

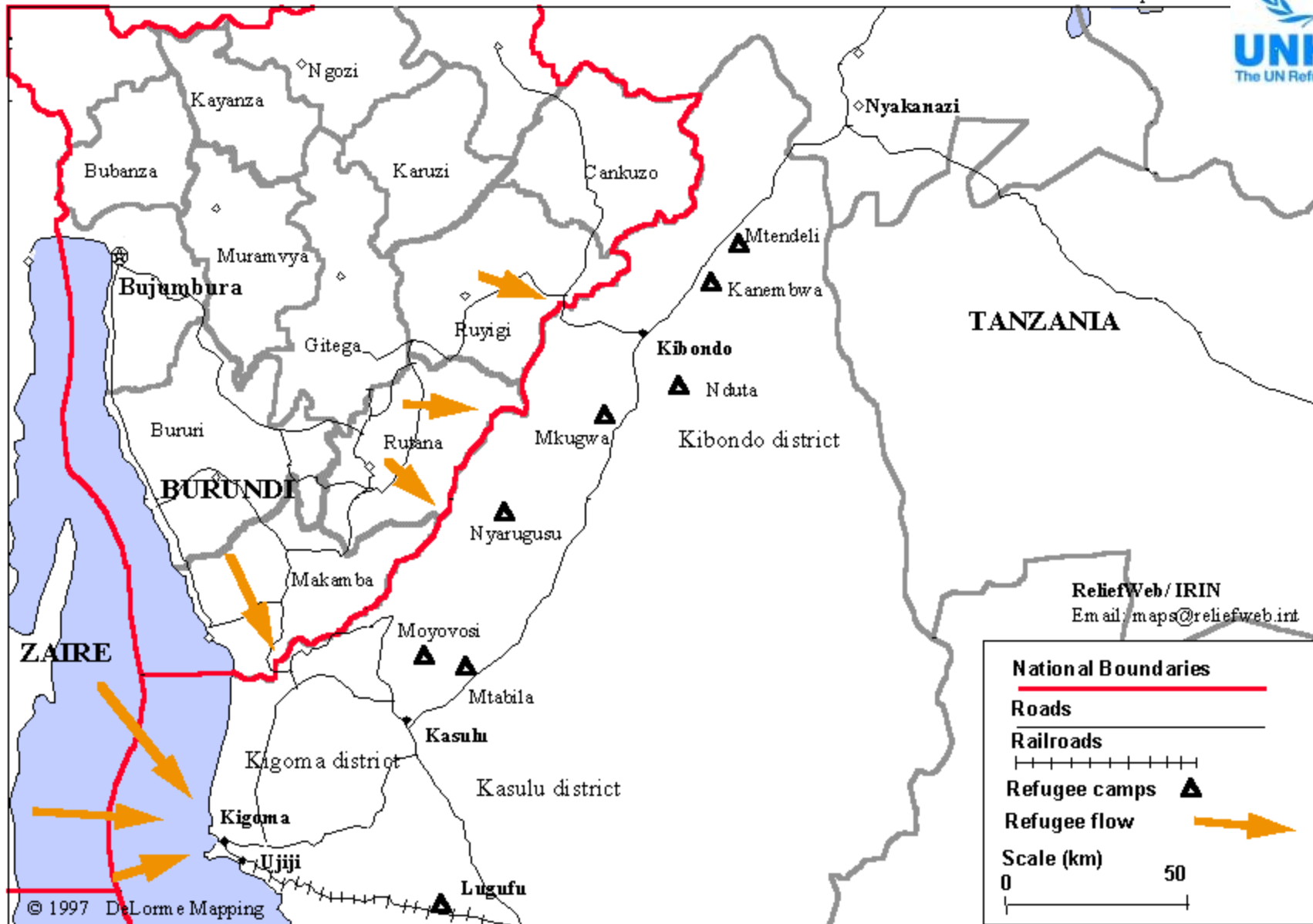
# Adolescent Sexual Reproductive Health, Karago Refugee Camp, Tanzania



