



REPORT

ADOLESCENT-FRIENDLY HEALTH SERVICES IN TANZANIA:

HEALTHCARE WORKERS' PERSPECTIVES ON
BARRIERS & SERVICES OFFERED 2022-2025

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ADOLESCENT-FRIENDLY HEALTH SERVICES IN TANZANIA: HEALTHCARE WORKERS' PERSPECTIVES ON BARRIERS & SERVICES OFFERED 2022-2025

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1. BACKGROUND

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 SRH services 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, especially in rural areas. This research was conducted to study the provision of AFSRH services and attitudes of healthcare workers (HCWs) in Dodoma Rural, Manyara and Morogoro in Tanzania.

2. METHODOLOGY

This study was conducted by the Eastern Africa National Networks of AIDS and Health Service Organizations (EANNASO) and Health Action International (HAI) as part of the Solutions for Supporting Healthy Adolescents and Rights Protection (SHARP) programme, funded by the European Union. The research was approved by the National Institute for Medical Research (NIMR) ethical clearance number: NIMR/HQ/R.8a/Vol.IX/5092.

This study used an adjusted version of the HAI/World Health Organization (WHO) Methodology¹ and, through a cross-sectional survey design, gathered insight into the provision of AFSRH services in Tanzanian health facilities. Teams of data collectors visited 144 health facilities in 2022 and 140 in 2025 from the public, private and faith-based sectors to assess:

1. The type of SRH services being offered at the health facility.
2. To whom these services were offered, and whether parent/guardian consent was needed.
3. The measures in place at the health facility to improve access to SRH services for adolescents.
4. The attitudes and perspectives of the HCW on AFSRH services.
5. Indicators on the general state of the health facility.

Health facilities (HF) that were included in the research ranged from dispensaries to referral hospitals. One HCW in every health facility was requested to provide the above information. In addition, nine questions were answered by the data collector based on their observations at the health facility. HCWs were asked for their consent to participate in the study.

2.1 Sample

Table 1 shows the distribution of surveyed HCWs across sectors and urban/rural locations.

Table 1. Number of surveyed healthcare workers per sector and urban/rural location in 2022 and 2025

	Public		Private		Faith-based		Total	
	2022	2025	2022	2025	2022	2025	2022	2025
Urban	8	11	5	4	3	5	16	20
Rural	86	83	20	18	22	19	128	120
Total	94	94	25	22	25	24	144	140

1. Measuring Medicine Prices, Availability, Affordability and Price Components. 2nd edition. World Health Organization, Health Action International. (2008). Geneva: Switzerland.

3. FINDINGS

3.1 Provision of Adolescent-friendly Services

In 2025, all public sector HCWs indicated that their health facility was an accredited adolescent-friendly health facility, a slight increase from 2022 (see Table 2). In line with this, 99% of HCWs shared their health facility provides AFSRH services. In the private sector, increases in accredited health facilities and offering of AFSRH were also observed, while in the faith-based sector health facilities offering AFSRH services decreased from 72% in 2022 to 63% in 2025.

Table 2. Health facilities accredited and offering AFSRH services in 2022 and 2025

	Public (%)		Private (%)		Faith-based (%)		Total (%)	
	2022	2025	2022	2025	2022	2025	2022	2025
Health facility is an accredited adolescent-friendly HF	96	100 (↑)	84	91 (↑)	77	79 (↑)	91	95 (↑)
Health facility provides AFSRH services	98	99 (↑)	64	68 (↑)	72	63 (↓)	88	88 (—)

Figure 1 lists some common characteristics of AFSRH services. Overall, compared to 2022, some of the indicators increased and some decreased in 2025, but changes were small. For example, in 2025 86% of health facilities had dedicated staff offering adolescent-friendly SRH services, a small increase from the 82% in 2022. Similarly, slightly more facilities were open for AFSRH services during the evening and/or weekend (62% in 2022 versus 68% in 2025), and the possibility to request to be seen by a same-sex HCW also increased (84% to 89%). Table 3 disaggregates the data per sector, showing similar trends. Further, it seems that information about the SRH of adolescents is shared more often in 2025 than in 2022 across all three sectors. In 2025, for example, this information was shared with parents/guardians in 45% and 43% of public and private facilities. Faith-based facilities indicated they did not share information with parents/guardians.

