

Adolescent Defined Quality

“Making Decisions” – A Project with Adolescents and Youth

Bolivia 2006-2009

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Save the Children with funding from USAID-Bolivia and in partnership with six institutions is implementing the “Making Decisions” project over a 20-month period (October 2006 to August 2009) in the area of sexual and reproductive health, including prevention of STIs and HIV/AIDS. This project focuses on health promotion and prevention, targeting 90,000 adolescents 10-18 years, and youth 19 -24 years in 15 municipalities of the country (nine larger cities and nine medium sized cities).

The project is being developed in compliance with the national policies of the Ministry of Health and Sports, and is coordinated at the district and municipal levels in each of the target cities.

The goal of the project is to contribute to the improvement of the sexual and reproductive health of adolescents and youth through strategies and actions that facilitate increased access to information, counseling and quality of services. The strategic objective is to increase the quality and availability of information and services of reproductive and sexual health and STI/HIV/AIDS. As such, the results are:

- Knowledge, attitudes and capabilities of adolescents related to their improved sexual and reproductive health.
- Health services for adolescents and youth with emphasis on sexual and reproductive health.
- ***Health services with emphasis on sexual and reproductive and sexual health with improved quality.***
- Appropriate political, social and community environment, to support improved sexual and reproductive health

In order to especially strengthen the third result above, the “Making Decisions” Project is implementing the Adolescent Defined Quality strategy in 35 health centers at the first level of care within the health system in Bolivia.

Context

Sexuality in Bolivia is still considered to be a taboo because of its social and familiar context and since the themes like sexual and reproductive health are generally avoided and switched quickly to other topics because of the general lack of knowledge about the topic. Frequently adolescents and youth confront situations including the difficulty for youth to speak with their parents about themes related to sexual and reproductive health, early sexual debut, unplanned pregnancies, STIs including HIV/AIDS, sexual coercion and sexual violence, among other things.



In 2003, the National Demographic and Health Survey (ENDSA) revealed important statistics about the adolescent population in Bolivia:

- Among adolescents aged 15-19 years, 41% had their first sexual experience before reaching the age of 18.

- Only 32% of those between 15 and 19 years who were sexually active used a contraceptive method. The majority of those who used a method were boys older than 17 years, while the majority of women did not use any method until they reached age 19.
- Regarding fertility, in the adolescent population among those between 15 and 19 years, according to ENDSA, 18% already were mothers or were pregnant for the first time. The larger percentages are seen among unschooled adolescents (52%) and among the adolescents in the rural areas (22%).

According to the information from the National STI/HIV/AIDS, Ministry of Health and Sports, April 2008, the total number of cases notified of HIV/AIDS is 3191. The group most affected is those in the 25-34 year range with 39.17% and the second most affected group is 15-24 year range, with 24.88%.

In the last 10 years, there have been government efforts to implement actions in line with its programs targeting adolescents. However, those actions have not yielded success in terms of services of quality for adolescents.

Goal

The goal of the project is to improve the quality of information and health services in 35 centers of the first level of health care, and the community environment of adolescents and youth, to reach the global result of the “Making Decisions” project that seeks to improve the sexual and reproductive health of adolescents and youth through a peer-led program with emphasis on life skills and personal development.

Objectives

- Sensitize health providers about human Rights and sexual and reproductive rights of adolescents and youth
- Strengthen among providers the importance of health promotion and prevention in their work with adolescents and youth
- Improve the satisfaction of providers with their work
- Improve the satisfaction of the adolescent and youth client
- Share rights and responsibilities in order to reach improved health results

Description

As part of the strategies of the “Making Decisions” Project, Save the Children, through signed agreements with 35 health centers of the first level of the public health system, implements strategies that have the goal of improving the systems of quality health care provision for adolescents and youth in each of the health centers.

Once agreements were signed with the government-run health centers, the first step was the establishment of “youth zones” in each health center. “Youth zones” are physical spaces that link the community of adolescents and youth with the services at the health center and are coordinated and led by adolescent and youth leaders. In the youth zones, a peer strategy is used, including group or individual information sharing, video debates, action planning for the peer strategy at youth zones within schools and other community spaces, and finally, referral of adolescents for health services as needed. We also hope that it would also link the community of adolescents and youth with the health services.

The following actions were completed in order to implement the Adolescent Defined Quality process:

- Training of 41 health providers and facilitators (educators) in the ADQ process so that they could replicate the trainings in their health centers. (August, 2007)
- Self assessment of the situation of each health center to establish baseline indicators regarding quality adolescent friendly services.
- 32 replication trainings in the ADQ process in the 15 municipalities (September, 2007 to March, 2008).
- Training for health providers in adolescent friendly services.
- 32 Quality Improvement Teams were formed to implement the action plans in process (March to September, 2008).

Accomplishments

- 3 health centers have specifically designated hours for provision of services to adolescents.
- 21 health centers planned training workshops for their staff on the health teams in adolescent friendly health services.
- 2 health centers lowered costs of services for adolescents.
- 11 health centers have installed question boxes available to adolescents/youth who go to the clinic for health services.
- 5 health centers have implemented action plans for advocacy to promote adolescent friendly services.
- 32 have improved their signs (posters) that make adolescent friendly services and activities more visible.





- Increase pro-activeness among adolescents and youth in the diagnosis, planning, implementation, monitoring and evaluation in reproductive health and STI/HIV/AIDS in 32 health centers.
- Strengthened communication links between providers and adolescents
- Adolescents and youth stated that they felt comfortable with the counseling and care they received by health providers in reproductive health and STI/ HIV/AIDS.
- Adolescents and youth mentioned that the care they received from the provider improved in areas of trust, confidentiality, privacy, mutual respect, comfortable environment, cleanliness and cultural respect.
- Quality standards in service provision in sexual and reproductive health and STI/HIV/AIDS improved with the technical and programmatic protocols established.

Challenges

- Implementing a sustainable exit plan in the last year of the project that seeks to institutionalize the ADQ process in each health center.
- Starting with the lessons learned of others who have used ADQ that could strengthen our system of implementing adolescent friendly services.

Lessons Learned

- If the PDQ for Youth guide had already been developed before SC Bolivia developed this Adolescent Defined Quality project, it would have been easier. The Bolivia team needed to be flexible to respond to the different cultural social and economical contexts.

- The “Building Support” phase should include more than just the technical steps; it should include more specific information for adolescents about the project. It could also target providers and adolescents on the outset of the project, alerting them that during the course of the project they may face criticisms that may be hard to manage. It may be a challenge to tolerate some of the differences among them, however they need to be encouraged to think of the project as not a motive to make problems worse, but rather an opportunity to solve them.
- The SC team should guide and monitor the QIT teams after they are formed until the development and implementation of the action plans are completed, since in most cases both populations are not accustomed to work together and will need some motivation and guidance. This will be specifically needed in the area of youth-adult teambuilding and communication. This also ensures that accomplishments of action plan items will be properly documented.

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