SITUATION ANALYSIS REPORT ON STIs SERVICES:

A Community AdvocacyProject Under the Avac Advocacy Navigator Program.



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Preface

This report outlines the findings from a situation analysis aimed at evaluating STIs (Sexually Transmitted Infections) services. The primary goal of this analysis was to assess the availability, accessibility, and quality of STIs services at two selected health facilities: Magomeni Health Center and Tandale Health Center. The situation analysis involved a total of 27 partici- pants, including 20 Adolescent Girls and Young Women (AGYW), 2 healthcare providers, and 5 stakeholders. Both quantitative and qualitative methods were employed. Descriptive statistics, such as frequencies and percentages, were used to analyze the quantitative data, while content analysis was utilized for the qualitative information. The findings reveal that the availability, accessibility, and quality of STIs services in these health facilities are hindered by several barriers. These include the lack of STIs self-testing options, the high cost of STIs services (particularly for accessing medications), the use of abusive language by service providers, and age-related barriers between AGYW and the service providers. In terms of recommendations, it is suggested that health facilities should be equipped with both STIs testing equipment and necessary medications. Additionally, there should be efforts to reduce the costs associated with utilizing STIs services for AGYW.



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This report was submitted to Magomeni and Tandale Health Centers, AVAC, and others Stakeholders.

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Contents

Preface i
List of Tables iii
List of Figures iv

Introduction 1
Methodology 1

Results 1
3.1 Socio-Demographic Characteristics of AGYW 1
3.2 Availability, Accessibility, a nd Quality of STIs Services 3
3.2.1 Awareness an d Knowledge of STIs by AGYW 3
3.2.2 Availabilit y of STIs Services 4
3.2.3 Accessibility of STIs Services 7
3.2.3.1 Experience wi th STIs Services 9
3.2.4 Quality of STIs Services 13
3.2.5 Recommendati ons and Gaps 13

Conclusion 18

List of Tables

Table 1: *Description of Socio-Demographic Characteristics of AGYW*

Table 2: *Experiences with STIs Services in the Health Facilities*

Table 3: *Challenges or stigmatization encountered by AGYW in accessing STIs services*

Table 4: *Recommendations for changes to improve STIs testing services*

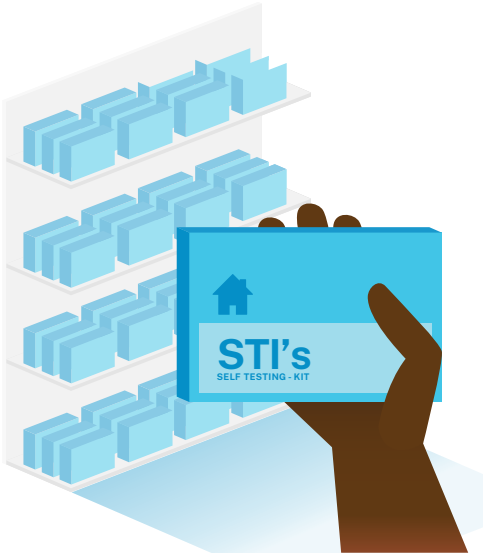
List of Figures

Figure 1: Testing for STIs among AGYW

Figure 2: Level of Satisfaction with quality STIs services in Health Facilities among AGYW

Figure 3: Barriers that affect decision of AGYW to utilize STIs services

1. Introduction



This report presents a situation analysis of STIs services conducted as part of a community advocacy project. The primary goal of the project is to promote the availability and accessibility of traditional STIs screening and testing, as well as the introduction of STIs self-testing kits in Tanzania by 2026. The project aims to empower individuals, especially Adolescent Girls and Young Women (AGYW), to take control of their sexual health and reduce the spread of STIs.

To achieve this, the project seeks to generate demand for STIs services among AGYW in two health facilities located in Dar es Salaam City by December 2025. The initiative involves three main activities: mapping health facilities and the AGYW population, conducting a situation analysis of STIs services, and training a group of 20 peer educators. This report specifically details the situation analysis of STIs services carried out at Magomeni and Tandale Health Centers in Dar es Salaam, Tanzania.

