



1

BACKGROUND

PURPOSE OF THE IMPLEMENTATION GUIDE

In the National Rural Health Mission (NRHM), a national strategy for Adolescent Reproductive and Sexual Health (ARSH) has been approved as a part of the Reproductive and Child Health Phase II (RCH II). Various states as a part of their State and District RCH II Plans have adapted this national strategy. This strategy is now to be implemented in the districts in the primary health care setting. In this context, this document is intended to guide state and district RCH II programme managers in implementing the ARSH strategy.

This document is guided by the National Guidelines of the Ministry of Health and Family Welfare (MoHFW) developed for the technical strategies under RCH II. Special attention is to be given to gender and equity differentials at every stage of implementation. The RCH II ARSH strategy is to be implemented within the framework of inter-sectoral convergence emphasized by the National Rural Health Mission. Linkages are to be established between the RCH II ARSH strategy and the strategy for adolescents and young people, under the proposed third phase of the National AIDS Control Programme (NACP).

This guide presents what to implement and how to implement the ARSH strategy. Part two focuses on what is to be implemented, detailing the RCH II ARSH strategy at the national level. It also presents an overview of the strategy which has been adapted by the different states. In part two, the guide discusses the desired quality in implementation of the ARSH strategy. This dimension of quality is defined in terms of key principles or standard statements, which are to be fulfilled in order to achieve the expected results, viz., improving the health seeking behaviour of adolescents and contributing towards the long-term health goals/outcomes of reduced MMR, IMR, TFR and HIV infections in this age group.

Part three of the guide details how the strategy is to be implemented. It outlines the steps that are to be undertaken for creating a supportive environment, generating awareness among adolescents, organizing services, improving capacity of service providers, and monitoring service provision and utilization. Essential actions are specified to guide the programme managers to meet the desired standards. These actions are to be further adapted as per the context specific requirements of the states and districts, without compromising on quality

It is expected that the state and district programme managers will use this implementation guide, once they have undergone an orientation on ARSH issues. For this purpose a one-day orientation package for programme managers has been suggested.



A draft of this document was discussed and deliberated upon at the National Consultation on RCH II ARSH Strategy in September 2005, organized by the MoHFW, the UNFPA and the WHO. The inputs given by the experts who participated in this consultation from all over the country have been largely incorporated.

This guide is not intended as a prescriptive document. It is a suggestive framework for implementation for programme managers. It is to be treated as work in progress and it is hoped that the rich input and feedback from the states and districts will give further shape to this guide.

ARSH IN RCH II

Why Adolescent Reproductive and Sexual Health?*

There are 225 million adolescents comprising nearly one-fifth (22 per cent) of India's total population (Census 2001). Of the total adolescent population, 12 per cent belong to the 10-14 years age group and nearly 10 per cent are in the 15-19 years age group. Females comprise almost 47 per cent and males 53 per cent of the total adolescent population. More than half of the currently married illiterate females are married below the legal age of marriage. Nearly 20 per cent of the 1.5 million girls married under the age of 15 are already mothers (Census 2001).

The pervasiveness of discrimination, lower nutritional status, early marriage, complications during pregnancy and childbirth among adolescents contribute to female mortality (CSO 2002, SRS 1999).

Mortality in female adolescents of 15-19 years is higher than adolescents of 10-14 years. More than 70 per cent girls in the age group of 10-19 years suffer from severe or moderate anaemia (DLHS-RCH 2004). Age-specific fertility rate in the age group of 15-19 years contributes to 19 per cent of the total fertility rate. Amongst currently married women, the unmet need of contraception is the highest in the age group of 15-19 years. Nearly 27 per cent of married female adolescents have reported unmet need for contraception (NFHS-2). Most sexually active adolescents are in

their late adolescence. Over 35 per cent of all reported HIV infections in India occur among young people in the age group of 15-24 years, indicating that young people are highly vulnerable. The majority of them are infected through unprotected sex.

Adolescent mothers are at a higher risk of miscarriages, maternal mortality and give birth to stillborn and underweight babies.

Given the above scenario, the Government of India (GoI) has recognized the importance of influencing the health seeking behaviour of adolescents. The health situation of this age group will be central in determining India's health, mortality, morbidity, and population growth scenario. Investment in adolescent reproductive and sexual health will yield dividends in terms of delaying age at marriage, reducing incidence of teenage pregnancy, meeting unmet contraceptive needs, reducing the number of maternal deaths, reducing the incidence of sexually transmitted infection (STIs) and reducing the proportion of HIV positive cases in 10-19 years age group. This will also help India in realizing its demographic bonus, as healthy adolescents are an important resource for the economy.

* Data in this section has been taken from the MOYAS – UNFPA Advocacy Kit “Healthy Adolescents, Empowered Adolescents”, 2005



Existing Policy and Programme Scenario

It is useful for the programme managers to bear in mind the existing policy context and programme scenario with regard to adolescent health. The Tenth Five Year Plan recognizes adolescents as a distinct group for policy and programme attention. The National Population Policy 2000 identifies adolescents as an underserved group for which health, specifically reproductive and sexual health interventions are to be designed. The National Youth Policy 2003 recognizes 13–19 years as a distinct age group, which is to be covered in programmes of all sectors, including health, education, science and technology etc. In this regard, the Youth Ministry has devised special programmes for adolescent health and empowerment.

