

# Reaching adolescents through health services

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World Health  
Organization



UNDP · UNFPA · UNICEF · WHO · World Bank  
Special Programme of Research, Development  
and Research Training in Human Reproduction

# What do we mean by the term health services ?

The provision of a clinical service, which often includes the provision of information, advice & counselling aimed at preventing health problems, or detecting & treating them.

# Reaching adolescents through health services

- ❑ **1. Adolescent Friendly Health Services: What is the reality on the ground ?**

Factors that make it difficult for adolescents to obtain the health services they need - 1



Not available

# Factors that make it difficult for adolescents to obtain the health services they need - 2

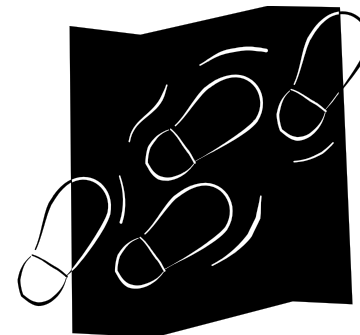
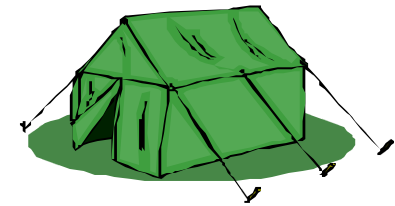
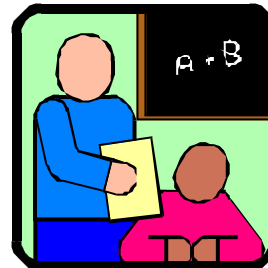
**Not accessible**  
(i.e. not able)

**Not acceptable**  
(i.e. not willing)

**Not equitable**  
(i.e. all right for some but not others)

# Initiatives are under way in many places to provide adolescents with health services

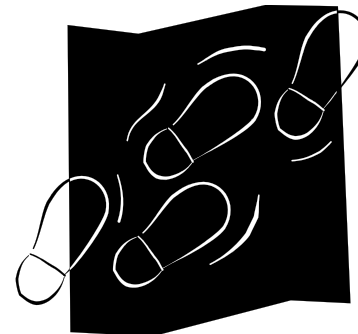
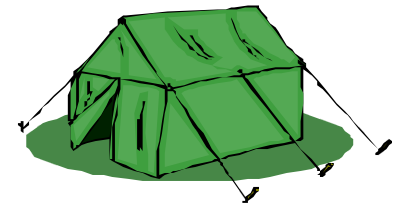
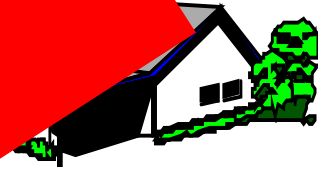
- ❑ Hospitals
- ❑ Public, private and NGO clinics
- ❑ Pharmacies
- ❑ Youth centres
- ❑ Educational institutions
- ❑ Work places
- ❑ Shopping centres
- ❑ Refugee camps
- ❑ On the street



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- ❑ Refugee camps
- ❑ On the streets

Attributes not clear  
Short time frame  
Low & patchy reach



# Reaching adolescents through health workers & health services

- ❑ **1. Adolescent Friendly Health Services: What is the reality on the ground ?**
- ❑ **2. What is WHO doing to improve the quality and expand the coverage of health services to adolescents ?**



# # 1. Using strategic entry points, to move the wider adolescent health agenda

Overall goal  
To improve the health & development of adolescents.

HIV/AIDS

1. Prevention of too early pregnancy
2. Prevention of deaths in pregnancy & delivery

Substance Use  
Mental Health  
Intentional & accidental injuries

## # 2. Being clear about the main purpose of delivering health services

1. What are the **health outcomes** we are aiming for.
2. What is the **place of health service provision to adolescents** within the overall strategy ?
3. What is the **package of health services** to be provided, to achieve the health outcomes we are aiming for ?
4. **Where and by whom** should these health services be provided ?

