

# Adolescent friendly health services

Quality

Measuring



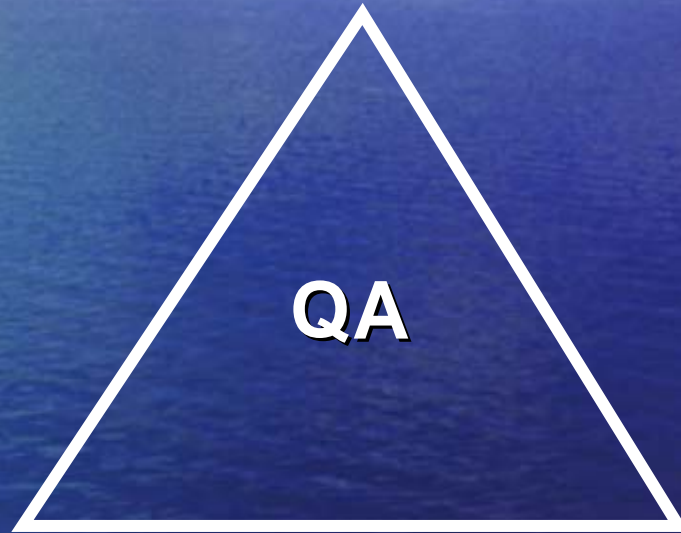
Cost

Coverage

# *Quality Assurance Triangle*

***Measurement** is one of the 3 core activities in QA*

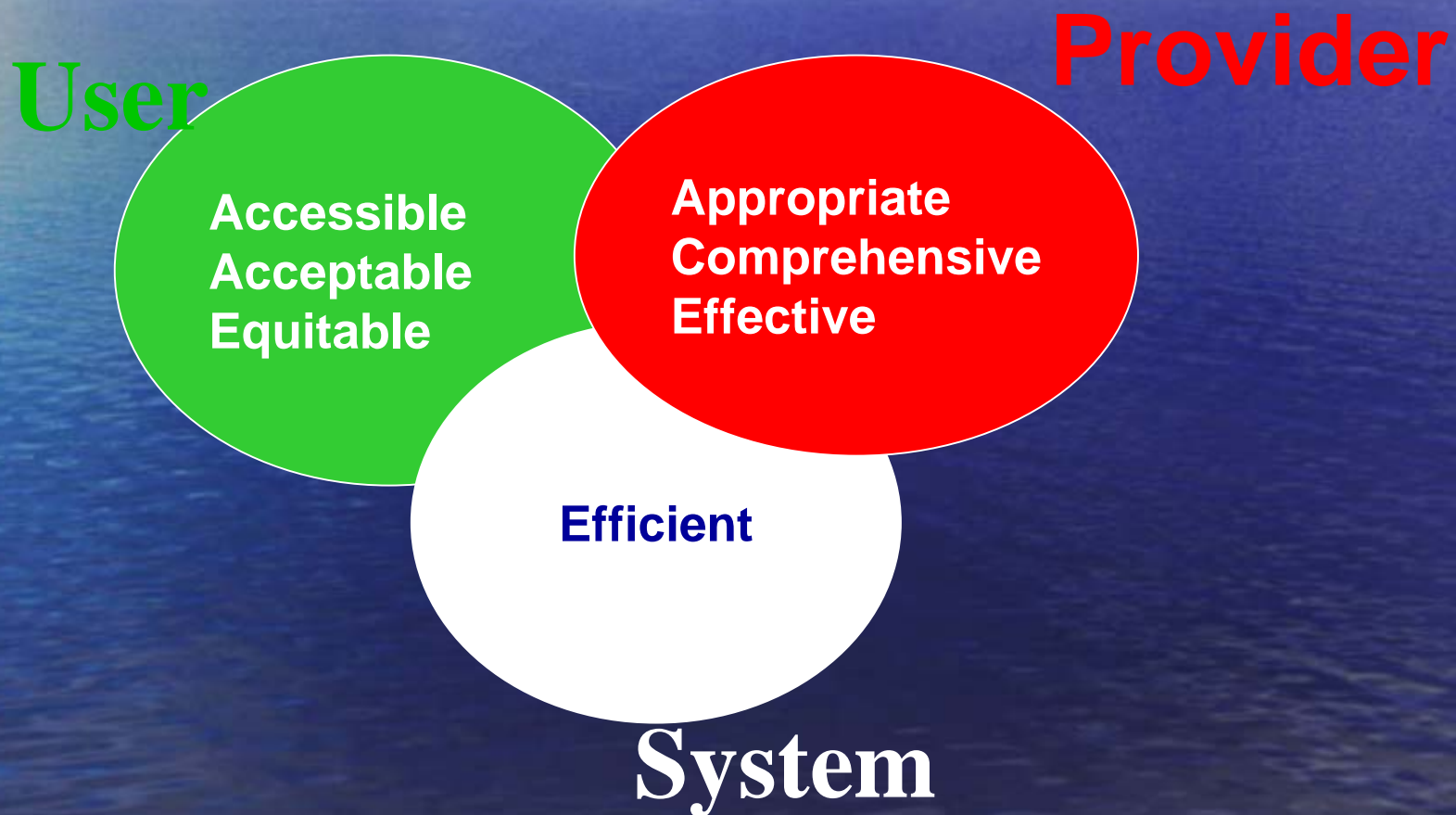
**Defining Quality**



**Improving  
Quality**

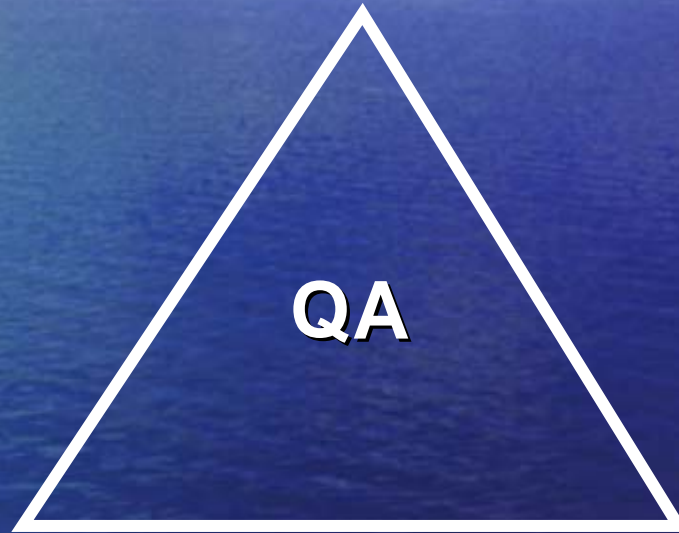
**Measuring  
Quality**

# Quality conceptual model



# Using Triangulation

System: facility survey



Staff

Adolescent

Staff interview

Client exit interview

# Mongolia

# Friendly procedures

Procedures	Facility observation		Staff interview N = 154		Client survey N=177	
	Project %	Control %	Project %	Control %	Project %	Control %
There are clear criteria for referral	54	10	$\chi^2=14.8, p=0.000$			
Providers escort clients to receive the services they have been referred for	51	21	41	5	87	78
	$\chi^2=6.6, p=0.010$		$\chi^2=19.88, p=0.000$		$\chi^2=8.95, p=0.011$	
Clients are told if they need to return for follow-up	53	53	80	82	68	53
	$\chi^2=0.003, p=0.957$		$\chi^2=0.08, p=0.778$		$\chi^2=20.46, p=0.000$	
Clients are asked if follow-up time is convenient for them			68	56	58	39
			$\chi^2=5.78, p=0.056$		$\chi^2=17.05, p=0.000$	

# Mongolia

# Policies & guidelines

<i>Characteristics</i>	Facility observation		Staff interview	
	<i>Project, %</i>	<i>Control, %</i>	<i>Project, %</i>	<i>Control, %</i>
Facility has a written policy on patient consent	14	0	31	23
	p=0.047 *		$\chi^2=0.81, p=0.370$	
Facility has a written policy on confidentiality	86	7	85	33
	$\chi^2=46.5, p=0.000$		$\chi^2=39.2, p=0.000$	
Facility has a written policy on client rights	69	11	79	33
	$\chi^2=24.3, p=0.000$		$\chi^2=27.7, p=0.000$	
Facility has written guidelines on contraception	43	18	80	71
	$\chi^2=5.1, p=0.023$		$\chi^2=1.47, p=0.225$	
Facility has written guidelines for emergency care	31	14	64	63
	$\chi^2=2.79, p=0.095$		$\chi^2=0.01, p=0.916$	
Facility has written guidelines on STI management	45	25	78	73
	$\chi^2=3.1, p=0.078$		$\chi^2=0.48, p=0.490$	

# Mongolia

## Friendly facilities

<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				
