THE ACCESS PROJECT

YOUTH-LED AUDITS
FOR
STRENGTHENING ADOLESCENT &
YOUTH-FRIENDLY HEALTH SERVICES

AMPLIFYCHANGE

ASIAN BRIDGE INDIA

ai action india

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Introduction : Enabling Access

INCLUDING YOUNG PEOPLE'S VOICES IN HEALTH SERVICE PROVISION

The YP Foundation's Access Project aims to ensure young people's access to quality health services without judgment, stigma and age related barriers. It pushes for the inclusion of young people's voice in service delivery, through creating data and systems for feedback to health service facilities, service providers and policy makers.
Over a period of one year, The YP foundation trained 30 young people as research auditors to access and assess health services for youth friendliness in Delhi and Varanasi. This document presents the findings of the research and recommendations for improvement that come directly from young people. It identifies the key factors that make a health facility and health service provider adolescent and youth friendly. The document represents young people calling for accelerated and sustained actions by relevant stakeholders for ensuring their right to sexual and reproductive health (SRH) services.

Methodology

The study was conducted by a team of thirty young people in the age group of 18 to 25, the majority of them, students from low income settlements. The study uses both qualitative and quantitative methods to observe, assess and evaluate the typical quality of service delivery. For the purpose of data collection, an audit tool was developed incorporating sixteen parameters of youth friendliness based on a comprehensive literature review of national and international standards of youth-friendly health services. Program team members also conducted 10 interviews of the health service providers for the study. An ethical approval for the same from the internal research board was sought.

Assessment Parameters:

- ACCESSIBILITY INCLUDING AVAILABILITY OF PUBLIC TRANSPORT AND DISPLAYED SIGN POSTS
- WAITING TIME TO AVAIL THE SERVICES
- COST FOR ACCESSING THE SERVICES
- OVERALL INFRASTRUCTURE, HYGIENE AND CLEANLINESS OF THE FACILITY INCLUDING TOILETS
- INFORMATION DISPLAYED AROUND SRH SERVICES
- IDENTIFICATION DOCUMENTS ASKED FOR PROVISION, DELAY OR DENIAL DURING SERVICE ACCESS
- TIMING AND DURATION OF AVAILABILITY OF SERVICES AT THE FACILITY
- PRIVACY AND CONFIDENTIALITY
- AVAILABILITY OF REFERRAL LINKS
- AVAILABILITY OF SERVICE PROVIDER OF THE SAME GENDER
- INSISTENCE ON KNOWING MARITAL STATUS
- INSISTENCE ON GUARDIAN/PARENTAL CONSENT
- RESPECT AND SENSITIVITY BY THE SERVICE PROVIDERS
- PROVISION OF COMPREHENSIVE INFORMATION BY SERVICE PROVIDERS
- PROVISION OF SRH COMMODITIES AND KITS
- FEEDBACK MECHANISM WITHIN THE FACILITY

Audit Tool: Assessing Youth Friendliness

The audit tool was developed based on a literature review conducted to identify national and international parameters of establishing adolescent and youth friendly health services (AYFHS) (WHO, 2002; PSI, 2014). It uses parameters for establishing adolescent friendly health clinics (AFHCs) from the national guidelines of the Rashtriya Kishor Swasthya Karyakram (RKSK). These include aspects like infrastructure, human resources, privacy, timings, registration, commodities to be provided and information and education communication (IEC) material (RKSK, Implementation guidelines, 2014). Feedback was sought from the internal research board on the draft of the audit tool. Before using the tool for auditing, the research team and youth auditors made pilot visits in three facilities in each location to determine the usability and appropriability to context. Suggestions based on the pilot visit were included in the final tool.

The audit tool served as the primary document for the youth auditors to document their observations and assess youth friendliness based on quantitative and qualitative data. Auditors filled the tool immediately after the visit to ensure that there is no data loss due to time.

30 PUBLIC (17 PRIMARY AND 13 TERTIARY LEVEL), 27 PRIVATE AND 6 CHARITABLE HEALTH FACILITIES INCLUDING ADOLESCENT FRIENDLY HEALTH CLINICS (AFHC), INTEGRATED COUNSELLING AND TESTING CENTRES, NATIONAL AIDS CONTROL PROGRAMME (ICTCS, NACP), FAMILY PLANNING CENTRES AND GYNAECOLOGY DEPARTMENTS. IN TOTAL, 175 AUDITS WERE CONDUCTED IN 63 FACILITIES ACROSS THREE LOCATIONS.


