



**MEMA KWA VIJANA**  
 (Good things for Young People)  
 Reproductive Health Programme for Young People



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**Reproductive Health Services among Adolescents in rural Mwanza, Tanzania:  
 The MEMA kwa Vijana experience**

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**Background**



All young people, including those with special needs and from the most vulnerable groups, have the right to quality health care services.

**BUT**

this right is not a reality, particularly in the case of sexual and reproductive health services

Over half of new human immunodeficiency virus (HIV) infections occur in youth below the age of 25, and sub-Saharan African youth (age 15-24) account for almost 16% of the world's HIV infections.

Mwanza Region in northwest Tanzania has a generalized HIV epidemic, with an HIV prevalence of approximately 8%, and high prevalence of sexually transmitted infections (STIs) and unwanted pregnancy among the youth



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# In Response



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- Innovative adolescent sexual and reproductive health programme
- Aims to **improve young people's sexual health** in Tanzania and beyond
  - In school ASRH education
  - Youth friendly health services
  - Development of community activities
  - Building capacity within the local government
  - Supporting the National Multisectoral strategic framework for HIV/AIDS



Health worker's training



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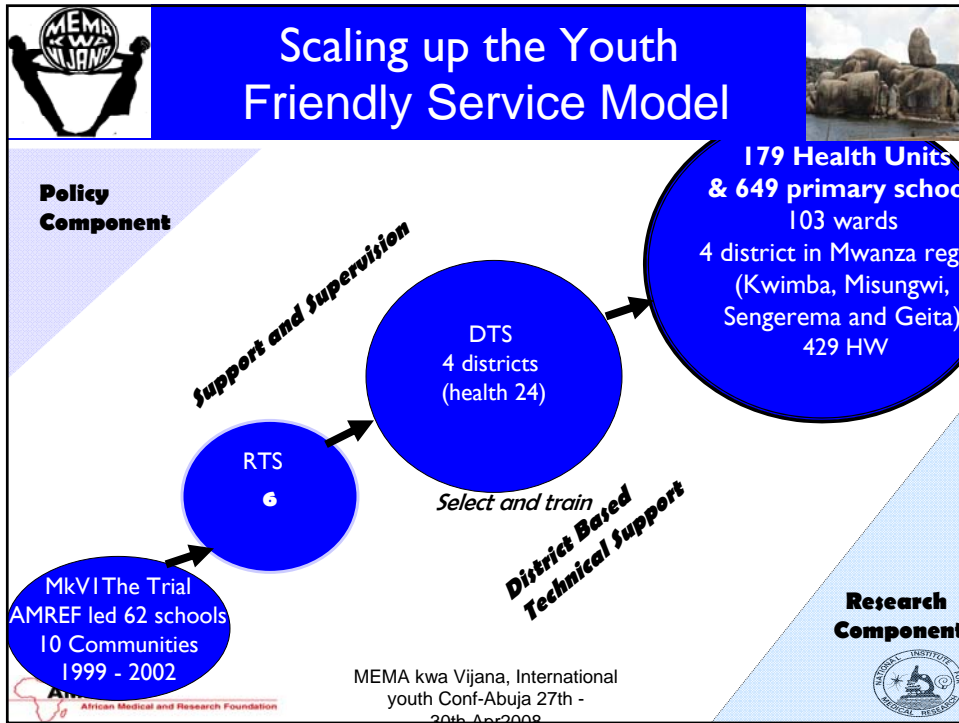


# MEMA in Mwanza



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**Method**

- 4 trained simulated patients (SPs) visited 8 health units with MkV training & 8 others with no MkV training
- Interviews with 30 health workers (8 trained & 22 not trained) from the same health units visited during SP study
- Presentation of SP results at Council Health Management Team for Discussion

**Scenarios:**

- Condom request
- STI complaint
- Family planning concern

**Rationale:**

Scenarios were all real situations that are likely to be applicable to Adolescents. For each scenario, a checklist was designed in reference with Tanzania Adolescent Health and Development Strategy & Standards of Youth Friendly Services. Checklists were used during the detailed debriefs with SPs

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AMREF African Medical and Research Foundation

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# AIM and Analysis



- Assess the impact of MkV2 YFS Training
- To Inform local government authorities so that their plans reflect the need of youth
- Assess the extent of youth friendly services through the young people eyes

## Analysis

- 2 Blinded Researchers coded checklist from SP debrief and transcribed recordings (Scale of 5)
- Recorded interviews with health workers were also coded
- Discussion points and quotations from CHMT meeting were captured by a researcher



