ADOLESCENT AFTER HOURS PROJECT (AHAP)

FACT SHEET – July 2019

Problem: In rural Kenya, as in much of Africa, most young people aged 10-24 do not access sexual and reproductive health (SRH) services. As a result, unintended pregnancies, school dropouts, and STI transmission are common. Youths fear to visit health facilities for SRH because of worries about provider harshness, lack of privacy and confidentiality, and serious side effects from using family planning. For students, having to ask permission to leave school to get SRH is a major barrier. Meanwhile, many providers are not welcoming to sexually active youths who they consider immoral/promiscuous.

Purpose of Adolescent After Hours Project (AHAP): To test a low-cost, sustainable and replicable approach to increase rural Kenyan youths’ access to SRH services by addressing key barriers: (1) convenience of services; (2) age and youth-friendliness of providers; (3) designated clinic space for youths; (4) familiarity with provider; and (5) commodity stock-outs.

Main components:

- **Extend clinic hours** into evening/weekend so youths do not have to be excused from school or be seen by adults
- **Hire and train newly-graduated nurses** to be youth-focused, friendly, and supportive—and dispel myths about SRH
- **Have some nurses work part-time as comprehensive sexuality education (CSE) facilitators**, to advertise youth-friendly after hours services and build rapport
- **Ensure adequate supplies of condoms** for facilities
- **Provide basic facility upgrades** to enhance lighting and set up a youth room with furniture, board games, IEC materials
- **Train rovers to assist nurses** to extend CSE into communities and schools
- **Introduce youth client satisfaction cards** (after visits) and AHAP registers to document youths who come after hours

Location of AHAP: Nine government health facilities in Mt Elgon and Webuye West sub-locations of Bungoma County in Western Kenya, along with four comparison facilities (2 from each sub-location).

Duration of activity: 12 months (June 2018 - June 2019).
Key Results:

1. Youth SRH visits in AHAP facilities increased 87% in just one year.

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<tr>
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<th>April 2018</th>
<th>April 2019</th>
<th>% change</th>
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<tbody>
<tr>
<td>AHAP (9 clinics)</td>
<td>1031</td>
<td>1931</td>
<td>87.3%</td>
</tr>
<tr>
<td>Control (4 clinics)</td>
<td>186</td>
<td>189</td>
<td>1.6%</td>
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2. Nearly half (49%) of youth SRH clients came to the AHAP facilities after hours.

3. Youth client cards revealed very high levels of satisfaction with services at AHAP facilities.

   1. Felt comfortable with provider: 97.7%
   2. Received information wanted: 97.6%
   3. Had enough privacy: 95.8%
   4. Received supplies wanted: 95.4%
   5. Provider was not harsh: 93.6%
   6. Comfortable coming here again: 96.7%

From 1987 youth client cards (53% female, 44% male).

Conclusions:

AHAP achieved a major increase in youth client visits to government facilities in Kenya for SRH services. The model seems to be acceptable and feasible for rural facilities with limited infrastructure.

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