Module 3: Evidence based approaches to health service provision to adolescents - Adolescent health and development with a particular focus on sexual and reproductive health - Assignment

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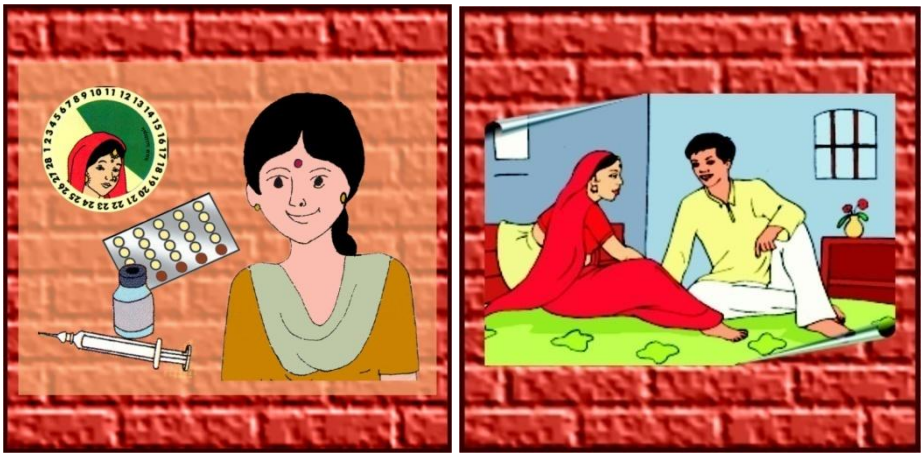

Perception of the reality on the ground in terms of adolescent friendly health services in India

In India, adolescents account for almost one third of its population. They are prone to suffer from reproductive and sexual health, nutritional, mental and behavioral problems including risky behaviour. Health services which cater exclusively to the needs of adolescents are scanty and concentrated in urban areas. Adolescent Friendly Health Services (AFHS) which provide a broad range of preventive, promotive and curative services under one roof can help to ensure improved availability, accessibility and utilization of health services. AFHS is being initiated by governmental, private and non-governmental organizations but is being sporadically implemented.

Sexual and reproductive ill health is one of the major causes of morbidity and mortality in young people. In a conservative society where reproductive and sexual health related issues are taboo for discussion, young people are hindered from actively seeking counsel for their needs. Even though programs and policies directed towards improvement of adolescent reproductive health exist, there is a paucity of Adolescent Friendly Health Services (AFHS), the expansion of which is still in the nascent stage. Moreover, very few programs have been able to differentiate between the special reproductive health needs of married and unmarried adolescents. In addition, there is less focus on adolescent boys by these programs and policies. The significant features of an Adolescent Friendly Health Center/Clinic (AFHC) encompass provision of reproductive health services, nutritional counseling, sex education and life skills education. It is a kind of 'one-stop' shopping approach which means that the different needs of adolescents can be met under one roof, by a team of professionals who understand their needs and are trained to address them effectively. Adolescents continue to remain at risk, thus calling for development and

strengthening of need based interventions. Also though policies exist, health care providers at the grassroots level seem at bay to actually operationalize adolescent/youth friendly services. The current health system at the primary and district health center level is barely able to meet the existing demands of the adults and children. Lack of manpower and facilities is a reality and hence having trained personnel who can cater to adolescent needs will need a thorough re-vamping and strengthening of the public health system in India.

The adolescent poses a distinct array of reproductive and sexual health challenges. These challenges include the consequences of early marriage, unsafe abortions, high-risk behavior, lack of awareness about contraception and reproductive health issues, reproductive tract infections (RTIs) and sexually transmitted infections (STIs) including HIV/AIDS and non-consensual sex. This creates an "unmet need" for reproductive and sexual healthcare. This unmet need varies among married and unmarried adolescents. The health seeking behavior also depends upon the marital status of the adolescent. Moreover, reproductive health services under the public sector are more oriented towards adult married women, while unmarried adolescents hesitate to seek health services due to the fear that these services are not confidential, inability to pay, requirement of parents' approval and negative or insensitive attitude of health providers. Even married adolescent girls shy away from seeking healthcare due to sheer embarrassment and the taboo associated with reproductive and sexual health problems and lack of privacy and sensitivity. Also programmatic constraints in the form of non-availability of health personnel at the health facility and poor client provider interaction poses as an obstacle in the utilization of reproductive health services by married adolescents in rural areas. Other factors leading to poor health seeking behavior include limited mobility and lack of decision-making power in the household.

Some fledgling efforts

An Adolescent Friendly Health Service should be accessible, equitable, acceptable, appropriate, comprehensive, effective and efficient. The Indian scenario has gradually witnessed an emergence of AFHCs run by governmental, private and voluntary health agencies. The World Health Organization (WHO) has supported development of AFHCs in the country out of which many are being sustained with government support and the institution's own efforts. Also, WHO is supporting the government of Tamil Nadu in using Mapping Adolescent Programming and Measurement framework (MAPM) in developing converged district action plans focusing on adolescents. A commendable step in setting up Adolescent Friendly Health Services was first undertaken by the Safdarjung Hospital in New Delhi that is providing a wide range of services such as clinical, mental health services, nutritional and reproductive health counseling, growth and monitoring development and immunization. This was evolved along a multi-sectoral approach involving the education and voluntary sector. A quarter of the adolescents availing of these services have presented with mental complaints. The National Institute of Research in Reproductive Health (NIRRH), Mumbai in collaboration with the Municipal Corporation of Mumbai started Adolescent Friendly Health Clinics, under the name "Jagruti", for providing specialized reproductive and sexual health services to adolescent boys and girls. A pilot initiative has been undertaken by MAMTA, an NGO to establish a model of AFHS through the public health system in villages. This model comprises community based 'Youth Information Centers' (YIC) supported by peer educators, health facility based 'Youth Clinics' at Primary Health Center and 'Youth Friendly Center' at First Referral Unit. The Family Planning Association of India

(FPAI) has set up AFHC as a pilot project under the banner of "Jigyasa" in four districts of Madhya Pradesh.

