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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Adolescent friendly health services

Perception of the reality on the ground in Sudan

Programs for adolescents' health in Sudan are tremendously absent[1]. It seems that adolescents have not been considered as a unique group that need a separate package of health programs [2]. Utilization of the existing service is low due to fees and age barriers. Adolescents have rarely been engaged in the process of interventions' planning. [1] It has been reported that the concept of adolescence in South Sudan is unfamiliar and not commonly understood, even by health personnel. [2] A recent study involved 1200 adolescents conducted in Khartoum the capital of Sudan estimated a prevalence of anemia among adolescents to be 32%, they concluded that the adolescence is not necessary a healthy period in human life. [3]

On the other hand, One of the guiding principles for the Sudan national Reproductive Health strategy is to prioritized adolescents and youth, with special attention, in regards to provision of Reproductive Health information and services. [4] Many means have been suggested by federal ministry of health to improvement their Reproductive Health situation [Table 1].

Table 1 Means of Achieving the Sudan National Strategy to Improvement of RH situation of adolescent and youth:[4]

- **1.** Providing appropriate RH information, counselling and services for adolescents and youth to enable them to develop broad range decision leading to adoption of healthy life style
- 2. Increasing the coverage and quality of school health services and university-based services and training the service providers in these institutions on the provision of adequate RH information and services
- **3.** Developing coordination and collaboration plan with all stakeholders, at various levels, on improvement and advancement of RH care for youth.
- **4.** Involving youth groups and students on the development and implementation of information and services programs to adolescents and youth
- 5. Providing pre-marital counselling and care within the health care system
- 6. Training of RH service providers on counselling and management of adolescents and youth RH problem
- 7. Conducting the needed researches on Youth and Adolescent health problems

Quality & coverage of health services to adolescents

Potential utility

Improving the quality and expanding the coverage of the health services to adolescents are very good approaches to reduce the supply side barriers that prevent adolescents from utilizing the services. Yet, these strategies are not necessary enough to increase the utilization. Evidence

suggests that demand side barriers play important roles as supply barriers in preventing users from fully utilize the health services. [5]

School teachers, if they received a good training, could play an extremely important role in reducing demand side barriers, particularly the acceptability of the existing services. Barriers such beliefs, culture, knowledge, awareness, and community involvement could be address by school teachers. Additionally, school health program should not be neglected as a potential source of adolescents' health.

Potential feasibility

The political will, government commitment, and partners' involvement will potentially make scaling up of projects feasible. Although, inadequate administrative and organizational capacity, fragile infrastructure and lack of accepted training in capacity building limit success of scaling up in health services.

Case study from South Africa

National Adolescent-Friendly Clinic Initiative (NAFCI) is a consortium of leading nongovernmental organizations and academia that implement a quality improvement approach to prevention of HIV, STIs and teen pregnancy among adolescents.

Three key comments:

Understanding the context

One of the main keys that I noticed in this case study is **understanding the context**. It was crucial that this initiative understood the cultural, social, economic, political and historical context when worked with adolescents. This understanding has been useful in planning for accessible health services for adolescents.

Quality improvement approach

The Quality Assurance elements that have been implemented by this initiative involved the client, the processes, monitoring and evaluation, and team work. The initiative relied on the developed accreditation model, standards, indicators, and manual to make improvements in the system.

Innovation

Behavioral changes and community mobilization are very complicated. This initiative overcame this complexity by using a range of strategies as "a vehicle" to achieve their goal. Involvement of youth, communities, and health department from the start played an important role in the sustainability of this initiative. Strong leadership and commitment at all levels and at different stages, beside involvement of different stakeholders facilitated scaling up of this project.

References

- 1. Bethany Aquilina, et al. *Today's challenges, tomorrow's potential: Findings from a Rapid Population and Reproductive Health Analysis for Sudan*. May 2006 [cited; Available from: http://www.biotext.com/UNFPA%20Sudan.pdf.
- Faramand, T. and M. Carballo. Reproductive Health/Family Planning Service Provision for Returning Populations to South Sudan: Assessment Findings & Recommendations. 2006 [cited; Available from: http://www.ecdproi.org/cite/DecSarger/Sth. Sudap. Situation. Assessment. Papert. EINAL. 00

http://www.esdproj.org/site/DocServer/Sth_Sudan_Situation_Assessment_Report_-_FINAL_09-25-06__.pdf?docID=321.

- 3. Moukhyer, M.E., et al., *The prevalence of self-reported health problems and haemoglobin status of Sudanese adolescents*. J Adolesc, 2006. **29**(4): p. 613-26.
- 4. FMOH, *The National Strategy for Reproductive Health 2006 ~2010.* 2006, Federal Ministry of health. Sudan: Khartoum.
- 5. Ensor, T. and S. Cooper, *Overcoming barriers to health service access: influencing the demand side*. Health Policy Plan, 2004. **19**(2): p. 69-79.