	$\chi^2=18.7, p=0.000$					
Information about facility working hours is posted at the entrance	78	36				
	$\chi^2=14.2, p=0.000$					
Facility has a separate/private waiting area for adolescents	47	0			55	18
	$\chi^2=18.9, p=0.000$				$\chi^2=117.39, p=0.000$	
Waiting area is comfortably furnished and convenient	72	19	61	42	77	50
	$\chi^2=13.7, p=0.000$		$\chi^2=3.3, p=0.194$		$\chi^2=65.95, p=0.000$	
There are IEC materials in waiting area	72	6	84	96	92	74
	$\chi^2=20.6, p=0.000$		$\chi^2=2.2, p=0.136$		$\chi^2=53.35, p=0.000$	

# Mongolia

# Service utilisation

Average	<i>Project</i>	<i>Control</i>	<i>p</i>
<b>All visits of 10-19 year-old (males and females)</b>	1387	804	< 0.05
<i>Number of all visits of 10-14 year-old</i>	286	220	< 0.05
<i>Number of all visits of 15-19 year-old</i>	331	164	< 0.05
% males	44%	47%	
# of <b>new visits</b> of 10-19 year-old males	430	296	< 0.05
# of <b>new visits</b> of 10-19 year-old females	577	299	< 0.05
# of <b>follow-up</b> visits of 10-19 year-old males	257	180	< 0.05
# of <b>follow-up</b> visits of 10-19 year-old females	303	206	< 0.05

# Creating an index score:

- Example: Client satisfaction levels
- Satisfaction on a variety of domains
- Value of such analysis
  - Allows to quickly get
  - Identify challenges
  - Easily spot trends of
  - Make comparisons

## Levels:

1 < 30 %

2 = 30-49%

### 1. Confidentiality and privacy

### 2. Clients well informed:

- Working hours
- Test, examinations & results
- Treatment prescribed
- Recommendations

### 3. Availability of information

### 4. Accessibility of services

### 5. Affordability of paid services

### 6. Equal access for both sexes

# 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)
<b>Confidentiality and privacy</b> 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
<b>Clients informed about:</b>	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
<b>Availability of information</b> Materials in waiting area	3	4	3	4	5	3	3
<b>Accessibility of services</b>	1	2	4	1	5	2	1
<b>Affordability of paid services</b>	3	2	1	2	2	3	2
<b>Equal access for both sexes</b>	4	5	5	4	5	4	3

