



Focus
Tool Series

Assessing and Planning for Youth-Friendly Reproductive Health Services

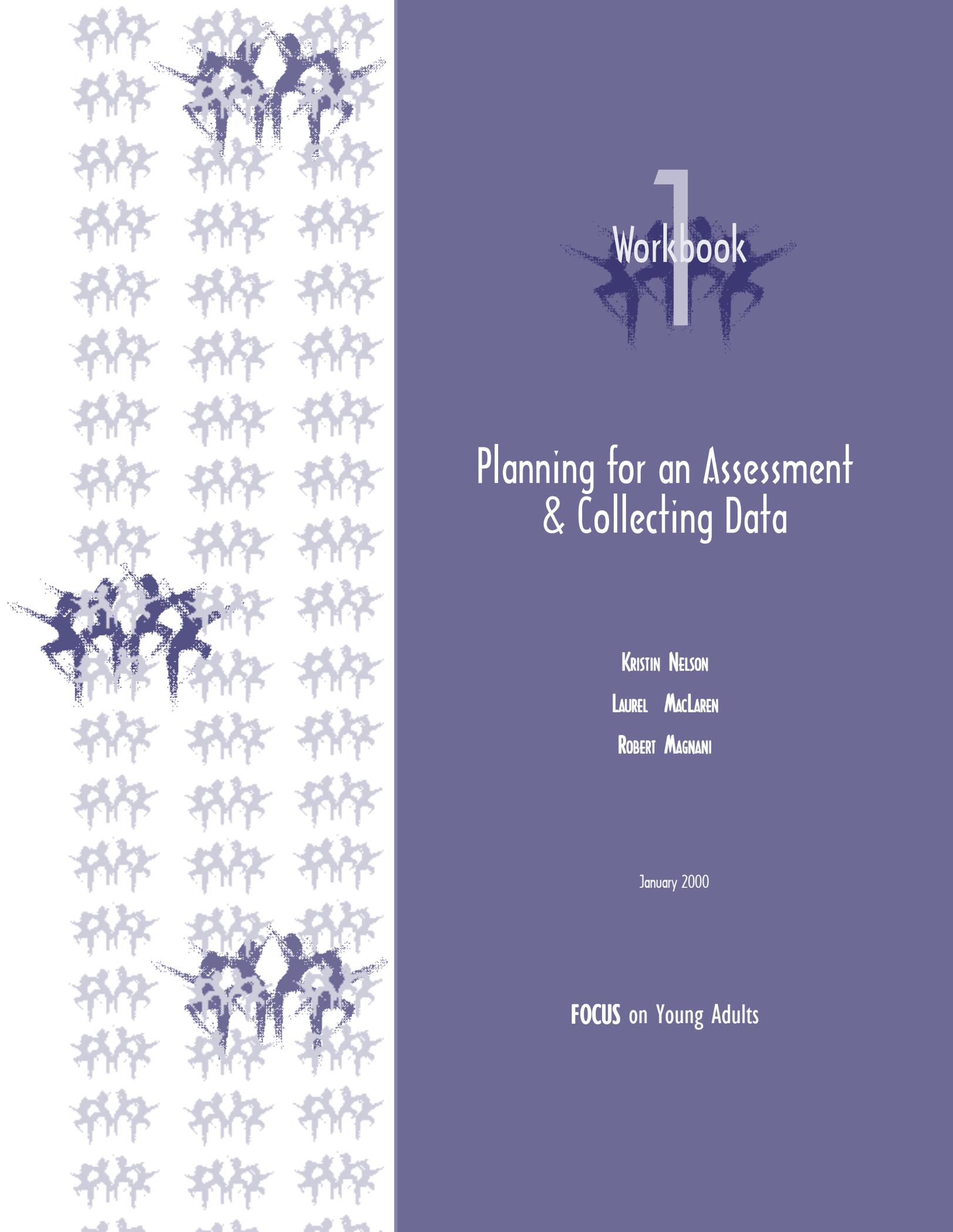
Workbook N^o. 1 Planning for an Assessment & Collecting Data

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January 2000



1 Workbook

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FOCUS on Young Adults

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Foreword

A variety of strategies are required to ensure the reproductive health of youth. Young people need to be aware of health issues, develop the knowledge and skills to enact healthy practices, and access health services when the need arises. In many settings, reproductive health services such as counseling, contraceptives, maternal care and nutrition are not widely accessible to young people, partly because they were established to serve adults. Young people may not be aware of the services, or they may feel shy or embarrassed to be seen in a health facility. Given the limited resources available in many countries, existing health services and facilities need to become more “youth friendly.”

This tool was developed in response to the increasing demand on the part of health systems, facilities, and communities to improve the access and quality of reproductive health services for youth. It was designed to help program managers assess the extent to which their facility is already reaching youth, and what characteristics of their program discourage young people from accessing services. Because young people’s experiences and preferences vary greatly, this tool will also help to prioritize services and programs and tailor them to local needs.

FOCUS on Young Adults is pleased to present this Guide as part of our Research and Evaluation Tools Series. We greatly appreciate the efforts of the authors and our partners in Zambia and Cambodia in developing this assessment approach and helping to ensure that it is applicable to those working in health service delivery in developing countries.

Dr. Katherine Bond
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Tulane University / FOCUS on Young Adults
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ORGANOS MASCULINOS

PARTES

Diagram illustrating the male genital organs (Organos Masculinos) and their parts (Partes). The diagram shows the testis, epididymis, vas deferens, urethra, and penis.

Abbreviations

| | |
|--------------|--|
| F G D | focus group discussion |
| I E C | information, education and communication |
| N G O | nongovernmental organization |
| R H | reproductive health |
| STI | sexually transmitted infection |



Planning for an Assessment of Youth-Friendly Services

WHAT IS THE NEED FOR YOUTH-FRIENDLY SERVICES?

The period of adolescence is increasingly recognized as a universal life phase in which young people are especially vulnerable to health risks, particularly related to sex and reproduction. In many places, young people are becoming sexually active at younger ages or are more likely to experience sexual activity outside of marriage. This sexual activity is increasingly occurring in the midst of an HIV pandemic that disproportionately affects youth under the age of 24. From a public health perspective, young people's sexual activity may have several negative consequences, including increased total fertility, maternal and infant health risks and risk for sexually transmitted infection. Therefore, the need for young people—both male and female, married and unmarried—to receive reproductive health care is becoming more widely recognized.

Many would agree that to make healthy decisions about illness, it is important to see a trained reproductive health service provider. Yet, attending a reproductive health clinic is often a young person's last resort when seeking health care services. Reproductive health programs have largely addressed older, married women; thus, young people perceive—often correctly—that family planning and sexually transmitted infection (STI) clinics would not welcome them. Many youth therefore rely on resources outside of the formal health service provision system, such as home remedies, traditional methods of contraception, provision of contraceptives through friends or relatives, clandestine abortion and contraception and medication purchased without a doctor's prescription from pharmacies or traditional health practitioners. Because young people tend not to use the reproductive health services developed by the formal health sector, programs have identified the need to develop specialized approaches that provide youth with services that are of high quality and medically sound and safe.

Health care providers, program managers and researchers are realizing that to increase young people's utilization of reproductive health services, these services need to be "youth friendly." Youth-friendly services effectively attract young people and provide quality reproductive health services in an environment that is comfortable and responsive. Youth can be provided with quality services in a health facility such as a clinic, health post or hospital, by trained personnel who provide services in a workplace or school setting, through community outreach workers or



peer educators, or through the private sector, including private health care providers and pharmacies. Regardless of the venue, services must have special characteristics that attract, serve and retain young people to be effective.

WHAT IS THE PURPOSE OF THIS TOOL?

This tool is designed for you, the manager of a program that provides reproductive health services, to improve the youth-friendliness of the services. To do this, you must understand the characteristics that make reproductive health services appealing to the youth you intend to serve. You can then assess whether your program has these characteristics and work to improve aspects of services that make young people hesitant to access them. This tool is primarily designed to help you:

- ◆ determine what characteristics young people in your setting regard as most important;
- ◆ assess the degree to which the reproductive health services your program provides have these characteristics;
- ◆ develop a framework for determining actions to improve observed deficiencies; and
- ◆ develop a basis for monitoring improvements in the youth-friendliness of services over time.

WHAT REPRODUCTIVE HEALTH SERVICES CAN BE ASSESSED USING THIS TOOL?

The tool is intended to help you assess the “youth-friendliness” of existing programs that offer reproductive health services, with an aim to making them more accessible and attractive to youth. The types of reproductive health services that might be assessed using this tool include:

- ◆ nutrition and immunization
- ◆ counseling on sexuality, relationships, condom negotiation and sexual abuse
- ◆ pregnancy testing
 - ◆ delivery
- ◆ prenatal/postnatal care
- ◆ contraceptive method choice, use and follow up
- ◆ STI screening, counseling and treatment
- ◆ HIV/AIDS testing and counseling
- ◆ abortion (where legal) and postabortion services

The range of reproductive health services offered by any program will depend on local needs and resources. This tool will assist you in identifying the services you intend to provide or refer for and in tailoring the assessment to measure the youth-friendliness of that constellation of services.

WHAT KIND OF HEALTH FACILITIES CAN BE ASSESSED USING THIS TOOL?

In this manual, the term “health facility” is used to refer to an organization or outlet that is providing health services. This tool is designed to assess facilities such as:

- ◆ a family planning clinic
- ◆ a reproductive health clinic in a hospital
- ◆ a health post that provides reproductive health services
- ◆ school-based health services
- ◆ workplace-based health services
- ◆ a pharmacy that serves youth
- ◆ an STI clinic
- ◆ a maternal care clinic
- ◆ a center for youth that provides health services
 - ◆ a free-standing youth clinic
 - ◆ mobile health services

This tool may be most useful in assessing the youth-friendliness of services not specifically designed for youth (such as a family planning clinic, health post or a pharmacy), since youth facilities were presumably designed with the characteristics of youth-friendliness in mind. However, the tool can still be used to monitor the youth-friendliness of youth-centered facilities over time.

WHAT ARE THE CHARACTERISTICS OF YOUTH-FRIENDLY SERVICES?

Services are understood to be youth friendly if they “have policies and attributes that attract youth to the facility or program, provide a comfortable and appropriate setting for youth, meet the needs of young people and are able to retain their youth clientele for follow-up and repeat visits.”¹ Some of the adaptations needed to make services youth friendly have been identified by young people themselves. Other youth-friendly characteristics have been identified by service providers, including some that have been evaluated as part of an overall effort to provide effective reproductive health services for youth.²

From a young person’s perspective, there are a number of barriers—broadly understood in terms of access and quality—to seeking reproductive health services.³ Issues of access and service quality often determine whether or not young people are willing or able to effectively utilize reproductive health services.

¹ Senderowitz, J. 1999. *Making Reproductive Health Services Youth Friendly*. Washington DC: FOCUS on Young Adults.

² Ibid.

³ See Bertrand et al, 1995, for a more thorough discussion of the barriers to reproductive health service utilization.

- ◆ *Access* concerns the extent to which youth can obtain appropriate reproductive health services at a level of effort and cost that is both acceptable to and within the means of a large majority of youth in a given community.⁴ Barriers to accessing services may include a physical location that is not convenient to youth, restrictive costs or policies that restrict young people's access to services. Access determines whether an interested young person makes contact with a reproductive health service provider, thereby "reaching the door" of the health facility.
- ◆ *Service quality* refers to the attractiveness and benefits of the treatment that clients receive once they are "inside the door" of the reproductive health facility. Although the technical quality of services is important, young people's decision to use services may be even more influenced by nontechnical aspects of service quality such as administrative barriers, how young people are treated by staff, whether they feel embarrassed being seen at health centers, and the degree of privacy and confidentiality at the facility. Service quality may be assessed at the policy, service delivery or client level.

HOW IS THIS TOOL ORGANIZED?

This tool is organized by the youth-friendly characteristics—captured in the following table—that relate to access and service quality barriers. The table has been developed based on reviews of young adult reproductive health literature and experience to date.⁵ The first three categories of characteristics deal with issues at the facility, once the young client is "inside the door." The last category, "Young People's Psychosocial Characteristics," deals with whether or not young people decide to utilize reproductive health services, factors that help them "reach the door" of a health facility. These characteristics may vary greatly from one setting to the next, and even within one community youth may have different perceptions about what makes services appealing and accessible to them.

For the purposes of the assessment, each of these characteristics has been stated as an indicator that can be used to measure the youth-friendliness of reproductive health services.⁶ This tool will guide you through a process of identifying which characteristics should be assessed given your local needs and resources. It will provide instruments that can be adapted for local data collection and analysis and suggests a process for using data to strategically plan to make services more youth friendly. This tool is primarily designed to help you collect information about services at a single health facility, and is composed of four workbooks that will guide you through the steps of an assessment and planning process.

⁴ Bertrand et al, 1995.

⁵ Characteristics of the health facility, providers, staff and administration that make services youth friendly were identified by Senderowitz in *Making Reproductive Health Services Youth Friendly* (FOCUS on Young Adults, 1999). Psychosocial characteristics were developed by the authors and reviewers of this tool to reflect the perceptions that youth have about seeking reproductive health services at a given facility.

⁶ An indicator is a measurable statement of program objectives and activities used to assess or evaluate program operations and results.

