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ADOLESCENT FRIENDLY HEALTH SERVICES CHANGE PACKAGE

Synthesis of the most robust and effective QI interventions to improve Adolescent Friendly Health Services in SUSTAIN supported hospitals in Uganda

AUGUST 2017

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Quality Improvement Change Packages Series

The purpose of the quality improvement change packages is to provide a synthesis of the most robust and effective QI interventions for effective HIV programming. The quality improvement change packages series thematic areas include: prevention of mother to child transmission, laboratory, monitoring and evaluation, adolescent friendly health services, voluntary medical male circumcision, nutrition, HIV care and treatment, supply chain, Tuberculosis, and quality improvement.

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Contents

List of Acronyms

AFHS	Adolescent Friendly Healthcare Services
ART	Antiretroviral Therapy
CME	Continuing Medical Education
HC	Health Center
MoH	Ministry of Health
PMTCT	Prevention of Mother-to-Child Transmission of HIV
QI	Quality Improvement
RRH	Regional Referral Hospital
SUSTAIN	USAID Strengthening Uganda's Systems for Treating AIDS Nationally
TB	Tuberculosis
USAID	United States Agency for International Development
VMMC	Voluntary Male Medical Circumcision

Introduction

Since 2010, the United States Agency for International Development (USAID) has been working with Uganda's Ministry of Health (MoH) to improve HIV and AIDS service delivery at select health facilities through the Strengthening Uganda's Systems for Treating AIDS Nationally (SUSTAIN) project. Over the last seven years, the SUSTAIN project has aimed to:

- Support the MoH to scale up Prevention of Mother-to-Child Transmission of HIV (PMTCT) and Voluntary Medical Male Circumcision (VMMC) as HIV infection prevention interventions within selected public regional referral hospitals (RRHs) and general hospitals
- Ensure provision of HIV care and treatment, laboratory and tuberculosis (TB)/HIV services within selected public RRHs, general hospitals and health center (HC) IVs
- Enhance the quality of PMTCT, VMMC, HIV care and treatment, laboratory and TB/HIV services within selected RRHs, general hospitals and HC IVs, and
- Increase stewardship by the MoH to provide sustainable quality HIV prevention, care and treatment, laboratory and TB/HIV services at project-supported healthcare facilities.

Hospitals supported by the SUSTAIN project benefitted from: renovations and remodeling of HIV clinic spaces, procurement and installation of new laboratory equipment, human resource capacity development, and the application of continuous quality improvement interventions to improve the functionality of clinic systems.

The project supported six regional referral hospitals to implement interventions aimed at improving the provision of adolescent friendly health services (AFHS) through the application of continuous quality improvement methods and techniques.

SUSTAIN's technical assistance to the six hospitals was provided through ongoing onsite training, mentorship and coaching sessions, and application of quality improvement approaches to improve the provision of AFHS services.

Table 1: List of hospitals providing adolescent friendly services under the SUSTAIN

Name of Facility	Level of Facility
Kabale	Regional Referral Hospital
Jinja	Regional Referral Hospital
Gulu	Regional Referral Hospital
Lira	Regional Referral Hospital
Moroto	Regional Referral Hospital
Mbale	Regional Referral Hospital

The project's approach to quality improvement (QI) was guided by the Model for Improvement that uses the Plan-Do-Study-Act cycles. Experts in adolescent health and HIV care from SUSTAIN supported the formation of multi-disciplinary improvement teams at all supported health facilities, through which QI interventions were implemented. This improvement collaborative approach, where teams work to identify and address a myriad of challenges affecting the content and processes of care, is consistent with the Ministry of Health's Quality Improvement Framework and Strategic Plan. Monthly, the improvement teams received coaching and onsite supervision and mentorship on how to identify gaps in care, prioritize areas for improvement, and develop, test, and eventually implement change ideas that could lead to improvements.

QI teams were supported to increase the proportion of adolescents: (a) attending AFHS centers, (b) newly testing for HIV, (c) assessed for their nutritional status, (d) provided with family planning services, (e) and linking those who test HIV positive to HIV care.

