

## Implementation of Adolescent friendly health services in Public Health system in Haryana – a case study

### **Key Points:**

- National guidelines on Adolescent Friendly Health Services (AFHS) under NRHM RCH-II have been applied
- Innovation of Peer Educator was used
- ANMs, AWWs, Teachers, ASHA and Peer Educators were trained in AFHS and existing facility reorganized to make it attractive to adolescents
- “Adolescent Action Group’ formed in the village for advocacy and planning and monitoring of activities
- Communication activities carried out for demand generation
- Functional linkage with school established to provide identified services
- Utilization of services by adolescents increased many fold: Over a period of 3 months 141 adolescents contacted Peer Group Educator and 92 adolescents contacted ANMs with various concerns and problems including SRH related issues

Ministry of Health and Family Welfare, Government of India has launched adolescent Reproductive and sexual Health strategy under RCH-II / NRHM with the objective to reorganize existing health services to provide adolescent friendly services. MoHFW has developed national guidelines for operationalizing adolescent friendly health services. The guidelines and training package for health care providers have been disseminated to the states.

SWACH Foundation a national NGO was granted a project to implement ARSH strategy in the public health system in rural parts of district Ambala, Haryana. This AFHS project was supported by the MoHFW, Government of India and WHO-India. It has been implemented in 80 villages including 16 subcenters and two PHCs in the district under the health department in collaboration with departments of Women and Child Development, Education and Panchayati Raj. The objective was to operationalise the package of Adolescent Friendly Reproductive and Sexual Health Services (AFRSHS) as per the national guidelines of Ministry of Health and Family Welfare in selected rural areas.

This case study of a subcenter village highlights the achievements in implementing adolescent health services. It illustrates capacity building of healthcare providers, reorganization of the health facility to make it ‘friendly’ as per national guidelines, intersectoral linkages, demand generation and interface activities between the community and the health services.

Village BN is about 58 Km from Chandigarh situated at SP- NG road near a sugar mill. The population of the village is about 1000. The predominant castes are Jats, Pundits, and Harijans. Estimated 20% people are poor. The economy is agriculture based but many people are employed in the sugar mill or go to nearby towns for work since the landholdings are small. The village has a subcenter and an Anaganwadi Center, a senior secondary school provided by the state government. There is a co operative bank in the village and a center for old people. The Primary Health Center is in PR which is 6 km from the village. The village has an independent panchayat (village self government)

Two major strategies were adopted for implementing of AFHS (a) Demand generation by communicating with community and adolescents, and (b) Improve the quality of health services rendered to the adolescents.

The village Auxilliary Nurse Midwife, Anganwadi Worker, 4 peer group educators (PGEs), ASHA and school teachers have been trained using the ARSH guidelines and training package developed by the Government of India. Resource material in the form of a booklet containing a set of 105 frequently asked questions and answers is made available to the trained health care providers and volunteers in the village.

After completing the training, a sign board for AFHS has been set up in front of the sub-center and a poster which defines the standards for quality for adolescent health services has been displayed prominently in the sub-center. All the key health care providers and PGEs have been given an identity card which helps the adolescents to identify them as adolescent friendly health care providers.



Adolescent Friendly Clinic  
at the Village Sub-center

The sub-center has been stocked with essential supplies needed for AFHS. An enabling environment has been provided within the existing infrastructure. Health care provider makes all efforts to provide privacy to the adolescents who come for seeking information and health care.

### **Adolescent Action Group (AAG)**

An 'Adolescent Action Group' was formed as a voluntary group in September 2007 consisting of 10 members, five of whom were care providers and the other five were care recipients. The members agreed to serve as volunteers in the adolescent action group. The main function of the group is to continue communication activities and advocacy with stakeholders and plan interventions with clear targets and roles and responsibilities. It was decided to organize monthly meetings to prioritize interventions, develop plan of action for next intervention and review the ongoing interventions. In the first meeting there was a discussion on the problem of anaemia in adolescents and the interventions were planned. Each member of the group accepted to implement the interventions and identified their individual targets. It was also agreed that the group would request school authorities to provide a clean toilet facility and provide clean drinking water in the school.