Table 1: Characteristics of Youth-friendly Services

| |
|---|
| Health Facility Characteristics: |
| ❖ Convenient hours |
| ❖ Convenient location |
| ❖ Adequate space and sufficient privacy |
| ❖ Comfortable surroundings |
| Provider and Staff Characteristics: |
| ❖ Specially trained staff |
| ❖ Respect for young people |
| ❖ Privacy and confidentiality honored |
| ❖ Adequate time for client and provider interaction |
| ❖ Peer counselors available |
| Administrative/Process Characteristics: |
| ❖ Youth involvement |
| ❖ Boys and young men welcomed and served |
| ❖ Group discussions available |
| ❖ Necessary referrals available |
| ❖ Delay of pelvic examination and blood tests possible |
| ❖ Affordable fees |
| ❖ Wide range of services available |
| ❖ Drop-in clients welcomed and appointments arranged rapidly |
| ❖ Educational material available on site and to take |
| ❖ Publicity/recruitment that informs and reassures youth |
| Young People's Psychosocial Characteristics: |
| ❖ Perception of privacy at a facility |
| ❖ Perception that boys and young men are welcome |
| ❖ Perception that confidentiality is honored |
| ❖ Perception that youth are welcomed regardless of marital status |
| ❖ Perception that surroundings are comfortable |
| ❖ Perception that providers are attentive to youth needs |

Workbook 1: Planning for an Assessment and Collecting Data

- ◆ Worksheet A helps you specify and describe the services your facility provides for youth.
- ◆ Worksheet B helps you identify the youth population your facility would like to serve.
- ◆ Guidelines and key questions provide guidance in how you can collect data from various sources.
- ◆ Descriptions of methodologies explain the methods you can use to collect data.

Workbook 2: Data Collection Tools and Instruments

- ◆ Data collection tools and instruments can be used or adapted to collect data and include sample surveys, checklists and focus group discussion guides.

Workbook 3: Score Sheets

- ◆ Score sheets will help you aggregate the data you've collected quantitatively to understand how youth friendly your services already are.

Workbook 4: Planning Worksheets

- ◆ Planning worksheets assist with the synthesis of data and provide the basis for you to develop a strategic plan for improving services for youth.

Following is a detailed description of the contents of each workbook.

WORKBOOK 1: PLANNING FOR AN ASSESSMENT AND COLLECTING DATA

a. Worksheet A helps you specify and describe the services being provided for youth

This assessment will be most useful if you can first specify and describe the services being provided at your facility. This prevents a facility from being negatively assessed for services it does not provide. For instance, it could be that your facility does not have the capacity to provide particular services or was supposed to provide some services but could not do so because of circumstances beyond your control. You should only select the services that your facility has trained professionals and equipment available to provide on site. Worksheet A will help you describe the services at your facility in detail.

b. Worksheet B helps you identify the youth population the facility would like to serve

It is also particularly useful to identify the characteristics of the youth population that you would like to serve better. Since youth are a very diverse population, there are many characteristics that can be used to describe them. Examples may include married/unmarried; in-school/out-of-school; working; male/female; or place of residence. You may also hope to reach youth of a certain age group, such as 10–14, 15–19 or 20–24 years of age. To tailor this assessment tool to your facility, you must define the characteristics of the youth population you wish to serve and collect information specifically about that group. The more specific the data you collect, the better your decisions about improving services will be. Worksheet B assists you in defining the youth population your facility would like to serve.

c. Guidelines and key questions for collecting data from various sources

This tool suggests that you try to collect data from five or six sources, depending on your needs and resources. A sixth source of information, key adults in the community, can be useful if you are interested in finding out the perceptions of community members regarding reproductive health services for youth, but is optional. To assist you in the data collection process, this tool is organized according to sources, including:

- ◆ facility records
- ◆ facility managers

- ◆ service providers and staff
- ◆ youth who have been to the facility⁷
- ◆ youth who have not been to the facility⁸
- ◆ [optional] key adult informants

You will begin data collection by compiling information about the numbers of youth who receive services at the facility or who are referred for services at other facilities. This information will be collected from a review of facility records. Worksheet C is provided to help you organize service data and will serve as the basis for monitoring whether your facility is attracting more youth for certain reproductive health services.

Following the completion of Worksheet C, you will continue to gather information about whether your facility is youth friendly by asking four broad questions about the youth-friendly characteristics of your facility:

1. Is the facility, itself, youth friendly?
2. Are providers and staff youth friendly?
3. Are the administrative procedures youth friendly?
4. Are there any psychosocial barriers to prevent youth from seeking services?

The answers to each of these questions are assessed by using indicators derived from the youth-friendly characteristics previously described in Table 1. Table 2 shows each indicator according to the sources of information that will be used to collect the data for that indicator and the method used to collect it. **Note that many facilities will choose not to collect information on all of these indicators.** For an example of an assessment plan that does not utilize this entire tool, see Table 3 and the illustrative examples in chapter 4.

d. Descriptions of data collection methodologies you can use to collect data

Under each source of information, one or two data collection methods are suggested. If more than one method is suggested, they are labeled “A” and “B” so that you understand two methods should be used to collect information from that source. Guidelines are given on how to use each method at the end of Workbook 1.

The data collection methods suggested for the assessment include:

- ◆ focus group discussions
- ◆ individual in-depth interviews
- ◆ inventory of facilities and services
- ◆ mystery clients
- ◆ client exit interviews

⁷ This should be the facility that is being assessed.

⁸ This refers to youth who have never been to the facility being assessed.

Table 2: Sources of Information for Data Collected on Each Indicator

| Indicators | Youth-friendly Indicator Scores | | | | | | Number of Sources |
|--|---------------------------------|----------|---------------------|------------------------|----------------------------|----------------------|-------------------|
| | Facility Records | Managers | Providers and Staff | Youth-been to facility | Youth-not been to facility | Key adult informants | |
| Is the facility, itself, youth friendly? | | | | | | | |
| 1. Are the facility hours convenient for youth? | | I | | M or E | FG | | 3 |
| 2. Is the location of the facility convenient for youth? | | I | | FG | | | 2 |
| 3. Is there adequate space and sufficient privacy? | | I | I | M or E | | | 3 |
| 4. Are the surroundings of the facility welcoming for youth? | | | FG | M or E | | | 2 |
| Are providers and staff youth friendly? | | | | | | | |
| 5. Are the providers and staff specially trained to work with youth issues? | | I | I | | | | 2 |
| 6. Are the attitudes of the providers and staff supportive toward giving services to youth? | | | I | M or E | | | 2 |
| 7. Do providers and staff honor privacy and confidentiality with their youth clients? | | | I | M or E | | | 2 |
| 8. Is a peer education/counseling program available? | | I | | FG | FG | | 3 |
| Are the administrative procedures youth friendly? | | | | | | | |
| 9. Are the fees for services affordable? | | I | | | FG | | 2 |
| 10. Are youth involved in decision making about how programs are delivered? | | I | | FG | | | 2 |
| 11. Are boys and young men welcomed and served? | R | I | I | M or E | | | 4 |
| 12. Does the facility provide a wide range of services? | R | In | | | FG | | 3 |
| 13. Are the necessary referrals available? | R | | | | | | 1 |
| 14. Is the amount of time between arranging an appointment and seeing a provider adequate for youth? | | I | FG | M or E | | | 3 |
| 15. Do the policies support providing services for youth? | | I | FG | M or E | | | 3 |
| 16. Does the facility inform the community about its services for youth? | | I | | | FG | FG | 3 |

Key: I= In-depth Interview FG= Focus Groups Discussion In= Inventory of facilities and services
R= Review of facility records M or E= Mystery Clients or Exit Interviews

(continued...)

Table 2: Sources of Information for Data Collected on Each Indicator

| Indicators | Youth-friendly Indicator Scores | | | | | | Number of Sources |
|--|---------------------------------|----------|---------------------|------------------------|----------------------------|----------------------|-------------------|
| | Facility Records | Managers | Providers and Staff | Youth-been to facility | Youth-not been to facility | Key adult informants | |
| Are there any psychosocial barriers to prevent youth from seeking services? | | | | | | | |
| 17. Do youth perceive that privacy and confidentiality are honored? | | | | | FG | | |
| 18. Do boys and young men perceive that they would feel welcomed at the facility? | | | | | FG | | |
| 19. Do youth perceive that they would be welcomed regardless of marital and age status? | | | | | FG | | |
| 20. Do youth perceive that providers would be informative about their needs? | | | | | FG | | |
| 21. Do adults support youth in seeking reproductive health services at the facility? | | I | | | FG | FG | 3 |
| Key: I= In-depth Interview FG= Focus Groups Discussion In= Inventory of facilities and services R= Review of facility records M or E= Mystery Clients or Exit Interviews | | | | | | | |

In the guidelines for collecting data, the indicators that can be measured using each method are listed. Also, after each indicator, a series of key questions is listed. These key questions are intended to give you an idea of the information that you will collect to measure that indicator.

WORKBOOK 2: DATA COLLECTION TOOLS AND INSTRUMENTS

Workbook 2 contains examples of the data collection tools and instruments that you can use to collect the data needed for the assessment. The tools and instruments provided in Workbook 2 include:

- ◆ Questionnaire on Facility Records
- ◆ In-depth Interview Guide for Managers
- ◆ Inventory of Facilities and Services
- ◆ Focus Group Discussion Guide for Providers and Staff
- ◆ In-depth Interview Guide for Providers and Staff
- ◆ Mystery Client Questionnaire
- ◆ Client Exit Interview Guide
- ◆ Focus Group Discussion Guide for Youth Who Have Been to Facility
- ◆ Focus Group Discussion Guide for Youth Who Have Not Been to Facility
- ◆ (Optional) Focus Group Discussion Guide for Key Adults Informants

It is important to realize that these tools and instruments can be adapted according to your specific needs. For example, if you are not interested in measuring a particular indicator, you should adapt the questionnaire, interview or focus group guide so that it does not include the questions that pertain to that indicator. So that you know which questions to take out of the tool, next to each indicator we have written the question number that the indicator corresponds to.

For example, for the indicator “Are the facility hours convenient for youth,” we have written, “Refers to Questions 1-5 in the In-depth Interview Guide for Managers, 10a-b in the Mystery Client Questionnaire, 26a-b in the Client Exit Interview Guide, and 1-6 in the Focus Group Discussion Guide for Youth Who Have Not Been to Facility.” These questions could be deleted from the instruments that you adapt for use in your data collection effort if you do not plan to measure this indicator. In the same way, if you are interested in measuring this indicator, you will know exactly what questions to ask to collect the information using the instruments.

WORKBOOK 3: SCORE SHEETS

The *Youth-Friendly Indicator Score Sheets* provided in this workbook are intended for you to use in scoring the youth-friendliness of each indicator. The score sheets are organized by the source of information that pertain to each indicator. To complete each score sheet, review the data collected on the particular indicator. For example, if you collected data from three sources of information, you should review each piece of data and give three separate scores. Scoring will be based on a point system, in which low points are assigned for weaker youth-friendliness and high points are assigned for stronger youth-friendliness. After recording the scores given by each source of information, you can calculate a ratio score for each indicator by adding the total number of points earned for each indicator and dividing the sum by the total number of points possible. This ratio score will give you a general sense of how well the facility is performing on the indicator being measured and will help you track improvements over time.

After scoring each indicator, you will transfer the scores to the *Facility Scorecard*. The Facility Scorecard has columns for every source of information that pertains to an indicator. The scorecard also has a column labeled “Actual Indicator Score,” where you will calculate the sum of the indicator scores from each source of information. The last column is labeled “Maximum Indicator Score” and is where you will write the maximum number of points possible for every indicator (taking into consideration that you may not have measured all aspects of each indicator). At the bottom of the Facility Scorecard, you will calculate a “Total Facility Ratio,” in which the numerator is the sum of all of the Actual Indicator Scores, and the denominator is the sum of all of the Maximum Indicator Scores. The Total Facility Ratio can be used to monitor the overall youth-friendliness of your facility and how youth-friendliness varies over time.

A worksheet for *Plotting the Scores over Time* is included after the Facility Scorecard as a way to help you illustrate the changes taking place in your facility over time. This page will help you plot either the individual indicator scores or the Total Facility Ratios over time as a way of monitoring the youth-friendliness of your facility.

WORKBOOK 4: PLANNING WORKSHEETS

While scoring is an important way to monitor changes in youth-friendliness over time, quantified scores may not provide much insight into how to improve the youth-friendliness of your services. To do this, you need to synthesize the qualitative data you have collected and draw conclusions about what changes need to be made. To do this, a *Synthesis Worksheet* is provided for each indicator. On each worksheet, there are two or three questions that help you synthesize the information gathered from different sources. Spaces are provided for you to answer each of these questions.

To complete a synthesis worksheet, have copies of the data you collected for each indicator in front of you. Refer to your data as you answer each question. After answering the questions, use your best judgment of whether an improvement is needed to improve the youth-friendly characteristic measured by that indicator. At the bottom of the worksheet, check whether you think no improvement is needed, a minor change is needed or a major change is needed.

On the back of every synthesis worksheet is a planning worksheet to help you describe the problem and plan for making the facility stronger on that indicator. This planning worksheet can be used during a strategic planning session with your organization and helps you weigh the options for improving the youth-friendliness of characteristics that need strengthening. It can be used to lay out a plan and timeline for improving the youth-friendliness of your facility.

HOW CAN THIS TOOL BE USED TO MONITOR CHANGES IN YOUTH-FRIENDLINESS OVER TIME?

