ADDIS ABABA UNIVERSITY
FACULTY OF MEDICINE
DEPARTMENT OF COMMUNITY HEALTH

HOW FRIENDLY ARE THE REPRODUCTIVE HEALTH SERVICES Of MODEL YOUTH CENTERS IN ADDIS ABABA

BY

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DECLARATION

Primarily qualitative and quantitative data collected through out the study remain the property of youth centers' clients and communities described in the document. I the undersigned, declare that this is my original work and has not been presented for a degree in this or any other university and all sources of materials used for this thesis have been acknowledged.

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This thesis has been submitted with my approval as University advisor.

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Date of submission ____________

DEDICATION

This paper is dedicated to all people who have been the very source of inspiration from the beginning to the end.

Acknowledgment

I am deeply appreciative for the helpful comments and guidance of my advisor Dr. Mulugeta Betre on the process of designing and executing the study.

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Acronyms

AIDS: Acquired Immune Deficiency Syndrome.

AYA: African Youth Alliance

E.C: Ethiopian Calendar

FGAE: Family Guidance Association of Ethiopia

FGDs: Focus Group Discussions

fhi: Family Health International

FP: Family Planning

G.C: Gregorian Calendar

HIV: Human Immune-deficiency Virus

ICPD: International Conference on population and Development

IEC: Information, Education and Communication

MOH: Ministry of Health

NGOs: Non Governmental Organizations

PSPs: Peer service Providers

RH: Reproductive Health

RHS: Reproductive Health Services

SRH: Sexual and Reproductive Health

STI: Sexually transmitted infections

UN: United Nations

VCT: Volunteer Counseling and Testing

WHO: World Health Organization

U/A: Urine Analysis

YC: Youth Center

YFS: Youth Friendly Services

YMCA: Young Men Christian Association

YRH: Youth Reproductive Health

Abstract

Background:- Youth sexuality and reproductive health are generally not well addressed. As a result, problems like unwanted pregnancy, complications of unsafe abortion, and STI including HIV/AIDS remain very common, particularly, in the developing countries such as Ethiopia.

Objective and methodology:-**A cross-sectional descriptive study was conducted to assess the friendliness of reproductive health services provided by model youth centers in Addis Ababa. The Assessments had focused on facility inventory, providers' attitude, interaction of providers with youth and service characteristics. Observation, key informants interview, focus group discussions and exit interviews were the methods used and Data was collected from February to March, 2007.**

Result:- Currently, Reproductive Health services like family planning counseling, contraceptives provisions, pregnancy test, STI diagnosis and treatment, VCT and other related counseling are being delivered by the youth centers. More female clients were using the services during the time of data collection than their male counterparts and 44.8% of youth centers clients were found to be out of the primary target age group (>25 years). The utilization of the existing services by the age group 10-14 was found to be very law. Majority of the clients sought VCT services (52.6%) and only around 18 % of the total interviewed clients came for contraceptives. About 9 and 30% of the respondents were asked to bring parental and partner permission respectively for service utilization. Approximately 89%, 78.7% and 90% of the respondents agreed in getting completed services, in providers' confidential handling and short waiting time respectively. Overall 92.7% of the clients were satisfied with the services they had received.

Discussion and Conclusion: - on the bases of the above findings one can concluded that addressing early adolescent age group (10-14 yrs) was overlooked by the centers. Sub optimal services friendliness was observed in placing and using appropriate guidelines and polices regarding youth friendly service provision. In addition, RH service providers of the centers had not received any training in respect to delivering friendly services to youth. The need of

intensifying reproductive health educations and addressing early adolescents (10-14) should be the priority concern of the centers and peer education is the most effective tool identified.

1. Introduction

According to the world health organization, Adolescents age group encompasses between 10 -19 years old, young people those between 10-24 years, and youth are those that lie with in the age group of 15-24 years (2). Currently one third of the world's population, around 2 billion, is grouped in young people category and in Africa, at the beginning of the 21st century, one out of every four person was 10-19 years old (3). Adolescence is characterized by a series of physiological, anatomical, psychological and other changes to which young people need to adjust within a changing socio–cultural environment. It is often characterized by a pattern of thinking in which immediate needs tend to take priority over long-term implications (4).

The health problems of adolescents are usually caused by unhealthy environment, inadequate support system for promoting healthy lifestyles, lack of accurate information, skills, and inadequate or inappropriate health services (3). Among others, youth sexuality and reproductive health are generally not well address. As a result, they are exposed to problems like unwanted pregnancy, complications of unsafe abortion, and STI including HIV/AIDS. Other common adolescent health problems include malnutrition, injuries and disabilities as a result of risk taking activities, and mental illness such as depression and psychosis which can lead to suicide and violence (3). Moreover, young people are stigmatized and discriminated against their sexual and reproductive health preferences and practices. Across a range of settings, young people may be stigmatized and discriminated for being sexually active before marriage or for engaging in forms of sexuality which are considered by their communities and wider society to be non-normative practices. In addition, in settings where premarital sexual activity among young people is stigmatized, the signs of unprotected sexual activity, such as unplanned pregnancy, having a sexually transmitted infection (STI) or being HIV-positive, may themselves be highly stigmatized. This may seriously limit access to good quality sexual and reproductive health services (5).

The reproductive health needs of adolescents as a group have been largely ignored to date by existing reproductive health services (6). In addition to lack of access to health services and appropriate information, adolescents may face different obstacles from the service provider's side. After the declaration of international year of youth by UN in 1985 and the Cairo 1994 ICPD, however, many countries have started giving due attention to the problems of youth and adolescents. Among the strategies being performed to solve the problems of youth, establishing youth friendly services is the major one in addressing the reproductive and sexual health need of youth.

In Ethiopia, youth friendly service provision was commenced by different non governmental organizations and currently the service is rendered by FGAE, Ministry of Youth and Sport and other NGOs. At present, twenty seven youth centers are working under the FGAE and of them five are in Addis Ababa. In addition, fifteen small scale youth centers have been established and run by the Addis Ababa City Youth and Sport Commission.

The rationale behind this assessment was to learn about the friendliness of the range of services being provided by the Youth Centers in Addis Ababa, the utilizers' perception towards the services and to extract appropriate recommendations out for the strengthening and expanding of youth friendly reproductive health services.

2. Literature Review

2.1. General conceptual background

Many organizations and countries use different definitions or cut off points for the categorization of adolescents, youth, and young people. According to world health organization, young people is defined as persons that lie within the age limit of 10-24 years and the United Nations uses the age range 15-24 years for inclusion of youth. Currently Young people aged between 10 and 24 accounts for about 30 percent of the world's population, of about 2 billion people in total (6, 7).

The Federal Democratic Republic of Ethiopia government considers the age range of 15-29 years for the categorization of youth in the society and the family guidance association of Ethiopia uses the WHO definition. Based on the 1999 E.C medium variant projection it is believed that the Country is hosting 24.7 million youth (31.2 % of the total population with male to female ratio of 1). Of which 18.6% and 81.4 % are living in urban and rural areas respectively (8, 9).

Adolescence is the time of transition from childhood to adulthood. It is a time of physical, psychological, social, and many other changes. These changes have their own specific characteristics in each cultural context, and they are in a steady change according to the development of the society (10).

As adolescence is a time of choices, it involves gaining autonomy, assuming responsibility, and making choices about health, family, career, peer, and school. The ability to confront these decisions effectively is important to the well being of adolescents (11, 12). However, since adolescents are more mature physically than mentally or emotionally, they are often ill prepared to make the serious decisions they face.

Therefore, they are frequently influenced to participate in behaviors that place their health at risk or impair their social competence, often called risk-taking or health-compromising behaviors. Risk-taking behaviors relatively common among adolescents include early and unsafe sexual activities, premarital sex, having multiple sexual partners, use of alcohol and drugs, violence and dropping out of school (12).

Senderowitz J. in his document describes the difference of the lifestyle and reactions of adolescents from those of adults (13). Adolescents, who are trying to find their identity and independence, behave and communicate differently than adults when they come to health services. The usual patient - physician relationship may not help health workers to understand their problems. The health system must therefore adapt a suitable strategy through restructuring, formal training or in-service self-awareness sessions to make a more friendly communication with adolescents and thus be of better help to them. Any rigid, judgmental position or defensive and stereotypic expectations concerning adolescent behavior must be abolished. Usually, teenagers respond well if approached in an individualized, collaborative and negotiated manner. Thus, health services to adolescents must be delivered in an atmosphere of trust and confidentiality to make every contact a milestone visit. This will enable to successfully attract, serve and retain the young clients (14).

Despite global calls for action, the barriers to young people’s access to information, counseling skills and services related to reproductive health, HIV/AIDS and substance abuse remain unsolved. Many young men and women continue to see health services as inaccessible and irrelevant (15). For sexually active youth, particularly those who are not married, obtaining relevant reproductive health service is often difficult. Few clinics are designed, or even willing, to provide services to young people. Many of them are consequently left with an unmet demand for contraception and other reproductive health services. Adult discomfort with young people’s sexuality is almost universal, and there are similar difficulties in speaking about substance abuse openly (15).

2.2. Youth reproductive health service utilization and their service preference

Unmarried people in the past not expected to need reproductive health (RH) services. If young women—no matter how young—were married, they received the same services as older women, except nobody assumed the young women needed pregnancy preventions.(16).Viewing adolescents as a specific group with their own needs is a relatively recent practice, especially in the developing world. The existing reproductive health services were not meant to provide reproductive health services for adolescents and youth.

2.2.1 Barriers of youth reproductive health service utilization

The physiological, emotional/psychological changes occur during adolescence make the young people confused and stressful. As sexual life is their primary concern, they should have access to appropriate information from all of the existing sources. Health facilities are the key areas for having reproductive health information and services. Adolescents avoid using existing RH services for a variety of reasons. Major impediments to adolescent access and use include policy constraints, operational barriers, lack of information and feelings of discomfort (16).

Among the operational barriers, inconvenient hours of operation, lack of convenient transportation and high costs of services are the major ones. Poor understanding of body changes and needs, insufficient awareness of pregnancy and STD risks, little knowledge of what services are available and lack of information of RH service locations are also the features of lack of information in young people. RH services often discriminate against young people, sometimes by requiring a minimum age or parental consent. Even where the law does not specify restrictions, health facilities, health staff members and other providers sometimes establish their own policies that prevent or diminish adolescent access (16- 18).

Studies done in Bolivia revealed that psychosocial barriers to health facility have a significant role in the limitation of service utilization. The use of health services was seen as an admission of being sexually active and tended to arouse fears of being punished by family and ridiculed by peers, thus negatively affecting their ability to seek out services. Similarly, lack of confidentiality was an important underlying reason in explanations for not using health services.

Adolescents indicated a reluctance to visit nearby health facilities and preferred to obtain contraceptives from pharmacies located away from their neighborhoods (18). Another study done by FRONTIERS in Bangladesh stated out that about 25 percent of the population of Bangladesh, have limited access to reproductive health information and services. Young people are vulnerable to a variety of reproductive health risks, including unwanted pregnancy and STIs. Nevertheless, reproductive health education has not been a part of the education curriculum, and the existing health service delivery system was not addressing the needs of unmarried adolescents (19). In the Bolivia's study, none of the facilities surveyed were using a special procedure guideline for adolescent reproductive health services and only one provider has a special training in the service provision of adolescent reproductive health (18).

A study by Gadissa, T. (20) reveled that barriers like ashamed to buy, lack of knowledge how to use properly and partner disapproval were reported as a major reasons for non use of contraceptive among sexually active adolescents. In this particular study, bad attitude of providers and long waiting hours of institutions were mentioned as a barrier for the service utilization by 10% and 6.6% of respondents respectively (20). Similar study in *Assebe Teferi* also assessed the magnitude of those factors that hinder utilization of YRH service, and it revealed that 42.5% of respondents claimed the existing health institution was not welcoming, reported distance was one of the factors, while 56(40.5%) were feared not to be seen by parents or any one who know them, and 17.3% of them claimed the service providers were judgmental when youth needs RHS. In addition to these, lack of confidentiality, prolonged waiting for services and inconvenience of service time were reported by 36%, 73.4% and 48.2% of the respondents as factor that affects the service respectively (22).

