

Adolescent-Friendly Health Services in Tanzania

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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 in Tanzania they need to live healthy lives and protect themselves against key health risks.

Unfortunately, Tanzania experiences many challenges with the adequate provision of adolescent-friendly SRH (AFSRH) services. This research was conducted to study the provision of AFSRH services and attitudes of healthcare workers in Dodoma rural, Manyara and Morogoro in Tanzania.

Recommendations

Provision of adolescent-friendly services: This survey shows that health facilities score inadequate on the provision on some adolescent friendly services. For example, only few facilities had staff under the age of 25 providing SRH services to adolescents. In addition, 84% of healthcare workers say they advise adolescents to abstain from sex when they seek contraceptives at the health facility. We therefore recommend the advancement of adolescent & youth friendly services units. Concretely, this means the number of youth friendly service units should increase as well as the number of healthcare providers who are championing youth services. This should be healthcare providers who can overcome stigma and discrimination and motivate youths to attend the facilities wherever they need or wish to, and should also include healthcare workers below the age of 25.

Human resources: Insufficient numbers of healthcare providers are trained on AYFS, we therefore recommend the number of trained health care providers on

adolescent and youth friendly services to increase at least up to 80%. In addition, the enrolment of highly skilled health service providers should be stimulated.

Health policies: There are gaps in implementation of Policies and Guidelines that promote SRH services. The Ministry of Health should establish a proper system for Monitoring and Evaluation of SRH Policies and Guidelines, and should have an independent policy department in the Ministry structure. This department will be responsible for follow ups on the implementation of the developed policies and guidelines. For instance, the “National Standards for Quality Health Services for Adolescents” of 2020 has not yet been well implemented and such department would have been able to express the need of abiding to it. Their work can also include trainings to different stakeholders on the existence of policy frameworks and their contents. Further, the Ministry should establish an ‘Adolescent and youth health coordination framework for health facilities at Regional, District and Ward level.

Adolescent friendly health services monitoring: Strengthen health facilities’ structures to promote adolescent engagement in community- and health facility meetings. This will increase prioritization and demand creation in the public sector. There is a need to form a community health committee in each health facility, which shall be responsible for monitoring the provision of adolescent services in the facilities. This committee should also attend the facility meetings on quarterly basis and should include adolescents.

Budgeting: The MoH should prioritize SRH budget allocation for the general population, and for adolescents and youth specifically, and should realise a budget increment of least 3% per year.

Measuring needs: As mentioned before, it is essential that every health facility has a well-functioning community health committee whose role will be to monitor the provision of comprehensive SRH services to adolescents, to identify gaps, to monitor availability and ordering of SRH Commodities from the Medical Stores Department (MSD), to inform responsible government authorities of any weakness in the service provision and shortage of commodities in their respective localities.