2. Methodology / how information was collected

The collection of information for this situation analysis was done by using questionnaire and interviews (conversations). Questionnaires were specifically used to obtain information from 20 peer educators (AGYW), while conversation was used to get information from healthcare providers and key informants.

3. Results

In this section, the report outlines the results obtained from the field. It identifies four key themes from the data collected, which include: socio-demographic characteristics of AGYW, availability of STIs, accessibility of STIs, and quality of STIs in Magomeni and Tandale health centers. Additionally, it is important to note that this part includes information obtained from AGYW, stakeholders, and healthcare providers. The presentation of the findings in this part, therefore, it is narrated with both quantitative and qualitative information.

3.1 Socio-Demographic Characteristics of AGYW

In this section, various data regarding the socio-demographic characteristics of adolescent girls and young women (AGYW) was collected. This information included their age, educational level, and occupational status.
The results are presented in Table 1.

Regarding age, the participants ranged from 18 to 24 years old, the highest percentage (70.0%) was found in the age group of 22-24 years, comprising 14 AGYW. In contrast, the lowest percentage (15.0%) was observed in the age groups of both 18-19 years and 20-21 years.

These findings suggest that the situation analysis considered various ages of AGYW to gather valid information about the actual conditions at the Magomeni and Tandale Health Centers.

As for educational levels, among the 20 AGYW who participated in the situation analysis, half (10 or 50.0%) had completed ordinary level education (Form four), followed by 25.5% at the university level, 5.0% at the primary level, and another 5.0% at the advanced level (Form Six). These results indicate that the area around the Magomeni and Tandale Health Centers has adolescent girls and young women with diverse educational backgrounds. It is also important to note that the situation analysis included AGYW of varying educational levels, which may yield different perspectives based on their knowledge.

Additionally, among the 20 AGYW who participated in the situation analysis, 9 (45.0%) were students, another 8(40.0%) were self-employed, and (15.0%) were employed. This suggests that in the analyzed area, AGYW are represented across various occupational statuses, including both self-employment and employment.

TABLE 1:

Description of Socio-Demographic Characteristics of AGYW

Socio-demographic characteristics	Frequency (20)	Percent (100/0%)
Age		
18-19 years	3	15.0
20-21 years	3	15.0
22-24 years	14	70.0
Education level		
Primary	1	5.0
Ordinary level (Form Four)	10	50
Advanced level (Form Six)	1	5.0
College (Certificate and Diploma)	3	15.0
University	5	25.0
Occupation Status		
Students	9	45.0
Self-Employed	8	40.0
Employed	3	15.0

Source: Field Data, (2024)

3.2 Availability, Accessibility, and Quality of STIs Services

This section examined the availability, accessibility, and quality of STIs services at the Magomeni and Tandale health centers. Additionally, insights were gathered from adolescent girls and young women (AGYW), health providers, and key stakeholders, including community leaders, parents, and religious figures. Various themes emerged from this exploration, particularly regarding AGYW's awareness and understanding of STIs, as well as the availability, accessibility, and quality of the STIs services offered.

3.2.1 Awareness and Knowledge of STIs by AGYW

During the situation analysis, it was found that all **20 AGYW (100%)** were aware of the availability of STIs services at health facilities. The AGYW identified several STIs services that are provided at these facilities, including advice on STIs, education, testing, and treatment.
For example, One of the AGYW commented:

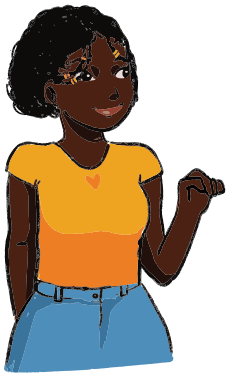
> "I know that the hospital provides STIs services, including education on diseases such as syphilis and gonorrhea, for young people."
>
> **- AGYW, 23 Years Old**



During the inquiry about their awareness of the STIs self-testing kit, all 20 adolescent girls and young women (AGYWs) who participated reported that they were not aware of it, resulting in a total of 100%. However, they were familiar with the HIV testing kit, as this topic is frequently covered in schools and seminars. In contrast, information about other STIs is not typically included in their education. For instance, One of the AGYW expressed this perspective by confirming:



> "I am not familiar with STIs self-testing equipment for gonorrhea or chlamydia, but I do know about HIV/AIDS self-testing equipment because I received education from healthcare providers while in college."
>
> **- AGYW, 24 Years Old**



One of the AGYW pointed out:

"I am knowledgeable about HIV self-testing equipment, which I learned about at the health center. However, I am unfamiliar with testing equipment for diseases such as syphilis and gonorrhea."

