

Adolescent Health Days

Building on Government's Strategy to Increase Adolescents Access to Sexual & Reproductive Health Information and Services

Background & Rationale

Adolescent Health Day (AHD) is one of the strategies to achieve the objectives of the Government of India's National Adolescent Health Programme (*Rashtriya Kishor Swasthya Karyakram-RKSK*) to improve preventive services and health seeking behavior of unmarried adolescents, 10-19 years of age.

The Challenge Initiative for Healthy Cities (TCIHC) in India layered on adolescent and youth sexual and reproductive health (AYSRH) programming onto its offerings to cities where governments are already engaged with TCIHC and driving scale up of family planning high impact approaches.

While RKSK priority intervention Facility Adolescent Health Day is scaled up in rural areas and budgeted under the Nation Health Mission's Program Implementation Plan (PIP), the activity is a non-starter in activities in urban cities. This is largely attributed to the perceived conception that adolescent and youth in urban areas have increased access to sexual and reproductive health (SRH) information and service than their rural counterparts. This misconception among health leadership resulted in deficiency of budget allocation for AHD activities at both facility and at the community.

Implementation Steps

To demonstrate the effectiveness of UPHC platform to deliver adolescent fixed day services or facility AHDs, TCIHC in collaboration with RKSK, selected 96 UPHCs from the five AYSRH classic cities, Allahabad, Firozabad, Gorakhpur, Saharanpur and Varanasi.

TCIHC coached city health officials, RKSK nodal officers and community health workers on the benefits of rolling out AYSRH interventions for adolescents and youth in urban areas. This coaching entailed demonstration of the AYSRH interventions as well as strengthening key

stakeholders' capacities in implementing the interventions.

TCIHC's coaching included the following steps:

1) **Advocacy to seek buy-in from RKSK for AYSRH strategies and securing convergence among relevant departments**

TCIHC engaged with policy makers and government leaders, which led RKSK division to invite TCIHC to support them in holding [AYSRH City Consultation Workshops](#) towards identifying gaps and solutions to initiate AYSRH services for the urban poor AY population. This involved stakeholders from education department, Integrated Child Development Services (ICDS), National Urban Health Mission (NUHM), RKSK, urban primary health center (UPHC), educational institutes, etc. This forum identified that as per RKSK guidelines, facility AHDs can be conducted in facilities that are classified as [adolescent-friendly health centers](#) (AFHCs), which are currently limited to secondary and tertiary facilities, such as district women's hospitals and medical colleges. This barrier prevents vulnerable populations, like unmarried boys and girls, from accessing services provisioned under RKSK. This made the group realize the need to take AY interventions closer to the doorstep of urban poor population. Following this realization, RKSK decided to roll out Facility AHD on the eighth of each month at UPHCs.

2) **Coaching cities to establish UPHCs as AFHCs and addressing provider bias**

A critical feature of an AFHC is the presence of a dedicated counselor for adolescent services. Working with the Chief Medical Officer (CMO), a staff nurse from each of the 96 UPHCs in the five cities

was trained by the government on Module 1 of the adolescent friendly health services (AFHS) training curriculum to provide adolescent health counseling. This training equipped the service providers with the knowledge to provide non-judgmental, supportive care to AYs regardless of their age and marital status.

3) **Coaching to address provider bias through Whole Site Orientation (WSO) on AFHS**

Adolescents often find mainstream primary care services unacceptable because of perceived lack of respect, privacy and confidentiality, discrimination and imposition of the moral values of service providers. To address this, RKSK with TCiHC support led [whole site orientation](#) (WSO) in all 96 UPHCs to guarantee a welcoming, unbiased and accessible environment for unmarried youth to access sexual and reproductive health (SRH) information and services.

4) **Coaching frontline workers to link AY population with health services through Community & Facility AHDs for unmarried girls and boys, ages 15-19**

Community AHD: Community AHD is a group activity conducted in slums separately for girls and boys. The outcome of the community AHD is to create buzz for facility AHDs and to refer AYs requiring SRH services to UPHCs/AFHCs. TCiHC coached Auxiliary Nurse Midwife (ANM) to facilitate the session and trigger discussion on SRH issues with the use of interactive games, developed by Population Services International) and coach Accredited Social Health Activist (ASHA) to be able to:

- Develop a priority list of 15-19 years unmarried girls and boys from 'Slum Area Survey' section of the [urban health index register](#) (UHIR) also referred to as the ASHA's diary.
- Invite adolescents for community AHD (at a suitable closed space close to where they reside in the slum), keeping gatekeepers, such as parents and guardians in loop.

Facility AHD: RKSK with technical assistance from TCiHC identified high volume UPHCs with trained providers on AFHS guidelines and invited TCiHC to coach UPHC staff to demonstrate Facility AHDs per RKSK guidelines. A facility AHD is a half-day activity. TCiHC coached Medical-Officers-In-Charge (MOICs) to manage, lead and coach all UPHC staff to organize the following activities for the Facility AHD.

