established at the PMCH known as NICU having 22 beds .It consist of radiant warmer ,oxygen concentration etc. to take care of the new born babies. In NICU that bay is admitted who are suffering from Hypothermia , Aspothermia, Asphyxia and having low birth weight(LBW).

SNCU :- A special new born care unit has been set up in the district hospitals. It consist of 12 beds .It is having 2 unit's ,inborn unit and out born unit.

In inborn unit ,those babies are admitted who has taken birth in same hospital while in out born unit those babies are admitted who are suffering from other blocks/hospitals. The equipment's available there are 12 Radiant warmer ,4 Infusion Pumps,4 Oxygen Concentrators,12 Oxygen hoodsa,4 Phototherapy Machines ,4 Vital Monitor,2 digital weighing machine, Multipara Monitor.

NBCC: PHC having 1 Beded new born care corner to take care of the new babies.

Departments of UNICEF :-

- **Health -It is having 4 wings-**
  I. Capacity building
  II. Routine Immunization
  III. Family Friendly Health Initiatives(FFHI)
  IV. Quality Assurance
- **Nutrition : Project under Nutrition**
  I. Supporting VHSND
  II. Integrated Nutrition Project (NSS)
  III. Vitamin A Supplementation
  IV. NRCs

- **Water and sanitation :** It take care of the quality of water and sanitation behavior of the people.
- **Integrated Management Neonatal & Childhood Illness) :-** It is critical package developed by WHO & UNICEF which has been adopted to including neonatal care at home visit being rolled out in Bihar.
- This Project is focused on the newborn & the three years child. It promotes home visit ,care at birth, counselling as well as identification ,classification and treatment of illness by providing training to the anganwadi workers (AWW) and Community Health Workers.
- **ORS / Zinc Therapy for Diarrhea :-** In order to benefit of ORS and Zinc therapy for children suffering from diarrhea . Bihar has adopted policy to introduce Zinc with ORS in the management of all the cases of childhood diarrhea in line with WHO/UNICEF recommendation . This policy offers vital opportunity for saving the lives of children but must gain momentum to be quickly & effectively rolled out.

PROJECT TOPIC :

ALCOHOL BAN AND DOMESTIC VIOLENCE : A CASE STUDY OF BIHAR

INTRODUCTION :

Domestic violence has become a global issue and is now admit as a right of citizenship over the last 40 years. Abuse against female is defined by the United Nations (1993) as "any act of gender-based violence" that causes "physical, sexual, or emotional abuse or suffering to women, including warning of such acts, force, or arbitrary denial of liberty, whether in public or private life." Domestic violence's ubiquity is underestimated, and incidences of domestic abuse are infamously underreported, despite the fact that it has gain widespread attention as a social issue.

In India ,Bihar is one of the least developed states with low levels of female scholars and autonomy, has the highest rate of domestic abuse in the country. Domestic abuse is believed to have occurred in 59 percent of ever-married women. Many women's do not use official turn up channels (such as calling the local police) and do not feel agreeable uncover their domestic violence experiences to members of their society, therefore much of this notice comes from a national health survey as well as figures on dowry-related mortality.

The 2005 Protection of Women Against Domestic Violence Act (PWDVA) altered Bihar's domestic abuse reporting system. Bihar is expected to protection of women from domestic violence under the PWDVA by providing cause refuge and protective orders. Out of 38 districts ,thirty-five districts have a helpline where aggrieved of domestic violence can report it.

Despite these ways for reporting, 86 percent of women said that they were unaware of these institutions, and 80 percent of those who were aware stated they would not know how to go about reporting domestic abuse to the helplines. The forms of reporting are likely to improve women's manage techniques as well as their overall safety. Furthermore, increasing the number of people who are aware of the abuse raises community's overall awareness of the rate of domestic violence and, as a result, viewpoint is that domestic violence is a problem.