- AGYW, 24 Years Old

Another AGYW stated:

"I am not familiar with the testing equipment for syphilis and chlamydia, but I do know about the testing equipment for HIV, which I learned about through various seminars at health centers."

- AGYW, 22 Years Old



3.2.2 Availability of STIs Services

The situation analysis aimed to understand the STIs services offered at a specific health facility. The healthcare providers identified several key services, including screening or investigation, counseling, and treatment.

Among the adolescents and young women (AGYWs), only 15%—which corresponds to 3 AGYWs—reported utilizing testing services for STIs such as gonorrhea and syphilis. The majority of them indicated that they only underwent HIV testing (Figure 1). For instance, One of the AGYW explained that:



"I have only ever tested for HIV/AIDS because I had unprotected sex"

- AGYW, 24 Years Old

The AGYW explained why they were not testing for STIs such as gonorrhea and chlamydia. For instance, one of the AGYW mentioned that she did not see the need to test for these infections because she had never recognized any symptoms associated with them.

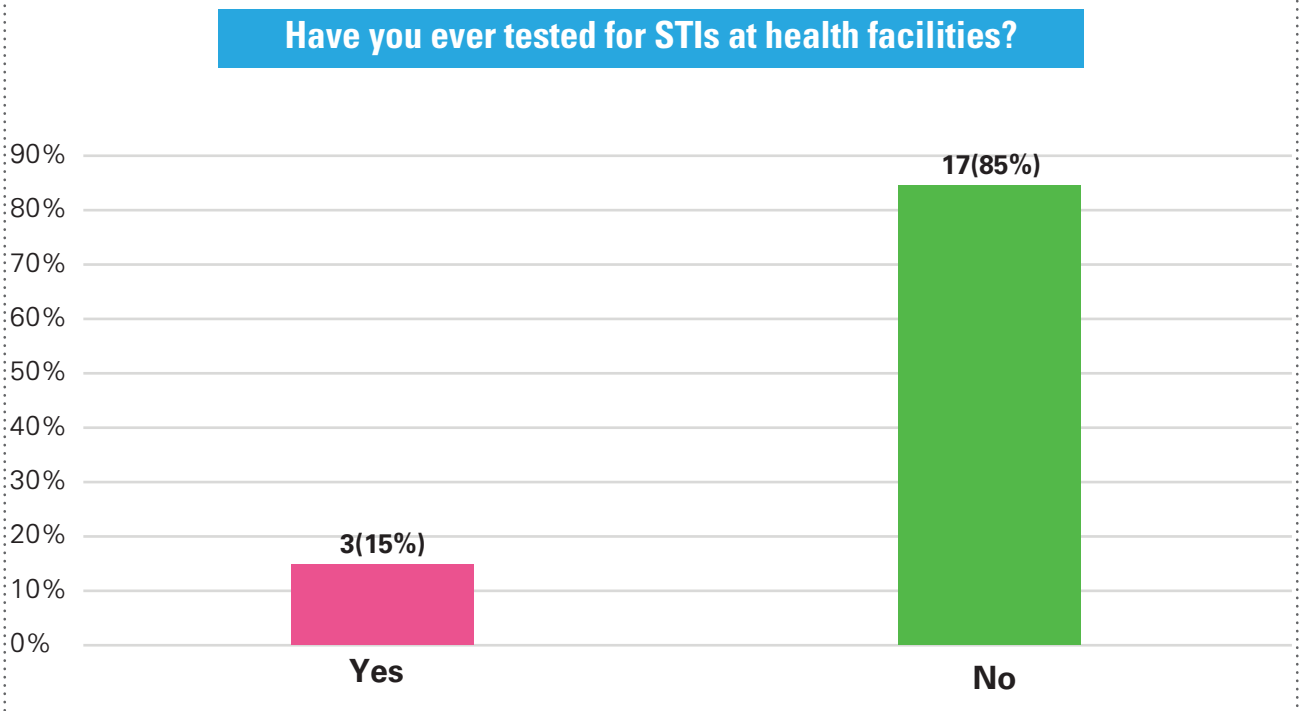
One of the AGYW mentioned:

I have only tested for HIV/AIDS and never for other STIs, such as chlamydia and gonorrhea, because I have not experienced any symptoms of these diseases."

