

[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 my country as it relates to adolescent health friendly services

The adolescent health services in Liberia are still far from being friendly. The majority of the barriers that qualify adolescent health service as being unfriendly still exist in our setting. Although adolescents sexuality education has already began in public institutions, most of these institutions are located in urban communities while rural institutions are yet to be reached, posing a problem of accessibility. There is a greater need for integrating other related adolescent health services (Family Planning, prevention of too early pregnancy, HIV/AIDS prevention services, condom distribution, contraceptive, etc.) along side with school sexuality education, which is not yet the case. As result, young people are forced to seek these services at public centers (Family Planning Centers) where they feel very uncomfortable or embarrassed being seen by adult from their community.

In addition, there is also a need for training at all levels of service providers in the area of sexuality education as well as training of health workers at every level of adolescent health service delivery with the aim of improving the quality of these services.

Another area of focus is the community. Community-based programs must be designed to target parents, local leaders, religious leaders, youth groups and leading figures to solicit their support for adolescent sexual health and education programs. With parental and community support or approval, adolescents feel free to access these services.

Comments about the Potential Utility and Potential Feasibility on WHO's approach to improving the quality and expanding the coverage of adolescent health services

It is quite true that the definition of adolescent friendly health service is grounded in its quality. If an adolescent health service is of good quality it means that it is accessible, acceptable, appropriate, effective, efficient, and equitably delivered to the intended population. The WHO approach also supports the concept of integrating related services to target a population of diverse needs, a concept that works well towards effective cost saving in resource limited countries. Utilization depends to a large extend on the individuals' beliefs. Beliefs that are held so strong as to create a barrier despite the presence of the best quality of services. Such concepts

can only be broken by persistent education. Therefore, community-based sensitization programs must also form an important core to improve the quality of health services.

Adolescents are a diverse fraction of population diverse needs. Expanding the coverage of adolescents' health services lays the groundwork for the stratification of this population and identifying their needs accordingly. Something that contributes significantly to the friendliness of these services. As much as expansion is necessity, it must carry along with it quality. Whatever service that has to be extended for a larger coverage must have embedded within it all the recipes of good quality in order to make the service friendly.

Feasibility

As much as the situation on the ground may vary from one country to the next, the approach outlined by WHO for improving the quality and expanding the coverage of adolescents' health is quite simple, and supports the integration of related services to target the same population, thus creating an ideal situation of efficiency and cost effectiveness. In my opinion, this concept is unique, especially in resource-limited countries, where a heavy burden of health problems rests. Therefore, this approach is highly feasible and could work well in a country like mine.

The South African case study

The South African case study is being considered for the purpose of this assignment. I am of the opinion that the South African NAFCI (National Adolescent-Friendly Clinic Initiative) is a good model to emulate. This initiative was systematically planned, developed, and implemented. It first recognized and used the WHO document, Adolescents-friendly health services: an agenda for change, as a technical guide for initiating the process on hand. Both national as well as community consensus which contributed significantly to the success of the program were sorted. The question of sustainability, which is crucial for the survival of such program, was carefully addressed by using public health clinics and building upon existing structures that were already on the ground. A multi-sectoral approach to involve nongovernmental organizations, community leaders, and youth organizations was employed to give a greater strength to the project. The setting up of Clinic Committees (members comprising of clinic staff along side community members) created a good link between the clinic and the community.

Finally, the mechanism of both self and external assessment provided a good opportunity for improvement and realization of the goals of this project.

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.](#)