

Youth-Friendly Health Services in Ethiopia: What Has Been Achieved in 15 Years and What Remains to be Done

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Abstract

Since 2005, Pathfinder International has partnered with the Ethiopian Ministry of Health to implement integrated youth-friendly services (YFS), an evidence-based approach that reduces barriers to sexual and reproductive health (SRH) services for young people. Program experience shares the 15-years journey, including milestones, achievements, scale-up efforts, learnings, and remaining YFS-provision gaps that must be filled to improve adolescent health in Ethiopia.

The first phase of YFS initiation was an interactive process that involved consensus-building among public-sector stakeholders, the establishment of selection criteria for participating sites, readiness-assessment of facilities selected to initiate YFS, and collaborative development of action plans with the facilities. In the second phase, Pathfinder International and partners designed and implemented YFS using the World Health Organization (WHO) ExpandNet systematic scale-up framework to achieve institutionalized and sustainable impact at scale. As a result, from 2005 to 2020, more than 39,000 peer educators and 12,000 YFS providers received training on YFS, sexually transmitted infections (STIs), and contraception including long-acting reversible contraceptives (LARCs). More than 25-million-person contacts with young people were done on quality health information, and more than 8 million have received YFS, such as modern contraceptives, including LARCs, STI and HIV testing and treatment, and post-abortion care.

The lessons from Pathfinder International's more than a decade of YFS implementation in Ethiopia, showed YFS that responding to the needs of young people beyond providing accessible, unbiased, and confidential (with privacy) services are critical to improving health service uptake among young people. This required continuous effort to create an enabling environment, use evidence for decision making, engagement of the public sector and young people from inception to scaling-up YFS. Improvement in SRH service uptake was possible by tailoring implementation to local context and institutionalizing YFS within existing public health systems. Furthermore, rigorous age-disaggregated data and evidence were needed to inform adolescent health and development programs in Ethiopia. [*Ethiop. J. Health Dev.* 2021: 35(SI-5):70-77]

Keywords: Health service, Youth friendly service, scale-up, Ethiopia

Introduction

Over the past decade, the largest group of adolescents and youth ages 10-24 in Ethiopian history have entered adulthood (1,2). Adolescence and youth are marked by physical, emotional, physiological, and biological changes. During this phase of life, values are established, and lifelong behavioral patterns are formed. The decisions made for young people by others substantially influence their well-being and future (3-6).

Over the past 15 years, Ethiopia has given increased attention to the health of adolescents and youth for many reasons. Primarily, young people in Ethiopia constitute one-third of the total population but are largely neglected by government services (7). Secondly, as this cohort joins the workforce, a healthy foundation focused on sexual and reproductive health (SRH), can have profound implications for social, political, and economic development, and can ensure that the country reaps the demographic dividend that will fuel development. Thirdly, healthy adolescents and youth are key assets and resources, with great potential to contribute to their families, communities, and the nation as actors in social change, and not simply passive beneficiaries of social programs (8,9). Furthermore, early sexual debut and early marriage, especially in rural areas with very limited use of contraceptives, are associated with an unwanted pregnancy, sexually transmitted infections (STI), and maternal and neonatal health problems.

Stigma, service costs, provider bias, and lack of youth-friendly services (YFS) pose formidable barriers to young people's ability to access SRH services in Ethiopia (10,11). The public facilities that did serve young people failed to guarantee privacy and confidentiality, ultimately leading to a distrust of the system, and resulting in poor SRH service use among adolescents and youth (4-6). The introduction of YFS was critical to improving the availability, acceptability, accessibility, appropriateness, effectiveness, affordability, and equity of health services for adolescents and youth. Additionally, YFS that go beyond providing accessible, unbiased, and confidential (with privacy) service, to respond to the needs of young people are proven to reduce barriers to service uptake (12). Such youth-responsive services lay the foundation for Ethiopia's health system to meet the SRH needs and rights of the country's underserved, but invaluable, young population (3-5).