- AGYW, 22 Years Old



FIGURE 1: **Testing for STIs among AGYW**



Source: Field Data, (2024)

The project aimed to determine whether STIs self-testing kits are available in health facilities. The responses indicated that there are currently no self-testing kits for STIs, such as syphilis and gonorrhea, available for individuals. Additionally, healthcare providers explained that the availability of testing equipment for HIV/AIDS often depends on free provision obtained from the Medical Store Department (MSD), specific projects that supply such resources or donations from partners.

Healthcare provider argued:



"Self-testing equipment for STIs like syphilis and gonorrhea is not available. For HIV/AIDS, the availability of equipment depends on the existence of a supporting project and free supply from Medical Store Department (MSD)."

- Healthcare Provider No. 1



Another Healthcare provider argued:

"We don't have STIs self-testing available, and I don't even know if such equipment exists. Even if it does, our health facility lacks information about its availability."

Healthcare Provider No. 2

The project also gathered information on the roles of stakeholders, including parents, and community leaders, in supporting the health and well-being of adolescent girls and young women (AGYW). These stakeholders indicated that they strive to provide education about sexually transmitted infections (STIs) to help AGYW avoid these diseases. They emphasized the importance of encouraging AGYW to seek healthcare services. The stakeholders reported implementing measures to educate AGYW about various STIs that can be particularly harmful to them.

Stakeholder commented:

"As a stakeholder, I strive to b e an effective ambassador, ensuring that AGYW understands how to maintain their health and overall well-being"

Stakeholder No. 1

The stakeholders discussed their perceptions of the current availability of STIs (sexually transmitted infection) services for adolescent girls and young women (AGYW). They believe that while STIs services are available, the high cost is a significant barrier. This high cost has led many AGYW to avoid seeking these services. However, it was noted that the quality of STIs services in some facilities is fairly good, as service providers make efforts to ensure AGYW feel comfortable discussing their concerns with peers. Additionally, through seminars and community outreach, AGYW are encouraged to access modern STIs services. Stakeholder commented:

"The service is good, service providers try to provide AGYW with STI education and testing to ensure that they are healthy"

- Stakeholder No. 2

The findings suggest that many adolescent girls and young women do not undergo STIs testing because they have never experienced symptoms, which leads them to believe there is no need for testing. Additionally, the lack of self-testing kits for STIs in health facilities contributes to this issue.

3.2.3 Accessibility of STIs Services

In this section, the project aimed to understand how healthcare providers promote STIs services to adolescent girls and young women (AGYW), as well as the common barriers these individuals face in accessing STIs services at health facilities. To promote STIs services to AGYW, healthcare providers reported using advertisements through posters and community-based outreach. Additionally, the use of peer educators was highlighted as an effective way to promote these services. For instance, One Healthcare provider confirmed:

"We promote and advertise STIs services to AGYW through posters, community-based outreach, and peer educators. Additionally, we sometimes encourage service providers to advise individuals on STIs."

- Healthcare Provider No. 1

Public meetings in streets and villages are used to promote STIs services. Healthcare providers have confirmed that they are sometimes invited to these meetings to provide education about STIs services. In addition to public meetings, healthcare providers also work with parents, particularly at mother clinics, to encourage them to talk to their children about attending STIs services. One Healthcare provider confirmed:



"Villages hold board meetings, and we are invited to provide education about the friendly services we offer to AGYW."

- Healthcare Provider No. 2



Healthcare providers discussed the common barriers that Adolescent Girls and Young Women (AGYW) face when accessing STIs services at health facilities. These barriers include the fear of being discovered by their parents and a lack of confidentiality. Specifically, it was noted that since healthcare providers are often known by the parents of AGYW in their communities, this relationship contributes to the AGYW's fear that their personal information might be shared with their parents. Many parents do not allow their adolescents the opportunity to seek STIs services, believing that it is not an appropriate time for such care. Additionally, a lack of time to make frequent visits to the streets was also identified as a barrier to STIs services provision. One Healthcare provider confirmed:



"We have limited time to frequently visit the streets to provide STIs services. As you know, few adolescent girls and young women (AGYW) are willing to come to a health facility. Most prefer to be in AGYW clubs, while others are in school, making it difficult for them to access services here."

