

## *Adolescent-Friendly Services* **PRIME Training Transforms Health Centers**

PRIME's pilot program to improve the quality, accessibility, and use of adolescent reproductive health (ARH) services in Jinja district has strengthened the relationship between health care providers and youth. In turn, more adolescents are taking advantage of FP/RH services and engaging in positive health behaviors such as abstinence, FP use, and early treatment of STI. Lessons learned are now being applied as the Jinja model is replicated in other districts throughout Uganda.

### **Background**

The ARH initiative represents a collaboration between the Uganda MOH, PRIME, and the bilateral DISH project in response to a finding that Ugandan adolescents were not making use of public health care facilities, even though they suffer myriad health problems and are at high risk for HIV/AIDS/STIs. With PRIME TA, the ARH pilot project in Jinja created the first service delivery programs in Uganda to attract adolescents by considering their distinct needs as articulated by the adolescents themselves.

### **Interventions**

Four health care centers in Jinja were selected for the pilot project (September 1998-August 2000), which began with a PRIME baseline study to identify provider performance gaps and assess the reasons why adolescents were not seeking services. Dissemination of those results at a meeting with community leaders, parents, and adolescents built community support, addressed parental concerns, and encouraged broad participation. Adolescent views and preferences helped to guide the design of a training curriculum for providers that emphasizes non-judgmental service delivery, improved counseling and communications skills, and quality provision of comprehensive ARH services. Pilot health centers extended their hours and offered recreation to attract adolescents and set the stage for counseling and educational activities. Through the bilateral DISH II project, the ARH pilot is now being replicated in 11 districts. Eight trainers trained by PRIME are serving as the master trainers for this initiative. As of October 2001, providers and peer educators have been trained and are providing ARH services at 18 health centers in seven districts.

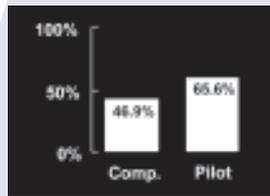


### **Reviewing Results in PRIME II**

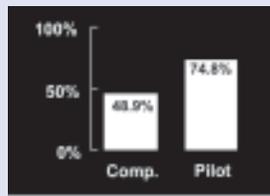
Case Studies from:

- El Salvador
- **Uganda**
- Kenya
- Bangladesh
- India
- Rwanda
- Ghana
- Benin
- HIV/AIDS Integration
- PI Global Partnerships

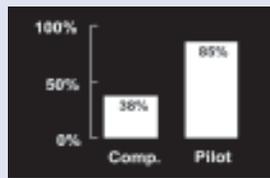
**PRIME II**



Adolescent FP Use



Test Scores Adolescent Health



Test Scores Family Planning

## Results

The Uganda ARH pilot shows that a well designed program can successfully bring adolescents into health centers and encourage better health practices. A study comparing the pilot centers in Jinja with four similar health centers that had not received the intervention found that more than six times as many adolescents sought services at the pilot centers (5,419 vs. 788). The number of adolescents receiving laboratory services and STI management increased 74% and 84%, respectively, at the pilot centers after the intervention, and qualitative data indicates that many adolescents at the pilot sites were seeking help for STIs at an earlier, manageable stage. Adolescents at the Jinja centers were more likely to report that they were currently using a family planning method than those visiting the comparison sites (65.6% vs. 46.9%). Qualitative data from interviews also suggests that after the intervention some female adolescents chose abstinence as a way of taking charge of their sexuality. The combination of high FP use and more young women acquiring the self-esteem to say “no” may relate to a documented decrease in adolescents seeking maternity services at the pilot sites post-intervention.

These positive behaviors are a tribute to the success of the Jinja program’s educational outreach in increasing adolescents’ knowledge about their health. A sample group of 64 pilot-site youths outscored their comparison site counterparts 74.8% to 48.9% when tested on adolescent health problems and 85.3% to 38% when quizzed on the use and importance of FP. The program’s achievements in educating adolescents and improving provider-client relations are a reflection of the increased knowledge, skills, and sensitivity about adolescent health that the providers acquired during training. When tested, pilot site providers scored significantly higher (68.7% vs. 24%) than comparison site providers in eight critical categories of ARH service delivery. Percentages of correct answers remained lower than optimal, however, and the need for additional provider support is a lesson learned from the pilot program now being applied in scale-up.

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**PRIME II**



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