

## Guidelines for Establishing

### Adolescent Friendly Health Centers- FOGSI



**ADOLESCENT HEALTH COMMITTEE  
FOGSI**





## **Guidelines for Establishing**

## **Adolescent Friendly Health Centers- FOGSI**

National Project of the Adolescent Health Committee FOGSI under the guidelines made in accordance with the Government of India guidelines (RCH II – ARSH Implementation Guide of Ministry of Health and Family Welfare) in consultation with WHO.

Dr. Roza Olyai  
Convener Adolescent Friendly Health Centers India  
Chairperson – Adolescent Health Committee FOGSI (2009-11)

*Preface.*



**Dear Friends,**

It gives me great pleasure to share with you Guidelines formulated by Adolescent Health Committee FOGSI for Establishing Adolescent Friendly Health Centers (AFHCs) in your existing practice. These guidelines are in accordance with the Government of India guidelines (RCH II – ARSH Implementation Guide of Ministry of Health and Family Welfare) and have been developed in consultation with WHO.

These Guidelines are designed to support our endeavour to provide good quality adolescent friendly health services to adolescents by our members across the country. The establishment of these AFHCs is a part of the National Project by the Adolescent Health Committee FOGSI in collaboration with FIGO.

Adolescent age group is generally considered to be healthy. However, we know that adolescents are faced with several well known health risks owing to vulnerability determined by developmental (biological) and socio-cultural factors. Within the context of changing social scenario, the need of the hour is to not only to generate awareness amongst the young generation but also to ensure that they have the choice to seek the desired health services in a non-judgemental and friendly environment when in need.

We are honoured to have a message from Prof. Dr. Hamid Rushwan, Chief Executive FIGO who has been instrumental for this project by his constant encouragement, support & guidance. I would also like to thank Dr. Nata Menabde, WHO Representative Designate to India for her kind message.

These guidelines for establishing “Adolescent Friendly Health Centers” have been developed under the guidance and encouragement of Dr. P. C. Mahapatra, President FOGSI 2011, Dr. Sanjay Gupte, immediate Past President FOGSI, Dr. P. K. Shah, Secretary General FOGSI, Dr. Nozer Sheriar, Deputy Sec. General, & Dr. H.D Pai, Treasurer FOGSI. I would like to place on record my sincere appreciation to all of them for their constant support.

It is my privilege to express my gratitude to Sh. Amit Mohan Prasad & Mrs. Anuradha Gupta, Joint Secretary, MOHFW, Government of India who encouraged us to adapt the National standards of Adolescent Friendly Health Services for provision of good quality services in the private sector.

I would like to specially thank Dr Neena Raina, RA-CAH, Dr. Rajesh Mehta, MO-CAH from WHO-SEARO and Dr. Kiran Sharma, NPO- Adolescent Health & Development, Office of the WHO Representative to India, Dr. Pratima Mittal & Dr. Nayson Olyai for their valuable contribution.

*Roza Olyai*

Dr. Roza Olyai

**Convener Adolescent Friendly Health Centers India**



### MESSAGE

India's 22% of population are adolescent. Health challenges of this large group are significant - under-nutrition/anemia, early pregnancies, increased maternal mortality largely owing to early pregnancy, sexually transmitted infections including HIV.

Providing healthy, safe and supportive environment to adolescent is imperative to enable this generation contribute significantly to societal growth.

The health of the nation will be at stake if healthy transition of adolescents into adulthood is not achieved. We need to ensure that our future young adults are protected against diseases such as HIV, are not lost in childbirths and do not give birth to weak babies who don't live to see even their first birthday.

India's progress towards achieving the Millennium Development Goals – MDG 4 for reducing child mortality and MDG 5 for improving maternal health, requires major efforts. In this context the "Implementation Guide for establishing Adolescent Friendly Health Centers" has been developed by the Federation of Obstetric and Gynecological Societies of India (FOGSI) with support of WHO and the Ministry of Health and Family Welfare, Government of India.

These guidelines would be useful for both the FOGSI members and the public sector, and will help in improving sexual and reproductive health services for adolescents and in generating awareness amongst adolescents and the community at large for a supportive socio-cultural environment.

I would like to congratulate the Adolescent Health Committee of the Federation of Obstetric and Gynecological Societies of India for making significant efforts to enhance the accessibility of quality Adolescent Friendly Health Services through the private sector in various cities of the country.

WHO is supporting the Government of India for developing an integrated health framework for scaling up Adolescent Friendly Health Services in the country and preventing adolescent pregnancies. WHO promotes a systematic approach to implement Adolescent Friendly Health Services and recommends supportive and enabling policy environment, inter-sector convergence and collaboration with significant stakeholders.

Dr Nata Menabde  
WHO Representative Designate to India

A handwritten signature in blue ink, appearing to be "Nata Menabde", written in a cursive style.



