

# THE ACCESS PROJECT

STUDY DESIGN AND METHODOLOGY



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# ACKNOWLEDGEMENT

This project would not have been possible without the hard work, energy and passion of the young people who engaged as youth auditors with great enthusiasm. They contributed immensely in the development of research tools, leading the data collection, providing inputs on the analysis and inform themselves and other young people on their right to youth friendly health services. The support and synergy of our partner organisations, Action India and Asian Bridge India strengthened the team in meaningfully engaging young people and truly making it a youth-led initiative.

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# ACKNOWLEDGEMENT

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# CONTEXT

'The Access Project' works towards advocating for young people's right to stigma-free and youth-friendly SRH services by bridging the gap between the SRH service providers and young people. In 2017-19, the team conducted youth-led audits of sexual and reproductive health (SRH) services for young people across three districts in Delhi and Varanasi. The initiative aimed to generate evidence on young people's access to SRH services and enable the inclusion of young people's voices and realities in service provision systems at the facility level as well as in policy development by the Adolescent Health Department in the Ministry of Health and Family Welfare.



# INTRODUCTION

Are sexual and reproductive health (SRH) services in India youth-friendly? TYPF's "Access Project" seeks to engage young people to find the answer to this question and generate data, insights and recommendations to improve youth friendliness of health service provision.

## *This study*

This study is a community and youth-led assessment of SRH services provision for young people. It was conducted by a team of thirty trained young people in the age group of 18 to 25, majority of them students from low income settlements. They went through a rigorous SRHR training on understanding the national health policies framework for conducting research audits in health facilities and advocating for youth-friendly health services. The study was conducted at different sites in Varanasi and Delhi. Both these locations are intervention sites under the National Adolescent Health Programme or Rashtriya Kishor Swasthya Karyakram (RKSK), 2014. The study includes government, private and charitable health facilities including Adolescent Friendly Health Clinics (AFHC), a component of RKSK, Integrated Counselling and Testing Centres (ICTCs, NACO), Family Planning Centres and Gynaecology Departments in the assessment.



# INTRODUCTION

## *The Access Project*

The study was conducted as part of 'the Access Project' which works towards advocating for young people's right to stigma-free and youth-friendly SRH services by bridging the gap between the SRH service providers and young people. The larger objective of the project is to gather evidence on the provision of services to lobby with the government, including the Adolescent Health Department and service providers, and draw their attention to the sexual and reproductive health and rights of adolescents and young people.

# Adolescents and Youth in Programming and Policy

The Government of India (GoI) recognised adolescents as a separate constituency for policy development with distinct health needs in the 1990s only after becoming a signatory to the International Convention on Population and Development (ICPD), Cairo, in 1994. The Convention resulted in slow progression towards formulation of policies and programmes on adolescent health using the Adolescent Reproductive and Sexual Health (ARSH) strategy within the National Reproductive and Child Health (RCH) II Programme Implementation Plan in 2006. The inclusion of adolescent-friendly service provision within the public health system was an important component and commitment in the strategy (RCH II, Programme Implementation Plan, 2006). The component was included as one of the strategies with the goal of improving health seeking behaviour to reduce the Infant Mortality Rate (IMR), Maternal Mortality Rate (MMR) and Total Fertility Rate (TFR) nationally (ibid., pp.5). The ARSH strategy looked at the clinic-based approach with services to promote, prevent and cure health (ibid., pp. 5). It was only in 2013 that the Ministry of Health and Family Welfare (MoHFW) focussed on adolescent health with a renewed approach and strategy by including adolescents as a category within the Reproductive Maternal Newborn Child Health (RMNCH) programme which came to be called RMNCH+A. The RMNCH programme asked for a shift from a clinic-based approach to a more comprehensive and integrated approach. The Rashtriya Kishor Swasthya Karyakram (RKSK), 2014, was a programmatic translation of this strategy committing to an overall health and well-being of adolescents with special focus on their Sexual and Reproductive Health (SRH).



