

Combining structural and reproductive health to improve transition to adulthood: The Musanze Youth Center model

Evangeline Dushimeyesu, Eugène Kanyamanza, Karen Weidert, Natalie Morris, Ndola Prata

1. Significance/background (200 words max)

Evidence suggests that integration of healthcare services can improve patient health outcomes by addressing several needs at once and eliminating inefficiencies of vertical health structures. Integration has had promising results, which has led to a focus on youth SRH service integration. After a successful model for family planning (FP) Integration in two districts in Rwanda, one major finding was that even though each facility has a youth corner, data shows very poor utilization of services by youth. A meeting with key youth groups leaders in Musanze to discuss these results revealed reasons why youth did not want to attend youth corners in health facilities. They stated their preference for receiving sexual and reproductive health education and services in places where they would already visit for reasons outside of healthcare, including just to "hang out" . This information was then discussed with the mayor of the city of Musanze who decided to provide support for revitalization of the youth center. The city provided the infrastructure, data management, and security. They also intentionally moved the Youth Employment Agency to the same facility as the MYC and provided the health providers, as well as medical supplies and materials.

2. Program intervention/activity tested (100 words max)

MYC is managed by a group of 25 youth volunteers (15 female and 10 males), divided into the following categories: team leaders, assistant leaders and volunteers. The MYC opened its doors in June 2017 and to date has offered the following program activities:

- Space for youth to hang out, use free internet, games and entertainment
- Health and sexual education sessions on variety of topics including gender-based violence
- Comprehensive reproductive health services on site (including laboratory capacity)
- General health monitoring
- Computer training (Microsoft Suite, website design) – provided by Youth Employment Agency
- Preparation for employment (CV, job searching, career advise) – provided by Youth Employment Agency

3. Methodology (location, setting, data source, time frame, intended beneficiaries, participant size, evaluation approach) (200 words max)

The Youth Center beneficiaries are adolescents and young adults residing in the district of Musanze.

4. Results/key findings* (250 words max)

Between June 2017 and February 2018, 33,464 youth visited the MYC. About 20% (6,728) of these visits were first time visits, with the rest being counted as repeat visitors.

Figure 1 demonstrates the trends of visitors over time. In the first month, the MYC received 1,012 youth visitors. In the sixth month, there were 6,532 youth visitors. There was a decrease in the number of monthly visitors between November 2017 and February 2018, with the latest month having received 4,521 visitors. Figure 1 also displays the visitor breakdown by gender, with more male youths than female visitors attending each month. Figure 2 shows that between June 2017 and February 2018, 34% of MYC visitors came to use ICT services and 35% came for games and entertainment. Many visitors utilized multiple services. Figure 3 shows the breakdown of total visitors by service received, with 14,580 visitors having attended an SRH education session and 3,391 having received health services. The most common SRH service was HIV services, with 3,230 youth receiving counseling and 93% of them (3,001) receiving testing and/or further investigation and follow-up. While 1,052 youth received family planning counseling, only 36 received a contraceptive method other than condoms, for which data were not recorded.

Figure 1. Monthly numbers of youth visitors, June 2017 - February 2018



Figure 2. Reasons for visiting the MYC

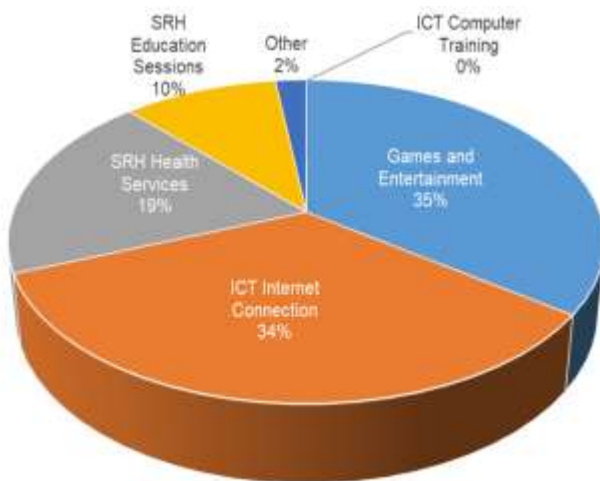
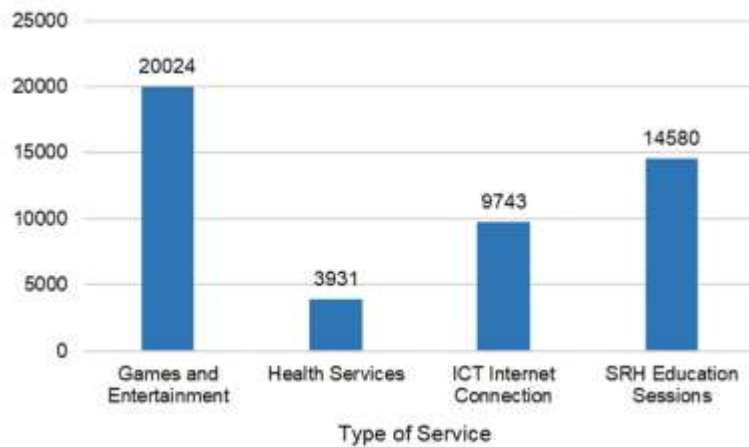


Figure 3. Number of visitors by type of service received at the MYC



5. Program implications/lessons (250 words max)

The rapid increase in attendance by youth, particularly young men, indicates that youth in the Musanze district feel comfortable going to and utilizing services offered by the MYC.

Offering integrated services proved successful in particular for SRH education services. While only about 3,300 visitors came to the MYC for SRH education, 14,580 people attended at least one SRH education session. These figures demonstrate that offering a more comprehensive range of activities, including recreational ones, can encourage young individuals to take advantage of health services to which they may not have otherwise been exposed.

Next steps include:

- i. Creating programs and activities to encourage more young women and girls to attend.
- ii. Continuing to train providers in FP counseling and provision to increase FP uptake among youth in the region.
- iii. Tailor both recreational and SRH activities and services to meet the specific needs of the visitors.