The National Curriculum Framework 2005 for School Education explicitly highlights the need for integrating age appropriate adolescent reproductive and sexual health, including HIV/AIDS messages into the school curriculum. This framework is translated into the National Adolescence Education Programme of the MHRD-NACO, which proposes 100 per cent coverage of all secondary and higher secondary schools with HIV/AIDS prevention and ARSH messages.

In keeping with the spirit of convergence under the MoHFW's NRHM, 2005, the RCH II ARSH strategy emphasizes the need for intersectoral linkages with other departments at the policy and programme levels. This is needed in order to create a supportive environment for adolescent interventions and to improve awareness levels among adolescents. The public health system at the primary health care level is to be reorganized to cater to the service needs of adolescents. Special focus is to be given on linking up with the VCTCs and establishing appropriate referrals for HIV/AIDS and RTI/STI infections. In this regard, operational linkages are being proposed between the RCH II and all other interventions, for young people in the National AIDS Control Programme III.

ARSH Strategy in National RCH II PIP

The goals of the GoI RCH II are reduction in IMR, MMR and TFR. In order to achieve these goals, the RCH II lists out four technical strategies. One of the technical strategies is for adolescent health.

A strategy for ARSH has been approved as part of the National RCH II Programme Implementation Plan (PIP). This strategy focuses on reorganizing the existing public health system in order to meet the service needs of adolescents. Steps are to be taken to ensure improved service delivery for adolescents during routine check ups at sub centre clinics and to ensure service availability on fixed days and timings at the PHC and CHC levels. This is to be in tune with the outreach activities. A core package of services would include preventive, promotive, curative and counselling services. The framework of services in the RCH II ARSH Strategy in the National PIP is presented below. This describes the intended beneficiaries of the adolescent friendly reproductive and sexual health services (target group), the health problems/issues to be addressed (service package) and the health facilities and service providers to be involved.

Such friendly services are to be made available for all adolescents, married and unmarried, girls and boys during the clinic sessions, but not denied services during routine hours. Focus is to be given to vulnerable and marginalized sub-groups. A plan of service provision as per level of care may be developed based on the RCH II service delivery plan.



Level of Care	Service Provider	Target Group	Flow of service delivery activities	Services
Sub-Centre	<ul style="list-style-type: none"> • HW (F) 	Unmarried F Married F Unmarried M Married M	During routine sub centre clinics	<ul style="list-style-type: none"> • Enrolment of newly married couples • Provision of spacing methods • Routine ANC care and institutional delivery • Referrals for early and safe abortion • RTI/STIs and HIV/AIDS prevention education • Nutrition counselling including anaemia prevention and menstrual hygiene • Immunization for pregnant adolescent mothers
Primary Health Centre/ Community Health Centre/ District Hospital	<ul style="list-style-type: none"> • Health Assistant (F)/LHV • Medical Officer 	Unmarried Male and Female	Once a week: teen clinic will be organised at PHC for 2 hrs.	<ul style="list-style-type: none"> • Contraceptives, condom programming • Management of menstrual disorders, menstrual hygiene guidance • RTI/STI and HIV/AIDS preventive education and management • Counselling and services for pregnancy termination • Nutritional counselling • Counselling for sexual problems • Immunization for pregnant adolescent mothers

ARSH Strategy in State RCH II PIPs

The National RCH II ARSH Strategy has been adapted in several State RCH II PIPs. By and large, most states have incorporated a strategy for adolescent health. The variation in them across the states can be explained in terms of the scope of demand generation activities and service provision. Some states have stressed more on knowledge/awareness generation and environment building activities through involvement of NGOs and other departments such as Women and Child Development, Youth



and Education. Other states have proposed adolescent clinics and counselling through NGOs. Most states articulate a service delivery strategy for adolescents through the public health system at the PHC and CHC levels. Some have proposed linkages with the adolescent-related work already initiated at the tertiary level through district hospitals. While some states have proposed selective coverage of PHCs and CHCs in a phased manner, others have proposed full coverage of all districts for ARSH interventions. In the RCH II, district programme managers are expected to identify PHCs and CHCs based on certain key criteria. The RCH II programme proposes additional inputs for strengthening RCH services in 50 per cent PHCs as 24-hour functional centres. These facilities will have additional nursing staff for organizing services. It is recommended to select only such facilities in the first phase of implementing the RCH II ARSH Strategy. The available physical infrastructure is to be kept in mind while selecting these facilities.

To conclude,

This section highlights the health situation of adolescents in the country. It also presents in brief, the policies and programmes that address adolescent health issues. An overview of the ARSH strategy at the national and state levels has been explained. Given this understanding of the scope of ARSH in RCH II, the focus of the next section is on the key principles or standards that are to be fulfilled for these services to be effectively delivered to adolescents.