# Adolescents and Youth in Programming and Policy

In the last two decades, there has been a global focus on inclusion of adolescents' access to SRH services. Governments have committed under Millenium Development Goals (MDGs), and currently under Sustainable Development Goals (SDGs), to ensuring adolescents' and young persons' right to attain good health and well-being. SDG-3 on 'good health and well-being' for all, includes the aspect of universal access to sexual and reproductive healthcare services, including family planning and education and information. Similarly, under SDG-5 on 'gender equality', there is a focus on ensuring national laws and regulations for access to sexual and reproductive healthcare, education and information. This study also demands accountability for commitments made by the government of India for sustaining the development of young people through the right to SRH. As a representative of the adolescents and youth constituency, the YP Foundation is committed to amplifying young people's voices and demands in service provision and addressing systemic gaps through policy and public action. The assessment of service providers and health facilities for evidence-generation in this study was led by a team of young people themselves. The report is a presentation of the purpose, method, and the finding of this study, including a set of guidelines and recommendations for improvement.





# STUDY DESIGN AND METHODOLOGY

A literature review for this study was undertaken to serve two purposes. First, to identify the advancements, achievements and gaps around young people's access to SRH information and services, and challenges that exist in realising their rights. Second, to ensure that the identified insights from the literature informed the design and methodology of this study, including the assessment tool.

The mystery client approach was chosen so that the auditors could observe and evaluate the quality of service delivery on regular days without being known and influencing the service providers. It serves “the interests of both clients and the program by highlighting the ways that the facility can serve its target audience” in assessing and providing recommendations to improve the quality of services, (Boyce and Neale, 2006, pp. 3). Other methods such as interviews would not have provided us with instances of regular service delivery in the facility for observation and assessment. They would also require researchers to identify themselves and cause respondents to give information to look good. Given the purpose of the study to make recommendations for strengthening the service delivery system, mystery client method was found appropriate to be used.



# STUDY DESIGN AND METHODOLOGY

A review of the mystery client methodology by WHO has especially recognised it as useful in research and in monitoring and evaluation of the programmes from a young person's perspective (V. Chandra-Mouli et al., 2018). There are a few disadvantages of this method as well. The data is dependent upon mystery client recall and there is a need to ensure that the data is reliable (Boyce and Neale, 2006). To overcome some of the limitations and minimise the risk, a strategy of making the visits in pairs was adopted. This in most instances proved helpful to aid their recall and also in ensuring peer support for each other during the visits.

A key limitation in using the mystery client method was that the auditors could not probe many questions due to a fear of revealing their identity during the visit. For example, in situations when a specific mandated counsellor was not available at the centre and another service provider provided the service, the auditors encountered difficulty in finding out the exact reason for the absence of the designated service provider. A mixed method of data collection was therefore helpful and is highly recommended in using mystery client approach. The interview method of data collection provided answers to the questions that mystery clients could not ask. This also gave an insight on the administrative challenges of the service providers in providing the services.



# AUDIT TOOL

The audit tool that was used for data collection aims to capture both quantitative and qualitative data of the visit to ensure comprehensive information is gathered. The audit tool was filled out by the auditors immediately after they finished their visit, to ensure that no important information is missed out. It was developed after conducting a literature review to identify national and international standards of establishing adolescent and youth friendly health services (AYFHS) (WHO, 2002; PSI, 2014). The national guidelines of RKSK details out the operational framework for AFHCs which includes aspects like the infrastructure, human resources, privacy, timing, registration, commodities and services to be provided, IEC material and recording and report keeping (RKSK, Implementation guidelines, 2014). These guidelines were also used to develop a contextual audit tool. An FGD was also organised with young people in TYPF team to include their perception of AYFHS. Feedback was sought from the Research Advisory Committee (RAC) on the draft of the audit tool. Before using the audit tool for auditing, the research team and youth auditors made pilot visits in three health facilities in each location to determine the usability and contextuality of it. Based on the pilot visit, final suggestions from the auditors were included in the tool to use it in auditing.



