Enabel's Health Sector – Rwanda

BARAME PROJECT

Quality of Youth Corners & Youth-friendly Services and Expectations

An Assessment in Seven Districts

Summary

Republic of Rwanda
Ministry of Health

RWANDA BIOMEDICAL CENTER
A Healthy People. A Healthy Nation

HDP
HEALTH DEVELOPMENT AND PERFORMANCE

Enabel

Enabel's Health Sector – Rwanda

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Key messages

1. 84% of Health Centers have a Youth Corner (range from 64% in Gisagara to 95% in Nyamasheke)

2. 99% of Youth Corners (107 by 108) have Adolescent Sexual & Reproductive Health focal person and among them, 92% have been trained in the last two years (range from 100% in Gisagara, Karongi, Nyarugenge and Rulindo to 65% in Rusizi)

3. 89% of Youth Corner have a specific adolescent consultation room but only 25% have a separate waiting room for them

4. The global score given to evaluate the functionality of Youth Corners revealed that, among the Health Centers with Youth Corners, 11% of YC provide "Good ASRH services" (score ≥80%), 82% were classified as "Acceptable" (score 50 to 80%), 6% were "Insufficient" (score below 50%)

5. 23% of Health Care Providers (HCPs) use guidelines or decision support tools for information, counselling and clinical management for adolescent physical activity and 67% of HCPs are not aware of the guidelines/ SOPs on providing services to all adolescents

6. Only 17% of HCPs had a training on data collection and analysis for use (from 0% in Nyarugenge to 29% in Rusizi)

7. Only 4% of adolescents and young people interviewed have visited any youth corner for ASRH services 12 months before COVID-19 while 42% received information, counselling or health services in schools, clubs, and community meetings

8. The main barriers to access to youth corners and youth-friendly services identified were:

    - Fear of being stigmatized or discriminated against
    - Long waiting time, lack of convenient time to seek for ASRH services and lack of staff devoted to ASRH services
    - Lack of youth friendly services space with confidentiality offered at youth
    - Poor parent involvement

9. Young people, in order to attend the Youth Corners and sexual and reproductive health services, are in favour of a service that is devoted to exclusively manage the youths, separated from other services of the health center with convenient opening hours and free of charge.

1. Introduction

This booklet presents a summary of the results of "The assessment of the quality of youth corners and other related youth-friendly services at the health centers and expectations of young people and the community".

The study was done by HDP (Health Development and Performance), with technical and financial support of Enabel (Belgian development agency) through its Barame Project and Rwanda Biomedical Center through its Maternal Child and Community Health (MCCH) Division.

The data collection took place in first trimester of 2021 in the seven districts of Barame's intervention: Gakenke, Gisagara, Karongi, Nyamasheke, Nyarugenge, Rulindo and Rusizi.

2. Background and objectives of the study

The Government of Rwanda has made efforts to improve Sexual and Reproductive Health (SRH) of adolescents and youths through the adoption of various policies and strategies to ensure an access to affordable and equitable services.

Especially, investments were made in youth corners (YCs) in every health centre (HC) providing youth-friendly health services (YFS) to accommodate SRH needs of adolescents.

However, the country continues to face several pressing challenges related to adolescent sexual and reproductive health (ASRH), including early onset of sexual intercourse, teenage pregnancy, unsafe abortion, having risky sex, and low levels of contraceptive use.

Young people also have limited opportunities to learn about and openly discuss issues of puberty, sexuality, and family planning - a consequence of the social stigma, cultural and religious barriers surrounding these issues.

To better know the situation and to design based-evidence strategies, Barame project and MCCH division commissioned this study to assess the quality status of services offered to young people in the Youth Corners (YCs), identify adolescents'/community expectations, and experience vis-a-vis these YCs and Youth-Friendly Services (YFS) to draw recommendations to improve ASRH services.

3. Methods

A cross-sectional study using mixed quantitative and qualitative methods was used.