Since 2005, Pathfinder International has worked with the Ministry of Health (MoH) with financial support from development partners including United States Agency for International Development (USAID), David and Lucile Packard Foundation, and Korea International Cooperation Agency (KOICA) to initiate and expand access to YFS in the Ethiopian public health system (4). The process laid the foundation for the institutionalization and expansion of YFS in the country (13,14). The main aim of the YFS was to

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create access to youth-friendly health information and services for adolescents and youth 10 to 24 years who come to the health facility, where they can go directly to the dedicated YFS room with a YFS provider who maintains audio and visual privacy and confidentiality. Therefore, YFS provides a package of comprehensive, age-appropriate services tailored to subnational (regional) contexts with a one-stop shopping approach. It also provides linkages and referrals to appropriate facilities and units—for example, for maternal health care or opportunistic infection/anti-retroviral treatment. Special clinical services are included in YFS such as STI diagnosis and treatment using a syndromic approach, post-abortion care, contraceptives including LARCs, pregnancy testing, antenatal care, childbirth (where feasible), and postnatal care. Accessing available YFS and information and mitigating the burden of SRH problems would enable adolescents and youth to directly contribute to the country's harnessing of the demographic dividend and ultimately economic growth. This paper describes the process and lessons learned from a phased introduction, implementation, and scale-up of YFS in Ethiopia.

Phased Implementation of Youth-Friendly Services

In a phased and interactive process of introduction, implementation, evaluation, and scale-up of YFS, Pathfinder International pioneered an integrated YFS provision that addresses the complex nature of adolescent and youth sexual reproductive health (AYSRH) by targeting barriers at multiple levels in Ethiopia. This involved consensus building among public sectors, the establishment of selection criteria for participating sites, and the readiness assessment of facilities selected to implement YFS. Once YFS was initiated, Pathfinder International used the stepwise World Health Organization (WHO) ExpandNet systematic scale-up framework which begins with the end in mind as a guide for YFS institutionalization and scale-up. Then, the program equipped and furnished selected YFS facilities trained YFS service providers and ensured the availability of basic consumables and supplies at YFS learning facilities. This YFS learning in 20 public-health facilities in four regions of the country informed the development of the first National Adolescent and Youth Reproductive Health Strategy in 2007 and the follow-on Adolescent and Youth Health Strategy from 2016-2020 [4,5]. These strategies in turn guided the development of the national YFS training manual and service standards, which were instrumental for training service providers and youth volunteers in YFS integration in selected public facilities and later in university clinics.

Phase 1: Introduction and Learning (2005-2007)

Motivated by the 2000 National Youth Conference, Ethiopia's Ministry of Youth and Sports worked with Pathfinder International and other stakeholders to develop the first National Youth Policy in 2004. These activities inspired MoH, and Pathfinder International to initiate YFS in 2005. Pathfinder international started the YFS initiative through a rapid landscape analysis and an assessment of 132 randomly sampled facilities in four regions to check the availability of youth-friendly health services.