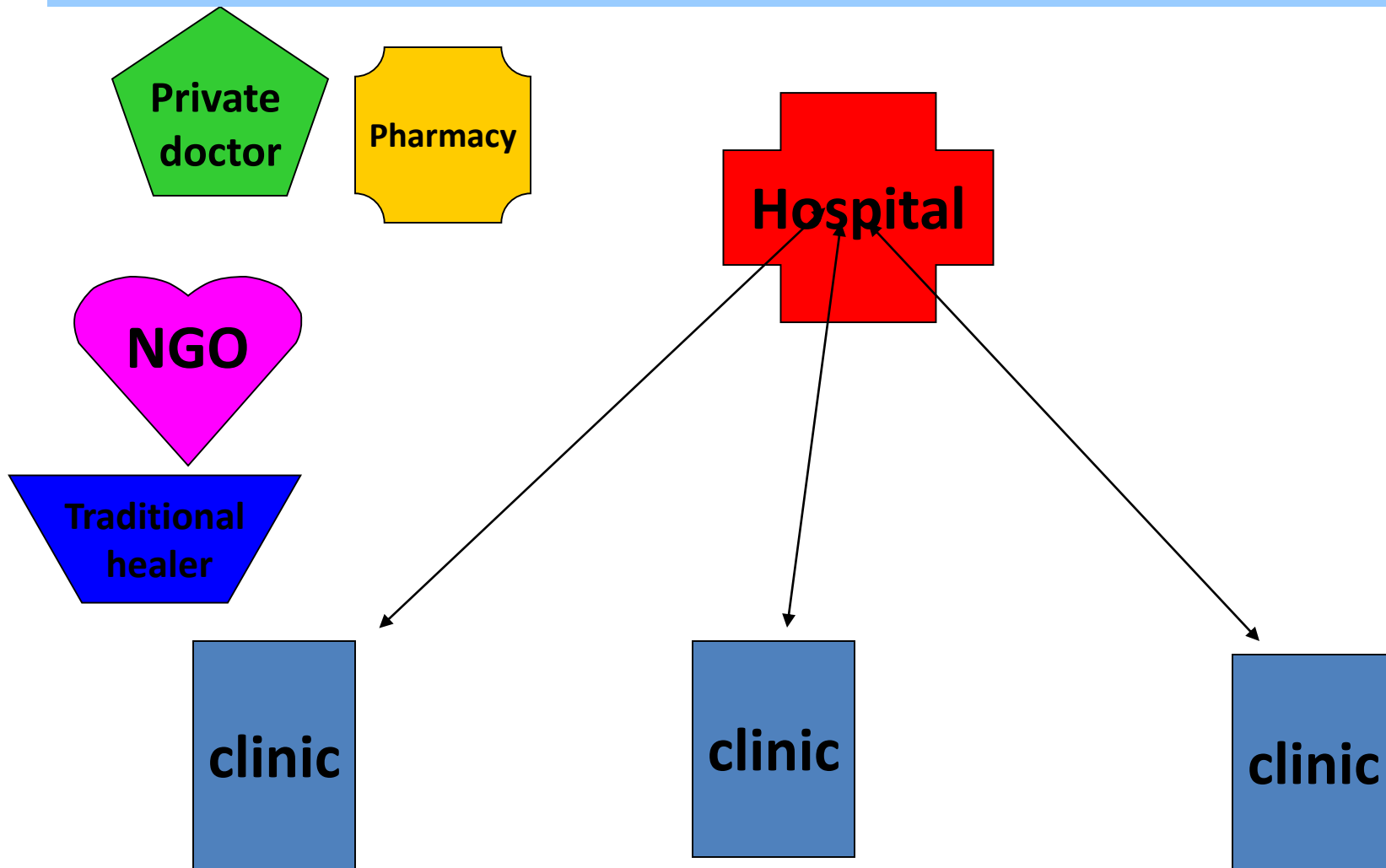


# # 3 Identifying the groups in the adolescent population whom we need to reach

- Adolescents are a diverse population group.
- Not all adolescents are equally vulnerable.



# # 4. Being clear about where & by whom health services are to be provided ?



- 
- Working to make existing service-delivery points more "friendly" to adolescents.

- Setting up new service-delivery points exclusively intended for adolescents.

A focus on building on what already exists.

## # 5. Setting out to do more than just make health services "*friendly*"

### Utilization

Striving to ensure that adolescents **are able & willing to obtain** the health services they need.

