

NATIONAL CONFERENCE ON
UNIVERSAL HEALTH COVERAGE IN INDIA:
ADVANCING THE AGENDA AND ADDRESSING THE
CHALLENGES

INTEGRATING GENDER AND YOUNG PEOPLE'S NEEDS AND
RIGHTS INTO UHC

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YOUNG PEOPLE'S HEALTH NEEDS

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- Young People are considered a healthy population and not prioritized in health care agenda.
- Risky and Protective behaviors get etched during adolescence, need for promotive and preventive health services is crucial at this stage.
- Limited access to health services and poor health-seeking behavior (Access and utilization both are weak).
- Health services and staff are not adequately sensitized and oriented to provide adolescent and youth friendly services.
- Affordability and timing of services for youth's access
- Gender equity to be mainstreamed while addressing adolescent and youth health needs.

RIGHTS BASED APPROACH FOR YOUNG PEOPLE

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- Promote a rights based approach for adolescents and youth & recommend a focus on special groups with greater needs.
- Uphold the rights of all adolescent and youth groups regardless of
 - age,
 - marital status,
 - gender,
 - religion,
 - socio-economic status.
- Need for more equitable distribution of resources in favor of marginalized and disadvantaged groups while formulating policies and programs.
- Enormous potential of adolescents and youth to be utilized through their involvement and engagement in planning, implementing, monitoring and evaluating programs and policies

GENDER AND HEALTH FOR ADOLESCENTS AND YOUTH

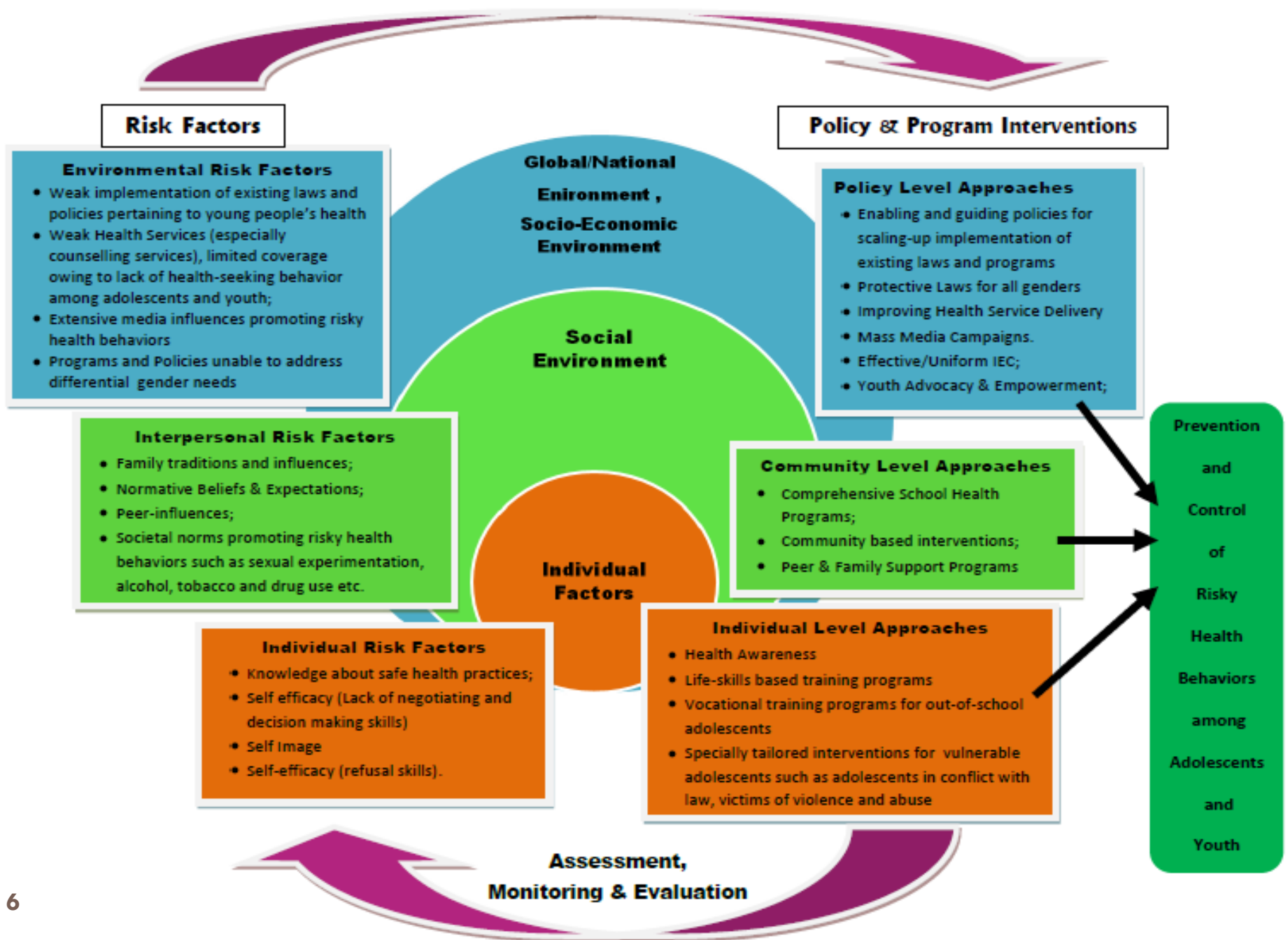
- Deep rooted gender stereotyping and differential in adolescent health and development result in health risks.
- Need of male and female adolescents and youth (identified from relevant data) to be basis for planning and programming

