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

Bonventure Ameyo Masakhwe
Centro universitario per la cooperazione internazionale
Università degli studi di Parma, Parma, Italy

Despite existence of national guidelines regarding youth-friendly services in Kenya, in my experience as a young practitioner I feel there is need for evidence-based approaches in providing these services to adolescents. In most cases, they have been drawn in a top-down approach with little regard to all stakeholders including adolescents themselves.

Realities in Kenya: Factors making it difficult for adolescents to get health services they need

Unavailability of adolescent health services

Adolescent services and needs may not be clearly defined in the general health system hence many health facilities do not have specialized adolescent services but rather embedded in the requirements of the general population. However, adolescent needs are different from those of a general population and they fear sourcing these services from facilities where they feel confidentiality will be bridged.

Inaccessibility

Where health facilities offering adolescent services are present, they may be inaccessible to many adolescents. For example, many youth centers care for the adolescents in urban settings, rendering them inaccessible to those in rural settings. Still, adolescent services may be expensive to access especially in private health facilities where confidentiality may be much better than in public facilities.

Unacceptability of the services available

The existing services may have many flaws that turn off adolescents due to unfriendliness. For example, staff in the health facilities, mostly elderly, may rebuke young people when they present with sexually transmitted infections instead of offering supportive guidance on how best to avoid such. Lack of confidentiality and long waiting queues discourage them from sourcing these services.

Inequitable distribution

Most services benefit adolescents in urban centers more than those in rural settings. Even in the urban centers, the adolescents in slum areas may be left out due to poor amenities in general in such settings. Though adolescent education is provided in the free primary education and secondary education systems, adolescents out of school may not access it.

WHO approach on quality and access of adolescent services

Potential utility

The approach on quality and access improvement has the potential of reducing new HIV infections in Kenya and improving adolescent health in general. This may be made possible by first identifying the adolescent needs and including them into the health and education systems. For example, the WHO document *Adolescent friendly health services - An agenda for change*, outlines these needs and offers several case studies that have improved adolescent health in other countries.

Accessibility would be improved if marginalized groups were also included in the system. Therefore, education and youth groups in slums and rural areas should be encouraged.

Feasibility of the approach

The approach is feasible because it identifies the crucial entry points including HIV/AIDS, adolescent pregnancy and drug use prevention. The utilization of an existing education system, churches, youth centers, pharmacies and hospitals without need to overhaul the entire system is cost-effective. The systemic process at the national, district and health facility level makes monitoring and evaluation possible.

However, quality improvement of the service may require financial obligations such as training existing staff on customized adolescent health, or including these aspects in the curriculum. Financial constraints may render the approach infeasible.

Evolution of the national adolescent-friendly clinic initiative in South Africa

The WHO document describes the process of realizing South Africa's adolescent youth friendly services, based on the worrying impact of the HIV epidemic among the youth.

Key comments:

Need for political commitment and a national consensus

To achieve youth-friendly services, a national consensus is prerequisite which defines the needs of the adolescents and hence puts up a system that takes this needs into serious consideration. Therefore, the government's *Youth and Adolescent Health Guidelines* laid a framework for the National Adolescent-Friendly Clinic Initiative (NAFCI). Worth noting is the fact that national consensus involved all relevant stakeholders including youth groups. Therefore, absorption of youth effort makes the system more acceptable to the adolescents. Community engagement ensures support at grassroots level.

Emphasis on quality of service and youth-friendliness

By first defining the minimum adolescent health package, minimum standards of care were also described. Other quality improvement measures included incentives and staff training. For example, NAFCI standards emphasized individualized adolescent care, which makes the system

adolescent-friendly. Inclusion of chill rooms was necessary to make adolescents feel at home rather than the previous situation where they shied away from waiting in queues with older people from their communities. A monitoring and evaluation system was appropriate in ensuring that these standards and quality are achieved.

Need for piloting

This was necessary for any nationwide programme. Through this, flaws in the draft programme can be identified and rectified before rolling out the programme on a large scale. Managers also get oriented in the process.

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.