



RESEARCH SUMMARY

Assessment of Adolescent and Youth-Friendly Health Service Delivery in the East and Southern Africa Region



Synopsis

A multi-year initiative (2014-2017) to improve and scale up youth-friendly health services and enhance quality of care for young people is being conducted by UNFPA ESARO and the IPPF Africa Regional Office. The initiative includes the development and approval of the research protocol and a review of existing youth-friendly health service (YFHS) guidelines and standards, and assessment of their implementation in 23 countries within the East and Southern Africa (ESA) region.

Twelve countries conducted desk reviews, facility assessments, key stakeholder interviews, focus group discussions and exit interviews with young clients, while eleven countries undertook desk reviews only. The findings and recommendations from the national reports have been validated in all countries and incorporated into a regional synthesis report.

Research leads

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Timing of research

Sept 2015 to October 2017
Budget Approximately US\$330,000, funded by the EU, SIDA, UNFPA Supplies, SDC, GIZ and UK Aid/PreMEDSA, which contributed US\$126,000 for the national and regional validation meetings.

Key findings

Policies and strategies

The key findings on policy and legislative frameworks were that almost all of the countries have

specific policies or strategies in place on adolescent and/or youth health, especially for sexual and reproductive health. The policies, strategies or guidelines of at least 14 countries adopt a rights-based framework or refer to young people's rights. Guidelines and/or standards for AYFHS delivery were found in 19 of the 23 countries studied.

Findings from assessment of 146 facilities in 12 countries

Facilities

- 78 per cent of facilities visited had educational materials available on contraception, while 76 per cent had materials on sexually transmitted infections (STIs), safer sex and condom use. Materials on mental health were available in only 13 per cent of facilities, on male circumcision in 36 per cent, on drug and alcohol use in 37 per cent, and on post-exposure prophylaxis in 38 per cent.
- In most facilities assessed, there were weak linkages between peer educators and facility management.
- 71 per cent of facilities had outreach activity plans, but inadequate funding and training meant that only 59 per cent had records of outreach accomplished.
- 65 per cent of facilities had a policy on free or affordable services for adolescents.
- 49 per cent of facilities had a child protection policy in place.
- 81 per cent of facilities collected age and sex disaggregated data but only 55 per cent had self-monitoring systems for quality of care to adolescents.

Health providers

- 64 per cent of health providers had ever been

trained in AYFHS.

- 45 per cent were exposed to national AYFHS policies.
- 69 per cent knew about laws on informed consent and services to young people.
- The main reasons why some services cannot be provided to young people were given as follows: age (51 per cent), need for parental consent (43 per cent), need for spouse/partner consent (27 per cent), and marital status (13 per cent).

Exit clients

- Relatives and friends were the most common source of information about the facility for the young clients interviewed. Adult outreach workers and peer educators did not play a major role in young people's knowledge about the health facilities in most of the countries assessed.
- 78 per cent were repeat clients.
- 80 per cent of clients indicated that they received support from their guardian/parent/spouse/in-laws/other to use services at the health facility.
- 63 per cent of clients were alone when they visited the facility.
- 93 per cent expressed satisfaction with the services availed and 92 per cent of clients said they would recommend the facility to a friend or relative.
- The most sought-after sexual and reproductive health (SRH) services were family planning (FP) counselling, condoms, oral contraception, injectables, pregnancy tests, HIV services, sexuality counselling, STI services, implants, emergency contraception, and HIV counselling.
- 34 per cent had the opportunity to express their opinions on the quality of services.

Focus group discussions with potential clients

Potential clients didn't know about services, and didn't trust that provision would include privacy, confidentiality, respect, or quality services.

Recommendations

Despite progressive policies and availability of programmes at scale in some countries, several areas need attention:

- Reduce legal and policy barriers to young people's access to services – for example, requirements for parental or spousal consent, marital status, age of consent to uptake services, and sexual activity. Policies and guidelines on issues of equity and non-discrimination are also needed;
- Increase awareness for adolescents and young people and community members on AYFHS, with adequate funding for community engagement plans, training budgets for adult outreach workers and young peer educators;
- Integrate adolescent health with pre-service training and continuous professional education plans for health-service providers;
- Strengthen rights awareness for young clients from marginalized and key populations;
- Address legal and policy barriers for young, marginalized and key populations;
- Implement age-disaggregated national HMIS;
- Promote young people's leadership in planning and monitoring of AYFHS.

Implications for policy and practitioners

The findings and recommendations from the national reports and regional synthesis report will be used to inform the development of national policies, strategies, standards, educational materials and a regional how-to guidance for strengthening of adolescent health in competency-based pre- and in-service training for health-care providers, which will be adopted by SADC, EAC and COMESA. The findings from the research will also be presented and disseminated during global and regional conferences, such as the International Congress on Adolescent Health and ICASA 2017, the 2018 2nd Africa Girls' Summit and the 8th Conference on Sexual Health and Rights.

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