

[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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## **Reality in Nigeria on Adolescents Health Services**

The presentation “*Improving the Quality and Expanding the Coverage of Health Services Adolescent WHO Approach*” has captured the relationship between lack of health services for the adolescents and the challenges they face in terms of health problems such as Sexually Transmitted Infections including HIV/AIDS and unwanted pregnancies. It also drew attention to factors making it difficult for adolescents to access services – not available, not accessible, not acceptable and not equitable.

The situation is not different from what is obtainable in Nigeria. The National Reproductive Health Policy aimed at achieving Quality Reproductive and Sexual Health for all Nigerians have captured the plight of adolescents, among them are:

- The reproductive health status of the Nigerian adolescent is poor.
- There is greater practice of unprotected sexual intercourse with multiple and casual partners by adolescents.
- More cases of HIV/AIDS were reported within the age bracket of 15 – 24 years yearly.
- There is a high rate of teenage pregnancy.
- There is an increasing rate of antisocial practices including drug abuse and violent crimes such as rape and sexual violence.

Amidst the aforementioned problems of adolescents in Nigeria, the public health service, which is the largest, is not friendly enough to provide services for adolescents. Among its challenges are as follows:

- Adolescents find it difficult to access Sexually Transmitted Infections services and Family Planning Services due to the fact that the health workers managing such outfits are too old to understand the peculiarities of adolescents needs.
- The services lack adequate privacy and confidentiality.
- The health workers have inadequate counseling skills to ensure adequate counseling sessions and information sharing.

Based on the aforementioned, adolescents resort to getting health services in private health outfit managed by NGOs as well as in Private Hospitals, Pharmacies and Patent Medicine Stores and Vendors. These services are grossly inadequate, disproportionately distributed in urban and rural areas and not equitable enough to provide quality, efficient and effective health services.

## **Potential utility of WHO approach to Adolescent Health Services in Nigeria**

The WHO approach has emphasized the need for adolescents' services to be accessible, acceptable, equitable, appropriate and effective and highlighted 10 steps to ensure the successful implementation of health services to the adolescents. The 10 steps are well strategies to ensure quality services and are result oriented if properly utilized.

It can be utilized in Nigeria looking at the already existing National Reproductive Health Policy which also emphasized adolescent's health problems and what should be done and the willingness of the Federal and State Governments and Non State Actors to provide health services to adolescents.

## **Potential feasibility of WHO approach to Adolescent Health Services in Nigeria**

The WHO approach is very feasible if the below mentioned are implemented and improved:

- Health Care Providers need to be properly trained on Adolescents Health Problems and Needs, Interpersonal Communication and Counseling, and how to provide quality services.
- The Federal and State Governments should work with NGOs and Private Sector to ensure improved utilization, coverage and quality of care.
- Funding is very critical, as such Federal and State Governments need to increase health budget to accommodate adolescents' health services as well as more support from International Development Partners and Donor Organizations.

## **Review of “The WHO - The Evolution of the National Adolescent - Friendly Clinic Initiative in South Africa”**

*The WHO - the Evolution of the National Adolescent - Friendly Clinic Initiative in South Africa* is part of the response to “*Improving the quality and expanding the coverage of health services for adolescents WHO approach*”. The document describes an initiative for quality improvement in adolescent-friendly services implemented in public-sector primary health care clinics in South Africa, which was coordinated by the Reproductive Health Research Unit (RHRU), University of Witwatersrand, Chris Hani Baragwaneth Hospital, Johannesburg, South Africa.

The document is meant for wide range of stakeholders such as programme and project managers at national, district and local levels who are interested in the implementation of youth-friendly services. It also outlines the process used to develop, set up and implement the National Adolescent-Friendly Clinic Initiative (NAFCI) in South Africa.

The document came into existence on the premises that sexual and reproductive health problems of adolescents are a concern globally most especially in developing countries. It highlighted that more than 13 million adolescent girls have unintended births each year in the developing world, in addition, more than 100 million sexually transmitted infections (STIs) occur each year in

young people aged 15 to 24 **2**. STIs are treatable but when left unchecked they can cause serious illness and risks both acquiring and transmitting the human immunodeficiency virus (HIV).

It also made reference to the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) (2001) that defined five goals and targets that have particular implications for young people.

Among them were;

- Increasing young people's access to core interventions necessary for the prevention of HIV infection.
- Information, skills and services; decreasing young people's vulnerability to HIV.
- Decreasing the prevalence of HIV among young people.

As part of the justification for the adolescent health friendly services, the document highlighted WHO report which mentioned that *“the highest rate of new cases of STIs (per 1000 cases) in 1999 occurred in sub-Saharan Africa. In many cases, the prelude to developing HIV is the development of a sexually transmitted infection. In South Africa, nearly half a million young people under the age of 20 are infected with HIV. The prevalence of HIV has increased from 14.8% in 2002 to 16.1% in 2004 in young people under the age of 20 14. The results of a large national population-based HIV-1 prevalence survey conducted among young people showed that young women were significantly more likely to be infected with HIV in comparison with young men (15.5% versus 4.8%).”*

‘LoveLife’, a sexual health campaign for young people, was identified by the document as the driving force for the ‘National Adolescent-Friendly Clinic Initiative (NAFCI)’ with the aim of prevention of HIV, STIs and teen pregnancy. NAFCI was established out of the recognition that a successful sexual health campaign must be supported by health services that accommodate the needs of young people.

The process coincided with the government's development of a health policy document for youth and adolescents. The government's “Youth and Adolescent Health Guidelines” provided a policy framework for NAFCI and also stimulated interest in the programme.

The aims and objectives of NAFCI were outlined as follows:

- NAFCI aims to improve the quality of adolescent health services at the primary care level and to strengthen the public sector's ability to respond appropriately to adolescent health needs.

Three key objectives of the NAFCI programme were:

- To make health services accessible and acceptable to adolescents.
- To establish national standards and criteria for adolescent health care in clinics throughout the country.
- To build the capacity of health-care workers to provide high-quality adolescent health services.

It was also designed around four main elements of quality improvement:

- Focus on the client

- Effective systems/processes
- Use of data
- Team approach

The document reiterated that measuring the success of the programme was very critical. The first objective of NAFCI was to make health services accessible and acceptable to adolescents. Consequently, use of services was identified as a key indicator.

Among the key lessons learnt for the NAFCI was a demonstration of a strong leadership at all levels its partnership approach of which the Department of Health was leading and evidenced by adoption of various health policies and strategic plans. It observed sustainability as a challenge and emphasized the need for collaboration with the Department of Health to ensure moving from pilot to wide scale services.

In conclusion, NAFCI programme had identified public health clinics as a vehicle for providing services to deal with the HIV epidemic and responding to the needs of South African youth in order to decrease HIV, teenage pregnancy and STIs. The document highlighted that NAFCI was not a vertical programme but integrated into the existing health services.

## **Assignments and other Documents Reviewed**

1. [WHO. Evolution of the national adolescent-friendly clinic initiative in South Africa. Geneva: WHO; 2009.](#)
2. [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.](#)
3. [WHO. Adolescent friendly health services - An agenda for change. Geneva: WHO; 2002.](#)
4. [Federal Ministry of Health. National reproductive health policy and strategy to achieve quality reproductive and sexual health for all Nigerians. Abuja \(Nigeria\): Federal Ministry of Health; 2001 May.](#)