- Healthcare Provider No. 2



The healthcare providers reported that some parents oppose educating their children about STIs services, as they believe it encourages sexual intercourse.

Additionally, AGYW identified several barriers affecting their decisions to utilize STIs services. These barriers include a lack of confidentiality, high costs of STIs services, the age of service providers, and insufficient information. (Figure 2).

Regarding confidentiality, it was reported that most adolescents and young women (AGYW) prioritize confidentiality in all aspects of their relationships. This concern often prevents them from seeking help at health facilities when they acquire a sexually transmitted infection (STIs), as they fear being recognized. Additionally, some health facilities do not offer AGYW-friendly services.



"What bothers me is the unavailability of AGYW-friendly services. Many health facilities do not have AGYW-friendly services."

- AGYW, 24 Years Old





Another AGYW confirmed

"The age of healthcare service providers makes us uncomfortable in facilities"

- AGYW, 23Years Old



Additionally, when discussing the high cost of STIs services, healthcare providers clarified that screening and counseling are offered free of charge. However, the treatment for STIs comes at a cost of TZS 20,000.

3.2.3.1 Experience with STIs Services

In this section, Adolescent Girls and Young Women (AGYW) were asked to use a scale from 1 to 5 to describe their experiences with STIs services in health facilities. The scale was defined as follows: 1 = not accessible at all, 2 = not easily accessible, 3 = neither easily accessible nor difficult to access, 4 = easily accessible, and 5 = very easily accessible.

The results showed that out of 20 AGYW surveyed, 8 (40.0%) felt that STIs services were easily accessible in health facilities. However, another 8 (40.0%) indicated that they found the services to be neither easily accessible nor difficult to access (see Table 2). Additionally, many AGYW clarified that while STIs services may be easily accessible, some health facilities do not provide these services.

TABLE 2:

Experiences with STIs Services in the Health Facilities

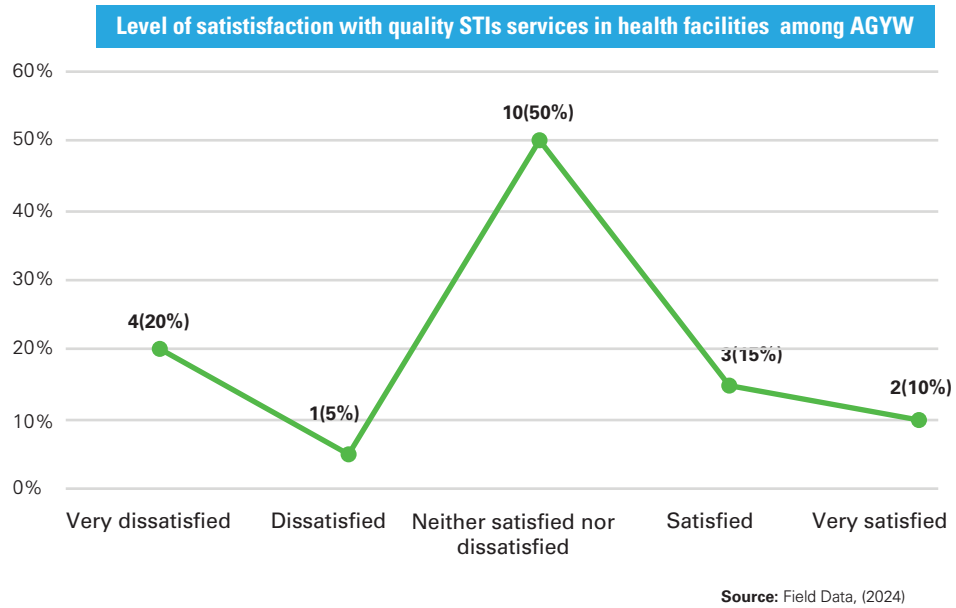
Experiences with STIs services in the health facilities	Frequency (n=20)	Percent (100/0%)
Age		
Not easy accessed at all	2	10.0
Not easy accessed	1	5.0
Neither easy nor uneasy	8	40.0
Easy accessed	8	40.0
Very easy accessed	1	5.0

Source: Field Data, (2024)

The adolescent girls and young women (AGYW) were asked to express their level of satisfaction with the quality of STIs services using a scale of five options: 1 = very dissatisfied, 2 = dissatisfied, 3 = neither satisfied nor dissatisfied, 4 = satisfied, and 5 = very satisfied.

