Abstract

Adolescents Responsive Health System– Lessons learnt from an Implementation Research, Surat City, India

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Background

According to WHO (2014), the progress toward universal health coverage requires a transition from “adolescent-friendly” projects to “adolescent-responsive” health systems.

Surat City in Western India, with 4.4 million population (Census 2011) is one of the fastest growing cities at economic front but vulnerable to public health hazards, climate change disasters and sociodemographic factors like high population density, highest in-migration across India.

Adolescents from urban slums is one of the potential but "hard to reach" population where geographic access is not a problem but in involving them into public health system is a challange due to various socio-cultural and health limitations of urbanization, community preference to private health, limited approaches of community participation, rising new resurgent infections, climate change induced health challanges etc.

Objective

“Adolescents’ responsive Health Resilience *S*ystem” was an implementation research (2018-19) by Surat Municipal Corporation & UNICEF in Surat. Implementation partner was Urban Health and Climate Resilience Center of Excellence. The objective of present research was to

demonstrate a feasible model of Adolescents Responsive Health system specific to urban slum context, at pilot level.

Material & methods

The strategic planning involved three phases

1. Local working group formation- A primary urban health centre was identified with 1.2 lakh total and 13052 adolescents' population. The "multi-stakeholder" network of 40 city institutions working with adolescents was created. These comprised Government departments, educational institutions, academia and civil society groups. The network identified local indicators and prioritized the actions.
2. Evidence generation- involved primary research for, by and with adolescents, city-wide secondary data analysis, multi-indicator cluster survey for adolescents health, issue specific rapid surveys, adolescents charter of demands preparation, and stakeholders mapping
3. Capacity building, system planning & behavior change communication actions- comprised of systematic screening for health, coordination within multiple protocols, joint capacity building of healthcare providers of different levels, life skills education, promotion visits of adolescents to health centers, intergenerational dialogue & NGO linkages for capacity building of parents

Results

The program reached 212 healthcare providers, 53 institutions/ schools working with adolescents and 3540 adolescents themselves. Indirect community beneficiaries included 12000 family members of adolescents.

Conclusion & interpretation

Key lessons learnt were as follows -

- Adolescents' responsive mechanisms of holistic screening are useful for the evidence based planning.

- Reproductive health, malnutrition, mental health, substance use, peer pressure, safety, life and livelihood skills- were top tanked ‘wellbeing’ issues specific to adolescents.
- Services geared for adolescents must address the full range of adolescents’ health and development needs.
- Reach and access of scattered programs can be improved by technology enabled efficient data compilation and convergence, coordination within protocols, capacity building and strengthening the referral network.
- Out of school, those with special needs, urban poor, migrants, girls– are further vulnerable groups within adolescents and need separate strategies.
- Adolescents constitute a capable visionary group for a city. Their capacities can be built as "agents of well-being".
- They are enriched with experience-based knowledge. But it is not necessarily reflected in health actions. Parents’ attitude also hinders adolescents’ motivation to take actions. Opportunities encouraging peer education work well.
- Demonstration and sustaining the creative platforms for adolescents’ meaningful participation and leveraging their capacities is needed.