

Adolescent Health Service in South Africa NAFCI - The National Adolescent Friendly Clinic Initiative

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Description of Issue and goal of Program

Extensive research has indicated that South African public health facilities are failing to provide adolescent-friendly health services. This happens in the face of a big crisis where by with the current rate of HIV infection, more than 50% of South Africans under 15 today could die of AIDS related causes in the next 5-10 years.

Goal of NAFCI

The National Adolescent Friendly Clinic Initiative (NAFCI) is an accreditation program designed to improve the quality of adolescent health services at the primary-care level and strengthen the public sectors ability to respond to adolescent health needs. NAFCI is implementing an innovative approach to improving adolescent health services by making health services more accessible and acceptable to young people, establishing national standards and criteria for adolescent health care in clinics throughout the country, and building the capacity of health care workers to provide quality services (*Reproductive Health Matters* 9(17) (May 2001).

Key objectives of NAFCI

- To make health care services more accessible and acceptable to adolescents
- To establish national standards and criteria for adolescent health care in clinics throughout the county
- To build the capacity of health care providers to improve service performance for the delivery of adolescent-friendly services

Organisations and Partners Involved

NAFCI is an integral component of the largest, most innovative public health program ever launched in South Africa, [loveLife](http://www.lovelife.org.za) (www.lovelife.org.za). LoveLife is a multidimensional initiative focused on improving the sexual and reproductive health of South African adolescents. Its main goal is to bring about positive behavior change to reduce pregnancy, STIs, and HIV/AIDS.

Research conducted before the Program started

- Research shows that 45% of the total population are young which makes adolescents in South Africa a public health priority.
- Over 60% of new infections (900/day) occur among those aged 15-25 and the rate of HIV infection is fastest among those aged 15-20.
- The issue of teenage pregnancy is also a cause for concern as more than 1/3 of babies in South Africa are born to mothers less than 18 years. By 19 years , 35% have been pregnant and given birth.
- Adolescent sexual behaviour was another issue with Sexually Transmitted infections(STIs) being endemic among young people.

Implementation of NAFCI and Planning of Program (Description of Program)

NAFCI is implemented through provincially based co-ordinators who work closely with all categories of clinic based staff and department of health managers to ensure compliance with NAFCI standards.

NAFCI has developed a recognition system where clinics are assessed according to NAFCI standards and criteria. Clinics are awarded bronze, silver, or gold (good, better, and best, respectively) depending on how well they meet the standards. Five external assessments had been conducted: in Western Cape, Masiphumelele (Silver) and Parkwood Clinics (Gold); in Limpopo Province, Nkowankowa (Silver) and Dan Clinics (Gold); and in Gauteng Province, Empilisweni Clinic (Silver).

There is no direct chargeable cost to the clinics as the program is funded by the Henry J. Kaiser Family Foundation and the National Department of Health. Further funds have also been secured from the Global Fund for Malaria, Tuberculosis, and HIV/AIDS.

NAFCI has identified several principles to guide the development of all adolescent programs:

- Adolescents are entitled to a full range of reproductive health services.
- Each adolescent must be seen as an individual with particular needs for information and services, determined by factors such as age, sex, culture, life experiences, and social circumstances.
- Gender inequities and differences characterize the social, cultural, and economic lives of adolescents and influence their development.

NAFCI is currently being piloted in ten government clinics in South Africa and is being implemented in four phases. The concept phase included identifying problems and needs, developing program guidelines, and promoting the initiative. The planning phase established program targets, activities, and timelines; identified pilot sites; and developed and tested assessment tools. The accreditation phase includes clinic self-appraisals and improvement, to be followed by external assessments, which will be done when the clinics are ready for external scrutiny, and award of achievement stars. In the final phase, NAFCI will monitor standards in accredited clinics, evaluate the program, and feed the lessons learned into planning for national roll-out (*Reproductive Health Matters* 9(17) (May 2001).

Lessons Learned

1. Developing a system that is sustainable and can be maintained by the district and provincial health systems with minimum resources is challenging.

2. It can be difficult to keep health care providers motivated and interested in implementing NAFCI in light of the many other primary health care programs and initiatives that are being introduced.
3. Even though NAFCI focuses on adolescents, it will contribute to improved quality of care at all levels, thus supporting other initiatives.

How was the Programme carried out?

- **Steps were taken to develop standards**
 - Pilot Project
 - Revision
 - Field testing
 - Review of existing standards and literature
 - National consultations with experts, providers & youth
 - International expert consultation
- **10 NAFCI Standards include;** The ten NAFCI standards for accreditation of clinics are as follows:
 1. Management systems are in place to support effective provision of the essential service package for adolescent-friendly services.
 2. The clinic has policies and processes that support the sexual and reproductive rights of adolescents.
 3. Clinic services appropriate to the needs of adolescents are available and accessible.
 4. The clinic has a physical environment conducive to the provision of adolescent health services.
 5. The clinic has drugs, supplies, and equipment to provide the essential service package.
 6. Systems are in place to train staff to provide adolescent-friendly services.
 7. Information, education, and communication consistent with the essential service package is provided.
 8. Adolescents receive an accurate physical assessment.
 9. Adolescents receive individualised care based on standard service delivery guidelines.
 10. The clinic provides continuity of supplies and services for adolescents.
- **Supportive Processes.** Identifying competencies needed
 - clinic staff
 - coordinators
 - Capacity building
 - values clarification
 - self-assessment
 - quality improvement
- **NAFCI Accreditation Process**
 - Improvement Process
 - Clinic Self-Appraisal
 - External Assessment
 - Accreditation
- **Graded Accreditation for clinics**
 - 30-60% (Bronze Star)
 - 61-90% (Silver Star)
 - >90% (Gold Star)

Preliminary Findings from the evaluation process

- 5 clinics accredited
- 36 clinics implementing standards
- change in staff responsiveness to youth
- increased participation of youth at clinics
- increased participation of community in clinic activities

An assessment of clinic utilisation by 10-19 year olds in 32 NAFCI clinics in 2002 to 2004 showed that there was a statistically significant increase in average monthly clinic utilisation (340 in 2002 to 420 in 2004). The longer NAFCI is implemented in clinics, the more client visits are recorded at the clinics. Clinics where NAFCI was implemented for more than 30 months on average have 598 youth clients per month).

From the preliminary findings, the way forward with the program will include

- Conduct research on: clinical practice, attitude, client satisfaction, utilization
- Expansion and sustainability

Links, resources and references

1. Dickson-Tetteh KE, Rees H, Duncan J. The National Adolescent-Friendly Clinic Initiative: programme guidelines. Johannesburg: Reproductive Health Research Unit, 1999
2. Youth Friendly Services: A Focused Accreditation model. Joanne Ashton, RN, MN and Diana Sirimperi. Quality assurance project. NAFCI
3. Lovelife Initiative. www.lovelife.org.za
4. "Going for Gold": South Africa's approach to Quality Adolescent Health services. A NAFCI documentation.

Other Materials / Supporting Documents. These supporting documents can be acquired from the lovelife website. www.lovelife.org.za.

- Adolescent rights & responsibilities
- Essential service package
- Clinic reference manual
- Clinic NAFCI manual
- Coordinator's guide
- Surveyor's manual