## Levels:

1 < 30 %

2= 30-49%

3 = 50-69%

4 = 70-89%

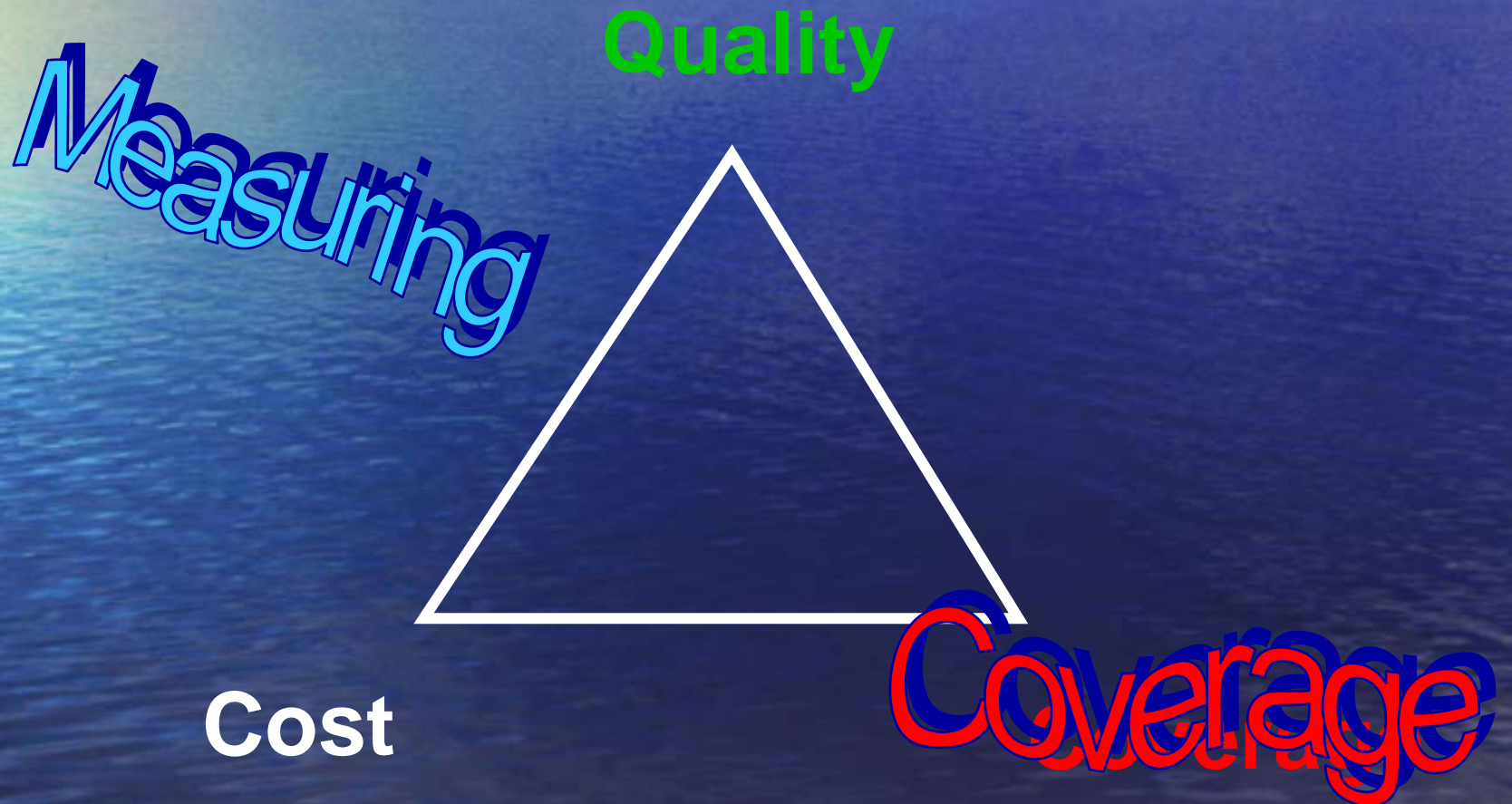
5 = > 90%

**affirmative answers.**

# Quality - Question bank

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

# Adolescent friendly health services



# Why measuring coverage?

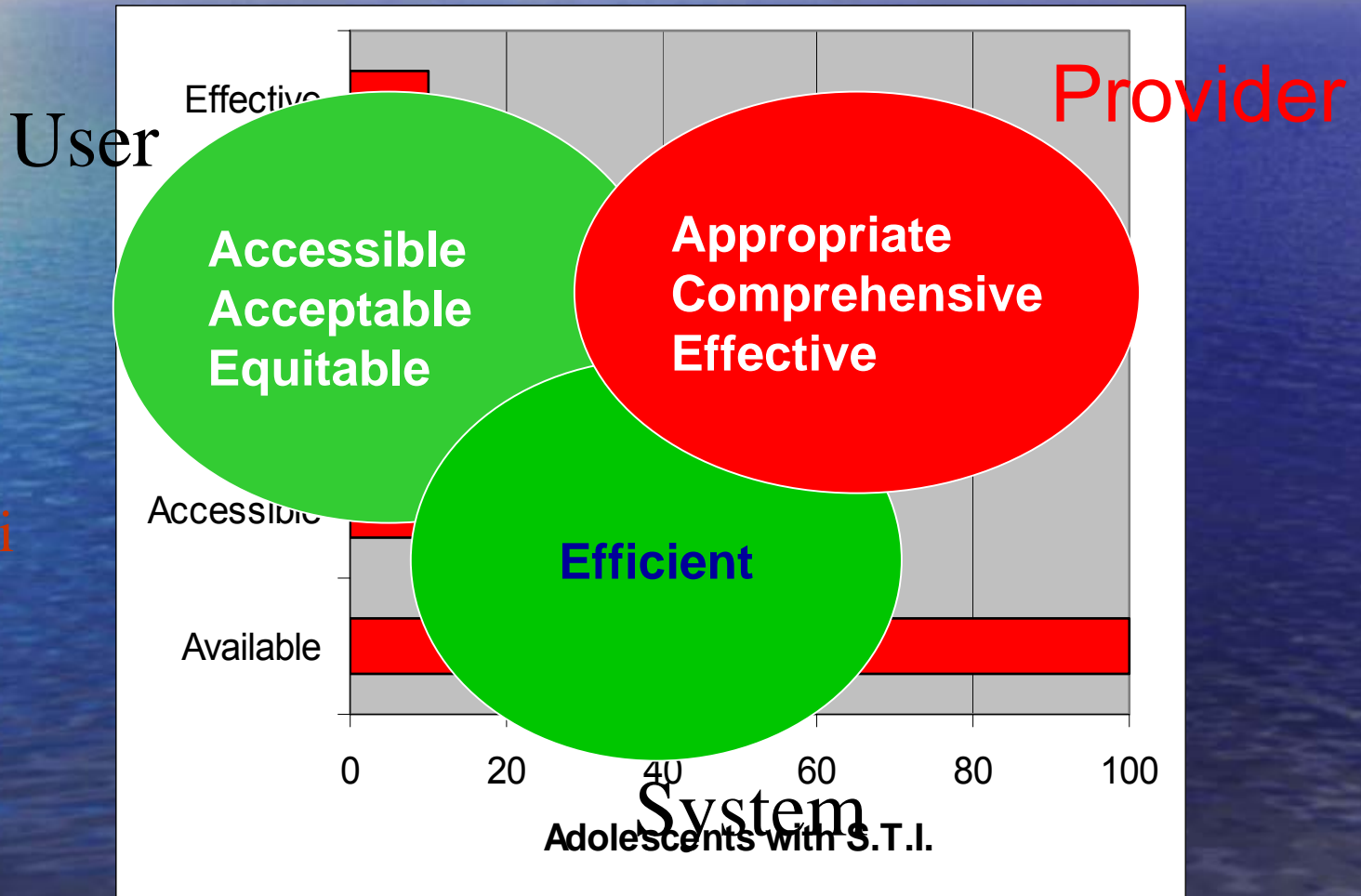
## - HIV UNGASS GOAL

"Ensure that by 2005 at least 90 %, and by 2010 at least 95% of 15-24 years old men and women ...have **ACCESS** to information, education, including peer and youth-specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection; ....."

**Public health impact**



# COVERAGE conceptual model



# WHO 5-step methodology:

1. Review epidemiological and socio-demographic data
2. Map service provision points and utilization in geographic area