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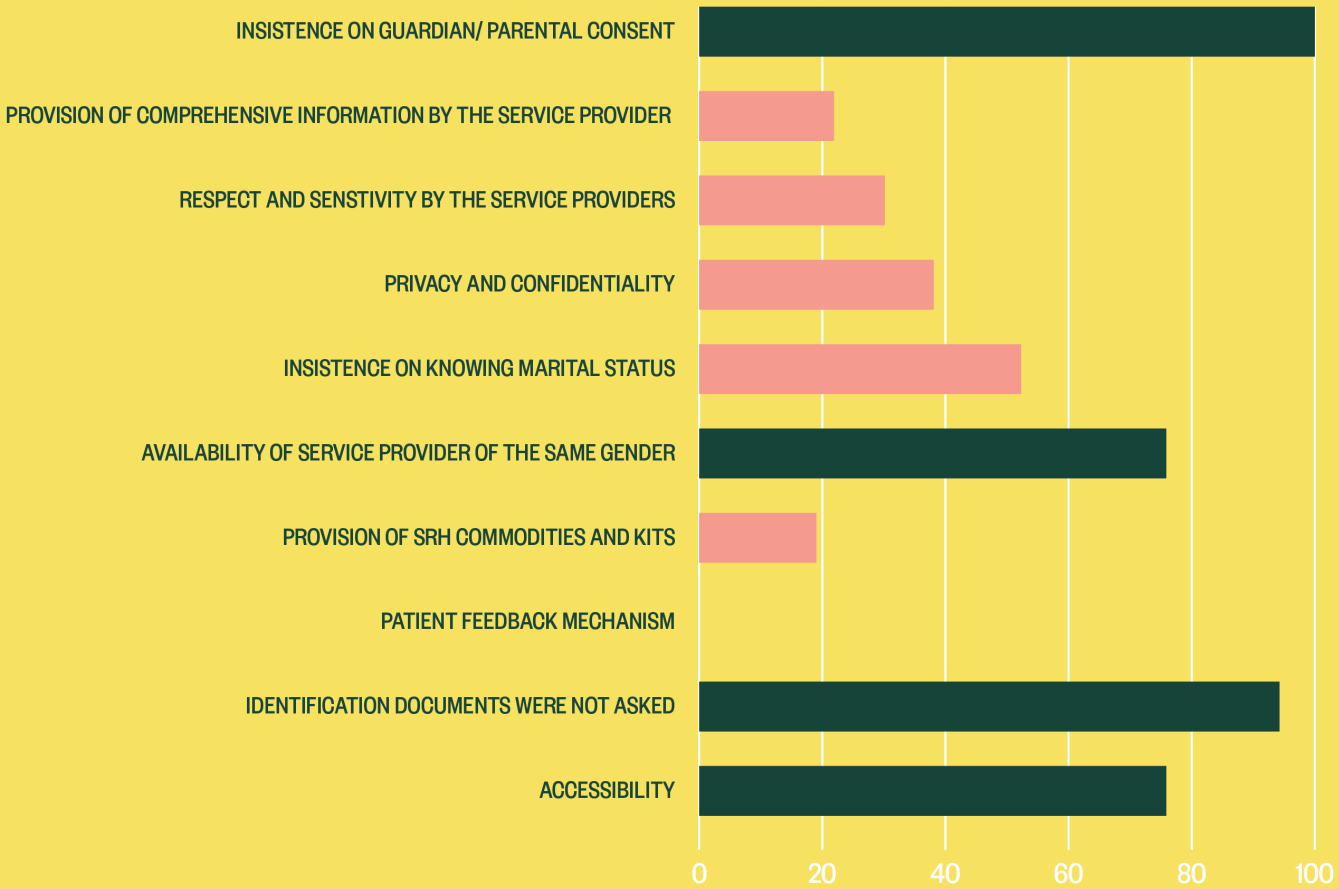
दोपहर 12:00 से 02:00 बजे
परिवार कल्याण निदेशालय, दिल्ली सरकार

Assessing Access: Findings from the audits

This section is based on the responses of young people as direct recipient of services which was documented using the audit tool and verified through post audit discussions. It consolidates the findings from the experiences of respondents of the study regarding health problems and concerns including the behaviour and attitude of the service providers during availing of service.