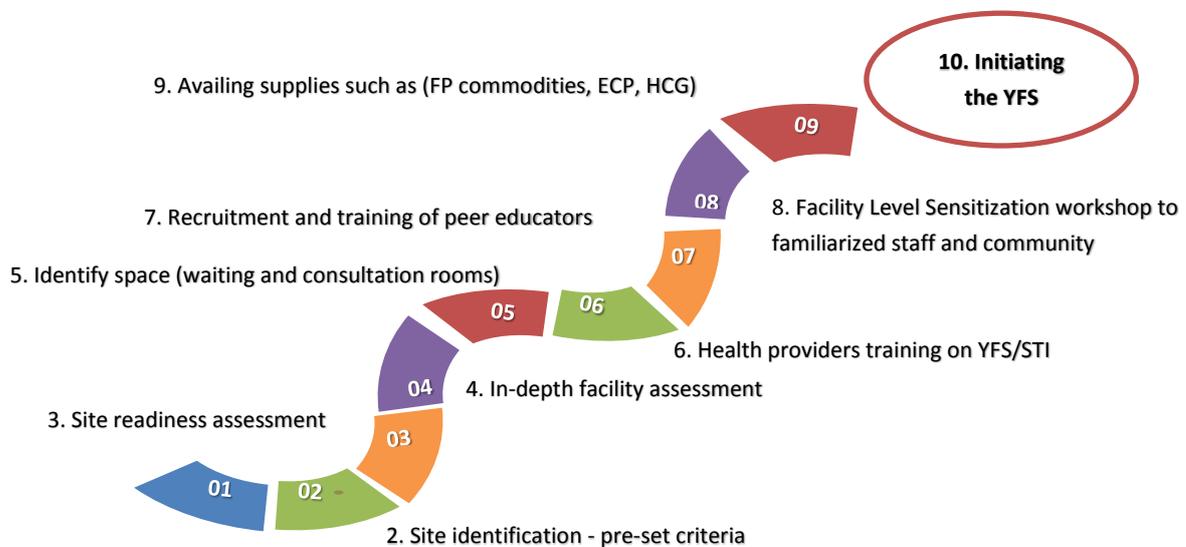
In 2006, the USAID-funded Family Planning /Reproductive Health (FP/RH) Project organized and funded a delegation of representatives from Ethiopian government ministries, reproductive health-focused civil society partners, and youth associations to visit the Geração Biz program, a successful Pathfinder-supported multisectoral AYSRH program in Mozambique. Having witnessed the possibilities of YFS at scale, the stakeholders upon return, began preparations to start YFS to Ethiopia. Pathfinder International organized a series of consensus-building meetings with managers from Regional Health Bureaus, Zonal Health Departments, and District Health Offices to explain the program and ensure their buy-in, ownership, and sustainability. These participants were later involved in the selection of learning facilities where YFS was introduced. Selection criteria for YFS facilities included urban and peri-urban locations, and high adolescent and youth concentration among the catchment population. University student clinics were among the facilities assessed (4,5). Learning from the Mozambique visit and other consensus building meetings, the Ministry of Health (MoH) developed the first AYSRH strategy in 2007.

After rapid landscape analysis, 20 facilities for YFS introduction were identified, and a detailed facility assessment was conducted using Pathfinder International's global assessment tool for YFS (15). The assessment gauged the availability of various resources needed to implement YFS in collaboration with young representatives from the nearby youth clubs and sector offices. Pathfinder International worked with the MoH to initiate the learning phase in these 20 facilities. All selected facilities were from the public sector with government-employed service providers. An action plan was drafted that delineated responsibilities among implementing partners, including Regional Health Bureaus, Zonal Health Departments, District Health Offices, Pathfinder International, and the identified health facilities. At the facility level, health-care providers were trained on YFS provision including STI care and treatment and HIV testing and treatment (4-6). The facilities then assigned a dedicated space for the YFS and Pathfinder International provided the furniture, equipment, and basic supplies such as Emergency Contraceptive Pills (ECP) and Human Chorionic Gonadotropin (HCG) pregnancy test kit to start the service. Increased demand for YFS and improved access to SRH information through Peer educators helped to advance AYSRH outcomes by engaging and involving the public sector and young people themselves.

To ensure the YFS are responsive to their needs, adolescent and youth volunteers residing in the catchment areas of selected facilities and nearby schools were engaged as peer educators. These volunteers were identified from the nearby schools and out-of-school clubs in collaboration with respective district health offices, YFS facilities, schools, and *Kebeles* (lowest level of government administrative unit within a district). Volunteer peer educators ranging in age from 10 to 24 years were trained to reach their

respective age group. They were given a five-day basic training on peer education and counseling that addressed voluntarism, life skills, health, SRH problems, and taught how to link and refer adolescents and youth to the YFS facility (16-19). For each YFS facility, 25 young volunteers were assigned to serve their peers in their communities. Moreover, they were involved in discussions during YFS program design, planning, implementation, and evaluation when the YFS implementation went to scale. With these

opportunities, barriers, facilitators, and possible solutions for adolescents and youth health issues were identified and implemented. To create awareness of the newly initiated YFS facilities, a one-day sensitization workshop was conducted with diverse stakeholders including top-level management representatives of public sector offices in a district, facility staff, facility guards, adolescents, and youth, and members of the community. The process for the introduction of YFS is presented in **Figure 1**.