Undertaking an assessment is the first step to improving the youth-friendliness of services, and the data you collect can be used to develop a strategic plan for improving your facility. The assessment also serves as a baseline against which you can monitor changes in youth-friendliness over time.

In order to monitor youth-friendliness, you will want to undertake an assessment at various intervals in time. For example, after the first assessment, you might plan to make changes in services over the next six months and allow those changes to become part of the service routine over the next 12 months. You might then decide to undertake a follow-up assessment 18 months after the baseline assessment was conducted. The follow-up assessment should measure the same indicators as were measured in the first assessment and compares scores over time. How often you assess the youth-friendliness of your services will depend on your facility's needs and resources. Hopefully, the assessments will help you identify improvements in youth-friendliness over time. Areas that still need improvement can also be identified and changes made in your next strategic planning cycle.

WHAT IF MY ORGANIZATION HAS MORE THAN ONE FACILITY; HOW CAN I ASSESS THEM ALL?

If your program has more than one facility and you are interested in assessing the level of youth-friendliness of each facility, you should first conduct an assessment at each facility. You should list and compare your findings by facility, which will provide insight on why some facilities are more youth friendly than others. You can then work with facility staff and providers to develop individual action plans to improve the youth-friendliness of each facility. Guidelines on how to aggregate and compare information across facilities are provided at the end of Workbook 4.

If your program only covers a few facilities, you may assess the youth-friendliness of all facilities. However, in larger-scale programs, you may have to select a sample of facilities to assess. Ideally, a sample of facilities would be chosen randomly. However, you may also want to group facilities that have particular characteristics, such as those that are urban or rural, those that have different characteristics (such as a clinic versus a pharmacy) or those that are large or small, and take a sample from each group. The results of these assessments might also be compared to one another to assess whether certain service delivery models seem to be more effective in serving youth than others.

WHAT IF I DON'T HAVE ENOUGH TIME OR RESOURCES TO DO A COMPLETE ASSESSMENT?

This tool suggests a number of indicators for measuring the youth friendliness of your facility, each of which requires different data collection methods that demand time, effort and resources to undertake. If your time or resources are limited, there are several alternative ways to use this tool:

- ◆ **Utilize data you have already collected.** You may find that you are already collecting some of the data covered in this tool. If so, you can greatly reduce costs. Simply fill in the answers to the key questions about which you already have information and write a summary of the information on the Synthesis Worksheets.
- ◆ **Collect less data.** You may choose to collect data from only a few of the sources listed. For example, you may decide to collect data only from youth who have been to a facility and from the manager of a health facility.
- ◆ **Examine only a sub-set of youth-friendly characteristics.** You may use this tool to examine only one youth-friendly characteristic, for example the administrative/process characteristic. In this case, you would only use the parts of the tool that pertain to that particular category, thus collecting a more limited amount of information.
- ◆ **Select a sub-set of indicators for each characteristic.** You may select only a set of indicators of the different youth-friendly characteristics, as well as just a few data collection instruments. Selecting which indicators or instruments to use will depend on what your program is concentrating on or what you are interested in measuring.

Table 3 is an example of an assessment plan for a facility that has scaled back on the number of youth-friendly characteristics and indicators examined, and it uses only selected data collection tools. The program managers of this facility decided to measure seven of the youth-friendly indicators that they think their facility needs the most improvement on. The assessment will only use three data collection tools. This facility can still use the Indicator Score Sheets to monitor how the indicator changes over the duration of the program.

Table 3: Sample Assessment Plan

| Selected Indicators | Source of Information | Data Collection Instrument | Question Numbers from Instruments |
|--|---------------------------------|---|-----------------------------------|
| Are providers and staff youth friendly? | | | |
| 5. Are the providers and staff specially trained to work with youth issues? | Managers | In-depth Interview with Manager | Questions 17-23 |
| | Providers and Staff | In-depth Interview with Providers and Staff | Questions 5-7, 19 |
| 6. Are the attitudes of the providers and staff supportive toward giving services to youth? | Youth Who Have Been to Facility | Client Exit Interview Guide | Questions 11-24 |
| 7. Do providers and staff honor privacy and confidentiality with their youth clients? | Providers and Staff | In-depth Interview with Providers and Staff | Questions 21-24 |
| | Youth Who Have Been to Facility | Client Exit Interview Guide | Questions 28-30 |
| Are the administrative procedures youth friendly? | | | |
| 11. Are boys and young men welcomed and served? | Managers | In-depth Interview with Manager | Questions 40-41 |
| | Providers and Staff | In-depth Interview with Providers and Staff | Questions 25-28 |
| | Youth Who Have Been to Facility | Client Exit Interview Guide | Questions 34-35 |
| 14. Is the amount of time between arranging an appointment and seeing a provider adequate for youth? | Youth Who Have Been to Facility | Client Exit Interview Guide | Questions 8a-b, 9 |
| 15. Do the policies support providing services for youth? | Managers | In-depth Interview with Manager | Questions 45-54 |
| | Youth Who Have Been to Facility | Client Exit Interview Guide | Questions 31-33 |
| 16. Does the facility inform the community about its services for youth? | Managers | In-depth Interview with Managers | Questions 55-59 |

Specifying the Scope of the Assessment

As already mentioned, each assessment should be tailored to local needs and resources. To specify the scope of the assessment you will undertake, you must identify what services will be assessed and what type of youth your facility intends to provide services to.

Worksheet A is designed to help you specify what services your program is providing. You can then effectively use only those parts of the tool that deal with the type of services you provide.

Worksheet B is designed to help you define the type of youth your facility serves so that you collect data from and about those types of youth, increasing the effectiveness of the assessment in helping you to improve services so that they attract the youth population you are interested in reaching.

WORKSHEET A: WHAT SERVICES IS THE FACILITY PROVIDING?

Directions: Check the box “Provided” if the reproductive health service is provided on site at this facility. Check the box “Referral” if clients are referred to another location for the service. Be specific in describing the services your facility provides. For example, describe whether your staff counsels clients about relationships or risk reduction; and specify whether you screen for STIs using a syndromic approach⁹ or using laboratory tests. Also be specific about where you refer for services, writing in any protocol or standard practice your facility has for referral.

⁹ This refers to asking a patient about his/her symptoms to determine whether he/she has an STI.

WORKSHEET A: WHAT SERVICES IS THE FACILITY PROVIDING?

| Type Of Reproductive Health Service | Is This Service Provided or Are Clients Given a Referral? ¹⁰ | Describe the Service in Detail |
|--------------------------------------|---|--|
| Example: HIV/AIDS counseling | <input checked="" type="checkbox"/> Provided <input type="checkbox"/> Referral | Clients, who have been diagnosed with HIV/AIDS, are seen by a trained counselor and are given materials on nutrition and safety in the home. |
| Example: Counseling on relationships | <input type="checkbox"/> Provided <input checked="" type="checkbox"/> Referral | Clients who identify problems in relationships are referred to the youth hotline, Tel # 55018. |
| Pregnancy testing | <input type="checkbox"/> Provided <input type="checkbox"/> Referral | |
| Maternal care and delivery | <input type="checkbox"/> Provided <input type="checkbox"/> Referral | |
| Contraceptive methods | <input type="checkbox"/> Provided <input type="checkbox"/> Referral | |
| STI testing | <input type="checkbox"/> Provided <input type="checkbox"/> Referral | |
| STI counseling | <input type="checkbox"/> Provided <input type="checkbox"/> Referral | |
| STI treatment | <input type="checkbox"/> Provided <input type="checkbox"/> Referral | |
| HIV/AIDS testing | <input type="checkbox"/> Provided <input type="checkbox"/> Referral | |
| HIV/AIDS counseling | <input type="checkbox"/> Provided <input type="checkbox"/> Referral | |
| Abortion services | <input type="checkbox"/> Provided <input type="checkbox"/> Referral | |
| Postabortion services | <input type="checkbox"/> Provided <input type="checkbox"/> Referral | |
| Nutrition services | <input type="checkbox"/> Provided <input type="checkbox"/> Referral | |
| Immunization services | <input type="checkbox"/> Provided <input type="checkbox"/> Referral | |
| Prenatal/Postnatal care | <input type="checkbox"/> Provided <input type="checkbox"/> Referral | |
| Counseling on sexuality | <input type="checkbox"/> Provided <input type="checkbox"/> Referral | |
| Counseling on condom negotiation | <input type="checkbox"/> Provided <input type="checkbox"/> Referral | |
| Counseling on sexual abuse | <input type="checkbox"/> Provided <input type="checkbox"/> Referral | |
| Counseling on other topic | <input type="checkbox"/> Provided <input type="checkbox"/> Referral | |
| Other service: | <input type="checkbox"/> Provided <input type="checkbox"/> Referral | |

¹⁰ If the service is being provided, there must be trained professionals who can provide the service and necessary equipment and supplies to carry out the service. If a referral is provided, you must be able to identify the protocol or standard practice for referral.

WORKSHEET B: WHAT YOUTH POPULATION IS THE FACILITY TRYING TO SERVE?

Directions: Check the characteristics of the youth your facility is trying to serve

| Characteristics | Resources Needed (human, material, or financial) |
|------------------------------|---|
| Age | <input type="checkbox"/> 10-14 years <input type="checkbox"/> 15-19 years <input type="checkbox"/> 20-24 years <input type="checkbox"/> Other age range: |
| Sex | <input type="checkbox"/> male <input type="checkbox"/> female |
| Marital status | <input type="checkbox"/> married <input type="checkbox"/> not married |
| School status | <input type="checkbox"/> in school <input type="checkbox"/> out of school |
| Work status | <input type="checkbox"/> working <input type="checkbox"/> not working |
| Sexually active | <input type="checkbox"/> currently sexually active <input type="checkbox"/> have been sexually active, but not currently sexually active <input type="checkbox"/> have never been sexually active |
| Live in what geographic area | Describe: |
| Other: | |
| Other: | |

Write the definition of "youth" your facility is trying to serve (for example: Female youth age 15–24 who live in the Chawama district):

This is the definition of "youth" that you will use for this assessment. As you collect data, explain to those participating in the assessment the type of youth you want them to think about when answering your questions about service delivery. Also, be sure to collect data from youth with the characteristics you have identified here.

3 Collecting Data on Youth-Friendly Service Indicators

Collecting Information from Facility Records

METHOD A: REVIEW OF FACILITY RECORDS

Directions for Method: As you start data collection, it is important to know how many youth are currently receiving reproductive health services or referrals from your facility. It will also be useful to know which types of services youth are receiving or being referred for at the facility. This information will provide the basis for a monitoring system by which you can periodically measure how well your facility is serving youth. Review service statistics from the facility and complete Worksheet C.

Indicator: How many youth are currently receiving services or referrals for services at the facility?

WORKSHEET C: COMPARING SERVICE STATISTICS

Directions: Compile statistics for the number of youth clients served or youth visits in a continuous period of 12 months in any of the last 24 months. If you do not keep records on number of clients served, you can record the number of contact visits with youth.

| Type of Reproductive Health Service (list the services that you checked were provided or referred for from Worksheet A) | Number of new youth contacts/visits | Number of repeat youth contacts ¹¹ | Total Number of contacts, by gender | Number of referrals made and received for youth |
|--|---|---|---|--|
| Service: _____ | | | # of Boys _____ # of Girls _____ | Referrals made: _____ Referrals received: _____ |
| Service: _____ | | | # of Boys _____ # of Girls _____ | Referrals made: _____ Referrals received: _____ |
| Service: _____ | | | # of Boys _____ # of Girls _____ | Referrals made: _____ Referrals received: _____ |
| Service: _____ | | | # of Boys _____ # of Girls _____ | Referrals made: _____ Referrals received: _____ |
| Service: _____ | | | # of Boys _____ # of Girls _____ | Referrals made: _____ Referrals received: _____ |
| Service: _____ | | | # of Boys _____ # of Girls _____ | Referrals made: _____ Referrals received: _____ |
| Service: _____ | | | # of Boys _____ # of Girls _____ | Referrals made: _____ Referrals received: _____ |
| Service: _____ | | | # of Boys _____ # of Girls _____ | Referrals made: _____ Referrals received: _____ |
| Service: _____ | | | # of Boys _____ # of Girls _____ | Referrals made: _____ Referrals received: _____ |
| Service: _____ | | | # of Boys _____ # of Girls _____ | Referrals made: _____ Referrals received: _____ |
| Service: _____ | | | # of Boys _____ # of Girls _____ | Referrals made: _____ Referrals received: _____ |
| Service: _____ | | | # of Boys _____ # of Girls _____ | Referrals made: _____ Referrals received: _____ |
| Service: _____ | | | # of Boys _____ # of Girls _____ | Referrals made: _____ Referrals received: _____ |
| Service: _____ | | | # of Boys _____ # of Girls _____ | Referrals made: _____ Referrals received: _____ |
| Service: _____ | | | # of Boys _____ # of Girls _____ | Referrals made: _____ Referrals received: _____ |
| Total of all Services | | | # of Boys _____ # of Girls _____ | Referrals made: _____ Referrals received: _____ |

Note: If your clinic only records number of youth visits and not the type of service provided, fill in only the final row, "Total of all services," recording the total number of new client visits, repeat client visits, boys and girls served, and referrals made.

¹¹ If you do not have statistics for this column, you can leave the column blank.