Youth of Addis Ababa reported that their major barriers in utilizing reproductive health services are fear of being seen by parents or people whom they know (72%), and embarrassment demand to reproductive health services (67.8%). Second category of barriers includes inconvenience of the time service is provided and high cost of service. Negative attitudes toward the service providers because of not keeping confidentiality and being judgmental also constitute a significant role to limit the service utilization (23).

2.2.2 Youth service preference

Judith Senderowitz documented (27) that adolescents, in general, are experiencing a relatively healthy stage of their lives and they are also moving through a phase that brings dramatic physical and emotional changes, as well as new risks. With increased sexual activity among young, unmarried people and the emergence of the HIV/AIDS pandemic, greater health challenges have developed and at the same time, better health delivery systems have developed, methods to prevent pregnancy and STIs have improved, and communications to transmit vital information have become better. However, because of social discomfort in accepting the reality of adolescent sexual activity, unwillingness exists to put these services at the disposal of the young people who need them. Given the rapid changes that adolescents experience, a need exists for education and counseling services, especially related to development and maturation, boy-girl relationships, decision making about sex, gender issues, sexual abuse and exploitation, sexual and contraceptive negotiation. In a Youth Information Centre, established as a pilot project by the Planned Parenthood Association of South Africa, young people identified the most important factors in clinic choice as staff attitude (95%); environment (characteristics such as location, decor, and atmosphere) (89%); contraceptive method (85%); and operating hours (81%) (21).

According to Ahmed A.(22), 36.7% of youth in *Assebe Teferi* study area believed that the services provided by FGAE clinics are better than the public sectors and 133(17.2%) of the respondents claimed that the existing health institutions were inconvenient for confidential use of RH need. The result found out that, 316(41%) and 232(30%) of the youth preferred reproductive health service to be arranged in the existing public health institutions having its own unit and in separately located health institution respectively. Three hundred and twenty two (41.6%) respondents preferred service time to be in the absence of other user and 57.6% preferred to have service free of charge. Moreover, 36.2% of the respondents preferred service provider to be young and of the same sex (22). Another study by Berhane F. et al revealed that 70.1% of respondents in Addis Ababa preferred special service hours, 44.3% preferred the health service provider to be young and of the same sex, and 1351 (52.9%) expressed their preference for discounted fees for adolescents. In the discussion part, Berhane, F. et al stated that a considerable proportion of adolescents preferred to have services within the existing

services as they perceive that it will be difficult for people who know them to tell for what reason they visited the health service. Some adolescents preferred to use services outside of their residential areas in order to overcome the stigma attached to going to youth specific services in their residential area. Despite the variation in preferences all wanted confidential, friendly nonjudgmental and skilled approaches (23)

2.3 Youth friendly reproductive health services and their characteristics

According to UNICEF, youth friendly health services can be free standing clinics or attached to existing clinics or recreational facilities. Ideally, they provide a full range of services and information to Youth people and are welcoming, confidentially, conveniently located and affordable (24). Services are youth friendly if they have policies and attributes that attract youth to the facility or program, provide a comfortable and appropriate setting for serving youth, meet the needs of young people, and are able to retain their youth clientele for follow-up and repeat visits. Some of the adaptations and additions needed to make services youth friendly have been identified by adolescents themselves. Other characteristics have been identified by service professionals, including some that have been implemented and evaluated as part of an overall effort to provide effective RH services for youth (15).

Considering that adolescents are reluctant to seek RH services as they are currently provided, it is important to find ways to offer care in a manner that they perceive as more welcoming, comfortable, and responsive. In addition, helping young people to develop good health habits and seek regular care at an early age lays the foundation for ensuring the future of their reproductive health.

Youth-friendly services should actively involve adolescents in program designing and service delivery, and consider how adolescents' needs differ from those of adults and provide services that specifically meet the needs of young people. Providing youth-friendly services does not necessarily mean building a new clinic. It can mean adding adolescent-only hours or offering services in places where adolescents congregate such as youth centers, sporting events or work

sites. It is advantageous to involve young people in planning and implementing health services, and make all staff receptionist, nurses, and physicians- aware that they should treat adolescents with respect and dignity (25). By fulfilling the preference of adolescents, youth friendly services that have polices and attributes that attract youth; health facilities can provide comfortable and appropriate services that meet the need of adolescents and retain them for follow up successfully (15, 22).

Youth friendly reproductive health services have special characteristics that markedly separate them from other health facilities and related services. The major characteristics of the services categorized into four; provider characteristics, Health Facility Characteristics, Program Design Characteristics and other Possible Characteristics like educational materials availability, group discussions availability, delay of pelvic examination and blood tests possible and alternative ways to access information, counseling, and services.

2.3.1 **Provider Characteristics**

Trained staff:

Having specialized staff who is trained to work competently and sensitively with young people is often considered the single most important condition for establishing youth-friendly services. Acquired skills must include familiarity with adolescent physiology and development, as well as appropriate medical options according to age and maturity. At least as important are interpersonal skills so that young people can be at ease and can comfortably communicate their needs and concerns. The ability to communicate fluently in languages that young people speak who attend a given clinic is also important (15, 27).

Respect for young people:

Staffs should respect the values, beliefs and reproductive right of adolescents irrespective of their personal attitudes and they should be positive towards clients and be oriented to young people concerns (29).

Privacy and confidentiality:

Since young people give due attention for privacy and confidentiality of the service provision, privacy must be arranged for counseling sessions and examinations. They must feel confident that their important and sensitive concerns are not retold to other persons (18).

Adequate time for client and provider interaction:

Young people tend to need more time than adults to open up and reveal very personal concerns. They usually come to the clinic with considerable fear, often with a worry about being pregnant, and require strong reassurance and active encouragement to speak freely. Time is needed to bring myths (such as girls cannot get pregnant at first intercourse) to the surface, to discuss them, and to dispel them (32).

2.3.2 Health Facility Characteristics

Separate space and special times set aside:

Creating separate space, special times, or both for adolescent clients appears more important for certain clients, such as young teenagers, first-time clinic users, non-sexually active clients. A separate service can also facilitate providers' efficiency in arranging specialized youth-friendly features (15, 27, and 28).

Convenient hours and location:

Having clinics open at times when young people can conveniently attend is fundamental to effective recruitment. Such times include late afternoons (after school or work), evenings, and weekends while young people who need urgent care may be willing to leave school or work for such services, those who need prevention services but may be unaware of how important they are, are more reluctant to give excuses and to take the time off. Similarly, the location of existing facilities should be in a safe surrounding and should be available by public transport (27, 15)

2.3.4 Program Design Characteristics

Youth involvement in design and continuing feedback:

A fundamental principle in design of youth-friendly services is to ensure participation of young people in identifying their needs and preferences for meeting those needs. Some characteristics, such as privacy, confidentiality, and respectful treatment, are nearly always top priorities. Involving youth in the design of the program and in continuous feedback will enhance their "ownership" of the program. This feeling of ownership will motivate young people to recruit their peers and to advise on needed adjustments (28, 15).

Drop-in clients welcomed and appointments arranged rapidly:

Because adolescents are present-minded and rarely plan ahead, the possibility of receiving services without an appointment can increase adolescent access. If an adolescent is turned away and told to return at another time, or if the adolescent must wait several weeks to be seen after making an appointment, there is a significantly greater likelihood that the potential client will not show up (15).

No overcrowding and short waiting times:

Having to wait a long time to be served in a clinic, particularly with an increased chance that someone will see them there, is unappealing to the adolescent client. Young people may choose to not even endure the wait initially, but if they do, this situation will be a barrier to their return. This kind of experience is more than likely told to peers—prospective clients—and gives the facility a bad reputation that dissuades future clients (15).

Wide range of services and referral availability:

Whenever it is necessary to send young people to another location for another service, there is an increased risk that they will not actually show up. While it is not always possible, attempts should be made to identify and provide the most needed RH services as "one-stop shopping." These services should include sexual and RH counseling, contraceptive counseling and provision (including emergency contraception), STD and HIV prevention, STD diagnosis and

treatment, nutritional services, sexual abuse counseling, prenatal and postpartum care, abortion services (where legal), and post abortion care (15, 31).

2.3.5 Administrative and Others Characteristics

Educational material available on site and to take:

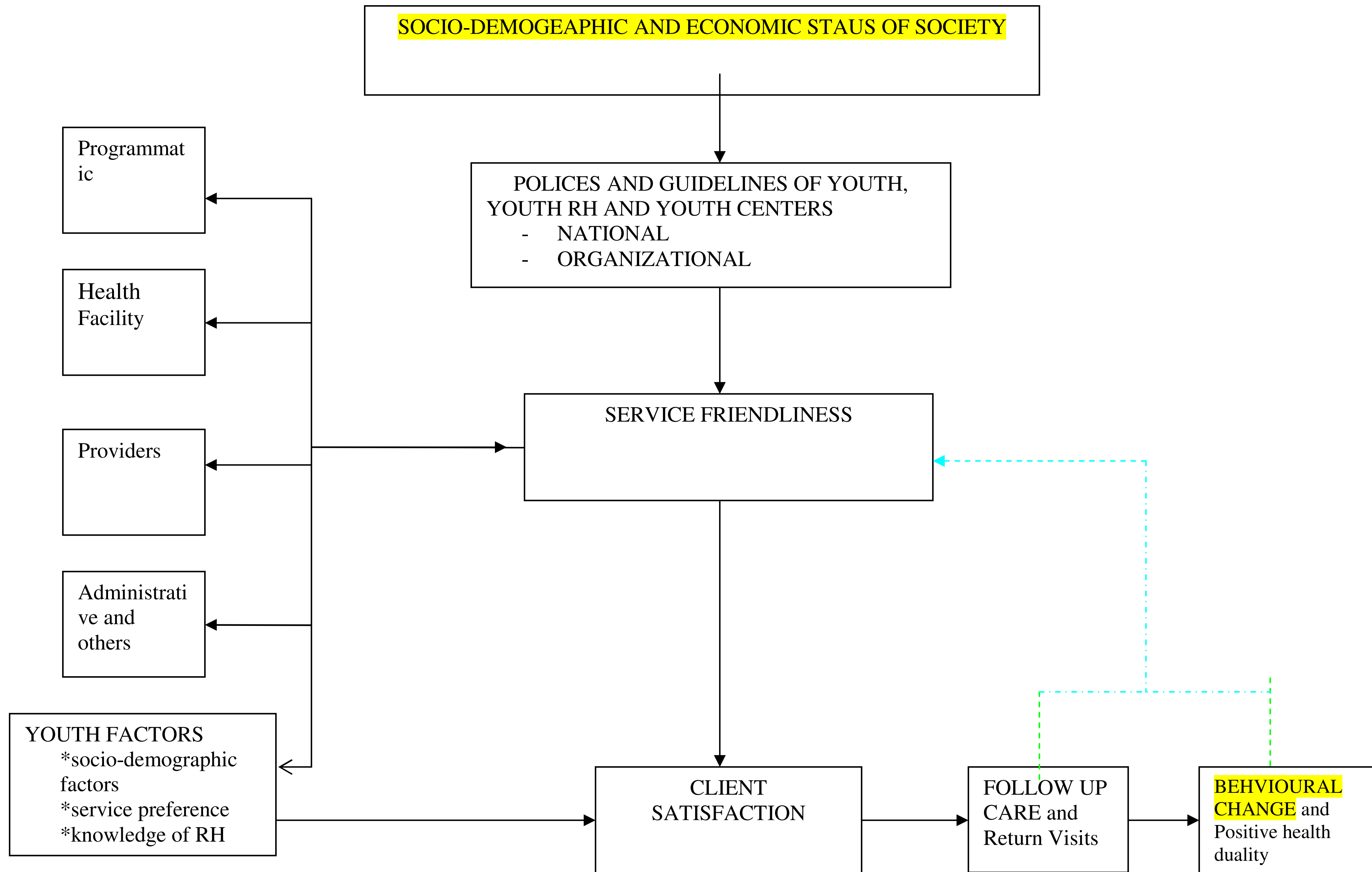
Some young people prefer to learn about sensitive issues on their own, using written or audiovisual materials, because their discomfort level can be too great to retain information during a face-to-face session. The experience in Peru suggested that such material can be used while clients are waiting to be seen, as with an innovative computer-based health education program or some materials should be available to take home so young people can refer to them later (32,15).

Group discussions available:

While not all young people are comfortable in a discussion format with their peers, this type of information exchange can be very productive. It helps adolescents to realize that they are not unique in their fears and can provide peer support to obtain needed care or seek solutions to problems (32).

