

YOUTH FRIENDLY HEALTH SERVICES IN EUROPE



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ASSESSING YOUTH-FRIENDLY HEALTH SERVICES IN THE RUSSIAN FEDERATION

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Health services friendly to young people are not entirely new to the Russian Federation. During the Soviet period, “adolescent cabinets” provided a limited range of services, including extensive screening. In 1993, Yuventa, the St. Petersburg City Consultation and Diagnostic Centre on Adolescents’ Reproductive Health, under the City Health Committee, pioneered the broader concept of youth-friendly services (YFS). It was the first health clinic in the Russian Federation to provide sexual and reproductive health services exclusively for adolescents. Inspired by the youth consultation network in Sweden and the Brook Advisory Centres in the United Kingdom, Yuventa now logs nearly 250 000 visits every year.

In the past decade, through UNICEF and UNFPA support, more experience was gained with YFS in the Russian regions, an essential approach due to decentralization in the health sector.

The main inputs provided were protocols to establish and run clinics; essential drugs, equipment and supplies particularly condoms; and health professionals were trained in youth health needs. Youth volunteers were trained in peer education and counselling. Culture- and age-relevant information, education and communication materials were developed for the clinics. Finally, clinics were encouraged to lobby local health authorities for YFS support.

As a result of the experiences, the Ministry of Health has grown steadily more interested in YFS. In 2001, the Ministry and the Medical Academy of Postgraduate Education in St Petersburg concluded that 15 regions had YFS. Yet a long way remains to go. Though data are lacking, it is clear that the percentage of Russian adolescents with access to YFS is small, particularly in rural areas.

There are promising attempts to widen coverage. In the St Petersburg area, where more than 1 million of the 5 million inhabitants are young people, Yuventa collaborated with local health authorities to develop a network of 12 youth-friendly counselling and referral centres to guarantee access. Yuventa functions as a central referral centre, and local primary services throughout the city provide basic services.

Quality, cost and coverage are three interrelated aspects of YFS. Quality means ensuring that services meet young people’s needs. Cost is important to not only adolescents but also health planners. Coverage is important in addressing public health issues like STIs. In late 2002, WHO, UNICEF and UNFPA began systematizing experiences with adolescent-friendly health services, focusing on these three aspects. This study is one result.

The conceptual framework for YFS quality assessment

WHO developed a seven-part framework for adolescent health services:

1. adolescent-friendly policies and guidelines;
2. adolescent-friendly health facilities;
3. adolescent-friendly procedures;

4. adolescent-friendly health care providers and support staff;
5. adolescent participation;
6. comprehensive and effective services;
7. efficient services.

It was used to create a standards-based quality improvement approach to YFS. To measure YFS quality, WHO developed a toolkit from existing assessment tools. Three components assess health facility management, the staff and the adolescent clients. In early 2003, tools combining external assessment through observation of services with self-reporting by staff and clientele were tested in Tomsk, Siberia, as part of a global evaluation of the UNF project Meeting the participation rights of adolescent girls.

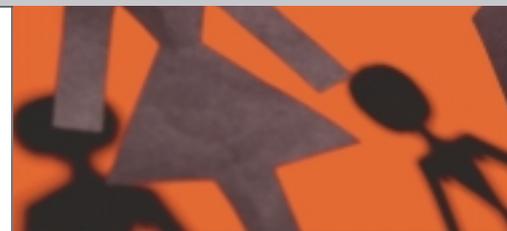
Methodology

The assessment was conducted in seven sites in western Siberia. The sites were all supported by the UNF through UNICEF or UNFPA.

1. Barnaul – a youth-friendly clinic (YFC) attached to the Regional AIDS-Prevention Centre;
2. Barnaul – YUNIKS Centre in Barnaul Municipal Hospital;
3. Biisk – a YFC in Biisk Municipal Center for Preventing and Combating AIDS and Other Diseases;
4. Novosibirsk – Yuventus Centre, close to the city train station, its 1993 transformation into a youth service supported by the local health and youth affairs authorities;
5. Novosibirsk – another YFC in Municipal Specialized Children’s Hospital #5;
6. Tomsk – Youth Medical Center (YMC), targeted at students; and
7. Tomsk – Our Clinic, a small stand-alone centre affiliated to the AIDS Centre, targeting youth who are injecting drug users and commercial sex workers (CSWs).