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### **Message from JS (RCH)**

Adolescents constitute nearly one fourth of the population of India and are also a vulnerable segment. Their access to health services also remains marginal. To address this issue and also to ensure easy access to SRH services, Government of India initiated the Adolescent reproductive and Sexual Health (ARSH) strategy in RCH II under National Rural Health Mission. There are 70 District Hospitals, 242 CHCs and 846 PHCs that have set-up adolescent friendly health clinics across states such as Gujarat, Haryana, Himachal Pradesh, Kerala, Madhya Pradesh, Maharashtra, Punjab, Rajasthan and West Bengal. These services are often provided on specific days dedicated to adolescent clients while strengthening outreach services particularly as CHCs / PHCs levels, sometimes with linkages with School Health Programme.

Recognising the need for providing adolescent friendly health services through the private sector, Adolescent Health Committee FOGSI has taken a commendable step forward in further enhancing the accessibility of such services to youth. The Adolescent Health Committee FOGSI aims to provide quality adolescent friendly health services to adolescent through these centres which will be established in various cities in India. These will be based on the Implementation Guide for Establishing Adolescent Friendly Health Centres (AFHCs), formulated by MOHFW, Government of India. To initiate the process, Adolescent Health Committee FOGSI has also finalized a half day CME to update the service providers & IEC materials for their clinics. It is envisaged that these AFHCs, which will be established by the private practitioners will go a long way in not only generating awareness amongst adolescents and community at large about the need to focus on this population but would also strengthen utilisation of such services.

I would like to complement the team of Adolescent Health Committee FOGSI, led by Dr. Roza Olyai, National Chairperson Adolescent Health Committee FOGSI, and also the assistance provided by WHO staff, Dr Neena Raina, Dr. Rajesh Mehta and Dr. Kiran Sharma, in finalization of the guidelines and protocols.

Mrs. Anuradha Gupta



## Message

The International Federation of Gynecology and Obstetrics (FIGO) recognises that Adolescent Sexual and Reproductive Health (ASRH) is a critical area of concern for women and youth in general in the world today, especially in low- and middle-resource countries.

FIGO's commissioned studies on Adolescent Sexual and Reproductive Health have been the inspiration behind several groundbreaking, highly successful FIGO workshops this year, funded by the United Nations Population Fund (UNFPA). To date, these events have taken place in Bangalore, Khartoum and Istanbul, with more planned before the end of the year, including one in Santiago.

The message from the workshops so far has been delivered loud and clear: there are currently innumerable health and social challenges facing youth of all countries, and it is time to improve our understanding of them, and to focus our energies on the alleviation of these problems. Obstetricians and gynecologists - through their national associations and through FIGO at the international level - have an important role to play in the advancement of ASRH services.

It is clear that FOGSI is leading the way, with its production of these succinct and pertinent guidelines. They will be a most valuable resource for everyone connected with this vital area of health. Thanks are due to all contributors - especially Dr Roza Olyai in her role as Chairperson - and not least to Dr Sanjay Gupte, FOGSI President, and Dr PK Shah, FOGSI Secretary General, for overseeing such an important enterprise.

The FOGSI committee continues to do robust work in its efforts to empower communities with new knowledge and awareness in the areas of Adolescent Sexual and Reproductive Health. FIGO looks forward to maintaining close collaboration on these issues.

My very best wishes to all.

Kind regards



**Professor Hamid Rushwan**  
MD., FRCOG  
Chief Executive,  
International Federation of Gynecology  
and Obstetrics (FIGO), UK.



## Message

Adolescence, one of the remarkable and distinct phase in the life cycle of women revolves around physical, psychological, sexual and social issues. The magnitude of the problem of Adolescence is well known to the health care providers and by virtue of the demographic share this group contribute to almost a quarter of the population, which certainly needs a special attention. Needless to mention that healthy Adolescents are the backbone and foundation of healthy mothers and they are the ultimate future of the society. Though there are lot of policies and programmes by various authorities on Adolescent health issue since last few decades, due to lack of specialised implementation policies, the ultimate objective is not being fulfilled. Thus there is a need of Adolescent friendly health services throughout the country and guidelines has to be formulated in order to steering the issues and achieve our goal.

I am really happy that the Adolescent Committee of FOGSI under the dynamic leadership of the Chairperson of the committee Dr. Roza Olyai has taken an initiative in this regard not only in sensitising the various issues of Adolescent health but also aims at focussed health care delivery. The efforts of Dr. Roza Olyai targeting on the colleges for youth today and tomorrow, establishment of Adolescent friendly health centres and catch them young are praiseworthy.

I am sure that this dynamic committee effort will go a long way with **vision, mission and action** with **will and skill**. We will certainly make it a reality.

A handwritten signature in black ink, appearing to read "P. C. Mahapatra".

Dr. P. C. Mahapatra  
President FOGSI ( 2011)



## Message

Adolescence is a vulnerable age group we understand from all aspects emotional, financial, social, political etc. Healthy adolescence is the foundation of a healthy adult and this therefore becomes an important phase to concentrate upon by all the concerned stakeholders. There is a need not only for awareness but for behavioral change through repeatedly addressing this issue. Reproductive health becomes an important component and there is a felt need for increasing awareness and thus empowering the young for a healthy life. It also is essential to empower health care facilities and to enable them to provide such services which will not only cater to these needs but also be friendly to attract the community and the youth for proper health guidance.