**RHRC Presentation**  
**October 7, 2003**  
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# Kigoma region: refugees

Last updated: 21



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# Tanzania Refugee Program: Background



- ❑ Population 34,000,000 people
- ❑ Hosts > 510,000 refugees from Burundi, DRC, & Rwanda
- ❑ The refugees camps offer curative and preventive services including VCT, PMTCT and SGBV.
- ❑ Crude Birth rate 4.62/1000 live births/month
- ❑ Of total births 17% are from adolescents
- ❑ Neonatal mortality 9.55/1000live births

## Background Cont.

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- ❑ IRC provides services to approximately 160,000 Burundian refugees living in 3 camps in Western Tanzania.
- ❑ The health programs in the camps target youth through Youth Centers (YC).
- ❑ YCs' provide a place for Health Education, health services, skills training and recreational.
- ❑ IRC collaborates with different local NGOs in each of the camps.
- ❑ In Karago camp there is population of approximately 34,755 refugees

# Adolescent Sexual Reproductive Health (ASRH)

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- ❑ In late 2000 an assessment done by WHO revealed that ASRH services were severely lacking in the camp. Some of the findings were:
  - ❑ Lack of trust in the confidentiality of existing system to access of RH services.
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## The findings showed:

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- ❑ Lack of privacy and possibility of one being seen by a parent
  - ❑ Negative experiences e.g. long waiting time or being refused to be served.
  - ❑ Adolescents were not involved at any level of program development and had no ownership of the program.
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## Findings cont:

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- ❑ Lack of sensitivity by older service providers, who tended to castigate the youth when they go to seek for services and young people felt that their participation does not count.
  - ❑ Language and age barriers between the youth and service providers
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## Response:

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- ❑ ASRH services were established in July 2001 as pilot project.
  - ❑ AIM-To provide ASRH services in Karago camp in a culturally appropriate manner that will increase accessibility and acceptability.
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# Implementation strategy:

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- ❑ Establishment/rehabilitation of YC to include ASRH.
- ❑ Recruitment of staff and training in ASRH
- ❑ Training of RH peer educators
- ❑ Other activities include athletics, handcrafts, sewing, language lessons, library and video facilities.
- ❑ Health education covering topics such as STIs, HIV/AIDS, SGBV and Family Planning