AGGREGATE SCORING OF PUBLIC HEALTH FACILITIES BY YOUNG PEOPLE



ACCESSIBILITY

- All the facilities were easily accessible by public transport. However, absence of signage boards for any of the PHCs became a barrier to locate and access the services.
- Direction boards in the vicinity to locate the tertiary level facility made it easier to locate them. However, due to the absence of signposts and lack of information among staff, it was difficult to locate AFHCs and ICTCs in many of these facilities.

INFRASTRUCTURE AND WATER, SANITATION, HYGIENE FACILITIES

- Audits revealed a definite need for improvement in the toilets both at the infrastructure level as well as water, sanitation and hygiene (WASH) in public health facilities. Many PHCs did not have provision of drinking water and clean toilets with running water and soap. The toilets were not disabled friendly and the toilet doors did not have a latch in many hospitals.

WAITING TIME TO AVAIL THE SERVICES

- The waiting time was shorter in primary health centres (PHCs) and private facilities, of 10-15 minutes due to low patient load.
- The waiting time for registration as well as visiting the gynaecologist in hospitals was about two hours due to high patient load.
- The waiting time to consult the counsellors in the AFHCs and ICTCs was only about 5-15 minutes.

COST OF SERVICES

- The services were subsidised and free in the public health facilities. In about 20% cases, the study respondents only had to pay a minimal cost for registration.
- The cost of consultation in the private facilities was within the range of INR 150-500. All the respondents who were suggested tests such as urine pregnancy tests or infection had to pay for the tests.
- In 20% facilities, unmarried female respondents were quoted a higher fee for contraceptives and abortion (upto Rs. 10,000 in a facility in Varanasi) services. This led to a lack of transparency and trust.

INFORMATION DISPLAYED AROUND SRH SERVICES

- There was an overall lack of IEC material on SRHR developed from young people's perspective. IEC material on issues like adolescent health, menstrual health and hygiene, nutrition and physical growth and safe and consensual sex was either unavailable or was not suited to its desired audience The focus of IEC material displayed in the PHCs was on family planning including male and female sterilizations and contraceptives. At the tertiary level, every facility had information stating that sex determination tests are illegal under the Pre-Conception and Pre-Natal Diagnostics Testing (PCPNDT) Act. Many facilities had information on sex selection or "saving the girl child".
- Lack of IEC material on abortion was identified to be one of the gaps which limits young people's knowledge about and access to abortion in India. Only one facility in Varanasi had a hoarding by National Health Mission that depicted that abortion is legal and safe in authorised health facilities.

MAINTAINING TRANSPARENCY, PRIVACY & CONFIDENTIALITY

- Among the PHCs, staff at two facilities demanded an identification proof to check if the residence address was covered within that PHC's mandate. This went against the notion of privacy and young people's need to avoid being recognised due to stigma. Facilities at the tertiary levels did not ask for an identification proof from anyone.
- Female auditors seeking pregnancy tests and information on abortion were asked for IDs at 4 facilities in Delhi. arbitrarily either at the registration desk or by the service provider.
- Respondents reported a major lack of privacy in public health facilities during the consultation session due to high patient load. This was especially so in the gynaecologist consultation room but privacy in the AFHCs was better.
- Privacy was better in private health facilities and in most cases, other patients were not there in the consultation room during the session.
- In one private facility, the service provider's name was not displayed outside the consultation room. Such lack of transparency resulted in not being able to trust the service provider.

AVAILABILITY OF SERVICE/ SERVICE PROVIDER

- Timings of the AFHCS: In Delhi, the counselling services were functional only on Saturdays from 12 noon to 2 pm. The respondents also reported that the AFHC counsellors in tertiary level facilities were not available during the assigned timings after OPD hours (2pm to 4pm).
- In Varanasi, the AFHCs were functional only during the OPD hours.
- Gender Barriers: 73% of the respondents in the public health facilities were attended by service provider of the same gender in all types of facilities. However, in ICTCs, most often this was not the case. Moreover, men were not directed to the gynaecologist in any case. Non-availability of service provider of the same gender became a barrier in openly talking about SRH issues.