Figure 1. Adolescent-friendly organisation of care in health facilities

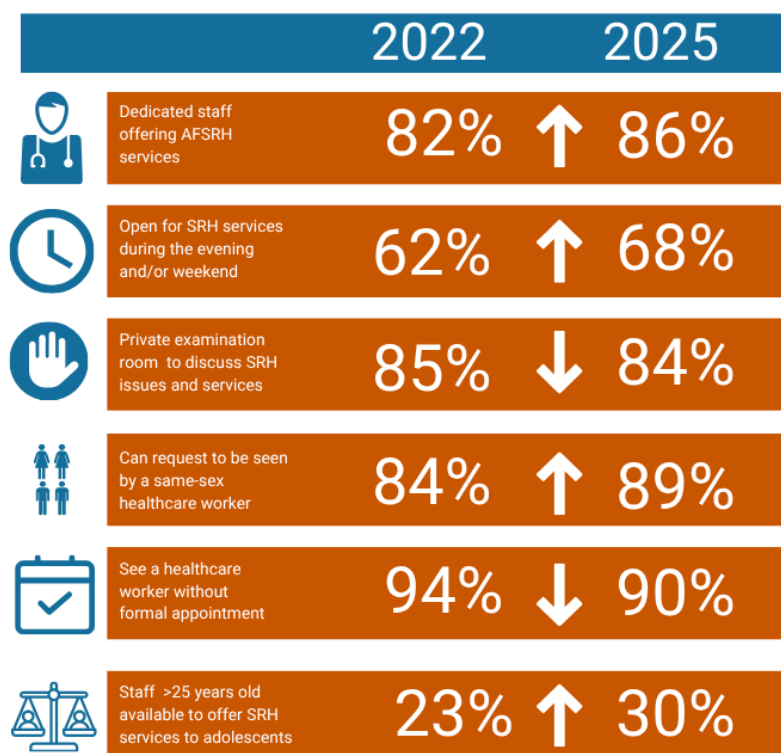
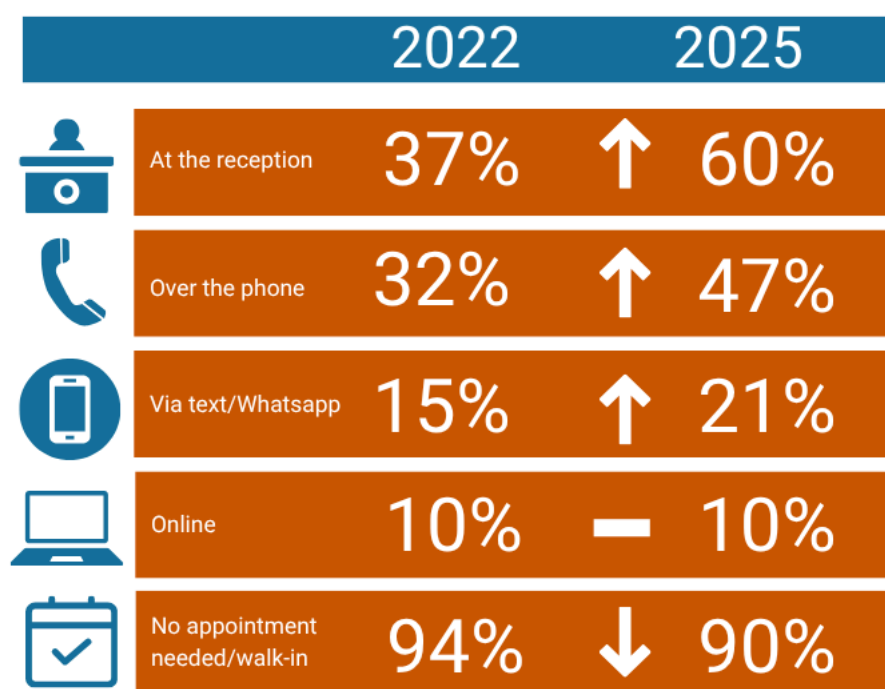


