

The effectiveness of linking facility-based youth corners and youth clubs at the community level to increase voluntary use of family planning and other reproductive health care by young people

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Introduction

- Rwanda's population is young, with 53% of all Rwandans under the age of 20 (GoR: 2014).
- The increased use of modern family planning methods is a major priority for the Rwandan government.
- The modern contraceptive prevalence rate (mCPR) among currently married women of reproductive age (15-49 years) increased from 10% in 2005 to 48% in 2014 (GoR: 2014). The mCPR among adolescent currently married women (15-19 years) similarly increased from 8% in 2005 to 33% in 2014 (GoR: 2005, GoR: 2014).

Program intervention

- The Maternal and Child Survival Program (MCSP) has supported the Ministry of Health (MOH)/Rwanda Biomedical Center to integrate youth friendly health services in youth corners and implement the ASRH strategic plan in 10 districts from October 2015 to June 2018
- Youth corners in each health facility offer a welcoming space for youth clients to participate in information, education, and communication (IEC) sessions on teen pregnancy, FP, and ANC.
- Youth are also able to receive referrals for health services - including voluntary counselling and testing for HIV - throughout the facility in youth corners.
- Youth club members visit health centres on a quarterly basis, during designated youth service times for a study tour
- MCSP-trained ASRH focal points, supported 287 providers from 171 health facilities located in 10 MCSP-supported districts to offer adolescent-responsive services, and conducted advocacy meetings with local district leaders to seek support for youth corner use and visibility.
- At the community level, MCSP initiated a Parent – Adolescent Communication approach to promote a culture of communication and break silence around sexuality.
- Between January and March 2018 the Parent – Adolescent Communication facilitators reached a total of 41,220 parents through Umuganda (monthly community work), and 55,620 adult community members via evening “parent sessions” with messages focusing on prevention of early pregnancy, and use of FP and ANC services.

Methodology

- Comparison and data collection was compared before and after the intervention in the 10 MCSP-supported districts.
- The primary data sources included qualitative and quantitative monthly reports from ASRH focal points and ASRH mentors, as well as the national HMIS.

Results

- The combination of youth-responsive health services and community outreach increased adolescents' use of clinical services:
- Short-acting FP methods, particularly condoms and pills, were the most frequently selected by young clients.