According to NFHS data, 40 percent of ever-married women aged 18 to 49 years in Bihar have experienced marital violence, while only 9.9% in Kerala have. In other words, Bihar has nearly four times the number of women who have suffered domestic abuse than Kerala. This is the polar opposite of what the NCRB's domestic violence data suggests. In all forms of gender-based violence documented in NFHS-5, Bihar had significantly greater numbers than Kerala.

In Bihar, 1.6 million women did not endure harassment from their husbands in 2019, compared to five years previously. In other words, in the last five years, marital violence has decreased by 5%. This decline in numbers is noteworthy in terms of women's rights and health, especially in a state that is considered to be developmentally "behind."

OBJECTIVE :

- To res'iew the key provisions specifically focusing on domestic violence under the Act (PWDVA,2005)
- To examine the effect of the alcohol ban on domestic violence
- To res'iew the effect of the alcohol ban on crime rates (other than domestic violence).

METHODOLOGY :

Data **sources:** Data is collected from the v'arious sites jews reports and Journals.

Total 17 articles reviewed **and the criteria fro selection of literature**

1. Inclusion criteria: -
   - A study that was published during the last ten years.
   - Full text Article
2. Exclusion C riteria: -
   - The stud y was written in a language other than English
   - lt was published more than ten years ago.

Search **Engine**-

- s Pu bmed /Medline
- Google Scholar
- Web of Science

Strategy for identifying and selecting refer **ant studies** — **Keywords** -Domestic violence, Alcohol Ban, Alcohol Prohibition, Crime Rate

Data Base Searched- NCRB (National Crime Record Bureau) Annual reports and SCRB (State Crime Record Bureau),

Data Analysis- Using Ms-Excel

Study Duration - 9 Weeks (23rd March to 31' May 2021)

Ethical Consideration-

- s I didn't distort the data.
- The use of data w'ill not result in any damage or dis tress.

Literature Review:

In one of the study, Author examine the effect of banning on alcohol utilization and intense crimes against female by making the use of the state and temporal variation in alcohol control in India. They use comprehensive household survey data to reveal that the banning policies are linked with substantially lower rates of drinking among men and domestic abuse. And they provide proof that alcohol banning reduces aggregate violence against women in reported crime data. (1) Another research was based on the impact of an alcohol-prohibition policy on crime in the Indian state of Bihar, where about 1.5 percent of the world's population lives. They reveal that banning the sale and consumption of liquor has enlarge the crimes, even after considering for prohibition-related crimes, using a difference-in-difference empirical technique. (2) Another study say that reducing violence against women and girls in Bihar is difficult to perform and assess. The potential satisfaction of complex, community-based, social sector programmes that try to modify highly entrenched female power inequalities are described in this research, as well as the attributes that reduce their potential impacts. (3) In a paper, writer examines the range to which it modify the gender role attitudes of young men and inculcate in them attitudes refuse violence in opposition to women and girls by inspect the data from a cluster randomised controlled trial with panel surveys, of a gender-transformative life skills education and sports-coaching programme. (4) One of the study distinct on the disagreement that exist between economic development and gender equity in India. It site the concepts of cultural offence and institutionalized over time through cultural standards. The Author used intersectional lens to analyse the layers of disparage and ill treatment.(5) In another study, Author argues whether liquor formation bulk is associated with 4 categories of intense crime or not and whether the strength of the alliance varies by type of intense crime and by on-premise formation.(6) Similarly, In one of the study the Author evaluate that the prevalence of domestic abuse and 3 of its components - emotional abuse, physical violence, and sexual violence among women in the age group of 15-49 years in Kaniyambadi block, rural Vellore, Tamil Nadu and discover the risk factors of domestic abuse.(7) Another Study related to that in which Author examines the impact of the policy on all distinguishable offenses, which suggests no effect of the policy on all the detectable offenses.(8)