3. Review legislative and policy review
4. Survey at facilities: and quality of services
5. Survey young people in population/schools for:
  - a. Health status & needs
  - b. Accessibility & acceptability of services
  - c. Patterns of service use.

# COVERAGE measurement

## 1. Testing WHO 5-step methodology

- Dar-es Salaam, Tanzania, with AYA
  - Temeke and Kinondoni Districts (urban)
  - Health services, Skills Building & Information
- St. Petersburg, Russia with UNICEF
  - City of St Pete, 2 case & 2 control Rayons
  - Health services & vulnerable youth (institutions)

## 2. Global Consultation on Coverage

# Availability coverage

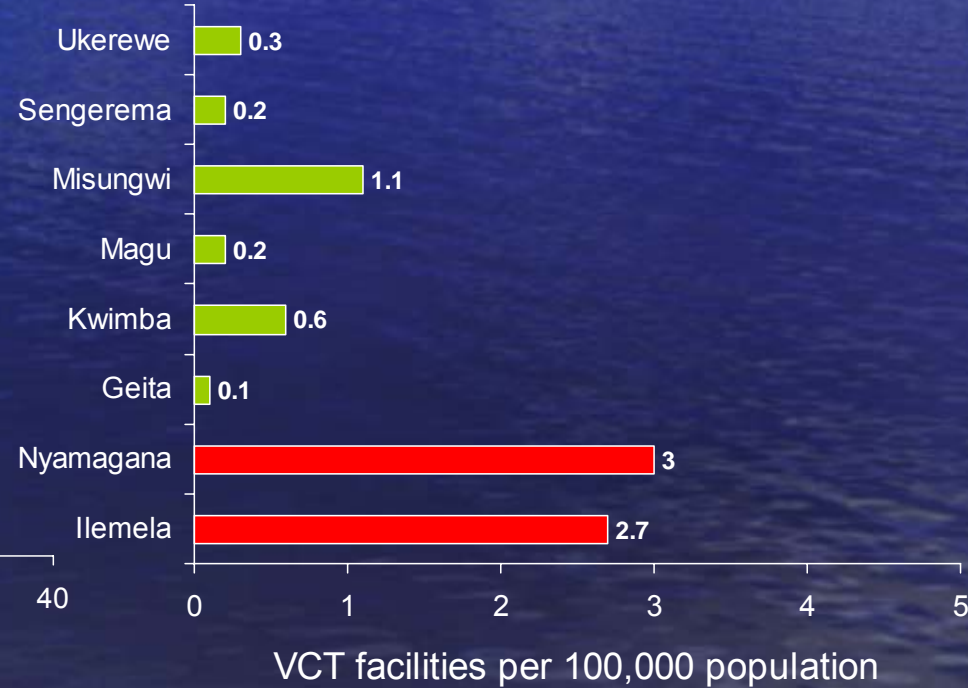
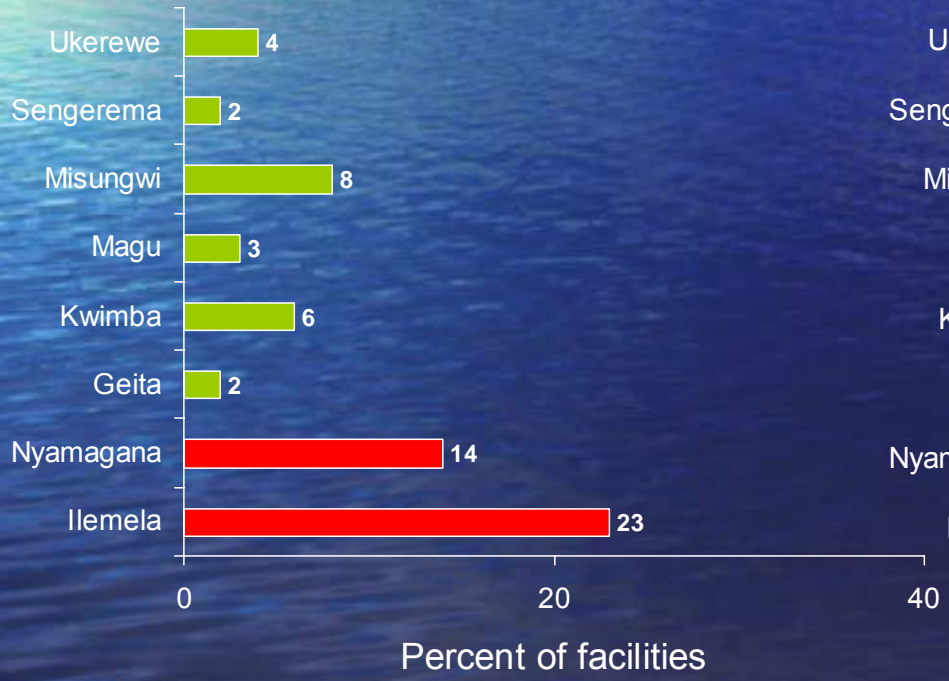
## Russia St Petersburg