1. Consensus building with public sector

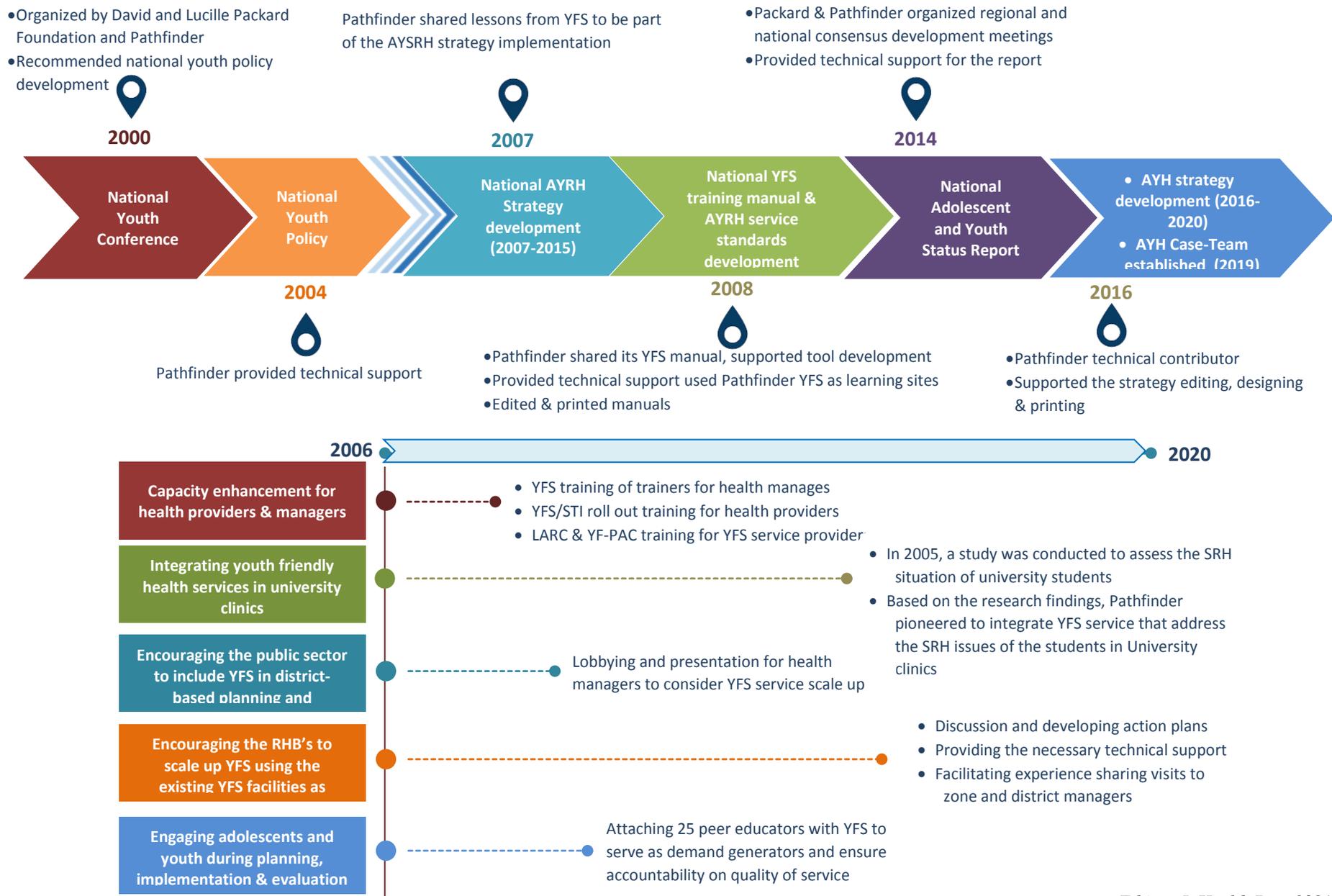
Figure 1: **Steps taken in establishing/piloting youth friendly service**

Phase 2: Implementation and Scale-up (2008-2020)

The second phase of implementation involved geographical expansion, functional diversification, and the beginning of institutionalization within public facilities. Activities were expanded to include new services and approaches as well as management changes. The implementation design was informed by the stepwise WHO/ExpandNet systematic scale-up framework beginning with the end in mind to achieve institutionalized and sustainable impact at scale through

a combination of horizontal expansion— replication of services for reaching wider groups of adolescent and youth populations—and vertical expansion— institutionalization through political, legal, financial, or other health-systems amendments (4,5,13,14). Pathfinder International partnered with the MoH throughout horizontal and vertical scale-up of YFS services. The different scale-up milestones for the past fifteen years have been presented in **Figure 2**.