The results shows that policies that restrict access to alcohol, it may help reduce gender violence. One of the results shows in places where public brace for the policy was powerful, the rebel in crime was the smallest. The findings caution against `big-bang reforms' in states with low institutions. The findings for the challenges for execution and evaluation, that the programme experienced several difficulties that included contextual problems, such as the lack of leadership skills of those delivering the arbitration and the gap between expected responsibilities and activities of government platforms and reality. The results for examining the extent of gender title attitudes of young men and view rejecting violence against women , were particularly among adolescent who attended regularly, underscoring the importance of regular presence in such programmes. Result of the disagreement that exist in the middle of economic happening and gender equity in India suggest that, after doing field studies in rural Bihar, it shows that in spite of development come to, old forms of gender-based

discrimination and violence such as son-preference, marriage settlement, witch-hunting, and contradictory practices associated with menstruation persevere. The result of association with 4 categories of violent crime or not shows constructive, statistically remarkable alliance were notice for total liquor formation bulk and each of the intense crime outcomes. They deliberated that a 3.9 to 4.3% increase across offense categories would result from a 20% increase in district formation density. The associations between presumption density and each of the individual intense offence outcomes were also all positive and notable and similar in strength as for total formation density. The relationship between presumption density and the crime outcomes were all positive but not prime for rape or total vicious crime, and the strength of the alliance was weaker than those for overall and presumption density. The result of prevalence of domestic abuse shows that widespread presence of all forms of domestic violence among women was 77.5%, and 40% women were classified as having ever been subjected to severe domestic abuse. Prevalence of physical abuse was 65.8%, sexual abuse was 17.5%, and emotional abuse was 54.2%. The final outcomes indicated that net of other volatile, respective of which had significant jolt on adolescent homicide, the bulk of liquor outlets had a remarkable positive effect on adults assassination for those aged 13-17 and 18-24. Such positive effects have been found for adults in national and community level studies, but this is the first study to report such verification for teenagers. An important policy inference of these findings is that the reduction of the bulk of retail alcohol outlets in a city may be an constructive tool for violent crime reduction among such youths.

One of the study findings is that the prevalence of domestic violence is least among degree holder and above and maximum among the illiterate member. They found that there is a powerful alliance between the literacy status and accountability to being abused. It is noted as one of the key determinants for domestic violence in India. And hence Study concluded that education can be considered as one of the protective factor from domestic abuse. After survey the impact of the policy on all distinguishable crimes, which suggests no effect of the policy. It suggests that the ban led to a significant increase in rate of violent crime, to the tune of 0.248 per 100,000 population (23 percent of the mean). However, it does not show a notable effect on property crimes and other crimes, For more transparency, they conducted an additional analysis to investigate the result of the policy, once the Bihar Government re-communicate the law.

RESULTS:

1. The key provisions specifically focusing on domestic violence under the Protection of Women from Domestic Violence Act (PWDVA,2005) are as follows -

The Protection of Women from Domestic Violence Act 2005, take place from 26/10/2006 and it applies in whole India except in the state of Jammu & Kashmir.

Under this Act, Domestic Violence includes-

- **Definition of Domestic Violence** -
- Causing suffering, injustice or danger to health whether mental or physical
- Causing harm , injury or danger to the women with a view to pressurize or any other person related to her to meet any illegal demand of dowry.
- Physical abuse
- Sexual abuse
- Verbal and Emotional abuse
- Economic abuse- Includes, such as not providing money for keep up women or her children. Not providing foods, clothes, medicine etc. Preventing from retrieve any part of house, Preventing or obstructing from carrying an employment ,selling the ornaments without her consent.