In general, the mentioned service friendliness characteristics have a direct impact in the service utilization, satisfaction and continuity of care/ follow up. These characteristics of the youth centers are affected by the existing countries' laws, resources and related inputs (figure 1 summarizes the frame work of youth friendly reproductive health services).

Figure 1: Conceptual Frame work analysis of Friendliness of youth services



2.4 Youth Friendly Services in Ethiopia

In March 2004 G.C., the Ministry of Youth, Sports and Culture developed a National Youth Policy to address the multi-lateral youth problems and to coordinate efforts of different stakeholders for the problem alleviation. The policy tried to incorporate ten major policy issues. Of them, two are directly related with the health of youth; youth and health, youth and HIV/AIDS (9). A national adolescent reproductive health steering committee was established under the Family Health Department of Ministry of Health in 1996 E.C. Since then the department involved in capacity building programs of health facilities, health professionals and in developing a national ARH program. The department set the vision "To enhance reproductive health and well-being among young people in Ethiopia ages 10-24 so that they may be productive and empowered to fully access and utilize quality reproductive health information and services, to make voluntary informed choices over their RH lives, and to participate fully in the development of the country" and strategies like build the capacity of health services at all levels to deliver youth friendly services, develop and revise national guidelines and standards, develop outreach programs, promote targeted messages to reach different segments of the youth population, harmonize and strengthen peer promoters and educators programs, strengthen the role of media and edutainment for youth and continue advocacy and social mobilization for improving community and political support towards AYRH issues are the major ones documented in the RH strategy 2007-2015.(34)

The Family Guidance Association of Ethiopia (FGAE) is a national organization that owns profound experience in the delivery of a wide range of reproductive health services. The mission of the Association indicates that FGAE is committed to the youth as the primary client by advocating for their SRH rights and the elimination of harmful traditional practices to enable them make free and informed choices about their sexual and reproductive health. FGAE currently works to improve access to a broad-range of family planning and reproductive health information and services for youth through youth friendly services (36).
Recently, the Ministry of Youth and Sports, Capacity Building Division and MOH (35 and 37) have developed a National guideline for youth centers and youth friendly RH services standards and minimum package. The guidelines stated that all youth, irrespective of their

sex, ethnicity, religion and political attitude have the right to use the services equally and the following services should be the basis of the centers:

- Library services
- Recreational services
- Counseling
- Reproductive health education and services
- IEC/ICT
- Vocational trainings and
- Informal education (35, 37)

2.5 Rationale of the study

In view of the fact that youth are vulnerable to reproductive health problems and HIV/AIDS, reproductive and sexual health services should be attractive enough to attain their goal. The characteristics of the services determine the utilization rate of reproductive health services as the young people give due attention to its friendliness. This study will try to assess status of the youth center services and their clients and it is believed that the study will be helpful in the following areas:

- To characterize youth centers services and the perception and perspectives of youth towards the services in order to design effective youth friendly reproductive health services.
- To identify the service utilization intentions and reasons of young people and to adjust and/or organize reproductive health services of public sectors accordingly.
- To identify strengths and weakness of the services with identification of existing solutions to deliver a quality service.

3. Objectives

3.1: General Objective:

- **To assess the friendliness of reproductive health services provided by selected Model Youth Centers in Addis Ababa.**

3.2: ***Specific objectives:***

- To describe the range of services being provided at youth centers
- To describe socio demographic characteristics of youth center clients
- To characterize the friendliness of the existing services
- To describe service preference reasons and satisfaction of youth center customers

4. Methods

4.1: Study area:

The study was conducted in Addis Ababa, the capital of the Federal Democratic Republic of Ethiopia. According to the 1994 G.C. Population and Housing census projection, in 2007G.C. the City hosts a population of 3,059,000 with 48.1 % male and 51.9% female composition. Of these, 1,009,048 are young men with the age range of 10-24 and youth (15-29 years) accounts 43.8%. The City has a population density of 4991.2 per square kilometer (1, 8, and 33). Whereas the city is the seat of the Federal Government, infrastructures and other organizational facilities are better than other regional states. According to Health and Health related Indicators of the MOH (1), 1998 E.C., in Addis Ababa City Administration there are 27 hospitals, 29 health centers and 130 health posts under the umbrella of the government, NGO and other organizations. There are also 382 private clinics with different category and a total of 23 youth centers are found.

4.2: Study design:

A cross sectional descriptive study was conducted using both qualitative and quantitative data collection techniques.

4.3: Study population:

The twenty-three youth centers in the city and their clients were the study units of the assessment. Of the youth centers, five were run by FGAE (Sheger, Kirkos, Akaki, Ferencyi and Kolfe), 15 were run by Sub City Youth and Sport Offices, one by YMCA and the rest two by Addis Ababa Youth Association and other non governmental organization. Among the five youth centers of FGAE three (Akaki, Ferencyi and Kirkos) are model clinics/youth centers and the youth centers of FGAE are the only youth centers with reproductive health services. The study was conducted in the three model youth centers of FGAE.

4.4: Sampling

Facility Inventory

Facility inventory was conducted to assess the existing services availability (range of existing services), completeness and youth friendliness i.e. comfortable environment for youth, no

overcrowding and short waiting times, educational material availability, existence of supportive polices for catering RH for youth clients and some health facility characteristics. A standard checklist, which was developed by adopting Pathfinder International Youth Friendly Service Assessment Tool and Family Health International adolescent reproductive health assessment checklists, were used for the service assessment.

Key informants interview:

Heads of the three youth centers and responsible focal persons for the services were interviewed using semi-structured questioner. Thus, a total of six key informants were interviewed to assess information regarding existence of trained staffs, respect and attitudes for young people (provider characteristics), program design characteristics and administrative characteristics indicators.

Exit interview:

Sample size calculation

The following formula was used to calculate the sample size for the exit interview using EPI-INFO statistical package

$$n = \frac{(Z\alpha/2)^2 \, p\,(1-p)}{(d)^2}$$

Assumptions:

- $Z\alpha/2$ = 1.96, standardized normal distribution curve value for the 95% confidence interval
- p=0.5 (in the absence of a similar previous study and to achieve the maximum possible sample size, the following assumption, that is 50 % of those clients who receive the existing services are being satisfied by the service they have received and agreed to the services youth friendliness, was considered)
- d= 0.05 degree of margin of error
- n= the number of youth to be interviewed i.e. sample size of the study
- Adding 10% non-response rate to the value 384.16, the total sample is **422**

A total of 422 youth were interviewed before they leave the youth center compound. A non probability (quota) sampling was used to collect the required information in respect to socio-demographic facts, facility characteristics, attitudes of clients towards the provided services and providers, services preferences and knowledge of RH issues. Those who were available in the centers during the data collection period were included in the study. The total sample size was distributed to the three youth centers proportionate to their annual clients' volume (annual reports of the last two years were reviewed to determine the proportion).

Focus group discussion:

Six focus group discussions were held to learn about the services friendlessness and to compare and augment the findings from other methods/quantitative studies. Two FGDs (sex segregated groups) were conducted in each youth centers and the participants of the FGDs were selected arbitrarily.

4.5: Data collection procedures:

Observation

Services Assessment

Observation of the service was conducted with adopting of a checklist developed by African Youth Alliances/Pathfinder International and it has three major parts; facility environment (location, working hours and equipments/supplies), services provided (educational activities, peer education/counseling and others) and administrative issues (supervisions, supportive polices and procedures).

Key Informants interview

Youth centers heads interview

General background information, program design characteristics and administrative procedures with other youth friendliness indicators are the main parts of the questionnaire. The questionnaire was prepared in English language and translated to local language and it was pre tested in other youth centers.

Provider interview

The questionnaire for the providers has three major parts, namely, privacy and confidentiality of the services, their professional training background, personal perceptions and practices towards adolescent/youth reproductive health. It is prepared in English language and translated to Amharic. As that of the managers' interview, it was pre tested on other health professionals in other youth centers. In-depth interview was conducted by trained interviewer, who had a day long training on how to conduct the interviews.

Exit interview

A structured closed and open ended questionnaire was developed by revising questionnaires developed for similar study and modifying it to the objectives of this study. The questionnaire was designed in English and translated to Amharic. Then experts with a good language background translated the Amharic version back to English and they validate the different version so that the original meaning is retained. The questionnaire was pre tested in similar settings; i.e. among youth of other youth center not selected for the study to alleviate problems rising of understandability. The structured questionnaire has four main sections; socio-demographic characteristics of the service users, knowledge and opinions towards the existing services friendliness and RH, service utilization preferences and satisfaction.

Six data collectors and two supervisor were recruited and two days long training was conducted on the data collection technique, quality control and related issues. The principal investigator took the lead in conducting the trainings, supervising the overall data collection procedures and in handling administration issues.

Focus group discussion

To learn about service friendliness and satisfaction, focus group discussion was conducted in the selected youth centers. The groups were composed six to eight youth of same sex and trained data collector and note taker of same sex moderated and recorded the discussion. A focus group discussion guideline was used in the discussion for this particular study. In order to collect the data systematically the guideline is divided into three major parts; conveniences of facility location and working hours, peer education/counseling services, youth involvement in decision making and how much is it gender friendly?(For female groups).

4.6: Measurement Variables

Independent Variables

Socio-demographic factors (sex, education, marital status, etc)of service clients and characteristics of youth center reproductive health services (separate space and special times set aside, convenient hours and location, no overcrowding and short waiting times, wide range of services, referral availability and providers competence) are the independent variables.

Dependent variables

Service utilization, friendliness of reproductive health services and client satisfaction

Inclusion and Exclusion Criterion for Exit interview

Inclusion Criteria:

- Clients who have been in the youth center for reproductive health services were included in the exit interview. No age limitation was considered as the centers target clients were supposed to be youth.

Exclusion Criteria:

- Those who came to the centers for non reproductive health services.

4.7: Operational definitions:

Youth: For the purpose of this study; youth are those with the age range of 15-24 years.
Adolescent: Young people in the age group 10-19.
Youth friendly reproductive health services: reproductive health services which are intended to be delivered for youth and have special characteristics that catch the attention of youth to use RH services.
Received Completed Services: when a client gets all services that he/she intended to have from the facility.
Service Utilization: utilization of existing RH services by youth clients
Satisfaction: fulfillment of one’s expectation regarding service availability and quality.

4.8: Data quality and Analysis procedures

Data quality management and clearance

Pretest of the questioner was carried out in one of the youth center with similar characteristics of the study centers. In the pretest questions with ambiguity were recorded and amended accordingly. Moreover, training was contacted for data collectors and supervisors for 2-4 days long on the data collection procedure, techniques and related issues.

The collected data were checked out for the completeness, accuracy and clarity by the Principal Investigator and Supervisors. This quality checking was done daily after data collection and amendments were made before the next data collection measure. Data consistencies were assessed by double entering 10% of the responses at the end of data entry.

Data Analysis

The collected data was analyzed using EPI-INFO 2002 and SPSS version 11 statistical packages. Moreover, data cleaning and outliers checking were done using the mentioned packages. Frequency of distributions of variables with few chi square test and odds ratio were calculated to ascertain associations between the dependent and independent variables. The qualitative data was compiled and analyzed manually to augment the findings of quantitative study. Data from the focus group discussion were transcribed and analyzed. In addition, Pathfinder International YFS assessment score sheet was used to determine the extent of youth friendliness of the services. The score sheet was organized by the source of information that pertains to each indicator collected using the above tools and it was calculated for each indicator by summing the total number of points earned for each indicator and dividing it by the total number of points possible and the closer the average score to one, the friendlier the RH service is. The score also will help in tracking improvements in specific indicators over time.

4.9: Ethical considerations

Ethical clearance was collected from the Research Ethics Committee of Faculty of Medicine, Addis Ababa University. Letter from the department was written to Addis Ababa branch

Family Guidance Association of Ethiopia and Youth Centers Heads to obtain their consent. Verbal consent was obtained from each study participant and all had a right to put an end for the questions or refuse to participate at all. Information sheet, which describes the purpose and benefits the participants as a group could acquire, and consent paper was attached in the questioner and it was read to all participants. Exit interviews were conducted in areas where the privacy of the clients maintained. Dissemination of the research findings through the various possible means and schemes is duly considered.