This change package represents a synthesis of the most robust and effective changes in improving the quality of adolescent friendly services at six pilot sites in Uganda. The change ideas recommended here are substantiated by data collected during project implementation, which shows significant improvements in delivery of healthcare services to adolescents.

Harvest Meeting

After the six hospitals implemented AFHS QI projects for over a year, a 3-day learning session and harvest meeting was held on September 27 – 29, 2016 in Kampala, Uganda. The meeting was designed as a platform to review performance of the different AFHS quality improvement projects, and to share experiences on best practices and bottlenecks affecting the provision of AFHS services at the hospital level. Divided into small groups, teams discussed the change ideas they had tested, the steps they followed in introducing and testing these changes, and the results they had observed that could be attributed to the tested changes. During plenary sessions, the changes were discussed further by a larger and wider group of representatives, who also evaluated and scored them based on relative importance, level of simplicity, and how scalable they were.

All the parameters (relative importance, simplicity and scalability) were scored 1–5 by the participants. A score of 1 (one) for any of the parameters meant the change was not important, it was too complex and was not scalable. A score of 5 (five) meant the change was very important, or simple and/or scalable.

The average scores are presented in **Tables 2–5**. **Tables 6–9** provide a comprehensive list and description of all the change ideas tested, with notes on the specific steps taken to implement the change, the observed results and the number of facilities (scale) that implemented the specific changes.

Figure 1: Guide to interpreting the rating of change ideas

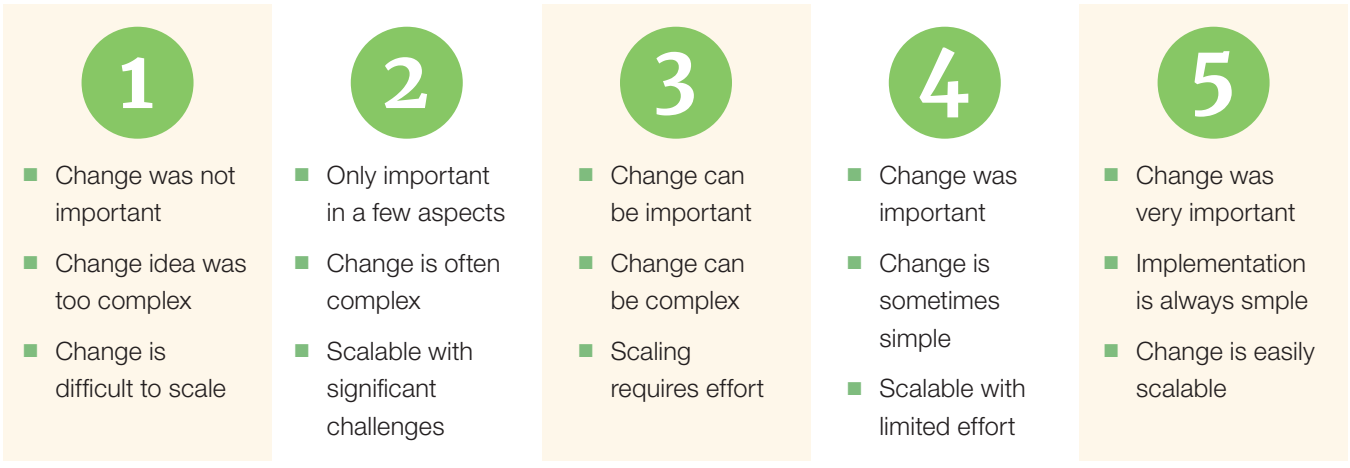

Table 2: Rating of change ideas implemented to improve the establishment of adolescent friendly services in the six hospitals.