There are some rights which are made for the victims like-

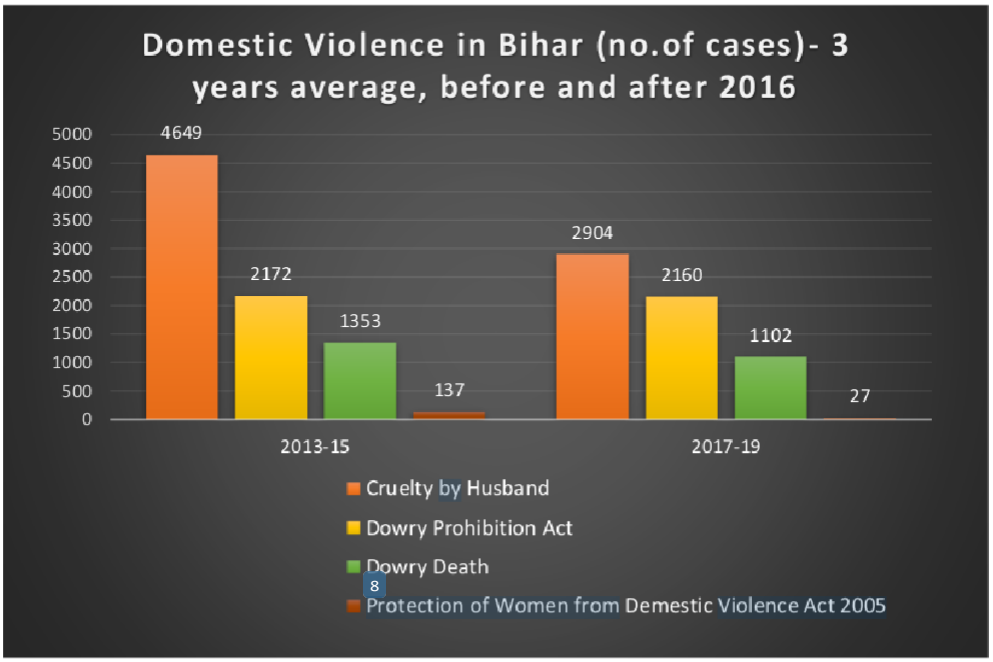
- **Victims Resources-** In this, aggrieved should be provided with proper counselling medical facilities, and shelter houses, as well as attorney if necessary.
- **Counselling-** It should be bring to both the concerned parties , or whichever party needs it, as directed by the Judge.
- **Protection Officers-** Protection Officers, it should be a qualified women and arranged by the government in every district. The responsibilities of officer's is to file a domestic incident report, providing shelter to the aggrieved person , medical care, and attorney, and to ensure that protection orders made against the defender are followed.
- **Protection Orders-** Protection orders for the aggrieved's safety can be issued against the defenders for a variety of reasons, including when he commits violence, aids or enters any place where the aggrieved perennial or efforts to communicate with her, restrain the victim's credit, or causes violence to people who are prime to the aggrieved person.
- **Residence**-- If the judge thinks, it is necessary for the victim's safety, the defenders may be block from both sides and places of residence. Furthermore, the defender is not allowed to remove the aggrieved person from his or her home.
- **Monetary Relief-** The defenders have to compensate the victim for any losses, including salary payments, Medicare, and any cost incurred as a result of property loss, destruction , or ejection, as well as the aggrieved and their children's upkeep.
- **Custody of Children-** It is meant for the aggrieved person as required ,with the visiting rights to the defenders it is necessary.

2. Examine the effect of alcohol ban on domestic violence in Bihar-

The cases of domestic abuse such as cruelty by husband, dowry deaths, dowry protection act and Protection of Women from Domestic Violence Act 2005 are much more higher than before the Alcohol Prohibition Act. After the implementation of total ban on alcohol (Alcohol Prohibition Act), including its , sale ,storage, manufacture and consumption in April 2016, there has been shown a rapid decline in the cases of domestic abuse.