5. RESULT

Quantitative Study

5.1 Sample Case distributions of the Youth centers

The annual flow of the youth centers clients was reviewed to decide the quota of the study participants. Accordingly 146, 161 and 115 youth clients were engaged in the exit interview part of the study from Ferencyi, Akaki and Kirkos Youth Centers respectively.

Mean while, youth centers service providers and heads were interviewed i.e. two key informants from each youth centers were interviewed at the same time.

5.2. Range of Services Being Provided by Youth Centers

The RH services of the studied Youth Centers encompass different services mainly; family planning (contraceptive counseling and provision), pregnancy test, gynecological examinations, health education, STI diagnosis and treatment, VCT, counseling regarding nutrition and infertility, and general non-RH services. In addition to these, in all centers, peer

counseling using peer service providers were provided. Laboratory services for diagnosis of STI, pregnancy and other general health problems were available during the data collection days.

Regarding commodities and equipment, progesterone-only pills are not present while the rest contraceptives methods with pregnancy and anemia Hgb test are present. Maternity care/delivery services and post abortion care are totally not available in the centers as lack of appropriate equipment and staff shortages are the major reasons for services absence. Laboratory services like VDRL, gram stain and wet smear KOH are available for STI management with basic laboratory services (u/a, stool, blood count, Hgb). Necessary equipments were available in the time of inventory and first in first out procedure is in place to manage the commodities and equipments. IEC materials in areas of contraception, HIV AIDS, STIs, pregnancy and abortion were identified during inventory. These materials are targeted towards youth clients.

5.3. Basic Features of Youth Clients

Among the youth clients involved in the study, 309 (73.2%) were identified as sex female and the rest 26.8 % were males. The age distribution of the clients (n=420) attending the youth centers revealed that clients with age range of 43 years i.e. with a minimum age 14 and maximum age 57 were using the existing services in the centers. Only a single client was identified as age below 15 years old and mean age, median and mode of the age group were 25.29, 24 and 22 respectively with a standard deviation of 8.174 years. 44.8 % of the respondents are beyond the primary target age group of the centers i.e. beyond 24 years.

As shown in table 1, 69 % of the respondents were not attending any school at the time of the data collection and 42.2 % (n=178) of the respondents completed secondary school level, 137 (32.5%) were at primary level, 5 % (n=21) of them only know how to read and write while the rest 9.2 % (n=39) of the respondents completed higher education.

Regarding the martial status of the clients, 42.7% of them were married at the time of the study while the rest 18% (n=76) and 39. % (n=166) were living with their partners and alone

or with families respectively. The mean of age of married clients was 30.6 years and significant statistical difference was observed between married and other clients in their service seeking behavior (for contraceptives counseling and purchase (p value 0.001).

Of the youth centers clients interviewed, 39.8 % (n=168) ever had a child and the rest 60.2% gave their words for not having a child ever.

Table 1: Socio-demographic characteristics of Youth Centers' Clients, FGAE, 2006-2007

Variables	**Total Number**			**Percent**
SEX				
Female		309		73.2
Male		113		26.8
AGE (mean=25.29, SD=8.17)	**Female # (%)**	**Male # (%)**	**Total #**	
10-14	1	-	1	0.2
15-19	52 (62.6)	31(37.4)	83	19.7
20-24	103 (71)	42(29)	145	34.4
25-29	77(75.5)	25(24.5)	102	24.2
30-34	41(87)	6(13)	47	11.1
35-39	22(85)	4(15)	26	6.2
40+	9(60)	5(40)	14	3.8
CURRENTLY IN SCHOOL				
YES	84(64)	47(36)	131	31
No	225(77)	66(23)	291	69
EDUCATION				
No education	43(91)	4(9)	47	11.1
Read & write	21(100)	0	21	5
Primary	110(80)	27(20)	137	32.5
Secondary	112(63)	66(37)	178	42.2
Higher education	23(59)	16(41)	39	9.2
MARITAL STATUS				
Married	163(91)	17(9)	180	42.7
Leave with friend	55(72)	21(28)	76	18
Other than the above	91(55)	75(45)	166	39.3
EVER HAVE CHILDREN				
Yes	153(91)	15(9)	168	39.8

No	156(61)	98(39)	254	60.2

5.4. Information about the services

Reason for visiting the youth centers were summarized in table 2 and it showed that majority (52.6%) of the respondents came to the centers for VCT services and 18.2% and 17.5% of youth clients visit the centers for having counseling on contraceptive issues and contraceptive purchase, respectively. In Addition, pregnancy test (4.3%) and general non-RH services (3.1%) are grouped among the top five reasons for service seeking by the center clients. Statistical analysis showed that there is a significant association (P value =0.011) between marital status and contraceptive usage and also the age composition of the visitors for contraceptive counseling and purchase was documented that high number of the age group 25-29 years were involved in contraceptive usage.

Peers 48.3% and mass media (14.7%) accounts the lions share in source of information for the clients about the existing services. Leaflets and relatives are the second most sources of information. (table 2)

Table 2: Reason for Service seeking and information, FGAE Youth Centers, 2006-2007

Variables	**Female**	**Male**	**Total**	
			Number	**Percent**
	#(%)	#(%)		
Reason for visiting				
Contracept. counseling	75(97)	2(3)	77	18.2
Contracept. purchase	72(97)	2(3)	74	17.5
HIV testing	118(53)	104(47)	222	52.6
Pregnancy test	18(100)	-	18	4.3
Non RH services	10(77)	3(23)	13	3.1
others	12(67)	6(33)	18	4.3
Source of information n=391				
Mass media	37(60)	25(40)	62	14.7
Friends/peers	153(75)	51(250	204	48.3
Relatives	51(84)	10(16)	61	14.5
Posters/leaflets	24(62)	15(38)	39	9.2

Leave in the vicinity	15(60)	10(40)	25	5.9
Others	17(55)	14(45)	31	7.4

5.5. Service Friendliness

5.5.1 Facility Characteristics

Adequate Space and Sufficient privacy

Majority (93.1%) of the respondents met the provider in separate room (n=418) and 5.7% of the respondents believed that their conversation with the provider had been heard by others. In addition, 5.2% (22) of clients stated that their conversation with the provider was interrupted and mobile phone and interfering by other staffs and guests are the leading causes of the interruption (see table 3).

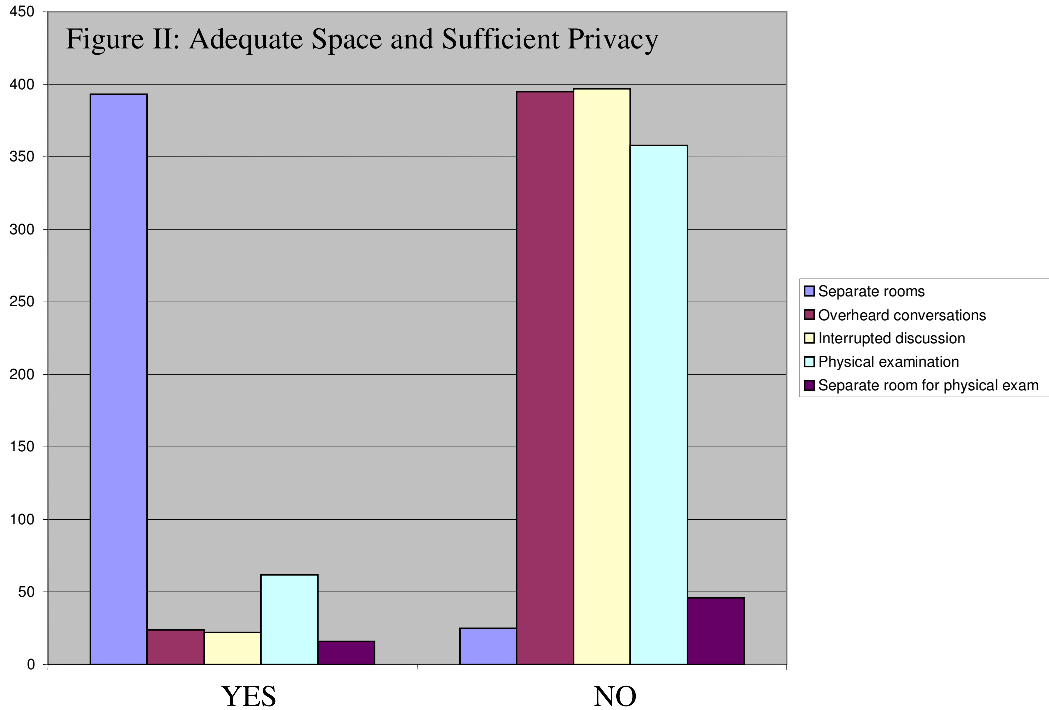
About 15% (62) of the clients had physical examination and of them 74% (46) were not examined in separate room and also 32.3% reported that the provider did not revealed the examination result.

Table 3: Privacy and Confidentiality of the service, FGAE Youth Centers, 2006-'07

Variables	**Female**	**Male**	**Total**	
			Number	**Percent**
	#(%)	#(%)		
Separate rooms				
Yes	284(72)	109(28)	393	93.1
No	21(84)	4(16)	25	5.9
Overheard conversations				
Yes	19(79)	5(21)	24	5.7
No	287(73)	108(27)	395	93.6
Interrupted discussion				
Yes	15(68)	7(32)	22	5.2
No	291(73)	106(27)	397	94.1
Physical examination				
Yes	53(85)	9(15)	62	14.7
No	254(71)	104(29)	358	84.8
Separate room for physical exam				

Yes	14(88)	2(12)	16	26
No	40(87)	6(13)	46	74
Revealed exam result				
Yes	37(88)	5(12)	42	67.7
No	17(85)	3(15)	20	32.3

Figure II: Adequate Space and Sufficient Privacy



Youth welcoming facility surrounding

Only 84 clients (19.9%) reported that they received leaflets and educational materials from the centers. HIV AIDS, family planning and STI are the commonest information documented in the educational materials (13.3%, 4.5% and 4% respectively). Moreover, 81.5 % of youth reported that they saw one or more posters and signs, which are focusing on youth, in the compound.

Convenient service hours for youth

Majority of the respondents (87.4%) reported that facility hour of the centers is convenient for them and 236 of them said that they haven't ever turned away from the facilities during official working hours. Analysis by socio-demographic data revealed that there is insignificant association between age, marital status, current schooling and education level

with facility convenient hours but sex (p=0.012). About 8 % of the clients mentioned that the working hours were not convenient for them and the most convenient hours identified by these respondents were weekends and evenings (58.8% and 23.5% respectively).

5.5.2 Program Design Characteristics

Policies/regulations Support providing services for youth

Concerning Polices and regulations, 9% and 30% of respondents were asked to bring parental and partner permission for service utilization respectively and gynecological examinations were done before having contraceptives were mentioned in 25 cases (5.9%). Besides these, 71 clients (16.8%) reported that the providers asked them to have/take further appointment for receiving services they want.

Majority of the clients were told where and when to return in future (70.1% and 89.5% (n=296)). 204 respondents were in the centers for the first time and among those in revisits (n=218) 182 (83.5) came to the center for follow up.

Table 4: Regulations that support providing services for youth clients, FGAE Youth Centers, 2006-2007

Variables	Female #(%)	Male #(%)	Total Number	Total Percent
Parental permission				
Yes	28(65)	15(35)	43	10.2
No	277(73)	102(27)	379	89.8
Partner consent				
Yes	100(78)	28(22)	128	30.3
No	204(69)	89(31)	294	69.7
Age restriction				
Yes	7(58)	5(42)	12	2.8
No	298(73)	112(28)	410	97.2
Blood exam before Contracept. provision				
Yes	47(100)	-	47	10.1
No	262(70)	-	262	88.9
Gynecological exam before Contracept. Provision				
Yes	34	-	34	8.1
No	275	-	275	91.9
Further appointment				

Yes	43(57)	33(43)	76	16
No	266(77)	80(23)	346	82

Table 4: Regulations that support providing services for youth clients, FGAE Youth Centers, 2006-2007 (Continued)

Variables	**Female**	**Male**	**Total**	
			Number	**Percent**
	#(%)	#(%)		
Informed when to return				
Yes	224(76)	72(24)	296	70.1
No	82(67)	40(33)	122	28.9
Informed where to return				
Yes	206(78)	59(22)	265	89.5
No	18(58)	13(42)	31	10.5
First visit in RH services				
Yes	132(65)	72(35)	204	48.3
No	177(81)	41(19)	218	51.7
Revisits in RH services				
Yes	155(85)	27(15)	182	83.5
No	22(61)	14(39)	36	16.5

Waiting time between arranging an appointment and seeing a provider

Forty two clients (10%) commented that the waiting time is too long and 75.5% of them said that the waiting time is enough. 19 minute is the mean waiting time identified with standard deviation of 24 minutes (range=0-90 minutes). The facility and services inventory revealed that, in all centers, the first client was seen after five minutes of arrival.