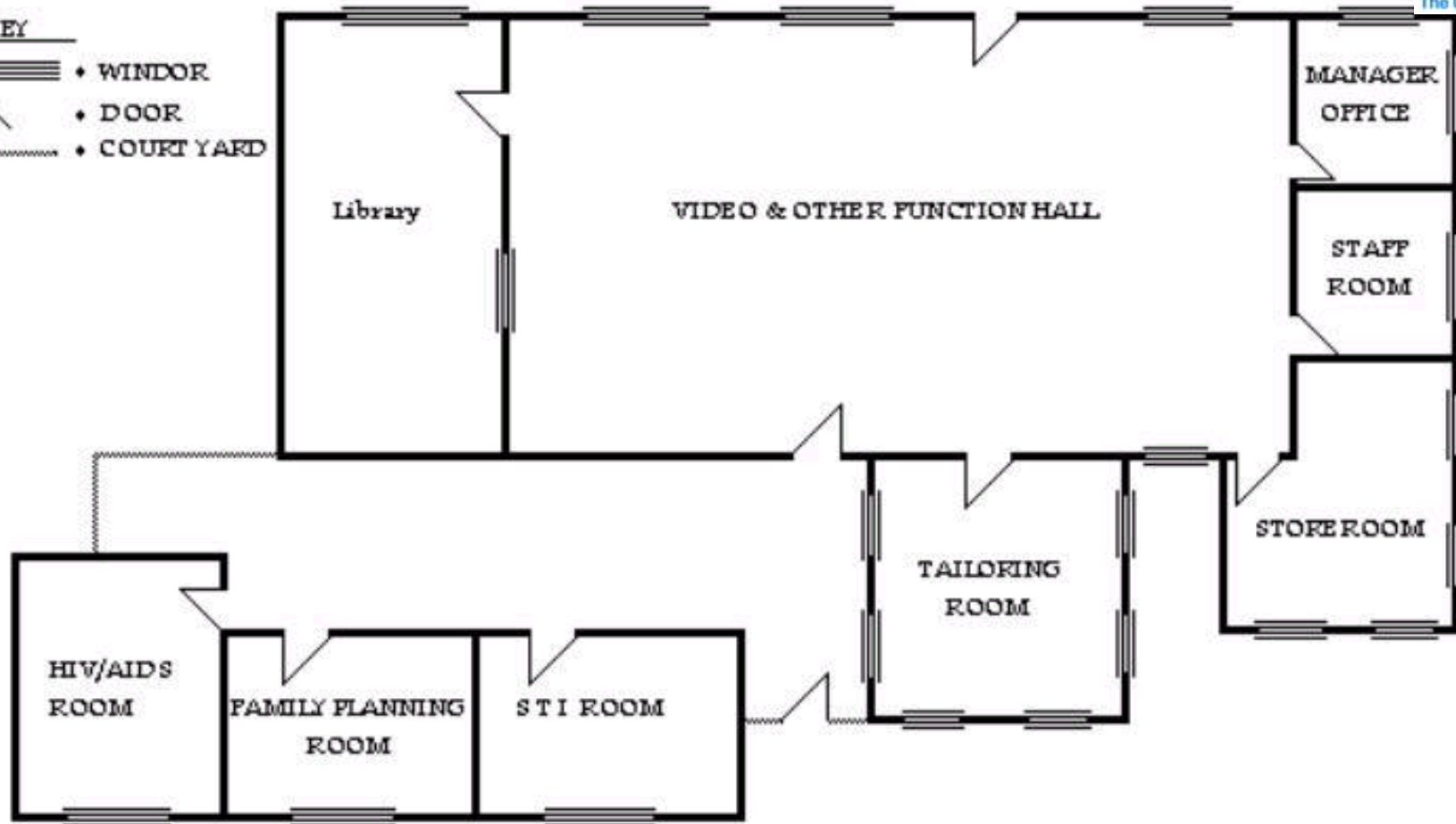


**UNHCR**  
The UN Refugee Agency

GRAUND PLAN FOR KARAGO YOUTH CENTRE

KEY

-  • WINDOW
-  • DOOR
-  • COURTYARD

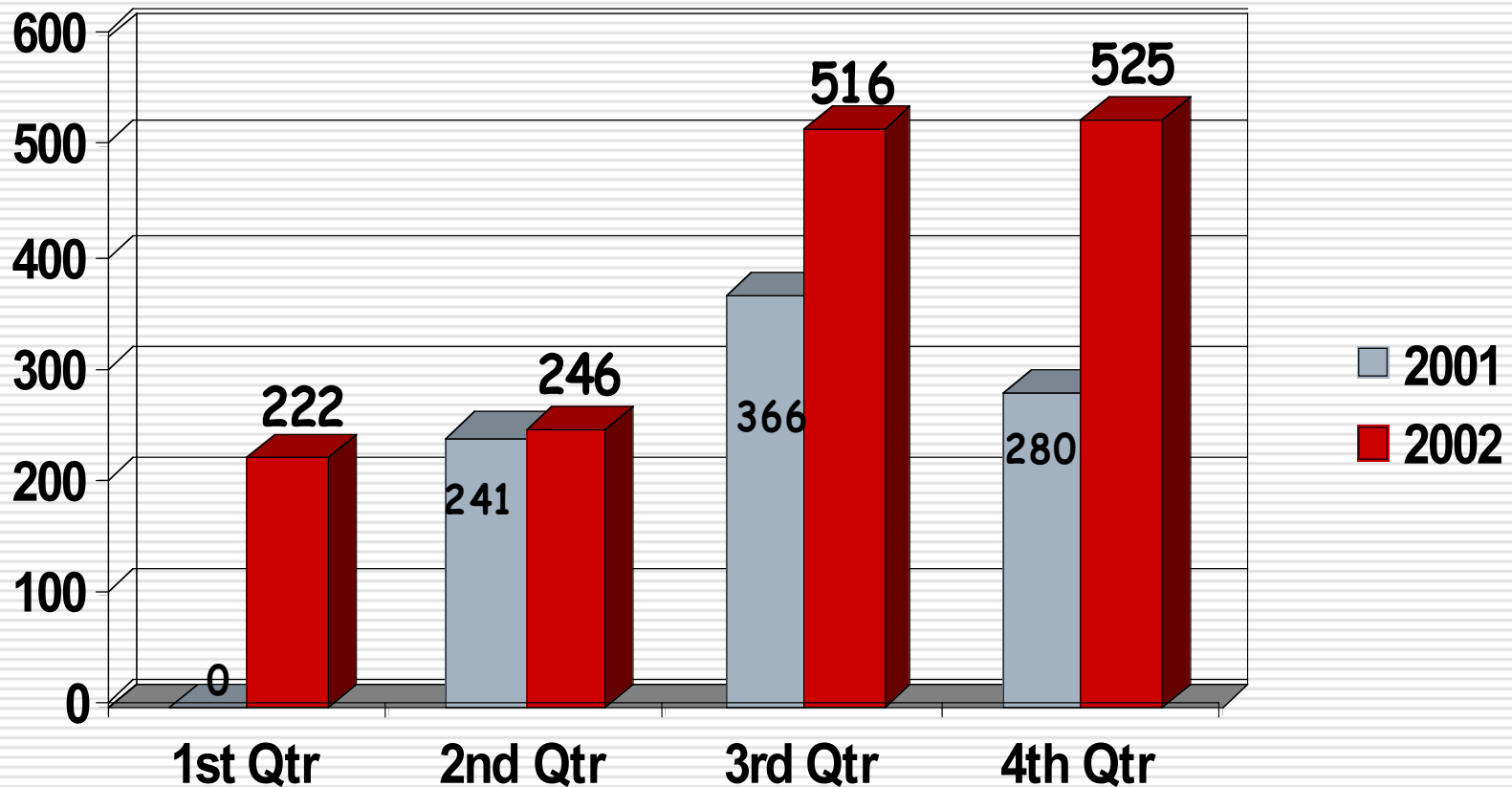