- 78 clinics providing some type of SRH services
  - eq. 22 per 100.000 15-19 year old adolescents
- Total number of youth-friendly clinics in the city of St. Petersburg is 16
  - eq. 4.5 per 100.000 15-19 year old adolescents

# Health facilities meeting minimum standard for HIV counselling and testing, by district, Tanzania Mwanza Region, SAM 2005

**Standard**  
**Trained staff; Guidelines available; gloves in stock; provide counselling and HIV testing**  
**Region: 8% of facilities**

**Regional 0.7 VCT facility per 100,000 people**



# ACCESSIBILITY

Knowledge of City Public Health Resources  
(% of respondents in Street poll :

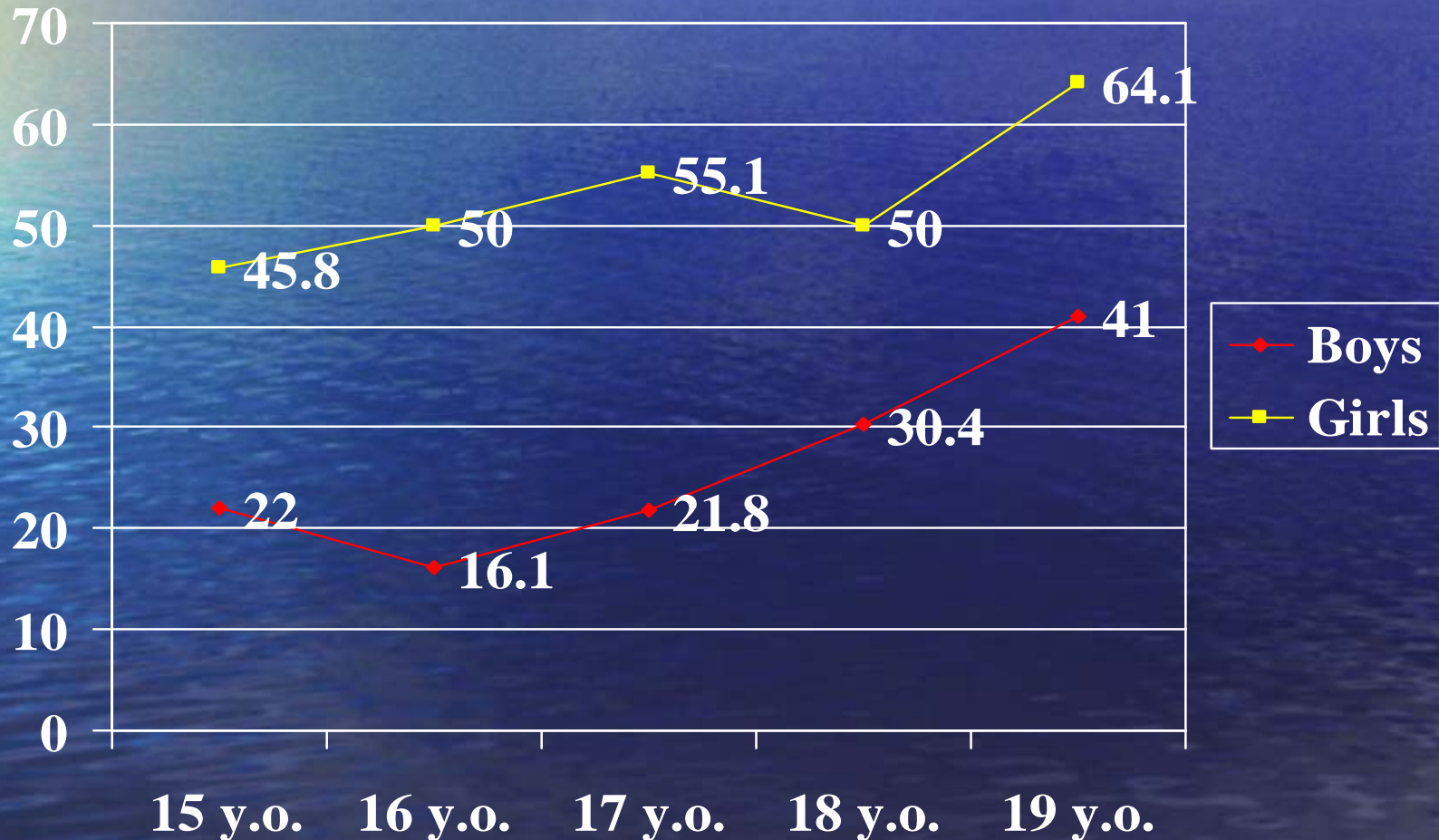
Facility	I know what it is	I've heard something about it	<b>Total positive responses</b>	It is the first time I've heard about it	No response
Centre «Juventa»	17.8	30.7	<b>48.5</b>	51.5	-
AIDS Prevention Centre	8.6	43.5	<b>52.1</b>	47.8	0.1
Family planning centre	17.3	28	<b>45.3</b>	54.7	-
Youth consultations	23.8	19.4	<b>43.3</b>	56.7	-