5.5.3 Provider characteristics

Attitudes of youth towards the provided services

The exit interview data revealed that 375 clients (89%) have got complete services that they want to get. Regarding the consultation hour with the physician, 298 believed that they had enough time with the provider but the rest 65 (15.4%) and 44 (10.4%) reported that the consultation time was too short and too long respectively. Of the 77 (18.2%) clients who reported having concerns for discussion, 72 (93.5%) said that the provider respond to their

issues and had discussion with him/her. Similarly, 112 study participants had planned to ask questions and of them 26.1% and 24.2% reported that the provider allowed and did respond to their questions to their satisfaction respectively.

Eighty five percent of the clients agreed that they had enough privacy during consultation hours and 78.7% of the exit interview participants stated that they believe the provider will keep their conversation in secret.

Almost all (99%) of the clients reported that the providers and other staffs of the centers treated them well during their stay in the compound. Only 5 clients described that they experience a bad welcome from other staffs of the centers. Among the 418 respondents four found out that the provider description during their conversation was not clear enough to catch the intended message and offensive descriptions and language irregularity were mentioned as a cause for this reported communication gap. Similarly 91% of the respondents mentioned that they hadn't heard any thing that makes them feel uncomfortable from the providers' side.

Table 5: Youth clients' perception on the service they had received, FGAE Youth Centers, 2006-2007

Variables	**Female** #(%)	**Male** #(%)	**Total** Number	Percent
Completed Service				
Yes	274(73)	101(27)	375	88.9
No	20(80)	5(20)	25	5.9
Partially	15(68)	7(32)	22	5.2
Duration of discussion with provider				
Too short	51(78)	14(22)	65	15.4
Too long	29(64)	16(36)	45	10.7
Enough	215(72)	83(28)	298	70.6
Don't know	13(93)	1(7)	14	3.3
Plan to discuss				
Yes	58(74)	20(26)	78	18.5
No	250(73)	94(27)	344	81.5
Sufficiently heard				
Yes	56(78)	16(22)	72	92.3

Table 5: Youth clients' perception on the service they had received, FGAE Youth Centers, 2006-2007 (Continued)

Variables	Female	Male	Total	
			Number	Percent
	#(%)	#(%)		
No	2(33)	4(67)	6	7.7
Plan to ask				
Yes	76(68)	36(32)	112	26.5
No	231(75)	79(25)	310	73.5
Allowed to ask				
Yes	75(68)	35(32)	110	98.3
No	1(50)	1(50)	2	1.7
Adequately answered				
Yes	68(67)	34(33)	102	92.7
No	7(88)	1(12)	8	7.3
Enough privacy				
Yes	261(73)	98(27)	359	85.1
No	47(76)	15(24)	62	14.3
Confidentiality				
Yes	238(72)	94(28)	332	78.7
No	68(78)	19(22)	87	20.6
Provider treatment				
Very good	126(72)	48(28)	174	41.2
Good	182(74)	65(26)	247	58.5
Bad	1(100)	-	1	0.2
Other staffs treatment				
Very good	54(75)	18(25)	72	17.2
Good	252(73)	92(27)	344	81.5
Bad	2(40)	3(60)	5	1.2
Providers expression				
Easy	303(74)	108(26)	411	98.2
Difficult	2(50)	2(50)	4	o.9
Don't know	1(33)	2(67)	3	0.7
Feel discomfort				
Yes	24(71)	10(29)	34	8.1
No	282(73)	106(27)	388	91.7
Waiting time (mean= 19 minutes				
There is no	44(68)	21(32)	65	15.4
Enough/short	232(75)	78(25)	310	73.5
Too long	28(67)	14(33)	42	10
Don't know	4(100)	-	4	0.9
Facility hours convenience				
Yes	279(76)	90(24)	369	87.4

Table 5: Youth clients' perception on the service they had received, FGAE Youth Centers, 2006-2007 (Continued)

Variables	female	Male	Total Number	Percent
No	20(59)	14(41)	34	8.1
Don't know	10(53)	9(47)	19	4.5
Turned away in working hors				
Yes	26(70)	11(30)	37	8.8
No	192(81)	44(19)	236	55.9
Never came before	83(59)	57(41)	140	33.2
Don't remember	8(89)	1(11)	9	2.1
Total coast today				
Very expensive	2(67)	1(33)	3	0.7
Expensive	11(92)	1(8)	12	2.8
Fair	238(74)	83(26)	321	76.1
Don't know	58(67)	28(33)	86	20.4
Totally satisfied				
Satisfied	286(73)	105(27)	391	92.7
Unsatisfied	17(77)	5(23)	22	5.2
Partially	5(56)	4(44)	9	2.1

5.5.4. Other possible Characteristics

Boys welcoming surrounding

Male clients were asked their perception regarding the facility and 15.2% have perceptions that the facility focuses on female clients and the existing RH service which are associate with maternal and child health (delivery and family planning) have their own contribution in developing this attitude. Thirty two male respondents mentioned that they are not comfortable when the provider is female and failure to have open discussion with opposite sex provider was listed out as a major reason for discomfort (n=32).

Group Discussion Availability:

Only 2.8% of the clients (n=12) involved in group talk and among the discussion points in the dialogue, contraceptives and HIV AIDS accounts 17% and 75%, respectively. No group discussion/health talk was held in the inventory days in any of the three centers.

5.6 Services Satisfaction

Overall, 391 (92.7%) of the clients were satisfied with the services they have received. Analysis of the overall satisfaction with socio demographic and other service characteristics variables revealed that those females, aged 15-19, married, illiterate, who ever had a child and who felt waiting time was reasonable (no and short waiting time) were more satisfied in the services they had received. However, insignificant association between sex, marital status, education level and current schooling (p value 0.9, 0.29, 0.34 and 0.22 respectively) were observed except waiting time in which positive association was observed with short/no waiting time. Five percent of the clients were not satisfied with the services and absenteeism of staffs, referral services, short consultation hours and further appointment are among the reasons/cause of dissatisfaction in 25 clients.

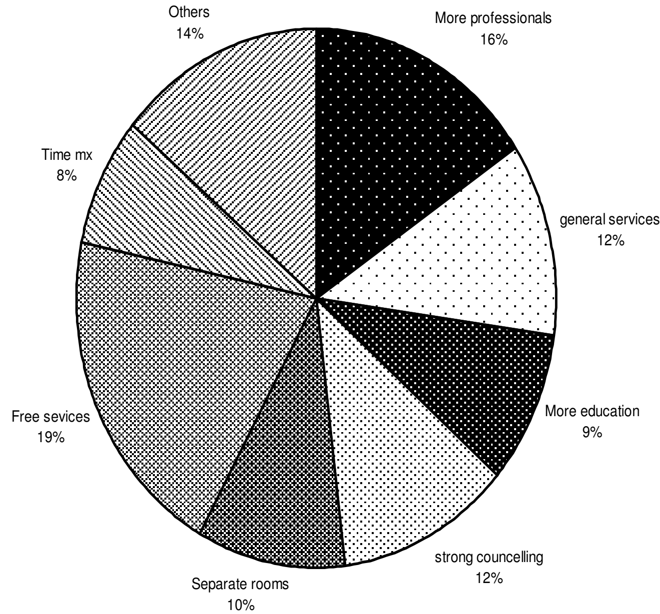
The centers' clients were asked about their comment on areas of improvement on the service they have received and majority of them mentioned the need of strengthening human power (professionals), equipment, drugs and prolongation of working hours. Free services for family planning and HIV testing along education materials availability and accessibility are also in the list of areas which needs further improvement (figure III).

Table 6: Service Satisfaction of Youth Clients by Socio-demographic Variables

VARIABLES	Satisfied Yes	No	Crude Odds Ratio (95% CI)	Adjusted odds Ratio (95% CI)

SEX				
Male	105	5	1	1
Female	286	17	1.29(.437,3.85)	1.056(0.427,2.612)
AGE				
15-19	76	5	1	1
20-24	138	5	2.58(.76,7.27)	1.34(.291,4.65)
25-29	95	5	2.o1(.93,5.73)	0.988(.340,2.01)
30+	80	6	1.79(.61,5.47)	1.05(.23,3.66)
MARITAL STAUS				
Married	166	11	1	1
Living with boyfriend/girlfriend	71	2	1.89(.523,6.89)	1.76 (.67,3.52)
Neither	154	9	1.87(.579,6.07)	1.72(.59,4.017)
Ever had a Child				
Yes	157	8	1	1
No	234	14	0.632(.198,2.02	0.856(. 232,1.87)
Waiting time				
Reasonable (no+short)	348	19	1	1
Too long	38	8	0.117(.276,.499)	0.31(.04..701)
Providers approach/treatment				

Figure III Identified Services Areas that needs improvement; Suggested by the clients, March 2007



5.7 Service preference

The youth centers clients were asked about the means of transport they used to reach to the centers and 73% of them came to the centers on foot and the rest using taxi/bus, animals and trucks (11.6%, 9% and 6.2% respectively).

Knowledge of the clients regarding the existing services was asked and contraceptive counseling, purchase and HIV testing were the known services by the clients (48.1, 26.1 and 68%respectively). Awareness in services like ANC, pregnancy test, STI counseling and treatment and infertility counseling were found to be low.

One hundred seventy nine clients revealed that they know other health facility in their living area that provides RH services. Of the existing facilities in the respondents vicinity (n=179), 140 (78.2%) and 13.9% (25) are reported to be health centers and health posts respectively. The involvement of private sectors in RH service provision was observed to be low as reported by the study participants. In relation to their service preference reasons, clients (n=179) marked out that accessibility was a major factor for not seeking RH services from other health facilities. Existence of Poor service providers and service quality were also mentioned and only 11 clients (2.6%) brought up fear of being seen by peers/relatives as a major reason for not using other health facilities RH services.

Predominant number of the respondents (76.1%) believe that the total cost of the services was fair and only 3 % of them cited the high coast of the services.

Table 7: Service Preferences of Youth Centers' Clients, FGAE 2006-2007

Variables	**Female**	**Male**	**Total**	
	#(%)	#(%)	**Number**	**Percent**
Means of Transport				
Car/truck	17(65)	9(35)	26	6.2
Taxi/bus	38(78)	11(22)	49	11.6
Animals	26(68)	12(32)	38	9
On foot	227(74)	81(26)	308	73
Knowledge of existing services				
Contracept. counseling	160(79)	43(21)	203	48.1
Contracept. purchase	87(79)	23(21)	110	26.1
HIV testing	196(68)	91(32)	287	68
ANC	11(85)	2(15)	13	3.1
Gynecological exam	30(83)	6(17)	36	8.5
Peer education	50(67)	25(33)	75	17.8
Other RH providers				
Yes	132(74)	47(26)	179	42.4
No	163(72)	63(28)	226	53.6
Don't know	14(82)	3(18)	17	4

Table 7: service preferences of youth centers clients, FGAE 2006-2007 (Continued)

Variables	**Female**	**Male**	**Total**

	#(%)	#(%)	**Number**	**Percent**
Common providers				
Health center	105(75)	35(25)	140	78.2
Health post	18(72)	7(78)	25	14
Private	5(83)	1(17)	6	3.3
others	3(38)	5(62)	8	4.5
Reason for not visiting				
Poor accessibility	28(68)	13(32)	41	22.9
Poor service quality	17(85)	3(15)	20	11.4
Not to be recognized	5(45)	6(55)	11	6.14
Preferable providers	16(94)	1(6)	17	9.5
Unmentioned reasons	28(70)	12(30)	40	22.7
High cost	14(88)	2(12)	16	9.35

5.8. Knowledge of RH issues.

Almost all of the clients do have knowledge of contraceptives and all listed out pills, condom, Injectable and loop as contraceptive methods. Rhythm, withdrawal and abstinence were mentioned by 23.5, 3.8 and 21.8 % of the respondents respectively but breast feeding was stated by only a client. 382 (90.55) youth clients have a knowledge of STI and abnormal vaginal discharge (23.9%), genital itching (25.1%), painful urination (20.1%) and lesion an sores in genital area (16.1%) were mentioned as the sign and symptoms of STI.