The data were collected at youth corners and at community level. Qualitative data were collected through focus group discussions (FGDs) and Key Informants Interviews (KIIs), which were conducted both at community and health center.

For the quantitative study:

In each health center (HC), data from all 129 HC were collected through observation of youth corners' functionality (checklist) and through the YC's focal person (structured questionnaire):

- On adolescents' health literacy
- Participation in certain service provision
- Appropriate package of services
- Providers' competencies
- And facility characteristics.

For the functionality of the YC, a total of 65 criteria was established on:

- Availability of youth corner and provision of the information to the public
- Availability of trained staff on ASRH
- Availability minimum equipment, IEC materials and leisure tools at the Youth Corners
- Availability of YC basic amenities
- Availability of national ASRH guiding documents and guidelines for information, counselling and clinical management; availability of consumables and products for ASRH in Youth Corners
- Availability of visual, auditory privacy features for consultation room and confidentiality procedures
- Availability of ASRH registers, reporting tools, internal referral system and records

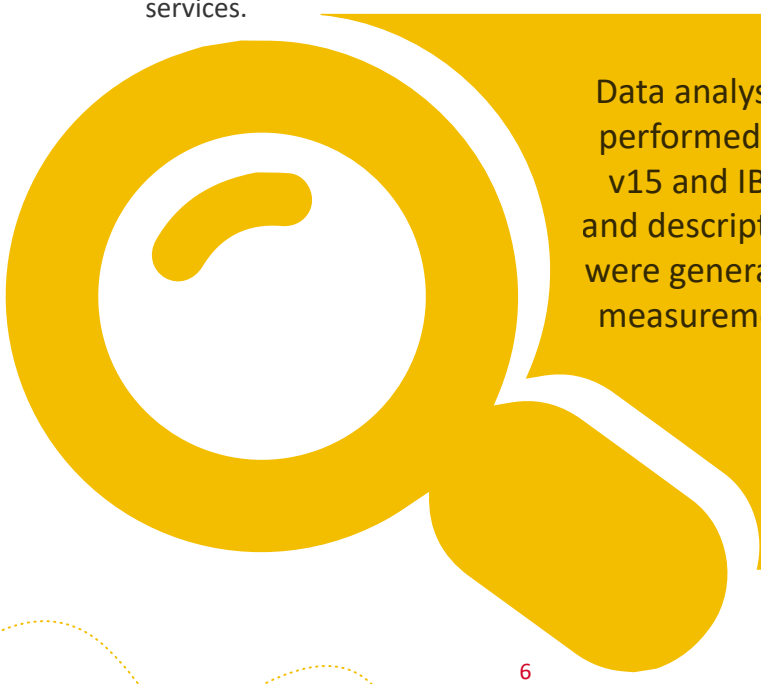
Each criterion was assess by “Yes” or “No” corresponding to a score of “1” and “0” respectively and the total score for all criteria was used to classify the functionality of each YC:

- 80% and above, YC qualifies as providing “good ASRH services”
- Between 50% and 80%, YC qualifies as providing “acceptable ASRH services”
- Below 50%, YC qualifies as providing “insufficient ASRH services”
- Health centers without any specific YC room that does not provide any ASRH services.

At community level

Data from youths aged 10-24, living in the seven districts were collected from a sample of 786 assuring the required optimum size (384) plus assuring representativity (age category and sex) and were about:

- Their sexual and reproductive health status,
- The reason for consulting the respective service,
- Their knowledge and skills about SRH,
- And their satisfaction with the services provided.



Data analysis has been performed using Stata v15 and IBM SPSS 26 and descriptive statistics were generated by each measurement criteria.

For the qualitative study design :

16 Key Informants Interviews (KIIs) with District youth council coordinators; Health facility staff; Youth center coordinator; School leaders; Local leaders and NGOs working in ASRH services were conducted at district level.

While 28 Focus Group Discussions (FGDs) were conducted with adolescents (separated by age and gender), parents and Community Health Workers (CHWs) at community level assuring good representativity.