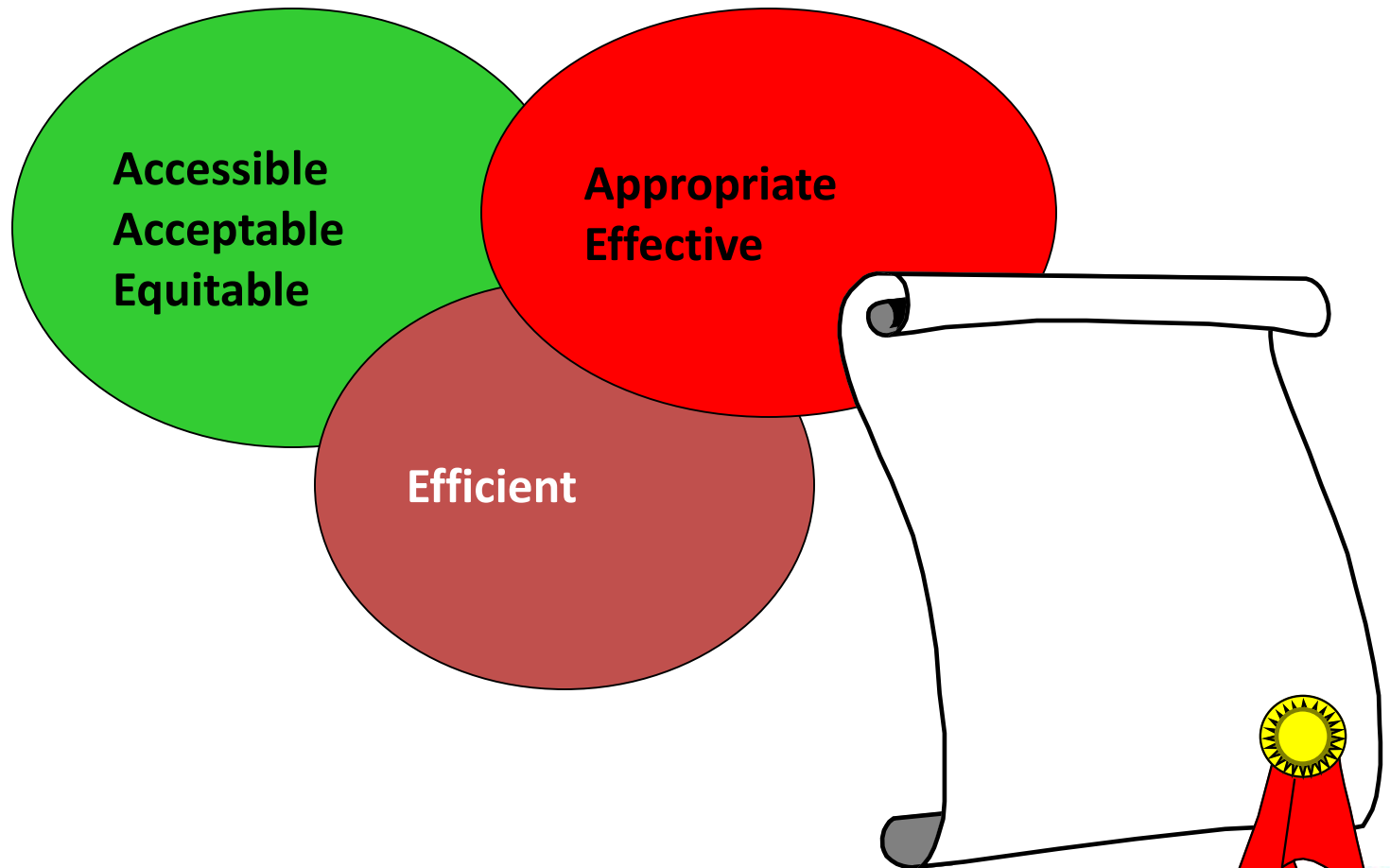
### Provision

Striving to ensure that the services that adolescents **need are in fact being provided & are being provided in the right manner.**

# # 6. Using a quality framework for health-service provision to adolescents

Utilisation

Provision



# A definition of adolescent friendly health services grounded in quality

*Accessible* - Adolescents are able to obtain health services.

