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Driving provider accountability and improvements in the quality of contraceptive services provided to adolescent girls and young women through the use of ratings

Submission Topic : Sexual and reproductive health and rights among adolescents and youth

Barriers to access contraceptive methods among adolescents and youth

Submission Status : Accepted

Submission Type : Accepted: Poster Presentation

Which Of The Following Does Your Abstract Address? : Program/Best Practice
Significance/background : Kenya has one of the highest adolescent pregnancy rates in the world with 18% of adolescent girls aged 15-19 having begun childbearing. According to the most recent PMA survey (2021), approximately one third of pregnancies among adolescent girls and young women (AGYW) aged 15–19 in Kenya are unintended. 26% of them have an unmet need for modern contraception and are at elevated risk of unintended pregnancy. Preventing unintended pregnancies among them is essential to improving their health and well-being. Whilst there are several interventions been implemented, there has been limited transparency and accountability by providers on the contraceptive services that they provide to adolescents, with providers having little incentives or motivation to address quality gaps in the provision of contraceptive services to AGYW. Triggerise implements a digital platform (called Tiko) that connects adolescent girls and young women to a network of quality assured clinics (primarily social franchises) and pharmacies in which they can access free or subsidized contraception. There are several ways to access the digital platform: girls with their own phones can either be assisted by community agents or self register on the platform via sms. Those without phones are registered by community agents using a card

Program Intervention/activity Tested : When an AGYW seeks services at a Tiko supported clinic or pharmacy, a trigger is sent to the digital platform which sends a code to the adolescent to validate receipt of services. After receipt of a service, girls are surveyed via SMS and asked to rate the quality of contraceptive counselling they received (questions are based on the method information index). They are also asked if they have a complaint and contacted to provide additional feedback and to rate their overall experience. Girls are given loyalty points that can be redeemed in local shops for providing and sharing their ratings.

Methodology : Tiko is active within 16 counties in Kenya. Community mobilisers engage with AGYWs aged 15-19 to register them on the platform and refer them for SRH services. AGYWs can access a range of free SRH services at Tiko affiliated service providers including counselling, all contraceptive methods, and HIV, STI and pregnancy testing. Different options are available for AGYW to access the platform: high technology (smartphone application), low technology (SMS application) or no technology (Tiko card). This ensures that any AGYW can interact with the platform regardless of their own level of access to technology. This intervention has been implemented since 2017. When an AGYW visits a service provider to request a service a "validation" is performed. An AGYW sends a "trigger" to Tiko's cloud-based platform. Tiko responds by sending a code that the service provider uses to validate that they have given the requested service. Tiko records this validation, capturing data on the user and the service they chose. As mentioned above, they are also prompted to rate the services received for which they are rewarded with loyalty points that they can redeem at an accredited retailer. There are currently 192 clinics and 87 pharmacies on the platform

Results/key Findings : A total of 505,341 girls enrolled onto the digital platform using SMS, while 328,358 accessed a service between 1st April 2017 and 14 March 2021 of whom 298,202 girls (91%) accessed contraceptive services. 87% (260,660) of girls who accessed contraceptive services rated the quality of the service provided with average provider ratings of 4.88 and 4.79 for clinics and pharmacies respectively. The rating data shows that clinics and pharmacies with the highest ratings have the highest number of girls visiting the facilities. The data also indicates that girls chose providers based on these ratings and are influencing their peers and consequently motivating providers to improve their customer service experience to attract more girls to use services at their facilities. The ratings data identified gaps in the quality of contraceptive counselling provided to adolescents; approximately 2% were neither informed about other methods nor about side effects. Qualitative insights from research we conducted in the field has highlighted the limited opportunity girls initially

had to provide feedback and the empowering nature of their ability to rate services through the digital platform

Program Implications/lessons Learned : Providing AGYW the opportunity to anonymously rate services leads to improved quality provision of SRH services. The transparent feedback loop empowers AGYW to drive improvements in customer service, holding providers accountable to deliver non-judgmental, youth-friendly ASRH services. In turn, girls feel empowered to demand the quality services they deserve. Create ownership by empowering girls to provide feedback on the services they receive. Opportunities to utilize ratings through digital platforms should be incorporated into SRH programmes as they provide anonymity, transparency and accountability leading to improved quality of service provision. Training to improve the quality of counselling provided is critical

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