The respondents from KIIs and FGDs were asked to discuss on the barriers/ facilitating factors associated with access to youth services among young people.

All KIIs and FGDs were audio-recorded and transcripted.

Then, a Codebook, which framed the key themes from the qualitative data was developed. The KIIs and FGDs transcripts were imported into the qualitative analysis Atlas Ti Software for coding.

Subsequently the research team reviewed all coded text and compiled themes that emerged from the data into tables with references to supporting text.

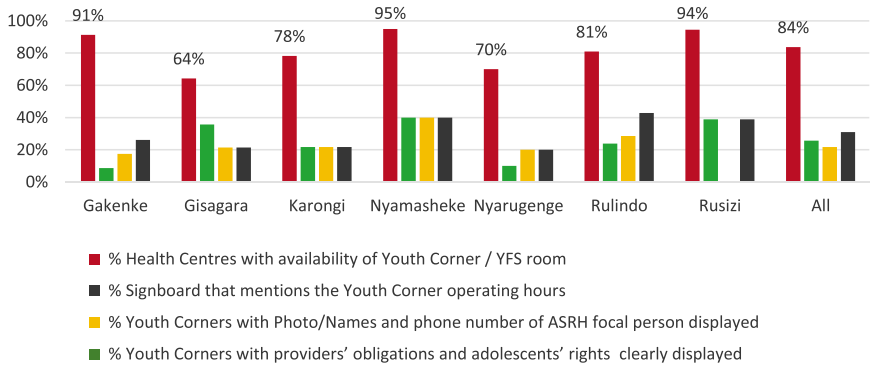
Triangulation of quantitative and qualitative data was performed to have detailed and complete information.

4. Study results

4.1. Assess HC with functional YC

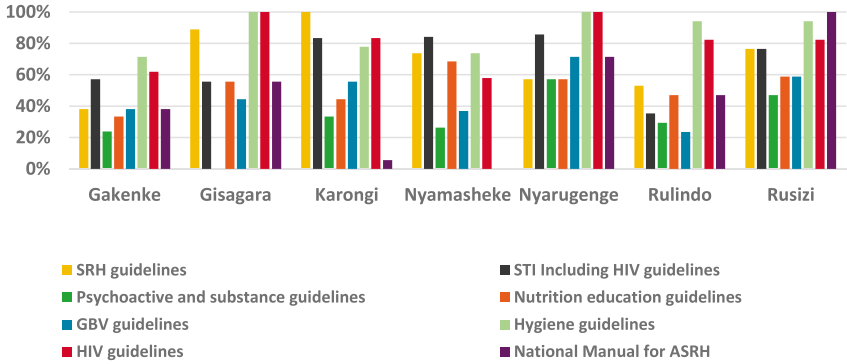
- 108 YCs were found, so 84% of HCs have a YC with Gisagara district having the lowest score with only 64% and Nyamasheke scoring the highest with 95%. The details are in Figure 1.

Figure 1: Availability of youth corner and provision of the information to public per district



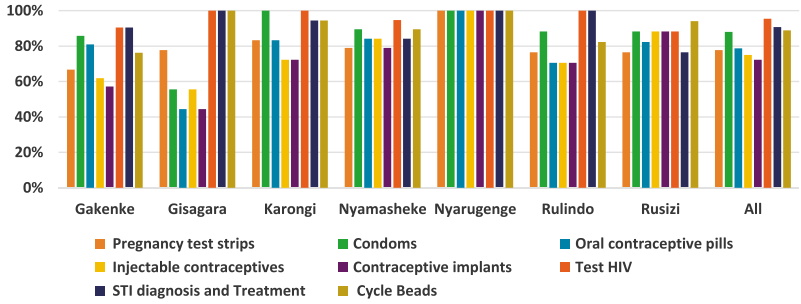
- Almost all YCs (107 by 108) have ASRH focal person and among them, 92% have been trained in the last two years: all (100%) in Gisagara, Karongi, Nyarugenge and Rulindo; 90% in Gakenke, 89% in Nyamasheke and 65% in Rusizi.
- The results on the availability of different guidelines related to adolescents at YC are illustrated at the Figure 2 and shows the difference between types of guidelines and between districts.