UHC'S RECOMMENDATION

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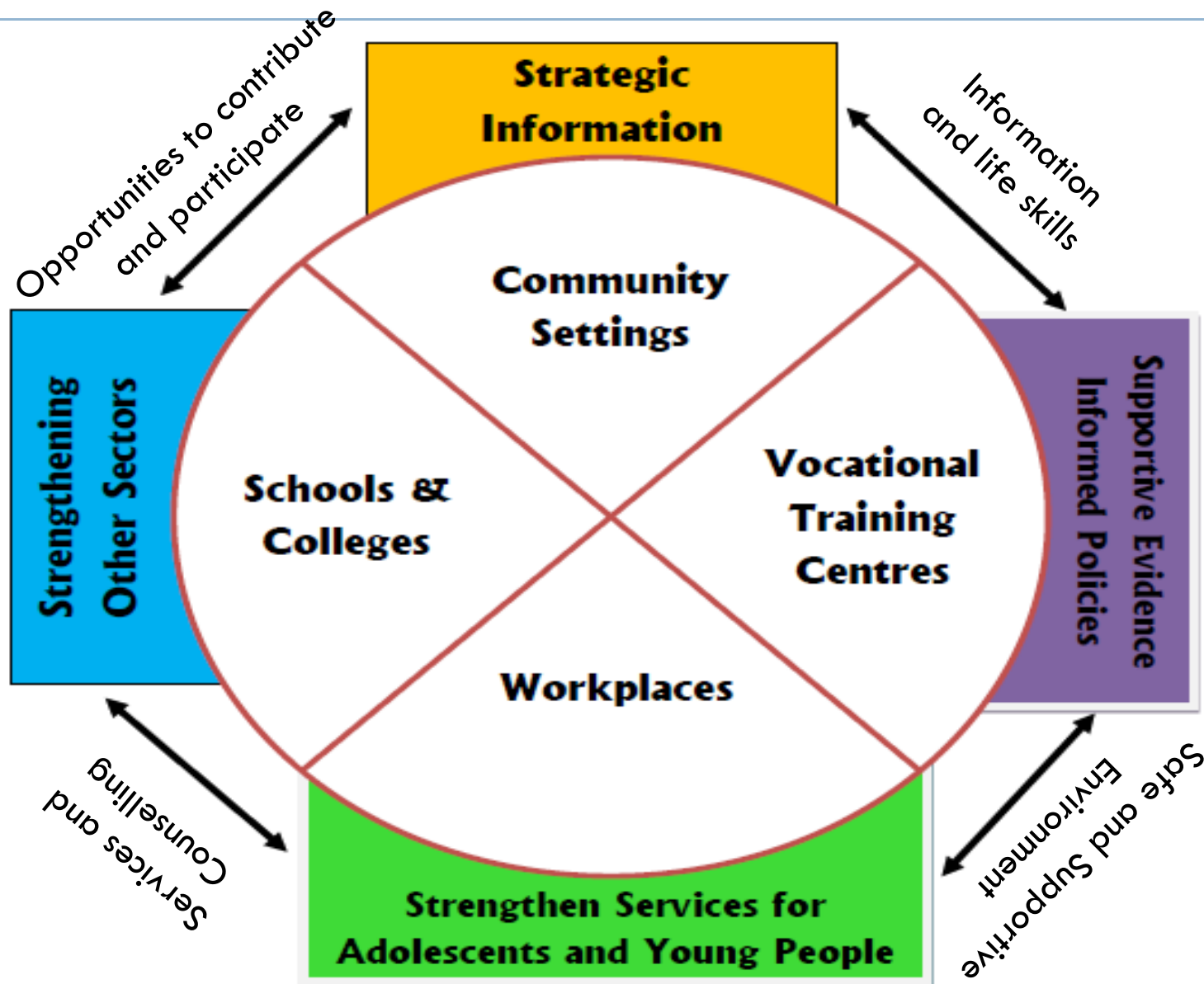
- UHC acknowledges Universal entitlement to comprehensive health security and obligation of the state to provide services which address the determinants at all levels that contribute to vulnerability and risky behaviors.
 - Adequate food and nutrition
 - Appropriate medical care
 - Access to safe drinking water, adequate sanitation and hygiene
 - Health related information and Universal Education
 - Other contributors to good health
- **Gender and Health: Recommendations**
 - Improve ***access to health services for women***, girls and other vulnerable genders (going beyond maternal and child health)
 - Recognize and strengthen ***women's central role in health care provision***
 - ***Build up the capacity of the health system***
 - ***improve data gathering, analysis, monitoring and evaluation***
 - ***Support and empower girls, women*** and other vulnerable genders to realize their health rights

Intervention Model for Protecting Adolescents and Youth against risky health behaviors



ADDRESSING NEEDS OF ADOLESCENTS AND YOUTH

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KEY PRIORITIES: PROGRAMS

Programs for both Adolescent Boys and Girls:

Ministry of Youth Affairs and Sports and Ministry of Human Resource Development programs

