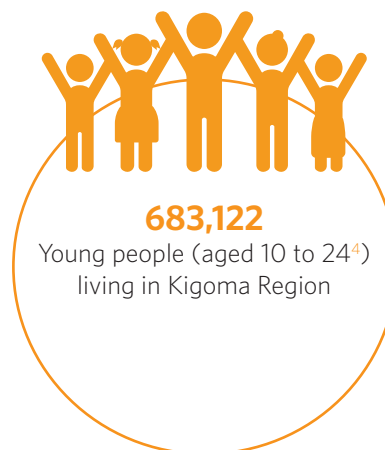


Fact Sheet: Ujana Wangu Nguvu Yangu

“My youth, My power”: Leaving no one behind starts with reaching the most excluded in Kigoma Region

Kigoma is one of the poorest regions in Tanzania¹, and, with its youthful population – 67 per cent are below the age of 24² – is home to some of the most marginalized and vulnerable young people in the country. The region is also host to a community of 216,436³ refugees, primarily from Burundi and the Democratic Republic of Congo, who reside in three camps – Nyarugusu, Nduta, and Mtendeli.

Adolescents and young people in Kigoma face formidable challenges on a daily basis – staying healthy, getting an education and making their own decisions in life – and for them there is a real danger of being left out and left behind.



Reproductive health indicators⁵ - Kigoma Region



ADOLESCENT CONTRACEPTIVE
PREVALENCE RATE (modern methods)

7 per cent
15 to 19-year-olds

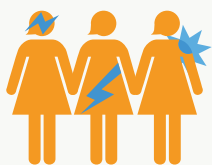
21 per cent
20 to 24-year-olds

ADOLESCENT PREGNANCY RATE
(15 to 19 years)
32 per cent

ADOLESCENT FERTILITY RATE
(15 to 19 years)
132 per 1,000 live births

GENDER-BASED VIOLENCE

Kigoma Region has the second highest rate of gender-based violence (GBV) in the country.⁶



23.1 per cent of women (15 to 49 years)
report they have experienced sexual violence.



42.6 per cent of women and girls (15 to 49 years)
report they have experienced some form of physical violence.

¹ Household Budget Survey 2017-18: Key Indicator Report, Dodoma, June 2019.

² Tanzania Demographic and Health Survey (TDHS) 2015/16.

³ UNHCR Tanzania Refugee Situation Statistical Report. 31 May 2021.

⁴ Ibid.

⁵ TDHS 2015/16.

⁶ Ibid.



Launched in July 2018, the Ujana Wangu Nguvu Yangu “My youth, My power” project, funded by Irish Aid, focuses on strengthening health systems, human resources and infrastructure so that access to quality sexual and reproductive health and rights (SRHR) services and information, including maternal and child health and gender-based violence (GBV) prevention and response, is expanded for some of the furthest behind women and young people in local communities in Kigoma Region – with targeted support to young people living in the three refugee camps.

During the last year, in the context of the COVID-19 pandemic, a focus of our activities under the project has been to prioritize the continuation of essential and life-saving SRHR services, while strengthening infection, prevention and control (IPC) protocols and ensuring frontline health workers are protected to deliver services safely.

Our holistic approach to accelerating progress towards universal health coverage, including SRHR, includes extensive outreach to drive positive, transformative change around social and gender norms that prevent women and young people from upholding their rights, to ensure sustainability beyond the life of the Ujana project.

Our partners

- Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC)
- President's Office Regional and Local Government (PORALG)
- Regional Administrative Secretaries (RAS)
- Local Government Authorities (LGAs) and selected non-governmental organizations (NGOs)/ implementing partners in Kigoma Region.

Project districts – all selected on the basis that they are geographically hard-to-reach with a significant vulnerable population, including a large number of adolescents, young people and refugees.

