



# RESULTS

## Data Collection

Healthy Adolescent and Young People (HAY!) set out to increase health and wellness for adolescents and young people (AY) aged 10-24 years in Bushenyi and Rubirizi Districts. At HAY! start (2020), stakeholders and beneficiaries at all levels provided input on AY health gaps, challenges, priorities, and opportunities to inform HAY! roll-out and set targets. Progress monitoring and data collection has continued throughout HAY! implementation, through a comprehensive PROCESS EVALUATION. In 2023, following key training activity completion, a detailed OUTCOME EVALUATION (considering health and non-health outcomes) was conducted. Throughout, a wide range of assessment tools have been developed and used.

Objective reflection on HAY! results is critical to informing scale up and broad sharing of experiences. Articulation of lessons, success factors, and best practices enable continued adjustment of the HAY! package, approach (and process model), and themes, and have and will be widely shared with participating communities, district leaders, policymakers, and other implementing partners in East Africa and beyond.



### Health Facility Surveys

Reported and observed capacity, equipment, supplies, practices.



### Focus Group (FGD) & Key Informant Interviews (KII)

Pre-HAY! barriers and enablers; post-HAY! AY health and non-health outcomes.

### Readiness Assessments

Self-reported (individual and group) motivation/capacity for AY health.



### Health Management Information System (HMIS) Data

Gov't health facility register/report analysis of dis-aggregated AY data



### FGD/KII Participants

AYs, VHTs, health providers and facility managers, district and local leaders, parents, teachers.



### Health Facility Survey Participants

All HC III, IV (n=20) in Rubirizi and Bushenyi districts

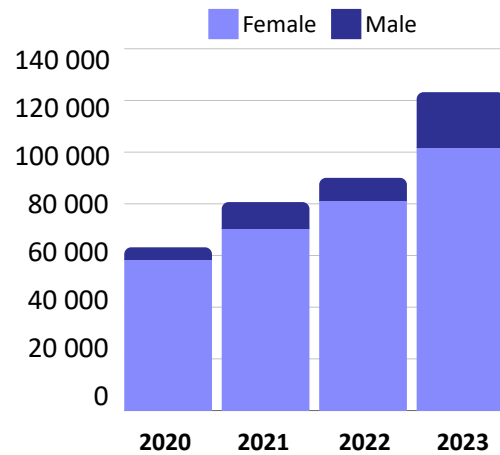
# Post-HAY! Quantitative Results: Health Facility Readiness & Visits

## Increased Health Facility 'Readiness' to Provide Quality AY Services

- 74% ↑ in AY service trained staff
- 89% ↑ staff with AY confidentiality training
- 39% ↑ facilities conducting AY outreach
- 90% ↑ AY health trained VHTs
- 60% ↑ facilities with 'AY welcome' signage
- 60% ↑ facilities with identified 'AY-friendly' areas
- 79% ↑ facilities with post-abortion care trained staff
- 43% ↑ staff who report they always explain confidentiality to AY clients

Source: Health Facility Survey, Rubirizi and Bushenyi District Combined, 2023 vs 2020.

## Increased HMIS-Reported AY Facility Visits (15-24 years old)



Source: HMIS, Rubirizi & Bushenyi Districts, Combined

## Post-HAY! Qualitative Themes

### Improved AY Services & Increased Respectful Care at Health Facilities

- Increased privacy/confidentiality, decreased stigma and improved facility staff attitudes towards AYs;
- AY service improvements and increased breadth of available AY services; extended/dedicated hours, timely attention to AY clients, increased supplies;
- Increased provider confidence in caring and communicating with AYs.

### Positive Community Attitudes

General support and positive attitude shift in communities, facilities, schools, and families towards AYs; reduced stigma towards those experiencing health and social challenges.

### AY Friendly Services

- New, dedicated AY-friendly spaces at facilities offer AYs a welcoming, well-equipped space to access private and confidential care, specific to AY needs;
- Signs, messages, and education orient AYs to available health services

### Increased Care-Seeking

AYs report increased awareness of available services, confidence in providers, openness to disclosing their health needs and are choosing care from facilities & VHTs.

### Healthy AY Practices & Relationships

- Increased positive health-related activities and self-care including exercise, hygiene, and nutrition; also more attention to hobbies;
- Stronger relationships: peers, parents & partners.

### Sexual & Reproductive Health

- Increased access of antenatal and postnatal care by pregnant AYs;
- Increased HIV/sexually transmitted disease knowledge, prevention and care;
- Increased uptake, counselling, and availability of family planning.

### Menstrual Health & Hygiene

- Increased availability of menstrual products and washing facilities in schools and homes;
- Improved AY menstrual hygiene practices.

### Mental Health & Wellness

- Increased recognition of AY mental illness;
- Increased services at facilities to address AY mental health needs.

### Substance Use

- Increased support, education, and prevention have reduced AY alcohol and drug use;
- Treating AY substance abuse is a facility priority.