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MINISTRY OF HEALTH - ETHIOPIA

TECHNICAL AND PROCEDURAL GUIDELINES FOR HEALTH CARE WORKERS ON ADOLESCENT GIRLS' SEXUAL AND REPRODUCTIVE HEALTH CARE SERVICES



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FOREWORD

An estimated 60% of Ethiopian women were under 30, with adolescent girls aged 15–19 accounting for 26% of this group. Ethiopia has made significant strides in the provision of adolescent health care services. However, adolescent girls' sexual and reproductive health services are unsatisfactory in terms of continuity of care and the competency of healthcare providers. Adolescent pregnancy increased from 12% in 2012 to 13% in 2016, with 25% of those with unmet contraceptive needs. Even though the intrauterine devices are the most effective long-acting family planning method, their use has remained unchanged at 2% since 2000. Adolescent girls who were sexually active were the least likely to use IUDs and implants.

High-impact continuum of care interventions includes health education and counseling, contraception counseling and services, comprehensive abortion care, and the prevention and treatment of STIs and HIV. Maternal and neonatal care, nutritional counseling for adolescents, and gender-based violence treatment and counseling will significantly reduce adolescent pregnancy and its consequences by improving primary health care services in general, while also improving universal health care for adolescent girls' health outcomes.

Despite an increase in the number of health care providers, adolescent girls' lifecycle efforts have not been realized. Recognizing this, developed technical and procedural guidelines for health care providers on sexual and reproductive health services for adolescent girls. The complete set of these guidelines will greatly assist healthcare providers in improving the quality and equity of health care services for adolescent girls. As a result, I want to emphasize that the Ministry of Health will make every effort to ensure that these guidelines are implemented in all health facilities across the country in order to improve adolescent girls' health care services, and I sincerely request that all concerned bodies work collaboratively to ensure that these guidelines are implemented.

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State Minister, Ministry of Health

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The technical and procedural guidelines for the health care workers on adolescent girls were developed using related guidelines and research evidence from various recognized sources. The guidelines have undergone numerous review meetings and consultative workshops. A group of health professionals comprised of the Ministry of Health Maternal, Child Health and Nutrition directorate, Women and Youth directorate, and non-communicable case team; the Ethiopian Midwives Association; adolescent sexual and reproductive health experts; obstetricians and gynaecologists; paediatricians; and researchers were involved in the review of this guideline. The Minister of Health is grateful to all those who have contributed to the development of this technical and procedural guide, despite their highly demanding schedules.

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The guidelines will serve as a guide for healthcare providers to implement an integrated approach to adolescent girls' sexual and reproductive health care services.

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LIST OF ABBREVIATIONS

AA-HA	Accelerated action for the health of adolescents
AGSRH	Adolescent girls sexual and reproductive health
AIDS	Acquired Immune-deficiency Syndrome
AMDD	Averting maternal death and disability
AMIYCN	Adolescent, maternal, infant, and young child nutrition
ANC	Antenatal Care
ASRH	Adolescent sexual and reproductive health
BMR	Body mass index
BEmONC	Basic emergency obstetric and newborn care
CAC	Comprehensive abortion care
CEmONC	Comprehensive emergency obstetric and newborn care
CHTC	Consideration in HIV testing and counselling
CPR	Contraceptive prevalence rate
CSA	Central Statistical Agency
DHS	Demographic and health surveys
EDHS	Ethiopian demographic and health survey
EFDA	Ethiopian Food drug administration
EmONC	Emergency obstetric and newborn care
EPHI	Ethiopian Public Health Institute
FP	Family planning
FMoH	Federal Ministry of Health
GBV	Gender based violence
HIV	Human Immunodeficiency Virus
HEEADSSS	Home & Environment; Education& Employment; Eating & Exercise;

	Activities; Drugs/Substances; Sexuality; Suicide/Depression; Safety
ICM	International Confederation Midwives' Association
ICF	ICF International Calverton
MoH	Ministry of Health
NNP	National nutrition programme
PEP	Post-exposure prophylaxis
PHC	Primary health care
PMTCT	Prevention of mother-to-child transmission
PNC	Post-natal care
RH	Reproductive health
RHB	Regional Health Bureau
SRH	Sexual and reproductive health
SRHR	Sexual reproductive health and right
STIs	Sexually transmitted infections
UHC	Universal health coverage
VCT	Voluntary counselling and testing
WHO	World Health Organization

TECHNICAL AND PROCEDURAL GUIDELINES FOR HEALTH CARE WORKERS ON ADOLESCENT GIRLS' SEXUAL AND REPRODUCTIVE HEALTH CARE SERVICES

1 INTRODUCTION

1.1 BACKGROUND INFORMATION

Sexual and Reproductive Health/SRH is a dynamic continuum of care with changing needs throughout the lifespan. Available sexual health interventions are difficult to obtain, and adolescent girls' sexual and reproductive health needs are not always recognized (WHO 2017a: 6). In Ethiopia, according to the National Adolescent and Youth Strategy (2016-2020): risky sexual practices, child marriage, early childbearing, unintended pregnancy, unsafe abortion, and STIs/HIV are identified as major SRH problems of adolescent girls (FMoH 2016b: 7). In addition, less than half of health care facilities offered adolescent sexual and reproductive health services (EPHI, FMOH & AMDD 2017c: 122).