REFERRAL SERVICES

- No counselling was provided in PHCs in case of referrals to district hospitals for STI tests and ultrasound to abort pregnancy.

ATTITUDE & AVAILABILITY OF SERVICE PROVIDER

- Indicators of insensitivity included not being addressed by their names and questioning the need for sexual health information before marriage. Young unmarried women were questioned and moralised on disclosing that they were sexually active as against men in similar situations Conservative beliefs on homosexuality and premarital sex amongst the service providers were found to be very common.
- Marital status was not asked for services like haemoglobin testing and in some cases menstrual health in any facility. Demanding to know marital status was found to be very common for services pertaining to sexual health.

"I asked doctor about safe sex counselling and she asked why you need it if you are unmarried. I had to say that that I will get married soon, she said that you will have sex with a man only.... She then asked me my profession and if I wanted kids after marriage or not. She was very insensitive and judgmental."

/PHC in North West Delhi accessed by unmarried female, 25 years

- In private health facilities, 8% service providers considered guardian consent mandatory only from young women. The remarks made by the service providers, also reflected fear and panic of reporting/ getting involved in a medico-legal case even though the respondents affirmed that they were not minors.

“Service provider asked me what my problem is, why do I want to know about contraceptive methods, if I have a boyfriend, how many years old he is, why do I feel I should have all this information at this stage, if I have had sex. When I said we are thinking about it, so she said you have to show me your ID card and your boyfriend’s as well. Also give me your parents phone number. She said that I am asking about it because if something went wrong, I’ll get in trouble”.

/Private facility in North West Delhi accessed by unmarried female, 20 years old

INFORMATION PROVIDED BY THE SERVICE PROVIDER

The respondents were often given limited information during consultation and were not encouraged to ask questions. This lack of comprehensive information and health education on issues like menstruation, contraception or abortion was more apparent. In few cases, where the AFHC service providers provided the required time and information, they made statements like , “sex before marriage is not good”. Young men were not counseled on contraception or safe and consensual sex.

“the service provider asked me what my issue is. I told him that I want information on contraceptives. His next question was how long you have been married and I said that I will get married next month. He said that your wife will require this information. You should come with her. For you, just use condom. It lasted only for five minutes.”

/PHC, Varanasi accessed by unmarried male, 24 years

PROVISION OF SRH COMMODITIES & KITS

- There were 19% cases where SRH kits with condoms, emergency pills, sanitary napkins, pregnancy testing kits etc. were available. Male condoms were found to be more easily available in family planning centers and ICTCs.
- In 25-30% cases, the discomfort of service provider, also became a barrier to access the SRH commodities in spite of being available .
- SRH commodities like pregnancy testing kits were chargeable, available only with the service provider.

"The condoms were available. I even saw structure of copper T and asked the counsellor about it. She completely changed the topic by hiding it with a paper."
/Tertiary level facility in North West Delhi accessed by unmarried male, 19 years old

PATIENT FEEDBACK MECHANISM

None of the facilities were found to have a patient feedback mechanism.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Enabling Access: Recommendations for making services youth friendly

This section highlights actionable recommendations for improving health services based on the findings listed above. It includes steps as recommendations to respective stakeholders for increasing uptake and quality of services and seeks their accountability towards adolescent and youth friendly services.

FOR THE MINISTRY OF HEALTH AND FAMILY WELFARE (MOHFW)

1.

DISBURSEMENT AND UTILISATION OF THE STATE LEVEL FUNDS UNDER RKSK

Ensure adequate and timely fund disbursement to the last unit and utilisation of the same in the health system at all times. This would directly have a positive impact on the functioning of AFHCs.

2.

MAINTAIN TRANSPARENCY IN ALLOCATION AND UTILISATION OF FUNDS

Ensure funds transparency by maintaining a robust public accountability system of allocation and utilisation of the budget through district e-information portal and websites at the macro level.

3.

