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Title of Abstract: Scaling up ASRH Program through Decentralized District System

Designated Presenter: Dr. Lorna Tumwebaze

Youth Presenter: No

Type of Session Preferred: Panel

Theme and Topics: Access to health information and services

Learning Objectives:

Participants would have:

1. Examined different models of scaling up ASRH programs utilized by AYA-Uganda within a decentralized health system
2. Shared experiences on ways to build district level capacity to coordinate, plan, implement, evaluate and leverage resources for ASRH programs

Background:

Uganda is one of few African countries that documented a decline in HIV/AIDS prevalence nationally, especially among young women attending antenatal clinics. Over 50% of new HIV/AIDS infections are among youth aged 15-24 and females have 6 times higher rates than males. Teenage pregnancy has only declined from 43 to 31 percent between 1995 and 2000. Uganda prioritized programs for youth as key to stemming HIV/AIDS pandemic and for achieving poverty reduction goals. Existing ASRH programs were mostly scattered and pilot in nature. Consequently, the African Youth Alliance Uganda was designed to institutionalize and scale up successful ASRH initiatives within decentralized district systems.

Interventions

Scaling up methods included grafting ASRH into existing service delivery points, schools and district development plans; scaling up through associations of multiple civil society organizations and public and private sector agencies) and planned expansion methods. Capacity building for partners to plan, implement, expand and evaluate innovative ASRH programs and resources mobilization were critical elements of the program which aimed to create an enabling environment for ASRH, promotion of behavior change and increased youth friendly services.

Partners:

Program is managed by Alliance Partners (UNFPA, Pathfinder International and PATH) and implemented by government and civil society organizations.

Lessons learned

- By scaling up ASRH programs through the decentralized system (government and multiple civil society structures), AYA is able to reach large numbers of adolescents, adults and communities with ASRH information, services and skills.
- Participatory adaptation of documented ASRH best practices facilitated scaling up process.

Recommendations

Scaling up an ASRH program should include:

- Identification of documented best practices (strategies, policies, partnerships or programs).
- A sufficient planning period and partnership development with multiple players.
- Laying strong foundation for planning, implementation, expansion, evaluation and coordination of the multiple interventions and agencies.

Replication in other settings.

AYA's experiences will provide useful lessons for replication of ASRH programs within and outside Uganda.