METHOD B: REVIEW OF FACILITY RECORDS

Directions for Method: Review service statistics from the facility and complete the Questionnaire on Facility Records (Tool 1 - Workbook 2)

CHARACTERISTIC: ARE THE ADMINISTRATIVE PROCEDURES YOUTH FRIENDLY?

Indicator 12: Does the facility provide a wide range of services?¹²

Key Questions: Refer to questions 1-2 in Questionnaire on Facility Records (Tool 1).

1. How many types of reproductive health services did youth receive?
2. Are there any services youth received more than others?

Indicator 11: Are boys and young men welcomed and served?¹³

Key Questions: Refer to questions 3-5 in Questionnaire on Facility Records (Tool 1).

1. What proportion of youth who received any type of reproductive health service were boys or young men?
2. What types of services have boys and young men received?
3. Did boys and young men receive one type of service more than others?

Indicator 13: Are the necessary referrals available?

Key Questions: Refer to questions 6-8 in Questionnaire on Facility Records (Tool 1).

1. How many services are referred for?
2. What facility is being referred to for the named services?
3. What reproductive health services are neither provided nor referred for?

¹² While it is not always feasible to provide all services that youth need, you should attempt to identify and provide the most-needed reproductive health services, which often include sexual and reproductive health counseling, contraceptive counseling, STI and HIV prevention, STI diagnosis and treatment, sexual abuse counseling, prenatal and postpartum care, and abortion services (Senderowitz, 1999).

¹³ Collect data on this indicator only if you have specified boys as part of your youth target population. If your facility only targets girls, do not collect information on this indicator.

Collecting Information from Facility Managers

METHOD A: IN-DEPTH INTERVIEW WITH MANAGER

Directions for Method: If you are the manager of this facility, answer the questions yourself from the In-depth Interview Guide for Managers (Tool 2 - Workbook 2). Otherwise, ask the manager if he/she has enough time to answer some short questions and you can complete the question guide after the interview. If you need further information about conducting an in-depth interview, refer to chapter 5 of Workbook 1.

CHARACTERISTIC: IS THE FACILITY, ITSELF, YOUTH FRIENDLY?

Indicator 1: Are the facility hours convenient for youth?

Key Questions: Refer to questions 1-5 in In-depth Interview Guide for Managers (Tool 2).

1. What time is the clinic scheduled to open?
2. What is the official closing time for the facility?
3. How many days per week are reproductive health services offered at this facility?
4. Does the facility have separate hours for youth?
5. What times do you think are convenient for youth to seek services?

Indicator 2: Is the location of the facility convenient for youth¹⁴?

Key Questions: Refer to questions 6-11 in In-depth Interview Guide for Managers (Tool 2).

1. Is the facility close to public transportation?
2. How long does it take to walk to the most common form of transportation?
3. Is the facility close to places where youth spend their free time?
4. How far is the facility from places where youth spend their free time?
5. How far is the facility from schools in the area?

Indicator 3: Is there adequate space and sufficient privacy?

Key Questions: Refer to questions 12-16 in In-depth Interview Guide for Managers (Tool 2).

1. Does the facility have a separate waiting room for youth clients?
2. Does the facility have a separate space to provide services to youth clients?
3. Is it possible for anyone, other than the provider or counselor, to hear anything that the youth client is discussing?
4. What are the ways your facility deals with giving privacy for clients and youth clients?

¹⁴ Whether or not the location is convenient for youth may be difficult to determine. Some studies have shown that youth would rather go to a facility that is far away from where they live to avoid being seen by someone they know. Focus groups with youth could be conducted to see what “convenient” means to youth.

CHARACTERISTIC: ARE PROVIDERS AND STAFF YOUTH FRIENDLY?**Indicator 5: Are the providers and staff specially trained to work with youth issues?**

Key Questions: Refer to questions 17-23 in In-depth Interview Guide for Managers (Tool 2).

1. Have any of your providers been trained specifically to best serve youth?
2. Has the receptionist, or whoever is the first contact person, been trained to best serve youth?
3. Does your facility require training regarding how to best serve youth clients?
4. Does your facility have guidelines for techniques staff should use with youth?
5. Do you think your staff are skilled at working with youth?
6. Do you know whether providers are spending enough time with youth clients?
7. Would you expect providers to spend more time with youth clients than with others?
Does your system encourage or discourage providers spending more time with youth clients?

Indicator 8: Is a peer education/counseling program available?¹⁵

Key Questions: Refer to questions 24-29 in In-depth Interview Guide for Managers (Tool 2).

1. What do peer promoters, peer educators or counselors do?
2. How are they selected?
3. How many are working for your facility? How many youth do they see, on average, weekly?
4. What percent of youth clients consult with peer counselors/educators?
5. Why do some youth clients not consult with peer counselors/educators?
6. How have peer counselors/educators been trained?
7. Is there a system of monitoring for the peer counselors/educators?

CHARACTERISTIC: ARE THE ADMINISTRATIVE PROCEDURES YOUTH FRIENDLY?**Indicator 9: Are the fees for services affordable?**

Key Questions: Refer to questions 30-35 in In-depth Interview Guide for Managers (Tool 2).

1. How does your facility charge youth for services?
2. How much are clients charged for specific methods and services?
3. Is there a consultation fee for new clients?
4. Is this consultation fee the same for youth clients?

¹⁵ Peer educators or counselors are usually young people taken from the same youth population the facility is interested in serving. In some cases, they can be slightly older than the youth service population.

5. How was this youth fee determined?
6. Is there a credit system allowing youth to receive services and pay for them later?

Indicator 10: Are youth involved in decision making about how programs are delivered?

Key Questions: Refer to questions 36-39 in In-depth Interview Guide for Managers (Tool 2).

1. How have you involved youth in the decision making about how RH programs or services are delivered?
2. What type of programs or services do youth have input on? How have you used the input of youth to shape your programs?
3. How else are youth involved in decision making at your facility?

Indicator 11: Are boys and young men welcomed and served?

Key Questions: Refer to questions 40-41 in In-depth Interview Guide for Managers (Tool 2).

1. How does your facility welcome and serve boys and young men?
2. If your facility has made no effort to make services more “male-friendly,” are there any reasons why not?

Indicator 14: Is the amount of time between arranging an appointment and seeing a provider adequate for youth?

Key Questions: Refer to questions 42-44 in In-depth Interview Guide for Managers (Tool 2).

1. Is it possible for youth to drop in at your facility and receive services without an appointment?
2. How long does the average drop-in client wait before receiving services?
3. If a client makes an appointment, what is the average length of time clients wait to see a provider?

Indicator 15: Do the policies support providing services for youth?¹⁶

Key Questions: Refer to questions 45- 54 in In-depth Interview Guide for Managers (Tool 2).

1. Are youth mentioned in any of your facility’s guidelines?
2. Are informed-consent forms signed by all clients who receive services at the facility?
3. Where are informed-consent forms stored?
4. What written procedures exist that protect client confidentiality?
5. How are client records stored so that confidentiality is assured?
6. What written procedures about client privacy exist at this facility?

¹⁶ Policies are defined as written guidelines that a facility has about if and when a service should be provided and the standard procedure for providing that service.

7. How are procedures regarding informed consent, confidentiality, and privacy communicated to staff who work with youth clients?
8. Are there any contraceptive methods youth are restricted from receiving?
9. Are youth restricted in other ways, such as:
 - ◆ Spousal or parental consent?
 - ◆ Are certain contraceptive methods provided based on marital status, age, or parity?
 - ◆ Are blood tests or pelvic examinations required prior to receipt of hormonal contraceptives?
 - ◆ Are multiple visits required to receive certain methods or services?
10. If there are guidelines restricting youth access to some services, do you think they are really necessary?

Indicator 16: Does the facility inform the community about its services for youth?

Key Questions: Refer to question 55-59 in In-depth Interview Guide for Managers (Tool 2).

1. Is there a sign specifically targeting youth which announces that reproductive health services are available at this facility? If so, where is it located and what does it say?
2. Are there any staff or volunteers at your facility who do outreach activities? If so, where do they go and what do they do?
3. Are the services at this facility promoted through any type of media?
4. Of the ways your facility promotes services to youth, which do you consider the most effective?
5. What are some examples of the messages you communicate to youth to promote the services?

CHARACTERISTIC: ARE THERE ANY PSYCHOSOCIAL BARRIERS TO PREVENT YOUTH FROM SEEKING SERVICES?

Indicator 21: Do adults support youth in seeking reproductive health services at the facility?

Key Questions: Refer to questions 60-61 in In-depth Interview Guide for Managers (Tool 2).

1. How do you think adults in this community support youth in seeking reproductive health services?
2. Do you or staff at this facility do anything to try to change some of the adults' negative attitudes about serving youth for reproductive health services?

METHOD B: INVENTORY OF SERVICES WITH MANAGER

Directions for Method: Complete the Inventory of Facilities and Services (Tool 3 - Workbook 2) answering only those questions that pertain to the services provided at your facility.

CHARACTERISTIC: ARE THE ADMINISTRATIVE PROCEDURES YOUTH FRIENDLY?

Indicator 12: Does the facility provide a wide range of services?

Key Questions: Refer to questions 11-17 in Inventory of Facilities and Services (Tool 3).

1. What types of contraceptive methods are provided?
2. What types of tests are provided?
3. What types of services are offered?
4. Is any laboratory testing available?
5. What types of equipment are available at the facility?
6. Is there a system for monitoring and maintaining materials, equipment, and supplies?

Collecting Information from Service Providers and Other Staff¹⁷

METHOD A: FOCUS GROUPS WITH PROVIDERS AND STAFF

Directions for Method: Ask at least five providers and/or staff from the facility if they are willing to participate in a discussion about reproductive health services for youth.

Before conducting the focus group, determine whether you think providers, staff, or both should participate in the focus group. Be careful about having staff from different levels in one focus group; for example, combining doctors with nurses may result in some bias as the status of doctors could intimidate nurses from speaking freely.

As you read over the key questions, decide which ones you will cover in the focus group and circle those on the Focus Group Discussion Guide for Providers and Staff (Tool 4 - Workbook 2). Enlist another person as note taker, and have the person take notes as well as tape-record the discussion. If you need more information on conducting a focus group discussion, refer to chapter 5 of Workbook 1.

CHARACTERISTIC: IS THE FACILITY, ITSELF, YOUTH FRIENDLY?

Indicator 4: Are the surroundings of the facility welcoming for youth?

Key Questions for Staff: Refer to questions 1-3 in Focus Group Discussion Guide for Providers and Staff (Tool 4).

1. What characteristics of this facility do you think youth might find attractive?
2. Are there any educational materials or media that youth can read or see while they're waiting?
3. Are there any posters or signs in the facility that target youth?

CHARACTERISTIC: ARE THE ADMINISTRATIVE PROCEDURES YOUTH FRIENDLY?

Indicator 14: Is the amount of time between arranging an appointment and seeing a provider adequate for youth?

Key Questions for Staff: Refer to questions 4-7 in Focus Group Discussion Guide for Providers and Staff (Tool 4).

1. Is it possible for youth to come to the facility and be seen by a provider the same day?
2. How long would a youth client wait, on average, to see a provider?

¹⁷ Staff can be receptionists, medical technician, etc.

3. If it is not possible for youth to see a provider the same day that they request an appointment, about how long, on average, would they have to wait to see a provider?
4. Are there any situations where youth are seen by a provider more quickly? If so, what are they?

Indicator 15: Do the policies support providing services for youth?

Key Questions for Providers: Refer to questions 8-11 in Focus Group Discussion Guide for Providers and Staff (Tool 4).

1. Do the protocols at this facility require you to perform any medical procedures before providing a certain RH service?
2. Do the policies at this facility require you to obtain consent from anyone before providing a RH service to a youth client?
3. Do the policies at this facility restrict you from providing any RH services (or certain types of RH services) depending on the clients' age, marital status, or parity?
4. Are there any other types of policies or guidelines that may restrict you in providing a certain type of RH service to a youth client?

METHOD B: IN-DEPTH INTERVIEWS WITH PROVIDERS AND STAFF

Directions for Method: Ask individual providers and staff at the facility if they are willing to be interviewed about reproductive health services for youth.

Before conducting the interview, determine whether providers, staff, or both should be interviewed. Also determine which of the key questions you will ask during each interview and circle them on the In-depth Interview Guide for Providers and Staff (Tool 5 - Workbook 2).

Conduct the interview in a room inside or outside the facility that will offer privacy. Each interview should be conducted separately. Ask interviewees if they are willing to be tape-recorded to ensure that you get accurate information. Interview as many providers and staff as you can, according to the time and resources you have.

CHARACTERISTIC: IS THE FACILITY, ITSELF, YOUTH FRIENDLY?

Indicator 3: Is there adequate space and sufficient privacy?

Key Questions for Providers: Refer to questions 1-4 in In-depth Interview Guide for Providers and Staff (Tool 5).

1. Do you feel that the space you have to provide RH services to clients is comfortable?
2. Are you ever interrupted by other staff persons when providing services to clients?
3. Is it possible for other people to hear your conversations or counseling sessions with clients?
4. What needs improvement in order to provide a comfortable environment, sufficient space and privacy for your clients?

CHARACTERISTIC: ARE PROVIDERS AND STAFF YOUTH FRIENDLY?**Indicator 5: Are the providers and staff specially trained to work with youth issues?**

Key Questions for Providers: Refer to questions 5 - 7 in In-depth Interview Guide for Providers and Staff (Tool 5).