# AUDIT TOOL

The audit tool served as the primary framework for the youth auditors to document their observations. It also served as a checklist for the youth auditors to assess the health facility on the parameter of youth-friendliness. Following are the youth-friendliness parameter based on which the health facilities were audited:

- Physical accessibility
- 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



# STUDY DESIGN

The programme was implemented in three locations which includes North East Delhi, North West Delhi and Varanasi in Uttar Pradesh. TYPF established partnership to implement the programme with Action India in North East Delhi and with Asian Bridge India in Varanasi. TYPF independently implemented the programme in North West Delhi.

Action India is a feminist organisation working in North East Delhi for the last four decades with the women's collectives. They have five educational centres in the district for women. They also build women's leadership within the various blocks of the district to address issues of violence against women, women's health, women's education, gender, skills and employment etc. Their work with youth on sexual reproductive health rights is comparatively new and they focus on literacy, education and health for school dropped-out girls. Asian Bridge India works in close collaboration with the Social Work students of Kashi Vidhyapeeth University, Varanasi. They have worked extensively with men in communities focusing on norm change for their inclusion in family planning and for rethinking of ideas and perceptions on masculinities. Young people were approached through existing community and university based interventions in the three locations to register their interest to be part of the youth auditors' team. In each location, a group of fifteen youth auditors were collectivised, and the programme started with training forty five youth auditors. Most of the youth auditors were college students. There was a drop out of eight youth auditors before the audits had begun. There were three youth auditors who dropped out because of discomfort in accessing the SRH services, while the remaining dropped out because they had other commitments to fulfil.



# STUDY DESIGN

The programme was transacted in the following three phases:

In the first phase, the youth auditors were trained on issues of Gender, Sexuality and SRHR to build their perspective on the issue. After this training, they were assigned the task of identifying the health facilities within their respective community that provide SRH services. The sample included 15-20 health facilities in each location, including private, government and charitable facilities that provide SRH services.

In the second phase, the youth auditors were trained on the research methodology to build their skills in conducting the audits. This included orienting them with the research audit tool and using mock sessions for them to practice the mystery client method. After this training, three pilot visits were conducted in each location. Based on the pilot visits, suggested changes were made in the audit tool. After another round of feedback from the advisory on the audit tool, it was finally used by the youth auditors in auditing. This phase ended with data collection, after conducting audits and interviews of the service providers. The data was collected between March to September, 2018.

In the third phase, the data collected was digitised and synthesised in MS Excel for analysis. The findings, analysis and recommendations for improvement of the research audits were shared in various public events as well as individual meetings with district level officers and the staff and service providers at the audited health facilities.



# ETHICS

TYPF formulated a Research Advisory Committee of three women's health and rights researchers to review and assess the Research Audit Programme for ethical approval and to ensure that the research ethics and norms are abided. The committee reviewed the programme design, the research audit tool and the youth auditors' consent forms and information sheet. Their feedback was included to ensure youth auditors' privacy. Based on the documents provided, the methodology was approved by the RAC. A written consent was sought from all the youth auditors before they started participating in the trainings and conducting audits. The information sheet and consent form was made available in Hindi and English to all the youth auditors. They were provided with support and time to read and understand their role and responsibility according to the information sheet and consent form before signing. After receiving the written consent, the team proceeded with the audits. To maintain anonymity, each youth auditor was given a code while digitising the data. The digitised data, therefore, does not carry the names of any of the youth auditors. Similarly, a written consent from the service providers who were interviewed was sought. The identifiable information like the name of the service provider and the name of their health facility was anonymised in the data.





# STUDY SETTING

All the three districts chosen in the study were urban locations and have elements of RKSK being implemented. Both the locations in Delhi are high priority areas within the RKSK programme. According to the Census of India, 2011, the population of North East Delhi in the age group of 10 to 24 years is 7,42,168 with 53% males and 47% females. The aggregate literacy rate of this population is 93%. (Insert anaemia data). According to the NFHS-4, the unmet need for family planning for married women in the age group of 15 to 49 years is 14.6 %. 12% of women in the age group of 20 to 24 years were married before the age of 18 years. There are 14 AFHCs in the district, one at the tertiary level and rest at the primary and secondary levels. The population of North West Delhi in the age group of 10 to 24 years is 11,32,996 with 55% males and 45% females. The aggregate literacy rate of this population is 93%. According to NFHS-4, unmet need for family planning in married women aged 15-49 years is 16.1%. There are 8 AFHCs in the district, one at the tertiary level and rest at the primary and secondary levels.





