

Innovation: Initiating adolescent friendly health clinics through primary health facilities

Background:

Over the last two years, EHSAS (Empowerment Health and Sexuality of Adolescents), SNEHA's program on adolescent health and wellbeing has employed appreciative inquiry as an approach to work with public health workers at the health post (primary health facility) level to activate adolescent friendly services. Research has highlighted underutilisation of Adolescent Reproductive and Sexual Health Services (ARSH) services due to lack of awareness about Adolescent Friendly Health Clinics (AFHCs) among adolescents, youth, parents and frontline workers; concerns about the quality of services; and moral and social obstacles to accessing the services (Jeejeebhoy et al 2014)¹. Data from a qualitative evaluation at EHSAS indicates some improvement in awareness. Adolescents recalled the surprise with which they had received the information about health posts, as they generally were aware of it only as "a place in the neighbourhood where children get injections." As a result of increased awareness, parents started sending their daughters to health posts. When participants enrolled with SNEHA were given tetanus injections through health posts, they mobilised other girls in the community not enrolled with SNEHA to receive the service.

In a study conducted in Maharashtra to operationalize adolescent friendly health services at primary health care level, it was found that community-based activities enabled the creation of an adolescent friendly environment leading to increased attendance of adolescent at the Adolescent Friendly Health Clinics for preventive and curative services for a number of reproductive health issues².

USAID's Vriddhi project was conducted in 6 states in India to improve uptake of evidence based high impact adolescent health interventions and to demonstrate operational strategies outlined in the Rashtriya Kishor Swasthya Karyakram (RKSK) programme has concluded that adopting a governance and policy framework are essential for strengthening adolescent health friendly mechanisms. The results show that when effectively operationalized, there is considerable potential of the RKSK programme to improve adolescent health services³

1 Jeejeebhoy, S.J., K.G. Santhya, S.K. Singh, et al. 2014. *Provision of Adolescent Reproductive and Sexual Health Services in India: Provider Perspectives*. New Delhi: Population Council

2 Joshi, B.N., Chauhan, S.L., Kulkarni, R.N., Kamapurkar, B. and Mehta, R. (2017) *Operationalizing Adolescent Health Services at Primary Health Care Level in India: Processes, Challenges and Outputs*. *Health*, 9, 1-13.

3 Wadhwa R, Chaudhary N, Bisht N, et al. *Improving Adolescent Health Services across High Priority Districts in 6 States of India: Learnings from an Integrated Reproductive Maternal Newborn Child and Adolescent Health Project*. *Indian J Community Med*. 2018;43(Suppl 1):S6-S11.

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Operating Principles:

The principle on which this innovation is based emanates from the value of equity with equal access and opportunity for all. The broad operating principles are as follows:

- Appreciative Inquiry - a change management approach that focuses on identifying what is working well, analyzing why it is working well and then doing more of it. The basic tenet of this is that an organization will grow in whichever direction that people in the organization focus their attention.
- Behaviour change as a key to sustainable improvement in health outcomes.
- Ecosystemic approach of working with adolescents.

Steps/Processes:

Initiating adolescent friendly health clinics began with adapting guidelines from the *Rashtriya Kishor Swasthya Karyakram* (RKSK) Strategy Handbook that mandates feasible services within existing resources. The next steps were as follows:

- Creating a module for consultation with health post staff based on appreciative inquiry and Walkers' cycle – going back to adolescence, personal reflection and gender analysis are key components of the module
- Building capacity of the EHSAS team to run the module with public health workers
- A series of consultations across 10 urban health posts in Mumbai and Thane using the module
- Follow up planning meetings to map existing resources (staff availability, space, frequency, support from SNEHA) for rolling out services – Inj. TT, Tab. Albendazole (deworming), Iron Folic Acid (IFA) tablets and health talks on reproductive health and gynecological issues
- Facilitating visits of adolescents to health posts once every fortnight including interface meetings between health workers, adolescents and parents
- Consultation with medical officers attached to the health posts to conduct anaemia testing
- Influencing health posts to take up anaemia testing with adolescents based on the circular issued by municipal corporations in May 2019

Results/Impact:

- 1600 adolescents have availed services at 10 health posts in Mumbai and Thane between May 2018 and April 2019
- 291 adolescents have been screened for anaemia followed by administration of IFA tablets
- Senior health officials in Mumbai and Thane have agreed to be part of a project to develop protocols to initiate adolescent friendly health clinics covering physical and mental health services across primary, secondary and tertiary public health facilities

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Challenges and Solutions:

Challenge: Reticence of community members to access public health facilities owing to perceptions of substandard treatment

Solution: Catalyzing interface between health facilities and community members based on our understanding of the health system strengthening approach

Challenge: No formal understanding of adolescent health mandate/RKSK among public health workers

Solution: Joint project with public health department to mainstream RKSK implementation

Challenge: Maintenance of records for adolescents becomes difficult for health facilities owing to high incidence of migration

Solution: Supporting health systems to draw up a mechanism for the same

Challenge: Inadequate training on adolescent competency and time among health workers to address sensitive issues related to adolescents

Solutions: Leading capacity building with support from municipal medical colleges and engaging youth peer educators to support with non-clinical trainings with adolescents-in-communities

Challenge: This intervention requires a long gestation time to be absorbed into the system

Solutions: Seeking the buy in of the providers and administrators from the beginning of the process as well as ensuring participatory planning with clarity of roles developed along the way backed by appreciative inquiry at every level. This will lead to making the process a ready routine to follow.

Key Takeaways:

- The high responsiveness among adolescents to uptake of services can become a motivating factor for strengthening adolescent friendly services
- Regular interface between health workers, parents and adolescents using appreciative inquiry is the key to sustain services
- Focusing on service package including monitoring mechanisms will bring rigor into an otherwise neglected mandate

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