Similarly, 97.6 % of the clients have ever heard of HIV AIDS and these clients mentioned that unsafe sex (85.3%), sharing of sharp materials (74.2%), mother to child (15.2%) and blood contact (19.7%) are the mode of acquiring the virus. More over, similar number of respondents (91.9%) has knowledge of HIV AIDS prevention and faithfulness and condom utilization are the commonest control methods listed by the study participants (61.1 and 53.1 % respectively).

Table 8: Youth Friendly Services Assessment Score Sheet,

Indicators	**Indicator Score**

	Kirkos YC	Ferencyi YC	Akaki YC
Is the facility, itself, youth friendly?			
1. Are the facility hours convenient for youth?	0.84	0.84	0.84
2. Is the location of the facility convenient for youth	0.66	0	0
3. Is there adequate space and sufficient privacy?	O.6	O.6	O.6
4. Are the surroundings of the facility welcoming for youth?	0.5	0.5	0.5
Are providers and staff youth friendly?			
5. Are the providers and staff specially trained to work with youth issues?	0.33	0.33	0.33
6. Are the attitudes of the providers and staff supportive towards giving services to youth?	0.84	0.84	0.84
7. Do providers and staff honor privacy and confidentiality with their youth clients?	0.71	0.71	0.71
8. Is a peer education/counseling program available?	0.33	0.33	0.33
Are the administrative procedures youth friendly?			
9. Are the fees for services affordable?	1	1	1
10. Are youth involved in decision making about how programs are delivered?	0.33	0.33	0.33
11. Are boys and young men welcomed and served?	0.36	0.36	0.36
12. Does the facility provide a wide range of services?	0.9	0.9	0.9
13. Are the necessary referrals available?	0.6	0.6	0.6
14. Is the amount of time between arranging an appointment and seeing a provider adequate for youth?	1	1	1

15. Do the policies support providing services for youth?	0.66	0.66	0.66
16. Does the facility inform the community about its services for youth?	0.66	0.66	0.66
Are there any psychosocial barriers to prevent youth from seeking services?			
17. Do youth perceive that privacy and confidentiality is honored?	0.75	0.75	0.75
18. Do boys and young men perceive that they would feel welcomed at the facility?	-	-	-
19. Do youth perceive that they would be welcomed regardless of marital and age status?	1	1	1
20. Do youth perceive that providers would be informative about their needs?	1	1	1
21. Do adults support youth in seeking reproductive health services at the facility?	0.5	0.5	0.5
Total Average Scores	13.57	12.99	12.99
Average Scores* (total score/# indicators)	0.68	0.65	0.65

* The closer the average score to one, the friendlier the RH service is.

Result of Qualitative Study

Focus Group Discussion

Majority of the FGD participants' point out that the locations of the facilities are convenient as most of the clients came from the nearby vicinity. Only few clients from Kaliti area raised

this point as difficulty of locating the services due to the transportation problem and long distance.

In Kirkos area, there is no place that the youth spend their spare time. So they came to the center directly to spend their time by watching football, playing indoor games, participating in peer discussion and artistic activities.

FGD in Akaki youth center pointed to the non-existence of appropriate logo in the main town for directing the youth center location. To strengthen this point a discussant says "New Clients are experiencing difficulties in locating the center… even I came here today with the guidance of local community". More over, it was mentioned that the location of Akaki's youth center was not attractive enough to invite clients, especially for females, as it is a bit far from the center of the main town. But one female participant marked that this location of the center help them to get the RH services out of sight.

But unlike that of Akaki and Ferencyi, all presents agreed in convenience of Kirkos youth center for using RH services since it is a walking distance away from their home and found nearer to the main asphalt road and also better when compared to the nearby health center.

All FGD participants mentioned their experience in meeting Peer Service Providers (PSP). HIV AIDS, contraceptive pills and condom utilization are the major topics discussed with PSP. Out reach activities by PSPs was witnessed by some discussion presents and a participant said "….before boys, who were trained by the facility, came to our home and provided us contraceptives pills and education…, we had been visiting the centers frequently". But a participant marked out that these PSPs are first nominated by the local kebele officials so that people think that they are not free from issues like politics and suggested that the PSPs should give more focus in promoting the RH service utilization at the centers rather than out reach activities.

Majority of the discussants do not have previous direct participation in decision making and related activities but those club members do have an experience of discussing areas of improvements and directions during annual planning. One participant believes that the growth

of the centers is not satisfactory and he concluded that top-down planning and other programs systems as a major cause of the limited growth; "… And these days, relatively small numbers of clients are served by the centers for promotion is weaker..".

Key informants Interview

Youth Centers' Heads

According to the centers Heads, working hours was from 8:00-12:30 in the morning and 1:30-5:00pm in the afternoon in all weekdays and they are giving morning services on Saturday. The centers could also be opened on Sunday for promotion and AIDS campaign activities. All of the youth centers heads agreed in the conveniences of working hours and dates but they spoke briefly on necessity of prolonging service hours to early evenings and weekends for availing the services for employed and in-school youth. Unlike others, Kirkos Youth Center locates only five minutes walking distance away from the main transportation stations. But the other two are not close to public transportation and clients use taxi/other means and it takes an average of 15 minutes to walk to get a taxi and cart-horse service is available in Akaki.

The managers believed that their centers waiting rooms are sufficient compared to the number of clients and separate rooms are used to provide family planning and VCT services.

The facilities staffs have not received any special training on 'youth friendly approaches and service provision' yet. Only cleaners and guards did have infection prevention training. The centers heads suggested that there is a need of conducting training for their staffs regarding youth friendly services, club management and abortion care. All centers do have and utilize guideline for youth friendly health services and the managers believes that their staffs are technically competent in providing youth friendly services as their was no major complains from the clients.

Volunteer PSPs (being paid 50 birr/month) are involved in distribution of pills and condom with IEC materials. Currently, 15, 18 and 20 PSPs are actively involved in Kirkos, Ferencyi and Akaki youth centers respectively. The PSPs were primarily selected by local kebele and schools then the centers conducted screenings training in which active trainees were selected as peer service providers, usually by the center heads. According to the center heads', 75% of youth clients are consulted by the PSPs in out reach activities and youth may bypass the PSPs if they want other services like VCT. All PSPs have taken basic trainings in SRH for two weeks and had refreshment trainings every year. The youth centers monitor the activities of PSPs through monthly review meetings, reporting but no direct supervision. There is no consultation fee for clients but the centers have standard fees for services like F/P, VCT, etc.

Youth committee is involved in the planning process and quarter review meetings where they can suggest new ideas and changes. The committee do have a major role on the non-clinical activities and their inputs are used for instance in commencing collaboration with community groups like 'IDIRS'. No service requires appointment and youth can be served at any moments which holds true for drop in clients if there is no other clients.

Even if not specific for youth, there are written guidelines, which were developed by different organizations including MOH, for delivering RH services on provision of FP & VCT in which youth are mentioned. Written procedures to protect client confidentiality are available for VCT service. Clients' records are kept in the card room and papers of informed consent in the provider's office. No written procedures regarding informed consent, privacy and confidentiality were formally communicated with staff. There were no guidelines restricting access to any services.

In two of the three studied centers, there are signs announcing the presence of RH services together with the list of services and working hours by the main road and at the gate. To promote the existing service to youth the centers uses PSPs and invites youth of the surrounding by paying incentives of 15 birr (most effective way of promotion), community leaders sensitization and edutainment programs. Parents in the community are willing to send or encourage their children to go and participate in the centers. To augment this attitude meetings are held with parents at irregular intervals.

Providers Interview

According to youth centers service providers, the space to provide RH services are comfortable with less possibility of hearing others conversations and there is no history of interruption while delivering services. Since a single provider is expected to deliver FP, VCT and other services at same time, use of separate rooms for different services were difficult. In Ferencyi and Akaki, services are provided in an integrated manner in single room.

Generally, FP provision, VCT and other counseling services and treatment of STI trainings were provided to the center staffs. No specific training on youth reproductive health is taken by any of providers.

All providers thought there is no service inappropriate for youth clients and they are quite comfortable in discussing SRH issues with them. There was no restricted services for clients as long as they are in reproductive age group and well informed (only for loop insertion, clients should be age 18 and above and married). If a 14 years old sexually active client visits the center, counseling and provision of condom/pills is given. Syndromic management guide is followed for youth having STI and VCT is recommended for someone who complains of having HIV. All providers believe that they had enough/adequate trainings to deliver RH services for youth clients. "…These days almost everybody engages in pre-marital sex, such clients need proper information and counseling. It is difficult to specify who has more than one partner; changes partner frequently or are involved in at risky sexual behavior,… Any way, all need to have proper information from the facility…" said by a provider when she was asked about her attitude regarding early sexual initiation.

Service provision takes place in a closed room and informed consent is taken for VCT. The providers also mentioned that no medical procedures requiring parental consent were done in the facility.

External supervision is in place every quarter and methods like observation, review record and direct beneficiaries contact were used during supervision. Written guidelines and

protocols for delivering RH services were documented in the centers and youth mentioned in all of the guidelines.

The facilities use client suggestion box for soliciting client opinions regarding the existing services and a committee review the collected suggestions quarterly. All centers do have a head, a nurse service provider and a lab technician and some supportive staffs.

6. Discussion

Currently, youth friendly services and their uses come to the mind of reproductive health care providers. Youth are advised to take services they want with out any qualms (38). In Consideration of the multi-purpose youth centers approach, one can understand that the recreational and vocational services serve as entry point for RH service information. All the three Youth centers are providing RH services including HIV/AIDS testing along with recreational and related behavioral change activities.

6.1 Range of Services Being Provided by Youth Centers

Usually the RH services of youth centers were categorized in to four major groups, namely, counseling on contraception, HIV AIDS, nutrition, sexual abuse/violence and other RH issues, testing (VCT, STI and pregnancy), treatment (STI, post abortion care and sexual violence) and other services like contraception, ANC, PNC, delivery services, educations and other related activities (48). In this regard, the centers under this study were delivering many of the mentioned services during data collection days. Complete absences of maternity care services with post abortion care were observed. Though staff shortage and equipment unavailability were the major reasons for services unavailability, due attention should be given in accessing the listed services as per the standards of minimum service packages in placed by MOH (37). Providing wide range of services could help in reaching more young clients and reducing referrals.

6.2 Basic Features of Youth Clients

During the data collection days, visits by female clients accounted for majority of the service utilizers. This might be due to thoughts (perceptions) that consider Sexual and RH issues is an issue of females. And it was also reflected in the findings of boys' attitude towards the existing services part, which stated that the existing services are more inclined to women. In contrary, study figures in Ghana resulted out that the proportion of male to female is almost proportional (51% and 49% respectively). It is also found to be slightly lower than those studies findings in Uganda, Ghana and Tanzania (39). Those boys came to the centers believes that the youth centers services are targeting females rather than males and the involvement of boys in RH is still lower than the expected i.e. only four male clients sought the service for contraceptive counseling and purchase.

The mean age of the clients was 25, which is higher than the cases in Ghana, Uganda, and Tanzania (38-40). And also this mean and range of clients age in the study was identified as higher than the previously conducted youth friendly VCT services study in Ethiopia and Ghana (17 and 18 respectively) (26,38). In Ethiopia, early adolescents (age 10-14) were not using the services as compared to those in other countries. And similarly, even if the target groups for the centers are youth, 44.8% are adult clients (outside the target group) that came

to the services for RH and VCT, which is similar to that of Ghana YFS experience (43%). This implies that, currently, the centers are not reaching the group 'window of hope' in acquainting them with basic life skills in managing their sexual and reproductive health issues. They need to be properly educated and empowered to protect themselves from HIV infection before they become sexually active (33). In addition, this result implies that the local adult community is considering the youth centers as normal health institutions where RH and VCT services are available. Mean while the respondents profile showed that current schooling of service users is less than the previous study findings in youth friendly VCT service assessment and Ghana YFS assessment, in both cases it was 60% while it is 31% in this study (38, 41). This might be due to the facility working hours since in most of the cases in school youth and employed ones were engaged in official working hours.

