

USING EVALUATION RESULTS TO IMPROVE SERVICES – THE CASE OF THE REPUBLIC OF MOLDOVA

Introduction

A core principle of quality improvement is that what is not measured cannot be improved. Therefore, evaluation has been an integral part of the longstanding agreement that a priority for each country, district and municipality should be to provide “well assessed youth-friendly services” (1). However, assessment and evaluation by itself may have little or no effect. Only the use of the evaluation results to implement activities to improve quality of care can achieve improved outcomes and lead to the desired impact. This article describes how the Republic of Moldova has established youth friendly health services (YFHS) and used the results of an external evaluation to improve programming and ultimately the quality of services for young people.

The Moldovan Context

The Republic of Moldova is a small, land-locked country in south-eastern Europe that was established as an independent state in 1991 after the breakdown of the Soviet Union. The transition period has been difficult from a socioeconomic point of view and the Republic of Moldova remains the poorest country in Europe (2). Almost a quarter of the population of 3.5 million are young people aged 10-24. This age group has been particularly affected by the rapid changes of society during the transition years, with deaths from injuries, trauma and intoxications, levels of STIs including HIV, early pregnancy and mental difficulties and disorders rising alarmingly (3). On-going massive emigration of the workforce, particularly among the rural population, has meant that thousands of Moldovan children and adolescents are growing up without the care of one or both of their parents.

YFHS in the Republic of Moldova

To address these challenges and provide adolescents and young people with the services they need, the Republic of Moldova set up YFHS in 2001, with initially 3 Youth Friendly Health Centres (YFHC) and then 12 donor-funded YFHCs in 2005. In 2009 the Ministry of Health

developed the following 6 national quality standards for YFHS: 1) young people know when and where they can request healthcare; 2) young people have easy access to the health services they need and they also find them acceptable; 3) health service providers maintain the confidentiality and respect the privacy of young people; 4) health service providers mobilize the community to promote YFHS; 5) healthcare providers offer effective and comprehensive services in line with the real needs of young people; and 6) all young people have equal access to health services (4).

It defined a package of services to be provided at each of the YFHCs to prevent and respond to developmental, nutritional, sexual and reproductive health (SRH) and mental health needs, as well as, needs resulting from violence. While all young people are targeted, special efforts are made to reach young people who are particularly vulnerable.

An NGO “Health for Youth”, which runs a very successful centre providing health services to adolescents in Chisinau, is the flagship of the programme and the main impetus behind the scale up of services in collaboration with UNICEF Moldova and the Ministry of Health. The Swiss Development Cooperation (SDC) has been providing substantial financial support for the past three years through a project called “Healthy generation”. Activities implemented through this project included: the horizontal scale up of services with the establishment of at least one YFHC in each of the 35 districts (38 centres in total by the end of 2013); capacity building of health care providers from YFHCs and primary health care services in adolescent health and quality improvement approaches; vertical scaling up actions to improve the regulatory basis, the financing mechanisms and the monitoring system; and the integration of adolescent health in in-service training and postgraduate education.

The SDC commissioned an external evaluation of the Healthy Generation Project at the end of its first phase (2011-

2014) to assess progress and achievements and to draw lessons to inform planning and identify priorities for the second phase.

Methodology of the evaluation

The external evaluation followed a systematic evaluation framework to evaluate specific questions that targeted the input, process, output, outcome, impact and cost elements of YFHS (see Figure 1). Methods used to answer these questions included: a desk review of relevant documents; analysis of available secondary data (national and UN databases and surveys, previous studies on coverage and cost); and key informant interviews. In a purposeful sample of six YFHCs quality assessments using a semi-structured questionnaire, client exit interviews and observation tools were also performed.