- Kasulu DC
- Kasulu TC
- Kibondo DC
- Kakonko DC
- Uvinza DC

Project beneficiaries – refugee and local community

PRIMARY BENEFICIARIES

24,049 adolescents and young people (10 to 24 years)
(Local community 20,599; refugees 3,450)

82,352 pregnant women
(Local community 58,752; refugees 23,600)

SECONDARY BENEFICIARIES

All women of reproductive age (15 to 49)
293,762

Empowering young people as leaders

Young people have the potential to be powerful drivers of change and resilience builders in the community when empowered to realize their rights and matched with the right opportunities, and are at the forefront of project activities in Kigoma. As experts on their own lives they are best-placed to advocate for the support and solutions they need to realize and exercise their SRHR and live healthy, safe and fulfilling lives.

In 2019, the African Youth and Adolescents Network on Population and Development (AfriYAN) East and Southern Africa – a regional youth network for advocacy on SRHR and population and development – established a chapter in Kigoma recruiting nine youth-led civil society organizations to join the network.

Under the Ujana project, AfriYAN members are playing a central role in advocating to different actors, including government, for expanded access to SRHR services and information for all young people in Kigoma – particularly the most vulnerable. Members have attended leadership training to build their skills to meaningfully engage in decision-making processes and to give the young people of Kigoma a voice – with training extended to government officials to mobilize support for youth organizations' advocacy activities on adolescent sexual and reproductive health (ASRH).

Safe spaces for adolescents and young people

To address low health-seeking behaviour among Kigoma's adolescents and young people, UNFPA, in collaboration with the International Rescue Committee (IRC) and other partners, has established three adolescent and youth-friendly (AYF) centres in Nyarugusu Camp. The centres are a safe space for vulnerable adolescents and young people to meet and to access a comprehensive package of high-quality, age-appropriate SRH services including voluntary family planning, HIV voluntary counselling and testing, psychosocial counselling, and information on menstrual hygiene management (MHM). An additional two AYF service facilities are in the pipeline for construction.

From August 2020 to March 2021 more than 3,000 young people from local communities and Nyarugusu Camp accessed the centres, enabling them to make informed and healthy choices about their SRHR – choices that will shape their future.

Over the same period, 241 peer educators, an integral part of the primary health care system across project sites, graduated from Kiota Women's Health and Development (KIWOHEDE) SRHR training and are now supporting and mentoring peers in the community and camps, promoting good SRHR and facilitating referrals to the AYF centres.

Youth peer educators also took the lead in developing 12 radio sessions on ASRH and GBV issues in the COVID-19 context, which were broadcast on community radio reaching around 800,000 people. Local youth artists have also supported the production of four songs/dramas on COVID-19, ASRH and GBV which will be aired through community radio.

Pushing the menstrual hygiene management (MHM) agenda forward

Managing menstruation is often challenging for adolescent girls in Tanzania – and around the world – but these challenges are exacerbated where privacy and access to water and materials to manage periods are often lacking. Persistent inequalities and perceptions that menstruating is somehow 'dirty' or 'shameful' can also mean that menstruation and puberty mark the start of restrictions to girls' mobility and behaviour – a time when their opportunities can radically diminish.

UNFPA is supporting girls to manage their menstruation with dignity. Ten improved latrines have been constructed at selected primary schools⁷ in four project districts, each with a separate changing room for girls and an incinerator for the disposal of used sanitary pads. Over 10,000 Dignity Kits, which include a reusable sanitary pad, have been distributed to adolescent girls since the project began, and cumulatively over 1,900 adolescents from secondary and primary schools (both girls and boys) and 50 teachers have been reached with MHM education. In addition, 320 peer educators who are not in school have attended knowledge sessions on MHM.

Meeting the unique needs of first-time young mothers

First-time young mothers (FTYMs) are a particularly vulnerable group. Shouldered with the responsibilities of raising a child at a young age, lacking access to age-appropriate SRHR services and information, and subject to stigma and discrimination, they often feel isolated, left out and left behind.

