

[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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My perception of the reality on the ground in terms of adolescent friendly health services in Afghanistan

As Afghanistan is a post conflict country, health facilities are not available in most of the villages and in remote areas. The health facilities provide low quality health services for pregnant mothers such as antenatal and postnatal care, family planning and some other services according to BPHS (Basic Package of Health Services).

There are no specific services provided to adolescents. According to the culture of my country, it is shame for adolescent to seek health or ask questions about sexuality. Having sex or becoming pregnant before marriage is a great sin and specific punishments will be given. Induced abortion is illegal and forbidden in Islam religion.

Information about sexuality and physiological changes of the puberty is not provided by health care providers. The information given by even parents and peers are sometimes incorrect.

If a girl has health problem, she cannot go to health facility without permission of the parents and one of the parents should accompany her to clinic. The attitude of the health provider is another concern.

In general, young people are considered healthy by the community.

In conclusion, I can say that health services are not available, not accessible, not acceptable and not equitable for adolescents in Afghanistan.

Comments on potential utility and potential feasibility of WHO's approach to improving the quality and expanding the coverage of health services to adolescents

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The potential utility of this approach is that is very general and can be adapted to the context of all countries as a formula.

In this approach, the focus is on building on what already exists. So it is possible in low resource countries to build adolescents friendly clinics with fewer expenses.

Comments on potential feasibility of WHO's approach to improving the quality and expanding the coverage of health services to adolescents

This approach is feasible because it covers all levels (national, district and health facility levels) with an emphasis on working to expand the coverage of health services, alongside efforts to improve quality.

Comments on evaluation of the National Adolescents –Friendly Clinic Initiative (NAFCI) in South Africa

This document is a very useful, comprehensive and inspiring case study of the programs for improving quality of care in South Africa, to deal with HIV and other young people problems. This can be used as a guide for other developing countries as it contains all the activities explained in details and stepwise. The other important point is that the problems that they faced during implementation of this program are mentioned and the solutions and the results are written clearly.

The NAFCI accreditation model and external assessment seems a very practical way to motivate staff of the clinics to work as a team effectively. Using this model and adapting it according to the context of countries like Afghanistan will help to improve significantly the quality process. Values clarification workshop is a good innovation and can be used as a successful experience.

NAFCI is a successful program that could activate and run 350 adolescents-friendly health facilities in short time (2000-2005). The indicators to measure the success were identified and the program was evaluated as successful program. However, there is no information about the impact of this program on reduction of the HIV incidence.

Assignment documents

1. [WHO. Adolescent friendly health services - An agenda for change. Geneva: WHO; 2002.](#)
2. [WHO. Evolution of the national adolescent-friendly clinic initiative in South Africa. Geneva: WHO; 2009.](#)
3. [WHO. Methods and tools to scale up quality health service provision to adolescents. Geneva: WHO; 2010.](#)