



Knowledge. Voice. Democracy.

PRIA

July 2021

Learning circle on
**Strengthening facility-based intervention to
improve health outcomes among adolescents-
A case of Adolescent Friendly Health Clinics**



Date: 29 July 2021

Time: 4:00 pm to 5:30 pm



Introduction

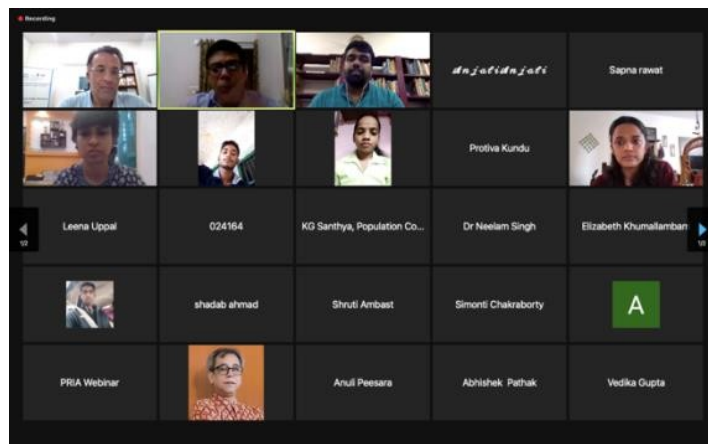
PRIA, MAMTA and Martha Farrell Foundation, in partnership with **Gurugram University and SHLC**, organized the second learning circle in a three-part series that explores adolescent health access, intervention and scale from the perspective of civil society. In this edition of the learning circle, we discussed how civil society can work towards strengthening facility-based intervention to improve health outcomes among adolescents, with reference to Adolescent Friendly Health Clinics (AFHC). In addition to practitioners and researchers working on facility-based interventions for adolescents, we were also joined by adolescent peer educators from different parts of the country to talk about the present situation of AFHCs in their localities.

The recording of the discussion can be accessed through this link:
<https://www.youtube.com/watch?v=kzWPEjte09Q&t=949s>

The following questions were discussed by the participants during the learning circle:

- What role can AFHCs play in improving health outcomes of adolescent population with special reference to urban localities? What are the challenges thereof?
- What role can civil society play in ensuring better outreach about adolescent friendly health services to the under-served and vulnerable sections of the population, like youth living in urban informal settlements?
- What strategies can be adopted in the realm of social and behavioral change communication, so that the preference among adolescents to seek facility- based intervention for primary health needs and referral can be increased?

The session was moderated by Dr. Anshuman Karol from PRIA. The learners were joined by Mr. Ram Aravind (PRIA), Ms. Leena Uppal (MAMTA), Dr. Rama Shyam (SNEHA), Dr. Neelam Singh (Vatsalya), Dr. Manish Thakre (Save the Children) and Dr.KG Santhya (Population Council). The session was attended by 35 participants belonging to civil society and research organizations from across the country. The dialogue



was predominantly conducted in Hindi for ease of understanding by the peer educators who joined us from Mumbai, Sitapur (UP), Gurugram and Lucknow. The peer educators enlightened the learners with unique perspectives about AFHC from the grassroots.

Summary of discussions

The first speaker, **Mr. Ram Aravind from PRIA** began the session with a brief introduction about the Participatory Action Research (PAR) study conducted with adolescent belonging to urban informal settlements in Gurugram. Two key findings from the study formed the basis of the presentation: **poor health-seeking behavior among adolescents in the settlements**

(around 97% of the adolescents reported not seeking treatment for NCDs in 12 months preceding the survey) and lack of awareness about AFHC or services provided through them. In Gurugram, one AFHC is catering to the population of 30,000 adolescents.

In order to address poor health-seeking behavior among adolescents and to increase uptake of services provided through AFHC, the following steps were mooted.