UNFPA, in collaboration with the Tanzania Midwives Association (TAMA), is working to address their unique needs. Forty-two (42) FTYMs have been identified and mobilized as ASRH peer educators, equipped with a bicycle and smart phone to increase the effectiveness and range of their outreach. They also attended training on COVID-19 prevention and transmission to spread the word among their peers.

Some 100 healthcare providers have attended training to ensure the services they deliver meet the particular SRHR and psychosocial needs of young people, including FTYMs. They reached over 9,200 youth, including FTYMs, between August 2020 and March 2021. And to address this group's social exclusion, 45 influential gatekeepers – community and religious leaders and parents – have attended an awareness-raising session to look at their attitudes towards FTYMs and how they can support this marginalized group.

⁷ Improved latrines have been built at Musivyi, Kumkata, Muhunga and Malembo Schools (Kasulu TC); Muzye and Kigadye Schools (Kasulu DC); Kigaga and Kizazi Schools (Kibondo DC); and Kasongati and Kagondo Schools (Kakonko DC).

Making motherhood safer

Making motherhood safer is a focus of project activities and UNFPA, in collaboration with regional and local government, has identified, renovated and equipped nine maternity wards in Kasulu DC (2), Kasulu TC (3), Kakonko (2) and Kibondo DC (2). A further eight maternity wards and one Reproductive and Child Health clinic are in the pipeline for construction. Two ambulances, which will be stationed at selected health facilities in Kasulu DC and Kasulu TC, have also been procured for emergency obstetric referrals. Maternal and perinatal death surveillance and response (MPDSR) meetings are also taking place on a quarterly basis, providing a continuous cycle of identification, notification and review of maternal and perinatal mortalities to improve the quality of care and the prevention of future deaths.

Strengthening gender-based violence prevention and response

Violence and abuse against women and girls continues to be a daily reality in Tanzania, with Kigoma reporting one of the highest incidences of GBV in the country. In support of national and global development goals – and at the heart of its own mandate – UNFPA is driving a multisectoral response under the project to improve the quality of lives of women and girls. Activities include strengthening prevention and response systems and working with communities to drive positive and sustainable change around harmful social and gender norms that keep women and girls locked in a cycle of inequality and abuse. From August 2020 to March 2021, 300 women and 300 men in project districts were recruited and completed the Engaging Men in Accountable Practice (EMAP) programme that drives gender transformative change, with women as leaders and male engagement.

In the last year, two One Stop Centres (OSCs) have been constructed at Kasulu District Hospital (Mlimani Hospital) and Kigoma Regional Hospital (Maweni Hospital) informed by best practices following an assessment of five OSCs that are operational elsewhere in Tanzania. The centres provide survivors of violence with the support they need to rebuild their lives including comprehensive medical, legal and psychosocial support as well as referrals to other services. Healthcare workers from all districts have also received training to ensure that service provision is timely, sensitive and survivor-centred. Data generation and analysis on GBV and violence against children both during and post COVID-19 outbreaks has also been enhanced through an expert-led data management training for social workers, and the provision of computer equipment.

Prioritizing essential sexual and reproductive health services as part of COVID-19 response efforts

When the COVID-19 pandemic arrived in Tanzania in March 2020, UNFPA responded quickly, adapting Ujamaa programme activities to ensure that essential and life-saving SRHR services continued uninterrupted and that frontline workers were protected as they provided care. Personal protective equipment was procured and delivered to frontline healthcare workers and community volunteers in Nyarugusu refugee camp including face masks, gloves, liquid soap, hand sanitizer, bleach, and batteries for thermo-scanners for temperature screening at camp entry points. Over 60 healthcare workers in the two camps, providing maternal and child health services, attended training on COVID-19 standard case definition, IPC and case management, while more than 110 healthcare workers and Health Information Teams were oriented on COVID-19 risk communication and community education. Moving forward, the highly-infectious disease unit – the largest of its kind in the region with its 24 beds – which has been refurbished over the last year, will accommodate patients during future disease outbreaks



Delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled

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