Table 3. Adolescent-friendly organisation of care, per sector

	Public (%)		Private (%)		Faith-based (%)	
	2022	2025	2022	2025	2022	2025
Dedicated staff offering AFSRH services	89	98 (↑)	68	52 (↓)	68	67 (↓)
Facility open for SRH services during the evening and/or weekend	71	74 (↑)	40	55 (↑)	48	54 (↑)
Adolescents can see a healthcare worker without formal appointment	100	96 (↓)	92	82 (↓)	76	75 (↓)
Adolescents can request to be seen by a same-sex healthcare worker	88	90 (↑)	76	82 (↑)	76	88 (↑)
Private examination room at the facility where healthcare workers meet with clients to discuss SRH issues and services	93	93 (—)	76	68 (↓)	64	67 (↑)
Staff working at the health facility who are younger than 25 years and can offer SRH services to adolescents	27	34 (↑)	21	26 (↑)	5	15 (↑)
Information about the SRH of adolescents who visit the health facilities is shared with:						
Their parents/guardians	16	45 (↑)	4	43 (↑)	0	0 (↑)
Their schools	13	29 (↑)	8	14 (↑)	0	10 (↑)
Community/faith leaders	8	26 (↑)	8	19 (↑)	0	15 (↑)
No one	82	55 (↓)	92	57 (↓)	100	80 (↓)

When further looking into appointment possibilities, this research found that in 2025, while in 90% of facilities no appointment was necessary, it was also often possible to be able make appointments at the reception (60%), over the phone (47%), and to a lesser extent via text/WhatsApp (21%) and online (10%) (see Figure 2).

Figure 2. Ways in which clients can make appointments for SRH services

HCWs were also asked about their personal opinions on 11 different statements. Their perspectives on these statements can be seen in Table 4. Compared to 2022, in 2025 the overall sentiment among HCWs about providing contraceptives to women who are not married, and to adolescents younger than 18 years remained more or less the same. However, in the faith-based sector, HCWs seemed to have become even less willing to provide contraceptives to adolescents younger than 18 years (33% to 22%). In this sector, 67% of HCWs also indicated that provision of contraceptives goes against their religion and they therefore feel like they should not be provided to adolescents. In the public and private sector, this was less of an issue to HCWs (17% and 37%). In the public sector, no HCWs feel uncomfortable with talking about contraceptives and sexual health with adolescents. Again, this is more of an issue in the faith-based sector. In the private sector, 68% of the HCWs indicated that adolescents feel welcome and safe at their facility, and at ease to access SRH services, which was down from 75% in 2022. A quarter also indicated they do not have sufficient time to treat and answer adolescents' questions.

Table 4. Perspectives of healthcare workers on AFSRH services

	Public (%)		Private (%)		Faith-based (%)		Total (%)	
	2022	2025	2022	2025	2022	2025	2022	2025
I advise adolescents to abstain from sex when they seek contraceptives at the health facility	95	86 (↓)	64	79 (↑)	65	50 (↓)	84	79 (↓)
Adolescents should not have sex	24	22 (↓)	36	48 (↑)	71	61 (↓)	34	32 (↓)
I am okay with providing contraceptives to women who are not married	89	89 (—)	50	45 (↓)	25	22 (↓)	72	71 (↓)
I am okay with providing contraceptives to adolescents younger than 18 years	86	88 (↑)	48	45 (↓)	33	22 (↓)	70	71 (↑)
Contraceptive use goes against my religion and should therefore not be provided to adolescents	24	17 (↓)	42	37 (↓)	50	67 (↑)	32	29 (↓)
I feel comfortable talking about contraceptives and sexual health matters with adolescents	98	100 (↑)	72	75 (↑)	50	48 (↓)	86	87 (↑)
This facility is generally easily and safely accessible by foot or public transportation for adolescents	94	99 (↑)	88	90 (↑)	81	91 (↑)	91	96 (↑)
Costs of SRH services are a barrier to adolescents at this facility	16	16 (—)	0	26 (↑)	14	9 (↓)	13	16 (↑)
Waiting times at this facility to receive SRH services are a barrier to adolescents	20	23 (↑)	17	25 (↑)	23	9 (↓)	20	21 (↑)
Adolescents feel welcome and safe at this facility, and feel at ease to access SRH services	98	95 (↓)	75	68 (↓)	59	68 (↑)	88	86 (↓)
When offering SRH services to adolescents, I have enough time to sufficiently treat and answer their questions	88	99 (↑)	79	75 (↓)	55	75 (↑)	81	92 (↑)