Figure 2: Availability of standards guidelines at YC per district (%)



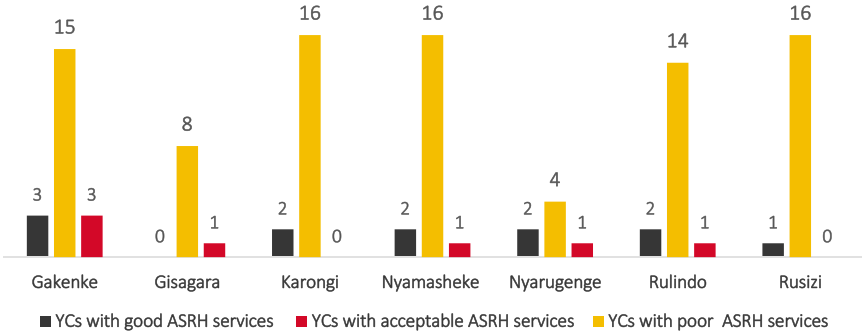
- The results on the availability of consumables and tests related to ASRH, as illustrated in Figure 3, shows that Nyarugenge has all the required items; the most available items are tests for HIV and STIs diagnosis and treatment services and the less available in general are contraceptives (implants and injectables).

Figure 3: Availability of consumables and tests related to ASRH at YC per district (%)



- 89% of YCs have a specific adolescent consultation room but only 25% have a separate waiting room for adolescents.
- The global score given to evaluate the functionality of YC (Figure 4), revealed that, among the HCs with YCs (n=108), 11% of YCs provide "Good ASRH services" (score ≥80%), 82% were classified as providing "Acceptable ASRH services" (Score 50 to 80%), 6% provide "Insufficient ASRH services" (Score below 50%). 21 HCs (16%) did not have any YC.

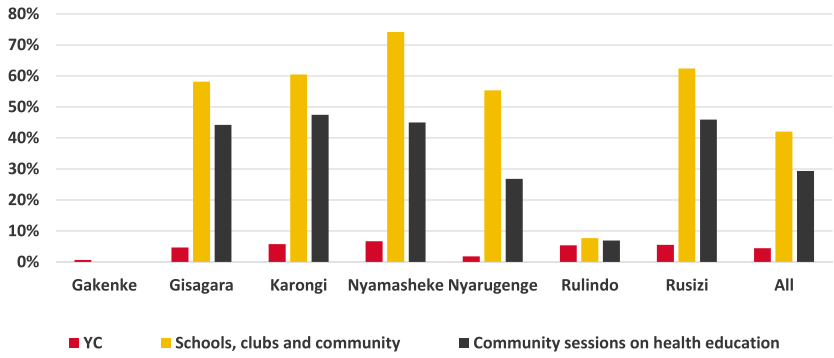
Figure 4: Number of YCs per category of functionality per district (n = 108)



4.2. Use of YCs and related ASRH and ASRH literacy

- Among all interviewed young people (n=790), only 4% have visited any youth corner for ASRH services 12 months before COVID-19 while 42% (332 out of 790) of adolescents and young people received information, counselling or health services in schools, clubs, and community meeting and 29% by participating in community sessions on health education. The differences between districts are illustrated in Figure 5.

Figure 5: Sources of ASRH information, counselling and services (%) for adolescents and young people per district



- The % of adolescents who can name any methods for FP was 74% with not much difference between districts, and the % of adolescents who could obtain any contraceptive methods if needed was very similar (75%). But the % of adolescent who knows that emergency contraceptive pills are used for stopping a pregnancy from happening dropped to 21% (from 34% in Nyarugenge to 17% in Gisagara). The knowledge about condoms (use, place to get, etc.) was high (more than 90%).
- The % of adolescents who can name at least two consequences of getting married before 18 years was 56% but with 0% in Gakenke and 10% in Rulindo. The best score being in Rusizi with 100%.
- 93% of adolescents know to orient a pregnant teenager to YC to seek medical advice.