*Acceptable* - Adolescents feel willing to obtain health services.

*Equitable* - All adolescents - including marginalized groups of adolescents - are able & feel willing to obtain health services.

*Appropriate* - The health services that adolescent users need are provided on the spot or through referral linkages.

*Effective* - The health services provided help well-adolescent users stay well, & ill-adolescent users get back to good health.



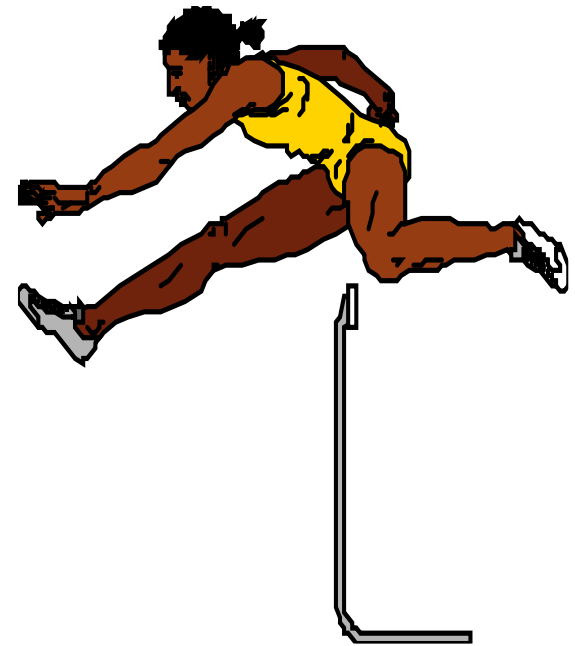
# # 7. Using a standards-driven quality improvement approach

## What is a standard ?

A standard is a statement of required quality.

## How can standard-driven quality improvement contribute to our work ?

1. By setting clear goals for the quality of different aspects of the functioning of service-delivery points.
2. By providing the basis for assessing the achievement of these goals.
3. By providing the basis for identifying what needs to be done to achieve the goals.



# Standards-driven quality improvement

## 1. Standards set clear goals.

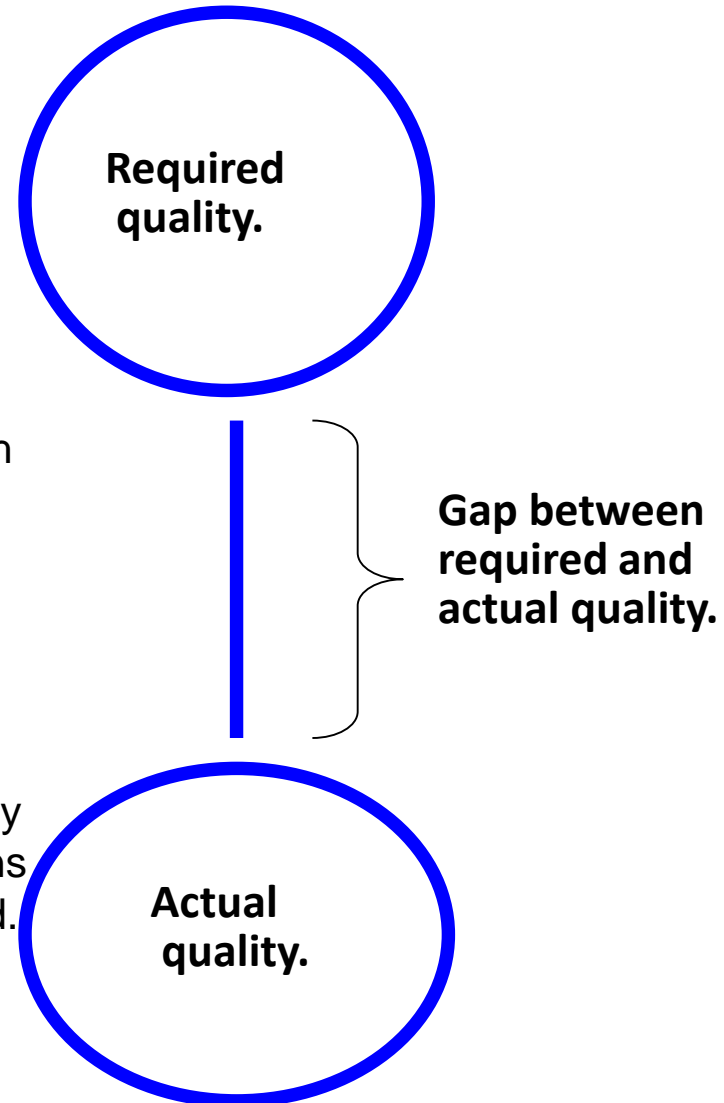
They make explicit the definition of quality required.

