

Training Course in Reproductive Health/ Sexual Health Research Geneva 2008

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Child and Adolescent
Health and Development



CAH





Objectives of the session

- Introduce a WHO framework for what to measure when implementing AFH programmes
- Understand the concepts and linkages between quality, coverage and cost of interventions
- Be introduced to ways of measuring quality coverage & cost by looking at health services for young people





Using a logic model (MAPM) to identify what we need to monitor, and when

INTERVENTIONS (policies and activities)	DETERMINANTS (the risk & protective factors)	BEHAVIOURAL OUTCOMES	HEALTH AND DEVELOPMENT OUTCOMES

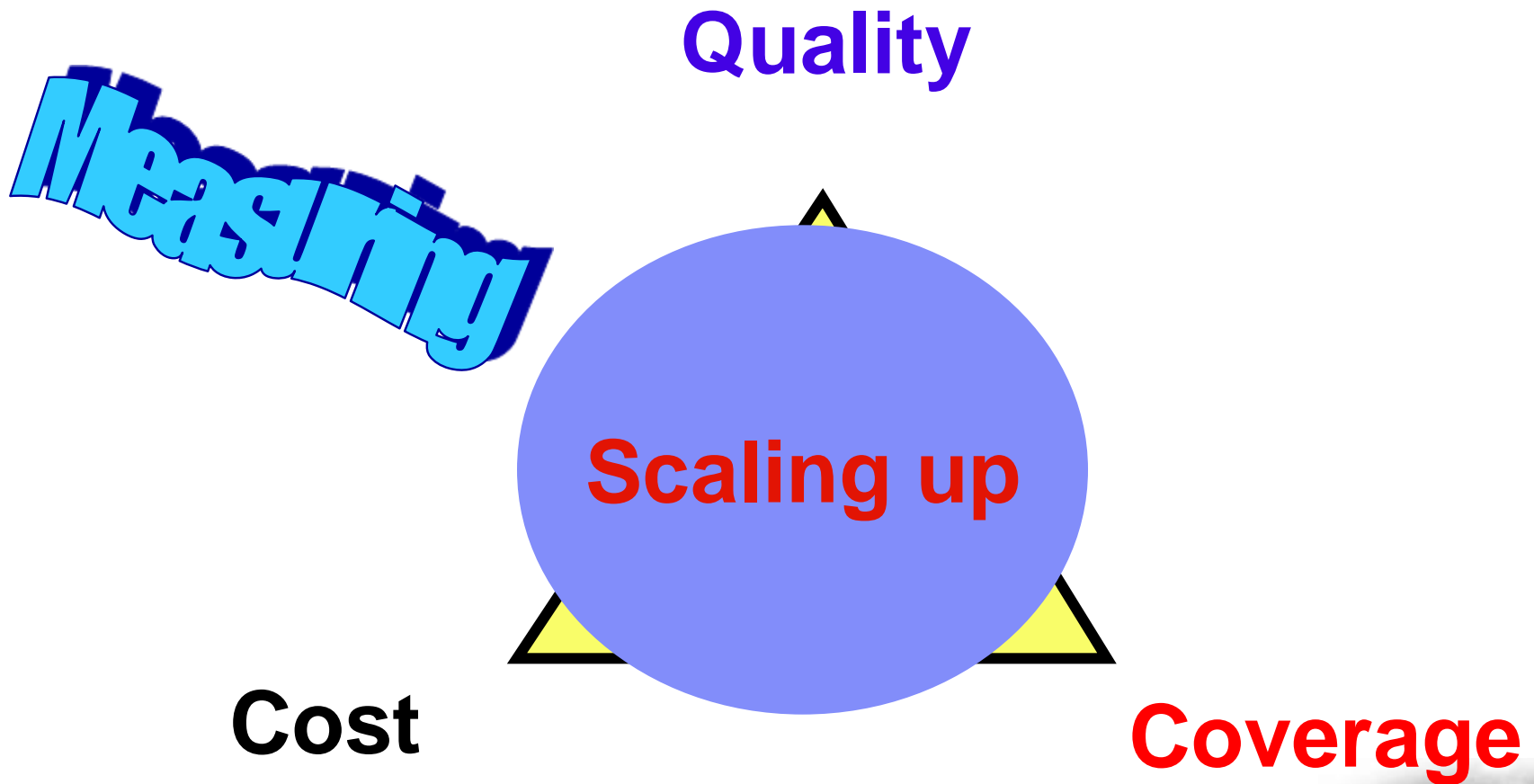




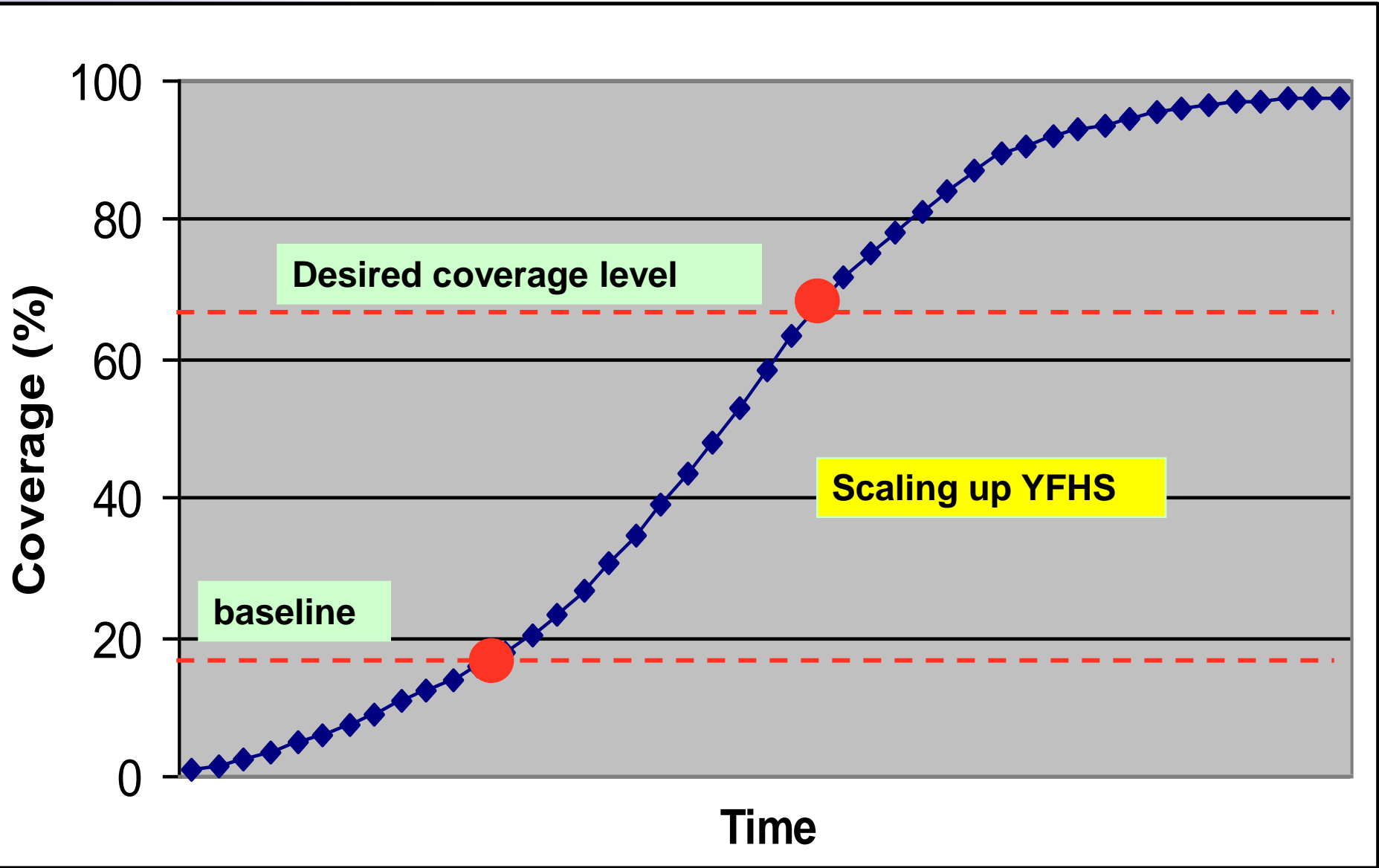
Monitoring ASRH

INTERVENTIONS (policies and activities)	DETERMINANTS (the risk and protective factors)	BEHAVIOURS	HEALTH AND DEVELOPMENT OUTCOMES
Quality, Coverage & Cost			Decrease unwanted adolescent pregnancy <i>ASFR 15-19</i> <i>Evaluate after 5-7 years</i>





Relationship between quality coverage and cost



What are Adolescent Friendly Health Services?

