

[Module 3: Evidence based approaches to health service provision to adolescents - Adolescent health and development with a particular focus on sexual and reproductive health - Assignment](#)

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Perception on the reality of adolescents friendly health services in Kenya

There has been a progressive expansion of adolescent health services in Kenya in terms of addressing issues of equity, accessibility and acceptability. Much of this work has been guided by government policies and ministry of health guidelines on adolescents research and youth friendly health services.

Whereas there are many places offering adolescents health services such as pharmacies, public hospitals and clinics, stand-alone youth friendly centres and schools, many public hospitals and health centers are ill equipped to meet health needs of adolescents. Many health workers are not trained on adolescent health, particularly adolescent sexual and reproductive health, some have negative attitudes towards adolescents and the design of both physical and service delivery structures do not encourage young people to use services. Adolescents do not trust health workers to keep their health information confidential and most of time they are served from the same waiting areas with adults. This impacts negatively on the utilization of health services by young people.

Most of the stand-alone youth friendly centres are concentrated in urban areas. They are often managed by NGOs as short term projects or research programmes and do provide comprehensive services. However, adolescents who live in marginalised communities such as slum dwelling and rural parts of the county have minimal, if any, access to comprehensive services.

[WHO Department of Child and Adolescent Health and Development. Improving the quality and expanding the coverage of health services for adolescents. WHO's approach. Paper presented at: Training Course in Sexual and Reproductive Health Research; 2010 Sep 11; Geneva.](#)

Potential utility.

WHO recommends that first and foremost, there should be clarity on main purpose of offering health services to adolescents. This will help programmes to define and standardize quality improvement of health services and communicate a clear vision for all stakeholders involved in planning and implementation of such health services. Using the WHO approach also will promote a systematic way of scaling up of services at national, district and health facility levels. This will help in ensuring that programmes are well understood and have sufficient support at all levels. Ultimately, programmes will be responsive to the health needs of adolescents by not only providing services but also by being efficient and increasing utilization of those services.

Potential feasibility.

Since the WHO approach is systematic in its application and encourages the participation of stakeholders, including adolescents, at all levels of its implementation, it is a good tool to use

right from the beginning of the project design. This is because it will ensure that while expansion and quality improvement are considered, focus is not lost on acceptability, accessibility and equity of adolescent health services.

[WHO. Evolution of the national adolescent-friendly clinic initiative in South Africa. Geneva: WHO; 2009.](#)

This WHO document is a report on the National Adolescents Friendly Clinics Initiative (NAFCI) which is a programme aiming to increase access to and improve quality of adolescents health services in South Africa. It was prepared for programme and project managers with the intention of providing them with information on what successful programs are doing in their different settings to scale up provision of health services while maintaining and improving quality. NAFCI demonstrated that scale of services can be achieved in different social, political and cultural settings. It requires a collaboration of different stakeholders and a network of health systems and health workers.

This programme also showed that it is important to achieve consensus with concerned stakeholders so that the aims and objectives of the programmes are clearly defined and that systems and tools for quality improvement are developed with the assistance of experts.

NAFCI adopted the Baby Friendly Hospital Initiative (BFHI) approach to develop its accreditation approach. This provides a motivating opportunity for health workers to appraise themselves and to show progress made so far. Awards given to recognize achievement in quality improvement included clinic awards and certificates for health workers. This model encourages health workers to actively participate and own the quality improvement process. The programme further developed and distributed standards of care relevant to different levels of health care throughout the country. It also applied for external assessment to help in identifying achievement and good practices to highlight areas that needed improvement.