With the exception of Yuventus, which started more than 10 years ago, the sites had been YFS for two or three years. The YFCs in Biisk and Novosibirsk had been YFS for the shortest time. Most sites target both adolescents (10 to 19 years) and older young people (up to 24 years).

An external consultant team assessed the sites. They interviewed the facility managers and had some or all staff members including young volunteers fill in



questionnaires. They also surveyed 50 randomly selected clients at each site through anonymous exit questionnaires.

Results

Impressions of a youth friendly service in Barnaul

The Altai Regional Center for the Prevention and Combating of AIDS and Other Diseases in Barnaul has its own entrance. The YFC premises look not like a newly renovated European-style clinic but like other regional AIDS centres or traditional medical institutions. Entering, however, you immediately notice posters obviously aimed at adolescents. They address drugs, STI transmission, STI protection and contraception. Booklets with similar information lie on the table. The posters imply that you can discuss these issues here, ask questions and receive the answers you need. Several young girls are in the waiting room, unembarrassed about consulting a gynaecologist – they either have been here before and feel at home, or they know they will be treated with attention and respect. The staff does seem different. They smile openly and are clearly friendly and interested, not the usual mix of strictness, chronic weariness and distance you normally face elsewhere.

Table 1. Sociodemographic characteristics of youth clinic clients

	Variables	Number	%
Sex	Female	290	80.6%
	Male	70	19.4%
Age	13–15 years	35	9.7%
	16–18 years	207	57.5%
	19–21 years	81	22.5%
	Older than 21 years	37	10.3%
City	Barnaul	104	28.9%
	Biisk	50	13.9%
	Novosibirsk	106	29.4%
	Tomsk	100	27.8%
Residence	Hostel	74	20.6%
	With friend/partner	33	9.2%
	With parents	227	63.1%
	Own apartment	26	7.2%
Social status	Professional education	49	13.6%
	University students	175	48.6%
	Vocational school students	61	16.9%
	Unemployed	75	20.8%
TOTAL		360	100.0%

Clinic staff. 95 paid staff members, 76% of the total, and 11 youth volunteers filled out the staff questionnaire. All 7 managers were interviewed for the facility survey.

Client satisfaction

Table 2 shows client satisfaction with services and organization. No statistically significant differences were observed

between males and females, but major differences were observed between younger and older clients, as well as between various sites.

Table 2. Client satisfaction scores

Indicators	Youth clinic	Barnau I AFG	Yuniks	Büsk YFC	YMC	Our Clinic	Yuventus	Novosibirsk YFC
Total client assesment (mean score)		33 (2.8)	46 (3.8)	43 (3.6)	40 (3.3)	49 (4.1)	42 (3.5)	30 (2.5)
Confidentiality and privacy Possibility of visiting the centre without family consent		4	5	5	5	5	4	3
Confidence that visits will remain anonymous		3	4	4	4	4	4	2
Satisfaction with privacy and confidentiality after visiting		3	2	4	3	4	3	3
Clients informed about	• working hours	2	4	3	3	3	3	2
	• tests and examinations	3	4	3	3	5	4	2
	• examination results	3	4	4	4	4	4	4
	• treatment prescribed	2	5	4	4	3	4	3
	• other recommendations	2	5	3	3	4	4	2
Availability of information (materials in waiting area)		3	4	3	4	5	3	3
Accessibility Possibility of free assistance		1	2	4	1	5	2	1
Affordability		3	2	1	2	2	3	2
Equal access for both sexes		4	5	5	4	5	4	3

Satisfaction levels (as % of affirmative answers): 1 = <30%; 2 = 30% to 49%; 3 = 50% to 69%; 4 = 70% to 89%; 5 = >90%.

Overall confidentiality and privacy scores were quite good, with often more than 90% (level 5) reporting no consent was needed. Three quarters were confident that relatives would not find out. Interestingly, only 25% of clients between 13 and 15 were confident of this.