FOGSI has taken many such steps in the past and the establishment of the guideline for such centers is one more such step which is with a purpose of also partnering with the GOI plans of this kind. I had the opportunity to meet the state health secretary of Maharashtra and through an extensive discussion it was realized that the need of these clinics has become emergent and it also was realized that the Government needed FOGSI to help in capacity building of such provisions.

The Adolescent Health Committee of FOGSI has taken this initiative and should act as the first important proactive step providing with precise and easy to follow guidelines which can be easily adopted in the current health delivery system. There also is a need for awareness of the population and the health care providers to be increasingly sensitive to the needs of this particular age group. FOGSI has taken up the awareness through its various awareness programs and within its capability. There is a lot more that needs to be done. Training modules for health care providers is the next important move and if empowered by the government it surely will aid the purpose in a big way.

The important challenge that we face today is the very early age of marriage and childbearing in our country. This predominantly is seen in the states which also are the ones with very high maternal mortality rates. We need to empower our communities with this awareness and that I feel is a great challenge. This awareness could be an important first step towards reducing maternal mortality and morbidity in India.

I congratulate Dr. Roza Olyai for her dedication and persistence and I am confident that this endeavor will help us take a big stride towards achieving what we desire.

We care for our youth and we endeavor to do whatever in our capacity.

A handwritten signature in black ink that reads 'Sanjay Gupte'.

Dr. Sanjay Gupte, President FOGSI (2010)

## Message



Dear Colleagues,

An important document is in your hands. “Catch Them Young” is the motto behind preparing the guidelines for establishing Adolescent Friendly Health Centres (AFHCs). In collaboration with FIGO and with help of experts from WHO, the existing guidelines of Government of India have been modified under the above leadership of Dr. Roza Olyai, Chairperson, Adolescent Health Committee of FOGSI.

At present in our country, we have adolescents comprising of a majority of population. We do not have specialized centres to guide younger generation in need of help from Medical fraternity. Sincere attempt is being made to help members of FOGSI set up AFHC with the help of these guidelines. I am sure all enthusiastic FOGSI members will answer to our call to set up as many AFHCs as possible.

I want to congratulate Dr. Roza Olyai, her team of Adolescent Health Committee of FOGSI and all concerned for coming out with yet another important manual.

With regards,

Yours sincerely,

A handwritten signature in black ink, appearing to be "PKS" with a checkmark-like flourish.

**Dr. P. K. Shah**

Secretary General,

FOGSI (2011)

## SETTING UP ADOLESCENT FRIENDLY HEALTH CENTERS

### INTRODUCTION

The term **Adolescence** is derived from the Latin term “*adolescere*” which means “**to grow up**”. It is a transitional stage of physical and mental human development that occurs between childhood and adulthood. This transition involves biological (i.e. pubertal), social, and psychological changes.

Puberty has been heavily associated with teenagers and the onset of adolescent development. In recent years, however, the start of puberty has had somewhat of an increase in preadolescence (particularly females, as seen with early and precocious puberty); adolescence has had an occasional extension beyond the teenage years (typically males). These changes have made it more difficult to rigidly define the time frame in which adolescence occurs. With this in mind, encouraged by the recent Regional FIGO ASRH workshop in April 2010, the Adolescent Health Committee FOGSI in consultation with team of experts from WHO has undertaken the issue seriously by developing Adolescent Friendly Clinics in different localities in India.

### AGE GROUP

WHO defines “**adolescents**” as individuals in the 10-19 years age group and “**youth**” as the 15-24 year age group. These two overlapping age groups are combined in the group “**young people**” covering the age range 10-24 years.

These age definitions are useful for a common understanding but do not convey strict age compartments. It should be realized that adolescence is a phase of life that has biological and socio-cultural hallmarks that vary from case to case and society to society.

### WHY FOCUS ON ADOLESCENTS?

The number of adolescents (age 10-19) is increasing and comprises over one-fifth of the population in our country. They are not only in large numbers but are the future citizens and drivers of economic growth as the productive workers of tomorrow. Adolescents are not homogenous populations but exist in a variety of circumstances. A large number of them are out of school, get married early, work in vulnerable situations, are likely to be sexually active, and are exposed to several health risks. These have serious social, economic and public health implications for the nation.

Their needs vary by their age, sex, stage of development, life circumstances, socio-economic status, marital status, class, region and cultural context. This calls for interventions that are flexible and responsive to their desperate needs. Some of the public health challenges for adolescents are related to early pregnancy, with associated higher risk of maternal and infant mortality, sexually transmitted infections (including HIV) and reproductive tract infections, under-nutrition and anemia, substance abuse, injuries etc. It is important to health

of adolescents as their situation will be central in determining India's health, mortality and morbidity; and the population growth scenario.

### **Ministry of Health and Family Welfare**

Responding to these considerations the Ministry of Health and Family Welfare, Government of India has included Adolescent Reproductive and Sexual Health (ARSH) as a key technical strategy under the National RCH II programme. This strategy focuses on reorganizing and strengthening the existing public health system in order to meet the reproductive and sexual health needs of adolescents. The primary focus is on meeting the national targets of reduction of Total Fertility Rate (TFR), Maternal and Infant Mortality Rates (MMR and IMR), and the incidence of STI and HIV. Addressing adolescent population will yield dividends in terms of delaying age at marriage, reducing incidence of teenage pregnancy, prevention and management of obstetric complications including access to early and safe abortion services. A core package of services that includes preventive, promotive, curative and counselling services will be delivered during routine clinics at sub-centre, PHCs and CHCs, and dedicated adolescent clinics on fixed days and time as well as through outreach activities.