1. In your position at (Name of facility) what kind of services do you offer?
2. What kind of training have you received to provide such services?
3. Have you had a refresher training class recently?
4. Have you had any special training on youth reproductive health issues?

Indicator 6: Are the attitudes of providers and staff supportive toward giving services to youth?

Key Questions for Providers or Staff: Refer to questions 19-20 in In-depth Interview Guide for Providers and Staff (Tool 5).

1. In order to adequately serve youth, do you think you have enough training?
2. What would you like to have more training on?
3. What is your attitude toward youth...
 - a. who have sex before marriage?
 - b. who have more than one sexual partner?
 - c. who change partners frequently?
 - d. who are involved in at-risk sexual or health behavior?

Key Questions for Providers: Refer to questions 8-18 in In-depth Interview Guide for Providers and Staff (Tool 5).

1. Are there any services that this facility provides to youth that you think are not appropriate?
2. How comfortable are you discussing sexual behavior and reproductive health issues with youth?
3. In the last three months, have you provided contraceptive information/counseling to youth clients?
4. Is there a minimum age for prescribing a particular contraceptive method?
5. Must a woman have a minimum number of children before you will prescribe a certain contraceptive method?
6. Are there any contraceptive methods you would not provide to an unmarried girl/boy?
7. Are there any methods you would never recommend under any circumstances?
8. If you think that a youth client has an STI, what do you do for him/her?

9. What do you do for a youth client who presents complaints suggesting that he/she may be HIV-positive or have AIDS?

Indicator 7: Do providers and staff honor privacy and confidentiality with their clients?

Key Questions for Provider and Staff: Refer to questions 21-24 in In-depth Interview Guide for Providers and Staff (Tool 5)

1. What guidelines about client privacy and confidentiality do you follow when providing services for youth?
2. How do staff at this facility maintain the confidentiality of a patient's records?
3. Do you and other health care providers at this facility require the consent of parents or guardians before carrying out any medical procedures for youth?
4. What steps do you take to ensure the privacy for one of your clients?
5. How do you make sure that other people won't be able to hear your discussions with your clients?

CHARACTERISTIC: ARE THE ADMINISTRATIVE PROCEDURES YOUTH FRIENDLY?

Indicator 11: Are boys and young men welcomed and served?

Key Questions for Providers and Staff: Refer to questions 25-28 in In-depth Interview Guide for Providers and Staff (Tool 5).

1. How do you feel about providing reproductive health services for boys and young men?
2. Do you have different protocols when providing services to boys or young men?
3. What are some things you may say or do to a boy or young man client that may be different from when you see a girl or young woman?
4. Do you provide any special services for just boys or young men?

Collecting Information from Youth Who Have Been to the Facility¹⁸

METHOD A: MYSTERY CLIENTS OR CLIENT EXIT INTERVIEWS

Directions for Method: Refer to Chapter 5 of Workbook 1 on the Methodology for Mystery Clients or the Client Exit Interview Guide (Tool 7 - Workbook 2) for details and directions on how to conduct mystery client or client exit interviews.

Before conducting the interview, look through all of the key questions below and determine which questions you want to ask during the interview and circle these questions in either the Mystery Client Questionnaire (Tool 6 - Workbook 2) or the Client Exit Interview Guide (Tool 7 - Workbook 2). Please note that while the key questions below use the word “provider” to refer to those providing services, you can substitute this with “doctor,” “nurse,” or “counselor” depending on which provider’s behavior you want to know more about.

Deciding whether to use mystery clients or client exit interviews depends mostly on the resources and time you have to spend. Using mystery clients generally results in less biased information because providers are not aware they are being assessed. However, it takes time and resources to train young people to be mystery clients. Client exit interviews, however, only involve interviewing youth who have been to the facility. Drawbacks to using this method include the wait for a youth client to use the facility, youth who do not want to be interviewed, or clients who do not remember some of the things you ask about the provider.

CHARACTERISTIC: IS THE FACILITY, ITSELF, YOUTH FRIENDLY?

Indicator 1: Are the facility hours convenient for youth?

Key Questions: Refer to questions 26a-b in the Mystery Client Questionnaire (Tool 6) or questions 10a-b in the Client Exit Interview Guide (Tool 7).

1. Were the hours and day that you came to the facility convenient for you?
2. Is there another time or day that would have been better for you?

Indicator 3: Is there adequate space and sufficient privacy?

Key Questions: Refer to questions 51-53 in the Mystery Client Questionnaire (Tool 6) or questions 25-27 in the Client Exit Interview Guide (Tool 7).

1. Did you feel you had enough privacy with the provider at the facility?
2. Did any other staff member interrupt you session with the provider?
3. Did you feel anyone else could hear your conversations with the provider?

¹⁸ These youth should match the characteristics of your target population.

Indicator 4: Are the surroundings of the facility welcoming for youth?

Key Questions: Refer to questions 60-65 in the Mystery Client Questionnaire (Tool 6) or questions 36-41 in the Client Exit Interview Guide (Tool 7).

1. What did you think about the facility, itself?
2. Was there anything to look at or read for people your age?
3. Were there any posters or printed material that were attractive to you?
4. Do you remember what they said?
5. Did you pick up any printed materials to take with you?
6. What needs to be improved at the facility to attract more youth?

CHARACTERISTIC: ARE PROVIDERS AND STAFF YOUTH FRIENDLY?

Indicator 6: Are the attitudes of the providers and staff supportive toward giving services to youth?

Key Questions: Refer to questions 27-48 in the Mystery Client Questionnaire (Tool 6) or questions 11-24 in the Client Exit Interview Guide (Tool 7).

1. During this visit, did you have any concerns about family planning or other health issues that you wanted to discuss with the provider?
2. Did the provider allow you to ask any questions?
3. Were you satisfied with the provider's answer to your question(s)?
4. How were you treated by the provider?
5. How were you treated by other staff?
6. Were you able to understand the provider?
7. How did the provider react when you told him/her the reason for your visit?
8. What advice did the provider give you?
9. Did the provider do or say anything that made you feel uncomfortable?
10. Did the provider do or say anything that made you feel he/she did not approve of something you said?
11. Did the provider use any visual aids during the session?
12. Overall, were you satisfied with the provider?

Indicator 7: Do providers and staff honor privacy and confidentiality with their youth clients?

Key Questions: Refer to questions 54-56 in the Mystery Client Questionnaire (Tool 6) or questions 28-30 in the Client Exit Interview Guide (Tool 7).

1. When you were speaking to a provider, did you feel it was a private conversation?

2. Do you believe that the information you shared with the provider will be kept confidential?
3. Do you feel the receptionist, or anyone else who was working there, will keep your information confidential?

CHARACTERISTIC: ARE THE ADMINISTRATIVE PROCEDURES YOUTH FRIENDLY?

Indicator 11: Are boys and young men welcomed and served?

Key Questions for boys: Refer to questions 49-50 in the Mystery Client Questionnaire (Tool 6) or questions 34-35 in the Client Exit Interview Guide (Tool 7); as well as questions 27-48 for male respondents in the Mystery Client Questionnaire (Tool 6) and questions 11-24 for male respondents in the Client Exit Interview Guide (Tool 7).

1. When you went to the facility, were you satisfied with the way the providers and staff handled your RH problem?
2. Were they able to help you?
3. Did they make you feel uncomfortable in any way?
4. Did you get the impression that the facility focuses more on female clients?
5. How did you feel about the provider being male or female?

Indicator 14: Is the amount of time between arranging an appointment and seeing a provider adequate for youth?

Key Questions: Refer to questions 20-25 in the Mystery Client Questionnaire (Tool 6) or questions 8a-b and 9 in the Client Exit Interview Guide (Tool 7).

1. How long ago did you make an appointment to see the provider today?
2. About how long did you wait between the time you first arrived at this facility and the time you saw a provider?
3. How did you feel about the waiting time?
4. What would be an okay amount of time to wait from making an appointment and seeing a provider?

Indicator 15: Do the policies support providing services for youth?

Key Questions: Refer to questions 57-59 in the Mystery Client Questionnaire (Tool 6) or questions 31-33 in the Client Exit Interview Guide (Tool 7).

1. Did the provider:
 - a. Require you to get parental consent for any service?
 - b. Require you to get spousal consent for any service?
 - c. Inform you that you were too young to receive any of the services?
 - d. Require you to have a blood test before giving you contraceptives?

- e. Require you to have a pelvic exam before giving you contraceptives?
 - f. Require you to make another appointment before receiving a service?
2. Did the provider ask you to return for another visit?
 3. Did you set a date for your next appointment?

METHOD B: FOCUS GROUP DISCUSSIONS WITH YOUTH WHO HAVE BEEN TO FACILITY

Directions for Method: Ask six to eight youth who have received services from the facility to participate in a focus group discussion. To locate youth who have been to the facility you can ask the intake staff at the facility to ask youth who receive services if they would mind being contacted by an interviewer and then have them pass along the names of youth for you to contact. You might also ask a peer educator for the names of youth who have been to the facility or simply wait at the facility and ask youth who receive services to participate in a focus group discussion.

Focus group participants should be of similar age and sex and should match the characteristics of the target population your facility hopes to reach. For example, ask girls age 15–19 to participate in one focus group and boys age 10–14 to participate in another focus group.

Before conducting the focus group, read over all of the key questions for the indicators listed below and decide which ones you will cover in the focus group and circle them in the focus group discussion guide in the Focus Group Discussion Guide for Youth Who Have Been to Facility (Tool 8 - Workbook 2). Enlist another person as note taker and have the person take notes as well as tape-record the discussion. Refer to chapter 5 of Workbook 1 for more details on conducting a focus group.

CHARACTERISTIC: IS THE FACILITY, ITSELF, YOUTH FRIENDLY?

Indicator 2: Is the location of the facility convenient for youth?

Key Questions: Refer to questions 1-5 in the Focus Group Discussion Guide for Youth Who Have Been to Facility (Tool 8).

1. How did you feel about the location of the facility?
2. Is the facility close to some form of public transportation?
3. How much does it cost for you to come from your house to this facility using that form of public transportation?
4. Would any of you find it difficult to get to the facility?
5. Is the facility near market areas or other places where you might go to spend time?
6. If you knew that this facility offered RH services, do you think that this would be a good location to get such services?

CHARACTERISTIC: ARE THE PROVIDERS AND STAFF YOUTH FRIENDLY?

Indicator 8: Is a peer education/counseling program available?

Key Questions: Refer to questions 6-12 in the Focus Group Discussion Guide for Youth Who Have Been to Facility (Tool 8).

1. When you were at the facility, did you see a peer educator/counselor?
2. Did you get a chance to speak with a peer educator or counselor?
3. How many times have you spoken with the peer educator/counselor from this facility?
4. Do you remember the various discussions you've had with him/her?
5. If you didn't speak to a peer educator/counselor, what were your reasons?
6. Have you ever spoken to a peer educator/counselor (before this visit)?
7. Do you know if that peer educator/counselor was working for this facility?

CHARACTERISTIC: ARE THE ADMINISTRATIVE PROCEDURES YOUTH FRIENDLY?

Indicator 10: Are youth involved in decision making about how programs are delivered?

Key Questions: Refer to questions 13-15 in the Focus Group Discussion Guide for Youth Who Have Been to Facility (Tool 8).

1. Have any of you ever been asked to participate in an activity to help the facility in its youth programs?
2. Have staff asked for your help in deciding something about the youth programs at the facility?
3. If you haven't been asked to participate in decision making at this facility, do you know any youth your age who has been involved in decision making at this facility?

Collecting Information from Youth Who Have Not Been to Facility¹⁹

METHOD A: FOCUS GROUP DISCUSSIONS WITH YOUTH WHO HAVE NOT BEEN TO FACILITY

Directions for Method: Ask six to eight youth who have not been to the facility to participate in a focus group discussion about services at the facility. To locate youth for the focus group, go to a place where youth spend their free time such as a recreation center, youth center, or even a school. Ask youth if they have ever been to (Name of facility). If they haven't, ask them if they are willing to participate in a discussion about reproductive health services for youth.

Focus group participants should be of similar age and sex and should match the characteristics of the target population your facility hopes to reach. For example, ask girls age 15–19 to participate in one focus group and boys age 10–14 to participate in another focus group.

Before conducting the focus group, read over all of the key questions for the indicators listed below, decide which you will cover in the focus group and circle the questions on the question guide in the Focus Group Discussion Guide for Youth Who Have Not Been to Facility (Tool 9 - Workbook 2). Enlist another person as note taker and have the person take notes as well as tape-record the discussion. Refer to Chapter 5 of Workbook 1 for more details on conducting a focus group.

CHARACTERISTIC: IS THE FACILITY, ITSELF, YOUTH FRIENDLY?

Indicator 1: Are the facility hours convenient for youth?

Key Questions: Refer to questions 1-6 in the Focus Group Discussion Guide for Youth Who Have Not Been to Facility (Tool 9).

1. If you had to go to the facility because of a health problem, would it be difficult for you to go to the facility during the hours the facility is open?
2. If you wanted to go to the facility for reproductive health services, what would be the best time for you to go and why?
3. During what hours of the day are you the most busy?
4. During what hours of the day do you have the most free time?
5. On what days of the week are you the most busy?
6. On what days of the week do you have the most free time?

¹⁹ Youth should match the characteristics of your target population.