4.3. YC package of service provision

All health care providers assured services related to menstrual hygiene and health, STIs and sexual violence. 99% participated in adolescent-specific immunization including HPV vaccination, provided FP and contraception services, provided antenatal care and emergency preparedness, delivery and postnatal care services. 98% provided services related to drugs and substance abuse disorders. Moreover, the study results showed that 70% had a protocol for HIV prevention for adolescents and 68% provided services on safe abortion (where legal), and post-abortion care.

4.4. YC and community outreach to schools and community

- 52% of health care providers had a plan of outreach activities, while 74% conducted outreach sessions to inform adolescents about the services available in youth corners. Additionally, 81% conducted outreach sessions with adolescents on health education about ASRH various topics.
- Among the topics discussed during these outreach sessions, most health care providers talked about STIs/HIV and pregnancy prevention (86% and 74% respectively), while the least discussed topics were physical activities and injuries (29% and 15% respectively).

4.5. YC and health care providers' (HCPs) competency

- 35% of HCPs have been trained on the policy of privacy and confidentiality (14% in Nyarugenge) and 31% have been trained on respecting the rights of adolescents by providing information and health care in a respectful, non- judgmental and non-discriminatory manner.
- Regarding taking psycho-social history of the adolescent during the consultation, data showed that 98% of HCPs ask the adolescent questions about smoking, alcohol or other substances.
- 23% of HCPs use guidelines or decision supporting tools for information, counselling and clinical management for adolescent physical activity. At Gisagara, only one HCP uses them.
- 67% of HCPs are not aware of the guidelines/SOPs on providing services to all adolescents.

4.6. Health care providers' views

- The levels of privacy and confidentiality are mostly respected (≥96%). In order to improve youth consultation procedures, 99% of HCPs discussed with their colleagues on how to make working hours convenient for adolescents, 96% on how to minimize waiting time, and on how to provide services to adolescents with, or without an appointment. 80% reported that the working hours in the health facility are convenient for adolescents. To maintain the client's confidentiality, all HCPs ensured that no one could see or hear the adolescent client from outside during the consultation or counselling session.

4.7. Data collection and quality improvement

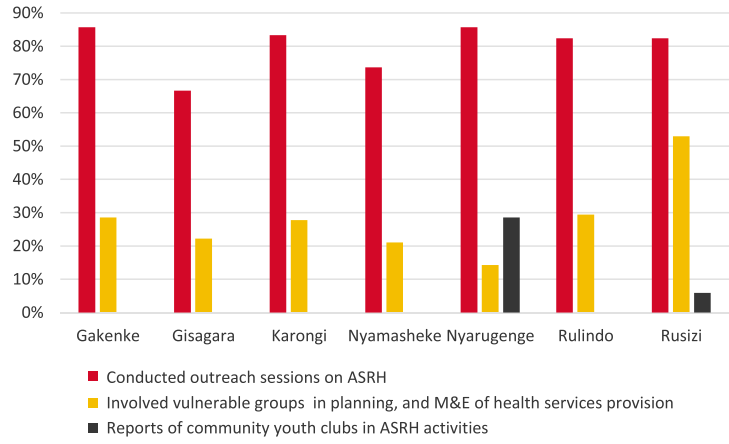
- Only 17% of HCPs had a training on data collection and analysis for use (from 0% in Nyarugenge to 29% in Rusizi).
- Only 16% of HCPs participated in a facility self-assessment of the quality of care provided to adolescents (from 0% in Nyarugenge to 29% in Gakenke).
- 46% of HCP are aware of any tools for self- monitoring of the quality of care in the facility.