- For your country, what do you think are some key barriers that prevent adolescents from using services effectively?
- Characteristics of adolescent friendly health services
(page 27)





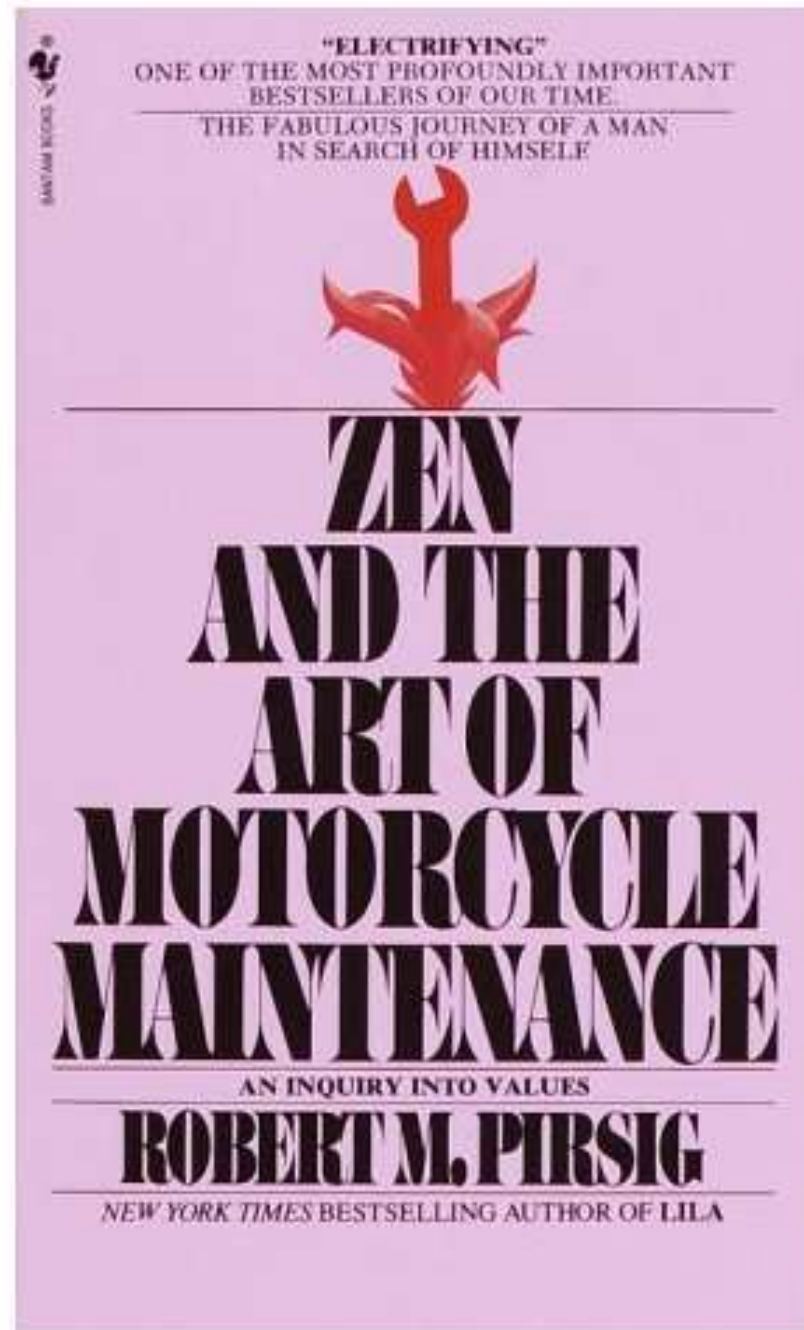
What do we mean by Quality?