The Reproductive and Child Health Program II (RCH II) has come up with a two-pronged strategy for providing services specifically intended for adolescents at public health facilities at the primary healthcare level during routine hours and on dedicated days and times. Public health personnel such as medical officers as well as Auxiliary Nurse Midwives (ANMs) and lady health visitors (LHVs) would receive training on the provision of sexual and reproductive health services exclusively for adolescents. The Ministry of Health and Family Welfare (MoHFW) has developed guidelines and training package for operationalizing AFHS. Haryana is one of the first states in the country to have launched a distinct Adolescent Reproductive and Sexual Health (ARSH) program providing AFHS at government health facilities. The National Program Implementation plan of the RCH II has proposed to expand this program to 75 districts in the country.

From pilots to scale-up

It is important that Adolescent Friendly Health Services be made an integral part of the health system and not just experimental models in some States and within a state few districts. Apart from re-organizing the existing public health system, the public-private partnership and linkages with non-governmental organizations (NGOs), schools and various voluntary agencies would be of utmost significance. Inter-sectoral linkage with the National Rural Health Mission (NRHM) and National AIDS Control Program (NACP) will determine appropriate service delivery without any overlapping of services. The need to get the buy-in of the service providers at the ground level is really important and technical assistance being provided by various International Organizations should concentrate on ensuring that the viable pilot models are scaled-up to cover the entire Country.

In conclusion, it may be said that the perceptions of the reality on the ground as mentioned in the presentation is to a large extent the reality in my country. The efforts being made are not enough to reach the huge adolescent population in a country as large as India.

WHO's approach to improving the quality and expanding the coverage of health services to adolescents

Potential utility

The approach mentioned by WHO to improve quality of health services is very systematic and evidence based (reference Presentation -2 for this module). Definitely most of the components mentioned are useful and necessary for providing high quality health services to adolescents. The steps also mention how it can be done not just at the policy level but also at the ground level. Looking at metrics as an important component to monitor the implementation as well as gather evidence for further improvement ensures a holistic approach.

Potential feasibility

In my opinion, this approach though holistic will have to first and foremost grapple with the existing gaps in service provision of a country and handle the critical issues like shortage of manpower in the health sector, accountability and governance issues. Once the larger issues

related to health systems strengthening are handled then definitely the WHOs approach to improving quality and expanding the coverage to reach adolescents can be applied to provide the desired results. Also looking at a two-pronged approach of reaching both adolescents who are in school and those who need to be reached through community based-programming will ensure that a large section of the adolescent population both urban and rural can be reached, in India.

Case-study: From inception to large scale: the Geração Biz Programme in Mozambique (WHO & Pathfinder International)

This case study primarily endorses the following:

1. 'Where there is a will there is a way': this particular project has shown that multi-departmental approach and involvement of 3 major Ministries with their dynamics is possible on the ground if very systematic strategies and approaches are followed right from the beginning. This project was designed with scale-up in mind and slowly progressed to ensure that it covered all 11 provinces and now just needs to continue increasing its reach within the provinces. Handling 3 diverse Ministries like health, education and youth and sports in itself is a major challenge and a herculean task and this project has managed to collaborate with all the three ministries. This is a great learning for other countries too and the advantages of an inter-sectoral approach are well showcased in this case study as opposed to vertical programming. The overall benefits and advantages are also well illustrated through this model.
2. Using Milestones appropriately to vision a Scale-up intervention: This program used the available grounding since ICPD and based its strategic vision in visualizing and implementing a very holistic program which was three-pronged and addressed the critical areas of intervention viz; youth-friendly clinical services, school-based interventions and community-based outreach. The program was not limited to sexual and reproductive health but encompassed HIV too. This strategy ensured wide coverage and the stage was set for national scale-up. The key to the success of this program has been to effectively use the Scaling-Up framework which has three main phases: Creating a strategy for scaling up, Advocacy and outreach, and Implementation and tasking to facilitate implementation. This allowed the program to pro-actively manage Scaling Up right from the outset and included the Government right from the beginning.
3. Diverse partnerships: This program has shown that it is necessary to involve many stakeholders and donors, and expand its scope and ensure nationwide scale-up. Right from the outset technical advisors for the project worked closely at the Central Level to develop strategic plans and supportive policies conducive to a program which was sensitive in nature. Besides, it also put in place a well designed metrics and undertook rigorous evaluation to share the lessons learned, the challenges and the areas where further improvement is necessary.

Overall, it is important to mention that this case study shows that the program to work with adolescents and provide services to them has definitely been successful and is good evidence for other countries that indeed a program of this magnitude is possible and can be implemented. This is a wonderful model that can be used by other countries who are keen to improve the health services for adolescents.

Assignment documents

1. WHO Department of Child and Adolescent Health and Development. Improving the quality and expanding the coverage of health services for adolescents. WHO's approach. Paper presented at: Training Course in Sexual and Reproductive Health Research; 2010 Sep 11; Geneva.
2. WHO Department of Child and Adolescent Health and Development. The evidence base for our approach to improve the quality and expand the coverage of health services for adolescents. Paper presented at: Training Course in Sexual and Reproductive Health Research; 2010 Sep 11; Geneva.
3. WHO, Pathfinder International. From inception to large scale: the Geração Biz Programme in Mozambique. Geneva: WHO; 2009.