- It is important to draw up a strategy where adolescents can be linked to health services especially during overwhelming times as the pandemic. Enabling adolescents to independently exercise health-seeking behavior is as important as providing tangible relief materials. Empowerment should be at the core of civil society interventions.
- Social and Behavioral Change Communication (SBCC) materials need to be developed to ensure that the services provided by AFHCs can reach more adolescents, especially belonging to marginalized communities. At present, the SBCC materials target important aspects of adolescent health like SRH, Nutrition, violence and mental health. However, relevant contact numbers, location of AFHCs and the services provided need to be put out. Ram spoke about the effort by PRIA to develop SBCC materials for adolescents de- mystifying the concept of health-seeking as well as providing contact numbers of medical officer and AFHC counsellor.
- Strengthening peer networks or saathiyas in local communities, especially in- migrant communities can help in better linkages; civil society organizations can provide technical and capacity building support. However, care should be taken to ensure that these interventions are context-specific.

Ram also drew attention to the challenges of working with transient population groups like the ones living in urban informal settlements. He concluded by recommending that design of health systems exclusively for adolescents should be undertaken taking into consideration the health needs and demands of adolescents. PRIA would undertake a participatory visioning exercise with adolescents to enable them to imagine their ideal health center. The output will be presented as agenda/manifesto by the adolescents to the city health-officials.

The next speaker, Ms. Leena Uppal from MAMTA presented her experience of working on providing Technical Support to RKSK program in Uttar Pradesh. Her presentation dealt with the Governmental and Non-Governmental Organization (GO-NGO) partnership for effective roll out of RKSK scheme. The model is implemented in backward and rural areas where health indicators are less than appreciable. When MAMTA began implementation of RKSK in 2014, the scheme and its components were not adolescent-friendly, which was reflected in its top-down approach.

MAMTA, provided technical support to fix the supply-side challenges in rural priority areas. A small team was assembled to provide back-end support to the Government in implementation of the scheme. They began by addressing the systemic changes, like lack of a nodal officer responsible for ensuring smooth implementation of RKSK. Counsellors were also not hired in the AFHCs. Mentoring support was not available for the staff engaged in the scheme, like peer educators, frontline health workers and medical officers. As civil society organizations and technical support partners, MAMTA engaged in systemic reforms beginning with training of the staff engaged in RKSK roll-out.

The success of the model lies in the fact that adapting it to grassroots did not entail detailed staffing procedures. There were only two district coordinators for five districts, but they were smart advocates for addressing effectively the problems of adolescents. Capacity building of

the civil society staff involved in implementation had to be strengthened.

Dr. Rama Shyam from SNEHA, built on the experiences shared by the previous two speakers and commented on the quality of RSKS guidelines which she termed ‘remarkable’. However, implementation had not kept pace with the vision of the document. The speaker shared her experience of working in urban Mumbai, in coordination with Brihanmumbai Municipal Corporation to set up AFHCs.

An important gap that needs to be addressed with regard to adolescent health seeking is the excessive attention paid to sexual and reproductive health at the cost of ignoring the other components like nutrition, drug and substance abuse, mental health, violence and safety. The speaker advocates for equal emphasis and priority for all the components. There are misperceptions about adolescents being ‘healthy’, where a disease like anemia need not show covert manifestations, and hence, stand the risk of being ignored worsening health issues among adolescents. The experience of setting up AFHCs in India is very poor indeed and hence there is a need to view adolescent health as a whole rather than as parts. There is a need to work on micro-guidelines as opposed to blanket central guidelines, taking into consideration the cultural context. SNEHA works with Mahanagara Palika of Mumbai to implement Primary health care in Dharavi and adjoining areas. Health post (the alternate for AFHC) is not popular among adolescents. RSKS is still unpopular among adolescents, so the first step was to increase awareness among the members of community, including parents and guardians.

An important work to be done by the civil society was to increase awareness among the community members, so that health seeking and referral services can be scaled up.

Dr. KG Santhya from Population Council with vast experience of working on adolescent friendly health systems recounted a study conducted by her in 2012, prior to implementation of RSKS scheme. “Sadly, a decade later, nothing has changed” were her words as she proceeded to enlighten the co-learners about the present situation of adolescent friendly health clinics.

Building on Ram Aravind’s statement about only one AFHC in Gurugram for a population of 30,000, she remarked that the situation is same nationally. *“There were 8000 AFHCs across India by end of 2019 for 254 million adolescents in the country. That works out to one AFHC for a population of 30,000. The statistics with regard to counsellors is even disappointing. There are only 1700 counsellors for a population of 1.5 lakh adolescents”*, remarked Dr. Santhya revealing the enormity of the gap and questioning what is stopping implementation of more AFHCs.