Figure 2: Vertical and Horizontal Institutionalizing of youth friendly services in national policies, strategies, and the health system



Learning from the initial introduction of YFS, Pathfinder International worked with the MoH to expand YFS in 168 facilities by integrating YFS within the USAID-funded Integrated Family Health Program (IFHP) in six regions of the country (Amhara, Oromia, SNNP, Tigray, Somali and Benshangul Gumz). The scale-up continued with the Korea International Cooperation Agency (KOICA)-funded Young People's Empowerment in Reproductive Health through Awareness and Service Expansion in Ethiopia (YERASEE) project to reach additional 80 YFS facilities. Since 2017, Pathfinder International, through its ongoing USAID-funded Transform: Primary Health Care Activity continues to scale up YFS in four regions of the country (Amhara, Oromia, Tigray, and SNNP¹®) adding 168 health facilities, and reaching a total of 416 health facilities by 2020 (**Figure 3**).

As a result, from 2005 to 2020, more than 39,000 peer educators and 12,000 YFS providers received training on YFS including sexually transmitted infections (STIs) and long-acting reversible contraceptives (LARCs). More than 25-million-person contacts to young people were done on quality health information, and more than 8 million have received adolescent and youth-friendly SRH services, such as modern contraceptives, including LARCs, STI, HIV, and pregnancy testing and care, and post-abortion care (**Figure 4**). The YFS facilities supported by Pathfinder International have been used as model sites by the public sector to further scale up and create access to quality, comprehensive YFS even in geographic areas that are not supported and reached by Pathfinder International programs.

¹ ® At the time of preparing this journey, *Sidama and South-west region was part of SNNP and in this study, the term "SNNP" is used to refer three regions (Sidama, SNNP, South-west)*".

Figure 3: Youth friendly service scale up in Pathfinder implementation regions 2006 - 2020

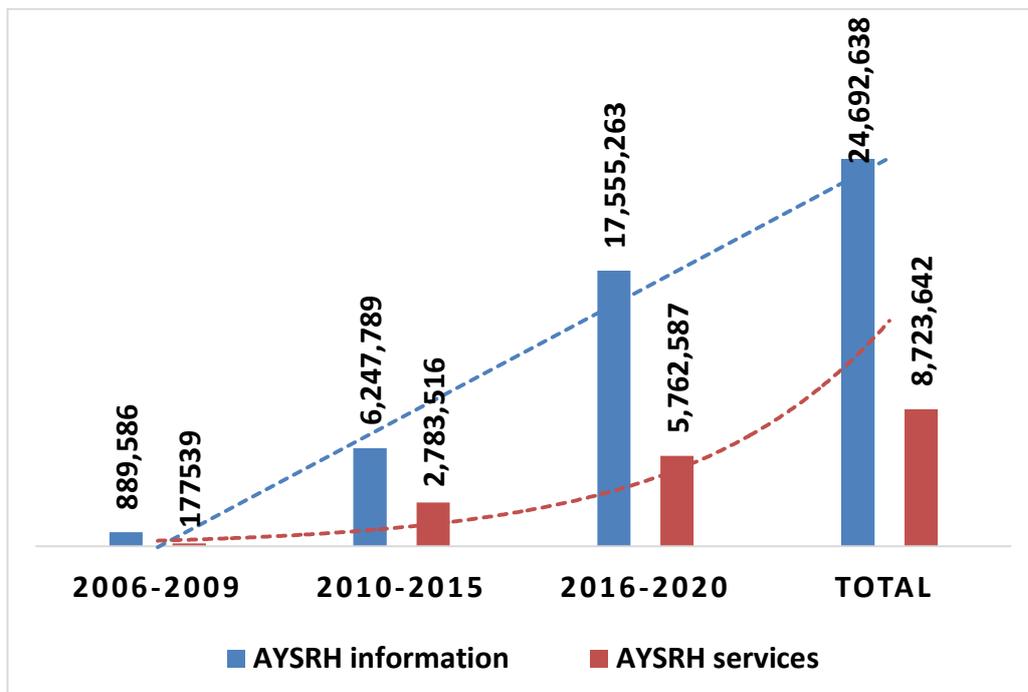
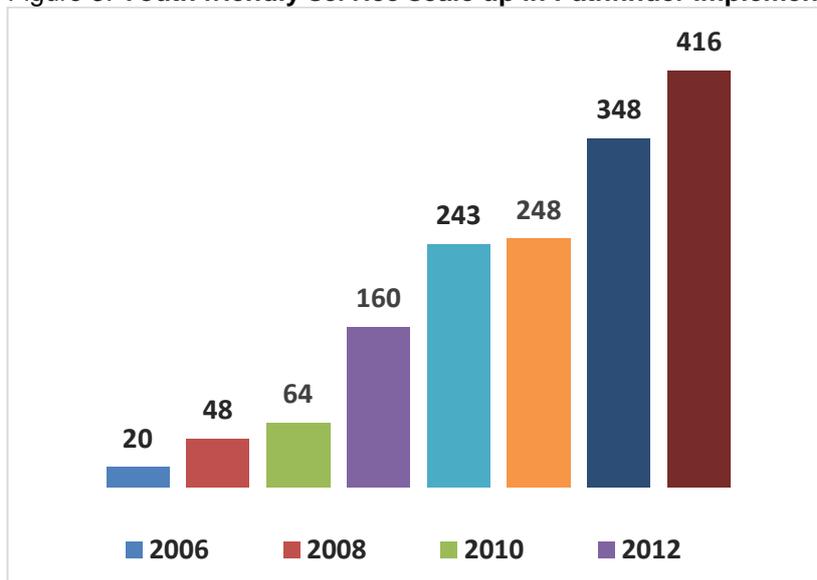


