

Enhancing Utilization of Adolescent Health Services



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Executive Summary

Under the Adolescent Reproductive and Sexual Health (ARSH) programme, facility based ARSH services were only available upto subdistrict hospital level in rural areas of Maharashtra. NIRRH piloted provision of these services at Primary Health Centres (PHCs) and Subcentres (SCs) in Karjat block of Raigad district in Maharashtra from 2009 to 2014.

NIRRH focused on increasing community participation to improve utilization of adolescent health services, in addition to other interventions.

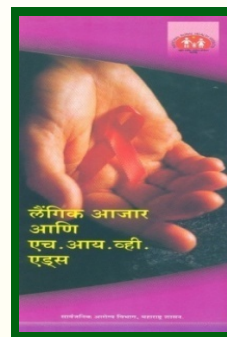
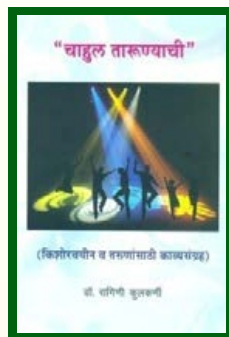
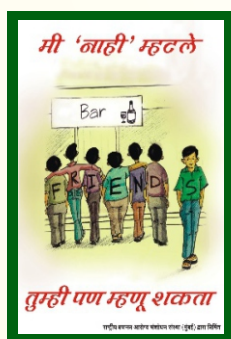
This policy brief describes the tested interventions for increasing utilization of services that were successful, such as intersectoral service linkages, involvement of ASHAs and quality assessment survey of health facilities, and the interventions with limited scope, such as peer volunteers.

The community participation component is weak in Rashtriya Kishore Swasthya Karyakram (RKSK), which was launched in January 2014. The lessons learnt from the NIRRH pilot study will be useful for policy makers for improving utilization of Adolescent Friendly Health Clinics (AFHCs) under the current RKSK programme.

Standard Operating Procedures (SOPs) should be available for intersectoral service linkages

Quality assessment survey should be periodically conducted to monitor the quality of AFHS

Involving ASHAs with financial incentives for referral of adolescents will increase the attendance at the AFHCs. Since ASHA is a centrally sponsored scheme, its budget can be projected by the state in the yearly Programme Implementation Plan (PIP) submitted to the Central Government.



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Context:

Almost 20% of India's total population comprises of adolescents and youth aged 10–19 years. The main health issues faced by the adolescents include mental health problems, early pregnancy and childbirth, HIV/sexually transmitted infection (STI) and other infectious diseases, violence, unintentional injuries, malnutrition, and substance abuse. In India, recent data indicates that about 8 percent of women age 15-19 have begun childbearing. Similar figures are reported for Maharashtra during this period. About 26.8% of women between 20-24 years are married before the age of 18 years in India. About 23% of women and men (15-19 years) had BMI <17 in India while for Maharashtra it is slightly less (22%).

To provide health services to the adolescents, the Ministry of Health, Government of India (GOI) launched the Adolescent Reproductive and Sexual Health (ARSH) Strategy in 2005 under the National Rural Health Mission (NRHM). This strategy focuses on reorganizing the existing public health system in order to meet the service needs of adolescents. Maharashtra, as one of the implementing states, was in the process of rolling out adolescent health services in the public health facilities. Facility-based ARSH services were being provided upto sub-district level. There was a need to provide these services below sub-district level in PHCs and SCs for which piloting and implementation research was essential. Hence, NIRRH undertook this research for capacity-building of the PHC facilities, roll-out adolescent friendly services below sub-district level in the Karjat block of Raigad district in Maharashtra, and provide concurrent guidance to the state government for expanding the ARSH services below sub-district level.

Gap Analysis:

RKSK has been developed to strengthen the adolescent component of the RMNCH+A. Whilst core programming principles for RKSK are health promotion and community based approach, the expanded scope of the programme includes nutrition, sexual and reproductive health, injuries and violence (including gender-based violence), non-communicable diseases, mental health and substance abuse. While there has been a strong thrust on equipping facilities to cater to the needs of adolescents, the utilization of services needs improvement, which could be achieved through community participation and strengthening intersectoral linkages.