CHARACTERISTIC: ARE PROVIDERS AND STAFF YOUTH FRIENDLY?**Indicator 8: Is a peer education/counseling program available?**

Key Questions: Refer to questions 7-10 in the Focus Group Discussion Guide for Youth Who Have Not Been to Facility (Tool 9).

1. Have any of you ever seen a peer educator or counselor doing outreach activities?
2. Have any of you ever spoken to a peer educator or counselor?
3. Do you remember what you spoke to the peer educator/counselor about?
4. Do any of you have friends that have mentioned to you that they saw or spoke with a peer educator?

CHARACTERISTIC: ARE THE ADMINISTRATIVE PROCEDURES YOUTH FRIENDLY?**Indicator 9: Are the fees for services affordable?**

Key Questions: Refer to questions 11-17 in the Focus Group Discussion Guide for Youth Who Have Not Been to Facility (Tool 9).

1. Do you have a paying job?
2. Do you have other ways of getting money?
3. If you needed money to pay for an RH service, how would you get it?
4. If you have money, what do you usually spend it on?
5. Do you decide how to spend your money, or does someone else decide?
6. Do you think that each of the fees for the services at the facility are affordable for young adults?
7. Would you go to the facility if each of these services were free?

Indicator 16: Does the facility inform the community about its services for youth?

Key Questions: Refer to questions 18-21 in the Focus Group Discussion Guide for Youth Who Have Not Been to Facility (Tool 9).

1. Do you know what types of RH services are offered at the facility?
2. How did you know that the facility offered these services?
3. What are the ways that you have heard about the facility?
4. Do you think that the facility encourages youth to visit and use its services?

Indicator 12: Does the facility provide a wide range of services?

Key Questions: Refer to questions 22-26 in the Focus Group Discussion Guide for Youth Who Have Not Been to Facility (Tool 9).

1. What do you think of when you hear the words “reproductive health”?

2. What are the RH problems and needs that people your age may have?
3. Of the problems/needs that you mentioned, which one do you think is the biggest problem for young adults?
4. Why did you rank these problems/needs in this particular order?
5. Are there any RH services that aren't offered here that you wish were offered?

CHARACTERISTIC: ARE THERE ANY PSYCHOSOCIAL BARRIERS TO PREVENT YOUTH FROM SEEKING SERVICES?

Indicator 17: Do youth perceive that privacy and confidentiality are honored?

Key Questions: Refer to questions 27-34 in the Focus Group Discussion Guide for Youth Who Have Not Been to Facility (Tool 9).

1. If you had to go to the facility for STI screening, do you feel that you would be taken to a private area at the facility?
2. Do you think your problem would be kept private?
3. How might people at the facility find out about your problem?
4. How would you feel if you were waiting at the facility and you saw someone you knew?
5. Do you think that this would happen at the facility?
6. How important is privacy for people your age seeking RH services?
7. Do you feel that the staff and providers would keep your information confidential?
8. Do you think they might be required to inform your parents, if you are an unmarried adolescent?
9. Have you ever heard from others, or from a sign or radio, that the facility provides confidential services?
10. Is confidentiality an important issue for you when seeking services at the facility?

Indicator 18: Do boys and young men perceive that they would feel welcomed at the facility?

Key Questions for boys/young men: Refer to questions 46-51 in the Focus Group Discussion Guide for Youth Who Have Not Been to Facility (Tool 9).

1. If you went to the facility because of a RH problem or need, would you go by yourself or with someone?
2. Do you think males would be welcome to receive RH services at the facility?
3. Would you feel comfortable going to the facility for a RH service?
4. Would you care whether you saw a male or female provider?
5. Would you care if the facility served females and families, as well as males?
6. Would you feel comfortable talking to a provider about sexual and/or reproductive health issues?

Indicator 19: Do youth perceive that they would be welcomed regardless of marital and age status?

Key Questions: Refer to questions 35-38 in the Focus Group Discussion Guide for Youth Who Have Not Been to Facility (Tool 9).

1. How do you think the staff at the facility will welcome people your age, who are unmarried?
2. How do you think the staff at the facility would react if you asked for services such as contraceptive counseling or pregnancy testing or STI screening?
3. Do you feel that staff could turn you away from getting some service?
4. Are there any RH services that you would not be allowed to receive?

Indicator 20: Do youth perceive that providers would be informative about their needs?

Key Questions: Refer to questions 39-42 in the Focus Group Discussion Guide for Youth Who Have Not Been to Facility (Tool 9).

1. If you went to see a provider at the facility for a RH problem, do you feel that he/she could do a good job in helping you?
2. How do you think you would be treated?
3. Do you think you would feel comfortable asking the provider questions about sexuality or RH issues?
4. How much do you think the providers at the facility know about reproductive health problems of people your age?

Indicator 21: Do adults support youth in seeking reproductive health services at the facility?

Key Questions: Refer to questions 43-45 in the Focus Group Discussion Guide for Youth Who Have Not Been to Facility (Tool 9).

1. How do you think adults in the community feel about people your age seeking reproductive health services at the facility?
2. How do you think your parents would feel if they found out that you had received a preventive type of reproductive health service?

Collecting Information from Key Adults from the Community

METHOD: FOCUS GROUP DISCUSSIONS WITH KEY ADULT INFORMANTS

Directions for Method: Ask six to eight people who have lived in the catchment area of the facility for at least 10 years if they are willing to participate in a discussion about reproductive health services for youth. Enlist another person as note taker and have them take notes as well as tape-record the discussion. Refer to the Focus Group Discussion Guide for Key Adult Informants (Tool 10 - Workbook 2) for the actual question guide.

CHARACTERISTIC: ARE THERE ANY PSYCHOSOCIAL BARRIERS TO PREVENT YOUTH FROM SEEKING SERVICES?

Indicator 21: Do adults support youth in seeking reproductive health services at the facility?

Key Questions: Refer to questions 1 - 6 in the Focus Group Discussion Guide for Key Adult Informants (Tool 10).

1. What do you think are the most common health problems that youth face today?
2. What do people in this community think about youth who...
 - a. have sex before marriage?
 - b. have more than one sexual partner?
 - c. change partners frequently?
 - d. are involved in risky sexual or health behavior?
3. How do you feel about youth seeking RH services at the facility?
4. Do you think that there should be special locations in the community that provide RH services only to youth?
5. How do you feel about youth receiving RH services without the facility notifying their parents?
6. Do you feel that this community supports youth to use RH services?

CHARACTERISTIC: ARE THE ADMINISTRATIVE PROCEDURES YOUTH FRIENDLY?

Indicator 16: Does the facility inform the community about its services for youth?

Key Questions: Refer to questions 7-10 in the Focus Group Discussion Guide for Key Adult Informants (Tool 10).

1. Where in the community can youth seek help regarding reproductive health problems?

2. Have you ever heard about the facility offering reproductive health services for youth?
3. What are the ways that you have heard about the facility?
4. Do you think the facility should do more to inform the community about providing reproductive health services for youth?



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Illustrative Examples of Assessments

4

The following two examples, which are not based on a real case study, are designed to illustrate how a program manager might go about conducting an assessment of the youth friendliness of a facility, including the indicators one might select and how the findings could be translated into an action plan.

EXAMPLE 1: FAMILY PLANNING COUNCIL OF ZIMBARA

THE ASSESSMENT

The Family Planning Council of Zimbabwe had worked to ensure that it provided high-quality reproductive health services to married couples. However, given results of a youth survey showing high rates of sexual activity among youth age 15-19, the Council's director decided that the clinic should be doing more to serve youth. The organization undertook an assessment using this tool to understand how they could better reach youth age 15-19 in the urban area where the clinic was located. It used focus groups and in-depth interviews to collect information from the staff, youth reached through youth centers in Zimbabwe, and community leaders such as government officials working in health, teachers, parents and their own Board of Directors.

The findings were as follows when using score sheets to measure the indicators that the Council had selected for the assessment:

Table 4: Sample Assessment Plan

| No. | Indicators | Data Collection Instrument | Ratio Score |
|-----|--|----------------------------|-------------|
| 1 | Are the facility hours convenient for youth? | managers, youth | 6 / 6 = 1 |
| 2 | Is the location of the facility convenient for youth? | mangers, youth | 5 / 6 = .83 |
| 3 | Is there adequate space and sufficient privacy? | mangers, providers/staff | 5 / 7 = .71 |
| 4 | Are the surroundings of the facility welcoming for youth? | providers/staff | 0 / 3 = 0 |
| 6 | Are the attitudes of the providers and staff supportive toward giving services to youth? | managers, providers/staff | 1 / 3 = .33 |
| 9 | Are the fees for services affordable? | managers, youth | 4 / 6 = .66 |
| 12 | Does the facility provide a wide range of services? | records,managers, youth | 8 / 9 = .88 |
| 13 | Are the necessary referrals available? | records | 3 / 3 = 1 |
| 15 | Do the policies support providing services for youth? | managers, providers/staff | 6 / 6 = 1 |
| 17 | Do youth perceive that privacy and confidentiality are honored? | youth | 1 / 3 = .33 |
| 18 | Do boys and young men perceive that they would feel welcomed at the facility? | youth | 0 / 3 = 0 |
| 19 | Do youth perceive that they would be welcomed regardless of marital and age status? | youth | 1 / 3 = .33 |
| 20 | Do youth perceive that providers would be informative about their needs? | youth | 0 / 3 = 0 |
| 21 | Do adults support youth in seeking reproductive health services at the facility? | adults in the community | 1 / 4 = .25 |

The assessment found that the Zimbabwe clinic was already providing a broad range of high-quality services and referrals. However, the clinic was not being publicized in any particular way to reach youth and less than 5% of clients seen at the clinic were under the age of 19.

Most staff at the clinic reported feeling supportive of serving youth. However, the counselors, in particular, expressed hesitation in providing reproductive health counseling for youth as they didn't have much information about youth's needs or medical issues surrounding providing young people with contraception. Some administrative staff were worried that the clinic would face negative publicity if it promoted services for youth, especially unmarried youth.

Youth interviewed as part of the assessment said they did not feel that the Zimbabwe clinic was meant for youth because it was a family planning clinic. This feeling was especially true for

young males. Youth said they would hesitate to seek services there because they weren't sure how they would be received, or whether they would see an adult who knew them there. Youth said that confidentiality and cost of services were the most important factors in terms of seeking services. They also expressed concern about whether providers would be attentive to their needs.

Community leaders were upset about the findings of the recent youth survey and were split over how the community should respond to them. Some felt that youth should receive services from the clinic, while others felt that service provision would encourage young people to have sex.

SYNTHESIS OF RESULTS

The Council Director worked with staff who had collected data to synthesize the results of the assessment:

- ◆ *Is the facility, itself, youth friendly?* Youth feel the facility is physically accessible to them. They expressed concerns about the price of services, but willingness and ability to pay was not well measured in this assessment. Surroundings of facility are not youth-friendly. Youth expressed the desire for special clinic times for young people, when they could be sure adults would not see them using the clinic.
- ◆ *Are providers and staff youth friendly?* While providers showed support for serving youth, they had not been specially trained to serve youth and expressed concerns about being able to meet the needs of youth. Peer counselors for youth have not been a part of this clinic to date.
- ◆ *Are the administrative procedures youth friendly?* There was no promotional activity to inform youth in the community about the services at the facility.
- ◆ *Are there any psychosocial barriers to prevent youth from seeking services?* Youth said they thought the clinic's services were for adults and were concerned about confidentiality. Adults also expressed concern about whether youth should be seeking reproductive health services.

ACTION PLAN

The clinic came up with the following action plan to improve clinic services:

- ◆ Promote clinic services to youth, but not in a high-profile way that causes community backlash. Promote clinic services through already existing youth service agencies/youth clubs; ensure that doctors, hospitals, pharmacists and other health professionals including traditional practitioners who serve youth are aware that the clinic serves youth and make referrals to it.
- ◆ Conduct a better study on willingness to pay among youth for clinic services to assess whether this is a real barrier to utilization or not.
- ◆ Set aside some clinic hours in the late afternoon youth only. Possibly extend clinic hours, or set aside current clinic hours, youth only. Add information, education and communication (IEC) materials and posters to make clinic surroundings more youth friendly.

- ◆ Train doctors, nurses, paramedics and counselors who will provide services to youth. Seek assistance from youth and NGOs working with youth to develop training for providers on youth issues. Train providers who show an interest working with youth and ensure that they are the ones who staff the youth-only hours at the clinic.
- ◆ Set up a system to monitor the number of clients ages 15-19 who utilize the clinic and the type of services they seek.
- ◆ Work with youth-serving NGOs to develop a “youth advisory board” for the clinic to make future plans for service improvement and expansion.
- ◆ Develop a funding proposal to recruit, train and monitor peer promoters to provide outreach and counseling services.