Ministry of Health

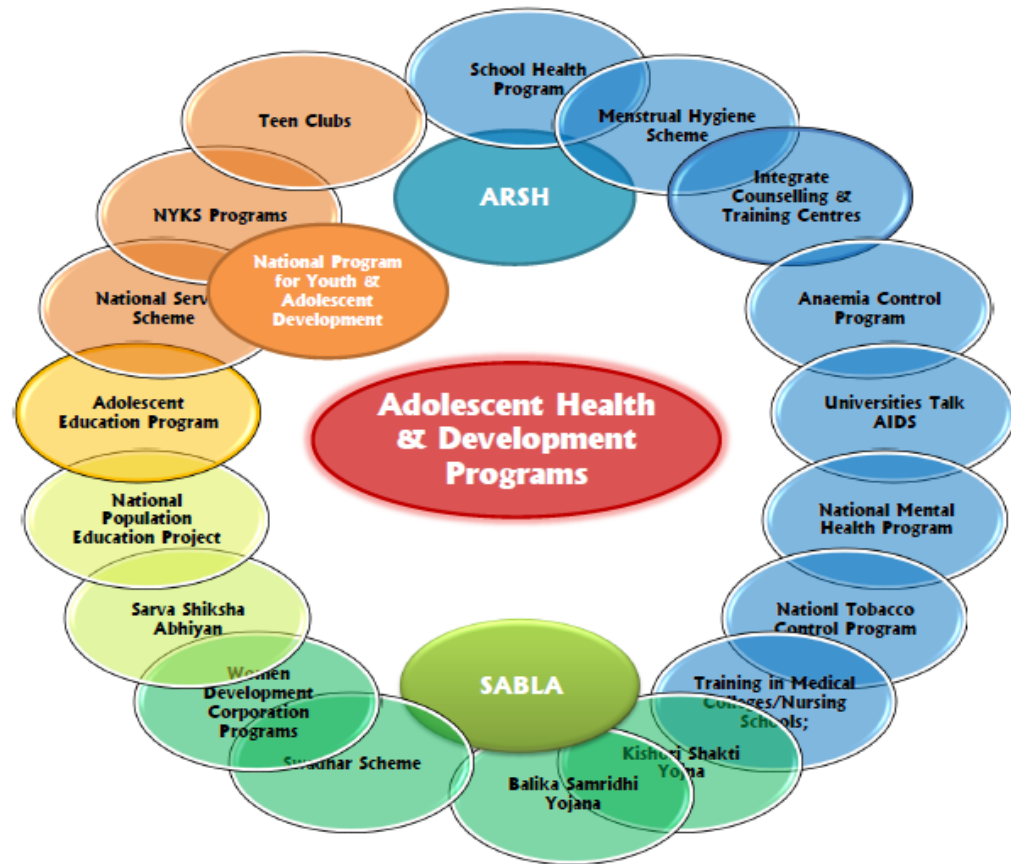
ARSH, SHP, NTCP, NMHP, UTA, ICTCs (NACO)

Ministry of Women and Child Development

ICDS, ICPS

Programs for Adolescent Boys only:

None



Ministry of Health & Family Welfare (Blue); Ministry of Women & Child Development (Green); Ministry of Human Resource Development (Yellow); Ministry of Youth Affairs & Sports (Orange)

MULTI-SECTORAL CONVERGENCE FOR BETTER GOVERNANCE

▣ Intra-sectoral convergence

■ Key components of all health programs

- Branding of AFHCs; Actively Advertising Availability of Services;
- Establishing referral chains from schools and colleges to AFHCs;
- Telephonic counselling help lines addressing adolescence health issues;
- Simplification of Registration Procedures in AFHCs,

▣ Inter-sectoral convergence

■ Develop joint IEC and dissemination strategy;

- Common posters, pamphlets, fact sheets for uniformity of messages being conveyed to the adolescents and youth;

■ Uniform trainings to AWWs /ASHAs/LHVs/MOs;

■ Ensure provision of health information and education for other sectors to use in their adolescent and youth health and development activities;

■ Provide evidence-based, age appropriate content for life skills education, nutrition education and health promotion activities through schools;

■ Effective platform for providing health related life-skills training to out-of-school adolescents

YOUTH ENGAGEMENT AND EMPOWERMENT

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- Youth Mobilization and Youth Led Advocacy
 - Youth Autonomy: “My Health – My Voice – My Choice”
 - Promote adolescent involvement and participation in planning, decision-making, implementation and management of adolescent health programs, services and policies.
 - Strategic advocacy campaigns to mobilize media and ‘Influencers’ to promote rights based approach;
 - Engaging adolescents and youth (peer-leaders) for demand generation and promotion of health - seeking behaviour;
 - Youth friendly channels (television, radio spots, folk media for rural audience), Internet and New Media (for urban audience) to be utilized to disseminate uniform health messages regarding youth and adolescent health concerns;
 - Social Media (Facebook, Twitter), adolescent and youth health specific website and M-health (health based SMS and Voice message campaign)



Thank You