FOGSI Adolescent Health Committee, has been a close partner with the Ministry of Health and Family Welfare, Government of India since the launch of National Adolescent Reproductive and Sexual Health strategy under the RCH-II programme in 2006. With the support of MoHFW and WHO national TOT workshops for adolescent health training have been organized. There are about 100 FOGSI members in the country who have been trained with the government adolescent health training package. FOGSI, in joint collaboration with Indian Academy of Pediatrics and Indian Public Health Association has developed recommendations for strengthening education of adolescent health in MBBS and post graduate curricula. This year the Adolescent Health Committee FOGSI is focusing on establishment of Adolescent Friendly Health Centres by the FOGSI members in government and private sector to promote adolescent sexual and reproductive health. Adolescent Health Committee has developed standard guidelines to enable the members to initiate adolescent health services with in their existing practices. The guidelines are explained in detail in this document.

### **ADOLESCENT FRIENDLY HEALTH SERVICES**

#### **What are adolescent friendly health services?**

Health care providers and health services have an important role to play in promoting healthy development and preventing health problems amongst adolescents; specialized services dedicated to adolescents can definitely help in detecting them early and in responding to them promptly and effectively – if and when they do arise. However, adolescents often face constraints in seeking help from the existing health services. The well known

barriers to access of services are related to their personal issues related to shyness; need to deal with shame and embarrassment in disclosing their problems. Some barriers are related to the health facility like crowding, absence of dedicated space or services for adolescents, policies that make privacy and confidentiality difficult to ensure. Healthcare provider's unsupportive and judgmental attitude is an important barrier that prevents adolescents from accessing services.

Health services that are able to minimize these barriers are likely to attract adolescent and young clients. Several attributes of adolescent / young people friendly health services are well known. These are summarized in the following table:

<b>Criteria for Adolescent friendly health worker</b>	<b>Criteria for a Adolescent friendly health centre</b>	<b>Programme Design Characteristics</b>
Be welcoming and friendly	Be welcoming to all	No overcrowding
Be knowledgeable	Have enough facilities to use	Short waiting times
Be presentable	Be accessible	Drop in clients welcomed and appointments arranged rapidly
Have good communication skills	Provide quality care and trained people	Affordable fees
Maintain confidentiality	Be presentable and clean	Boys and young men welcomed and served
Be punctual	Provide privacy	Wide range of services available
Be understanding	Have a conducive environment	Necessary referrals available
Be a good listener	Educational material is available	Involve adolescents in design and continuing feedback
Be non-judgmental		

### **Standards for Adolescent Friendly Health Centers**

Based on these attributes, the Ministry of Health and Family Welfare, government of India has developed National Standards for the proposed Adolescent Friendly Health Services (AFHS) under the RCH-II ARSH strategy. The National standards for AFHS define criteria that help define and ensure quality of services. These standards are presently being implemented in the public health facilities across the states.

In line with these national standards, Adolescent Health Committee of FOGSI recommends the following specifications and guidelines for organizing adolescent friendly health centers in the clinics/ nursing homes and hospitals of our members:

#### **1. Reorganize existing clinic space**

- Allocate convenient time slot for the provision of services to adolescents & youth. Depending upon the availability of time, the Clinic specifically for adolescents may be fixed once / twice or thrice a week and ensure that the clinic timings suit the needs of adolescents. In case this is not possible, be prepared to offer appointments to adolescent young people at a time when you can offer longer interaction time and dedicated attention to them. You could choose time for them at the beginning or end of the usual OPD session.
- Consider consultations with adolescent clients both by prior appointment as well as a walk-in arrangement.
- If possible, allocate separate working area for adolescent clients. This could be achieved by reserving fixed dedicated time for them (point 1 above) when adolescent will have exclusive access to the services.
- Ensure that privacy (audio and visual) and confidentiality are maintained all the time during the consultation and subsequently as well.
- Ensure that the premises are clean; lighting and ventilation adequate; drinking water available; and the toilets are functional and clean.
- Decorate (colour scheme, posters etc.) the adolescent clinic area in confirmation with trends currently prevalent among adolescents.
- Prepare and maintain in good condition a sign board displaying the timings of the clinic, services provided, and fee structure.
- Ensure that the necessary equipments (Weight and Height equipment, BP apparatus, orchidometer etc.) required to provide services are always available.
- Ensure that informational and educational pamphlets are displayed and made available to adolescents and youth to take away. Adolescent Health Committee FOGSI has developed some prototypes that can be accessed from the website.

## **2. Decide service package**

Depending on your capacity and interest decide a package of services that would be provided in your clinic and through referral services. Such a package could include several or all adolescent problems that are prevalent in your area.

## **3. Develop standard clinic procedures**

- Develop clear procedure on how the client will be received and by whom.
- Registration procedure for the client should be simple, quick and follow privacy.
- Ensure that anonymous interview and treatment is possible.