- **Community mobilization:** Using their UHIR, ASHAs mobilize AYs for Facility AHDs by informing their parents with the support of Anganwadi workers (AWWs).
- **Nutrition kiosk:** Anganwadi workers disseminate information on healthy and balanced diet by displaying a sample of food rich in proteins, minerals, vitamins, carbohydrates and fats during the Facility AHD.
- **Gallery walk:** On this day, UPHC walls are adorned with RKSK posters on nutrition, non-communicable diseases, substance abuse, SRH and gender-based violence.
- **Circle time:** This session integrates games on self-risk perception (developed by PSI), to break the ice between providers and AYs and creates an environment for a frank and open discussion about SRH. Following this activity, participating boys and girls write down questions with respect to SRH anonymously, which are then answered by MOICs /staff.
- **Private counselling corner:** Keeping privacy and confidentiality in mind a counselling corner is set up at the UPHC by district ARSH counsellor to counsel adolescents individually on SRH issues.
- **Health services:** Each adolescent is offered BMI screening, deworming medicines and hemoglobin test to increase their awareness of basic health prevention issues.

5) **Advanced advocacy for the provision of adolescent-friendly supplies at the UPHC**

Utilizing the city coordination committee (CCC) platforms, RKSK Nodal Officer with the support of TCiHC highlighted the importance of stocking iron and folic acid (WIF), Albendazole (deworming medicines), sanitary napkins,

multivitamin tablets and condoms at the UPHCs/AFHCs. Hearing this demand from the cities, the state responded and ensured stocks of the needed supplies at the UPHC.

Lastly, RKSK and TCiHC's advanced advocacy efforts also led to adolescent friendly health services being included in the citizen charter of UPHCs, which had not been done previously.

DEMONSTRATION LEADS TO DIFFUSION!

After the successful demonstration of Facility AHDs, the Chief Medical Officers of the five AYSRH cities issued directives to conduct Facility AHDs on the 8th of every month across all UPHCs to provide information, counseling, diagnostic, treatment and care services to adolescents.

This paved the way for TCiHC to advocate for inclusion of AY data in the HMIS. Thereafter, government started recording and noticing AY data on the following indicators: number of girls and boys registered, counselled and received clinical services.

Challenges

- There is no budgetary provision under RKSK for printing IEC materials and games and incentives for urban ASHAs for mobilizing adolescents to Community AHDs.
- UPHCs do not have the position of ARSH counsellor; as a result, they have to depend on their staff nurse, who carries the entire weight of counseling on family planning as well as maternal, newborn and child health issues, among other services.
- Urban ASHAs do not receive any special training on how to counsel adolescents, particularly boys, on SRH issues. As a result, it is critical to capacitate their supervisors to regularly coach them in this regard.
- The participation of boys is low compared to girls for AHDs. Boys are often much more reluctant than girls to discuss health issues. As a result, consider various

promotion and marketing mechanisms to reach boys beyond relying solely on ASHAs.

Learnings

- Involvement of RKSK functionaries from the beginning creates ownership of AYSRH interventions.
- Technical assistance to RKSK leadership and the Chief Medical Officer (CMO) leads to buy-in of the importance of holding AHDs in urban area, which ensures all necessary directives are issued to implement them.
- Coaching all levels of the health system – from Urban Nodal Officers, RKSK Nodal Officers to those in charge of the facility to those at the frontlines ensures success. For example, coaching MOICs on how to plan, organize and manage Facility AHDs to coaching ANMS on how to support ASHAs in counseling adolescents, completing and using their UHIRs and conducting Community AHD to create demand for Facility AHDs ensures city ownership and successful implementation of AHDs.
- Addressing girls' and boys' group separately in the community as well as during facility AHDs can encourage candid and healthy discussion on SRH.
- Providing preventive screening encourages future health-seeking behavior among adolescents.

“मुझे लगता है ऐसा कार्यक्रम हर माह में एक बार होना जरूरी है, पहले तो मुझे लगा था पता नहीं क्या होने वाला है, किन्तु यहाँ पर मेरे उम्र की कई साथियों से मिल कर लगा हमारे लिए यह एक बेहतरीन मंच है हमारे प्रश्न, विचार एवं सुझावों को रखने के लिए”

“I feel such an event should be conducted once every month. Earlier, I wondered what will happen, but I saw several boys and girls of my age had turned up here and, upon meeting them, I felt this is a wonderful platform where we can ask questions, share our thoughts and make suggestion.” – A teenage boy who attended the AHD at the Daranganj UPHC

Early Results

As of March 2021, 3,658 UPHC staff, including doctors, staff nurses, janitors and pharmacists have now been coached on how to provide unbiased SRH information and services to both married and unmarried adolescents and youth in 308 UPHCs in 15 cities of Uttar Pradesh, including the initial five cities. As a result, these UPHCs conducted 1,288 AHDs where over 20,000 boys and girls have received SRH services at UPHCs on Facility AHD days. These results are compelling medical officers of UPHCs to ask ASHAs to inquire about the health needs of adolescents during their household visits – something which had never happened before.