3.2 Provision of SRH Services

Table 5 shows the provision of a broad range of SRH services in all surveyed health facilities. In 2025, the most offered SRH services are information and counselling on SRH and issues (87%), client referral (86%), menstruation care and counselling (84%) and promotion of healthy sexual behaviour through education (83%). The least offered services in 2025 were voluntary medical male circumcision (51%), and HPV, breast and cervical cancer screening (54%).

Disaggregated per sector, 13 of 19 services were offered at more than 90% of public facilities, including information and counselling on SRH and issues, promotion of healthy sexual behaviour, condom provision, menstruation care counselling and services, HIV counselling, testing and treatment services, pregnancy testing, and antenatal care and delivery services. Family planning and contraceptive services were offered at 88% of public facilities, a slight decrease compared to the 95% in 2022. In the private sector, services were less often available, with information and counselling, and menstruation care most often available (68%). Family planning and contraceptive services were offered at 41% of private facilities, up from 32% in 2022. A large decrease was seen in the availability of HIV counselling, testing and treatment services, from 60% in 2022 to 45% in 2025. Availability of services in the faith-based sector were more or less along the same level of the private sector: none of the services were offered at 80% or more of the facilities. The most commonly provided services were HIV counselling, testing and treatment services (75%), client referrals (75%), and prevention of mother-to-child HIV transmission (67%). Family planning and contraceptive services were offered at just 17% of facilities, down from 32% in 2022.

Table 5. Percentage of health facilities offering specific SRH services

	Public (%)		Private (%)		Faith-based (%)		Total (%)	
	2022	2025	2022	2025	2022	2025	2022	2025
Information and counselling on sexual and reproductive health and issues	98	98 (—)	68	68 (—)	64	63 (↓)	87	87 (—)
Promotion of healthy sexual behaviour through education	96	99 (↑)	60	64 (↑)	32	38 (↑)	78	83 (↑)
Family planning and contraceptive services (information, counselling, provision)	95	88 (↓)	32	41 (↑)	32	17 (↓)	73	69 (↓)
Condom promotion and provision	99	99 (—)	52	59 (↑)	28	25 (↓)	78	80 (↑)
Menstruation care counselling and services	89	95 (↑)	60	68 (↑)	52	58 (↑)	78	84 (↑)
HIV counselling, testing and treatment services	99	91 (↓)	60	45 (↓)	56	75 (↑)	85	81 (↓)
Prevention of mother-to-child transmission of HIV	93	95 (↑)	32	27 (↓)	44	67 (↑)	74	79 (↑)
Screening/testing and treatment of STIs, and reproductive- and urinary tract infections	90	91 (↑)	64	55 (↓)	56	63 (↑)	80	81 (↑)
Post-miscarriage care	71	91 (↑)	32	32 (—)	56	58 (↑)	62	76 (↑)
Pregnancy testing	91	91 (—)	32	41 (↑)	72	63 (↓)	78	79 (↑)
Antenatal care (ANC)	95	96 (↑)	28	32 (↑)	68	63 (↓)	78	80 (↑)
Delivery services	87	96 (↑)	32	27 (↓)	40	63 (↑)	69	79 (↑)
Postnatal care (PNC) services	91	93 (↑)	32	27 (↓)	44	50 (↑)	73	75 (↑)
Screening services (HPV, breast and cervical cancer screening)	46	65 (↑)	8	27 (↑)	36	33 (↓)	38	54 (↑)
Screening, counselling and services for sexual and gender-based violence, and referrals to multi-sectoral response services	79	71 (↓)	32	32 (—)	48	50 (↑)	65	61 (↓)
Post rape care	74	74 (—)	44	18 (↓)	44	42 (↓)	64	60 (↓)
Voluntary medical male circumcision services	57	60 (↑)	20	23 (↑)	52	46 (↓)	50	51 (↑)
Referrals of clients in need of more specialised care to higher level facilities	91	96 (↑)	60	59 (↓)	72	75 (↑)	83	86 (↑)

