Integrating Youth Friendly Reproductive Health Services into the Government’s MCH/FP Network: A Search for an Appropriate Model to Scale Up in Viet Nam

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RH and ARH in Viet Nam

- Population: 80.8 Million
  - Youth account for 31% of total population
- Total fertility rate: 2.3
- Contraceptive prevalence rate: 78%
  - Heavy Reliance on IUD Use (37%)
- Among highest abortion rate in the world
  - An estimated 20-30% of abortions are among unmarried youth
- Improving education and services for youth is an objective of the National RH Strategy (2001-2010)
- A National Adolescent Health and Development Strategy is being developed

Source: PRB 2003, DHS 2002

31st Annual Global Health Council Conference
RH Services in Viet Nam

- Services provided through vast public sector network at province, district and commune levels
  - Family Planning
  - Safe Abortion
  - Antenatal Care
  - Child Care
  - RTI Diagnosis and Treatment
  - Counseling
  - Safe Delivery at District Hospitals & Maternities

- Private sector growing, but relatively small (main services are gynecological treatment and abortion) and largely unregulated
Youth and Existing RH Services

- Youth make up only a small percentage of RH clients in government clinics:
  - Fear of judgmental attitudes of staff
  - Concerns about lack of confidentiality and anonymity
  - Inconvenient service hours
  - Feel alienated from focus on “MCH/FP”
  - Difference in cost between public and private sector not significant factor

(From Pathfinder International Exploratory Study ’02)
The Reproductive Health Projects

- Since 1994
- Partnership between three international organizations (Pathfinder International, EngenderHealth, Ipas)
- Government partners: Ministry of Health, provincial partners in 8 provinces (3 North, 1 Central, 4 South)
- Focus on the MCH/FP network of the MOH
- To increase the range and quality of RH services, including conduct of regular supervision for quality of care
- Support from a private foundation and the Royal Netherlands Government
Youth Friendly Services (YFS) Pilot

- Exploratory research on why youth do not seek public sector services (2002)
- Design Phase (2003)
  - Orientation workshop
  - Study tours to YFS sites in Thailand and Australia
  - Project development
- Pilot Implementation (2003-2005)
- Operations research to evaluate relative effectiveness of approaches (2003-2005)
Partners

- Three provincial partners selected to pilot YFS
  - Ha Noi, Ho Chi Minh City, An Giang

- Criteria
  - Demonstrated need of target population/capacity
  - Commitment and support from health authorities
  - Core practices in place (particularly counseling)
  - Innovation
  - Attention to gender
  - Involve youth in design
  - Involve linkages with other institutions/groups
Strategies

- YFS integrated into existing services at provincial hospital, provincial MCH/FP centers and district health centers
  - Separate waiting areas and counseling rooms
  - More private service rooms
  - Adapted intake procedures (confidentiality)
  - Separate/extended hours of service operation
  - Trained staff
  - Adapted IEC materials available
Strategies (continued)

- Linkages with schools
  - Universities
  - Secondary schools

- Education and promotion of services at places that youth frequent
  - Youth recreation center
  - Bookstands
  - Pharmacies

- Social marketing of quality youth friendly services
Project Activities

- Facility assessment and quality improvements
- Renovation and equipment provision
- Training of trainers in ARH
- Training of providers in ARH
- Training of teachers, parents and peer educators on adolescent development and life skills
- Regular monitoring and supportive supervision
- Development of IEC materials
- Development of social marketing approaches
- Advocacy meetings with provincial authorities
Facility Assessment Findings

- Facility
- Staff
- Service and information
- Youth involvement
- Policy and procedures
Facility Assessment Findings

- Facility:
  - Well located
  - Near many youth hangouts
  - Signboard is not attractive to youths
  - Public working hours with overtime in some clinics
  - No provision of youth friendly services, thus youth do not typically frequent public health clinics
Facility Assessment Findings

Staff:

- Providers generally treat clients with respect, though there are a few exceptions, such as when a girl under the age of 18 comes in for a 2nd trimester abortion.
- No counseling on dual protection, nor much information on condoms and how to use them.
- Providers are not trained in YFS.
- Integrated supervision was conducted quarterly by all staff – therefore staff can contribute to a plan of action to improve quality of care.
- Management have much interest in publicizing RH services.
Facility Assessment Findings

❖ Service and Information:
  ➢ Services available: counseling on RH, lab tests, STI treatment, contraception, abortion, and prenatal and postnatal care
  ➢ Virtually no men are served
  ➢ Some unmarried women between the ages of 20-24 seek services, mainly for abortion
  ➢ No IEC materials specific for young people

❖ Youth Involvement:
  ➢ No mechanism encouraged to involve youth
  ➢ No linkages with peer education
Facility Assessment Findings

- **Policy & Procedure:**
  - Staff and leaders support YFS activities
  - There is no restriction on providing services to youth, including contraceptive for those 18 and older
  - Long waiting time and many delays in the service organization are barriers to young people’s access
  - Fee is manageable with exception of 2nd trimester abortion
Operations Research

❖ Pre-Intervention Survey

➢ Research methodology
  • Quantitative with structured questionnaires
  • Qualitative (IDI, FGD)
  • Observation of Services

➢ Study population
  • 1803 youth interviewed in schools
  • 10 school teachers interviewed
  • 4 non-medical service providers (An Giang)
  • 68 clients interviewed (after observation)
  • 98 Providers Interviewed
  • 12 Focus Group Discussions

➢ Findings
  • Analysis in process. Report will be available July 2004.
Expected Outcomes

- Improved quality RH services tailored to meet the needs of young people in three pilot provinces.
- Improved perceptions of service quality among users and non-users.
- Increased awareness of young people about where to find quality services.
- Increased utilization of RH services by young people in the government MCH/FP network in the three pilot provinces.
- Lessons about how the effectiveness of different YFS strategies influence policy and programs at provincial and national levels.