When the data is disaggregated, Section 498A of the Indian Penal Code (IPC) applies to domestic abuse cases (cruelty by husband or relatives) shows a drastic decline of 38%. But the cases of dowry deaths and dowry prohibition act are decreased slightly with 18% and 0.5% respectively. There has been a minor decrease in the number of dowry deaths since the prohibition as shown below-

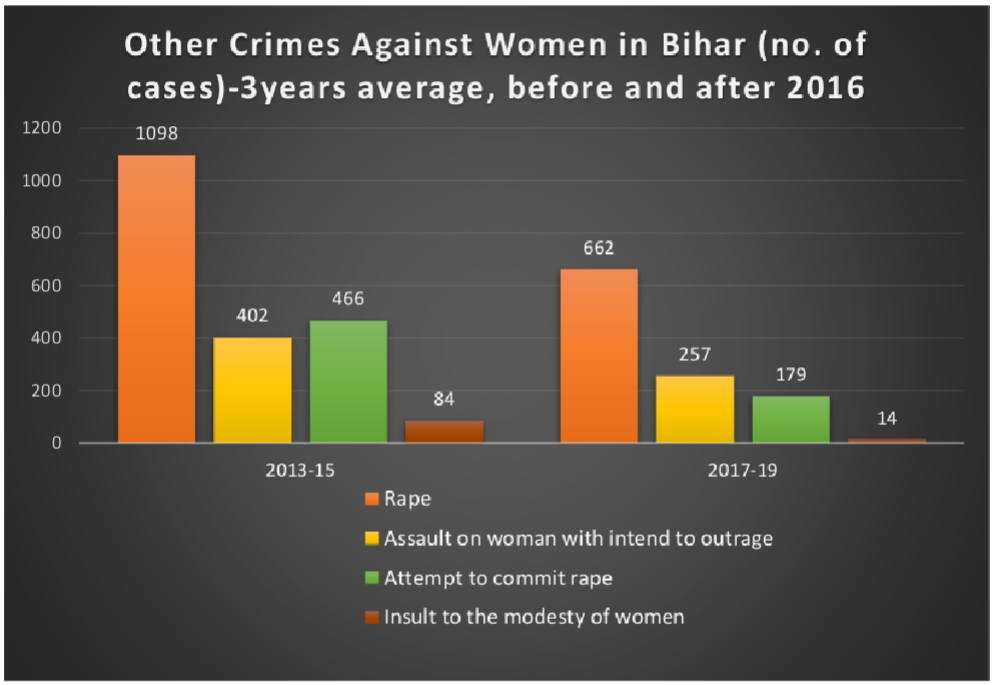
Figure 1.



3.After reviewing the effect of alcohol ban on crime rates (Other than domestic violence), The data shows similar scenario as domestic abuse. Prior to the implementation of Alcohol Prohibition Act ,the cases of crimes such as -Rape, Assault on woman with intend to outrage , Attempt to commit rape, Insult to the modesty of women , are comparatively higher .

In 2016 when the act came into force, after calculating the average rate of 3 years i.e from 2017 -2019 the rate of crimes like rape fall by 40%, similarly the rate of attempt to commit rape goes down by 61% , same as for assault on woman with intend to outrage and insult to the modesty of women , the rate decreased by 36% and 83% respectively as shown in Table2.

Figure 2.



District wise-analysis of Domestic Violence and Crimes related to women, as shown below:-

Table 1.

