Reproductive health course

Measuring Quality Coverage and Cost of Services for Adolescents

Child and Adolescent

Health and Developmen





Objectives of the session

- Introduce a framework for what to measure when implementing ASRH 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	
PROCESS	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES	IMPACT	
Regular monitoring and process evaluations	Intermediate outcome evaluation	Long-term outcome evaluation	Monitoring/ impact evaluation	
▶ ongoing	▶ every 2-3 years	every 4-5 years	every 5-7 years	





Monitoring ASRH

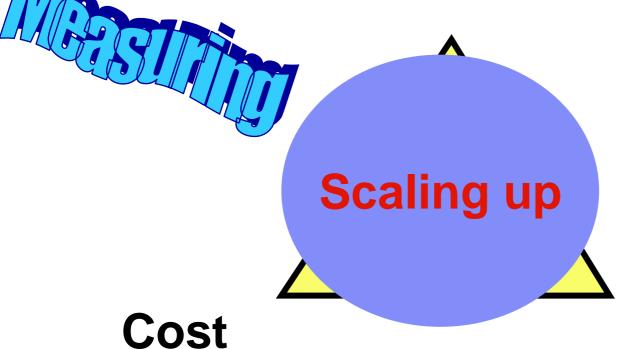
interventions (policies and activities)	the risk and protective factors)	BEHAVIOURS	HEALTH AND DEVELOPMENT OUTCOMES
Number of health workers trained to provide services to adolescent girls and boys Quality Coverage Cost	% of health facilities that have trained service providers and a quality improvement process to make the services more "adolescent-friendly"	% of sexually active adolescent girls and boys (10-19 years) who use condoms % who visit health facilities for contraceptive advice and commodities	Decrease unwanted adolescent pregnancy ASFR 15-19
Ongoing monitoring	Evaluate after 2-3 years	Evaluate after 4-5 years	Evaluate after 5-7 years







Quality



Coverage



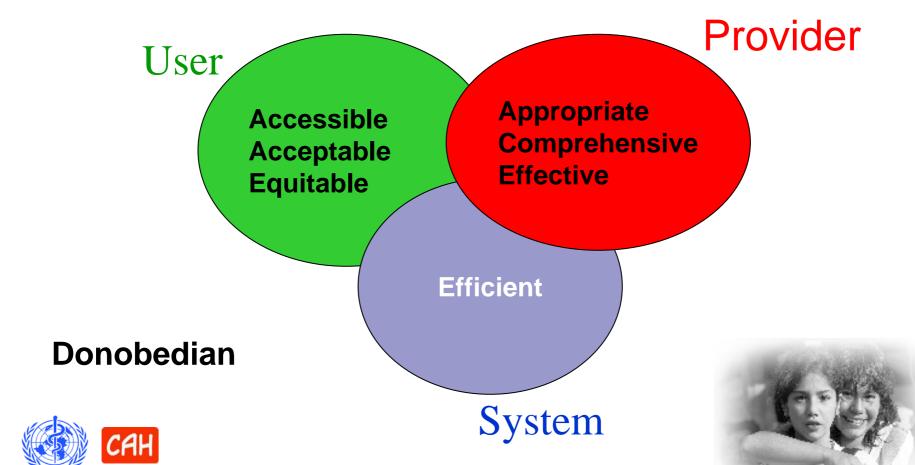


What do we mean by Quality?

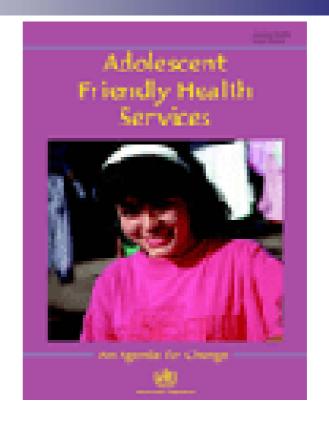
- A definition: "what corresponds to agreed up criteria" (production)
- A definition: "what corresponds to the needs and wants of clients (marketing)
- Who's criteria?
 - Care providers (producers): protocols
 - Users (clients) of care: satisfaction
- WHO uses characteristics identified at Global Consultation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



Quality conceptual model







Characteristics of adolescent friendly health services (page 27)



Measuring Qualitytriangulating 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 article operationalized and measured quality?
- How did they carry out data analysis?
- Key findings, conclusions and recommendations.

Time: 15 Min





Mongolia

Friendly facilities

Equility obarostoriation	Facility observation		Staff interview		Client survey	
Facility characteristics	Project %	Control %	Project %	Control %	Project %	Control %
Information about services	57	7				
for adolescents is posted in public areas	$\chi^2 = 18.7$,	p=0.000				
Information about facility	78	36				
working hours is posted at the entrance	$\chi^2=14.2$,	p=0.000				
Facility has a separate/private waiting area for adolescents	47	0			55	18
	χ ² =18.9,	p=0.000			$\chi^2 = 11$ $p = 0$	· ·
Waiting area is comfortably furnished and convenient	72	19	61	42	77	50
	$\chi^2 = 13.7$,	p=0.000	χ ² =3.3, p=0.194		χ^2 =65.95, p=0.000	
There are IEC materials in waiting area	72	6	84	96	92	74
	$\chi^2 = 20.6$,	p=0.000	$\chi^2=2.2$,	p=0.136	$\chi^2 = 5$ p=0.	•

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: Working hours Test and examinations Results of examinations Treatment prescribed Recommendations 	2 3 3 2 2	4 4 4 5 5	3 3 4 4 3	3 3 4 4 3	3 5 4 3 4	3 4 4 4 4	2 2 4 3 2
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%

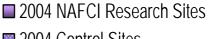
5 = > 90%

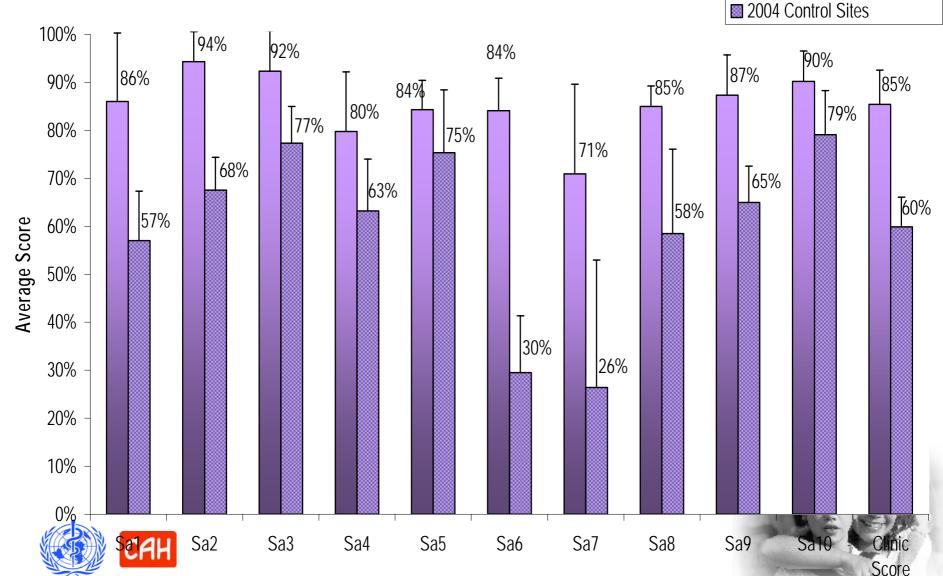
affirmative

answers.

Source: WHO/UNFPA Entre Nous # 58, 2004

South Africa: Quality improvement







Coverage



