A Study of AFHCs in Tribal and Non-Tribal Areas of Valsad District

BACKGROUND

- Adolescent population of India is 19.6% (Census of India 2011) and 19.8% in Gujarat.
- NFHS-4 survey in Gujarat revealed that 27% women in the age bracket of 15-19 years were pregnant at the time of survey. Nearly 20% of 1.5 million girls are married under age of 15 and are already mothers.
- Age specific fertility rate in the age group of 15-19 years contribute 19% of total fertility in Gujarat.
- 70% girls in age group 10 to 19 years suffers from severe moderate anaemia (DLHS-RCH 2004).over 35% of all reported HIV infections in India occur among people in the age group 15 to 24 years indicating that young people are highly vulnerable
- In 2013 GoI included Adolescent as an additional part to RCH program and was introduced as RMNCH+A. In addition, GoI/ GoG run ARSH, RKSK, MAMTA .
- MMR In Gujarat is low (112 per 1 lakh) as compared to national figures (167 per 1 lakh) SRS 2011-13
- Adolescents who are tribal are more vulnerable because of harmful practices as social norms.
- Total population of adolescents in district of Valsad district is:
- in Non Tribal area - 135616 ,Tribal area -78764

OBJECTIVES

- To review the guidelines on ARSH and related programmes.
- To study and compare AFHCs in tribal and non-tribal areas of Valsad district

METHODOLOGY:

- This study was conducted in Valsad district , Gujarat in 6 Talukas where 4 are non tribal areas and 2 are tribal areas.
- Data collection at the AFHCs was done during April-May 2017 during 2-4 pm on Monday and Tuesday when AFHC run.
- 15 out of Total 21 AFHCs have been covered and complete information was collected from 13 AFHCs. AFHCs was not functional in District hospital
- 2 – CHCs, 11 – PHCs (could not contact one tribal PHC)
- Adolescent health clubs run in 21 Sub centres exclusively .
- Interviewed 15 MOs, 21 ANMs, ASHAs and 70 Peer educators .

- **AFHC guidelines from NHM and the observations**
- *Location of facility should be away from the OPD or any other crowded place* ***(T– 24% and NT-31%)***
- *Dedicated space should be present* ***(T– 15% and NT-7%)***
- *Privacy should be insured* ***(privacy not insured anywhere)***
- *Number of days an AFHC is functional in a week (in Gujrat Monday and Tuesday 2 to 4 pm)* ***(T –24% and NT-31%)***
- *Equipment and commodities present in clinic (%)– height measurement instruments, weighing machine, BMI charts, contraceptives, injection TT, IFA tablets, albendazole tablets, PTKs* ***were available except*** *sanitary napkins*
- *Availability of IEC material regarding ARSH promotion* ***(15%-NT).***
- *Trained Medical officer* ***(46%),*** *ANM/LHV****(62%),****Counsellor* ***(0%)*** *(AH counsellor, ICTC counsellor, RMNCH+ A counsellor) in adolescent health.*

STRENGTHS :

- All the functional AFHCs (46%) are in non tribal areas.
- One tribal and one non tribal AFHCs had adequate resources .
- 28% (3 non tribal and 2 tribal) ASHAs aware of the program and it's schedule .
- 23% (3 non tribal and 2 tribal) ANMs were aware of this program and schedule.
- 31% peer educators out of 53 available (70 total) were aware that they were appointed as peer educators. 30 % peer educators who were aware of their responsibilities were non-tribal.
- 10% (all in non-tribal areas) Sub centres were found functional as Adolescent health clubs.
- 25% AFHCs had ARSH IEC material (1 tribal and 2 non tribal)
- 26% AFHCs performed Adolescent health programmes at schools (2 tribal and 3 non tribal)
- AFHCs is a platform where counsel adolescents for delay the sexual exposure.

WEAKNESSES:

- No counsellor has been appointed till the day of visit.
- Inadequate resources to run the clinic. 20% facilities never had the infrastructure to provide services.
- Peer approach was absent in tribal areas.
- Lack of supervision.
- 46% ANMs were trained for RKSK but not aware about ARSH program.
- Communication /language gap in tribal areas.
- ANMs and ASHAs were not aware of eligible couple definition.
- Biased Selection of ASHA and peer educators .
- Lack of Convergence with government health functionaries and NGOs.
- Teenage marriages are resulting in increased IMR MMR and HIV in tribal areas.
- Adolescents do not come to facilities

S W O T

OPPURTUNITIES:

- 27% of early age pregnancies in Valsad and therefore, they can be contacted during ANC visits
- Adolescents are demographic dividend and investing in adolescents will go long way
- No private organizations are working in tribal areas for sexual health.
- Government system has the maximum outreach and first point of contact even in tribal areas and Minimum alliances are working regarding this initiative .

THREATS:

- Tribal Social norms and customs like SATIPATI and live-in relationships.
- Early age drop outs from school .
- HMIS is perceived as threat because the health functionaries may disclose the identity.
- AFHCs are established in health facilities and in general health facilities are the centres for treatment not for learning.
- Lack of public transport to tribal areas.
- Poor mobile network .

UNDER GUIDANCE OF : DR. S. D. GUPTA
DR. NUTAN P. JAIN

PRESENTED BY: Dr. DEVASHISH SINGH, ROLL NO. 0410, HM-21
Dr. KIRTI DHAMIJA , ROLL NO. 0434, HM-21