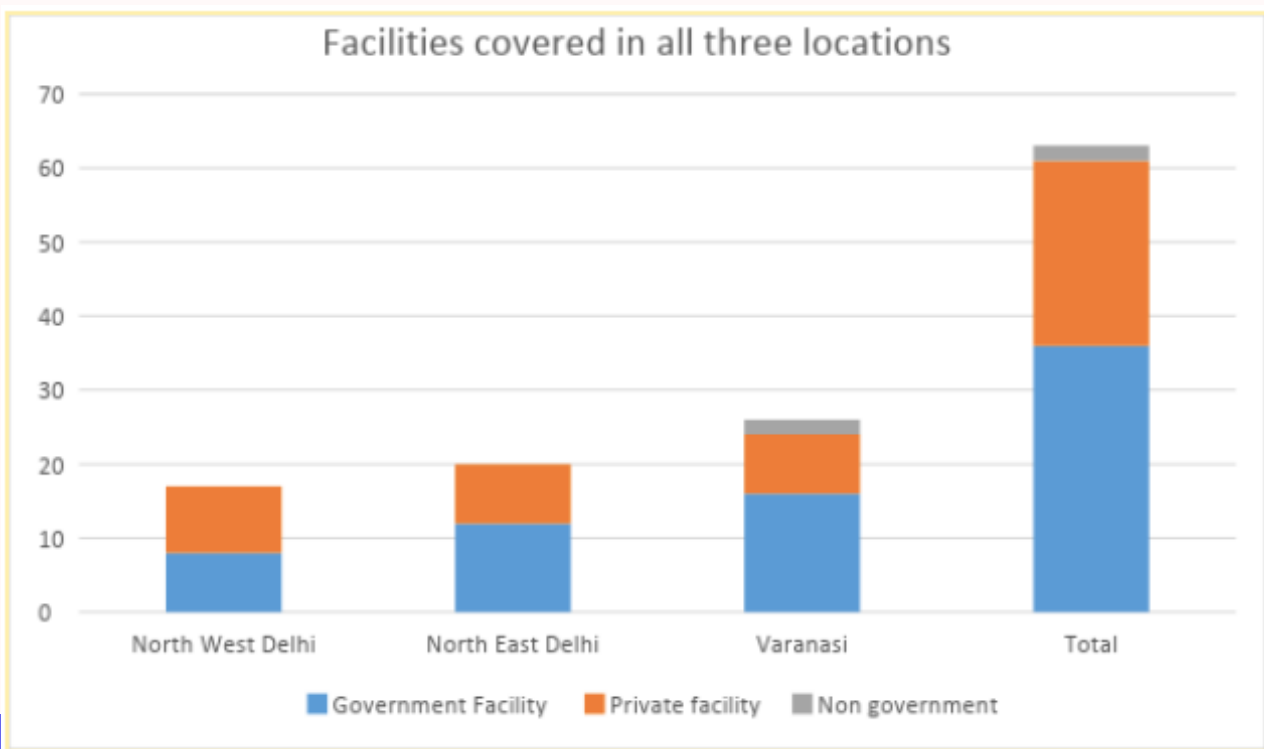
# STUDY SETTING

According to the Census of India, 2011, the population of Varanasi in the age group of 10 to 24 is 12,28,212 with 53% males and 47% females. Even though Varanasi is not a high priority area in RKSK, there are components of the programme that are being implemented. There are two AFHCs, one for males and one for females at the tertiary level in the district hospital in Varanasi. The aggregate literacy rate of this population is 89%. According to NFHS-4, the unmet need for family planning is 16.5%. There is no district level disaggregated data on unmarried adolescents and young people's access to SRH services but state level data of Uttar Pradesh shows that 25.7% of women and 29.5% of men have comprehensive knowledge of HIV/AIDS. State level data of Delhi shows that 32.6% women and 27.4% men have comprehensive knowledge of HIV/AIDS.