APPOINTMENT OF AFHC COUNSELLORS

Prioritise appointment of trained male and female AFHC counsellors across all RKSK districts on priority basis. As the RKSK operational framework also points out, it will be ideal to appoint young counsellors. It is also recommended to address the gaps in service provision in non-high priority districts in PHCs as per the ARSH guidelines.

4.

DEVELOPMENT OF HANDOUT AND IEC MATERIAL ACROSS ALL SRH SERVICES

Develop IEC material on all the SRH services including contraceptives and different methods of safe abortion, from unmarried young people's perspective. The messaging of the IEC material needs to focus on destigmatising SRH services.

5.

TRAINING OF THE AFHC COUNSELLORS

Ensure specific focus on including and delivering training to AFHC counsellors on adolescents' health needs including sexual and reproductive health needs with a human rights perspective. The training must be designed and conducted with a gender and sexuality lens which help the service providers build an analysis of patriarchy and gender inequality. They must be trained in reaching out to young people from groups marginalised on the basis of gender, sexuality, class, caste, religion and education. The training design must also focus on building the technical information levels and skills of the service providers to provide SRH services.

6.

ENSURE ACCESS TO STIGMA FREE AND CONFIDENTIAL TESTING AND COUNSELLING SERVICES FOR YOUNG PEOPLE UNDER THE AGE OF 18:

The Protection of Children from Sexual Offences (POCSO) Act is a significant and important step in ensuring the safety of children from sexual offences. Specific guidelines should be issued to ensure that this does not impede access to STI testing, safe sex counselling and abortion services for young people under the age of 18. Rights-based civil society organisations should be consulted for formulation of the guidelines. This can go a long way in ensuring that the POCSO Act does not take away the sexual autonomy of adolescents and criminalise consenting relationships of adolescents by using the mandatory reporting clause.

7.

ACTIVATE AND ADVERTISE THE RKSK HELPLINE NUMBER

The RKSK helpline number, 104 should get activated on an urgent basis. The helpline number should be advertised in health facilities, schools and colleges. The helpline staff should be trained and equipped to respond to the queries and questions of the callers. Refresher training and reference material should also be incorporated for capacity building of the appointed staff.

8.

REGULATE OVERPRICING OF HEALTHCARE SERVICES

Issue guidelines for private health facilities to maintain and display standard cost list of different procedures to avoid any overpricing.

FOR THE FACILITY ADMINISTRATION

1.

ENSURE RIGHT TO PRIVACY, CONFIDENTIALITY AND RESPECT OF THE PATIENTS

Display the right to privacy, confidentiality and respect protocols in the facility with a clear directive across the facility for the service providers and patients. The administration staff should ensure that patient's rights are not being violated during the consultation session and examination.

2.

DEVELOP PATIENT FEEDBACK MECHANISM

Ensure that there is a feedback mechanism for the patients in each department.
The feedback mechanism should enable the patients to raise their complaints.
Additionally, the facility administration must form a committee to undertake gap assessment survey of AFHCs in both primary and tertiary level facilities as part of the monitoring mechanism.

3.

MAINTAIN INFRASTRUCTURE, HYGIENE AND CLEANLINESS

It is highly recommended to increase the number of days of AFHCs at the primary level and increase the number of hours in the hospitals (during and after OPD hours). This will help in popularising and making the services more accessible.

4.

OVERCOMING GENDER BARRIERS BY PROVISION OF SERVICES BY SAME GENDER SERVICE PROVIDER

Ensure that all adolescents and young people receive a service provider of the same gender as that does not put another layer of discomfort in seeking SRH services.

5.

INSTITUTE MECHANISM FOR PATIENTS IN CASE OF SERVICE DENIAL

Patients should be able to approach the administration in case of service denial by the provider. The facility must institute mechanism to address the service denial grievance.

6.

POPULARISE AFHCS

The mandated outreach activities should be conducted with the aim of popularising AFHCs amongst communities of young people. Sessions within schools and colleges, having informational murals/ street art in public spaces of the communities will help gain traction and increase the footfall in AFHCs.

FOR THE SERVICE PROVIDER

1.

DO NOT ASK NON-MANDATORY QUESTIONS

Non-mandatory practices such as asking marital status, religion, caste or ask young people to justify their need for SRH services before marriage should not be followed. .