SN	Change idea	Number of hospitals testing change	Rating Criteria			Total score	Average score
			Relative importance	Simplicity	Scalability		
1.	Baseline assessment on availability of AFHS was done	5	5.0	3.6	3.8	**12.4**	4.1
2.	Training and mentorships of staff on the AFHS (e.g. continuing medical education (CME) sessions, learning sessions)	6	5.0	4.2	4.2	**13.4**	4.5
3.	Defined a minimum adolescent care package and offered mentorship on package	6	4.8	4.2	4.8	**13.8**	4.6
4.	Formation of a committee to orient management and staff on AFHS	6	5.0	4.7	4.3	**14.0**	4.7
5.	Identified and lobbying for space for the adolescent clinic	5	5.0	2.8	2.8	**10.6**	3.5
6.	Trained staff were allocated to the adolescent clinic on a rotational basis and full-time staff was also later identified and deployed	6	5.0	2.7	2.7	**10.4**	3.5
7.	Allocated, oriented, and mentored student nurses and clinical officers to cover the adolescent clinic as means of task shifting	6	5.0	3.7	3.2	**11.9**	4.0
8.	Identified and trained peers to work in the adolescent clinic	6	5.0	3.7	3.3	**12.0**	4.0
9.	Separating adolescents from adults to facilitate privacy and build trust	6	5.0	4.0	4.0	**13.0**	4.3
10.	Incorporation and integration of AFHS in other units and clinics	6	4.5	3.8	3.5	**11.8**	3.9

Table 3: Change ideas introduced to increase awareness of the availability of AFHS services

SN	Change idea	Number of hospitals testing change	Rating Criteria			Total score	Average score
			Relative importance	Simplicity	Scalability		
1.	Mobilization and sensitization of health workers on AFHS	6	5.0	3.8	3.8	**12.6**	4.2
2.	Sensitized top management on establishment of the AFHS centre	6	5.0	4.7	4.3	**14.0**	4.7
3.	Internal advertising about the available services using visual aids and signage	6	5.0	3.7	4.0	**12.7**	4.2
4.	AFHS incorporated into health education at all hospital entry points	6	5.0	3.8	3.8	**12.6**	4.2

continued

Table 3: Change ideas introduced to increase awareness of the availability of AFHS services, continued

SN	Change idea	Number of hospitals testing change	Rating Criteria			Total score	Average score
			Relative importance	Simplicity	Scalability		
5.	Media communication (e.g. radio talk shows, adverts, drama etc.)	6	5.0	3.2	2.8	**11.0**	3.7
6.	School outreaches	5	4.1	5.0	4.3	**13.4**	4.5
7.	Changed location of the clinic to a more strategic and accessible location	5	5.0	3.2	2.8	**11.0**	3.7
8.	Operate clinic daily	6	5.0	4.2	3.5	**12.7**	4.2
9.	Provide recreational materials to engage adolescents while waiting for health services	6	4.8	3.3	2.7	**10.8**	3.6
10.	Sensitization and training of staff on offering AFHS for acceptance of service	6	5.0	3.5	3.5	**12.0**	4.0
11.	Community dialogue	5	3.6	3.2	2.8	**9.6**	3.2

Table 4: Change ideas to increase peer adolescent involvement in the delivery of adolescent friendly health services

SN	Change idea	Number of hospitals testing change	Rating Criteria			Total score	Average score
			Relative importance	Simplicity	Scalability		
1.	Mentoring staff on importance and roles of peers in AFHS	6	5.0	4.3	3.7	**13.0**	4.3
2.	Developed guidelines on peer involvement	6	5.0	4.0	3.6	**12.6**	4.2
3.	Identified and selected peers	6	5.0	4.5	3.8	**13.3**	4.4
4.	Training and mentorships of peers	6	5.0	3.7	3.2	**11.9**	4.0
5.	Use of already existing peer adolescent leaders in the antiretroviral therapy (ART) clinic to mobilize other adolescents	5	5.0	4.4	4.0	**13.4**	4.5
6.	Mobilize finances to support and facilitate peer activities	5	5.0	2.4	2.2	**9.6**	3.2
7.	Non-financial motivation of peers	6	5.0	4.5	3.8	**13.3**	4.4
8.	External training of adolescent peers with health workers	5	5.0	3.2	3.2	**11.4**	3.8
9.	Prioritizing adolescent's caretakers when they visit the hospital	6	5.0	4.5	3.5	**13.0**	4.3
10.	Sensitization and training of staff on offering AFHS for acceptance of service	6	5.0	3.5	3.5	**12.0**	4.0
11.	Community dialogue	5	3.6	3.2	2.8	**9.6**	3.2