Detailed analysis showed that overall satisfaction with privacy and confidentiality ranged considerably not only by service (42% to 81%) but also by staff position. Overall, 85% of clients thought doctors provided services confidentially, while 75% thought nurses and receptionists did.

Score differences between clinics indicate the possibility of achieving high quality through clear policies and a well-trained, motivated staff. While Our Clinic scored consistently high for all types of staff, employees elsewhere were not equally well prepared.

Information received by clients can also indicate the quality of staff procedures and training. About 75% of clients reported they received sufficient information on opening hours, examinations and treatment.

One access factor is affordability of paid services and the possibility of obtaining free assistance if needed. Many facilities provide fee services to clients older than 18. Some places, certain special services are always paid for. Several facilities scored quite low in this category. An exception is Our Clinic, which appears acutely aware what a barrier fees are to the CSWs and drug users it serves.

Most youth clinic clients are female (80%). One aspect of quality is whether facilities cater equally to adolescent males and females. Most clients felt services were equally accessible and welcoming to both. Even though boys use the services less often, they found the services even more equally welcoming than girls (91% to 81%).

The average satisfaction score was about 3.8, meaning nearly 70% of clients were satisfied with each item. More than 90% of Our Clinic clients felt satisfied in 5 of the 12 categories.

Client-provider interaction

Table 3 focuses on the perceived quality of the interaction between health worker and adolescent during consultation. It does not include some important care

Table 3. Client assessment of health provider interaction

Items (% answered affirmative)	Barnaul	Yuniks	Biisk	YMC	Our Clinic	Yuventus	Novosibirsk
Did the health worker introduce himself/herself?	26%	70%	52%	64%	92%	68%	39%
Did you feel at ease and relaxed with health worker?	83%	88%	92%	84%	88%	90%	51%
Did health worker explain sufficiently?	57%	90%	68%	74%	96%	84%	60%
Were clients treated with due respect?	68%	90%	94%	86%	98%	90%	36%
Total	58%	85%	77%	94%	83%	77%	47%
Level	3	4	4	4	5	4	2

Levels

(% of affirmative answers): 1 = <30%; 2 = 30% to 49%; 3 = 50% to 69%; 4 = 70% to 89%; 5 = >90%.

Table 4. Client and employee assessment of youth clinic performance

Criteria	Barnaul YFC		Yuniks		Biisk YFC		YMC		Our Clinic		Yuventus		Novosibirsk YFC	
	Clients	Staff	Clients	Staff	Clients	Staff	Clients	Staff	Clients	Staff	Clients	Staff	Clients	Staff
Convenient waiting area	3	4	4	5	3	-	4	3	4	5	3	1	2	4
Providers introduce themselves	1	4	4	4	3	4	3	4	5	4	3	3	2	3
Confidentiality before third parties	3	4	4	4	4	5	4	5	4	5	4	2	2	3
Confidentiality and privacy	3	5	2	5	4	5	3	5	4	5	3	4	3	5
Professional competence of staff	3	4	5	3	4	4	5	2	5	4	5	4	2	5
Participation of adolescents	2	1	1	5	1	-	1	5	3	4	1	1	1	-
Equal access for males and females	4	4	5	5	5	4	4	5	5	5	4	5	3	2

Levels

(% of affirmative answers): 1 = <30%; 2 = 30% to 49%; 3 = 50% to 69%; 4 = 70% to 89%; 5 = >90%.

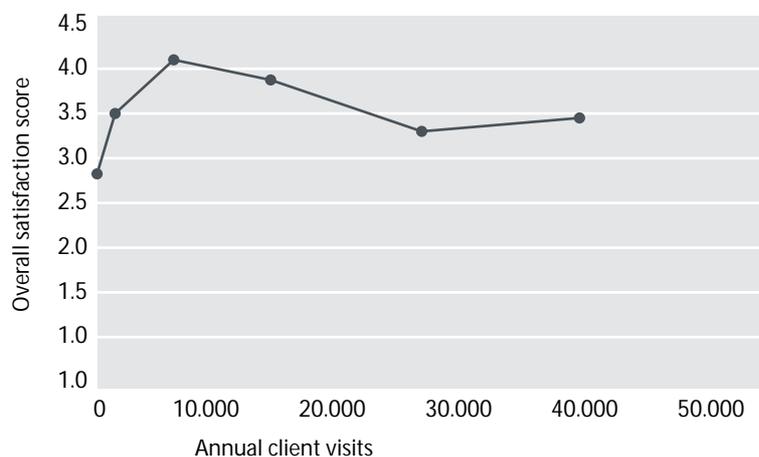
Table 5. Integrated assessment of YFS performance