2.

ENSURE NON-JUDGMENTAL AND SENSITIVE ATTITUDE

Non-judgmental and sensitive attitude would enable young people to make informed decisions. Service providers should not have a moralistic and judgmental perspective on premarital sex and same-sex relationships. They must not propagate ideas around morality and practicing abstinence, but focus on enabling young people to make informed decisions. Service providers should not deter due to socially accepted myths around services like abortion and should never impose their value judgments on women seeking abortion or contraceptives.

3.

BE GENDER SENSITIVE AND RESPECT THE PATIENTS

The study shows that young men are more likely to be respected by the service providers as they do not face moral policing as much as young women do. Service providers should ensure respect and equal treatment of all their patients without any biases or discimination on the basis of social identity including caste, class, religion, gender or sexuality. A simple step in this could be by addressing patients with their names and responding to their questions comprehensively without any moral judgements. They should check the satisfaction level of the patient after the session.

4.

UPTAKE OF SRH COMMODITIES AND KITS

Service providers in AFHCs, ICTCs, family planning and gynaecology centres must ensure that they have the SRH commodities and kits in stock for the patients. They should comfortably be able to provide demonstration to adolescents and young people of SRH kits that would encourage them to practice safe and consensual sex.

5.

ENSURE PRIVACY AND CONFIDENTIALITY OF PATIENTS

In most cases the privacy of the patient is not maintained due to heavy patient load, especially in the tertiary level facilities. Service providers must pay attention to the privacy and confidentiality protocols during consultation and examination hours.

6.

SEEKING INFORMED CONSENT

Seeking informed consent by explaining the procedures to the patient before testing and examination should be strictly adhered as a principle.

7.

DO NOT PRESSURISE PARENTAL CONSENT

Service providers should not deny the services or pressurise parental consent if young person below 18 years is unable to involve parents unless it is an extremely critical case. Alternatively, they can ensure seeking consent from any adult who is a friend or relatives.

8.

PROVIDE COMPREHENSIVE HEALTH INFORMATION

Young people have many questions related to their bodies, menstrual and sexual health including contraception and abortion methods. Service providers must provide easily understandable, comprehensive information and health education to the service seeker.

9.

INVOLVE YOUNG MEN IN THE DISCUSSIONS ON SAFE AND CONSENSUAL SEX AND CONTRACEPTIVES USE

It is crucial for the trained service providers to involve young men in discussions on safe, consensual and pleasurable sex and contraceptives use.

Bibliography

MoHFW (2014). Operational Framework, Rashtriya Kishor Swasthya Karyakram, Adolescent Health Division, Government of India.
PSI (2014). Making Your Health Services Youth-Friendly, A Guide for Program Planners and Implementers.
WHO (2002). Adolescent Friendly Health Services, An Agenda for Change.

The Access Project & The Study

The Access Project involves a youth-led evidence based advocacy for stigma- free and youth- friendly sexual and reproductive health services. Between 2017-18, the Access Project engaged young people through perspective building on sexual rights to enable them in conducting audits of health facilities and collect evidence on the status of the provision of services for young people. The study was conducted with the aim of following up on the commitments made by the Government of India for sustaining the development of young people's sexual and reproductive health and rights (SRHR) as part of Sustainable Development Goals 3 and 5. The evidence generated informs the demands for public and policy change towards a rights affirming approach by service providers and other stakeholders to advance young people's access to quality healthcare and well-being.

In partnership with Action India (North East Delhi) and Asian Bridge India (Varanasi), TYPF implemented the project in North West Delhi, North East Delhi and Varanasi, in districts where elements of the Rashtriya Kishor Swathya Karyakram, 2014 (RKSK)/ National Adolescent Health Programme is active. North East Delhi and North West Delhi are high priority districts under RKSK whereas Varanasi is a non-high priority district.

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INTERSECTIONAL | FEMINIST | RIGHTS-BASED

The YP foundation is a youth development organisation that builds young people's feminist and rights based leadership on issues of gender, sexuality, health, education and civic participation. We work to ensure young people's access to information, services and rights and builds their abilities to lead personal and social transformation. You can learn more about our work at theypfoundation.org

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