- 30% of HCPs use tools for self-monitoring of quality for adolescent health services.
- 20% of HCPs participated in facility meetings to analyze the results of the self-assessments and to plan actions for improvement of adolescent health care (from 5% in Nyamasheke to 29% in Nyarugenge, Rulindo and Rusizi).
- 30% of HCPs use tools for self-monitoring of quality for adolescents' health services.
- 49% of HCPs have been rewarded for high performances.

4.8. Adolescents' participation in YC

- A youth corner together with youth health clubs should organize regular meetings, education sessions and experience sharing between club members, organizing drama, poem, debates and other shows on sexual and reproductive health.
- In all 108 visited youth corners, 87 conducted outreach activities, 32 YCs involved vulnerable groups of adolescents in the planning, monitoring and evaluation of health services and service provision while only 3 YCs presented the reports on youth clubs' activities where adolescents participated in the above mentioned ASRH activities. The different results per districts are illustrated in Figure 6.

Figure 6: Adolescents' participation in YC' ASRH services



4.9. The barriers, facilitating factors and experience associated with access to youth corners and youth-friendly services among young people

The functionality or presence of the youth corners are the key barriers with regard to the access to youth corners and youth-friendly services among the young people.

In the discussion with the respondents, this barrier usually goes hand in hand with scarcity of staff to deliver SRH services to the youths as well as lack of specific rooms devoted to the provision of such services without meeting many people who come at the health center.

Youth are worried that their privacy may not be granted yet they may meet people who recognize them and would interpret their attendance to the health facility in a negative context, mainly attributing their attendance at the health center to the engagement in illegal sexual behaviours.

Few respondents also pointed that sometimes, youth do not consult the remotely placed youth corner, and this prevents the staff from knowing their problems.

- The long waiting time, when there are no specific ASRH services for the youths is another reason for not attending the YC; the opening hours of the YC coincides with the time of class attendance.
- The poor teaching role played by parents, and sometimes the mistreatment, combined with the lack of information to the youths, and the lack of staff devoted to ASRH services contribute to poor attendance to YC.
- Young people are in favor of a service that is devoted to exclusively manage the youths, separated from other services of the health center with convenient opening hours. In that context, young people would go at the YC knowing the service and staff they target.
- Most of the respondents in all districts reported places other than health facilities that youth can go to receive some services including condoms and family planning methods.

The other places are health clubs, CHWs etc. Information are received from mass media like Facebook, internet, radio, and YouTube.

- All categories of youth respondents in all districts reported that they do not feel confident to purchase condoms due to different barriers around this practice including stereotyping as sex workers, bad images in the society, conflicts raised in family in case the parents get information or find condoms in child's clothes or bags.
- However very few youth respondents reported that they may buy condoms in shops or pharmacy and they may go to health centers/ health posts/or community health workers to pick them up for free. They also reported that for those who buy condoms in public, they use different strategies such as sending an SMS ahead of time to a seller to pack condoms so that no one may see what is purchased, sending a child to buy condoms, to rename condoms, and to take long distance to buy condoms where no one knows you.

Facilitating factors which allow youths to consult for ASRH services at youth corner/health center are:

- Having information about ASRH services
- Positive individual's perception or mindset about ASRH services
- Having a service that is devoted exclusively to the youths, separated from other services of the health center
- Services providers born out of the catchment area of the youth center
- Making services available all the time or with convenient opening hours for youths
- Services free of charge
- Friendly services and friendly service providers (quality of service provision and keeping confidentiality).

5. Recommendations

This assessment recommends putting in place innovative strategies aimed to widely disseminate the laws, policies protocols and guidelines related to the provision of information on reproductive health and services to adolescents and youths.

These strategies will be implemented through high-impact interventions targeting adolescents and youths in-and out-of-school, i.e. mass mobilization for community awareness about ASRHR, integration of youth-friendly centers into routine work of health centers, youth mobilization through peer education programmes and SRH clubs, initiation of peer learning programmes for where trained HCPs and best performers can be called to coach and mentor their peers from other health facilities.

