Rationale and design of *Int*HEC – a cluster randomised trial of adolescent reproductive health interventions in Tanzania and Niger

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BACKGROUND

Poor adolescent reproductive health (ARH) continues to be a major cause of morbidity and worsening poverty in sub-Saharan Africa [1]. The effectiveness of ARH programmes within the health and education sectors is seriously hampered by adverse prevailing cultural norms and practices within those sectors and the wider community and by poor programme integration [2]. In order to address these problems, Health, Education and Community Integration (*Int*HEC) was designed to develop, implement, and evaluate "evidence-based strategies to increase equity, integration and effectiveness of reproductive health services in Tanzania and Niger".

AIM

The main aim of *Int*HEC is to improve the delivery of reproductive health (RH) services in Tanzania and Niger by successfully engaging policy-makers and programmers in the generation of new evidence about effective ways to strengthen the provision, uptake, equity and effectiveness of ARH programmes.

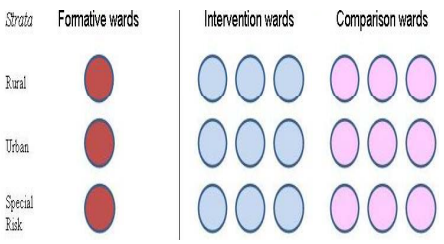
OBJECTIVES

1. To conduct a situation analysis of current community and implementer experiences of ARH programmes in Tanzania and Niger to identify weaknesses in ARH service provision
2. To develop and implement an innovative package of pilot interventions that are feasible, equitable and appropriately designed to address identified gaps
3. To document and evaluate the processes of these new interventions and their effects on ARH provision, uptake, and effectiveness
4. To support the development and implementation of feasible, effective and equitable ARH interventions in sub-Saharan Africa through effective collaboration

METHODS

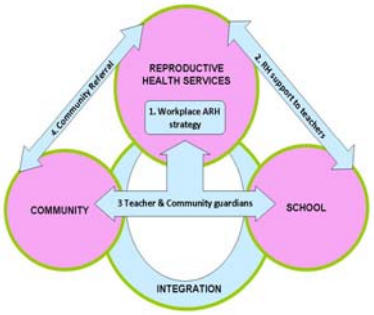
Design: cluster randomisation

*Int*HEC is a cluster randomised trial implemented in 4 regions in Tanzania and Niger, 2 regions per country. Each of the regions has 21 *Int*HEC communities (wards): 3 formative wards, 9 intervention wards and 9 comparison wards. These wards are randomised into rural, urban and special risk strata.



Intervention framework

ARH interventions are being developed and piloted in formative wards. They will be implemented in intervention wards in health, education and community settings.



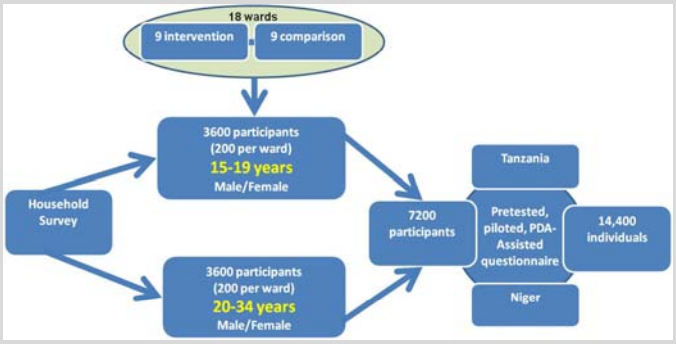
Theoretical framework

*Int*HEC seeks to improve understanding of proximal determinants of health. Using a critical community health psychology approach, it builds alliances with marginalised groups and more powerful individuals and agencies, developing health enabling environments [3]. This approach will address circumstances undermining the communities' health [4].

Situation analysis

Quantitative
Randomised household survey

This is being conducted in a random sample of 14,400 people in Tanzania and Niger for demographic characteristics of participants, their perceived RH needs, formal and informal RH service utilisation and expenditure, rationale for using one service over another, household exposure to school-based and community-based RH promotion, and their attitudes towards these RH promotion activities. A similar survey will be conducted during impact evaluation, and the results of both surveys will be compared to evaluate the impact of *Int*HEC.



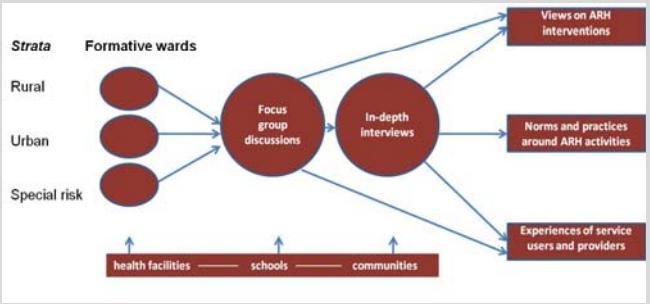
Quantitative baseline studies of service provision and uptake in facilities

This study specifies the total number of clients served by providers in health, education and community settings for specific services, including HIV/STD prevention, treatment, care and support, and contraceptive services. During impact evaluation, results from the service provision and uptake will be compared with results from the baseline to evaluate the impact of *Int*HEC.

Qualitative
Policy review

For a policy background basis of *Int*HEC activities, the policy review covered ARH policies and laws in Tanzania and Niger. Policies and laws were hand- and online-searched and peer reviewed studies on evaluations of particular policies were systematically searched. Conclusions focussed on *Int*HEC objectives.

Participatory focus group discussions and in-depth interviews



ARH risks, resources and service mapping

Adolescents will identify RH risks existing in their communities. Providers and adolescents will map risks identified to existing resources.

Mystery clients studies

These will be done in health facilities with adolescents trained as mystery clients. We will use scripted scenarios to assess the quality of services in the health and community sectors, as well as identify practices that limit service quality and integration

RESULTS

Preliminary analysis of the qualitative studies shows that communities have mixed perceptions of RH services, criticising providers on low quality of their services and structural challenges such as user fees in public facilities. Adolescents report low attendance of ARH services both in the communities and health facilities. Specifically, health seeking on preventive services such as condoms is not as popular as expected. Community-based providers have limited resources and capacity to offer ARH services. These results will be confirmed by the on-going randomised household survey and further analyses of qualitative studies. On policy, Tanzania and Niger encourage ARH research and pilot of new interventions. However, many policies are obsolete and need to be amended.

References

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Further information

For comments and additional information, please contact the Consortium coordinator, LSTM, Pembroke Place, Liverpool, L3 5QA, England. Email: inthec@liv.ac.uk, website: www.inthec.org.

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