For a few specific services, the research also asked if these services were offered to specific population groups. As can be seen in Table 6, the services are offered more or less to each population. For adolescents under 18 years, in about 7% to 10% of health facilities, they are not provided with information and counselling, promotion of healthy sexual behaviour through education, family planning or contraceptive services, or condom promotion and provision services.

Table 6. Provision of SRH services by health facilities to specific population groups

	Information and counselling on SRH and issues		Promotion of healthy sexual behaviour through education		Family planning and contraceptive services		Condom promotion and provision	
	2022	2025	2022	2025	2022	2025	2022	2025
HFs offering service (%)	87	87 (—)	78	83 (↑)	73	69 (↓)	78	80 (↑)
HFs that offer the service, offer it without permission of guardian/spouse to (%):								
Unmarried women (18+)	98	98 (—)	100	97 (↓)	98	99 (↑)	99	99 (—)
Married women (18+)	99	100 (↑)	98	99 (↑)	100	99 (↑)	99	98 (↓)
HFs offering service to adolescents under 18 (%)	91	92 (↑)	99	91 (↓)	97	93 (↓)	93	90 (↓)
HFs that offer the service, offer it without permission of guardian/spouse to (%):								
Boys (10-17 years)	100	98 (↓)	98	97 (↓)	98	98 (—)	100	98 (↓)
Married girls (10-17 years)	95	97 (↑)	93	99 (↑)	95	98 (↑)	96	99 (↑)
Unmarried girls (10-17 years)	100	99 (↓)	97	95 (↓)	100	99 (↓)	100	98 (↓)

Table 7 displays for which SRH services clients have to pay. In only 26% of public facilities, and 9% of private and faith-based facilities were all services offered for free. In the public sector, clients had to pay for family planning services in 10% of the facilities, for maternal health services in 13%, for HIV/AIDS services in 9%, and for STI treatment services in 74%. In the private sector in 2025, clients had to pay for family planning, maternal health services and HIV/AIDS services in 23% to 32% of facilities. Clients had to pay more often for HIV/AIDS services in 2025 (59%), though this was a decrease compared to 2022 (100%). In the faith-based sector STI treatment services were also most often paid services. Across the three sectors, clients had to pay most often for prescription medicines.

Table 7. Payment of services

	Public (%)		Private (%)		Faith-based (%)	
	2022	2025	2022	2025	2022	2025
SRH services at the facility which clients need to pay for:						
Family planning	7	10 (↑)	4	23 (↑)	13	0 (↓)
Maternal health services	9	13 (↑)	26	32 (↑)	39	36 (↓)
STI treatment services	78	74 (↓)	100	59 (↓)	91	77 (↓)
HIV/AIDS services	7	9 (↑)	35	32 (↓)	17	18 (↑)
All of the services are for free	24	26 (↑)	4	9 (↑)	0	9 (↑)
If any, type of products clients have to pay for:						
Prescription medications	97	93 (↓)	96	94 (↓)	95	94 (↓)
Over the counter (non-prescription) medications	13	11 (↓)	26	25 (↓)	19	33 (↑)
Disposable medical equipment (gloves, needles, personal protective equipment)	47	64 (↑)	70	69 (↓)	67	67 (—)
Consultation fee	82	86 (↑)	83	69 (↓)	67	72 (↑)
Day charges for hospitalisation	46	64 (↑)	35	63 (↑)	71	72 (↑)
Imaging diagnostics	18	31 (↑)	0	19 (↑)	29	33 (↑)
Surgical procedures	33	49 (↑)	9	6 (↓)	38	33 (↓)
Lab tests	85	73 (↓)	83	38 (↓)	100	67 (↓)