Table 5: Change ideas to integrate adolescent transition services in adolescent service delivery

SN	Change idea	Number of hospitals testing change	Rating Criteria			Total score	Average score
			Relative importance	Simplicity	Scalability		
1.	Capacity building of staff on the adolescent teams of importance and process of transition	6	5.0	3.8	3.3	**12.1**	4.0
2.	Health education talks with clients addressing transition	6	5.0	4.8	4.3	**14.1**	4.7
3.	Developed transition guidelines for AFHS clinic	6	4.8	4.3	3.7	**12.8**	4.3
4.	Selection of a focal person to oversee transitional activities	6	5.0	4.7	4.3	**14.0**	4.7
5.	Earlier planning and preparation of adolescents for transition (at 15yrs)	6	5.0	4.5	4.3	**13.8**	4.6
6.	Generated list of clients eligible for transition and prepared their files in advance of their appointments	6	5.0	4.7	4.3	**14.0**	4.7
7.	Involvement of staff from the adult clinics in preparing adolescents for transition	6	5.0	4.5	3.5	**13.0**	4.3
8.	Identified specific days for adolescents in ART and pediatric clinics and gave clients appointments on these specific days	6	5.0	4.7	4.3	**14.0**	4.7

Change Package for Adolescent Friendly Health Services

Intended Use

This change package is intended to provide ideas to other quality improvement teams that would like to improve AFHS. Teams may not necessarily replicate these change ideas; rather, they should adapt them to suit their facilities.

The next section of this change package provides a detailed description of what changes led to improvement, and how such improvement was derived. It is structured into four sub-sections, corresponding with the four improvement aims that the SUSTAIN project set out to achieve in relation to improving the AFHS services in Uganda. Each sub-section outlines the QI change concept applied, the problem being addressed, the change ideas tested, steps followed in introducing each change idea and the evidence that it led to improvement. **Tables 6-9** provide a comprehensive list and description of all the change ideas tested, with notes on the specific steps taken to implement the change, the observed results and the number of facilities (scale) that implemented the specific changes. The changes are grouped in four categories:

i) establishing designated spaces for adolescent-friendly health services,

ii) increasing awareness of availability of AFHS at the regional referral hospitals,

iii) increasing peer adolescent involvement in delivery of adolescent friendly health services, and

iv) integrating adolescent transition services in adolescent service delivery.

Improvement Aim 1: To establish functional adolescent friendly service centers in six SUSTAIN supported health facilities.

Table 6: Specific changes introduced to establish functional adolescent friendly service centers in their facilities

Change concept	Specific problem being addressed	Change ideas tested	Steps in introducing the change ideas	Evidence that the changes led to improvement	Scale of implementation
Separating adolescents from adults	Lack of specific services-package designated to cater for the unique needs of adolescents	Adolescent friendly health services were established in all hospitals	• Needs assessment was conducted to determine adolescents who visit the facility • Training of staff involved in AFHS • Selection of improvement committee to establish AFHS	A package of designated health services for adolescents was established, resulting in an increased demand for adolescent health services	All six hospitals tested this change
Integration of adolescent friendly services in other units and clinics	Lack of space allocated for adolescent health services	Functional space for AFHS was identified in all hospitals	• Group brainstorming sessions, followed by discussions with hospital administrators	There was significant increment in the number of adolescents accessing AFHS, and a general improvement in demand for services	All six hospitals tested this change
Assigning specific staff to AFHS services	Inadequate staffing, due to lack of staff specifically for AFHS.	Duty rosters in place and adhered to by all staff assigned to AFHS	• Identification of competent permanent staff to provide AFHS • Rotation of duty • Involvement of peers, students, and volunteers	Improved and timely service delivery, with teams of health workers, working together to provide AFHS services	All six hospitals tested this change
Capacity building among hospital staff conducted, through workshops and coaching sessions	Inadequate knowledge of adolescent health services, and poor attitude among staffs	Staff involvement in the provision of AFHS	• Onsite training of staff on adolescent friendly health services Staff meetings, periodic continuous professional development CPD/CME sessions, mentorship and identification of senior members as mentors	Different staff acquired skills and competencies in providing adolescent friendly health services, and the staff morale generally improved	All six hospitals tested this change