# SAMPLE SELECTION AND SAMPLE SIZE

A sample of 63 facilities were selected in total in the three locations to conduct 175 audits. Multiple audits for different services were conducted in most of the facilities. The selection of the facilities was based on multiple factors. All the government facilities that have provision of AFHC were selected. In addition, a few other government facilities were also selected in Varanasi since the AFHC was there only in one facility. The non-government facilities that had provision of SRH services were selected. A recce was undertaken by the youth auditors to identify and select the private and charitable facilities. Charitable facilities were only identified in Varanasi. There was also a factor of familiarity amongst youth auditors and in the community in the selection of the health facilities. The private facilities that were audited had a consultation fee of upto Rs. 500/-.



# North West Delhi

In North West district of Delhi, a total of 17 facilities were selected to conduct 63 audits. As the figure represents, 39 audits were conducted in government facilities and the remaining 24 audits were conducted in private facilities. Government facilities covered tertiary level facilities, maternity homes and Delhi government dispensaries and private facilities covered private clinics and private hospital.



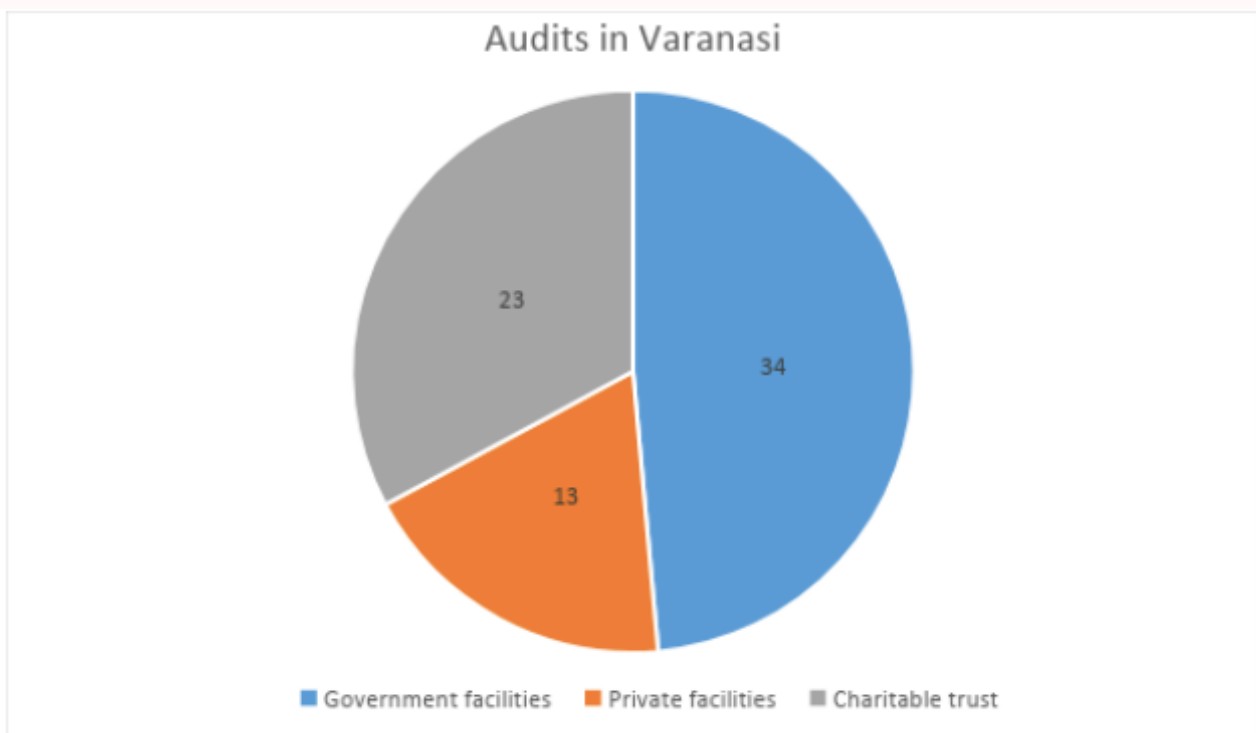
# North East Delhi

In North East district of Delhi, a total of 20 facilities were selected to conduct 42 audits. As the figure represents, 24 audits were conducted in government facilities and the remaining 18 audits were conducted in private facilities. Government facilities covered tertiary level facilities, maternity homes and Delhi government dispensaries and private facilities covered private clinics and private hospital.

