

Unite for Body Rights (UFBR)

Organisation

Amref Health Africa

Region

Tanga, Kilindi District, Tanzania

Length of programme

2011 - 2015

Supported by

The UFBR programme in Tanzania is implemented by the Sexual and Reproductive Health and Rights Alliance consisting of Amref Health Africa Tanzania, HAPA, Restless Development, Médicos del Mundo and NIMR. The project in Kilindi is however executed by Amref alone.

1. Project summary

In the district of Kilindi in north eastern Tanzania, Amref Health Africa is working to ensure youth friendly sexual reproductive health provision through the Unite for Body Rights programme.

The project works to:

1. Train health care providers in youth friendly service provision.
2. Create youth-friendly health centres to ensure they are accessible to young people.
3. Advocate the government for more health care resources including both medicine and staff.
4. Establish referral systems between health centres and schools, pharmacies and youth clubs to ensure there are multiple ways for young people to access the sexual reproductive health services they require.

As a result of these activities, the programme aims to:

- Ensure young people, including married and unmarried girls, can access the health care they need without facing discrimination.

2. What is /are the anticipated outcomes of the project as identified in the Girls Not Brides Theory of Change?

- Increased access to health services for adolescent girls, married and unmarried.
 - Health and education services establish protocols on identifying the warning signs and addressing the risks of child marriage.
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3. What are the key activities of the project?

Training health care providers

Integral to the programme is the training of health care providers in the provision of youth-friendly services. The programme trains staff to ensure young people are listened to and receive health care without discrimination. So far, the Unite for Body Rights programme in Tanzania has trained 712 service providers, renovated four facilities and provided 34,304 services through their activities. Staff are routinely re-trained to ensure consistency of care.

Advocating for more health care resources

Partners have also advocated for the government to ensure health facilities are well equipped with staff, equipment and supplies. Alongside this, the programme has built new health care facilities.

Establishing youth corners in health centres

When health centres are youth friendly, they are more accessible to young people. Amref has renovated health centres and established youth-friendly corners where there are computers with Sexual and Reproductive Health (SRHR) information on, games (such as pool tables), books and leaflets. Peer educators are also available to answer questions and refer young people to the services they need.

Setting up referral systems

Referral systems between schools, pharmacies, youth clubs and health centres provide multiple channels for young people to access the health care they need. It encourages young people to seek advice and guidance from a place they feel more comfortable or surrounded by peers.

Advocating for an end to harmful practices including child marriage

Unite for Body Rights works at the local level to advocate for the development of community by-laws to support an end to harmful practices including early marriage and pregnancy, Female Genital Mutilation/Cutting and Sexual and Gender-Based Violence. Amref has worked to help refine and review the by-laws so they can be used by district primary courts as well as training alliance partners on procedures for formulating and enacting these by-laws.

4. Has the project been evaluated?

In 2013 the whole Unite for Body Rights programme underwent a mid-term evaluation. Some of the key findings and learnings are summarised below:

- In Kilindi, the percentage of young people able to make safe and informed decisions was increased from 41% in 2011 to 86% in 2013.
 - The percentage of targeted SRHR facilities which increasingly comply with International Planned Parenthood Federation standards for youth friendly services increased by 50% (4 out of 8; all of which were in Kilindi).
 - Partners were successful at creating demand for health care services but in doing so, found the supply side struggling to keep up.
 - In many health facilities, only one health care provider is available to provide all services from treating patients, providing ante natal care, delivery and post-natal services. In such a challenging situation it is difficult to achieve high satisfaction levels because people have to wait for a long time to get the services they need. As a result, the percentage of SRHR facilities with an increase in satisfaction by young people increased by 0% and decreased by 100% (3 out of 3 throughout the whole UFBR programme area).
 - The evaluation noted that there are good practices where there is heavy investment in multiple strategies to strengthen the health system as well as working alongside the government at various levels.
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5. What have been the challenges in implementing the project and how were they overcome?

- A high turnover of health care staff makes it difficult to provide consistent standards of care and young people may be less satisfied with services provided by the new staff. In the rural areas younger, less experienced staff start their training but often get transferred to more urban areas where they gain more experience and skills. When they are transferred, equipment from the facility is sometimes taken, leaving already depleted centres even worse off.
 - In some cases, despite training, some service providers maintain non-youth friendly attitudes.
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6. What factors were important in the success of the project?

There have been several factors which have been integral to the success of the project:

- Close co-operation with the government at various levels has allowed for an intensive focus in Kilindi on strengthening the health systems.
- Training and appointing SRHR focal persons at the facilities.
- Strengthening the documentation and data collection systems in community health facility.
- Routine training and re-training of service providers have ensured that, despite all the challenges, there are best practices which ensure demand is met by well trained professionals.

7. What pieces of advice would you give other civil society organisations considering implementing a similar project

- Involve the community, including leaders and young people, from the very beginning.
- Do not focus on service provision alone, it has to be imbedded in a community programme consisting of awareness raising of women's and youth rights, SRHR information and education and advocacy.
- Involve the government: health services are their responsibility. Educate the community to demand their right to health but educate the government to see that they are ultimately the duty bearers.