- Develop and maintain standard history taking, physical examination protocols case records. Samples are provided with these Guidelines. Make sure that these client records are maintained in confidentiality
- Develop / adapt standard treatment protocols (e.g. Adolescent Job Aids provided on the CD-ROM) to manage common clinical conditions with which adolescents come to your clinic
- Develop referral procedures for laboratory, radiology work up and for clinical specialities.
- A resource directory of organizations/clinics/Specialists providing health services not provided by you should be available at the center to ensure referral linkages.
- Develop an adolescent health card (personal health record and important health messages) that would remain with the client. (A sample is provided on the CD-ROM)

#### **4. Strengthen skills of the team of health care providers (including yourself)**

- Ensure adequate support staff with appropriate profile is in place and are present during the working hours of the Adolescent Clinic.
- Ensure that Doctors (including yourself) and support staff at your clinic have received orientation / training on the importance of non-judgmental, caring with strong inter-personal skills and supportive attitude towards adolescents and young clients.
- Ensure that colleagues / staff involved in peer educator training and school linked programmes, if any, are also appropriately trained (if applicable).
- Supervise your staff to ensure that they practice appropriate technical and interpersonal competencies and positive attitudes to provide adolescent health services effectively with sensitivity.
- Develop a network of adolescent friendly experts in other clinical specialities and counselling for ensuring referral services.

#### **5. Outreach activities for demand generation and provide services beyond the clinic**

- Identify community organizations in the catchment area to promote adolescent health and organize community camps for creating enabling social environment for promoting adolescent Health.
- Identify schools in your neighbourhood to interact with teachers and students periodically to promote adolescent health and inform about services available. Develop such an initiative with prior consultation and concurrence of the Principal, teachers and parents. You could choose to offer annual check up for students.
- Disseminate messages and communication materials on priority adolescent health issues in schools, youth clubs, youth centers, youth associations and different community organizations to support awareness generation. Also inform about where and when they can access adolescent friendly health services.

#### **6. Monitoring performance of the clinic**

- Monitor the performance of your clinic regularly in terms of number of clients, their age and sex, types of problems they come to you with and treatment/referral offered. All the records must be kept confidential
- Self-assessment of the quality of services at your clinic should be carried out periodically with the purpose of continuous improvement in quality.
- Periodically assess yourself to ensure that the standard guidelines provided here are being followed in your clinic. Such periodic self assessment would help you constantly improve the quality of services provided by you in your clinic.

<b>List of common adolescent concerns to help decide service package</b>	
<ul style="list-style-type: none"> <li>• Pubertal issues:               <ul style="list-style-type: none"> <li>○ Adolescent Growth and Development</li> <li>○ Pubertal delay or precocity</li> <li>○ Weight and height issues</li> </ul> </li> <li>• Sexual and reproductive Health:               <ul style="list-style-type: none"> <li>○ Gynecological and Menstrual Problems</li> <li>○ Contraception</li> <li>○ Pregnancy testing and option</li> <li>○ MTP</li> <li>○ STD/HIV Screening counseling and treatment</li> <li>○ Sexual &amp; Reproductive health education</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Psycho-social issues:               <ul style="list-style-type: none"> <li>○ Relationship Development</li> <li>○ Adjustment problems</li> <li>○ Growing-up issues</li> </ul> </li> <li>• Nutrition issues:               <ul style="list-style-type: none"> <li>○ Healthy eating during Adolescence</li> <li>○ Anemia prevention and management</li> <li>○ Under nutrition and obesity</li> <li>○ Eating Disorders (Anorexia nervosa, Bulimia nervosa, Binge Disorder)</li> </ul> </li> <li>• Immunization</li> <li>• Safety and Injury Prevention</li> </ul>
<ul style="list-style-type: none"> <li>• Chronic conditions like Asthma, Diabetes, Hypertension, Renal Disorders</li> <li>• Eye Care, ENT care, Dental care</li> <li>• Preventive health check ups, like, annual check-up, pre-college health check-up, pre-marital counseling etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Adolescent Mental Health               <ul style="list-style-type: none"> <li>○ Psychiatric disorders: Depression, Anxiety, bipolar, personality disorder</li> <li>○ Substance abuse including tobacco and alcohol</li> </ul> </li> </ul>

### **Standard Clinic Proforma**

A standard case recording Proforma should be developed for proper and complete documentation of the clinical details of visits of the clients. A screening tool should also be adopted for assessing different developmental

tasks and risk behaviour. These records are kept in the clinic & not given to the Adolescents. An adolescent health card could be developed that would remain with the clients.

### **Case Record:**

The trained public health nurse should fill up the first page during the initial registration at the reception. The clients have an option of requesting anonymity at the time of registration or case recording. In such cases the client is given an identification number. This number helps to retrieve their file on subsequent visits.

The Performa should have space to record the case details, investigations, treatments, referrals if any, and follow up visits. This Proforma is a part of the case file and is retained in the adolescent centre. To prevent unauthorized use the clinical case files are kept under lock and key and are retrieved only for the client during the next visit. A sample of the case record has been enclosed in this document in Annexure I.