As shown in Figure 2, among the 20 AGYW who participated in the situation analysis, exactly half (10 or 50.0%) reported that they were neither satisfied nor dissatisfied with the quality of STIs services provided in health facilities. This was followed by 4 participants (20.0%) who were very dissatisfied, 3 (15.0%) who were satisfied, 2 (10.0%) who were very satisfied, and 1 (5.0%) who was dissatisfied. Moreover, those who expressed dissatisfaction with STIs services cited two main reasons: many health facilities offer services for HIV/AIDS only, and the high cost of STIs services in these facilities.

FIGURE 2: **Level of Satisfaction with quality STIs services in Health Facilities among AGYW**



Source: Field Data, (2024)

In a situation analysis involving 20 adolescent girls and young women (AGYW), only 3 participants (15.0%) reported experiencing challenges or stigma when accessing STIs services in health facilities (see Table 3). It was also noted that some healthcare providers use abusive language while delivering STIs services in these facilities.

"When I faced a challenge, I sought ARV drugs. The service provider used abusive language towards me, asking if I had engaged in sexual intercourse, and then took my file."

- AGYW, 24 Years Old

Another AGYW pointed out that:

"In some healthcare facilities, service providers use abusive language, especially towards young service seekers."

- AGYW, 20 Years Old

TABLE 3:

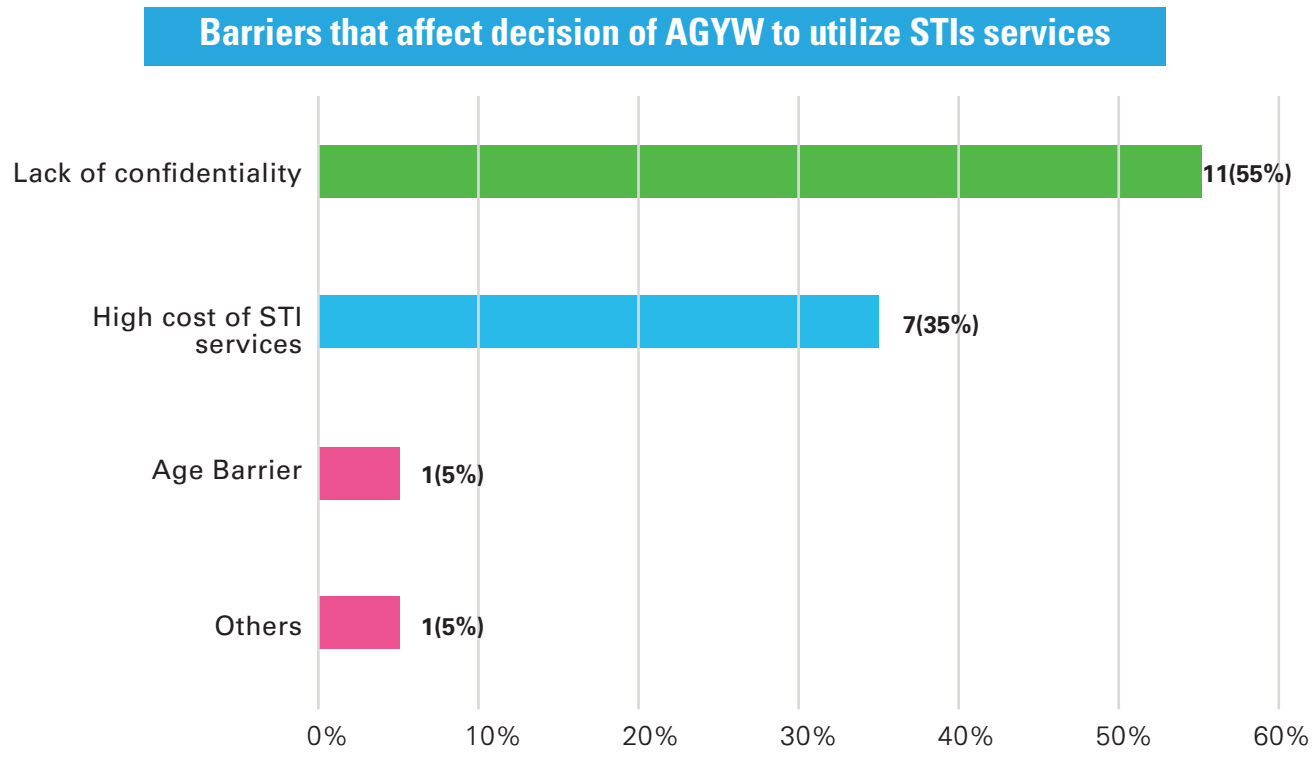
Challenges or stigmatization encountered by AGYW in accessing STIs services