Figure 1: Number of youth attending IEC sessions

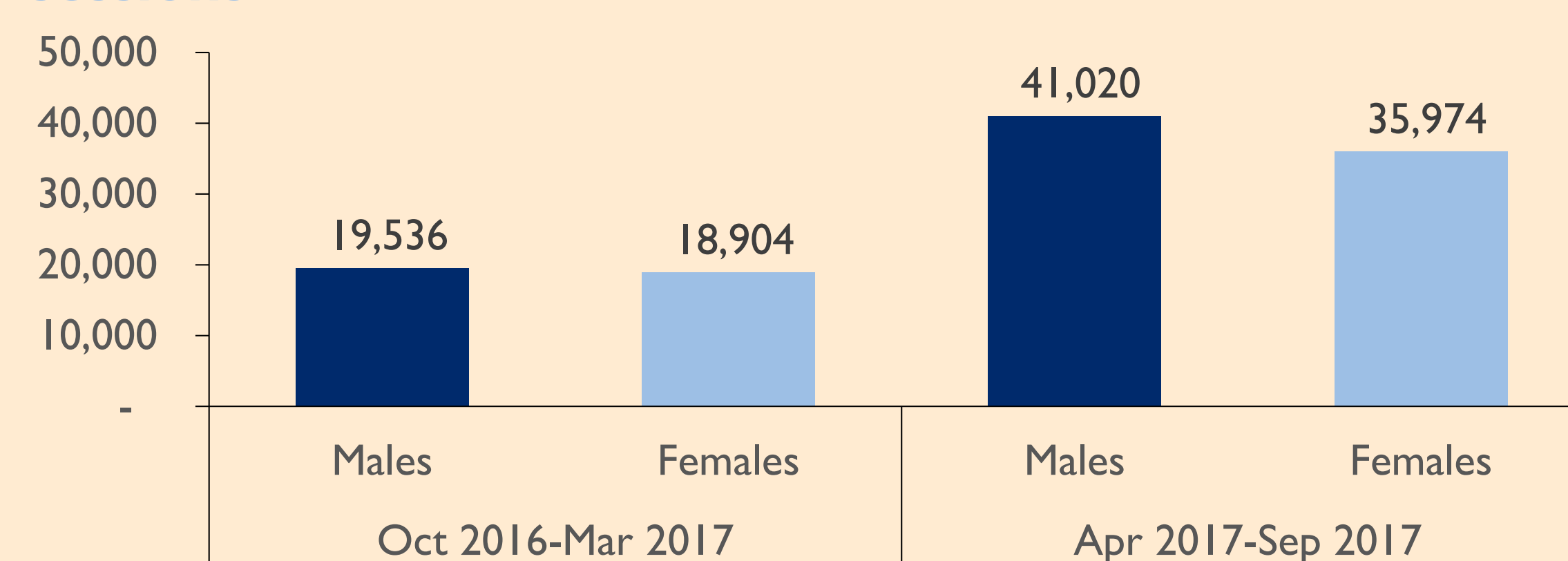


Figure 2: Number of young clients accessing clinical health services

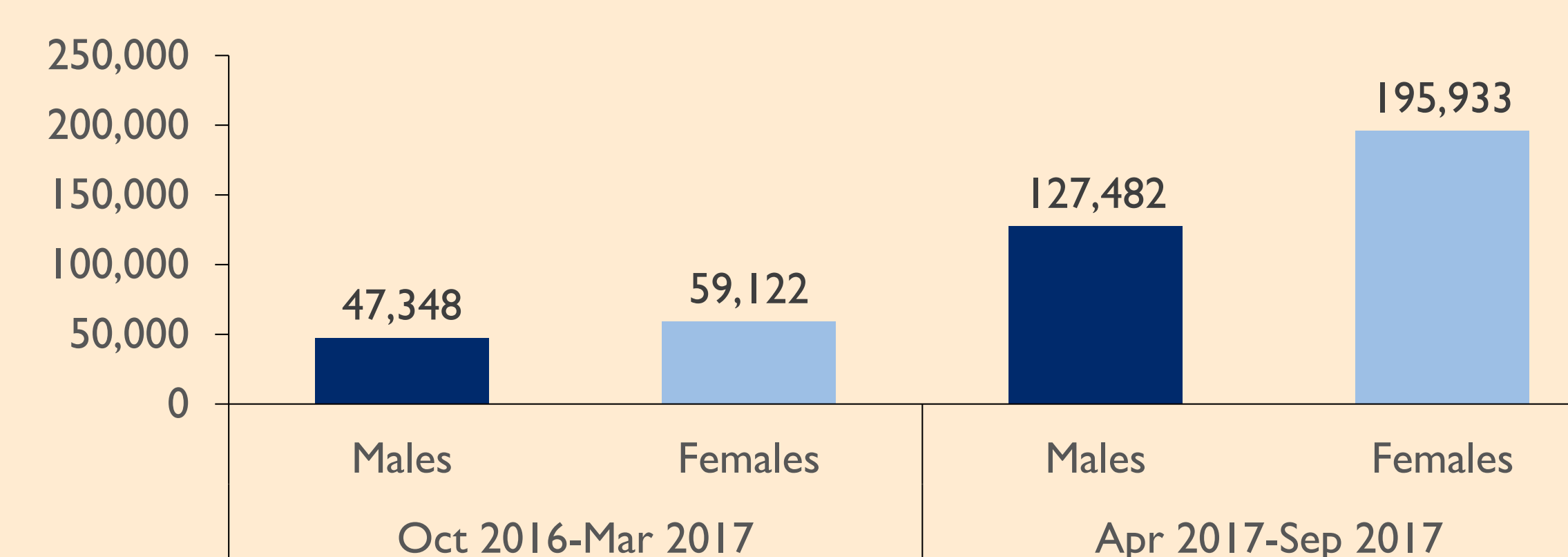
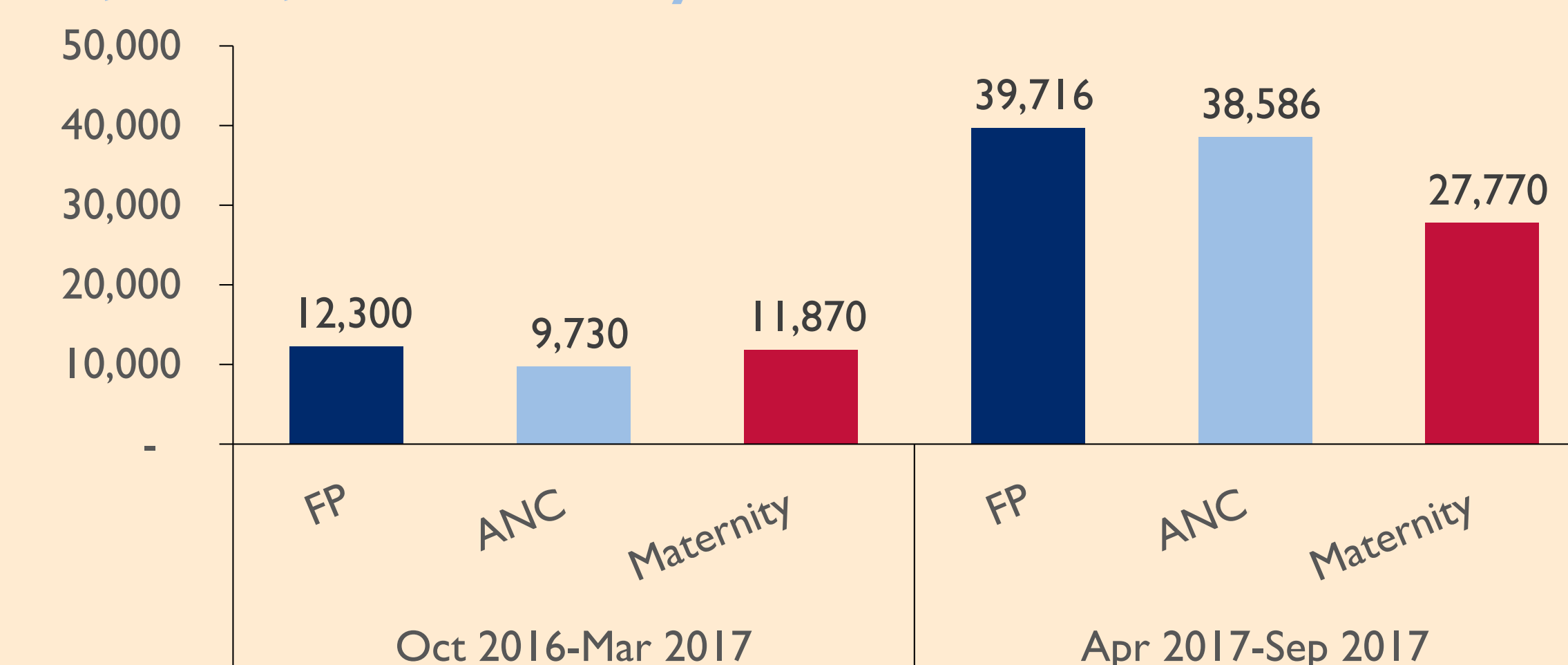


Figure 3: Number of young clients accessing FP, ANC, and maternity services



Lessons learned

- Lack of youth friendliness at health facilities was mitigated by training providers and through advocacy meeting with district local leaders.
- As a result of this advocacy, all health facilities have initiated a “youth-friendly services time” to receive adolescent and young people.
 - The gap between health facilities and youth themselves was addressed by connecting community-based youth clubs to the nearest health facilities, which contributed to increasing the voluntary utilization of health services by adolescents and young people
- Orienting parents in program villages to promote communication between them and their children around reproductive health contributed to breaking silence about sexuality, which is taboo
- Negative perceptions and some social laws prevent some health services from being provided to certain groups of young clients
- This was addressed by disseminating the ASRH policy and by orienting the health care providers on youth-friendliness in facilities have increased the freedom of young people to use FP and clinical services offered at facility and in community