Figure 4: Adolescent and youth contact for health information and services 2006 – 2020, in Amhara, Oromia, Tigray and Southern Nations, Nationalities and Peoples regions

Throughout the YFS learning and scale-up phases, Pathfinder International collaborated with the public sector through regular review meetings with YFS providers and semi-annual meetings with facility and district health office heads at the regional level. These meetings were conducted to review the status of YFS, share best practices and experiences among YFS facilities in each region. The review meetings included presentations on performance supported with data, and challenges faced by the YFS facilities and share need-based professional updates to YFS providers on selected topics that can improve their day-to-day work.

Lessons Learned

Implementation and scale-up of YFS have yielded many lessons over the past 15 years. The success of YFS in Ethiopia is rooted in a combination of different

approaches where the presence of an enabling environment through financial support, national strategies, and standards development; enhanced capacity of the health workforce to provide compassionate and respectful care; expanded service choices, and improved access with supplies and commodities, as well as adolescents and youth engagement to ensure services are responsive and tailored to young people’s needs and local community context. In close collaboration with MoH, Pathfinder International has regularly documented and widely shared the YFS experience in Ethiopia (Figure 2). Some of the lessons highlighted the importance of:

Existence of an enabling environment through technical support, partnership, and collaboration:

Pathfinder International collaborated with the MoH and different partners for the development of the first National AYSRH strategy that was launched in 2007 and later revised in 2016. Pathfinder International and its partners had success advocating for the inclusion of AYSRH in the planning and budgeting process in respective District Health Offices, which resulted in the public sector's ownership of YFS with dedicated resources to scale up YFS to additional health facilities since 2010. With the leadership of the Ministry of Health, partners including Pathfinder International contributed to the development of the national AYH service standards, service packages, and national YFS training manuals, establishing a national Adolescent and Youth Health (AYH) case team dedicated to adolescent and youth health and development matters. Based on this experience, Pathfinder's Youth Friendly Service has become a model for multiple African (Angola, Niger, Tanzania) and Asian (Bangladesh, Pakistan) countries that have sent MoH delegates and non-governmental organization (NGO) staff to visit and learn from the YFS program in 2013-2015 before initiating YFS in their respective countries.