Have you ever encountered challenges or stigmatization when accessing STIs services in health facilities?	Frequency (n=20)	Percent (100/0%)
Yes	3	15.0
No	17	85.0

Source: Field Data, (2024)

These results indicate that while healthcare providers strive to encourage adolescent girls and young women (AGYW) to utilize STIs services, several barriers hinder their efforts. These barriers include a shortage of adequate STIs self-testing kits, concerns about confidentiality among service providers, the high cost of STIs services, and the age gap between AGYW and service providers. (See Figure 3).

FIGURE 3: **Barriers that affect decision of AGYW to utilize STIs services**



Source: Field Data, (2024)

Stakeholders also identified barriers that adolescent girls and young women (AGYW) face in accessing STIs services. The identified barriers include the cost of STIs services, abusive language from service providers, and the lack of equipment, particularly STIs self-testing equipment.

Stakeholder commented:

"Many service providers use disrespectful language towards adolescent girls and young women (AGYW), which makes them hesitant to visit health facilities for services. Additionally, STIs self-testing equipment is not available, and medicines are often too expensive for AGYW to afford."

- Stakeholder No. 2

3.2.4 Quality of STIs Services

Healthcare providers were asked to explain how they ensure the accuracy and reliability of STIs testing. Their responses indicated that quality and reliability are maintained through access to high-quality laboratories, the use of non-expired equipment, and participation in external quality assurance (EQA) programs to validate test outcomes.

Additionally, healthcare providers described the counseling services offered alongside STIs testing, which included counseling and HIV testing, with a focus on guiding adolescents in self-awareness and family planning.

Additionally, to ensure confidentiality during STIs service provision, healthcare providers reported that the counseling unit is located in a separate building from other facilities. They mentioned that services are offered either individually or to couples, with the door always closed during consultations. Furthermore, patient records are securely stored to maintain confidentiality. Healthcare provider confirmed:



"Friendly services are offered in a separate building, but for those seeking privacy, special rooms are available."

- Healthcare Provider No. 1



3.2.5 Recommendations and Gaps

Healthcare providers have made several recommendations to improve STIs services targeting Adolescents and Young Women (AGYW). The results indicate a need for regular discussions about STIs services. Providers suggest that those working with peer educators should receive allowances to support their efforts.

Additionally, since AGYW often feel apprehensive about attending STIs testing at health facilities, it is crucial to ensure the availability of self-testing kits for STIs. This would allow for confidential self-testing, alleviating some of their concerns.

To better integrate the use of STIs self-testing kits within health facilities, healthcare providers recommend improved coordination between health facility leadership, particularly at health centers, and those offering services to AGYW.

Finally, healthcare facilities should be equipped not only with STIs testing equipment but also with necessary medications, enabling them to diagnose issues and provide appropriate follow-up treatment.

"We currently identify individuals with STIs issues, but we cannot follow up on their treatment."

- Healthcare Provider No. 2



AGYW (Adolescent Girls and Young Women) shared several recommendations regarding STIs services. Their suggestions include: Providing education about STIs services (35.0%), enhancing the availability of STIs equipment (25.0%), reducing the cost of STIs services (20.0%), improving the friendliness of STIs services for AGYW (15.0%), and increasing awareness through STIs testing campaigns (5.0%). Additionally, AGYW emphasized the importance of maintaining confidentiality between service providers and individuals seeking STIs services.



