

Adolescent-Friendly Health Services in Zambia

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Access to adolescent-friendly services in Zambia

Access to sexual and reproductive health (SRH) services forms a crucial building block of health systems. Poor access to SRH services can result in early and unintended pregnancies, maternal mortality, HIV and sexually transmitted infections (STIs), as well as complications from untreated STIs, such as pelvic inflammation, specific types of cancer, and pregnancy and fertility issues. A health system is well equipped to provide SRH commodities and services when people are enabled to decide on pregnancy, to have a healthy pregnancy and safe childbirth, to protect themselves against STIs and HIV/AIDS, and are properly treated in a timely manner if transmission occurs. For a thriving society, it is also crucial that adolescents, a group often faced with additional challenges in accessing services, can access the adolescent-friendly services they need to live healthy lives and protect themselves against key health risks.

Unfortunately, Zambia experiences many challenges with the adequate provision of adolescent-friendly SRH services. This research was conducted to study the provision of AFSRH services and attitudes of healthcare workers in Luapula and Southern provinces in Zambia.

Recommendations

1. Government officials should conduct regular visits to the facilities and monitor to see whether facilities meet minimum standards in the provision of AFSRH services. The visits should monitor indicators that ensure facilities have adequate budgets; have adequate availability of ASRH commodities; have essential infrastructure; provide adolescent-friendly services; treat adolescents, especially girls, with respect; guarantee privacy and confidentiality of adolescents seeking SRH service; uphold the dignity of healthcare workers; do not charge fees; and address barriers related to harmful cultural practices.
2. Increase transparency and active participation of citizens, CSOs and communities, and especially adolescents, in decision-making processes related to delivery and monitoring of SRH services.
3. Provision of regular in-service training to HCWs in AFSRH services and ensure that HCWs are conversant with SRH when dealing with adolescents.
4. Since adolescents are more comfortable getting information and services from their peers and younger providers, the government should increase investment in training

peer educators and providers, and training younger HCWs to take charge of AFSRH services.

5. Incorporate AFSRH in the training curriculum of nurses and other HCWs so that as new staff join the health workforce, they have the knowledge and skills to effectively serve adolescents.
6. Design Zambian guidelines, policies and Standard Operation Procedures (SOPs) that will standardise the provision of AFSRH services in both public and private facilities. These documents should take into consideration socio-cultural and religious values of community members and adolescents.
7. Dissemination of Zambian guidelines, policies and SOPs to public and private facilities, and to HCWs through various channels, including the media and social media platforms, in order to standardise the provision of AFSRH services.
8. Publish more adolescent-specific information, education, and communication (IEC) materials in both English and local languages targeted at adolescents, parents and guardians on SRH.
9. Health facilities should ensure adequate signage is visible at their facility stipulating services offered and operating hours.
10. Increase visibility of AFSRH services. Post a policy statement in the facility that includes the nondisclosure policy to encourage young people to access the services.