

1C.1. Reproductive Health Services among Adolescents in Rural Mwanza, Tanzania: the MEMA kwa Vijana Experience.

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Background/Significance: All young people have the right to quality health care services. Unfortunately, this right is not a reality, particularly in the case of sexual and reproductive health services. As part of MEMA kwa Vijana phase 2 (MkV2) programme 208 health workers (HWs) from 179 health units (HUs) have been trained in the provision of youth friendly health services (YFS) in four districts in Mwanza region. This paper provides a picture of the quality of SRH services in rural health units (HUs) in four districts in Mwanza region and assesses the impact of training health workers.

Methodology: In June, 2006 a simulated patient (SP) study was conducted in four districts in Mwanza region. 16 HUs (8 that had received MkV2 training and 8 that had received no MkV training) were visited. Scenarios and checklists were designed using the Tanzania Adolescent Health and Development Strategy and standards of youth friendly services. 32 Health workers (HWs) from the same HUs were interviewed and the results were discussed with the council health management teams (CHMT) in all four districts.

Qualitative and quantitative data analysis techniques were used. The recordings from the SP consultations and health workers interviews were transcribed and reports were written. Blinded researchers ranked the SP consultations and HW interviews, the two arms were compared for differences. The transcripts were analyzed by themes according to the checklists. The discussions from the CHMT were compiled and quotations and scenarios were used to illustrate the proceedings.

Findings: Elements of YFS were observed in many HU. In general there was little difference between intervention and control according to the SPs, however there were notable differences in health workers knowledge and attitudes between those the MkV2 trained and untrained. Additionally intervention health units scored higher on the quality of the examinations, their abilities to take an accurate patient history, however the only significant difference was that trained health workers were more able to give correct treatment (receiving a score of 68% as opposed to only 33% in the control group, RR: 2.04 and p-value 0.01).

Some key challenges were noted; there are various discrepancies between the findings of the SP debriefs and the health workers interviews. After training health workers were not relaying the information they had learnt to their colleagues, thus meaning it is insufficient to train only a few health workers from each facility. Privacy was a significant issue; firstly with insufficient rooms for private consultations and a lack of doors. Secondly SPs reported they were forced to detail their conditions with the untrained receptionists in front of those waiting. There was often a shortage of qualified staff translating into a lack of technical ability. Some HWs also requested money for services that should be provided freely (e.g. condoms). Other HWs were unclear about the implications of circumcision for condom use.

The paper will present the full results from all three data collection techniques.

Lessons Learned: The study is valuable for intervention planners and evaluators, adolescents and other stakeholders. It provides insight into the many different factors necessary for health workers to provide youth friendly services (YFS). Whilst training of health workers is an important factor, there are many environmental and contextual factors that need to be addressed in order for services to be consistently youth friendly. It is recommended that; first, further analysis is needed to look at the other contextual factors affecting the service given and ways to improve the health unit environment. Second; training needs to emphasize the importance of follow up training of fellow health workers and staff. Finally, receptionists and auxiliary staff are important and need to receive YFS training.