

[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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I. Perception of the reality on the ground in terms of adolescent friendly health services in Rwanda

Adolescent friendly health services represent an approach, which brings together the qualities that young people demand, with the high standards that have to be achieved in the best public services. Such services are accessible, acceptable and appropriate for adolescents. They are in the right place at the right time at the right price (free where necessary) and delivered in the right style to be acceptable to young people. They are equitable because they are inclusive and do not discriminate against any sector of this young clientele on ground of gender, ethnicity, religion, disability, social status or any other reason.¹

1. Availability of adolescent friendly health services in Rwanda

Adolescents remain a neglected group in Rwanda's health care model according to a recent report on adolescent health² by Dr. Agnes Binagwaho, Permanent Secretary in Rwanda's Ministry of Health. Today, adolescent health in Rwanda is governed by many partially overlapping policies, and several ministries are directly or indirectly concerned with that issue. Ministries that are involved with the adolescent health include The Ministry of Health, Ministry of Youth and Culture, The Ministry of Gender and Family Promotion, The Ministry of Education, The Ministry of Local Development and others. In Rwanda various policies are linked to adolescent's health, including the National Reproductive Health Policy, the National Youth Policy, Health Sector Policy, Health Sector Strategic Plan 2005-2009, Human Resource for Health Strategy, Behavior Change Communication Policy for Health Sector, Community Performance- Based Financing Guide, National Community Health Policy, Mutual Health Insurance Policy and the National Nutritional Policy. However, according to the new report on adolescent health in Rwanda, youth friendly health services are still widely missing. This is true for all the components of a clinical program, such as infrastructures, personnel trained to meet adolescents' needs, and guidelines defining HIV packages for this group.

2. Accessibility, acceptability and equity

Adolescents need to be educated about sexual and reproductive health and get informed about available health services for them. They have to be free to use those available health services without any social norms as barriers; they need the best environment for them to feel free while seeking for services. In Rwanda, the society is influenced by social norms and adolescents acquire behaviors from their family. For that, they lack enough relevant information provided by their families about existing reproductive health services, which leads to non-utilization of existing health services in case of need. Health providers have another great influence to the

quality of adolescents' health; however, specific programmes at the district or facility level aiming at ensuring the utilization of existing health services by adolescents are still very few.

Due to the limited number of friendly health centers, youth in big or small towns are more likely to have access on some existing health services compared to those living in the rural areas. In addition, street children have less knowledge and will to seek for adolescent friendly health services due to their isolation.

II. Potential utility of the WHO approach

1. Potential utility of the WHO approach

The WHO approach to improve the health quality of adolescents is based on three components:

- To define and standardize the quality of health services provision to adolescents.
- Improve the quality of health services provisions to adolescents.
- Expand the coverage of health services to adolescents.

The approach defines and standardizes the provision of health quality for adolescents, which is a valuable thing to measure the success or failure. The approach has a great point by emphasizing not only on provision of services to adolescents but also on a complex challenge of utilization of those services. By standardizing the health services for adolescents based on quality, advantages to address the adolescents' health include:

- Clear goals to be achieved with clear vision on adolescents.
- Basis to assess and measure the achievement of the goal.
- Basis to identify what needs to be done to achieve the goal.

The approach has also a special utility by its policy of expanding health coverage to adolescent. This increases the equity of provided services by clarifying the number of adolescents who need health services and the number of adolescents who receive health services. With data available, an improvement can be made to reaching even those lacking access to health services.

2. Feasibility

The feasibility of WHO approach to improve the adolescent health and development has will be facilitated by:

- Integration of national quality improvement programmes for adolescents within the existing HIV/AIDS and Reproductive health programmes.
- Specific attribution to each health delivery points depending on its staffing and facility is another promising approach to achieve adolescent health of quality.
- The WHO approach has strength by building on existing health delivery points to make them more friendly to adolescents instead of creating new exclusively services engaging only adolescents.
- The systematic process involving the national level, district level and health facility level with well-defined complementary and specific actions will also facilitate achievement of health delivery driven by quality.

III. Evolution of the National Adolescent-Friendly Clinic Initiative in South Africa

1. Rationales to create the National Adolescent-Friendly Clinic Initiative in South Africa

The creation of National Adolescent-Friendly Clinic Initiative (NAFCI) was an emergency to keep well healthy adolescents and help ill adolescent become healthy. The situation in South Africa as in many African countries was showing an increasing number of unwanted pregnancies into adolescents and youth, poor knowledge about sexual and reproductive health by adolescent and a substantial need to get more information about pregnancy, relationship and Sexual Transmitted Infections³ and other related conditions. Countries with similar situations should follow the example of South Africa by creating and supporting initiatives for quality improvement in adolescent friendly services.

2. Purpose and development of the National Adolescent-Friendly Clinic Initiative in South Africa

The NAFCI in South Africa aiming at improving the quality of adolescents' health services at the primary care level and to strengthen the public sector's ability to respond appropriately to adolescent health needs has an approach that is in line with WHO approach. Accessibility and acceptability of health services, providing national standards for adolescent health care in clinics and building capacity of health workers to provide high quality adolescent health services are clear objectives of the programmes.

The NAFCI has adopted the quality improvement approach, which is similar to the one proposed by WHO approach as to define and set quality standards, measuring how well standards are being achieved and quality improvement strategies to meet standards.

3. Implementation and results

The programme was integrated in the already existing and supported programme; the Reproductive Health Research Unity.

Steps for implementation of a NAFCI at any level are great and led to the success and sustainability of this programme. Steps include organizing the team with enough information about the mission of the programme, conducting a self appraisal, initiation of quality improvement and external assessment.

It was also a good idea to start with pilot clinic to be able to measure the success of the program before it is implemented nationwide. It is a great lesson that the central level managed to involve and coordinate people at the district or facility level not only by giving them guidelines but also training and giving responsibilities to coordinators at health facilities. Providing indicators that coordinators at health facilities do understand well and methodologies to improve quality where standards are not met have also contributed to the success of the programme.

Finally, experience from South Africa to improve the quality of adolescent friendly services can be a model to some other African Countries with some modification due to political, cultural or

health systems. It is really a promising programme to address challenges associated with adolescents' health in countries where specific policies or services to adolescents are still weak.

IV. References

1. [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.](#)
2. Binagwaho A. Report on the adolescents' health and HIV services in Rwanda, in the context of their human right [PHD reports]: National University of Rwanda; 2009.
3. [WHO. Evolution of the national adolescent-friendly clinic initiative in South Africa. Geneva: WHO; 2009.](#)