

[Sophie Busi](#)

[UNICEF Southern Sudan Area Office, Juba, Sudan](#)

Improving the quality and expanding the coverage of health services for adolescents - Reality in Southern Sudan

Three main issues come out clearly from the presentation as factors that make it difficult for adolescents to obtain the services they need. These include:

1. Accessibility – Health services in Southern Sudan are not accessible to a good majority of the population let alone the adolescents. Coming out of a 20 year civil war where most of the infrastructure was destroyed the government and international agencies have only been struggling to restore basic services to the population and among these are health facilities. The primary health care approach is used in Southern Sudan and majority of the facilities are either primary health care units or centres that provide in- patient services. These are not youth friendly and focus on providing basic care to the population. Access is a major issue because they are spread far apart and infrastructure is not well developed. There are 3 main referral hospitals that provide HIV services and these are mainly accessible to the urban dwelling youth.
2. Acceptability – The Sudanese society is governed by strong cultural and traditional values. HIV services such as condom distribution and VCT, and treatment are provided in particular facilities however there is no expertise to deal with adolescent specific needs.
3. Equity – There is great disparity in access to services between the rural and urban populations. In southern Sudan where there is also the compounding factor of infrastructure.

WHO approach to improving the quality and expanding the coverage of health services to adolescents

Potential utility

HIV is recognised as an important entry point for adolescent specific health services. The Ministry of health is planning to use this entry point with assistance from UNFPA to introduce these youth friendly services. The health strategy is also in the process of development and therefore using this approach will be critical at this point where systems are just being developed.

There is also a lot of focus being placed on youth and adolescents, with the multitude of actors in place the Government will need to be very clear and follow up on who is doing what where.

However because there is no specific department that deals with young people's issues coordination may be difficult considering all the other pressing initiatives being introduced.

Education and sensitisation of the young people and community on why these services are being provided will have to be done. Coming out war the population is pre – occupied with survival issues and in need of basic services focus on adolescents can be seen as a luxury.

Feasibility

It will be feasible because this is the Government is currently developing its health strategy and programmes therefore it is the best entry point. However there will be need for an integrated approach and complementary actions with other sectors. Ministries such as education which are involved in lifestyle education will be useful partners.

Key Comments

Government involvement in the development and implementation of these programmes has been very useful. The interaction with other sectors that are not necessarily health has also worked well. This can be replicated in other countries especially Sudan where donor funding is more and more cross sectoral.

Investments are key in building capacity and provision of technical assistance related to ASRH. However, this has worked well where national consensus on the programme has been built early in the initiation of the programme. Adequate capacity building of the health service providers and increased access to services for adolescents.

Working through Nongovernmental organisations that have the expertise and experience in ASRH and involvement of the community is key. This helps create and understanding of what services are being offered and also sensitise the community. Very useful especially in communities with strong cultural barriers.

Assignment documents

1. [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.](#)
2. [WHO Department of Child and Adolescent Health and Development. The evidence base for our approach to improve the quality and expand the coverage of health services for adolescents. Paper presented at: Training Course in Sexual and Reproductive Health Research; 2010 Sep 11; Geneva.](#)