Findings of the evaluation

The findings of the evaluation are beyond the scope of this article and can be found elsewhere (5). However, important findings that led to immediate improvement activities include the following three results:

1. YFHCs were not fully mandated to deliver the full package of services and therefore services were often limited to the provision of information and counselling. While a specific package of services for YFHCs had been defined by the Ministry of Health, the centres were not authorized to provide the clinical services to adolescents and had to refer their clients to specialized centres for diagnostic and treatment services. This counteracted the very idea of YFHS being accessible in one place and guaranteeing confidentiality and privacy.
2. The YFHCs that were initially founded as NGOs and then subsequently designated as YFHCs by the Ministry of Health outperformed newer public sector centres in relation to the six national quality standards, particularly in relation to friendliness and acceptability. This raised questions on how to best increase motivation and



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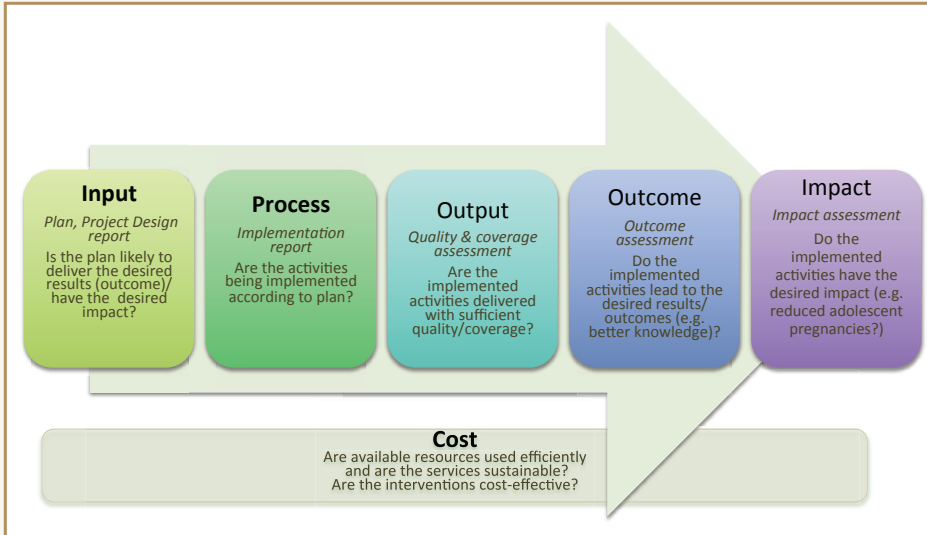


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Figure 1: Evaluation Framework for Youth-Friendly-Health-Services (YFHS)



improve health worker performance in the public sector.

3. While the explicitly stated objective of the project was to “improve the SRH of young men and women in Moldova particularly those vulnerable and most at risk” no specific activities were planned or carried out to reach vulnerable and most at risk adolescents. Furthermore, no data was available on how many adolescents reached by the project may belong to this group.

Use of the results

A few months after the evaluation, a workshop with all stakeholders was held in Chisinau to review the findings and plan for the next phase. At this point the Ministry of Health had already addressed the first finding and put in place the necessary regulations to mandate the YFHCs to provide the full package of services.

During the workshop available evidence on how to best improve health worker performance was reviewed and a collaborative approach was included in the plan for the next phase. This approach includes training and regular problem solving sessions that bring together staff from the YFHCs to share experience and lessons learned, as well as, pairing better with less well performing centres together to share and learn. In this regard, an operational research component was

developed to establish whether the performance of currently poorly performing centres will increase if they are linked with better performing centres through job-shadowing, supportive supervision and collaborative learning sessions.

When carrying out a root cause analysis during the planning workshop on why the currently offered health services seem not to serve people in vulnerable situations, it became apparent that there is no consensus on who and where vulnerable people are. A phased approach was devised to improve the programme’s performance in relation to meeting the needs of young people in vulnerable situations. The first phase involves identifying vulnerable groups (studying available data sources on who and where they are and mapping institutionalized young people), followed by a second phase of implementation of outreach services with real services on the spot (e.g. provision of medication, HIV testing, condoms) by experienced outreach workers. The second phase also focuses on supporting adolescents with parents abroad through the establishment of self-help groups and the establishment and expansion of a network of temporary placement centres. As for the activities to improve health worker performance, a planned operational research component may be able to document increased programme performance.

Conclusion

Despite many challenges, the implementers of YFHS in the Republic of Moldova were able to improve services and programme performance by using evaluation results genuinely. The joint review helped to identify and implement activities needed to provide adolescents with improved services. The use of the evaluation framework helped to structure the evaluation and subsequent planning to address identified limitations. It pinpointed issues that seem so obvious that they might have gone unnoticed by a less-structured approach.

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