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## FINDINGS

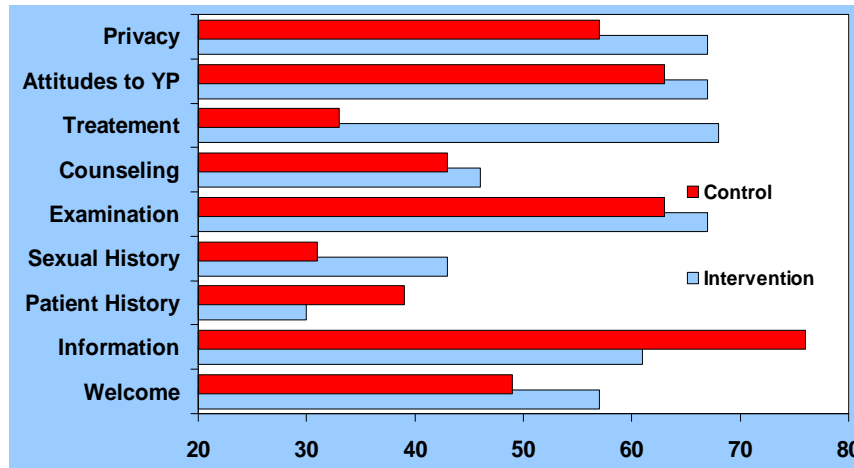


YOUNG PEOPLE FROM RURAL MWANZA





## Element of youth friendly service observed but, Little difference between Intervention and Control Health Units



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## Health Workers Changes in Knowledge, Attitude and perception on YFS



Trained health workers noted the usefulness of the YFS training in relation to changes they are experiencing

But after MkV training am now friendly welcoming and discussing ...a youth become free to explain his/her problem. As such there is changes no more young people fearing service provider...

(Health worker interview)



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## Other Underlying Issues



### Contextual and Environmental factors for effective Youth Friendly Service Provision



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## Shortage of Qualified Staff (Shortage of Staff)



- Long waiting time
- Inadequate patient counseling
- Brief consultation

*He did not ask about  
my age and he didn't give  
any explanation of how to  
use a condom"*

male SP debrief



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## Poverty



Simulated patient were asked to pay for condoms, FP methods and STI screening, which should be provided free

*"I was asked to pay 1,000 Tsh, I said I don't have, the HSP asked me again how much do you have then, I responded I have nothing, then she had to forgive me".*

**SP debrief**



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## Untrained Staff attending patients



Receptionist attending SP (simulated patient study scenario)

*Receptionist: "you should explain to me here about your problem"  
[Then SP had to explain his problem (STI scenario)]  
Receptionist: "have you ever been circumcised?"  
SP: "yes"  
Receptionist: "its important we check if you Have been circumcised before further treatment"*

- Unclear order of patient flow (dispensaries)

Health worker interviews:

- Speeds up service delivery
- Reduces cost



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## In correct information Continues.....



Confusion on condom use and circumcision (*Belief that in order to wear condoms the man/boy MUST be circumcised*)

**Scenario at one of the HU (A young person asked a health worker for condoms)**

**Clinician:** "how can I help you?"

**SP:** [stated the condom scenario]

**Clinician:** "you are circumcised?"

**SP:** "no"

**Clinician:** "if you were circumcised I would have

given you condoms for 2 to 3 weeks, even

a month....here we circumcise, if you have

four thousand shillings we can circumcise you

**The SP left the health unit without condoms**



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## In correct information Continues.....



### **WHY?**

**- Condom demonstration models are all circumcised**

**-The uncircumcised person is more prone to infection**

**-Is not convenient for uncircumcised one to wear it  
as a fore skin pushes the condom off**



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## Insufficient rooms and poor quality of infrastructures



At all but one health unit SP reported little PRIVACY.  
As one SP reported during the debrief

“...there was no privacy because the doctor spoke with a loud voice and people who were near the door were listening, there was no door, but there was only a Curtain”



## Interpretation



Whilst training of health workers is important, there are many environmental and contextual factors that need to be addressed in order for services to be consistently youth friendly.

Issues;

- Receptionist lacking education on YFS and limits of their roles
- Shortage of qualified staff
- Some health worker dishonesty
- Negative attitudes towards youth
- Inadequate technical ability





## Discussion



- Difference in HW's knowledge and attitude towards youth friendly service provision between those trained and those with no ( HW's interviews)

HOWEVER

- Little overall difference between control and Intervention health units in the provision of youth friendly services (SP results)

BECAUSE

- Simulated patients sometimes attended by untrained health workers
- Lack of dissemination strategy & on the job training
- Little commitment among some HWs

HOWEVER

The study covered small size sample not possible to generalize to the national programme



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## Lesson Learnt



- Receptionist have a key role in the provision of youth friendly service. They are currently not trained but should be trained as a priority
- Shortage of qualified staff translating into a lack of technical ability of those treating young people



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## Recommendation



- While training is important, there is a need to consider structural and contextual factors for effective YFS
- Training needs to emphasize the importance of follow up training of fellow health workers and staff.
- Multiple methods needed to assess the quality of youth friendly service provision at health units



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