

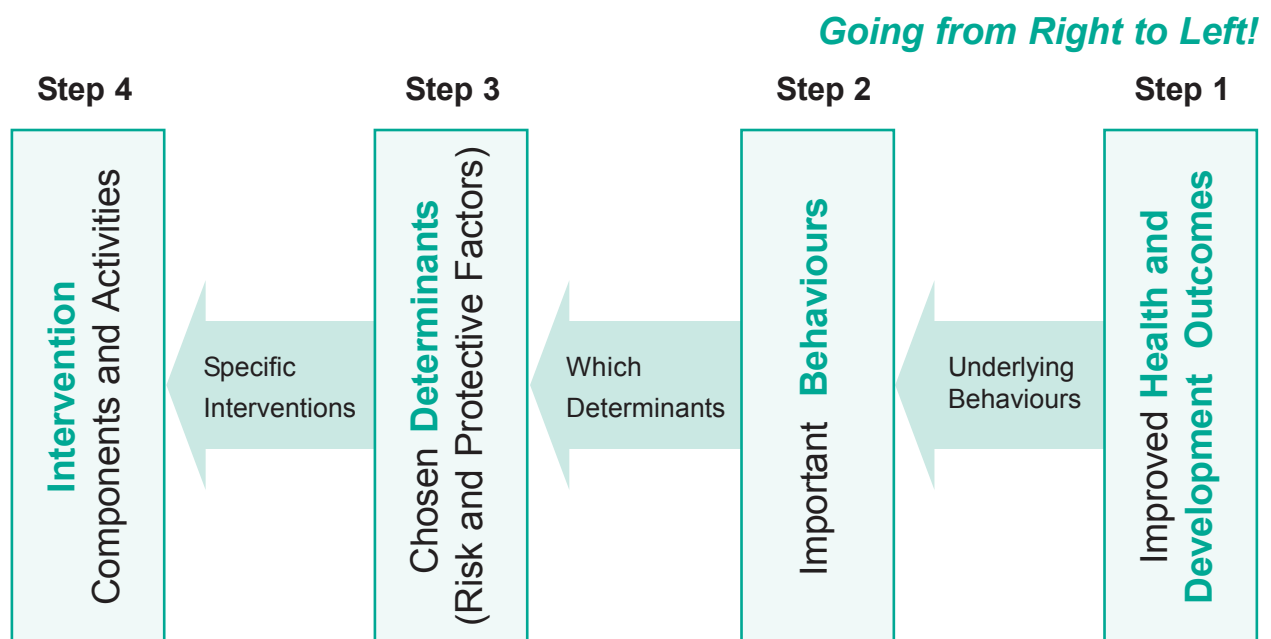
MAPPING ADOLESCENT PROGRAMMING AND MEASUREMENT

Background and Rationale

As programmes for young people expand in countries it is important for programme managers to be able to make rational choices for selecting interventions that have an effect on the key determinants of health outcomes of interest, e.g. reduction in HIV or Maternal Mortality. To assist them, the Department of Child and Adolescent Health (CAH) of the World Health Organization (WHO) has developed a tool to support the design, review and measurement of programmes aiming to improve adolescent health and development. This tool, the Mapping Adolescent Programming and Measurement framework (MAPM), was developed with UNICEF and 24 countries across the world.

Using MAPM

Application of the MAPM framework allows programme managers to specify which behaviours and their determinants they are currently addressing or intend to address, through intervention activities. The process includes four steps (see the diagram) to clarify the health outcomes, behaviours and determinants (i.e. the risk and protective factors) in that order, that can be influenced through intervention activities (defined in the fourth step). Specifying risk and protective factors is important for defining subsequent intervention activities, but also to identify intermediate outcomes to monitor. It should be noted that the determinants are identified based on research evidence that they are linked to the desired behaviours and are themselves feasible to change through intervention activities.



Expected Outcomes from using MAPM

Using the MAPM framework can be used to:

- review existing programmes to determine if the interventions in place may be expected to achieve the desired behavioural and health and development outcomes;
- identify important risk and protective factors (selected determinants of desired behaviours) to monitor as intermediate outcomes;
- define the key indicators for each of the 4 steps in the process of reviewing existing programmes or designing new programmes;
- organize the assessment of programmatic indicators (quality, coverage and cost of activities) *prior to* monitoring risk and protective factors, *before* monitoring key behaviours and health outcomes the interventions are intended to change; it can reduce pressure to demonstrate effects on health and development outcomes, which are difficult to do in a short period of time (i.e. 5 years).