Overall, availability of copies of SRH guidelines or policies within health facilities increased from 2022 to 2025, with copies available at around 80% of facilities (see Table 8). In line with this, 95% of public facilities had processes in place that ensure that staff are updated and informed about changes when a new policy is developed. In the private and faith-based sector this was the case for half of facilities. The study further found that monitoring of the health facility's SRH services by government officials in 2025 was done quarterly at 45% of health facilities, a slight increase from 2022. Furthermore, community committees that provide input into the facilities' services and activities were available at 56% of public health facilities in 2025, an increase compared to 2022. The involvement of the community remained low in the private (9% of facilities) and faith-based sector (21%). The involvement of adolescents in the design and implementation of SRH services increased across the sectors, with highest involvement in the public sector (72% of facilities).

Table 8. Policies and monitoring

	Public (%)		Private (%)		Faith-based (%)		Total (%)	
	2022	2025	2022	2025	2022	2025	2022	2025
The HF has soft or hard copies of the below guidelines/policies available for use:								
National Adolescent Health and Development Strategy (2018)	71	82 (↑)	63	79 (↑)	44	59 (↑)	65	78 (↑)
National Guidelines for Initiating and Managing Community Based Reproductive and Child Health Services (2003)	61	80 (↑)	38	79 (↑)	46	59 (↑)	55	76 (↑)
Antenatal Care Guideline (2018)	73	93 (↑)	47	67 (↑)	71	70 (↓)	68	86 (↑)
Reproductive Health for Young People Peer Educator Guideline (Afya ya Uzazi kwa vijana rejea ya muelimishaji rika; 2020)	63	86 (↑)	50	80 (↑)	38	57 (↑)	57	80 (↑)
A national curriculum for health service providers on adolescent and youth friendly reproductive health (2019)	66	83 (↑)	50	73 (↑)	47	43 (↓)	60	74 (↑)
Standards for adolescent-friendly reproductive health services (2020)	65	82 (↑)	47	69 (↑)	71	48 (↓)	63	73 (↑)
Processes are in place at the HF to ensure that staff is updated and informed about changes when a new policy is developed	94	95 (↑)	68	55	80	50 (↓)	87	81 (↓)
Frequency at which a government official visits to monitor how the health facility is performing with regards to SRH service provision								
Zero times during the year	1	0 (↓)	16	5 (↓)	9	8 (↓)	5	2 (↓)
One time during the year	2	4 (↑)	4	0 (↓)	5	8 (↑)	3	4 (↑)
Two times during the year	4	11 (↑)	12	9 (↓)	9	8 (↓)	6	10 (↑)
Three times during the year	8	7 (↓)	0	36 (↑)	0	21 (↑)	5	14 (↑)
Four times during the year (quarterly)	39	54 (↑)	40	27 (↓)	41	25 (↓)	39	45 (↑)
Five or more times during the year	11	7 (↓)	0	0 (—)	0	0 (—)	7	5 (↓)
At irregular intervals	33	10 (↓)	28	9 (↓)	27	13 (↓)	31	10 (↓)
Don't know	2	6 (↑)	0	14 (↑)	9	17 (↑)	3	9 (↑)
The HF has a community committee that provides input into the HF's services and activities	46	56 (↑)	24	9 (↓)	24	21 (↓)	38	42 (↑)
Adolescents are asked for input into or feedback on the design, planning, implementation and evaluation of SRH services at the HF	60	72 (↑)	24	32 (↑)	24	42 (↑)	47	61 (↑)

3.3 Training, Education and Outreach

Training, education and outreach indicators improved or remained more or less the same from 2022 to 2025 (see Table 9). In the public sector, 84% of facilities had provided refresher training in the past two years to their staff on how to provide AFSRH services, compared to 51% in 2022. In the private and faith-based sectors, noticeable increases were also seen. Further, in 2025 79% of public facilities had educational materials on SRH and healthy sexual behaviour targeted at adolescents and parents/guardians available, similar to 2022 findings. Availability of these materials was lower in the private (36%) and faith-based (38% to 50%) sectors. Again, more public facilities (84%) than private (38%) and faith-based (29%) facilities provided outreach or education on SRH for adolescents within the community. Similar trends were seen for the organisation of group discussions for adolescents on SRH, and working with peer-educators to provide outreach services to other adolescents.