## 2. Standards provide the basis for assessing whether goals have been achieved.

They provide a clear reference against which quality can be assessed/compared.

## 3. Standards provide the basis for identifying what needs to be done to achieve the goals.

They provide an entry point for identifying why the goals were not achieved, and what actions need to be taken for the goals to be achieved.



# Standards communicate a clear vision

**Adolescents** knowledgeable, able & willing to obtain the health services they need.

**Service providers** non judgemental & considerate in their dealings with adolescents; & deliver the required services in the right way.

**Health service delivery points** welcoming & appealing to adolescents; & provide the health services that adolescents need.

**Community members** aware of the health service needs of different groups of adolescents, & support their provision.

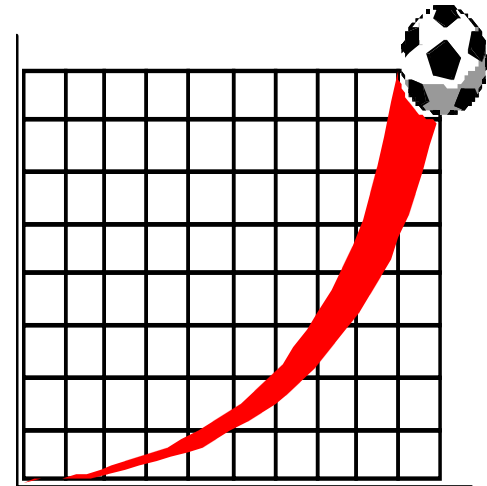
# # 8. Working to expand the coverage of health services, alongside efforts to improve quality

## What is coverage ?

The proportion of a given population that is able to/willing to/has in fact obtained the health services *that they need*.

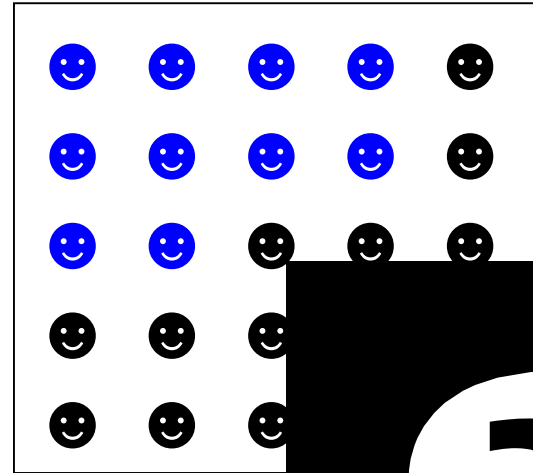
## Why is a focus on coverage relevant to our work ?

1. By pressing for clarification on what proportion of the adolescents in a community need a specific health service.
2. By providing the basis for determining what proportion of them are in fact obtaining the health services they need.

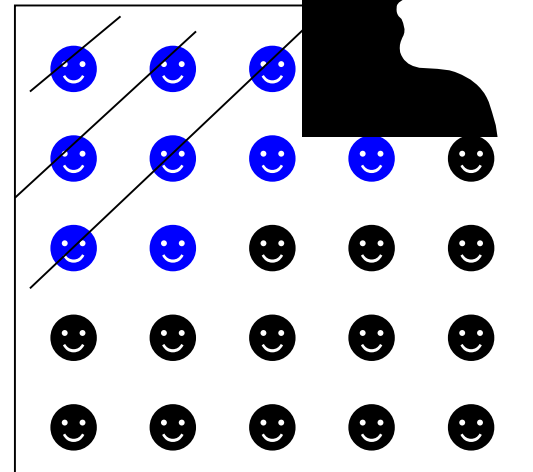


# Expanding the coverage of health services

**1. Clarifying what proportion of adolescents in a community need a specific health service.**



**2. Determining what proportion of these adolescents are in fact obtaining the health services they need.**



# # 9. Using a systematic approach to scaling up

*" Scaling up: Deliberate efforts to increase the impact of health service innovations successfully tested in pilot or experimental projects so as to benefit more people ".*