Improvement Aim 2: Specific changes introduced to increase completeness of facility reports submitted to MOH via DHIS2

Following the establishment of designated spaces and sensitization of the community about the availability of the services through media, health education session, the following was achieved;

- Parents/guardians and the community at large have embraced the AFHS center and have adopted a culture of sending their adolescents to the AFHS center.
- In quarter 2 (January to March 2016) the total number of adolescent who attended AFHS center was 6,071 and of these 4,532 (75%) were new attendances. By the end of quarter 4, attendance had risen from 6,071 to 27,086 adolescents and 22,249 (82%) of these were new attendances.

Table 7: Specific changes introduced to increase community awareness of the availability of adolescent friendly services at supported hospitals

Change concept	Specific problem being addressed	Change ideas tested	Steps in introducing the change ideas	Evidence that the changes led to improvement	Scale of implementation
• **Conducting CME meetings among staff to create awareness of the range of adolescent services available** • **Conducting radio talk shows to create awareness in the community** • **Conducting school outreaches** • **Relocation of the adolescent centers to places more convent for beneficiaries** • **Involvement of peers in community mobilization**	Relatively low numbers of adolescents seeking health services at the supported hospitals	Increasing awareness and demand for adolescent health services through the community and schools	• Management meeting were held to discuss and come up with effective communication channels between involved parties on stock status of HMIS tools • Routine regular checks to the stores to determine the stock levels of the HMIS tools available • Routine submission of stock status by the store to the administration • Timely ordering of HMIS tools before stock outs. • Asked in-charges to inform stores and records about stock levels of HMIS tools from their units routinely	• Attendance increased in Lira RRH, from 275 to 603; in Gulu RRH, from 849 to 2151; and in Jinja RRH, from 40 to 470 over one year. • Attendance increased after talk shows were held in Gulu (at Mega and Rupiny radio stations), Jinja (at Baba and NBS radio stations), Mbale (at OPG and Signal radio stations and Lira (at radio Waa). • Increased number of adolescents seeking services from Lira community schools where the integrated outreaches were conducted • Improved attendance observed in Mbale, Gulu and Lira RRHs • Increased manpower in the clinic; Reduced waiting time; Involving peers improved linkage and retention of adolescents in HIV care	All six hospitals tested this change

Improvement Aim 3: To increase peer adolescent involvement in delivery of adolescent friendly health services

Some of the key results of efforts to increase peer involvement in AFHS included the following:

- A guide on the engagement of adolescent peers in the delivery of services in a sustainable and cost effective manner was developed. This is currently used by all facility teams at the six supported model centers.
- Adolescents are directly involved in the provision of their services
- An increase in the number of adolescents seeking AFHS at the center because of ownership of service delivery

Table 8: Specific changes to increase adolescent peer involvement in the planning and delivery of adolescent friendly health services