The attendance at the AFHCs remains low in majority of the districts. This policy brief offers recommendations to improve the utilization of adolescent health services and strengthen the ARSH component of this programme.

Objectives:

This policy brief is aimed to facilitate the scale-up of tested interventions for improving utilisation of adolescent health services in Maharashtra, and document interventions with limited scope.

NIRRH in co-ordination with the Government of Maharashtra and WHO were involved in the following interventions from 2009 to 2014:

1. Establishing, operationalizing and strengthening health facilities; Adolescent Reproductive and Sexual Health (ARSH) clinics

Designated adolescent and youth friendly health clinics named “Maitri” were established at all eight health facilities in the block for all adolescents.

IEC material was provided to all the adolescent centres, schools, anganwadicenters and gram panchayats. Posters, pamphlets and poem booklet in Marathi were created for improving utilisation of the services. Training of Service Providers (Medical Officers, Paramedical staff, Anganwadi Workers, ASHAs) was provided.

Rallies, street plays on various adolescent health topics along with mega health checkup camps were organized for increasing utilisation of the services.

Sensitization of parents, school teachers and panchayats was also conducted. Adolescent health education programs were undertaken for married and unmarried adolescents in the community through schools and ICDS workers.

2. Sensitizing gatekeepers and reaching out to adolescents:

Setting up a local committee, sensitization of gate –keepers (Parents , School teachers and Panchayats) was also done.

Adolescent health education programs were undertaken for married and unmarried adolescents in the community either through schools and ICDS workers.

3. Developing inter- and intra-sectoral linkages:



Fig:1 - Inter and Intra sectoral linkages

Linkages were developed between ARSH clinics and school health services and NGOs, ASHAs, Peer Volunteers/NSS students.

Standard Operating procedures were developed to establish these linkages and handed over Government of Maharashtra. Trained ASHAs were paid cash incentive of Rs. 10 for every referred case to the clinic or during camps in the last phase of the project from the project budget under PIP of state government.

4. Improving Quality Standards

Assessment of quality of services against the seven standards listed in the ARSH Implementation Guide were conducted every year at each AFHC using Quality Assessment tools developed by WHO.

Quality assessment survey conducted in the block

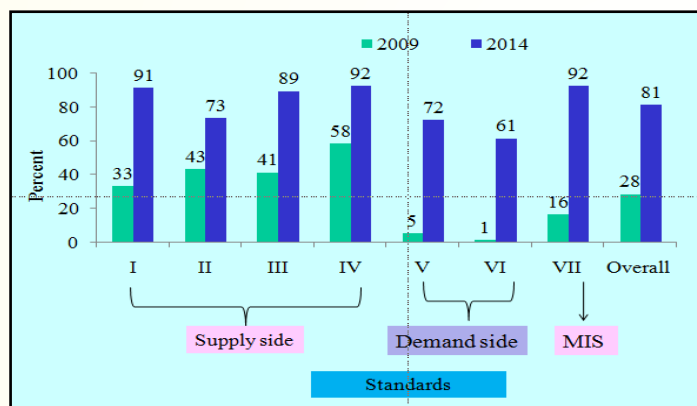


Fig: 2–Quality Assessment standards at baseline and endline

Key Observations:

Numerous interventions were tested in the field to scale-up the ARSH program. There was a steady increase in the numbers of girls and boys seeking preventive and curative services for various reproductive health issues. There were 828 referrals made by ASHAs in three years. Total adolescent attendance in four years was 24169.

Some interventions worked very well, while others had limited scope, as shown below:

Successful interventions	Interventions with limited scope
ARSH activities in schools and linkages with school health checkups, local NGOs and HIV integration	Peer volunteers (Motivating adolescents to be Peer Educators was difficult as there were no incentives given to them for referral of adolescents)
ASHA involvement improved the demand generation	
Periodic Quality assessment improved services at the health facilities	

Recommendations:

- Standard Operating Procedures (SOPs) should be available for intersectoral service linkages.
- Quality assessment survey should be conducted periodically to monitor the quality of AFHS.
- Involving ASHAs through financial incentives for referral of adolescents will increase the attendance at the ARSH clinics. Since ASHA is a centrally sponsored scheme, its budget can be projected by the state in the yearly PIP submitted to the Central Government.

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