### **Developmental / behavioural Screening Tool:**

A screening tool for developmental and behaviour assessment has been developed on the lines of the HEADSS screening. This screening is done during the initial visits, not necessarily during the first visit. The tool is designed to evaluate each client in the areas like Home environment, Education and school environment, Activities and Friends, Body Image, Drugs use, and suicide, Depression, Sexuality.

This evaluation gives us an idea of the area of developmental tasks of the client that needs attention and is helpful in preventive counselling. A sample of the screening tool has been enclosed in this document in Annexure II. These records are kept in the clinic maintaining confidentiality of the individuals.

### **Adolescent Health card:**

Adolescent health card can contain information on weight, height records, non-sensitive clinical records and vaccination records, health messages and reminders for next visits. FOGSI Adolescent Health Committee has developed a standard adolescent health card that is provided on the CD-ROM.

### **Mobilization of Adolescents:**

It is very important to create demand for the AFHS that you are planning to offer. At present the awareness of people for the need of adolescent health services is not very high. Most parents may not consider that their adolescents need to consult doctors since they physically appear to be healthy. Adolescents also are not sure whether they can get help from the doctors, clinics or hospitals on the issues that may be bothering them. Therefore it is crucial that general awareness on adolescent health issues and need for timely help and availability of appropriate friendly health services is raised among adolescents themselves, their parents and families, their teachers as well as community at large.

While the Adolescent Health Committee FOGSI has been promoting adolescent health awareness for some time now, you should also individually undertake this exercise through your existing clients and their families, by

conducting school visits and talks and by distributing informational and educational materials to promote adolescent health. One of the effective agencies for awareness generation is the peer group educator (PGE).

### **Peer group approach**

Experience shows that most of the times adolescents/young people prefer talking with their peers about sensitive issues. Keeping this in mind, PGEs (both females & males) are selected and oriented to promote AFHS. This approach is easier in the school settings but is also effective in the out-of-school settings in the community and neighbourhoods. In addition to their orientation, they need to be followed up regularly to assess the work done, identify the problems, provide training and motivate them for further work. A peer group educator should be a good communicator, acceptable to the group, interested in the work, able to understand the problems of adolescents, having a good personality, and be confident. Peer led approach is usually based on volunteerism.

### **ADOLESCENT FRIENDLY HEALTH CLINICS:**

#### **1. Clinic within existing solo practice:**

Most common option for practicing gynaecologists and obstetricians who have their own OPD clinics would be to consider an adolescent friendly clinic at a designated time on particular days (if not daily) exclusively to provide quality services to adolescent girls and if possible boys. Boys and young men should be welcome in the gynaecologist's clinic since it has been observed that at times they want to help their female partners by seeking advice on their behalf or accompany their partners. In case you are comfortable and confident, you could also provide services to these boys and young men.

The Adolescent Health Committee FOGSI recommended infrastructural and functional specifications and guidelines that are described in the section above must be followed and adhered to while providing services to the adolescent clients. Understandably, an individual gynaecologist would be able to limit number / type of services at her clinic that she / he must decide before hand depending on her capacity. For additional services and clinical requirements, there should be an arrangement to refer such clients to appropriate experts / specialists who are equally respectful and friendly to adolescents.

#### **2. Multi-specialty adolescent friendly clinic at big Nursing Homes and Hospitals:**

At bigger set ups, where several specialists are attached or available, it may be possible to develop a multi-specialty adolescent friendly clinic that provides single window services.

#### **Multi-specialty team:**

In such a clinic, a team of some or all of the specialists may be considered: Gynaecologist, Paediatrician specializing in adolescent medicine, Professional Counsellor, Endocrinologist, Trained Nurse, Health educator, Psychologist, and Social worker.

**Location of the adolescent health clinic:** Such a multi-specialty center in a big Hospital should be located in an accessible location that does not hinder the movements by adolescent clients. If it is planned to initiate a new independent unit in a private or NGO setting it should be centrally located in the city, easily approachable to teenagers from every corner. In a big city several Centers/clinics are required to serve a large portion of adolescent population.

The standards and guidelines for adolescent friendly health services described here must be applied and adhered to in this setting as well.

### **EXPECTED CHALLENGES IN SETTING UP ADOLESCENT CENTERS:**

The foremost factor for ensuring success of adolescent clinic is a motivated provider. Several established Gynecologists/ Pediatricians may not feel motivated to practice adolescent medicine. This may be because of lack of knowledge and experience in attending to the special needs of adolescent clients, lack of financial reward or due to discomfort in handling sexuality related issues that some of the clients may come with. The Adolescent Health Committee FOGSI recommends that the training package developed by the Ministry of Health (available in the CD-ROM) be studied for improving knowledge. Additionally, FOGSI would continue to provide support through the CMEs on the subjects related to adolescents.

Unavailability or irregular availability of doctors and staff at the appointed hour are important roadblocks in the proper functioning of adolescent clinics. It is observed that booked appointments drop when the provider of adolescent services was unavailable or had insufficient time to offer.