Change concept	Specific problem being addressed	Change ideas tested	Steps in introducing the change ideas	Evidence that the changes led to improvement	Scale of implementation
• **Mobilized adolescents to attend discussion fora on issues affecting adolescents** • **Mentored the peers** • **Recognition and reward of high performing peers**	Low involvement of peers in the delivery of adolescent friendly health services	• Peer adolescents started offering health services, like anthropometric tests, peer counselling, and peer-led education sessions. • The peers embraced the program • Adolescents responded more to their peers than health workers.	• Informed the adolescents of the meeting, through community campaigns • Tasked health workers and facility-based volunteers to inform adolescents about the meeting • Organized meetings with identified peers to introduce discussions on adolescents' health • Discussed and assigned roles, responsibilities, and reporting lines • Linked peers to resource persons and resource documents for further guidance • Verbal appreciation of those who had done well, in the presence of their colleagues. • Introducing the high performing peers to hospital administrators, as a form of recognition and reward	• Positive response observed in Kabale, Gulu, Lira, Mbale and Jinja demonstrated adolescents' enthusiasm for AFHS • Mentorship empowered the peers and led to ownership of the services. This resulted in increased peers' involvement in AFHS. • Adolescent peers enjoy the recognition. However, sometimes they are unreliable since they are not paid.	All six hospitals tested this change

Improvement Aim 4: To integrate adolescent transition services in adolescent service delivery

Transition of adolescents into adult HIV care has been a challenge country wide, however with support of the SUSTAIN project, the following key results were achieved:

- A guide on the transitioning process was developed and is being used by facility teams at the AFHS centers in the six SUSTAIN supported model hospitals
- AFHS centers have initiated the process of transitioning.

Table 9: Specific changes to integrate adolescent transition services into adolescent service delivery

Change concept	Specific problem being addressed	Change ideas tested	Steps in introducing the change ideas	Evidence that the changes led to improvement	Scale of implementation
• **Defined criteria for identifying adolescents eligible for transitioning** • **Sensitization of care givers and adolescents about the transition services**	Lack of structured adolescent transition services	• Eligible clients for transition were identified in the ART clinics of the supported hospitals • Messages on transition services integrated in health education sessions	• Generating a list of adolescents to be transitioned • Arranging adolescents' files as per return days, to ease retrieval procedures • Patient files retrieved are labelled to ease identification and transition forms are placed in the files • Scheduled meetings with caregivers and adolescents • Follow-up with caregivers through phone calls • Continuously involved peers in information dissemination	• The process of providing transition services to adolescents greatly improved • In Gulu RRH, the number of adolescents transitioning increased to 50 from 5. In Mbale, it increased from zero to 27. • Increased the number of adolescents undergoing transitioning at all six hospitals	All six hospitals tested this change

Key Challenges

It is important to note that some improvement teams did face challenges in testing some of these changes. Issues in implementation of improvements in AFHS included: creation of space for adolescent services, coordination of activities at the district level, motivation of peer volunteers, and limited human resources.

Moving Forward

To get the best benefit from the change ideas proposed in this document, health facilities should establish and cultivate an environment that embraces change to nurture improvements. The teams participating in the harvest meeting indicated that facilities aiming to improve HCT and linkage to care for adolescents recommend that health facilities should focus on:

- Identification of a specific space for adolescents to utilize services
- Use of peers to increase utilization of health services by adolescents
- Provision of edutainment activities, and
- Involvement of caregivers in transitioning adolescents in HIV care.

The approach to improve AFHS requires a multi-stakeholder approach to ensure spread and impact. Key stakeholders include:

Health Facilities	• Support for facility QI teams through routine coaching and mentoring • Engagement of facility leadership to ensure they prioritize AFHS • Enhancement of supply chain management practices to ensure adequate stock of ARVs and other resources
District Teams	• Coordination, resource mobilization, capacity building, scale up, mentorship and supportive supervision
Ministry of Health	• Ensuring required tools, SOPs, guidelines and other resources are available throughout various levels of MoH • Coordination, capacity building, supportive supervision, resource mobilization, and supporting scale up
Development Partners	• Technical support, capacity building, and availing resources to bridge gaps in AHFS

Appendix: Names of participants in the AFHS harvest meeting

SN	Participant name	Position	Hospital	Telephone	Telephone
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