Source: WHO, Reproductive Health Research & ExpandNet. From pilot projects to policies & programmes: Practical guidance for scaling up health service innovations (WHO, 2006).



# Systematic process

## National level

Do a situation analysis or a programme review

Develop a health sector strategy within a multi-sectoral strategy

Develop national quality standards

Disseminate approved national standards (to sub-national levels)

Develop/adapt generic materials

Develop national scale up plan

## District level

Orient district leaders

Orient district health management teams

Do a district level mapping exercise

Develop a district scale up plan

Orient health facility managers

## Health facility level

Orient health facility staff

Do a self-assessment of quality to identify areas where quality is low

Develop a plan to improve quality

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## District level

Orient district leaders

Orient health

## Health facility level

Orient health facility staff

Develop assessment of areas

OW

- Grounded in national policies & strategies
- A clear vision articulated & championed by the highest level of the Ministry of Health
- Housed in at least one national programme & integrated in its plan & budget



# Systematic process

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Do a situation analysis or a programme review

Develop a health sector strategy within a multi-sectoral strategy

Develop national strategy

Develop national strategy

Develop national strategy

Develop national scale up plan

## District level

Orient district leaders

Orient district health management teams

Do a district level mapping exercise

Develop a district scale up plan

Orient health facility managers

## Health facility level

Orient health facility staff

Do a self-assessment of quality to identify areas where quality is low

Develop a plan to improve quality

**- District public health leaders supported to lead planning, implementation & monitoring.**

# Systematic process

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## District level

Orient district leaders

Orient district health management teams

**- Empowered & supported to drive the quality improvement process**

Orient health facility managers

## Health facility level

Orient health facility staff

Do a self-assessment of quality to identify areas where quality is low

Develop a plan to improve quality

# Both top down & bottom up

To make their contributions, people need clear guidance on what to do, as well as the space to adapt & innovate.

## National level

- A) Develop national policies and ensure their application
- B) Provide guidance on actions by district public health management staff
- C) Provide guidance on actions by health facility managers and other health facility staff
- D) Develop/ adapt guidelines, operational procedures and training materials for health facility staff
- E) Manage human resources
- F) Develop /adapt informational materials for adolescents and community members

## District level

- A) Act as a bridge between the national level and health facilities
- B) Support health facility managers to:
  - (i) assess quality of service provision & to use these finding to address areas of weakness;
  - (ii) carry out actions in the health facility and in the community
- C) Play a facilitating role within the district

