

## **Perception of the reality on Adolescent Friendly Health Services in Ethiopia**

In Ethiopia the Adolescent Youth Friendly Health Services are very recent phenomena and only available in very few facilities managed or supported by primarily the Non- Governmental Organizations. Considering the number of health facilities in the country such services are not even available in 5% of the facilities. With such low percentage availability and other barriers to the service the existing situation is conducive for Adolescents and Youth in preventing their health problems, or detecting and treating them.

In 2005 the Ethiopian government initiated the Health Extension program which is a community based promotive, preventive and primary curative health services reaching individuals and the community at large at household level. The program has 16 packages and one of the packages is youth reproductive health extension package. Although the youth RH extension package exists, the lack of proper skill training on adolescent youth friendly health services and the long standing traditional barriers towards the adolescent and youth pressurizes the health extension workers not to provide a friendly services. Most Health Extension Workers believe that unmarried adolescents are not eligible for contraceptives.

The following major barriers exist for Adolescent Youth friendly health services:

- Availability of friendly services in limited facilities mainly in big cities where the most affluent lives.
- Limited skilled health workers to provide friendly services.
- Unacceptable waiting time for adolescents and youth at health facilities exposing them to other adult members of the community and minimizing their privacy.
- Deep rooted traditional beliefs and taboos in avoiding discussion on sexual and reproductive health issues with adolescent and youth. These beliefs also affected the health workers who are part of the community in the provision of services to adolescents.
- Most youth friendly health services are either started or supported by NGOs usually as a pilot and for a limited period of time, which affects the sustainability of the services.

Few efforts are going on to improve the situation, which includes the following major activities:

- The Ministry of Youth and Sports formulated a youth policy that emphasized health information and services for the youth.
- The Ministry of Health formulated an Adolescent and Youth Reproductive Health Strategy with an emphasis on youth friendly services. With the support from WHO the Ministry of Health developed a guideline to fill the gap in implementation of standards

for quality adolescent and youth reproductive health services by providing comprehensive tool for planning, implementation and monitoring of services and identifying activities that need to be undertaken at different levels.

- Few NGOs are providing support for Adolescent Youth Friendly Services. Most of the services are in public health centers, youth centers, NGO clinics and higher learning institutions. As an example, my organization (Pathfinder International-Ethiopia) is currently working with 50 public health centers on youth friendly services.
- The Ministry of Youth and Sports is building youth centers with health services in it in most big cities of the country. In relation to the health service there is a need for a proper coordination with Ministry of Health.

## **Potential Utility and Feasibility of the WHO approach**

### **Potential Utility**

Defining and standardizing quality, improving quality and expanding quality services are very important in identifying the problem of adolescents and properly addressing them to minimize the unwanted effects of morbidity, disability and mortality.

The 10 steps used by WHO will help a lot in establishing and proper utilization of adolescent friendly health services. In relation to their potential utility most of the steps needs to be part of the strategic plan for an adolescent program. Since there is a growing interest in addressing adolescent issues, the utility of the different steps will be easier.

Most programs included as entry points exist as major priority areas and clearly defining the expected outputs will help in proper utilization of the steps.

### **Potential Feasibility**

The potential feasibility of the different steps depends on how easily is the purpose of each step understood by implementers at different levels. Some of the steps such as the quality framework and systematic approaches to scaling up should be simplified to create a better understanding at the lower level.

The use of measurements from the start of the program will help a lot in adjusting the program direction and using it to better strategize scaling up activities.

## **The National Adolescent Friendly Clinic Initiative (NAFCI) in South Africa**

Key Comments:

- Although the steps used in the implementation of NAFCI are four, it almost used the 10 steps included within the WHO's approach to improving the quality and expanding the coverage of health services to adolescents.
- The involvement of the government through its Department of Health from the inception of the NAFCI was very helpful in obtaining the necessary support and sustaining the program. In addition, the efforts made to create an interest to private companies and

investors helped the program to scale up from its initial 10 pilot sites in 2000 to 350 sites all over the country in 2005. This is a clear indication that partnership helps in the expansion and sustainability of the program.

- The involvement of the youth and community leaders was another vital mechanism for the success of NAFCI, specifically by paying major roles in the quality improvement process and supporting the program and clinic staffs in addressing the adolescent RH problems.

## 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.](#)