Meeting of 'Adolescent Action' Group (AAG)

In the subsequent meetings the group discussed (a) management of menstruation and menstrual hygiene (b) management of adolescent pregnancy and unsafe abortion (c) prevention of STI and HIV/AIDS through awareness generation. In each meeting planning was done for the next month and a review was undertaken of the achievements during the preceding month. After each meeting a copy of the proceedings and the action plan was kept with team leader for ease of reference. The meetings have helped to develop an understanding amongst the members of the action group, support each other and increase cooperation among themselves to collectively meet the self-assigned targets related to demand generation of services and provision of information and health services to adolescents.

#### Use of health services by adolescents

During the last 3 months the adolescents in the village have felt encouraged about using the health care services and seeking advice from the auxiliary nurse midwife and the four PGEs in the village. They confide in these providers and are comfortable to seek guidance, advice and counseling for sexual and reproductive health matters. The problems with which adolescents have approached are summarized in the table.

#### Summary of adolescents seen by PGEs and ANM during the preceding 3 months

S NO.	Problem	PGE male	PGE female	ANM male	ANM female
1.	Pain during menstruation		15		9
2.	Excess bleeding		2		4
3.	Irregular periods		9		4
4.	Delayed periods		6		
5.	Vaginal discharge		6		
6.	Vaginal irritation				3
7.	Breast pain	2			4
8.	Late onset of periods	1			
9.	Pimples	2	4	2	8
10.	White hair	4	2		
11.	Excessive hair loss	2	4		

12.	Dandruff	3	5		
13.	Poor eye sight	2	3		
14.	Worms	6	5	6	5
15.	Anaemia	5	6	3	6
16.	Obesity	4	2	4	2
17.	Fever	4	2	6	3
18.	Cough and cold	2	1	4	9
19.	Pica		2		
20.	Weakness	2	5		
21.	Blisters	2	2		
22.	Nocturnal emission	8			
23.	Masturbation	5			
24.	White discharge from penis	4		2	
25.	Reproductive tract infections			3	5
	Total	57	84	30	62

Thus PGEs addressed the problems of 141 adolescents over a 3 months period while the ANM saw 92 adolescents during the same time period. The proportion of females outnumbered the males because there was only one male PGE. The other care providers were all females.



Interaction with Peer Group Educator

### Management of anaemia and malnutrition

A total of 235 adolescents attending the school have been given iron and folic acid tablets on weekly basis with coverage exceeding 90%. In the school, children from outside the village who attend this school are also getting the benefit of iron and folic acid for prevention of anaemia. Peer group educators are regularly distributing iron and folic acid tablets to 45 girls and 50 boys who are not attending school.



School children taking their weekly Iron Folic Acid tablet

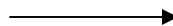
It was observed that most children in the secondary school wear chappals or shoes, but a small proportion of children attending primary school do not have footwear. It was ensured that the school authorities provide shoes (through school funds for providing uniform) to children to ensure that they do not get exposed to hookworm infestation. School provides mid day meal to all children in the primary classes. After interaction on nutrition education in the classroom by AAG members, more than 80% of senior class children have started bringing food-tiffin to school.

Clean drinking water and clean toilet facilities have been established as a part of adolescent friendly approach. Investments were made in installing a water tank of 1500 liters capacity from the school funds. This tank has been covered with a cement cover.



Adolescents bring their Tiffin to school

Adolescents take potable water from water tank repaired from School Funds



## Sanitary Napkins

Consequent upon the efforts of adolescent action group in the village sanitary napkins are stocked in the school premises and these have been purchased by the school authorities from their health fund. The sanitary napkins are provided free of cost to girls in school. The village PGEs promote the use of sanitary napkins and these are also distributed by the village sewing teacher.



Distribution of Sanitary Napkins in School

## Conclusion

The case study illustrates implementation of adolescent friendly services in a village in Haryana using National ARSH guidelines under RCH-II and adopting a multi-sectoral approach. This experience has demonstrated operational feasibility of operationalizing adolescent friendly health services within the public health system. Involvement of ASHA, anganwadi worker and school teacher has been effectively used for demand generation and service provision. Innovation of using peer group educators has been especially effective in increasing service utilization by adolescents. Efforts are being made to sustain the services through the use of local resources tapped from the local self government, village volunteers (adolescents and young people) education department, women and child development and health department. The AAG (Adolescent Action Group) that has been established in the village is quite determined to sustain the adolescent friendly health services.