

Adolescent Friendly Health Clinics- Review, Gaps and Action Points

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Outline of Presentation

- Study on 'Adolescent Friendly Health Clinics in India- Perspective of Youth and Health Care Providers'- undertaken by Population Council in States of Maharashtra, Jharkhand & Rajasthan- Objectives, Study Design & Key Findings
- Analysis of Gaps Identified
- Action Points/Way Forward

Study Objectives

- Explore the experiences of youth aged 15-24 at adolescent friendly health clinics
- Examine the perspectives of providers about utilization of services at AFHCs by young people and obstacles they face in providing services to young people

Study Design & Methodology

- Study undertaken in rural areas of two districts each in Jharkhand, Maharashtra and Rajasthan
- Community- and facility- based, multi-component study, using both quantitative and qualitative methods
 - Observation of service delivery at the AFHC using mystery clients (24 visits; two visits per clinic in a total of 12 AFHCs)
 - Exit interviews with clients of AFHCs (5 interviews although 120 were planned)
 - Surveys of youth in villages surrounding the AFHCs (48 villages across the three states)
 - In-depth interviews with ASHAs, ANMs/GNMs, Counsellors and MOs serving AFHCs

Key Findings- Overall

- Awareness of AFHCs is very limited
 - Just 5% of young men and 8% of young women were aware of AFHCs
- Less than 1% of youth ever accessed any service from the AFHCs
- The services provided to young clients and their quality, as assessed by genuine and mystery clients, were varied and mixed

Key Positive Findings

- In three-fifths of all visits made by clients, an MO was available for consultation
- In two-thirds of all visits, the clients had consulted the provider without any delay
- In most cases, provider paid attention when the client narrated his/her problem
- In about two-thirds of all visits, clients reported the provider had informed them about precautions to be taken and how the contraceptive method should be used
- In three-quarters of visits, the clients were reassured that they were welcome to visit again

Areas of Concern

- Although all the mystery client scenarios warranted the provision of information about contraceptive methods and condoms, information was provided in about two-thirds of all client visits
- Even fewer were provided contraceptives
- Although all the clients met a providers at the AFHC, for one-quarter of visits, the clients did not receive the service for which they had visited the AFHC

"It was too crowded; the doctor was very busy and he asked me to come back after 2 pm"[OPD cum AFHC, Jharkhand]

"The doctor did not give me the information that I had sought" [AFHC, Maharashtra]

Areas of Concern

- In one-quarter of visits, other clients were present during consultation
- For about half of the visits, clients reported circumstances such as lack of privacy, lack of female providers and that discomfort of the provider make the young clients uncomfortable
- In about half of the visits, the information given was not comprehensive and provider was judgmental at times

"There was no privacy; the doctor wasn't comfortable in explaining things to me. I also hesitated to narrate my problem" [OPD cum AFHC, Rajasthan]

"He didn't give me condoms but told me that engaging in sex with extra-marital partners is wrong; he told me that I should pay Rs.1,000 for an HIV test and Blood test" [AFHC, Jharkhand]

Key Findings- Study of Providers

- Community based obstacles included unfavorable attitudes of gatekeepers

"They also lack family support" [MO, Jharkhand]

" There is a social reason, that is, if someone sees them coming here, then what will that person say?" [Staff nurse, Maharashtra]

- Provider level obstacles included insufficient training, provider's own discomfort about discussing SRH matters with boys, and perceptions about lack of credibility

"It is difficult for staff nurses as some boys are polite, but some are very naughty and rude; they ask questions deliberately and staff nurse would definitely feel awkward" [staff nurse, Maharashtra]

Key Findings- Preference of Clients

- 2/3 of youth preferred Government Facilities while 1/3 preferred Private Facilities
- Among Facilities top preference among all youth was for facilities of level of CHCs
- Only a minority preferred to visit DH
- Among providers overall preference among all categories was for Medical Officers

Gaps Identified

- Low Awareness of AFHC among Youth
 - Only 5% Men, 8% Women aware of it
- AFHCs Not Popular among Youth
 - Only 1% Youth access it
- No standardization of services
- Lack of Privacy & Crowded Clinics
- Hesitation in distributing Contraceptives
- Judgmental Approach by Providers
- Provider discomfort
- Providers too busy

Action Plan

AFHC- At all levels of Health System

AFHCs to be developed as dedicated spaces for adolescents in health system

- Walk-in services in Sub Centres
- Weekly dedicated Clinics in PHCs
- Daily Clinics with dedicated Counsellor in CHC, DH and Med Colleges
- Specialty Clinics in DH and Med Colleges
- Private Sector Clinics also need to be encouraged

AFHCs – Comprehensive Adolescent Health Services

AFHC as a one stop shop for adolescents to provide services including:

- Sexual and Reproductive Health
- Nutrition & Well Being
- Mental Health
- Non Communicable Diseases
- Substance Abuse
- Violence Issues

Increase Popularity & Utilization of AFHC

- Awareness Generation among Adolescents and Youth on AFHCs
- Branding of AFHCs
- RBSK as an entry point to AFHCs- referral network to be strengthened between RBSK and AFHCs
- Linkages and Convergence with other programmes such as SABLA, TEEN Clubs etc to be strengthened

Capacity Building of Providers

- Concerted efforts to sensitize and build the skills of various cadres (including ASHA and ANMs) to respond to the needs adolescents and youth.
- Training to overcome inhibitions to provide information and services to young people of the opposite sex and the unmarried
- Capacity building to overcome fear and inhibition in providing information on sexual and reproductive matters tailored to the age and life stage of the adolescents and youth.

Quality of Services

- Audio-Visual Privacy
- Confidentiality
- Non-Judgmental Approach
- Sensitivity to the needs of Adolescents & Youth
- Standardisation of Services
- Professional Approach by Providers

Better Monitoring & Evaluation of AFHCs/Adolescent Health

- Adolescent Health Indicators to be part of MDGs
- Youth & Adolescent Surveys to be undertaken annually or once in 2 years
- Improved M & E Systems in AFHCs
- Regular 3rd Party audit of AFHCs through mystery clients/exit interviews

Thank You