## Youth Center staff:

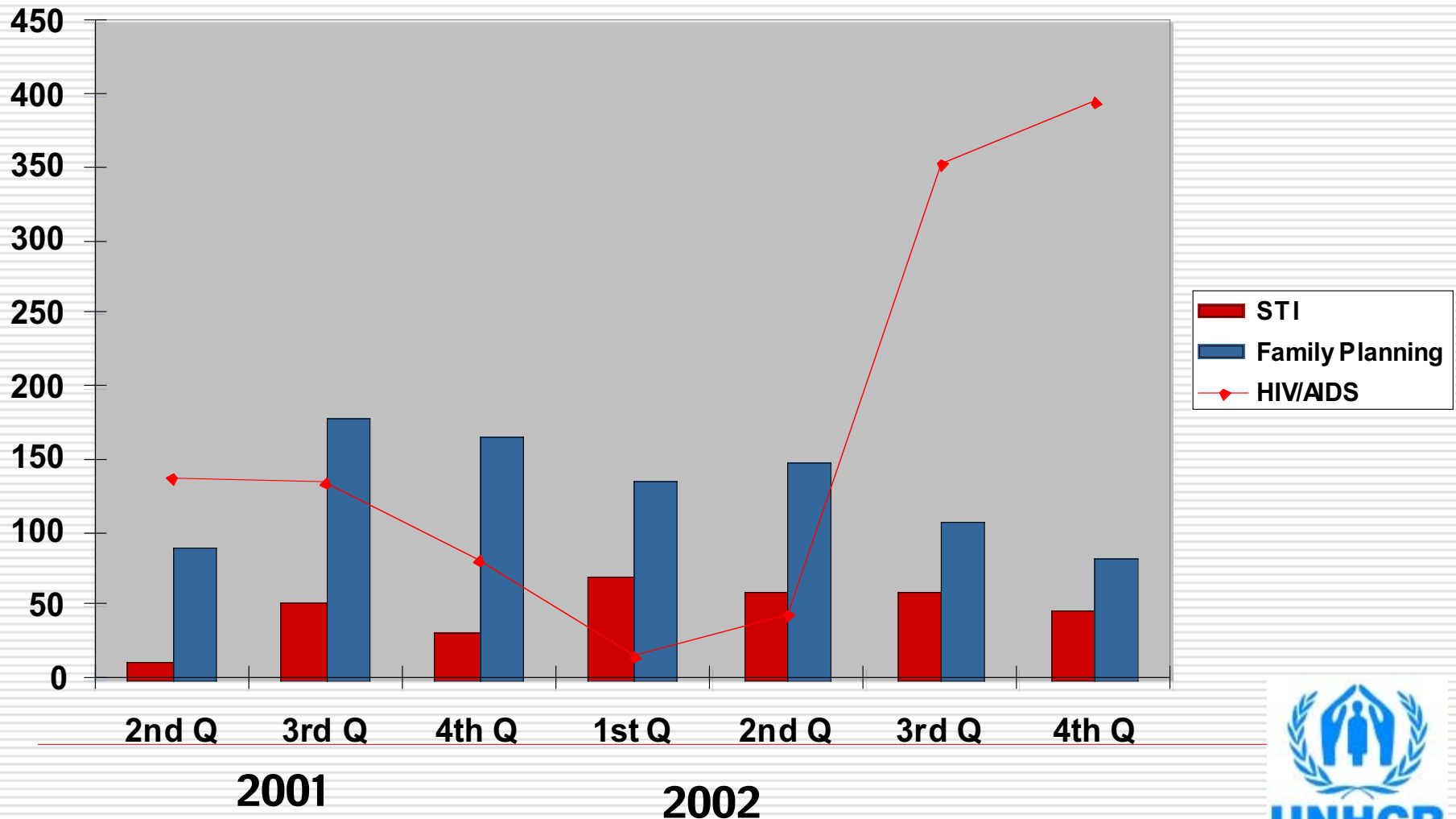
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- ❑ Employs a total of 16 Burundian refugees e.g. a tailoring teacher, business trainer, nutrition/hygiene specialist, general health teacher, guards and cleaners.
- ❑ There is specific counselors for VCT, FP & STI (counseling and treatment)
- ❑ All staff providing services were trained in ASRH
- ❑ YC operates on "drop -in" basis from 0800-1700hrs