- A definition: "what corresponds to agreed up criteria" (**production**)
- A definition: "what corresponds to the needs and wants of clients (**marketing**)"
- Who's criteria?
 - Care providers (producers): protocols
 - Users (clients) of care: satisfaction
- WHO uses characteristics identified at Global Consultation on AFHS (2000)



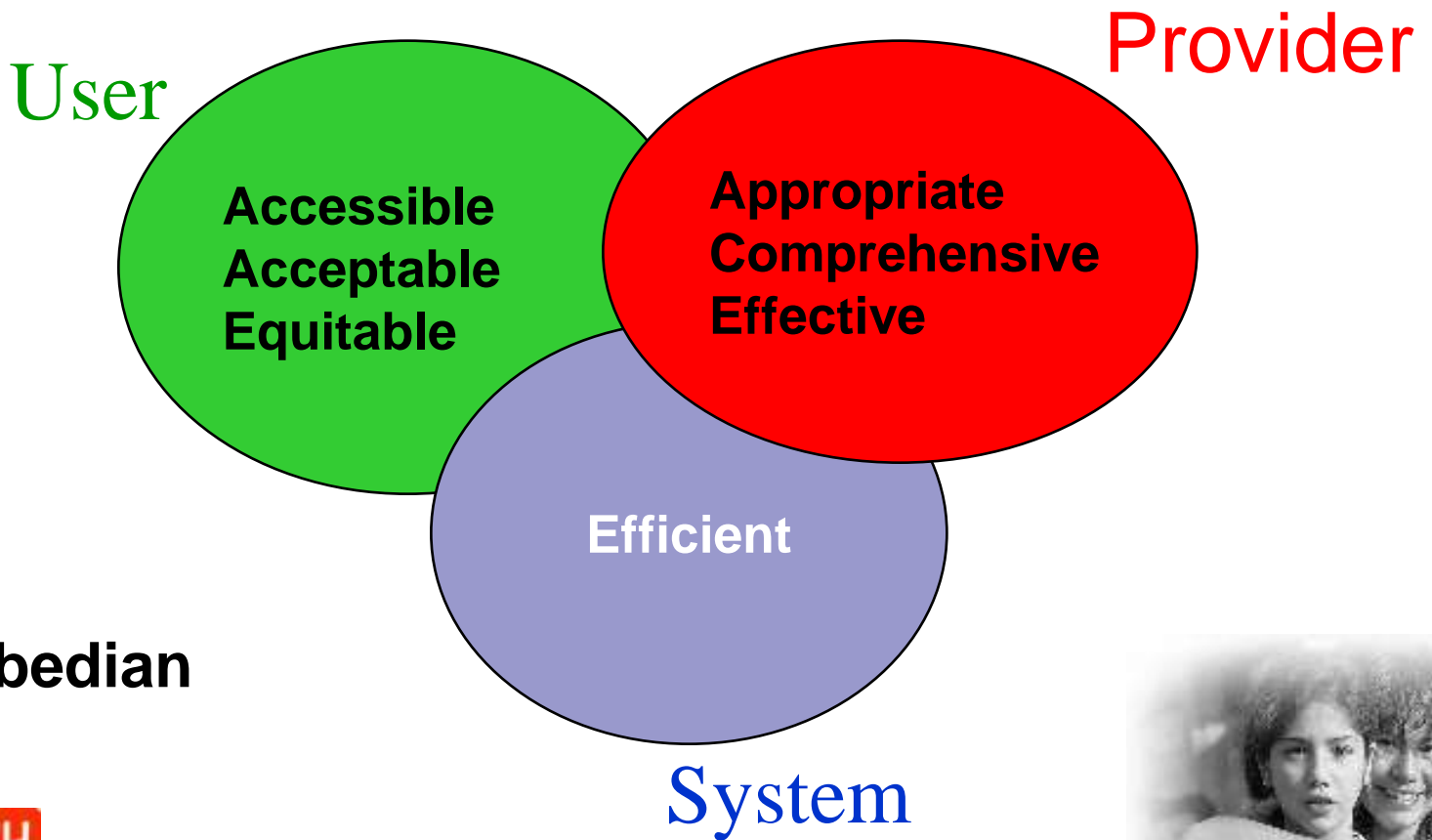


- Quality exists before we can describe it by analysing what may be its characteristics





Quality conceptual model





Measuring Quality

- triangulating different viewpoints -

Quality Dimension & Characteristics	Health Care provider interview tool	Manager interview tool	Observation guide
Equitable			
1 Policies and procedures are in place that do not restrict the provision of health services on any terms	Are there policies or procedures in place restricting the provision of health services to adolescents (e.g. age, marital status)? (74)	Are there policies or procedures in place restricting the provision of health services to adolescents (e.g. age, marital status)? (74)	Indicate policies and procedures that restrict the provision of health services and how they restrict it





Group work assignment

- How did authors of the article define and measure quality?
- How did they carry out data analysis?
- What were the key findings, conclusions and recommendations.