EXAMPLE 2: APOTIK PHARMACY

THE ASSESSMENT

The *Apotik* Pharmacy is one of several pharmacies that received a grant to make its services more youth friendly. The pharmacy manager is most concerned with attracting youth to buy condoms and with ensuring that youth purchasing antibiotics for STI treatment were referred for services. The findings were as follows when using score sheets to measure the indicators that the pharmacy owner and manager had selected for the assessment:

Table 5: Sample Assessment Plan

| No. | Indicators | Data Collection Instrument | Ratio Score |
|-----|--|----------------------------|-------------|
| 3 | Is there adequate space and sufficient privacy? | managers, providers/staff | 2 / 7 = .28 |
| 4 | Are the surroundings of the facility welcoming for youth? | providers/staff | 1 / 3 = .33 |
| 5 | Are the providers and staff trained to work with youth issues? | managers, providers/staff | 0 / 6 = 0 |
| 6 | Are the attitudes of the providers and staff supportive toward giving services to youth? | managers, providers/staff | 2 / 3 = .66 |
| 11 | Are boys and young men welcomed and served? | records, providers/staff | 6 / 6 = 1 |
| 13 | Are the necessary referrals available? | records | 1 / 3 = .33 |
| 17 | Do youth perceive that privacy and confidentiality are honored? | youth | 2 / 3 = .66 |
| 18 | Do boys and young men perceive that they would feel welcomed at the facility? | youth | 2 / 3 = .66 |
| 19 | Do youth perceive that they would be welcomed regardless of marital and age status? | youth | 4 / 4 = 1 |
| 20 | Do youth perceive that providers would be informative about their needs? | youth | 3 / 4 = .75 |

The assessment found that the pharmacy was seen as a reliable source of information and services, especially for condoms and STI treatment. Boys and young men feel comfortable seeking services from pharmacies, and youth said they perceive they would be welcomed regardless of marital status.

Youth said they thought providers would be informative about their needs, but they didn't always feel comfortable asking providers questions. They either expressed general embarrassment or concerns about privacy.

While providers had fairly positive attitudes about serving youth, none had been specifically trained to serve youth. The space and surroundings of the pharmacy were also not rated as youth-friendly.

SYNTHESIS OF RESULTS

The pharmacy manager synthesized the results of the assessment as follows:

- ◆ *Is the facility, itself, youth friendly?* Surroundings of facility are not youth friendly.
- ◆ *Are providers and staff youth friendly?* While staff showed support for serving youth, they had not been specially trained.
- ◆ *Are the administrative procedures youth friendly?* There is no protocol for referring for STI treatment.
- ◆ *Are there any psychosocial barriers to prevent youth from seeking services?* Youth's main concern is about privacy if they wanted to ask a question of pharmacy staff.

ACTION PLAN

The pharmacy manager developed the following plan to improve services:

- ◆ Make the surroundings more youth friendly by developing and distributing a booklet on STIs, pregnancy prevention and condom use for youth.
- ◆ Invite a local NGO to give a presentation to staff about serving youth.
- ◆ Train staff about the most common STIs and their treatment. Develop a protocol for treating, providing condoms to and referring youth who are seeking antibiotics for STI care.
- ◆ Work with a local NGO to promote the pharmacy as a place where youth can ask questions of pharmacists and expect to be treated with respect.

Data Collection Methodologies **5**

HOW TO CONDUCT A FOCUS GROUP DISCUSSION

WHAT IS A FOCUS GROUP DISCUSSION?

Focus group discussions (FGDs) are a qualitative research technique frequently used in social science research. They are used to gain an in-depth, but not representative, understanding of the attitudes, beliefs, and perceptions of a specific group of people in their own language. Focus group participants are chosen from a target group whose opinions and ideas are of interest to the research.

A focus group discussion is an open conversation in which each participant has the opportunity to speak, ask questions of other participants, and respond to the comments of others (including the facilitator). The conversation is guided by a facilitator who stimulates interaction among the participants through discussion of various themes relevant to the research. For example, the facilitator may ask youth to discuss how they feel about going to see providers at the current health facility. The facilitator guides the sessions based on a question topic guide to ensure that all subjects of interest are covered.

HOW MANY PEOPLE SHOULD PARTICIPATE IN EACH FOCUS GROUP?

Focus groups typically have six to 12 members, plus a moderator. A popular group size is eight people. If a group is too small, it may be dominated by one or two people, whereas the discussion can be difficult to manage with more than 10 or 12 participants.

HOW MANY FGDs SHOULD BE HELD, AND HOW LONG DO THEY LAST?

A typical focus group discussion lasts between 60 and 90 minutes. If holding a series of FGDs on the same topic, the first few focus group discussions will often last longer than the subsequent ones as all of the information is new. In subsequent discussions, the facilitator may be able to move the discussion along more quickly through points that have already been covered by previous groups, if it is clear that all the groups have the same opinion.

The number of focus group discussions to be conducted depends on the project needs and resources and on whether new information is still emerging (i.e., whether separate groups continue

to express different views). In any case, at least two focus group discussions should be conducted among each participant group.²⁰

WHERE SHOULD FGDs BE CONDUCTED?

FGDs should be held in a place where participants feel comfortable and that is neutral in terms of the topic of the investigation. For example, if the discussion was concerned with attitudes about health services, the community health center would not be a good place to hold the discussion. Meeting in a place related to the topic of discussion could influence the responses of the participants.

WHAT TYPE OF YOUTH SHOULD PARTICIPATE IN FOCUS GROUPS?

To identify participants for a focus group, go to a place where youth typically spend their free time. Ask youth of a similar age and gender to participate in a discussion about health services. You might recruit youth from markets, schools, video centers, or recreation centers. Select 8-10 females of similar ages and 8-10 males of similar ages for each focus group conducted.²¹

WHAT TYPE OF ADULTS SHOULD PARTICIPATE IN FOCUS GROUPS?

Key informants should be long-term residents of the community. To find key informants, ask either school officials at a secondary school or staff at a health facility for names of people they know who have lived in the community for at least 10 years.

HOW SHOULD A FOCUS GROUP BE FACILITATED?

The main role of the facilitator is to guide and stimulate discussion among participants without influencing or evaluating their responses. The most effective facilitators are those who have specialized facilitation experience in dealing with the particular topic or type of respondent. However, there may be circumstances –particularly in developing countries– in which an experienced facilitator is not available and someone else must conduct the focus group discussion. In this case, it is important to stress certain points regarding the role of facilitator who:

- ◆ is not a teacher,
- ◆ is not a judge,
- ◆ should not look down on respondents,
- ◆ does not agree or disagree with what is said,
- ◆ does not put words in the respondents' mouths.

²⁰ The characteristics of the participant group should match the characteristics of your target population, as identified in Worksheet B.

²¹ It is generally advised to separate males and females into separate FGDs, as female youth in some cultures tend to be shy in front of male youth.

Establish a comfortable group tone.

While conducting a focus group discussion, the facilitator should remember that people tend to disclose more in groups that are supportive and nonjudgmental. Explain to group participants that there are no right or wrong answers to the questions you will ask, and emphasize that you've invited people who have similar backgrounds and social characteristics.

Introduce yourself to participants and explain the purpose of the discussion.

Once the participants are assembled for the focus group discussion, the facilitator will open the conversation by giving a brief introduction. The objectives of this introduction are to help the respondents relax, to establish “ground rules” for the group and to begin developing rapport with the group participants. For example:

“Hello, my name is _____. I work for a health facility and I’m trying to find out ways to bring more youth to use our services. I’m interested in your ideas, comments, and suggestions about this topic. There are no right or wrong answers – and it is okay if any of you have feelings that are different from the others. Please feel free to give frank and honest opinions. I do want to ask you to speak one at a time and to avoid interrupting one another. You are free to ask questions of me and each other during this discussion. This is a group discussion, so you needn’t wait for me to call on you. This discussion is also going to be tape-recorded. The reason for this is so that I will be able to ensure that I record all of your opinions. If I didn’t record the conversation, there would be a greater chance that I could misunderstand or forget some of the important information that you may share with me today. How does everyone feel about this? Also, this discussion will remain confidential. Because I will not ask any of you tell me your full name, there is no way that your answers can be attributed to you. Does anyone have any questions about anything I have just told you?”

WHAT SHOULD BE DISCUSSED DURING A FOCUS GROUP?

The question guide is a list of questions the facilitator will ask participants. The level of detail or instruction in the question guide depends on the amount of direction and information needed by the facilitator. You should avoid recreating a survey questionnaire in a focus group topic guide, as the questions for facilitating a group discussion should be worded differently than when interviewing individuals about their own behavior. Above all, a facilitator should remember not to ask leading questions. For example, when studying nutritional habits, you should not ask focus group participants why they don’t eat certain foods; rather, ask them to talk about what kinds of foods they like and dislike, and why.

HOW WILL THE FOCUS GROUP DISCUSSION BE RECORDED?

Each focus group discussion should be recorded by an observer who takes notes on the conversation, as well as tape-recorded (or videotaped). If you want to simply confirm certain ideas or obtain a general sense of how participants feel and think about a topic, you can take notes from the tapes and work with these notes. However, most recordings of focus group discussions are transcribed, as this is the best way to obtain and analyze detailed information about the given topic.

HOW SHOULD FOCUS GROUP DATA BE ANALYZED?

Summarize what participants have said as soon as possible, before the substance fades from your memory. Be descriptive, not interpretive. Ideally, you should write down the important themes and prominent points that came up during the discussion immediately after it ends. Later, you should listen to the tape to obtain everything that was missed, as well as any quotes that would back up the central themes. Then, you may want to present your findings to others who can help you interpret, draw conclusions, and make decisions. Below is an example of a form that might be used to help summarize your findings.

Participant Group: Females, Age 15-19 Years

| Reasons for going to health facility | Characteristics they liked about the providers | Reasons for not returning to health facility | Characteristics they didn't like about providers |
|--------------------------------------|--|--|--|
| To get tested for pregnancy | Nurse was a good listener | Receptionist was rude | She seemed to be angry with me |
| To buy condoms | Provider was friendly to me | I saw someone I knew at the facility | She didn't answer all my questions |

MORE RESOURCES ON FOCUS GROUP DISCUSSION:

- ◆ World Bank/ PATH. March 1991. *Adult Learning and Training Techniques*.
- ◆ Hogle, J. and M. Sweat. 1996. *FHI/AIDSAP Evaluation Tools: Qualitative Methods for Evaluation Research in HIV/AIDS Prevention Programming*. (For extra copies, contact Jan Hogle of FHI/AIDSAP; Phone: 703-516-9779; Email: jhogle@fhi.org).
- ◆ Leebov, W. and C. J. Ersoz. 1989. *The Health Care Manager's Guide to Continuous Quality Improvement*. American Hospital Publishing, Inc.
- ◆ Debus, M. *Methodological Review: A Handbook for Excellence in Focus Group Research*. (For extra copies, contact the Academy for Educational Development Healthcom; Phone: 202-862-1900; Fax: 202-862-1947).
- ◆ Bernard, H. R. 1994. *Research Methods in Anthropology*, 2nd edition.

HOW TO CONDUCT AN INDIVIDUAL IN-DEPTH INTERVIEW

WHAT IS AN INDIVIDUAL IN-DEPTH INTERVIEW?

An individual in-depth interview is a probing one-on-one exchange in which a researcher interviews one person—often referred to as an “informant”—about topics related to the research project. “Key informants” are respondents who have special knowledge, status, or access to observations and who are willing to share their knowledge and skills. Examples of key informants can be parents of youth, teachers, organizers of youth centers, health care providers, peer educators, and counselors.

Individual in-depth interviews are preferable to focus group discussions when the researcher does not want group dynamics to influence respondents' reactions and comments or when it would be difficult to bring a group of respondents together because of time, distance, or other variables. Another reason for using in-depth interviews instead of focus group discussions is that it allows for sensitive topics to be discussed—a sometimes difficult task in a larger group setting. The interview process can be highly structured, with a pre-coded questionnaire, or completely unstructured and open-ended. For the purposes of this tool, most of the key questions used during interviews are open-ended.

WHERE SHOULD THE INTERVIEW TAKE PLACE?

In-depth interviews can be conducted almost anywhere, although a quiet and private spot where both interviewer and respondent can concentrate is preferable.

WHO SHOULD BE INTERVIEWED?

To recruit youth respondents who will be interviewed, go to a place where youth typically spend their free time. Ask young people, both male and female, if they would be willing to participate in an interview about the health of adolescents. For other people who will be interviewed, go to the health facility and ask those providers and staff if they are willing to be interviewed about their health facilities and services.

WHAT WILL BE DISCUSSED DURING AN INTERVIEW?

Question topics for individual interviews can range from a simple set of five or six open-ended questions that might take 20 minutes to discuss, to a more detailed topic guide of specific project-related questions that may take about an hour to an hour and a half. For the purposes of this tool, use or adapt the key questions under each in-depth interview tool.

HOW SHOULD THE INTERVIEW BE CONDUCTED?

Familiarize yourself with the questionnaire.

Before beginning the interview, make sure that you are familiar with the questionnaire. You should be able to ask the questions of respondents without error and without stumbling over words and phrases.

Be aware of how you are perceived.

When beginning an interview, you should be sensitive to the type of environment you are in and to how you present yourself in that environment. For example, if you arrive in an expensive car with a driver, you may immediately be identified as a “government” or “official” person. This impression could influence the respondent's perception of you and may therefore affect how he/she responds to your questions.

Introduce yourself.

When you first meet a respondent, you should introduce yourself, explain what you are doing and ask for his/her cooperation. For example, you could say:



“Hello. I would be very interested in talking with you about the health of young people in this area. It would help us to see what could be improved...”

Probe responses and rephrase questions.

Sometimes an informant may try to be helpful by guessing what answers are wanted and then providing these answers. This is likely to happen when the interviewer indirectly suggests correct behavior, usually unknowingly. For example, if the respondent tells the interviewer about an STI infection, and the interviewer asks, “and what did you do?” then this implies that the informant should have done something about the infection. To prevent this from happening, it is important that the interviewer phrase all questions in a neutral way.