Regarding the marital status, Ethiopian youth center clients were in wedlock than their counterparts in other countries; Ghana 10%, Tanzania 13% and there is a significant difference with UNCIEF study sample population marital status, which was only 5%. In addition to this 39.8% of FGAE clients do ever have at least one child in contrast to Ghana where the figure is 28% (38). As most of the clients were in wedlock than their counterparts in Ghana, this slight positive difference was expected.

6.3 Information about the services

The utilization of reproductive health service like family planning and contraceptive counseling were found to be low as majority of the serve utilizers came for VCT services. Studies in Uganda YFS assessment showed that this figure (VCT clients) is lower than that of family panning users and these mainly due to the existing polices of the youth centers that allows provision of VCT services for persons aged less than 18 years. Similarly, in Ghana, majority of the clients came for family planning services and RH counseling (55 and 23% respectively) and the vast majority of clients that came for family planning services were females and married (38, 39). Statistically significant association was found in utilization of RH service and marital status with p value of 0.001 and the age group 10-24 was not coming for contraceptives counseling and purchase which might be because of PSPs out reach activities or fear of disclosure of sexual status.

Similar to other studies findings, the major source of information about youth centers and the existing services was peers (46 % in Ghana) and the Ghanaian study found out that, unlike this study, teachers are the second most source of information (12%). As most youth need information when they required it, using mass media and word of mouth advertising/information disseminations especially at schools, is necessary in addressing the target groups. There is also a need of increasing the publicity of the centers using appropriate signboards.

6.4 Service Friendliness

Facility Characteristics

Majority of the respondents mentioned meeting with the provider in separate rooms and these fact is similar to the result of AYA studies (39, 42). Separate rooms ensured required privacy for having open discussion with the providers and youth clients need these as they have less self confidence in sharing personal secretes. Moreover, they want RH services that are both private and anonymous, so that they could seek services without being recognized for what they are doing (15, 27). Though the data of the study revealed less number of interfered discussions (5.2%), it has its own contribution on the service satisfaction and effective communication /counseling as young people demand strong privacy during consultation. This interruption is high in the findings of Tanzania study (43%) and as that of this study; phone calls (38%) and interference of guests and other providers were the major causes of interruption (40). Even if separate rooms for VCT and family planning services were prepared, due to the staff shortage, two of the centers delivered both services in a single room.

A study using mystery clients in Tanzania (40) documented that youth welcoming surrounding signboards and mottos were observed by 62% of the clients in the centers compounds. And this number is lower than the findings in this study. The availability of electronics material, teaching aids and ASRH materials in the waiting area was also found to be low when it was compared with the mentioned studies.

Program Design Characteristics

Identified barriers of services like requesting parental and spousal consent, blood and gynecological examinations and further appointment were found to be slightly more common than similar studies done in Uganda and Botswana (39, 42). A study in Bolivia documented these restrictive laws and regulations identified as major impediments in RH service utilization of youth (18). But all providers do believe that no service is inappropriate for youth clients.

Regarding the type of visits, almost half of the centers clients were new and the continuity of care/follow up cases was found to be slightly lower than the previous findings in Botswana (42). Similar result was identified in referring cases where and when to return and send the clients to another locations as that of Tanzanians study where 37 and 84% of clients were instructed for return visits and follow up respectively. Here, there is a need of considering the risk of not showing up in referral cases so that the centers should provide all the available and basics services to their clients (40).

Significant number of clients reported that waiting time between arrivals and seeing provider is too long and the facility working hour was convenient for the majorities but statistical analysis revealed that those clients with no current schooling and married ones are more convenient with the working hours (p value0.043, at 95% CI). Since the exiting working hours are not addressing those in school and employed youth, who are supposed to be the primary targets of the services, thus contrary to the objectives and similar studies findings, married, out of school and unemployed youth are using the services than single, in-school and employed. The study conducted by Erulkar A. and his team revealed that in Addis Ababa older adolescents specially girls who work long hours and who are isolated are less likely to access and benefit from existing RH services (43). The mean waiting time was 19 minutes and it is similar to that of Uganda and Botswana's' findings (39, 42). In identification of the existing barriers of RH service utilization, Gadissa T revealed that long waiting hours are among the three top reasons mentioned by the study participants (20). Prolonged waiting time and inconveniencies of service time were reported by 73.4 and 48.2% of respondents in Assebe Teferi district study (22). In addition, youth of Addis reported that inconvenience service provision time has a contribution for their not using of RH services (23). In addition, FG discussants of MOH study mentioned short waiting time and fast services to be among the

most important factors that should be considered in making the available services youth friendly (44). Even if the majority of this study finding agreed with the service hours and waiting time, due attention should be given to extend the existing business hours to late afternoon/early evening hours and weekends as these periods are recommended by youth clients and are suitable times to address in school and employed youth.

Concerning the fee, youth clients identify high costs of services as service utilization barrier (18). But, in this study, majority (76.1%) of the study participants reported that the service fee of the youth centers was affordable. Similar findings were found in Botswana's and Tanzania's findings. Despite the fact that agreeing with services affordability, significant number of clients proposed for receiving services with a free of charge scheme.

Provider characteristics

The exit interview data revealed that getting completed services is slight better than those studies in Asia and some African countries. In Tanzania, 73 % of clients believe that they had received completed services while in Ethiopia it was 89%. The consultation hour data is similar to those from related studies. Since the study findings showed the existing free discussion between providers and clients, the continuity of care/follow up is expected to rise accordingly even if it is determined by cumulative effect of related characteristics.

Regarding client perception in privacy and confidentiality of services, better result was extracted out than related studies in Tanzania, Ghana and Ethiopia. In Ghana majority of the clients found the counselor considerate and sympathetic (98%) and 95% of them believe that the provider will keep their discussion issues confidentially. Only 27% and 32% of the respondents agreed in the privacy of counseling sessions and confidentiality of service providers in UNICEF's YFS VCT assessment in SNNP Region, which is significantly lower than the findings of this study (which was 85% for privacy and 78.7% for confidentiality). This might be due to differences in context and changes over time.

The treatment/approach of providers and other non RH services providers were found to be very attractive by almost all clients and the mystery clients of Tanzania and Uganda study

participants revealed the existing good welcoming atmosphere in their centers. Besides 93.5 % of 72 clients who reported to have discussion points with the provider mentioned that their issues were listened and discussed adequately. A slightly smaller figure was observed in similar study in Tanzania where 82% of the respondents have satisfactory discussion with the providers.

Trained staff, by it self, has major role in deciding the friendliness of the existing services. In this respect, no specific trainings were given to the centers' services providers on youth friendly services provision. In spite of the managers' agreement on need of the mentioned training, all interviewed providers believe that they had adequate trainings to rendered RH services. This contrasting views might had resulted from lack of clear differentiation between the necessity of youth friendly approach trainings and normal SRH trainings. A study done in Kenya marked that services provided by a VCT center is in a Youth Counseling Centre where trained youth offer voluntary counseling and testing and young nurses provide STI treatment and distribute contraception was found to be effective in attracting, serving and retaining youth clients. More over, youth responded favorably to youth-friendly voluntary counseling and testing services and they preferred to be tested by another young person who understands their issues and concerns (45).

Administrative and Other Possible Characteristics

Even if there is no specific figures set for PSPs number determination, in all centers, sufficient numbers of PSPs were found. Though it is needless to mention PSPs importance in RH service provision, there is need of clarifying their selection criterion, which should be transparently communicated with youth clients. In addition, for the betterment the services they provide, there is a need of conducting refreshment trainings more frequently than the existed schedule, which is ones per year. The centers are using 15 birr per diem as incentives for invited youth in the group talk. This might have resulted in brining close friends to the dialogue as it was discovered in some group talk observations. The need of appropriate sign boards is identified by FGD discussants. Since the facilities are using this sign boards as service promotion, all centers should consider posting their logos on appropriate positions/areas. Providing range of services at a time has a contribution in reducing referrals. In order to achieve this, youth centers need to have more technical staffs and equipments than

they have currently. The need of technical staffs and service expansion were mentioned by both clients and providers/heads in both quantitative and qualitative studies. Though written guidelines and protocols for delivering RH services were available, the facilities lack specific youth friendly services provision guidelines.

6.5 Services Satisfaction

The overall client satisfaction variable disclosed that the centers clients are more satisfied than their counterparts in other studies. Statistical analysis revealed that clients with high education level, marital status are associated with service satisfaction and multivariate analysis resulted in increasing of satisfaction rate as age of clients' increases. Since, for this specific study, service satisfaction is defined as 'fulfillment of one's expectation regarding service availability and quality', clients with high education status and married, who are supposed to have previous service utilization experience in RH, are expected to have better understanding of the existed services range and quality. In addition, since most of the youth centers clients came for VCT, the test result has a direct influence on service satisfaction.

6.6 Service preference

Seventy three percent of clients had walked to center and the mean time taking to reach to the centers was 25.6 minutes, which is slightly higher than that of the Ghana finding. This shows us that the clients are usually from the nearby areas/leaves in the vicinity and also implies that there is a need of expanding this youth friendly services to other areas of the city in order to increase the coverage and utilization of the services. The mentioned reasons of not visiting nearby RH service providers other than the centers revealed that youth clients are in favor of quality services and providers. According to Ahmed A. (22) 36.7 of youth in Assebe Teferi study area believed that services provided by FGAE clinics are better than public sectors. This finding also augments the findings of this study and 17.2% of Assebe dwellers claimed the public service inconveniencies for confidential use of RH needs. Poor accessibility and service quality were accounted 22.9 and 11.4 % of the respondents' reasons.

Contrary to other study finding, the number of youth clients who don't want to be recognized by relatives and peers was found to be low in the study (6.14%). But the figures in Assebe Teferi study revealed that 40.5 % of the study participants mentioned this reason as a major factor for not using nearby reproductive health services. This might be due to the existing perceptions of the local community regarding the centers and this finding aligns with that of walking time and distance as most of the clients are from the nearby areas of the centers.

Knowledge of clients regarding youth centers services types were found to be very low and only few services (VCT and contraceptives) were known by the clients. In this regard, less effort was exerted in promoting existing services. In Ghana, majority of the youth centers clients visited the service for family planning and reproductive health counseling. Not only on the existing kinds of services but also the efforts were shown to be low in changing the minds/thoughts of male customers as significant number of male respondents believes that the facility was more appropriate for female clients than them.

6.7 Knowledge of RH issues.

Almost all clients do have the knowledge of family planning, HIV AIDS transmission and prevention modes. Similarly, 96.5 % of UNICEF study participants reported to have knowledge of HIV AIDS transmission and prevention ways and methods 926). Abstinence is the most frequently mentioned prevention method (74.8%) while faithfulness and condom utilization were mentioned in 61% and 53% of cases of this study.

Limitations of the study

- Due to resource limitation, the study only considered the model youth centers RH services. But the findings of the study could be applicable to other centers to a large extent.
- The study focused only on the RH services of the youth centers and it does not give highlights of the existing non RH services role and impact on RH service utilization.
- Youth of the local vicinity who were not using the facilities RH services during data collection days (non users) were not included in this study.
- Though direct observations of services (especially client-provider interaction) has a significant role in assessing quality of services, it became difficult to practice it in case of young, less confident and VCT clients.
- Similar to the above points, this study did not include the role of the local/surrounding communities in the service provision.

7. Conclusion

The following points were identified as important weakness and strengths of the youth centers.

1. With some considerations of the limitations good/satisfactory client –provider interactions were reported and significant proportion of the interviewed clients claims satisfaction.
2. The facility working hours are only meant for out of school and unemployed youth.
3. Insignificant number of group talk/dialogue and peer educators' involvement were observed during official working days/week days. In addition, services like post abortion care were completely unavailable during data collection period.
4. To some extent barriers of service utilization such as requesting parental and partner permissions for service utilization, were seen in implementations of policies and regulations. In addition sub optimal friendliness was observed in securing privacy of clients during consultation and physical examination and in placing appropriate polices and guidelines regarding youth friendly services provision.
5. More focus was given to the VCT service delivery than integrating VCT in to the existing RH service.
6. Addressing early adolescence as a primary target was overlooked.
7. Though the centers staffs received different trainings in sexual and reproductive health, no specific trainings was given to them regarding youth friendly service provision.