Engaging the public sector: Ensuring meaningful public sector engagement enhances dedication to and ownership of YFS. Such engagements should be throughout the process of designing, planning, implementation, and review of progress. Initial steps of consensus building and sensitization workshops along the continuum of the health system with all relevant stakeholders, from heads of regional health bureaus to health facility guards, significantly contributed to the success of YFS's introduction. Most importantly continuous capacity building and experience sharing sessions shaped the implementation of YFS tailored to local context and resources, which enhanced the continuation of services after projects that support YFS ended.

Engaging adolescents and youth: As primary beneficiaries of YFS, adolescents and youth were engaged from the onset and continued their engagement through all phases of the program. They were instrumental in defining local barriers, identifying the needs of young people in their community, providing feasible alternative solutions and programmatic needs as well as influencing their peers to use YFS.

Maintaining implementation momentum: Continuous orientations, training, and review meetings were important to maintain implementation success. Orientations to new YFS service providers and peer educators; YFS review meeting for tracking progress, challenges, solutions, and innovations; opportunities to discuss new topics, share experiences and skills to strengthen the work culture were important practices. Regular health facility service providers' meetings also offered the opportunity to build the depth of knowledge and skills of all health facility staff and spread the updated knowledge and skill to others, and this was key to improving the quality of services provided to young people. It also provides YFS providers the opportunities to discuss any ideas or concerns they have during the YFS implementation.

Using data for action: As part of the health-system-level YFS institutionalization process, monitoring and evaluation tools were shared with the public sector. Documentation and sharing of data, achievements, and challenges with stakeholders were an integral part of the program. Before 2010, the national health management information system (HMIS) did not capture age-disaggregated data, and information collected by the YFS facilities and other youth programs was lumped under the broad age category of 15 to 49 years. Pathfinder International equipped YFS facilities with tools to collect age disaggregated YFS data, in addition to the HMIS. This was brought to the attention of the National Adolescent and Youth Health Technical Working Group (AYH TWG), of which Pathfinder International is an active member. The AYH TWG negotiated with the MoH Planning and Policy Department for more than six years, which eventually resulted in the national adoption of age-disaggregated indicators in the HMIS. This has enabled the public sector to collect key SRH data, including family planning use among adolescents and youth.

Conclusion

Due to the unique biological and developmental changes of young people, comprehensive SRH services must be made available to them. Pathfinder International's experience implementing YFS in Ethiopia for a decade and a half showed that quality and comprehensive YFS is responsive to the needs of young people when accessible, unbiased, and confidential.

Implementing successful YFS requires continuous effort from inception to scale-up in terms of engaging adolescents and youth, engaging the public sector, using evidence for decision-making, monitoring the policy environment, and supporting the government to create an enabling environment.

This paper highlighted the processes for improving SRH service uptake among young people by tailoring implementation to the local context and institutionalizing YFS within the existing public health systems, as evidenced in other studies (20,21). Continuous documentation of the implementation and scale-up process and outcomes and generating evidence on an ongoing basis is important to ensure scaling can be done without compromising comprehensiveness, quality, and equity.

Finally, government investment and ownership of AYSRH programs and services are strategic means to improve the future development of the country. Advocating for adolescent and youth health as a national priority remains important, as we continue to progressively build and scale up what has worked to create access to AYSRH programming and monitor and ensure quality YFS. At the same time, we must focus on generating evidence and honing strategies to guide regional level AYSRH service provision. While there is a growing amount of publicly available AYSRH data, it is not always used to inform the national, regional, and project-level work. Pathfinder International, in collaboration with the MoH, works to

ensure that real-time, age and sex-disaggregated data from administrative data systems (e.g., HMIS) are synthesized in formats that are accessible and useful for decision-makers to ensure that decision-makers know how to use the data to shape or rethink their programs.

There is a growing evidence on the effectiveness of YFS services and interventions that can inform policies and AYSRH programs. Pathfinder International continues to work with the MoH to improve the availability and dissemination of evidence and to address evidence gaps, such as effective and culturally acceptable approaches to reach and meet the needs of vulnerable or marginalized adolescents.

Ethical Considerations

This paper documents the performance and experiences of Pathfinder International through 2005-2020 during the implementation of YFS projects. Therefore, this report did not require ethical clearance by the human-research ethics review board.

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