Table 9. Training, education and outreach of the health facilities

	Public (%)		Private (%)		Faith-based (%)		Total (%)	
	2022	2025	2022	2025	2022	2025	2022	2025
Staff have received a refresher training on how to provide AFSRH services in the last 24 months	51	84 (↑)	28	50 (↑)	27	67 (↑)	42	84 (↑)
Educational materials on SRH and healthy sexual behaviour, such as posters, pamphlets, videos or booklets, targeted at adolescents are available at this facility	83	79 (↓)	44	36 (↓)	24	38 (↑)	66	65 (↓)
Educational materials with key messages on adolescent SRH targeted at parents/guardians to support adolescents to access services are available at this facility	76	79 (↑)	40	36 (↓)	44	50 (↑)	64	67 (↑)
The facility provides outreach and/or education on SRH for adolescents within the community	90	84 (↓)	32	38 (↑)	32	29 (↓)	70	68 (↓)
The facility organises group discussions or talks for adolescents on SRH	73	70 (↓)	20	32 (↑)	12	33 (↑)	53	58 (↑)
The facility works with adolescent peer educators to provide outreach services to other adolescents	84	88 (↓)	42	50 (↑)	44	42 (↓)	70	74 (↑)

3.4 The State of the Health Facility

The information in Table 10 was collected based on observations made by the data collectors when they visited the health facilities. It shows that health facilities, overall, are scoring high. In all sectors, lowest scores were received for availability of materials targeted at adolescents.

Table 10. Information on the state of the health facility based on observations of data collectors

	Public (%)		Private (%)		Faith-based (%)		Total (%)	
	2022	2025	2022	2025	2022	2025	2022	2025
Signage with services offered is available and visible at the health facility	92	96 (↑)	79	77 (↓)	82	88 (↑)	88	91 (↑)
Signage with operating hours is available and visible at the health facility	91	96 (↑)	83	91 (↑)	92	100 (↑)	90	96 (↑)
Materials targeted at adolescents on SRH are visible or provided at the facility (posters, leaflets, videos, etc.)	78	71 (↓)	42	41 (↓)	27	42 (↑)	63	61 (↓)

	Public (%)		Private (%)		Faith-based (%)		Total (%)	
	2022	2025	2022	2025	2022	2025	2022	2025
The health facility is clean	96	100 (↑)	100	100 (—)	100	96 (↓)	97	99 (↑)
The health facility has private rooms where consultations are held	94	91 (↓)	79	86 (↑)	80	88 (↑)	89	90 (↑)
The health facility has electricity	96	98 (↑)	100	100 (—)	96	100 (↑)	97	99 (↑)
The health facility has soap	84	96 (↑)	96	95 (↓)	100	100 (—)	89	96 (↑)
The health facility has running water	99	97 (↓)	100	95 (↓)	100	100 (—)	99	97 (↓)
The health facility has clean toilet facilities	82	97 (↑)	100	100 (—)	91	100 (↑)	87	98 (↑)

3.5 Recommendations by Healthcare Workers

Healthcare workers were asked what they believe needs to happen to improve access to AFSRH services for adolescents. They recommended:

Education and Community Awareness

- **Targeted Youth Education:** Intensify efforts to reach youth who are not currently seeking information, focusing on disease prevention and the dangers of unsafe abortions.
- **Educational Materials:** Address the severe shortage of posters, flyers, and instructional images that encourage and normalise reproductive health conversations for young people.
- **Overcoming Parental Barriers:** Provide targeted counselling for parents to stop them from being an obstacle to adolescents' access to SRH education.
- **Addressing Religious Constraints:** Recognise that some faith-based facilities currently restrict family planning services (such as pills or implants); recommendations suggest providing general education/referrals even in these settings to ensure no one is left without options.

