

[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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The perception of the reality on the ground in terms of adolescent friendly health services in Uganda

In Uganda, health services such as medical abortion are ***not available*** to anyone, either to adolescents or to adults. There is a restrictive law and policy against abortion. There are laws that forbid the provision of contraceptives to unmarried adolescents.

Even in urban areas where health services are available, most health facilities are located a long distance from adolescents' residence. Some health services are expensive and beyond their reach for example emergency contraception pills. This makes these health services ***not accessible*** to them.

Uganda has some youth centers such as Naguru teenage center and AIDS Information Center for youth. However, to do HIV testing, one has to incur transport costs to the center in Kisenyi, Kampala. Some services require some fees, which becomes difficult for them. Besides, the youth have to go to and wait in a place where they could be seen by people who they know. For example, Naguru teenage center has sections for adults and youths mixed. This makes the health services ***unacceptable*** to them.

In Uganda, emergency contraception is not easily accessible and available to adolescents. Many youth use pills for emergency contraception and some of them do not know the correct dosage. They have to buy the pills to use during emergency and take them in hiding. Adolescents on the streets, orphans and vulnerable children can't afford to buy emergency pills which are sold at a price range of \$3-5 per dose. Therefore, they are ***not necessarily equitable***.

There are some initiatives that are underway to provide health services to youths through integration of family planning into HIV services (VCT and ART) in NGO clinics such as AIDS information center, Reproductive Health Uganda and Marie Stopes International.

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

The WHO's approach is good in that it integrates itself in the already existing structures in the country. In Uganda, the Ministry of Health (MoH) formulated a national policy on adolescent sexual and reproductive health. Its mode of implementation moves top-bottom from national level (MoH) to districts and health facilities.

However, the challenge we have in Uganda is that we always have excellent policies but poor implementation frameworks. Even district officials are aware of what needs to be done but pay little attention to the implementation. Public health facilities are not the preference of people in Uganda. They are regarded as inefficient even though they offer free services. My personal

recommendation is that there is need to train public health workers in provision of youth friendly services to adolescents or equip NGO clinics to be able to offer free services to the youth.

Evolution of the National Adolescent-Friendly Clinic Initiative (NAFCI) in South Africa

The establishment of the NAFCI in South Africa is a very successful implementation strategy for the WHO approach of promoting youth friendly services. Its conceptualization or policy formulation is supported by a bottom-top implementation strategy. The implementation starts at a health facility level and the support of the service providers makes it work. In the lessons learned, it is asserted that whenever the service providers didn't support the vision, it would flop. In Uganda, we need this kind of model of implementation, which can engage the service providers more than policy formulators.

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.](#)
4. [WHO, Pathfinder International. From inception to large scale: the Geração Biz Programme in Mozambique. Geneva: WHO; 2009.](#)