1. Recommendations to Ministry of Health

- Avail minimum standard equipment, furniture, IEC materials and standards guidelines.
- Conduct regular orientation and in-training update for focal person in ASRH and conduct cascade trainings on ASRH quality services delivery to more health care providers in order to integrate ASRH into routine work of all medical personnel in health facility.
- Disseminate at large scale the existing laws, policies and technical instructions related to the ASRHR.
- Include in HMIS monthly reports the indicators related to ASRH services and train health care provider on ASRH reporting system.
- Conduct regular supportive supervision and mentorship in ASRH services.
- Adopt WHO's recommendation to provide ASRH services free of charge to young people.

- Reinforce the implementation and monitoring of ASRH policy and guidelines in order to improve the quality of youth-friendly services in youth corners.

2. Recommendations to Ministry of Youth and Culture/National youth council (NYC)

- Mobilize adequate resources to support the process of delivering the quality youth friendly services including IEC on Sexual and Reproductive Health.
- Conduct trainings and workshops that seek to deepen the culture of seeking ASRH services at youth corners.
- Raise youth and community awareness on ASRH policy and specifically on the existing youth corners and to alleviate social barriers.
- Strengthen the ASRH coordination through NYC at district, sector, cell and village levels.

3. Recommendations to local authorities

- Sensitize young people through existing youth centers, parents, teachers and CHWs for YCs' utilization.
- Sensitize parents by intervening with a communication skills program among parents to communicate with their adolescents on ASRH issues.
- Strengthen the community mobilization on ASRH through peer education and increase the community awareness on the role and ASRH services accessible in youth corners.
- Better support young mothers through safe spaces and accompany them in their social reintegration and economic empowerment.
- Involve religious leaders and religious platforms to inform the community on the availability of services at youth corner level.

4. Recommendations to Health Centres

- Avail permanent specific room for youth corner with a clearly visible signboard that mentions the youth corner operating hours, names and phone number of ASRH focal person.
- Avail contraceptives and support free condoms distribution to the youths through peer educators/ CHWs for ASRH services at the village level to prevent untended pregnancies and STIs among young people.
- Strengthen the privacy and confidentiality of the young people by separating the adolescent waiting room from other patients' waiting places and having procedures for protecting adolescent confidentiality.
- Intensify the publicity of youth corners services for awareness raising on ASRH in the respective catchment areas.
- Review the YCs working hours and align with the availability of young people.
- Assign a permanent staff that is in-charge of ASRH services in YCs.
- CHW can be used to improve access to services and provide information about availability of Youth Corner services.

5. Recommendations to adolescents and young people

- Break down the fear of being stigmatized or discriminated against and feel confident to use youth-friendly services offered at youth corners.
- Become a youth peer educator and adolescent' role model by participating in ASRH community/school activities and use youth-friendly services offered at youth corner.

6. Conclusion

Despite a lot of efforts from the Government of Rwanda to improve access to sexual and reproductive health for adolescents and youth, such as the adoption of various policies and strategies to ensure availability of affordable and equitable services for adolescents and young people, there are still challenges and gaps hindering the quality of youth-friendly services offered to young people at the YC.

The assessment revealed particularly that there is :

1. Lack of infrastructure including rooms for YCs and adapted equipment in some HCs as well as lack of signboards displaying location, program and working hours.
2. The poor awareness among adolescents and insufficient publicity of YCs services.
3. Inconvenient working hours for young people while most of adolescents are students.
4. Healthcare providers have a limited training and access to ASRH policies, protocols or standards/guidelines related to providing quality youth-friendly SRH services due to the lack of wide dissemination.
5. Affordability of ASRH services and inadequate provision of appropriate package of ASRH services.

Therefore, low utilization of ASRH services at YC levels might be attributed to the poor quality of ASRH services provision and the limited awareness of youth corners among young people, community and local leaders.

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