Another problem is missed appointments on part of the clients. Typical adolescent behavioral characteristics result in cancellation of booked appointments, because either the problem has resolved or something arose that the adolescent considered more pressing. Owing to the confidential nature of appointments, reminder notices or phone calls are rarely used, and this contributes to the likelihood of missed appointments. Clinicians and other staff of Adolescent Centers/ clinics must therefore be vigilant with the appointment process, maintain availability of access, and devise creative ways to maintain confidentiality while ensuring that appointments are kept. For instance, their personal cell phone numbers can be used to remind them of their appointments if there is such a prior agreement with the clients.

As mentioned above demand generation for such services is of critical importance. Mobilization of adolescents must be carried out on an ongoing basis through information and communication activities with parents, teachers and adolescent groups in the catchment area.

### **ROLE OF ADOLESCENT HEALTH COMMITTEE OF FOGSI**

Adolescent Health Committee of FOGSI is committed to promote adolescent health services through the members. The aim is to provide comprehensive healthcare to adolescents that includes preventive, promotive care besides treating the biomedical illnesses and counselling. The Committee also plans to carry on the advocacy in the community and among members to promote appropriate health seeking for adolescents.

### **Guidelines for establishing Adolescent Friendly Health Services:**

**Guidelines** as provided in this document have been designed to ensure uniform standards of good quality of health services for adolescents and youth. FOGSI plans to disseminate these Guidelines for establishing adolescent friendly health centers / clinics. In addition a brief package for an **Orientation Programme** would be offered to orient interested members.

**School and Community activities:** Many members are already conducting school and community based activities towards promotion of adolescent health in an ad hoc manner. Those who are interested in starting adolescent friendly health centers are encouraged to develop a defined plan for such activities. As described above such activities would help in creating referral network and generating demands for the services that you provide at your clinics in addition to providing the adolescents information to remain healthy. School activities must be planned in consultation with the principal, teachers and parents.

**Preventive Health Care:** Adolescent Committee FOGSI recommends that all adolescents should get an annual **health checkup** done. This concept must be promoted among parents to enable them to ensure health development of their adolescents. In case annual checkups are not feasible at least three such visits are advocated: one during early adolescence (ages 10 to 14), one during middle adolescence (ages 15 to 17), and one during late adolescence (ages 18 to 21). These visits will provide an opportunity for monitoring growth, development and healthy behaviours, reviewing and providing immunization, providing health education and an age appropriate anticipated guidance to remain healthy. These visits will also address developmental and psychosocial issues besides screening for diseases. Additionally, such periodic contacts will help in building a trusting, respectful relationship with the adolescent and promote appropriate health seeking behaviour.

A sample plan during annual / periodic check ups is provided at Annexure III.

### **Capacity Building**

Local FOGSI Societies would be encouraged to disseminate the Guidelines and organize the related **Orientation Programme** to build the capacity of the interested members. Half day orientation workshops are planned for the gynaecologists who want to make their practice adolescent friendly by their local society. The Committee proposes to support a plan for **CME** on adolescent health topics through conferences, scientific meetings etc.

### **Tool Kit: CD-ROM**

In addition to the Guidelines for Establishing Adolescent Friendly Health Centers and Orientation Programme, a CD-ROM would be available to provide a tool kit to enable capacity development for providing good quality health services to adolescents. The CD-ROM contains MoHFW training package, WHO Adolescent Job aids (A

handy desk reference that provides standard case management protocols for common medical conditions), prototype of adolescent health card, informational / educational materials on adolescent health topics, height-weight-BMI charts etc.

### **Feed Back**

The Adolescent Health Committee FOGSI expects to receive feed back from the members to know their experiences and their needs for further support for sustaining the adolescent health services. It is planned to develop an e-mail group/network of the members who start adolescent friendly centers. Simple feed back questionnaires would be shared with you to collect feedback (provided on the CD-ROM).



## Adolescent Health Committee FOGSI

### Case Record

*NAME OF THE ADOLESCENT CENTER:* \_\_\_\_\_

Date \_\_\_\_\_

ID No. \_\_\_\_\_

1. Age \_\_\_\_ years      \_\_\_\_ months

2. Sex: M \_\_\_\_ F \_\_\_\_

(Items no. 3 to 6 is optional)

3. Name \_\_\_\_\_

4. Address and phone no.

\_\_\_\_\_

5. If it is necessary to contact you about an appointment or tests may we call you?

Yes \_\_\_\_ No \_\_\_\_

Can a message be left for you?

Yes \_\_\_\_ No \_\_\_\_

Write to you?