Even though the dearth of counsellors in the facility is glaring, manning the facility is not enough. The need of the hour is to employ providers who can respond to the needs of adolescents, said the speaker recounting the demand posed by an adolescent peer educator learner who spoke about bringing a young counsellor for youth to feel secure and safe. As adolescents don’t know about the clinic, there should be efforts to popularize AFHC so as to



increase penetration of services. Most AFHCs are in district hospitals/community centers by virtue of their location in compliance with the guidelines and hence, cater mostly to rural population.

In the speakers' experience of conducting research with adolescents, it was evident that most of them do not want to go to AFHC, since their needs or health demands are not considered serious enough. Along with integrating adolescents into the fold of preventive health care, it is important also to target the parents or care-givers. There is enough evidence of how informal care-givers can be brought into the fold of professional health care, so that is a possibility that can be considered.

Dr. Manish Thakre from Save the Children expounded on the situation of adolescents in Gurugram, while connecting it to the national context.

Manish Thakre raised key questions about the structure of urban governance in cities like Mumbai which has devolved health care to the Municipal Corporation of Brihanmumbai while such a provision doesn't exist for Gurugram. There is provision in RKSK guidelines about one AFHC for a fixed population, but in the website of municipal corporation of Gurugram, there is no mention of health care.

More evidence-building activities or studies with regard to prevalent health conditions in Gurugram should be undertaken. There is also a need to involve adolescents in evidence-building.

Another pertinent question raised by MT was about the presence of trained counsellors within AFHC to deal with issues related to Child Sexual Abuse and issues of safety. Regular interaction sessions of district health officials with adolescent champions must be facilitated with their active involvement in city planning. MT concluded by advocating for civil society and government to work in close co- ordination.

Key points raised by adolescent peer educators:

- Bring in young counsellors in AFHC so that adolescents feel comfortable to share their health concerns
- Need to raise awareness about public health services among adolescents whose first preference is to visit private health facilities or tertiary facilities; misconception among the community regarding the quality of services
- Most adolescents visit informal health providers or neglect health issues; there is a tendency among adolescents or their care-givers to indulge in self-medication. Adolescent Friendly Health Systems should address this aspect of health-seeking.
- Peer-educators play an important role in linking adolescents from the community to formal health systems or referral services
- Gender-sensitivity in deploying counsellors in the AFHC facility; one male and one female counsellor should be present in every facility

Key take-aways

- Decentralized planning is essential for effective implementation of RKSK scheme and should be built into the protocol.
- Lack of human resources has affected effective implementation of the scheme. There is room for innovations to augment the resources. Research has shown effectiveness of training semi-skilled workers to support the health system. Civil society can provide the much-needed capacity building and technical support.
- Considering the over burden on frontline health workers and emphasis of health systems on pandemic management, civil society can work towards or advocate for integrating technology into the protocol of the scheme
- In addition to targeting behavioral change of adolescents through the RKSK scheme, there is also a need to bring those who influence the adolescents (mothers and peers) into the scheme of things.
- Advocacy with regard to gaps identified, by civil society, could contribute to better health outcomes among adolescents.

