

Healthy Adolescent and Young People (HAY!): A Qualitative Study Evaluating an Innovative, Full-District Adolescent Health Initiative in Rural Uganda

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Background

The Healthy Adolescent and Young People (HAY!) initiative promotes readiness for comprehensive sexual and reproductive health and rights (SRHR) programming for Ugandan adolescents and young people (AYs, 10-24 years) at health district, health facility, and community levels. HAY! (2020-2024) was implemented by Mbarara University of Science and Technology (MUST), University of Calgary, and 3 Districts in SW Uganda (total catchment ~500,000).

Objective

This qualitative component of a larger process evaluation was conducted at project midline to understand HAY! intervention towards implementation goals including emerging and persisting barriers and enablers themes.

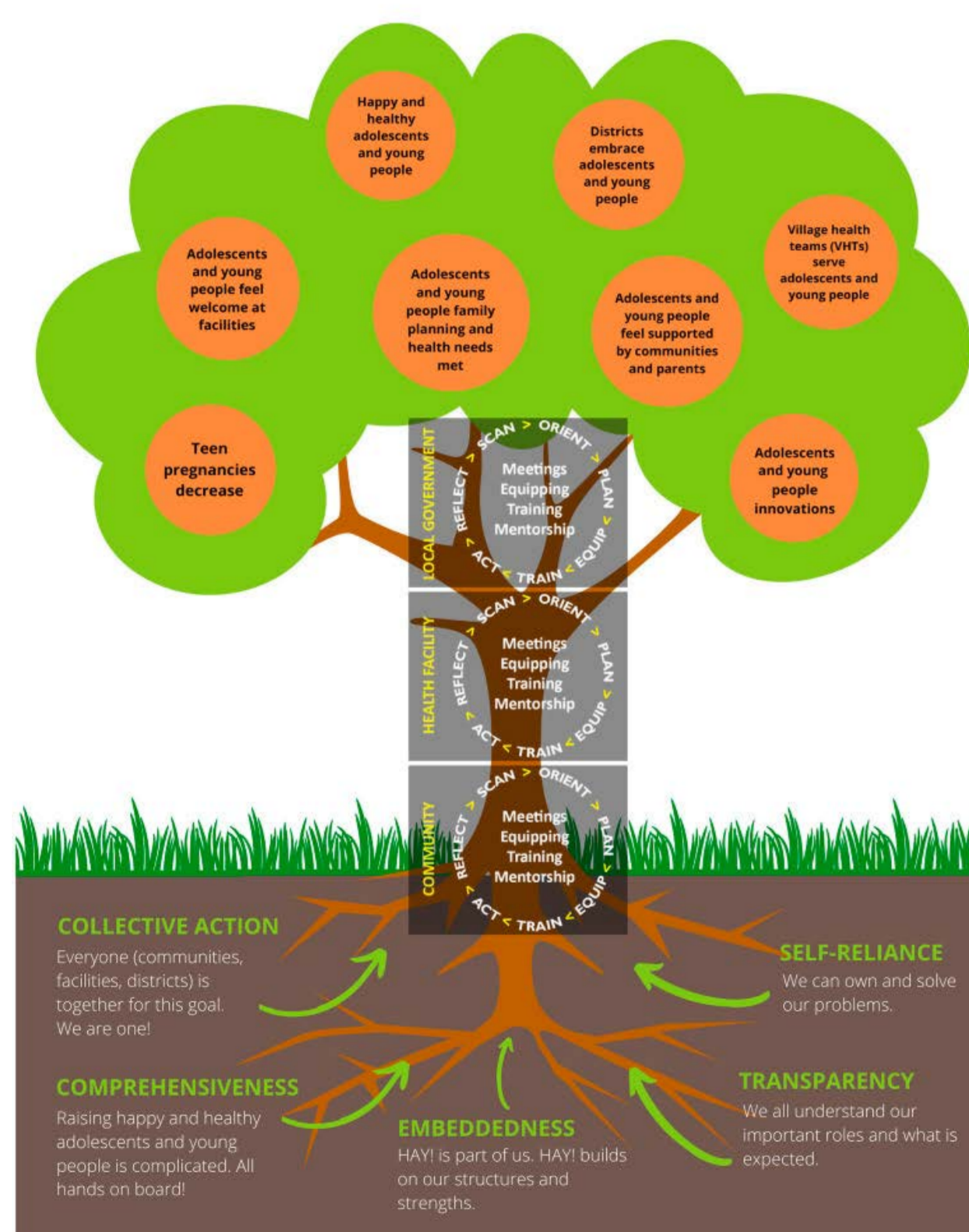
Methods

Data Collection

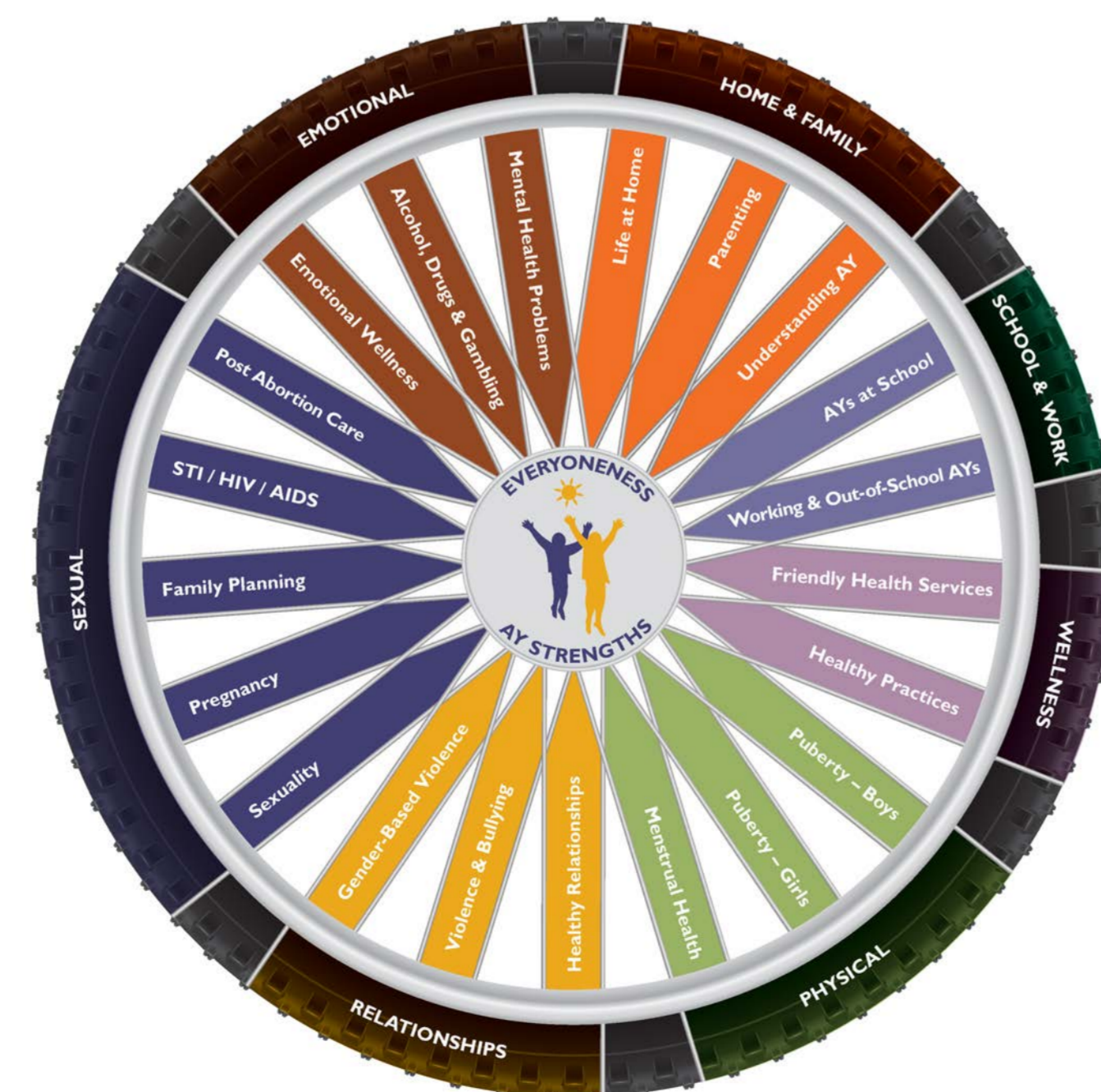
- Focus groups (n=8) and key informant interviews (n=2) conducted; n=57 participants:
 - Female/male (18-24 y)
 - Community leaders
 - Volunteer community health workers (VHTs)
 - Health providers
 - District health managers
- Semi-structured questionnaires assessed HAY! barriers & facilitators.
- Thematic analysis conducted by facilitators and project leads

Intervention

HAY! is a capacity building initiative that uses a purposeful series of steps including training, to promote 'readiness' for AY health within existing health and related structures. Training and sharing occurs using participatory and action-oriented engagement methods.



Engagement occurs with all groups within a district in schools, health facilities & communities (parents, AYs). Comprehensive HAY! curriculum incorporates clear and evidence-based key messages across broad topic areas.



'EVERYONENESS'

There is momentum broadly for HAY! and a sense that AY change and support must involve all players including those directly and indirectly engaged with AYs



EMBEDDEDNESS

A HAY! strength is integration within existing structures at the district, health facility, and community levels, rather than creating new parallel structures.



MULTI-SECTORAL COLLABORATION

Reaching sectors outside of health, especially education, is critical for change; current health-education system links remain weak.



Results

Five key implementation-themes were prominent

VHTS AS CHANGEMAKERS

Volunteer community health workers (called VHTs) have been trained and are creating real change at the community level. VHTs are highly trusted by communities, parents, and AYs themselves, even related to sensitive topics.



COMMUNITY/FAMILY INFLUENCE

Serve as barriers and facilitators to accessing abortion, FP, pregnancy, relationships, and GBV; there are different standards for females vs. males, however perspectives are changing



Conclusion

Emerging themes guide final months of implementation and sustainability planning. Continued engagement of existing structures and collaboration within and outside the health sector can further enhance AY health outcomes.

Acknowledgement

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