It is also a good idea to probe and rephrase the questions throughout the course of the interview, approaching the topic each time from a slightly different angle. This rephrasing is especially important if you encounter difficulties with some of the topics (e.g., if the respondent is only providing “correct” answers that the interviewers suspects are not genuine) and will help ensure that the answers provided by a respondent are valid.

A respondent may sometimes provide only short explanations that will require further probing to find out exactly what she or he means. In this case, the best probe is often silence; if the interviewer sits quietly with pencil poised, a respondent will tend to fill the pause with additional comments. Appropriate verbal probes might be “How is that?” or “In what ways?” In general, the most useful probe is, “Anything else?” However, you should never force the question. If it is clear that the respondent does not understand the question, do not insist. Simply take note that such was the case.

HOW SHOULD THE INTERVIEW BE RECORDED?

Interviewers may record the interview and then transcribe the tape at a later time. They can also take notes during the interview and then expand and formalize the notes just after the interview.

It is important not to interpret the respondent’s responses during the interview. Instead, try to capture verbatim the responses, stories, and commentaries of the respondent in his/her own language. This preciseness is especially important because an interviewer will not know how the responses are to be coded before processing. During the interview, try to record in your memory as many details as possible about what happened and the way in which they happened.

MORE RESOURCES ON IN-DEPTH INTERVIEWS:

- ◆ World Bank/ PATH. March 1991. *Adult Learning and Training Techniques*.
- ◆ Hogle, J. and M. Sweat. 1996. *FHI/AIDSCAP Evaluation Tools: Qualitative Methods for Evaluation Research in HIV/AIDS Prevention Programming*. (For copies, contact Jan Hogle of FHI/AIDSCAP; Phone: 703-516-9779; Email: jhogle@fhi.org).
- ◆ Ferencic, N. 1988. *Guide for Carrying Out In-Depth Interviews about Health in Developing Countries*. Philadelphia, PA: University of Pennsylvania.

HOW TO USE THE MYSTERY CLIENT METHODOLOGY

WHAT IS A MYSTERY CLIENT?

A “mystery client” is a person in your target audience who pretends to be an actual client at a health facility to help assess the quality of care that clients receive. The method is particularly useful because providers and staff don’t know they are being assessed and, consequently, don’t act differently. After meeting with the health providers, each mystery client will be interviewed using a debriefing questionnaire.

WHAT ARE THE STEPS IN USING THE MYSTERY CLIENT METHODOLOGY?

Select two to three youth (including both genders) for each health facility to be assessed. These youth may be selected from the focus groups or from in-depth interviews that have already been conducted. Instruct the participants that they will act as mystery clients, whereby they will play the part of a client with a specific problem (see scenarios below) who comes to the facility to receive services. After meeting with the health providers, each mystery client will be interviewed using a debriefing questionnaire.

Explain to participants that for each scenario, they should:

- ◆ Adopt a specific personality trait (e.g., very shy, aggressive, indifferent, anxious, etc.) and notice how the provider responds to this trait.
- ◆ Present erroneous ideas regarding some aspect of reproductive health (for example, contraceptive pills should only be taken after having intercourse) to determine whether and how the provider corrects these ideas.
- ◆ State that they do not understand some of the information given to determine whether the provider adequately explains things.

Directions:

1. Read the various scenarios and have participants choose the one that they would feel most comfortable in acting.
2. Explain to participants that they are to adopt this role and become the person described in the scenario.
3. Ask participants to carefully read over the scenario they have chosen.
4. Ask the participants to discuss the role they have been assigned and ask them to answer the following questions:
 - ❖ What is the person like (personality traits)?
 - ❖ How does this person feel about the situation s/he finds her/himself in?
 - ❖ How does this person feel about speaking to a provider about his/her situation?
 - ❖ What would you do in this person’s situation?

- ❖ How does this person behave?
 - ❖ What kind of body language does this person have?
5. Ask each individual to present themselves in character to the group and explain their specific situation.
6. Go over questions that the provider is likely to ask them, such as:
- ❖ Where do you live/go to school?
 - ❖ Have you talked to anyone else about your situation?
 - ❖ Why have you not talked to your parents?
 - ❖ Why have you not talked to your partner?
 - ❖ How do you think your parents would react if they found out?
 - ❖ Why did you decide to come to this facility?
 - ❖ Have you ever had sexual intercourse?
 - ❖ Are you currently having sexual relations with anyone?
 - ❖ Have you used contraception?
 - ❖ Have you ever used a condom?
 - ❖ How much do you know about AIDS, contraceptives, and STIs?
7. Remind participants:
- ❖ to be in character on walking into the clinic
 - ❖ not to tell anyone at the clinic about the assessment
 - ❖ not to use their real names or ages if they have to register for services
 - ❖ to keep track of waiting time and time spent with provider
 - ❖ to look for educational materials in the waiting area
 - ❖ not to undergo any type of exam or procedure
 - ❖ to meet with an interviewer immediately after the experience

You should also prepare participants for how to react if they see someone they know.

WHAT SCENARIOS MIGHT BE USED FOR MYSTERY CLIENTS?

The scenarios used for mystery clients should be based on the real issues that young people seeking services face. Following are two examples of mystery client scenarios that might be used.

1. Young adult female feeling pressured to have intercourse

A 16 year-old woman comes to the facility to obtain birth control. She tells the provider that she has never had intercourse before. It becomes apparent that she is not sure if she really wants

to have intercourse, but she is feeling pressured by her boyfriend to do so. She believes if she does not give in he will leave her, but she does not feel ready to initiate sexual activity.

Her parents:

- ❖ They are very strict.
- ❖ She does not want them to know anything about this.

Her partner:

- ❖ A schoolmate has been her boyfriend for one year.

Sexual history: None.

Contraceptive knowledge:

- ❖ Very limited.
- ❖ Has only heard of the pill and has many erroneous ideas about its use and possible side effects.

The young person acting as the mystery client should fill in the blanks about:

- ❖ What types of things the boyfriend says to her to get her to have intercourse with him;
- ❖ Why she is afraid to have sexual intercourse;
- ❖ Her motivations for coming to the clinic (e.g., recommended by a friend).

2. Young adult male seeking information regarding STIs

An 18 year-old male wants information regarding STIs. His motivation for coming to the clinic is that he heard of a guy who got an STI from having intercourse with a commercial sex worker.

Sexual history:

- ❖ Is sexually active.
- ❖ Has had intercourse with approximately five women.

Contraceptive use:

- ❖ Has used condoms only occasionally and does not like them.

Reproductive health knowledge:

- ❖ Very limited.
- ❖ Has heard of a few diseases.
- ❖ Only symptom he has heard of is itching.
- ❖ Heard that AIDS can kill you.
- ❖ Thinks that AIDS only affects prostitutes.

HOW SHOULD MYSTERY CLIENTS BE DEBRIEFED?

Participants who serve as mystery clients should be debriefed in an interview using a survey or questionnaire to capture their experiences. Most of the questions asked of mystery client participants will be open-ended, allowing participants to tell the story of their visit to the facility. Their interview should be recorded for later analysis.

HOW SHOULD MYSTERY CLIENT DATA BE ANALYZED?

After debriefing a mystery client, summarize the key points of what they reported as soon as possible, before the substance fades from your memory. Be descriptive, not interpretive. Ideally, you should write down the important themes and prominent points that came up during the discussion immediately after it ends. Later, you should listen to the tape to obtain everything that was missed, as well as any quotes that would back up the central themes. You may also want to present your findings to others who can help you interpret, draw conclusions, and make decisions.

Glossary

Access: The extent to which a person can obtain appropriate services at a cost and effort that is both acceptable to them personally and within the means of a large majority in a given population.

Assessment: A process—which may or may not be systematic—of gathering information, analyzing it, then making a judgment on the basis of the information. Sometimes used to mean the same as “evaluation.”

Average (n.): The sum of all scores, divided by the total number of cases. Also called the arithmetic mean.

Baseline Information: Information, consisting usually of facts and figures, that provides a basis for planning program development and for evaluating progress.

Calculate: To determine by mathematical process.

Characteristic: A special quality or identity that distinguishes something from all other members of the same kind.

Chart: A means to visually display information (for example, diagrams or numbers), often using bars, boxes or circles.

Checklist: A specially constructed list that enumerates key features of a setting or process. Features that are present during an observation are marked off with a check or tick.

Community: An interacting population of various kinds of individuals with a common history or common social, economic and political interests living together in a common location within a larger society.

Confidentiality: Agreement between client and service provider that information discussed during or after an encounter will not be shared with other parties without the explicit permission of the client.

Counseling: The process of providing professional guidance or advice to an individual or group of individuals, often by using techniques such as personal interview and two-way communication between a counselor and a client.

Coverage: The extent to which something is “covered.” In health terms, this means the extent to which those who need something are actually receiving it.

Data: Facts and information collected for a special purpose.

Data Collection: Gathering of data and information.

Data Collection Method: The process through which data or information is collected, such as focus group discussions, surveys, interviews, etc.

Exit Interview: A data collection method used to systematically solicit feedback from clients regarding a program, utilizing short interviews conducted with clients after they have participated in an activity or received a service. Exit interviews can be either highly structured, based on a pre-coded questionnaire, or unstructured, with open-ended questions.

Focus Group Discussion: A data collection method used in social science research to identify issues, terms and interpretations from a group of individuals with similar characteristics. These discussions are often planned in advance, usually with 6 to 10 participants invited for a discussion at a fixed time and venue.

Framework: A basic conceptual structure.

Health Facility: A place or program that provides health services, such as a clinic, hospital, health post or pharmacy.

Implementation: The process of carrying out program activities.

Indicator: A measurable statement of program objectives and activities. An indicator may be expressed in numeric or non-numeric terms and may express quantitative or qualitative factors.

Indicator Ratio: In this manual, the relationship in quantity between the indicator score assigned based on data collected and the total score possible for that same indicator.

Informant: A respondent who is interviewed by an evaluator.

Instrument: A tool used to collect information or data from multiple respondents, such as a form, questionnaire, or checklist.

Inventory: A data collection method that assesses the services provided with regard to quality and quantity of facilities, equipment, and supplies.

Key Informant: People who have special knowledge, status, or access to observations that are important to the program and who are willing to share their knowledge and skills with those collecting data.

Measure: To examine the extent or quantity of something by comparing it with a fixed unit or object of known size.

Mystery Client: A method of data collection where trained persons (including trained adolescents) are sent to program facilities in the assumed role of clients and asked to record systematically their experiences after the service encounter.

Observation Techniques: Systematic evaluation methods for observing people, events and/or their contexts

- Open-ended Questions:** Items included in a data collection instrument for which no predetermined response categories are provided.
- Privacy:** Freedom from unsanctioned intrusion.
- Providers:** Those who provide health services, such as a doctor, nurse, paramedic, counselor, midwife, or peer educator.
- Qualitative:** Non-numeric data or indicators that are expressed in words. Qualitative data may be grouped in categories. Gender and place of residence are examples of categorical qualitative data.
- Qualitative Methodology:** A set of procedures used to collect qualitative data, such as focus group discussions.
- Quality:** The degree of excellence or standard of something.
- Quantitative:** Something measured by or concerned with amount or quantity and expressed in numbers or quantities.
- Questionnaire:** A group of written or printed questions used to obtain information from individuals or groups.
- Ratio:** The relationship in quantity between two things, often expressed as a fraction (e.g., A/B).
- Reproductive Health:** The health and well-being of women and men in terms of pregnancy, birth, and related conditions, diseases and illnesses.
- Reproductive Health Services:** Services designed to protect or improve reproductive health, such as the provision of gynecological exams, contraceptives, sexually transmitted infection diagnosis and treatment, nutritional assessment, maternal care, and counseling.
- Sample:** A part of a whole selected to represent that whole (for example, a sample of the population).
- Sampling:** The process and techniques of studying part of something to gain information about the whole (like a population) and the particular methods of analyzing the information collected.
- Score Sheet:** A tool used to quantify data collected about indicators. Using standardized scales, a score sheet assigns numbers to aspects of an indicator.
- Service Delivery:** The different components or operations within a reproductive health service facility offered to clients, such as clinical services, counseling, education and commodities.
- Service Statistics:** Program information usually compiled in the form of counts that provide a quantitative description of program activities undertaken such as numbers of events or number of clients.
- Staff:** Staff of health facilities include the manager, receptionist, health aide, facility record keeper, janitor, etc.

Stakeholders: Persons outside the immediate program staff who have an interest and role in program functions and activities.

Survey: A structured way of consistently collecting factual information from multiple respondents. Survey data can be analyzed using statistical analysis.

Tabulate: To count, record or list systematically.

Tally Sheet: A specially-constructed list that enumerates key features of a setting or process. Features that are present during an observation are marked off with a check or tick.

Tool: An instrument that you use to collect information, such as a form that your staff completes or a survey in which youth participate.

Young Person/Youth: A young person in the transition between childhood and adulthood, commonly defined as between the age of 10-24.

Youth-Friendly: A characteristic of something that is perceived by youth as accessible responsive, caring and respectful.

Youth-friendly Services: Services that have policies and attributes that attract youth to the facility or program, provide a comfortable and appropriate setting for youth, meet the needs of young people and are able to retain their youth clientele for follow-up and repeat visits.

FOCUS on Young Adults

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