# ACCEPTABILITY

<b>Yes, friendly staff</b>	<b>% OF RESPONDENTS</b>
Street survey	84.3 %
Client exit Interviews	85%

# ***CONTACT COVERAGE***

**% of those visiting the clinic at least once**  
*Street poll results:*



# ***CONTACT COVERAGE***

<b>Purpose of visit</b>	<b>Percentage of respondents, (n = 241)</b>
Preventive check-up	61,4
Take a HIV infection test	7,9
Take tests for other STI	22,0
Receive treatment for STI	1,7
Receive consultation about pregnancy prevention, choose contraceptives	18,3

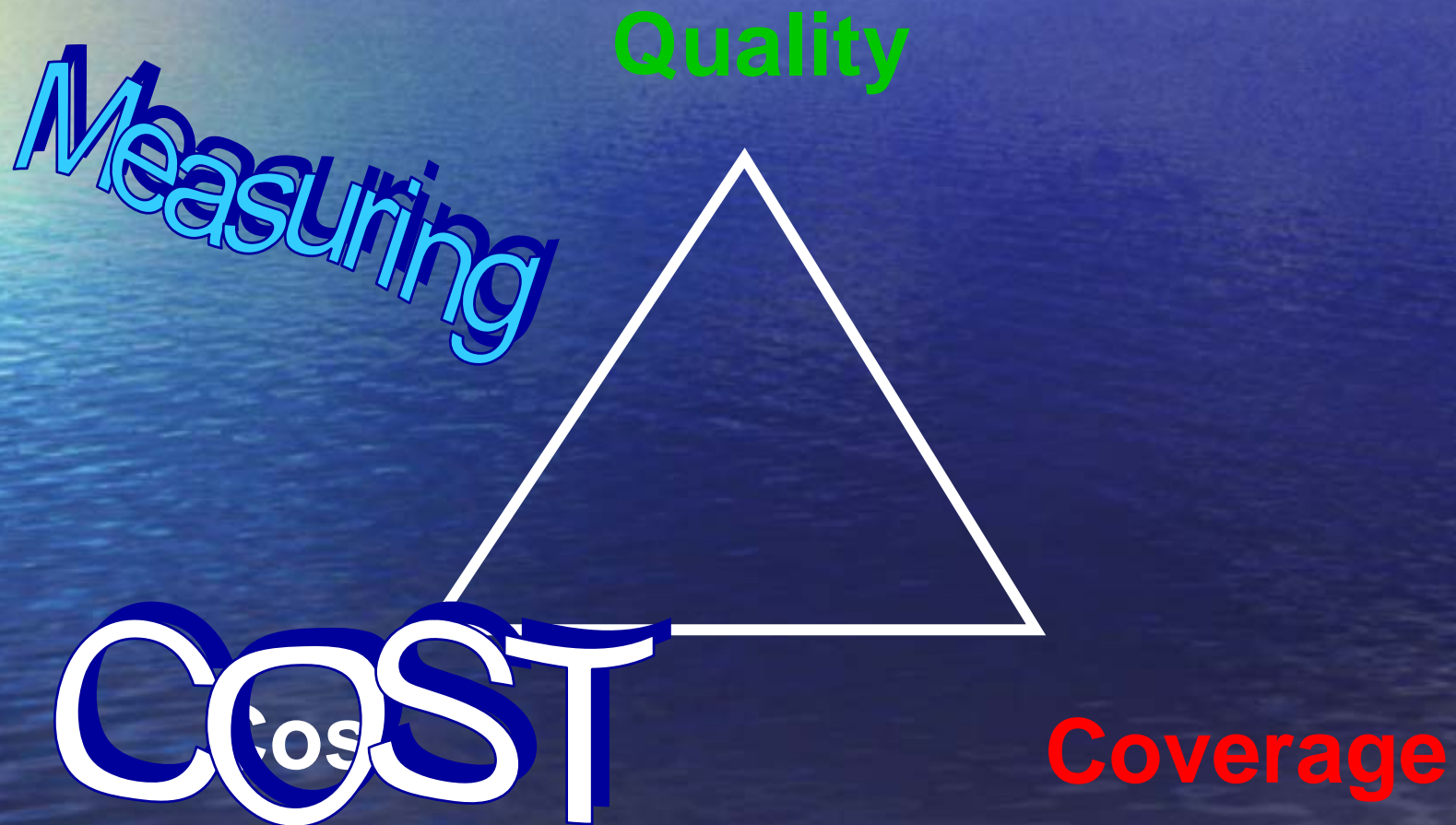
# Global Consultation on COVERAGE

April 2006

- Main aim: identify indicators to measure MDG for HIV: "access to services for young people"
- Outcome: short set of key indicators
  - Condom use among young people 15-24 years old
  - Contact coverage of HIV testing
  - Availability of YFS within existing facilities

Plus indicators for concentrated epidemics for vulnerable groups & harm reduction

