

[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](#)

[Delice Gwaze](#)

[Geneva Foundation for Medical Education and Research, Versoix, Switzerland](#)

## **My perception of adolescent friendly health services in Zimbabwe**

In Zimbabwe adolescent health services are scarce and where they exist they are part of other health facilities, for example they are incorporated in the primary health care facilities or they are stand alone projects focusing on a certain age group, for example SAYWHAT is a non-governmental organisation focusing mainly only tertiary students but dealing with reproductive health issues. There are also other non-governmental organisations like ZICHIRE, Population Service International (PSI), UNFPA and UNAIDS dealing with reproductive health. For these projects to be most effective, there is need to involve the Ministry of Health as the leader in a country wide campaign as this will enable full coverage of adolescent health service delivery in Zimbabwe. It will also enable monitoring and evaluation of the impact of the implementation. In primary health services, adolescents get service but Zimbabwe suffers from brain drain, their health facilities are understaffed, in some cases the health officials have just graduated and there are few people to supervise their work. There is lack of quality in adolescent health service delivery as they are characterised with lack of confidentiality, stigmatisation, unwelcoming and victimisation.

## **Utility of WHO's approach to improving the quality and expanding the coverage of health services to adolescents**

It is useful to clearly define and standardise the quality of health service provision, expand the coverage of health services and be clear on where and by whom the services are to be provided as this will make it easier to implement the policy and know how much money and staff is needed and what is to be expected of them. It will also enable recruitment of health officials with interest in adolescent health and experience it will foster easy access and promote equity in adolescent health services by reaching to all sectors in the community. This approach can only be useful after sensitisation of the community as they will be ready to receive information and work together with health officials.

## **Feasibility of WHO's approach to improving the quality and expanding the coverage of health services to adolescents**

It is possible to use WHO approach though in some cases it could prove impossible. Using existing health services and facilities by upgrading service is feasible as it is less expensive. It may only include more training, restructuring and coming up with a section for adolescent

health. However, setting up new service delivery is expensive as it may include securing premises, acquiring equipment, and training of more staff with particular emphasis on adolescent's health. Most affected countries are developing countries with no resources to invest into research, upgrading of services, training of personnel, information dissemination, implementation and monitoring. This approach could be a good framework but without money to support the project, it will not succeed.

## **The Evolution of the National Adolescent -Friendly Clinic Initiative**

### **Factors leading to the development of NAFCI**

South Africa is one of the southern Saharan countries affected with HIV and Aids, and the documents states that nearly half a million adolescents are infected with HIV. Adolescents' reproductive health knowledge is said to be poor hence it contributed to unwanted teen pregnancies, STIs and high infection rate. This background led to the formation of National Adolescent-friendly Clinic Initiative (NAFCI) which intends to improve the quality of service delivery in adolescent friendly services by trying to overcome barriers that hinder equity and access to adolescent reproductive health services, for example attitude of health care officers and confidentiality. This is a typical scenario in many African countries and there is need to work more on adolescent health service delivery.

### **Development process**

In developing their initiative, they got their framework from their guideline on Youth and adolescent health, which is good as it is relevant to their country. Stakeholder consultation was also conducted as they approached provincial managers, national managers, policy makers, youth representatives and youth organizations, which is good for national consensus. They used existing primary health care services, which make it less expensive as all relevant health officers and infrastructure are readily available for use, though a top up will be needed. They also put in place assessment methods of reviewing their performance and part of it is done by health officials themselves, which gives them more responsibility and encourages them to put more effort in their work.

### **Implementation**

It started with a pilot clinic before spreading to all provinces: checking the feasibility of the project is worthwhile before implementing a nationwide cover. Community committees exist, which act as a bridge between the community and health care officials. This is a powerful method as it helps reach out to the community easily by using people well known and respectable to them. The use of local language is of high regard as it makes it easier for locals to acknowledge and understand the project as their own and not internationally imposed as always is the perception.

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