Districts	Dowry Death	Cruelty By Husband	Dowry Prohibition Act	Protection of Women from Domestic Violence Act	Rape	Assault on women with intend to outrage
Araria	12	60	90	0	25	3
Arwal	8	9	17	0	10	5
Aurangabad	27	32	57	0	15	0
Banka	18	32	75	0	10	0
Begusarai	20	20	62	0	10	12
Bettiah	34	56	113	0	11	0
Bhabhua	23	25	59	0	10	0
Bhagalpur	16	99	190	0	33	6
Bhojpur	35	51	207	0	8	2
Buxar	14	42	66	0	13	3
Darbhanga	35	39	124	0	33	22
Gaya	42	106	127	0	49	5
Gopalganj	29	55	62	0	2	1
Jamui	16	26	50	0	9	4
Jehanabad	22	19	30	0	9	15
Katihar	14	71	161	0	60	15
Khagaria	15	31	23	0	13	0
Kisanganj	5	20	63	0	18	0
Lakhisarai	9	23	30	0	6	0
Madhepura	7	28	52	0	11	0
Madhubani	26	5	164	0	19	4
Motihari	74	112	208	0	29	17
Munger	15	91	34	0	10	0
Muzaffarpur	79	192	34	0	34	7
Nalanda	64	84	148	0	37	15
Nawada	26	41	64	0	29	0
Patna	86	295	197	0	69	91
Purnea	26	44	41	0	38	11
Rohtas	36	68	94	0	5	0
Saharsa	17	31	31	0	14	0
Samastipur	34	58	87	0	14	0
Saran	54	121	204	0	26	0
Sheikhpura	9	14	30	0	8	26
Sheohar	7	7	11	0	3	10
Sitamarhi	37	154	0	0	9	3
Siwan	42	41	83	0	8	0
Supaul	10	37	56	0	18	5
Vaishali	64	53	83	0	0	13

By Going through above mentioned Table 1, we calculated **State average** of different domestic violence and crime of the year 2019 which is as under:

Table 2.

Various Crimes	Rape	Dowry Death	Cruelty by husband	Dowry Prohibition Act	Assault o women with intend to outrage
State Average	**19**	**29.1**	**60.3**	**84.9**	**7.7**

Here I observe that there are certain districts which Crime and Domestic Violence is **Above State Average** as shown below:

Table 3.

Districts Above State Average	Dowry Death	Cruelty by husband	Dowry Prohibition Act	Assault on women with intend to outrage	Rape
Bhagalpur	**44**	**99**	**190**	**33**	**46**
Darbhanga	**35**	**39**	**124**	**33**	**22**
Gaya	**42**	**106**	**127**	**40**	**25**
Katihar	**34**	**71**	**161**	**60**	**20**
Madhubani	**25**	**5**	**164**	**19**	**18**
Motihari	**74**	**112**	**208**	**29**	**17**
Nalanda	**64**	**84**	**148**	**37**	**15**
Nawada	**26**	**41**	**64**	**29**	**19**
Patna	**86**	**295**	**195**	**69**	**91**
Rohtas	**36**	**68**	**94**	**5**	**18**
Saran	**54**	**121**	**204**	**26**	**20**
Sitamarhi	**37**	**154**	**0**	**9**	**23**
Vaishali	**64**	**53**	**83**	**13**	**17**

There are different parameters which are responsible for this increased domestic violence and crime rates in these districts. This can be explained on grounds of some parameters like sex ratio ,literacy rate, and population densit y of Bihar. lt is also observed that the districts in which Prohibition Act 2016 is more strictly implied, the rate of domestic violence and crime is considerably less than the state average. According to the Report of State C rime Record of Bureau (SC RB) of 2019 the state average of violation of prohibition act (201 6) is 45.7.

According to the Census 20 I I ,

Table 4.

Sex ratio of Bihar	918 (per 1000 male)
Literacy Rate	6 I .80 percent
Population density	1 106 person /krnsq.

N ow going through the district mentioned in table 2 , the pattern of crime rate and domestic v'iolence can be explained on the basis of abov'e mentioned parameters.