# Adolescent friendly health services



# Overview

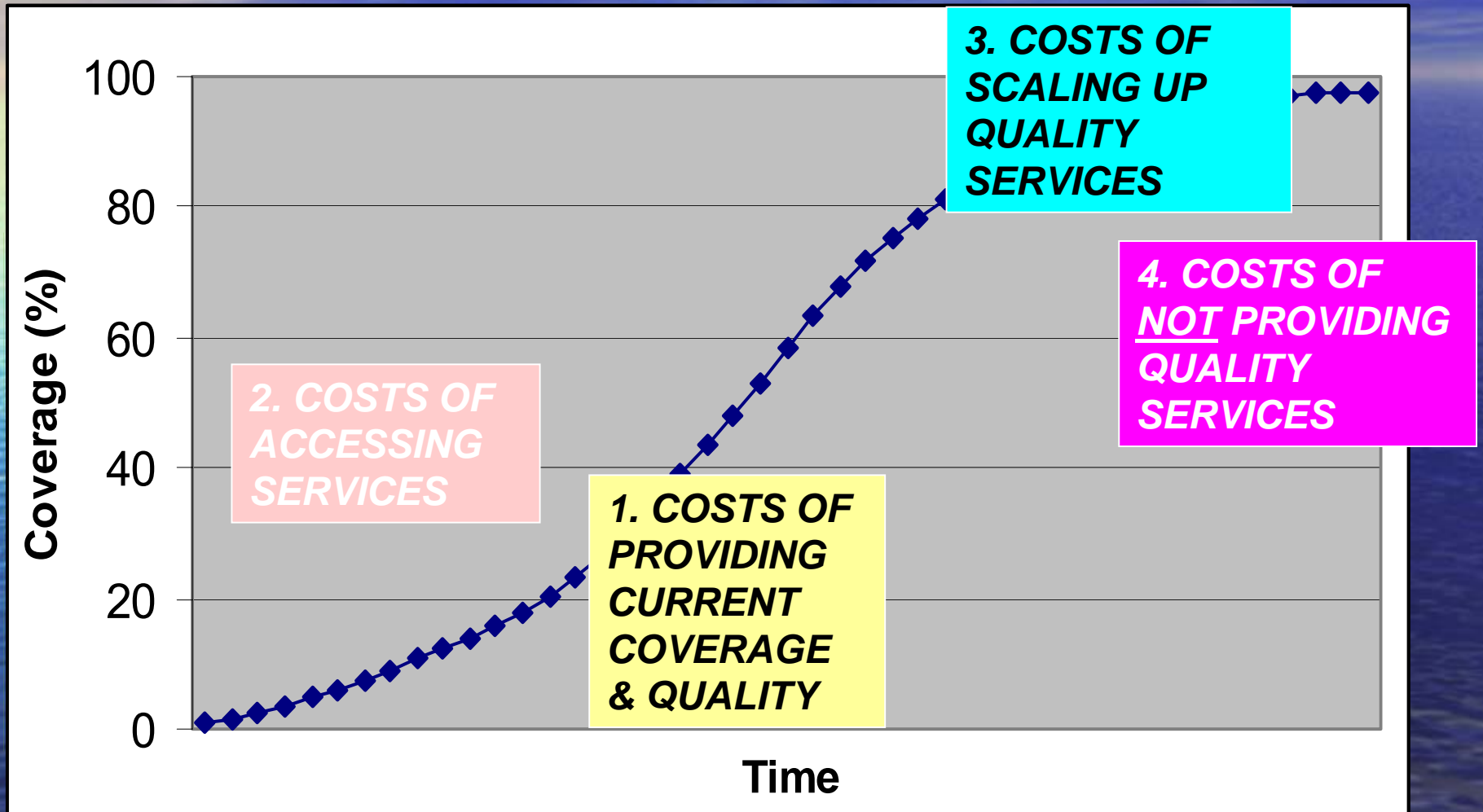
- Why bother estimating costs for health services provided to young people?
- Accomplishments of CAH/ADH to date with regards to cost measures for AFHS/YFHS

# ***Why bother estimating costs for YFHS?***

We believe that:

- ❖ Cost information is important for Advocacy, Programming, and Implementation
- ❖ Quality, Coverage & Cost form a three-legged measurement stool
- ❖ Cost estimates for health services delivered to Young People differ from those delivered to Adults

# Four reasons to think about COSTS as you think about COVERAGE



# # Cost information can inform Advocacy, Programming, and Implementation

## Advocacy

Making the case for investment in YFHS: huge costs to society of not providing services to YP

## Programming

What are the current costs of service delivery and what approaches are most cost effective?

Private costs to the client of accessing services.

## Implementation

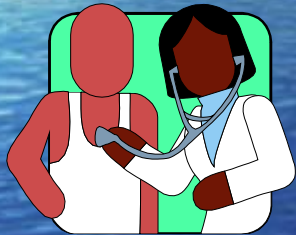
Budgeting for scaling up coverage,  
Budgeting for increasing quality,  
Sustainability issues

## Cost analysis:

- Forces us to be specific on the *what* and the *how*
- Indicate the *resource* mix used
- Indicate the *funds* required to deliver programs
- **Compare** the cost of different strategies to reach outcomes (e.g. tertiary level or primary level delivery)

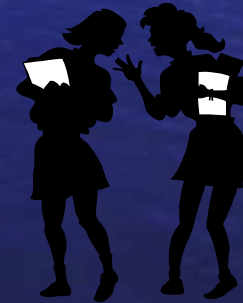
# # Cost estimates for health services delivered to YP are likely to differ from cost of service delivery to adults

- Unit cost estimates are available for interventions delivered to adults **e.g. Futures Group Resource Needs Model, various studies....**
- However, the provision of YFHS may require additional investments and resources with cost implications (**QUALITY**)



Staff time

Confidentiality



Convenient opening hours

**Available cost estimates for health services provided to youth are few (ICRW, Mwanza) and do not easily allow for comparison**

# Interventions costed in the 3 pilots to date

## Priority interventions

- Information and counseling (HIV&SRH)
- Provision of condoms
- Management of STI
- VCT
- Harm reduction interventions for IDU
- Other contraceptives
- (Post-) Abortion interventions
- Psychosocial counseling
- General health check-ups

## Packages

*Montreux HIV prevention for Young People*

*+ SRH interventions*

*+ Other important YFHS interventions*

# Methodology and information collected

## *Methodology*

- Interview
- Observation
- Review of records
- Self-assessment
- Data from outside sources