"There should be a reduction in costs for STIs testing and treatment services. Additionally, there must be confidentiality maintained between service providers and individuals seeking these services"

- AGYW, 23 Years Old

Another AGYW pointed out that:

"There should be increased awareness regarding STIs testing, education, and the effects of STIs to encourage individuals to get tested and seek services. Additionally, tests for syphilis and gonorrhea should be easily accessible in healthcare facilities and pharmacies."

- AGYW, 18 Years Old



Furthermore, another AGYW recommended:



"Health facilities should provide AGYW-friendly services, make AGYW comfortable for STIs services in health facilities"

- AGYW, 18 Years Old

Stakeholders have emphasized the need to enhance educational opportunities for adolescent girls and young women (AGYW) due to their vulnerability to sexually transmitted infections (STIs). They recommended reducing the cost of STIs services, suggesting that these services could even be provided for free, similar to the approach taken for HIV/AIDS services. Additionally, stakeholders highlighted the importance of increasing the availability of STIs testing equipment. Furthermore, they proposed that STIs services be offered online to improve accessibility.

"Adolescent Girls and Young Women (AGYW) should receive comprehensive education about sexually transmitted infections (STIs). Additionally, the costs of STIs services should be reduced, similar to the free treatment available for HIV/AIDS. This suggests that STIs services should also be provided at no cost."

- Stakeholder No. 1

Another Stakeholder recommended that:

"STIs services should be available online because adolescent girls and young women (AGYW) value confidentiality. This allows them to access services without needing to visit health facilities in person.

For example, there is a health facility in Tanzania called Medikea that provides online consultations for STIs and offers home delivery of medications."

- Stakeholder No. 3

TABLE 4:

Recommendations for changes to improve STIs testing services

What changes do you recommend to be done for improving STIs testing services?	Frequency (n=20)	Percent (100/0%)
Providing of education	7	35.0
Reducing cost of STIs equipment	4	20.0
Enhancing availability of STIs equipment	5	25.0
Enhancing AGYW-friendly STIs services	3	15.0
Enhancing STIs testing campaign	1	5.0

Source: Field Data, (2024)

The project also aimed to gather information on the willingness of adolescent girls and young women (AGYW) to use STIs self-testing. All 20 AGYW expressed a willingness to use self-testing without visiting health facilities. The reasons for this willingness included the convenience of testing whenever needed, increased confidentiality, the ability to identify diseases early before they worsen, and reduced waiting times for services.

As one of the AGYW stated that:

"Self-testing is simple; I can do it whenever I need to."

- AGYW, 24 Years Old

Another AGYW argued:

“STIs self-testing equipment will bring confidentiality”

- AGYW, 23 Years Old

The issue of making AGYW comfortable to test was also explained as the outcome of STIs self-testing equipment. As one of the AGYW stated:

Stakeholders have emphasized the need to enhance educational opportunities for adolescent girls and young women (AGYW) due to their vulnerability to sexually transmitted infections (STIs). They recommended reducing the cost of STIs services, suggesting that these services could even be provided for free, similar to the approach taken for HIV/AIDS services. Additionally, stakeholders highlighted the importance of increasing the availability of STIs testing equipment. Furthermore, they proposed that STIs services be offered online to improve accessibility.

"This initiative will provide comfort to adolescents and young women (AGYW) who may be hesitant to visit health facilities by enabling them to self-test for sexually transmitted infections (STIs). It will also help reduce the transmission of STIs, as individuals can test early and take the necessary treatment measures."

- AGYW, 23 Years Old

Another AGYW added that:

"I would prefer self-testing for STIs because it would significantly reduce the waiting times at health facilities. Additionally, providing self-testing kits at an affordable price or for free would help many people determine their STI status, ultimately lowering the overall cost of STIs services."

- AGYW, 21 Years Old

4.6 Conclusion

The project also aimed to gather information on the willingness of adolescent girls and young women (AGYW) to use STIs self-testing. All 20 AGYW expressed a willingness to use self-test- ing without visiting health facilities. The reasons for this willingness included the convenience of testing whenever needed, increased confidentiality, the ability to identify diseases early before they worsen, and reduced waiting times for services.