Vijana Juu (“Up with Youth”)

About Vijana Juu

For young people (ages 15-24) living in the Democratic Republic of Congo (DRC), accessing sexual and reproductive health (SRH) information and services can be difficult. Adolescent girls face cultural norms, stigma, and expectations that limit their ability to seek health advice and services on their own. If they do manage to reach services, they may be either denied care because of their age or shamed for seeking it out. CARE designed Vijana Juu (Swahili for “Up with Youth”) in collaboration with adolescents and youth to respond to their SRH needs in Goma, DRC.

OBJECTIVE

Vijana Juu aims to improve quality of and access to reproductive health services for adolescents in Goma while increasing their agency and capacity to create positive change in their lives and communities.

STRATEGY & ACTIVITIES

CARE conducted a survey of SRH knowledge, attitudes, and practices among young people in Goma in 2016, and learned that although more than half were sexually active, fewer than 10% knew about the most effective reversible contraceptive methods and only 15% of adolescent girls who are sexually active reported ever using a modern contraceptive method (besides condoms). Nearly one-third of adolescent girls who had been pregnant reported having an abortion. Through participatory workshops, local youth discussed their health challenges and defined what youth-friendly SRH services would look like, and this feedback was integrated into the Vijana Juu program design.

Youth-Friendly Services and Spaces

CARE worked with four government health clinics managed by local churches to make their SRH services more accessible and welcoming to young people. Upon arrival, adolescents present referral cards that allow them to pass immediately to a consultation room, without having to wait or fill out registration paperwork. Services are delivered at no cost and available 24 hours per day, every day of the week. Health providers are trained to recognize and challenge their own values and biases toward youth sexual activity that could jeopardize the patient-provider relationship and discourage youth from seeking services.

Youth meeting spaces were established near the health centers, and equipped with a laptop, video projector, and solar powered light. Adolescents come to these spaces to talk with their peers about issues related to SRH in a relaxed environment that belongs to them. Peer leaders facilitate participatory activities for different age groups (10-14 years; 15-24 years) every week, often with the participation of providers and CARE staff.

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Program Name: Vijana Juu (“Up with Youth”)
Program Country: Democratic Republic of Congo (DRC)
Timeframe: 2015-2017
Budget: £170,000
Donor: UK Aid Match

Results:
- 6000+ adolescents received SRH counseling and services
- Among adolescent girls that chose a family planning method, 43% chose a highly effective, long-acting and reversible method (implant or IUD)
Peer Leaders and SRH Champions

Young people affiliated with churches, theatres, and local community associations near participating health facilities can volunteer to become peer leaders. They help to equip other adolescents and youth with the skills they need to make informed choices by sharing accurate and relevant SRH information, modeling and promoting healthy behaviors, hosting group activities to identify and challenge harmful gender and social norms, and referring their peers to youth-friendly health centers. Adults in the community can also participate by becoming SRH champions, and talking to parents and leaders about the importance of talking to young people about sex and connecting them to appropriate SRH services.

Strategic Partnerships

Organized religion is a dominant social force in DRC, and most of the population is actively involved in church activities. In Goma, Protestant parishes manage primary health centers and schools in addition to churches. Three of these parishes donated land and provided volunteers to build Vijana Juu youth-friendly spaces (CARE provided the building materials), and they will continue to oversee the maintenance and upkeep of these spaces.

Mobile Technology

The DRC National Health Program for Adolescents partnered with CARE, Vodacom, HNI, and Pathfinder to create an SRH hotline. By texting or calling 1-5-5 on any Vodacom phone, adolescents can anonymously access pre-recorded voice messages and texts in four different languages containing information on issues related to family planning, post-abortion care, STI/HIV prevention and treatment, and gender-based violence. This service covers 75% of the country and is the first of its kind in DRC.

Social Accountability

This project utilized CARE’s Community Score Card© (CSC), a citizen-driven accountability approach for the assessment, planning, monitoring and evaluation of service delivery. Through Vijana Juu, CARE invited adolescents to contribute their thoughts on how local clinics could better serve their SRH needs, and then invited health providers to consider the identified challenges in delivering SRH services to young people. Then representatives from both groups came together to develop a shared strategy for improvement, and indicators that would be tracked to measure progress toward their goals. Adolescents are periodically engaged to monitor youth-friendliness of health service delivery and to collaborate with health providers and leaders to strengthen program quality.

Within three months of starting the CSC process, young people noted improvement in the awareness and availability of youth-friendly SRH services, better attitudes among service providers, and a reduction in clinic waiting times. This process also helped to identify a group of vulnerable adolescents whose SRH needs were not being served – youth living in camps for internally displaced people on the edge of Goma.

Through meaningful participation and engagement of adolescents at all phases of the project, Vijana Juu is seeing an increase in uptake of family planning services among youth in Goma.