Health Facility Infrastructure and Equipment

- **Expanding Physical Space:** Address the critical shortage of buildings. Many clinics operate out of a single room for all Reproductive and Child Health (RCH) services, which compromises privacy and efficiency.
- **Dedicated Youth Spaces:** Establish specific youth corners in every facility to record data accurately and provide tailored care.
- **Modernising Medical Equipment:** Procure modern medical tools, including pressure cookers for sterilisation, delivery bags, and updated diagnostic equipment.
- **Supply Chain Consistency:** Ensure a reliable supply of all family planning methods (injectables, pills, etc.) to prevent turning away clients due to stockouts.

Healthcare Worker Support and Training

- **Comprehensive Staff Training:** Provide reproductive health training to all facility staff, not just specialists, so that every point of contact is informative and youth-friendly.
- **Outreach Incentives:** Provide motivation and logistical support (transport/allowances) for providers to conduct outreach services in the community and schools.
- **Clinical Guidance:** Provide updated manuals for managing side effects, such as hormonal imbalances or excessive bleeding related to certain contraceptives.

Policy and Accessibility

- **Free STI Treatment:** Integrate policies that allow for the free treatment of STIs for youth to encourage health-seeking behaviour.
- **Clarifying Religious Conflict:** There is a call for a clearer dialogue between government health goals and private/faith-based facility policies to ensure that staff who are willing to provide services are empowered to do so.
- **Yearly Updates:** Implement a mandatory annual training cycle for HCWs to stay up-to-date with new SRH technologies and guidelines.

4. RECOMMENDATIONS AND CONCLUSIONS

1. Strengthen Training of Healthcare Workers on Adolescent-Friendly Services	Regular training should be provided to HCWs across public, private, and faith-based facilities to strengthen their capacity to deliver non-judgmental, confidential, and rights-based SRH services to adolescents. Refresher trainings should emphasise respectful communication, counselling skills, and the importance of providing accurate information on contraception and sexual health to adolescents.
2. Improve Availability of SRH Commodities and Essential Services	Government and health partners should strengthen supply chain management to ensure a consistent availability of contraceptive methods, STI treatment medicines, and diagnostic services across all health facilities. This will reduce service interruptions and ensure adolescents are not turned away due to stockouts.
3. Address Financial Barriers to SRH Services	Policies should be strengthened to ensure free or affordable access to essential SRH services, particularly STI treatment and reproductive health consultations, which were identified as services for which adolescents often have to pay. Removing cost barriers can significantly improve adolescents' health-seeking behaviour.
4. Strengthen Community and Parental Engagement	Community awareness initiatives should be expanded to improve understanding of adolescent SRH needs. Programs should actively engage parents, community leaders, and faith leaders to reduce stigma and support adolescents in accessing SRH information and services.
5. Enhance Outreach and Peer Education Programs	Health facilities should increase outreach services in schools and communities, including peer education programs, youth dialogue sessions, and awareness campaigns. These initiatives can improve knowledge about SRH and encourage adolescents to seek services early.

6. Strengthen Collaboration with Faith-based Health Facilities	Given the limitations in the provision of some SRH services in faith-based facilities, partnerships should be strengthened to ensure adolescents can receive accurate information, counselling, and referrals to facilities where comprehensive services are available.
7. Institutionalise Continuous Policy Updates and Monitoring	Government authorities should ensure that all health facilities have access to updated SRH guidelines and that regular supervision and monitoring visits are conducted to assess compliance with national adolescent-friendly health service standards.
8. Facilitate Community and Adolescent oversight Committees	Government authorities should ensure that all health facilities have access to updated SRH guidelines and that regular supervision and monitoring visits are conducted to assess compliance with national adolescent-friendly health service standards.