- 1n districts like **Bhagalpur** and **Vaishali,** although the cases under Prohibition Act (201 6) is less than the state average but the sex ratio and population Densit y are the different factors which are responsible for large C rime rates. The population densit y of Bhagalpur (1 152) and V aishali(1717) is much higher than the state av'erage which is I 106.We also trend of low sex ratio i.e B**hagalpur (880) and Vaishali** (895) which is considerably low as state av'erage which is 918. Simmilarly in other districts like Darbhanga & Sitamarhi, apart from high population densit y and low sex ratio there is also a considerable drop in literacy rate which stands as 56.56*/e for Darbhanga and 52.05*/c in Sitamarhi, which is quite less than states literacy rate i.e 6 I.80*/c. Saran has control over sex ratio and literacy rate but its population densit y is too high (149G) in camprison to Hihar's Population Density.like others Katihar also has a problem of literac y rate i.e 52.24.
  This shows that high population, low sex ratio and low literacy rate is a big hinderance to social welfare and Government's awareness program.Since the resources are limited, due to high }xipulat ion density different programs reaches to less people and the low literac y rate also contribute to the factor that the peoples are not aware of the rights the y posses in case of injustice done on them. Low sex ratio also shows the sick mentalit y of people towards woman which is the root cause of v'arious injustice which they endure on themselves.

Apart from above mentioned factors there is one major factor i.e. v'iolation of Prohibition Act(20 I 6).The district there violation cases are higher than the state average clear ly showslarge number of Crime rates.Such districts are the like of **-Patna (159.7), Nalanda (fi3.9),** Nawada (79.3), **Motihari(45.8),Muzaffarpur(48**&), **Madhubani(51** &),Saran **(5fiJ) and** Rohtas(47.fi).lt can be seen that violation cases are higher than the state av'erage (45.7).This shows the necessit y of Prohibition Act (201 6). The district where people are following the rules have low criminal rate. That was the main idea behind irnJx›sing the Prohibition Act (20l 6). But after seeing large number of v'iolation in district like Patna it must be concluded that there is a lot of work left to be done and it is obvious that if our societ y follow these laws, we can definitely ov'ercome from crime related to women.

DISCUSSION:

Liquor prohibition is getting traction in India's political campaigns and movements. Prohibitionist positions have been justified under a variety of guises over the years, including religious, moral, economic, and societal justifications. In India, women are in the forefront of the anti-prohibition movement. Women have taken to the streets in states ranging from Bihar to Andhra Pradesh to pressure state governments into banning alcohol, citing its negative consequences on their households, including gender-based violence and financial pressures.

According to the National Crime Records Bureau (NCRB), there were 8,455 dowry deaths reported in the country in 2014. This is up 4.6 percent over 2013, when there were 8,083 instances reported. The PWDVA was envisioned as a statute that would clearly recognise a woman's right to live a life free of violence. It was created to provide urgent aid to domestic abuse survivors and victims, as well as provide rapid access to justice.

Nitish Kumar, the Chief Minister of Bihar, kept his election pledge and passed a law prohibiting the production, distribution, transportation, collecting, storage, possession, purchase, sale, and use of alcohol throughout the state. The campaign to build a maanav shrinkhala (human chain) aimed at increasing awareness about liquor prohibition, among other issues, drew around five crore individuals from Bihar.

Following the alcohol ban, violence against women has decreased slightly in Bihar state and more considerably in Patna city (the state capital). To prevent year-to-year variations, I compared the average of recorded crimes for the three years following the restriction to the three years before it (excluding 2016, as the ban was implemented halfway through the year). With the exception of kidnapping and abduction cases, which are typically submitted by women's families when they elope, crimes against women have significantly decreased in both rate (recorded instances per 100,000 female population) and incidence (absolute numbers). Nitish Kumar, the Chief Minister of Bihar, declared that the prohibition of alcohol had brought about a beneficial shift in society and that his government was determined to prosecuting those who broke the law. Since the prohibition was imposed, there has been a decrease in a variety of crimes, including domestic violence and rape.

Several studies have found causal correlations between alcohol intake and intimate partner violence, which is defined as behavior in an intimate relationship that causes physical, psychological, or sexual harm to people involved.

A ban also has a disproportionate impact on the incomes of thousands of marginalised populations, particularly those who rely on the production of alcohol to make a living. Communities like Pasis and Masajars, for example, where men and women traditionally worked in the production of toddy and liquor, were not given with alternate sources of income.