Yes \_\_\_\_ No \_\_\_\_

6. Name of School / college \_\_\_\_\_

\_\_\_\_\_

7. Class \_\_\_\_\_

8. What other places do you go for health care or counselling?

*Private Doctor / Clinic (Name)*

\_\_\_\_\_  
\_\_\_\_\_

9. How did you come to know about this centre?

\_\_\_\_\_  
\_\_\_\_\_

10. History:

\_\_\_\_\_  
\_\_\_\_\_

11. Examination:

Weight \_\_\_\_\_Kg Height \_\_\_\_\_m BMI \_\_\_\_\_

Blood Pressure \_\_\_\_\_

**Systemic Exam**

\_\_\_\_\_  
\_\_\_\_\_

12. Investigations:

\_\_\_\_\_  
\_\_\_\_\_

13. Interventions:

\*Specific interventions

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\*Nutrition Counselling

\*Counselling for Exercise and Physical fitness

\*Anticipatory Health Guidance:

1. Injury Prevention
2. Substance Abuse
3. Responsible Sexual Behaviour
4. Immunization

14. Referral, if any:

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15. Follow-up Visits:

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**ANNEXURE II:**



# Adolescent Health Committee FOGSI

## Adolescent Centre

### Screening for Development Tasks

#### Questions for the Adolescent

##### Body Image:

- |  |          |
|--|----------|
| i) Does she/he have any question or problem with the changes she/he is experiencing or has recently experienced? | Yes / No |
| ii) Does she/he like as she/he looks?  | Yes / No |
| iii) Meal skipping?  | Yes / No |
| iv) Junk foods?  | Yes / No |
| v) Frequency?  |          |

##### Home:

- How is she/he getting along with parents?  
*Any problems:*
- How is she/he getting along with siblings?  
*Any problems:*
- Any family discord?  
*Over what issues are these family arguments?*
- Have they moved home recently?
- Ever ran away from home?

##### Education:

- |   |          |
|---|----------|
| • Does she/he go to school?                             | Yes / No |
| • Does she/he like to go to school?                     | Yes / No |
| • Is she/he getting along well?                         | Yes / No |
| • Grades/percentage she/he gets?                        |          |
| • Any recent changes?                                   |          |
| • Any subject she/he does not like?                     | Yes / No |
| • Any disciplinary action / suspension?                 |          |
| • What are her / his plans after completing the school? |          |

##### Activities:

- |                           |      |     |      |
|---------------------------|------|-----|------|
| • How many close friends? | None | Few | Many |
|---------------------------|------|-----|------|

- What kind of activities does she/he participate in?
- What does she/he do for fun?
- TV viewing: How much?
- Sports, exercise?                      None                      Adequate                      Inadequate

### **Drugs:**

- What type of drugs are used by family members: Tobacco, Alcohol, others.
- What types of drugs are used by the peers?
- Does she/he use drugs?
- If yes: Why does he / she take drugs?
- *How frequently, how much and how is it paid for?*

### **Sexuality:**

- Is she/he dating?
- Does she/he have a particular boy friend / girl friend with whom she/he is serious?
- Does she/he have any question/concern about:
  - Sexual activity, masturbation, wet dreams
  - Contraception
  - Pregnancy
  - STD's
  - Sexual abuse

### **Suicide/Depression**

- |   |     |    |
|---|-----|----|
| • Feeling of boredom?                     | Yes | No |
| • Sleep difficulties?                     | Yes | No |
| • Feeling of withdrawal?                  | Yes | No |
| • Feeling of hopelessness / helplessness? | Yes | No |
| • Appetite / eating behaviour change?     | Yes | No |
| • Past depression / suicide attempts?     | Yes | No |
| • Preoccupation with death?               | Yes | No |

### **Questions for Parents**

- What are your teenager's strong points?
- What is the worst thing that could happen to your teenager?
- Where do you see your teenager 5 years from now?
- How happy is your teenager now?

- In what situations does your teenager follow or not follow your advice?
- Are you satisfied with your contribution in the development of your teenager?

## Suggested protocol for annual / periodic check up

<b>Physical Check up</b>
Development status: Weight, Height, BMI, SMR
Systemic examination, BP
Eye check up, visual acuity
Hearing assessment
Dental check up
<b>Development / Behaviour Screening</b>
HEADSS screening
<b>Counselling / Anticipatory Guidance</b>
Normal development
Nutrition
Injury prevention
Physical Activity
Safe sexual behaviour (older adolescents)
Breast/Testicular self-examination (older adolescents)
Substance abuse including tobacco and alcohol (older adolescents)
Life skills: Promote self-esteem, communication skills, coping with emotions & stress, negotiation & assertive skills, decision-making skills
<b>Health Guidance for Parents</b>
<b>Tests (If indicated)</b>
Hematocrit (if anemic)
Cholesterol (Family history)
STI (Sexually active)
HIV (Sexually active)
<b>Immunization (As recommended by FOGSI, IAP from time to time)</b>

***“BETTER EMPOWERED IN HER CHANGING WORLD”***

The Adolescent Health Committee of FOGSI aims to provide specialized care to the youngsters of today who are the future leaders and citizens of the country.

This Committee aims to sensitize gynaecologists as well as teachers and parents towards the special health needs of adolescents who we feel need a sympathetic understanding and patient counselling on various issues which they face (including health concerns) rather than an impersonal prescription or theoretical lectures from their mentors. We aim to *“help young people form a strong moral identity in their early Adolescent years & empower them to contribute to the well-being of their communities....”*

Our mission is to sensitize the youths of our country through various project we will be dealing in different aspects of health; Physical, Mental, Social , Spiritual, Reproductive and Sexual Health and Wellbeing throughout their lives.

***Dr. Roza Olyai***

Convener Adolescent Friendly Health Centers India

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<http://www.youtube.com/watch?v=NsR0H0ril20>