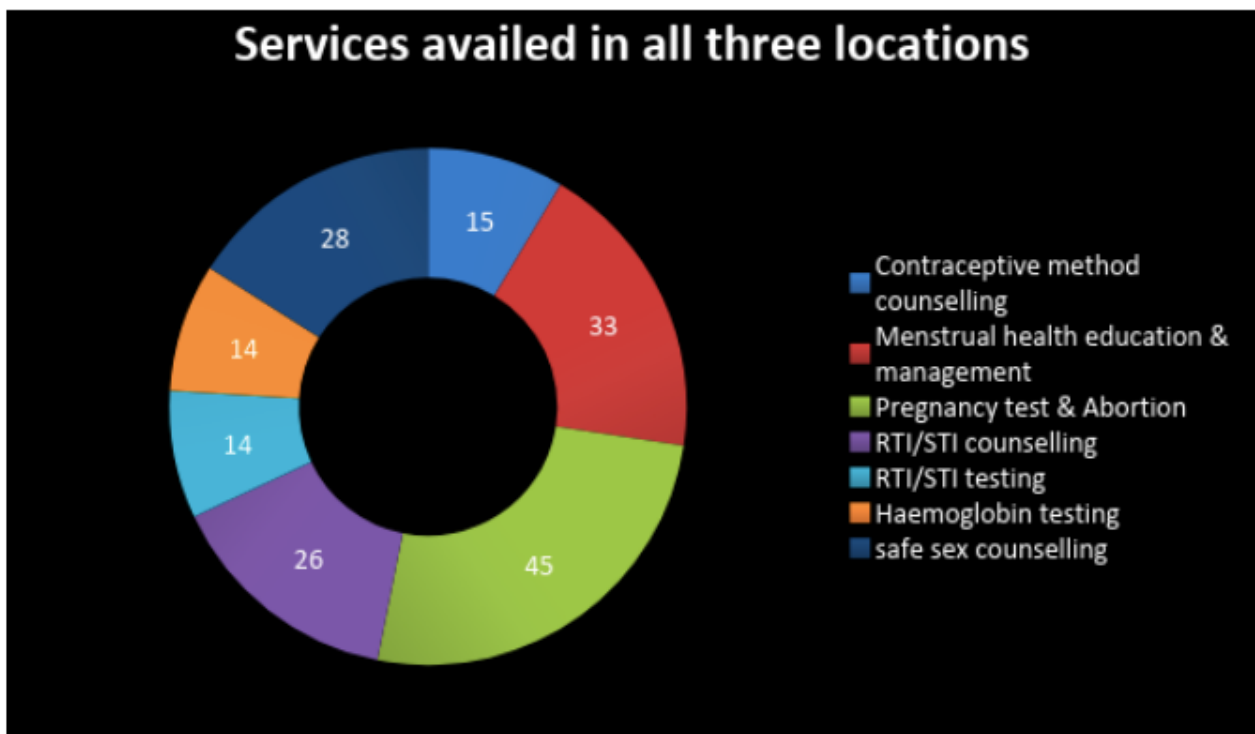


# Varanasi

In Varanasi, a total of 26 health facilities were selected to conduct 70 audits. As the figure represents, 34 audits were conducted in government facilities, 23 audits were conducted in private facilities and the remaining 13 audits were conducted in private facilities. Government facilities covered tertiary and primary level facilities and private facilities covered private clinics and private hospital.



The following figure represents the number of audits conducted of different SRH services in the three locations.





To read the entire report, click  
here



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](http://theypfoundation.org)



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