Ethiopia's MoH hopes to reduce adolescent pregnancy rates from 12% to 3% by increasing contraceptive prevalence rate (CPR) and promoting full-time, 24-hour/7-day service provision. However, there is still a high unmet need among these groups, and Intrauterine devices and implants were the least commonly used contraception methods by sexually active adolescent girls (CSA & ICF 2016:16). The use of intrauterine devices/IUD has also remained stagnant since 2000, falling from 2% in 2016 to 1.5% in 2019; even though IUDs were the most effective long-acting family planning methods ever used (EPHI, FMOH & ICF 2019:38; CSA & ICF 2016:16; CSA & ICF 2000:55).

On the other hand, there is a significant increase in deployment of health care providers across the country whereas their potential contribution in improving the SRH needs of adolescent girls has yet to be realized. To address this issue, the MoH developed national training manuals, standards and minimum service delivery packages for SRH service delivery. However, for the continuum of care to be effective, technical and procedural guidelines on the provision of SRH services for adolescent girls across the lifecycle are required (FMoH 2017a: 1). This highlighted the significance of developing guidelines aimed specifically at improving health care providers performance in AGSRH service delivery (FMoH 2014a: 10, FMoH 2016a: 100; FMoH 2017a: 1; FMoH 2017b)

1.2 THESE GUIDELINES ARE MEANT TO ENABLE HEALTH CARE WORKERS

The availability of guidelines on sexual and reproductive health and standards for midwives' care practices is a significant enabling factor. Health care providers should have up-to-date knowledge and in-service refresher training to improve providers-client communication. In this regard, Adolescent girls' sexual and reproductive health care guidelines are important tools for health care providers. Besides availing the technical guide, management of the facility and senior Health care providers should provide junior Health care providers with regular coaching, mentoring, and supportive supervision.

1.3 PROCESS OF GUIDELINE DEVELOPMENT

The process of developing guidelines adheres to the key steps recommended by WHO (2014:8). Before drafting the guidelines, relevant literature and related guidelines were reviewed. A group of senior midwives, experts' on adolescent sexual and reproductive health, and other health professionals first reviewed the draft document to reach an agreement on the content and determine its feasibility in the Ethiopian context. The researchers' in the area were involved and they incorporated the experts' feedback and finalized the development of the guidelines. The finalized guidelines will serve as a guide to implement an integrated approach to Adolescent Girls' Sexual and Reproductive Health/AGSRH care services provided by healthcare providers.

The guideline is divided in to seven sections and the major topics include:

1. Health promotion and SRH counselling services
2. Contraceptive counselling and services,
3. Comprehensive abortion care
4. Prevention and treatment of STIs/HIV;
5. Maternal and newborn health care services
6. Adolescent nutrition and
7. Gender-based violence

1.4 SCOPE OF THE GUIDELINE

In 2019, FMoH made SRH services for adolescents a priority intervention in the Ethiopian Essential Health Services package as part of the achievement of UHC (MoH 2019b: 27). Therefore, this technical and procedural guideline is primarily aimed at health care workers who work in health care facilities, with the goal of improving health care workers' practices in providing sexual and reproductive health care services to adolescent girls. Furthermore, it assists policymakers and health managers in proper planning and decision-making. It will also be used as a guide for students by the department of education institutions,

1.5 PURPOSE OF THE GUIDELINE

The purpose of the technical and procedural guidelines is to provide guidance for health care workers to improve their technical competency and confidence in discussing and providing adolescent girls' sexual and reproductive health care services. The guidelines focus on adolescent girls' sexual and reproductive health promotion, disease prevention, and clinical management in health facilities.

1.6 OBJECTIVES OF THE GUIDELINES

The objectives of this guideline are to: -

1. Enhance technical competency of health workers on the scope of providers' practices.
2. Support HWs on AGSRH services across the entire continuum of care.
3. Cultivating Health care providers' practice in adolescent girls' nutrition and GBV
4. Generate evidence on adolescent girls' health