Time: 20 Min



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<i>Facility characteristics</i>	Facility observation		Staff interview		Client survey	
	Project %	Control %	Project %	Control %	Project %	Control %
Information about services for adolescents is posted in public areas	57	7				
	Sign.					
Information about facility working hours is posted at the entrance	78	36				
	Sign					
Facility has a separate/private waiting area for adolescents	47	0			55	18
	Sign				Sign	
Waiting area is comfortably furnished and convenient	72	19	61	42	77	50
	Sign		not Sign		Sign	
There are IEC materials in waiting area	72	6	84	96	92	74
	Sign		not Sign		Sign	

Russia

Client satisfaction

Quality indicators	Youth clinic						
	Barnaul AFC	YUNIKS	Biisk AFC	YMC	Our Clinic	Yuventus	Novosibirsk AFC
Total client assessment score (Mean):	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 YC without family consent	4	5	5	5	5	4	3
Clients' confidence that no one will know of clinic visit	3	4	4	4	4	4	2
Satisfied with privacy and confidentiality after visit	3	2	4	3	4	3	3
Clients informed about:	2	4	3	3	3	3	2
• Working hours	3	4	3	3	5	4	2
• Test and examinations	3	4	4	4	4	4	4
• Results of examinations	2	5	4	4	3	4	3
• Treatment prescribed	2	5	3	3	4	4	2
• Recommendations	3	4	3	4	5	3	3
Availability of information Materials in waiting area	3	4	3	4	5	3	3
Accessibility of services	1	2	4	1	5	2	1
Affordability of paid services	3	2	1	2	2	3	2
Equal access for both sexes	4	5	5	4	5	4	3

Levels:

1 < 30 %

2 = 30-49%

3 = 50-69%

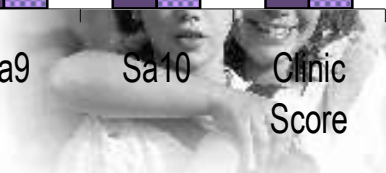
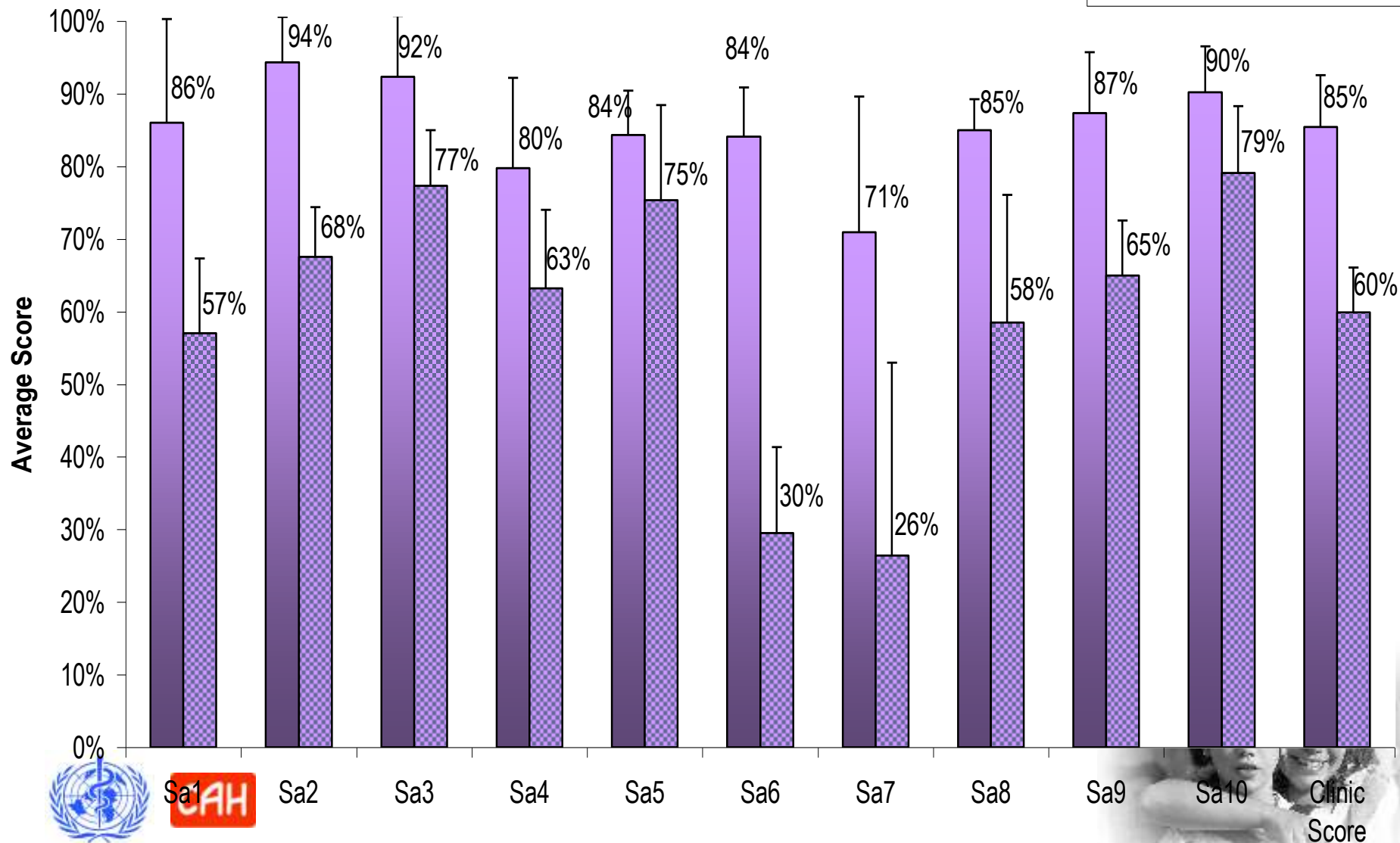
4 = 70-89%