# Comparison of total attendance in 2001 & 2002

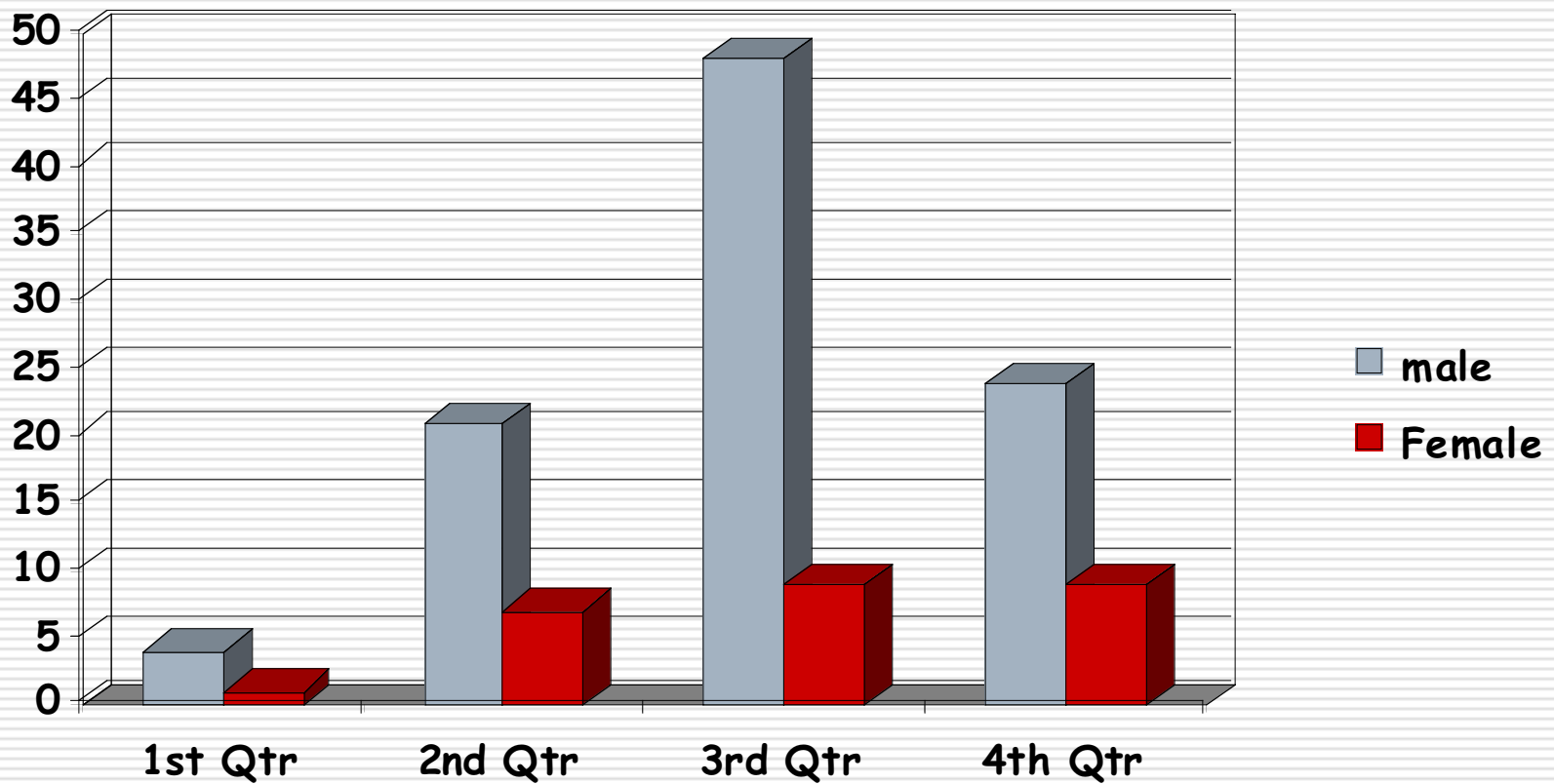


# Attendance by Services provided 2001 & 2002



# Youth Attending H/Education sessions 2002

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# Achievements

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- ❑ YC is a great idea-keeps the youth involved and reduces their participation in risky behaviors.
- ❑ YC been a good way to reach the out of school youth.
- ❑ Through training and support, quality of care to ASRH services can be improved.
- ❑ Increase in acceptance of FP among youth
- ❑ Increased attendance for STI treatment and condom use among youth

# Challenges

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- ❑ Youth feel that location of center is not ideal & one for whole camp is not sufficient.
- ❑ After training e.g. tailoring there are no jobs although the course still remains popular
- ❑ Females concentrate on basket making but there is no market for their products.
- ❑ Many youth prefer learning Kiswahili or Kirundi as they saw them as more useful for the immediate and future esp. with counterparts.
- ❑ Fewer girls participate in skills and sports.