Criteria	Barnaul YFC	Yuniks	Biisk YFC	YMC	Our Clinic	Yuventus	Novosibirsk YFC
Convenient waiting area	B	C	-	B	C	A	A
Providers introduce themselves	A	C	B	B	C	B	A
Confidentiality before third parties	B	C	C	C	C	A	A
Confidentiality and privacy	B	B	C	B	C	B	B
Professional competence of staff	B	B	C	B	C	C	B
Participation of adolescents	A	A	-	A	B	A	-
Equal access for males and females	C	C	C	C	C	C	A

parameters (establishing rapport and trust, explaining treatment etc.). No direct observation was carried out to verify client perceptions. Nor were other quality parameters assessed, such as efficiency.

At five sites, more than 75% of clients were satisfied with health worker performance. At the other two, remedial training might improve interaction quality. Employee self-introductions could be improved at most sites.

Fig. 1. Client satisfaction and service utilization



Another questionnaire was developed to provide a useful reality check by triangulating staff and client perspectives. Table 4 indicates a generally good concordance between the two groups' opinions. However, they sometimes held diametrically opposing views, e.g. on adolescent participation in Yuniks and professional competence in YMC.

Finally, the client and staff scores in Table 4 were multiplied to yield an integrated assessment score for each item, which was then assigned to one of three levels: Level A scored 1 to 8; Level B, 9 to 15; and Level C, 16 to 25 (Table 5).

Our Clinic also uses a professional outreach programme to encourage CSW participation, but no statistics are available.

Fig. 1 shows no apparent correlation between overall client satisfaction and utilization, implying that busy facilities can provide quality services. Note that no opinions were solicited from adolescents who did not use the services.

Some sites survey their target populations occasionally and claim a contact coverage (the percentage reached through preventive or curative services) of between 8.0% (Yuventus) and 20% (Our Clinic).

Many projects use peer education to distribute preventive messages, condoms and information about available services. Our Clinic also uses a professional out-

reach programme to encourage CSW participation, but no statistics are available.

Discussion and conclusions

This study, the first to quantify the quality of YFS in the Russian Federation, was conducted by a national expert with support staff, in collaboration with UNICEF Russia and WHO Headquarters. Lacking national standards for YFS that would facilitate assessment, it relied upon generic criteria developed by WHO. WHO believes that measurement is essential to quality improvement in service provision. The Millennium Development Goal for HIV reduction states that, by 2010, "95% of young people should have access to [information, life skills and] services". YFS first appeared in the early 1990s in St. Petersburg and Novosibirsk, and today about 20 institutions operate according to YFS principles. A paradigm shift is needed to provide full access to services in order to achieve the HIV-reduction goal. St. Petersburg's Yuventa (see Introduction) provides one possible direction.

The sites examined represent different care models, ranging from a large semi-independent clinic that serves as a referral centre, to facilities focusing on primary care, to stand-alone centres targeting difficult-to-reach young people. Fig. 1

shows that, regardless of size, these different models can provide similar-quality services. The Russian health sector needs to address two key questions. First, which models can best reach the various sub-populations of young people, including rural adolescents? Second, which ones are most sustainable under current health reforms? WHO Global Consultation on Adolescent-Friendly Health Services recommends that existing services be made adolescent-friendly, rather than just promoting specialized stand-alone services. The country is now experienced with the latter. Its next challenge is to develop complementary service models to implement at the feldsher level.

The Russian Federation lacks a strong regulatory framework for YFS. This makes regional and local attempts to provide them more difficult and often dependent on personal involvement by territorial healthcare authorities. Efforts by youth clinics and sympathetic health authorities have led to the inclusion of YFS in various policy statements. We hope this study will promote YFS in health reforms and in policy discussions in order to maximize coverage for young Russians.

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