Overall, Indian women, in particular, are being conditioned to see inexpensive alcohol as a source of failure and violence. This was evident in Bihar, which outlawed alcohol in 2016, because women who had experienced domestic violence saw alcohol as the source of the problem. The "Bihar Prohibition and Excise Act" gave these women a sense of power over their husbands, allowing them to voice their desires.

CONCLUSION :

To conclude, The PWDVA act of 2005 is well-written, thorough, and extensive. lt includes verbal and physical abuse, as well as threats of abuse. Badgering, force, and suffering to one's strength, protection, or security are all offset under this law. The prohibition of alcohol resulted in a good transformation in societ y, and the government is devoted to penalising those who break t he law.There appears to hav'e been a decrease after the ban of alcohol in crimes rates and domestic violence against women in Bihar. lt is really a boon to poor family. The women in Bihar who had experienced domestic violence saw alcohol as the root cause problem. The Act gave these women to raise their voice and commit thernsel yes to a better standard of living which can be hnught by increasing the literac y rate among women especially, controlling the population densit y which is on a higher side and also encouraging increase in sex ratio, so that our societ y is balanced and we all together look for new horizon of dev'elopment.

RECOMMENDATIONS‘

- To guarantee that the policies it dev’el ops are well-considered and thoroughly planned.
- There is a need of comprehensive social campaign that should help to create awareness about the law and the ill-effects of alcohol

  The government needs to broaden its inputs, ins’ols’e the pu blic, research the incentiv’e structures that influence pu blic decisions, and build robust policy through a debate and discourse process.
- There should be a separate fast track courts to punish the smugglers and harsh punishments should be in a provision.
- Government can involve common people by awarding them ,if they help in reporting the smuggling.

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Dissertation Training

at

National Health Mission,Bihar

Study- Alcohol Ban & Domestic Violence : A Case Study of Bihar

by

Ms.Surbhi Kumari
PG/19/092

Under the guidance of

Dr. Jayati Srivastava
Deputy Director -Training
NHM, Bihar

PGDM (Hospital and Health Management)

2019-21

International Institute of Health Management Research
New Delhi

Annexure C

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **_Surbhi Kumari__** student of PGDM (Hospital & Health Management) from International Institute of Health Management Research, New Delhi has undergone internship training at **__National Health Mission, Bihar____**from **___23rd March_____** to **___31st May_____**.

The Candidate has successfully carried out the study designated to him during internship training and his/her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish him all success in all his/her future endeavors.

Ms. Divya Aggarwal
Associate Dean, Academic and Student Affairs
IIHMR, New Delhi

Mentor
IIHMR, New Delhi

Annexure D

(Completion of Dissertation from respective organization)

The certificate is awarded to

Name _____

in recognition of having successfully completed his/her
Internship in the department of

Title _____

and has successfully completed his/her Project on

Title of the Project

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Organisation _____

He/She comes across as a committed, sincere & diligent person who has a strong drive & zeal for learning.

We wish him/her all the best for future endeavors.

Training & Development **Zonal Head-Human Resources**

INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH, NEW DELHI

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled ……Alcohol Ban & Domestic Violence : A Case Study of Bihar……

……. and submitted by ……Ms.Surbhi Kumari…….. Enrollment No…….PG/19/092……. ……under the supervision of ……Dr.Vinay Tripathi……for award of PGDM (Hospital & Health Management) of the Institute carried out during the period from ……**23rd March**.... to…….**31st May**……. ……..embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Signature

Annexure E

FEEDBACK FORM

Name of the Student:

Dissertation Organisation:

Area of Dissertation:

Attendance:

Objectives achieved:

Deliverables:

Strengths:

Suggestions for Improvement:

Suggestions for Institute (course curriculum, industry interaction, placement, alumni):

Signature of the Officer-in-Charge/ Organisation Mentor (Dissertation)

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Annexure F

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