# Challenges cont.

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- ❑ Library-most of the books are in English or French thus the use is low. More useful to have more books in Kiswahili or Kirundi.
- ❑ Residue resistance especially from the religious leaders as were not involved from the birth of the project. Nevertheless other adults now appreciate the program

*“we are not aware of the YC and its purpose. However, at the beginning we thought it was a dating center until we called and an explanation was given of the objectives of the center”*

# Lessons learnt

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- ❑ Community participation is **IMPORTANT**.
  - ❑ Attrition has been a problem. Giving of incentives in kind helps to keep the youth motivated.
  - ❑ Despite the lack of employment for tailoring graduates, the course remains popular.
  - ❑ Low involvement and participation of girls.
  - ❑ No market for beautiful baskets made.
  - ❑ M&E- ability to adjust operations and improve project outcomes/ attribute outcomes to interventions e.g. keep data on appropriate age groups.
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# Recommendations

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- ❑ Youth Involvement is important for “ownership” of the project e.g. establish a youth advisory committee, involve them in planning.
  - ❑ Increase parents involvement to prevent opposition to their children’s involvement e.g. have skill building workshops for the parents.
  - ❑ Conduct a market survey to establish what trainings are appropriate and equip the youth with such skills.
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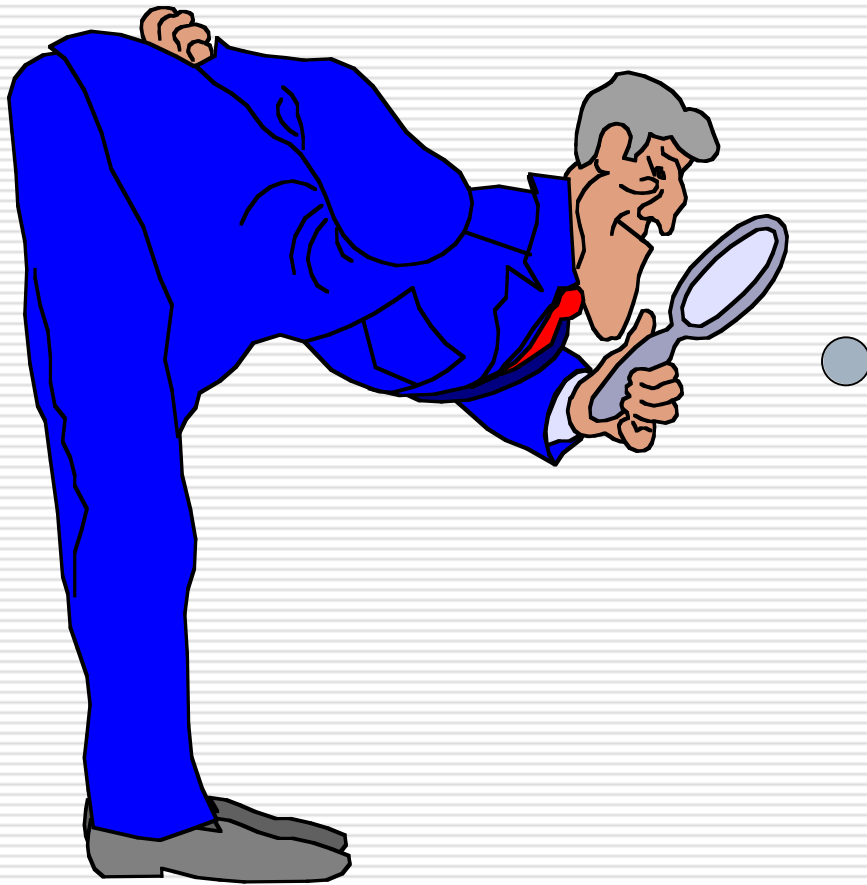
# Acknowledgements

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- UNHCR
  - UNF/UNFIP
  - UNFPA
  - UNICEF
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**END**

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**THANKS**

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