*Assessment at facility  
level takes one full day*

## *Information*

**Staff time**

**Staff costs**

**Utilization data**

**Drugs**

**Supplies**

**Lab tests**

**Equipment**

**Utilities**

**Overhead costs**

**Training**

**Supervision**

**Outreach**

**IEC materials**

**Floor space**

**Prices**

**CONTACT  
COVERAGE**

**QUALITY**

**User fees**

# Pilot tests in 3 countries Nov 2005-Jan 2006

Country	Viet Nam	Uganda	India (Delhi & Kolkata)
<b>Time period of cost pilot</b>	November 2005	December 2005	January 2006
<b>Level of service delivery</b>	Government lower primary level facility and NGO facility	Government higher primary level facility and NGO facility	Tertiary level hospitals
<b>Type of clinic</b>	Two integrated clinics	One integrated, one "adolescents only" clinic	"Adolescents only" AFHC (Delhi and Kolkata) and other relevant OPD services provided in an integrated manner (Kolkata)
<b>Interventions</b>	<ul style="list-style-type: none"> <li>• SRH info. and counseling;</li> <li>Condom provision / FP</li> <li>• STI</li> <li>• abortion services</li> </ul>	<ul style="list-style-type: none"> <li>• SRH Information and counseling</li> <li>• Provision of contraceptives / FP</li> <li>• STI</li> <li>• VCT.</li> </ul>	<ul style="list-style-type: none"> <li>• <i>AFHC</i>: Wide range of mental and physical health assessments; focus on information and counseling; psychosocial problems</li> <li>• <i>Other OPD</i>: STD, VCT, Condom provision</li> </ul>

# Results & Expected results

Results: Primary objective was to provide a method for estimating unit costs of service provision of key interventions to YP. The tool is easy to use in different settings and templates are provided for rapid data analysis.

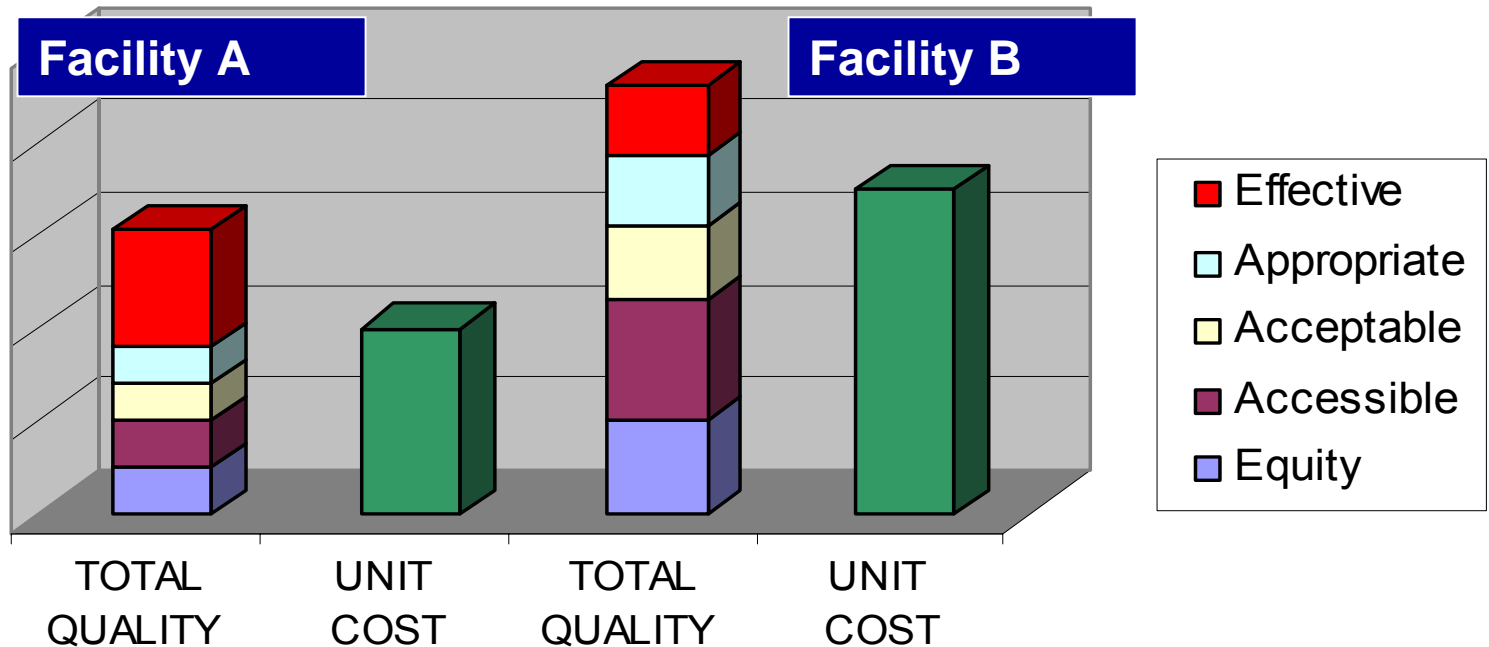


Expected Results: Examples of outputs

	Facility 1	Facility 2	Facility 3
Total cost for YP services	1	ANALYSIS ONGOING FROM PILOT SITES	
Cost per YP (all services)			
Cost per YP (STI)			
Cost per adult (STI)	Breakdown of costs by categories of inputs (staff time, capital investments, drugs and supplies, etc)		
Cost per YP (VCT)			
Total cost outreach			
Cost per YP outreach			
Level of quality			

# Expected results: Comparing cost per outcome

Challenges: Using results to inform programs (CAHs perspective)



**Most effective outcome = not necessarily the cheapest outcome.**

**The optimal choice depends on policy objectives and programme goals.**

# Challenges

- Cost related information is not readily available at facility level → considerable time required for completion of data gathering at each site
- Results from 6 facilities where the tools were piloted paint a non-representative (but indicative) picture of resources used and their costs
- Linking Cost and Quality - identifying Costs that correspond to investments in specific aspects of Quality
- Implementing a large scale assessment to provide representative results is a challenge given the limited implementation of YFHS in many countries

Relevance for the UNGASS goal:  
Estimating the costs for an increase in *access* to HS for YP