5 = > 90%

affirmative answers.

South Africa: Quality improvement

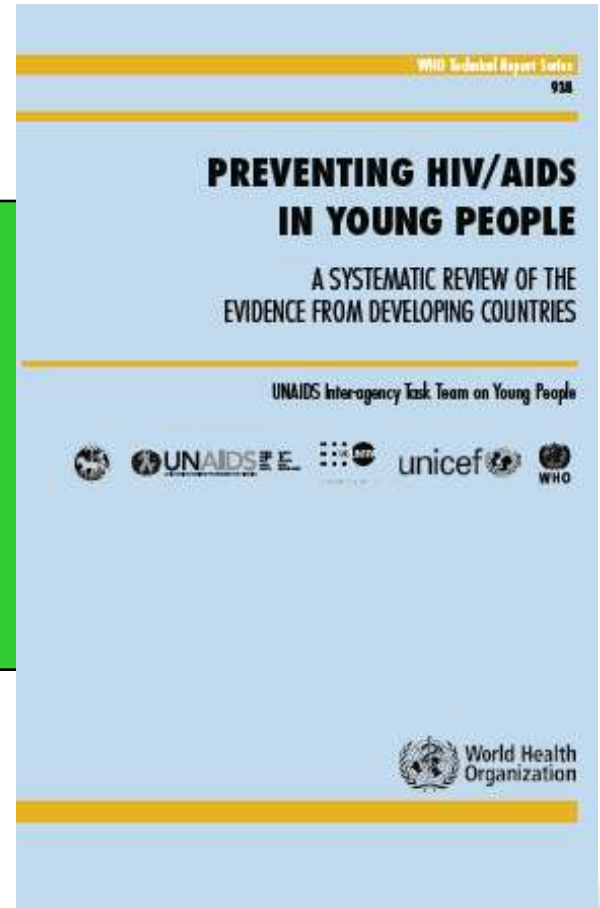
■ 2004 NAFCI Research Sites
■ 2004 Control Sites



Does improved quality lead to increased coverage?

Increased utilization of Health Services by adolescents

- Training of service providers and clinic staff,
- facility improvements,
- actions in the community to generate demand



Evidence thresholds are met?

Yes fully:

Partially:

No, but encouraging:

Evidence of lack of effectiveness or harm:
not go

GO!

Ready

Steady

Do



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