Effective coverage measurement in maternal, newborn, child and adolescent health and nutrition

Research snapshot[1]

Monitoring progress towards achieving universal health coverage requires an understanding of the proportion of the population in need of care who received health services at a sufficient level of quality to result in the intended health benefits. Intervention coverage does not include metrics on intervention quality and thus potentially overestimates the health benefits of the services provided to populations. In response, in 2019, the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) convened the Effective Coverage Think Tank Group, a group of 98 experts in the fields of quality-of-care measurement, monitoring and evaluation, epidemiology and research. The purpose of the group was to establish standardised definitions and measurements on effective coverage indicators (coverage that also explores quality of care) for maternal, newborn, child and adolescent health and nutrition (MNCAHN).

Through a series of video teleconferences and face-to-face meetings, the group recommended that effective coverage be defined as the proportion of a population in need of a service that resulted in a positive health outcome from the service. Cascade steps to explain effective coverage were defined that can be applied to a broad range of MNCAHN services. These cascading steps are identifying the target population with a specific health need, determining service contact coverage (the proportion of the population who come into contact with a service), establishing input-adjusted coverage (the proportion of the population in need who come into contact with a health service that is ready to provide care), intervention coverage (the proportion of the population who receives service), quality-adjusted coverage (the proportion of the population receiving service according to quality-of-care standards), user adherence-adjusted coverage (the proportion of users adhering to provider instructions) and outcome-adjusted coverage (the proportion of users who have the expected health outcomes).

Although important research gaps remain, the outcomes of the meetings are a step further towards improving effective coverage measurement and enabling the assessment of health outcomes of proven interventions.

[1] Marsh A. D, Muzigaba M, Diaz T, Requejo J, Jackson D, Chou D, Cresswell J A, Guthold R, Moran A C, Strong K L, Banerjee A, Soucat A. (2020). Effective coverage measurement in maternal, newborn, child, and adolescent health and nutrition: progress, future prospects, and implications for quality health systems, The Lancet Global Health, Volume 8, Issue 5, 2020, Pages e730-e736, https://doi.org/10.1016/S2214-109X(20)30104-2. (http://www.sciencedirect.com/science/article/pii/S2214109X20301042)

Barriers to the uptake of nutritional services among adolescent girls from rural communities in Tigray region, Ethiopia

Research snapshot[1]

Considerable nutritional problems attributed to an inadequate diet continue to lead to poor health status among adolescents. In Ethiopia, adolescent girls from rural settings, from larger family sizes and with unprotected water sources for drinking and food insecure households are at greater risk of undernutrition. In most resource limited settings, community-based nutrition initiatives mainly focus on preventing malnutrition in women and children, thus neglecting adolescents. This study aims to explore the range of barriers for the uptake of nutrition interventions among adolescent girls in the rural communities of the Tigray region in Northern Ethiopia where 26.5% adolescents are stunted and 58.3% are thin. This explorative qualitative study was conducted in five districts, purposively selected based on their food security status. Focus group discussions (FGDs) and in-depth interviews with in-school and out-of-school-adolescent girls were conducted until researchers reached the saturation level of qualitative data.

Overall, a total of 98 participants took part in the study through 11 FGDs with adolescent girls (six in-school and five out-of-school) and 17 in-depth interviews (seven with teachers, seven with in-school adolescent girls and three with out-of-school adolescent girls). Data from each FGD was transcribed before the next to enable the inclusion of emerging insights into the semi-structured guide for subsequent FGDs.

Stunting, anaemia and thinness were among the main perceived nutritional problems among adolescent girls. Barriers for the uptake of adolescent girls' nutrition interventions were found to be food insecurity, limited nutrition awareness in the community, limited access to a water source, high workload, service provider's lack of attention to adolescents' nutrition and cultural taboos around foods.

Although limited in reach, available nutrition interventions include awareness creation, nutritional supplementation and disease prevention. Multi-sectoral responses are required to address the range of challenges including food security and water, sanitation and hygiene barriers that prevent adolescents from accessing nutrition services in resource limited settings such as those in rural areas of Ethiopia.

[1] Kahsay, A., Gebregziabher, H., Hadush, Z., Yemane, D., Hailemariam, A., and Mulugeta, A. (2020). Exploration of Barriers to the Uptake of Nutritional Services Among Adolescent Girls from the Rural Communities of Tigray Region, Northern Ethiopia: A Qualitative Study. *Adolescent health, medicine and therapeutics*, 11, 157–171.

Nutrition awareness meeting in Ethiopia

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