## Health facility level

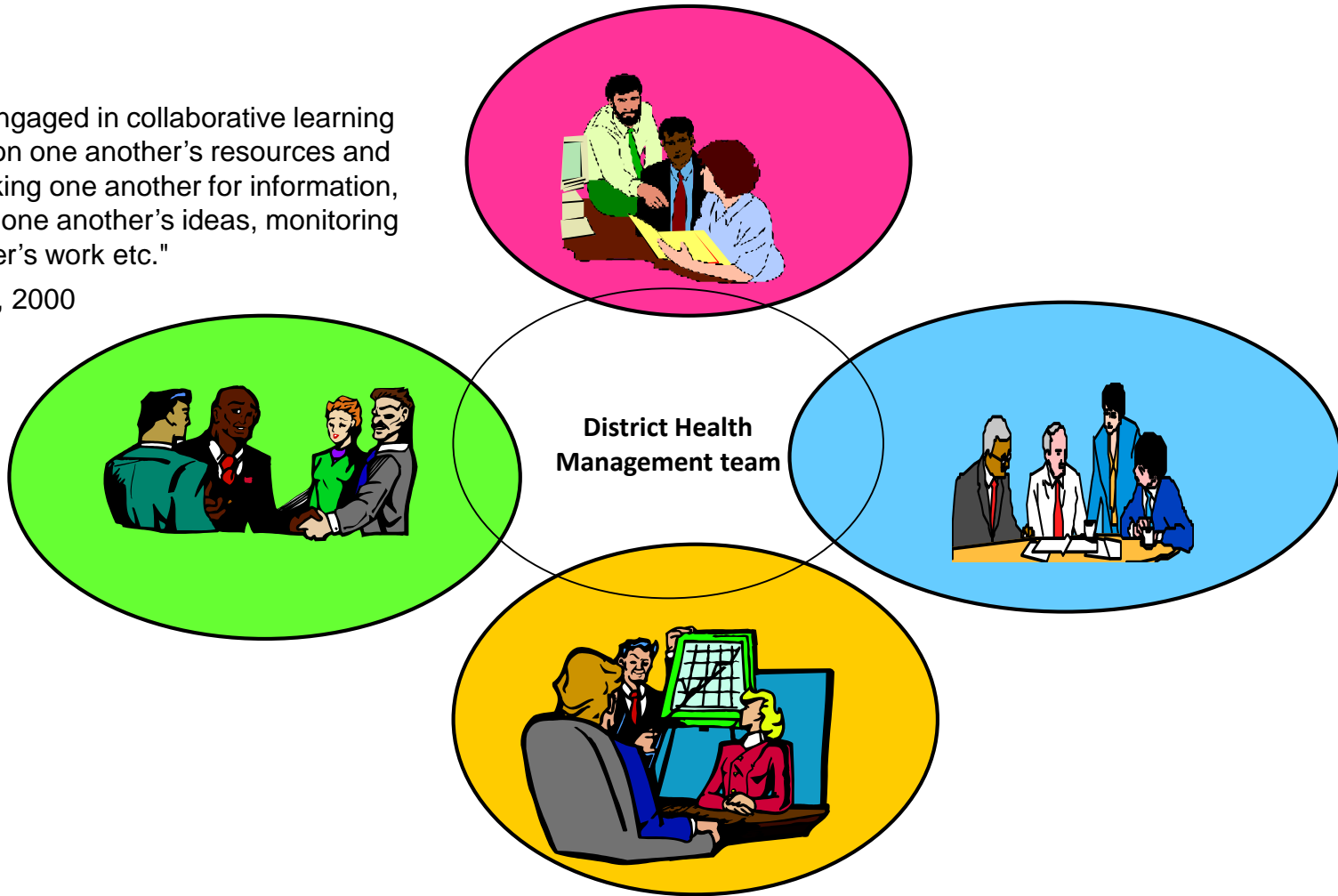
- A) Work with the district authorities to ensure that the health facility has the resources needed to deliver health services
- B) Support health facility staff to perform effectively
- C) Ensure that health facility is adolescent friendly
- D) Manage outreach activities to generate community support & demand
- E) Monitor the health facility's performance internally as well as periodically in conjunction with officials from national & district level (externally)
- F) Use the findings of internal and external assessments of quality to address gaps and areas of weakness



# Collaborative learning

" People engaged in collaborative learning capitalize on one another's resources and skills - asking one another for information, evaluating one another's ideas, monitoring one another's work etc."

- MM Chiu, 2000



# Two key trade-offs in scaling up

- ❑ Trade-off between extending coverage & maintaining quality
- ❑ Trade off between efficiency & equity (i.e. it may be more efficient to expand access to 'easy to reach' groups, but it is not equitable)

Source: L J Mangham, K Hanson. Scaling up in international health: What are the key issues. *Health Policy & Planning* 2010; 25; 85-96.

# # 10. Using measurement to find out what is happening on the ground & to shape efforts

## **Implementation**

Have activities been implemented as planned ?

## **Quality**

Have these activities led to improvements in quality of health service provision ?

## **Utilization**

Has the improvement in quality led to improved health service utilization by adolescents ?

## **Coverage**

What proportion of adolescents in a community need a specific health service ?

Of them, what proportion are obtaining the health service & what proportion are not ?

## **Cost**

What is the additional cost of making health services adolescent friendly ?

