

Dr Silvia Koso Health Advisor, CIDA Belgrade



## What has been done so far?

- 2002: Capacity building of primary health care (PHC) for YFHS (UNICEF, USAID)
- 2006: National Youth Health Strategy standards, staff training, financing (CIDA)
- · Currently: 42 YFHS in PHC in Serbia
- In progress: national standards (UNICEF, UNFPA, CIDA)



# What do we believe?

Intervention	Determinant	Outcomes	Impact	1
YFHS -Providers -Policies -Procedures -Facilities	Quality - responding to needs -Accessible -Acceptable -Equitable -Appropriate -Comprehensive -Effective -Efficient	Increased utilization of YFHS by young people	Improved health state of young people	

# What do we know from others?

- · WHO Framework for AFHS assessment
- Comparable results with other studies (Russia, Iceland, Mongolia, Zambia, South Africa)
- Specificities:
  - Culture
  - Society
  - Gender
  - Health system organisation and financing
- · Reinforced by nine principles of YFS in Serbia

#### What do we want to do?

#### Goal:

Improve quality of existing YFHS in Serbia

#### Objectives:

By end of study, clearly state the extent to which the existing services:

- Have youth friendly policies, procedures, providers, support staff and facilities
- Contain youth participation, community based, outreach and peer programmes
- Are promoted through a community dialogue
- Are appropriate, comprehensive, effective and efficient

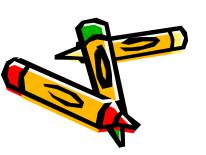


#### How shall we do it?

- "Check list" of service standards
- Client exit questionnaire
- "Mystery clients"
- · Interviews:
  - Providers
  - Health insurance fund
- Scoring services against "standards" and ranking them

## Where shall we do it?

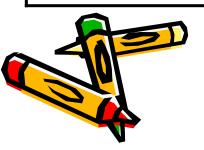
- Option 1: in all 42 YFHS in Serbia
  - Research teams, youth researchers
- Option 2: In 10 selected YFHS in Serbia
  - 1 researcher, no youth researchers





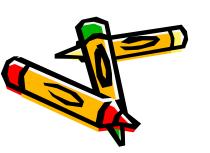
## How much will it cost?

Item	6	Cost (USD)	
Protocol and tools development	200	200	
Coordinator's fee	3000	5000	
Researchers' fees	8000	*	
Youth investigators	6000	*	
Travel costs	1600	400	
Printing questionnaires	500	500	
Data input and analysis	1000	1000	
Report dissemination, WS and Press conference	1500	1500	
TOTAL	21 800	8 600	



# How long will it take?

Action	Time (months)
Developing a research protocol	Month 1
Selection and training of researchers, mystery clients and data analysts	Month 2-3
Field research/Data entry	Month 3-5
Data analysis/Report writing and printing	Month 6-8
Report launching and dissemination	Month 9



# What will we do with the results?

- Refining and adoption of national standards
- Training and curriculum changes (undergraduate, specialist; in service; multidisciplinary)
- Informing health reform (certification, payment, service organisation)
- Relevance to CIDA health projects



#### References

- 1. Kozhukhovskaya, T., Bloem, P., Vartanova, K. (2004) *Assessing youth* friendly health services in the Russian Federation. Entre Nous. The European Magazine for Sexual and Reproductive Health, No. 58, 8-11.
- 2. McIntyre, P. (2002). Adolescent friendly health services: An agenda for change. Geneva, Switzerland: The World Health Organisation.
- 3. Sovd, T., Mmari, K., Lipovsek, V., Manaseki-Holland, S. (2006).

  Acceptability as a key determinant of client satisfaction: lessons from an evaluation of adolescent friendly health services in Mongolia.

  Journal of Adolescent Health, Vol. 38, 519-526.
- 4. Braekena, D., Otoo-Oyortey, N., Serour, G. (2007). Access to sexual and reproductive health care: Adolescents and young people. International Journal of Gynaecology and Obstetrics, 98, 172–174.
- 5. Klein, JD., McNulty, M., Flatau, CN. (1998). Adolescents' Access to Care: Teenagers' Self-reported Use of Services and Perceived Access to Confidential Care. Arch Pediatr Adolesc Med, 152, 676-682.
- 6. WHO. (No date). Access to health services for Young People for Preventing HIV and Improving Sexual and Reproductive Health. Geneva. Switzerland: The World Health Organisation.

#### References

- 7. Homans, H., Koso, S. (2003). *Youth Friendly Health Services in Serbia and Montenegro: Serbia.* WHO/UNICEF/UNFPA.
- 7. Koso, S., et al. (2006). Perceptions of and Opinions on Child Abuse, Qualitative Research in 7 Municipalities with 10-19 Year-old Children and Young People. Belgrade: UNICEF.
- 8. Mmari, KN., Magnani, RJ. (2003). *Does Making Clinic-based Reproductive Health Services More Youth-friendly Increase Service Use by Adolescents? Evidence From Lusaka, Zambia*. Journal of Adolescent Health, 33, 259-270.
- 9. Bender, SS. (1999). Attitudes of Icelandic Young People Toward Sexual and Reproductive Health Services. Family Planning Perspectives, 31(6), 294–301.
- 10. Pearson, S. (2003). Promoting sexual health services to young men: findings from focus group discussions. Journal of Family Planning and Reproductive Health Care, 29(4), 194-198.