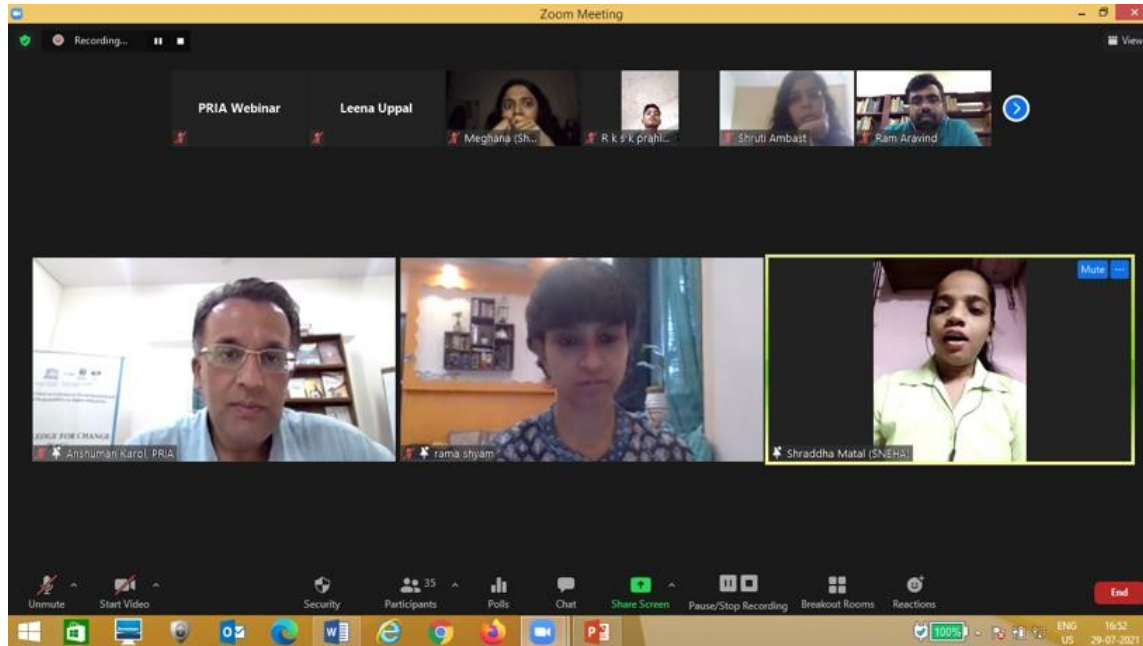


Fig. Shraddha from Dharavi presents the view from ground

Profile of speakers:

1. **Ram Aravind:** Ram Aravind (C2) is a senior program officer working with PRIA. He has trained as a professional social worker from Tata Institute of Social Sciences, Mumbai and has worked on research and advocacy on issues surrounding disability, public health, maternal and reproductive health and adolescent health. He is currently undertaking a participatory action research study with adolescents in urban informal settlements in Gurugram, with support from SHLC, University of Glasgow. Recently, he was awarded EIT-Health fellowship to undergo training on 'Data-Driven Prevention Policy' from University of Groningen, Netherlands.

2. **Leena Uppal:** Ms. Leena Uppal is the Assistant Director, Programs, MAMTA and has more than 12 years of experience in the field of sexual and reproductive health and rights, HIV/AIDS and adolescent health.

3. **Rama Shyam:** Rama Shyam is the Director of SNEHA's Adolescent Health and Sexuality Education programme. She holds a doctoral degree in Social Sciences from the Tata Institute of Social Sciences, Mumbai, and has over 15 years of experience in both grassroots' and international organisations, working in the development sector.

4. **KG Santhya :** Dr. KG Santhya is a Senior Associate at the Population Council. She is a demographer and economist with more than two decades of experience in designing and conducting rigorous large-scale cross-sectional and longitudinal cohort studies and mixed-methods process and impact evaluations in the field of education, vocational skill building, promotion of livelihoods, violence prevention and sexual and reproductive health of young people

5. **Manish Thakre:** Manish Thakre works as the Head Urban Programme and Policy at Save the Children India. He provides technical support to the 12 State Project Offices to ensure quality implementation of urban programs. He oversees regular performance review of the strategic targets in relation to Urban Resilience programme. Working with Research, Advocacy, Campaign and Communications team to develop and implement research, advocacy and campaigns linked to the issues of urbanization and its impact on children. He has over 17 years of experience in social and development sector. He holds a Master and M. Phil. Degrees in Applied Geography from the Centre for Study of Regional Development, School of Social Sciences, Jawaharlal Nehru University (JNU).

He was an external mentor (2020-21) to India Smart Cities fellow (an Initiative of Ministry of Housing And Urban Affairs, Government of India) on project "Monitoring of crimes against children in urban areas through data integration."

6. **Neelam Singh:** Dr. Neelam Singh is a gynaecologist by profession but a social entrepreneur by choice. A doctor from KGMC, Lucknow she is an expert in the field of gender and adolescent health issues in India. She is a founder member and chief functionary of Vatsalya (a not-for-profit organization) set up with the mission for saving the unborn girls in UP.

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PRIA

Participatory Research in Asia

42, Tughlakabad Institutional Area, New Delhi-110062

Ph:+91-011-29960931/32/33

Web: www.pria.org