8. Recommendations

On the bases of the study findings the following points are recommended

1. Youth centers should work in expanding their service capacity of providing RH for instance Post Abortion Care and non RH general services as it was mentioned by the clients.
2. Functional Hours and days of the centers should be reformed in line with addressing the primary targets of the centers. Availability of services in early evenings and weekends can help the clients to get services they want out side the business hours.
3. There is a need of intensifying reproductive health educations through peer promoters and counselors. Addressing early adolescents (10-14) should be the priority concern of the centers and peer education is the most effective tool identified. In addition IEC materials including home take/ flying education materials should be supplemented.
4. Involvement of youth and local communities/stakeholders should be strengthened.
5. More technical staffs are required to deliver complete services and the existing staffs should undergo/pass through appropriate trainings on provision of youth friendly health services.
6. Ministry of Health and concerned bodies should take in to account the service preference of youth and give due attention in expanding youth friendly approaches in existing public sectors.
7. Similar studies which would duly address the limitations of this research should be done to identify the existing gaps in reproductive health services utilization and to minimize the gaps accordingly.

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ANNEXES

A.I: CLIENT EXIT INTERVIEW

A= English

Date: …………

Time: ………..

Information Sheet

Name of Interviewer: ____

When a youth client has finished his/her consultation, ask him/her if he/ she is willing to answer a few questions about the service he/she has received before leaving the youth center compound. As it is essential that you gain his/her informed consent before beginning the interview, the following introduction should be given before beginning the interview.

GREETING

"Hello, my name is __________________________. I am from Addis Ababa University, Faulty of Medicine, and department of community Health. We are interested in what youth think about the reproductive health services provided at this facility and would like to know your feelings about the service that you just received. Since this study is aimed to come up with recommendations for the betterment of the service given here, your participation is highly valued. I would like to ask you a few questions about the meeting you have just had with the facility staff and would be very grateful if you could spend a little time talking with me. I will not write down your name, and everything you tell me will be kept strictly confidential. Your participation is voluntary, and you are not obliged to answer any questions you do not want to.

We would like to assure you that all of your responses to our questions will be kept the confidential throughout the study process. Any of your information you provide will be used only by the research team and will, by no means, be revealed to a third party. We will ask you questions in a place where other people or conditions couldn't interfere. We would like to assure you that your participation on this research will not affect any of your relationship with this organization.

We would be thankful if you spend sometime with us answering questions related to the issues described above. The questions will take 30-35 minutes.

Do I have your permission to continue?"

If yes, continue; if not, stop and wait for another client.

If client refuses to be interviewed, please check this blank: _______

CONSENT FORM

I have read the information sheet above and clearly understood the purpose and expected benefit of the research. I hereby need to assure with my signature below that I, without any

coercion or forceful act by the research team, have decided to voluntarily participate in the study.

Data collector's Name ______________________

Supervisor's Name______________________

BACKGROUND CHARACTERISTICS OF FACILITY

1. Facility (name and number) _________________________ ____ ____

2. Date of interview: ____ ____ ____ ____ ____ ____

Day Month Year

3. Level/type of Facility Where the study Took Place

1 Referral Hospital

2 Hospital

3 District Level

4 Health Center

5 Health Post

6 Mobile Health Clinic

7 Clinics in non-permanent facilities (schools, rotating rural health outposts, youth centers, etc.)

8 Pharmacy

9 Community-based distributor

10 Other __________________________

4. Type/ownership of the Facility

1 Government/Ministry of Health

2 Government/other

3 Family Planning Association

4 Other NGOs

5 Missionary

6 Private

5. Structure of Facility

1 Youth-only Facility

2 Youth-only Facility Hours

3 Integrated Services

6. Locality of Facility

1 Rural

2 Urban

	Basic Features of the interviewee		
S/N	**Questions**	**Coding Categories**	**Skip**
201	Sex of client (do not ask):	1 Female 2 Male	
202	How Old Are You?	_______ years	
203	Are you currently going to school?	1 Yes 2 No	
204	What was your last year of completed Studies? (what is your academic level)	1 None/preschool 2 Primary 3 Secondary 4 Higher/university 98 Don't know	
205	Are you currently married or living with boyfriend/girlfriend?	1 Married 2 Living with boyfriend/girlfriend 3 Neither	
206	Have you ever had a child?	1 Yes 2 No	
	Information About services		
207	Why did you come to this health facility today? (Circle all that apply.)	1 Contraceptive counseling 2 Contraceptive purchasing 3 Prenatal care 4 Postpartum care 5 Counseling about nutrition 6 Pregnancy test 7 STI screening 8 STI treatment 9 HIV/AIDS test 10 Gynecological exam 11 Peer counseling 12 Abortion-related services 13 Infertility consultation 14 General health service (non-RH oriented) 15 Other: ____________________	

208	How did you hear about this facility?	1 Mass media (Radio, TV, Newspape 2 Friend 3 Relative 4 Poster/ Pamphlet/brochure 5 Other: ____________________	
	Adequate space and Sufficient Privacy		
209	Did you meet the provider in a separate room?	1 Yes 2 No	
210	Could any one overhear the conversation you had with the provider?	1 Yes 2 No	
211	Did any thing occur to interrupt your discussion with the provider?	1 Yes 2 No---	213
212	If yes, what?	________	
213	Did the health service provider physically examine you during your visit?	1 Yes 2 No ----	216
214	Did the service provider take you to a private examination room?	1 Yes 2 No	
215	Did the service provider explain the results of the physical exam?	1 Yes 2 No	
	Youth welcoming facility Surroundings		
216	Did you receive or did you take/get any brochure (s) or educational material to read at home?	1 Yes 2 No ----	218
217	What subject(s) is/are covered in this material? (Circle all that apply.)	1 Maternal health 2 Contraception 3 STIs 4 HIV/AIDS 5 Abortion 6 Drugs/alcohol 7 Other: ____________________	
218	Were there any signs or posters specifically targeting youth in the waiting room	1 Yes 2 No	
	POLICIES SUPPORTING PROVIDING SERVICES PROVISION FOR YOUTH		

219	Did The provider:	Yes	No	
	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?			
220	Did any service provider tell you when you should return for another visit?	1 Yes 2 No ---- 98 Don't know		222
221	Did the service provider tell you where you should return for another visit?	1 Yes 2 No		
222	Is this your first visit for reproductive health services?	1 Yes 2 No----		224
223	Are you here today for a follow-up?	1 Yes 2 No		
	Attitudes of clients towards giving services to youth			
224	Did you receive the information and services that you wanted today?	1 Yes 2 No 3 Partially 98 Don't know		
225	Was your consultation with the health providers too short, too long or about the right amount of time?	1 Too short 2 Too long 3 About right 98 Don't know		
226	During this visit, did you have any concerns about family planning or other health issues that you wanted to discuss with the provider?	1 Yes 2 No----		228

227	If yes, did the provider listen to your concerns your satisfaction?	1 Yes 2 No	
228	During this visit, did you have any questions you wanted to ask?	1 Yes 2 No ----	 231
229	If yes, did the provider let you ask the questions?	1 Yes 2 No ----	 231
230	If yes, did the provider respond to your questions to your satisfaction?	1 Yes 2 No	
231	In your opinion, did you have enough privacy during your consultation with the service provider?	1 Yes 2 No	
232	Do you believe that the information you shared about yourself with the provider will be kept confidential?	1 Yes 2 No 98 Don't know	
233	During your visit, how were you treated by the provider?	1 Very well 2 Well 3 Not very well/poorly	
234	During your visit, how were you treated by the other staff?	1 Very well 2 Well 3 Not very well/poorly	
235	During your visit, was the provider easy to understand when explaining things to you, or was the provider difficult to understand?	1 Easy to understand 2 Difficult to understand 98 Don't know	
236	Did the provider do or say anything that made you feel uncomfortable?	1 Yes 2 No 98 Don't know	
237	Overall, would you say you were satisfied with your visit to the facility today, or were you dissatisfied with your visit today?	1 Satisfied---- 2 Dissatisfied 3 other:__________________	226 226
238	Why were you dissatisfied with your visit today?	______________	
239	If you could suggest one improvement to the services provided, what would it be?	 _______________	
	Amount of time between arranging an appointment and seeing a provider		
240	About how long did you wait between the time you	________________	

	first arrived at this facility and the time you saw a staff person for a consultation? (Record exactly what client says.)	98 Don't know	
241	In your opinion, was waiting time reasonable or too long?	1 No waiting time 2 Reasonable/short 3 Too long 98 Don't know	
242	Did you attend a group talk(s) at this facility today?	1 Yes 2 No ----	 244
243	If yes, what topics were covered in the group talk(s)? (Do not read list, but probe by asking, Any other topics?" Then, circle all that apply.)	1 Contraception 2 Antenatal care 3 Maternity care/delivery service 4 Postnatal care 5 HIV/AIDS 6 Other STIs 7 Infertility 8 Treatment of incomplete abortions 9 Nutrition counseling 10 Drugs/alcohol 11 Risk reduction 12 Other: _______________ 98 Don't know	
	convenience of Facility Hours for Youth		
244	Are the hours this facility is open convenient for you?	1 Yes ---- 2 No 98 Don't know ----	246 246
245	If no, what time would be the most convenient for you? (Circle one.)	1 Earlier in the morning 2 Over lunch hour 3 Afternoon 4 Evening/night 5 Weekends 6 Holidays 7 Other: ________________ 98 Don't know	

246	Have you ever been turned away from this facility during official working hours?	1 Yes 2 No 3 No previous experience with facility 98 Don't know	
	Service preference		
247	How long did it take you to come here today?	______ minutes 98 Don't know	
248	What was the main means of transport you used to get here? (Circle one.)	1 Car/truck 2 Bus/minivan/taxi 3 Motorcycle/bicycle 4 Animal 5 Walked 6 Other: ________________	
249	As far as you know, what types of services are provided at this facility for youth clients? (Circle all that apply.)	1 Contraceptive counseling 2 Contraceptive purchasing 3 Prenatal care 4 Postpartum care 5 Nutrition counseling 6 Pregnancy testing 7 STI screening 8 STI treatment 9 HIV/AIDS testing 10 Gynecological exams 11 Abortion-related services 12 Peer counseling 13 Infertility consultation 14 Other: _______________	
250	Apart from this facility, is there any other place in your neighborhood/community where you can go for reproductive health services?	1 Yes 2 No ---- 98 Don't know ----	253
251	If yes, what type of facility is it? (If more than one, choose the one closest to home.)	1 CBD 2 Pharmacy/chemist shop 3 Health post 4 Health center	

		5 Hospital 6 Private service provider, such as doctor, nurse or midwife 7 Traditional healer 8 Other: ________________ 98 Don't know	
252	What would you say is the main reason you did no go there today for reproductive health services? (Circle one.)	1 Inconvenient opening times 2 Takes too long to get there 3 Poor-quality services 4 Fewer services available 5 Want to be anonymous 6 Have other reasons to come here (e.g., immunizations, healt talks) 7 More expensive there 8 Prefer provider here 9 Other: _______________ 98 Don't know	
	Cost of services		
253	Now I would like to ask you about the cost of travel and the services you received from this facility. How much did you pay for your consultation?	___________ (local currency units) 1 No costs 98 Don't know	
254	How much did you pay for contraceptives?	___________ (local currency units)/unit of contraceptive 1 Did not buy contraceptives 98 Don't know	
255	How much did you pay for registration card/ membership?	____________(local currency units) 1 Did not buy card/membership 98 Don't know	
256	How much did you pay for travel?	____________(local curren units) 1 Did not pay for transport	

		98 Don’t know	
257	How much did you pay for any other services fees?	_____________ (local currency units) 1 Did not pay for other fees or services 98 Don’t know	
258	Overall, do you think that the total cost of obtaining services is much too expensive, a little to expensive or acceptable to you?	1 Much too expensive 2 A little too expensive 3 Acceptable 98 Don’t know	
	Are Boys and young men welcomed and served? **Only for boys**		
259	Did you get the impression that the facility focuses more on female clients?	1 Yes 2 No ----	261
260	If yes, what were your reasons?	-------	
261	Did you feel uncomfortable seeing a female provider?	1 Yes 2 No ----	263
262	If yes, why?	--------	
	Knowledge of RH issues		
263	To end this interview, I would like to ask you some questions about reproductive health. I would like to remind you that the information you provide will remain strictly confidential, and that yo do not have to answer any question you do not wa to answer. Do you know people your age who are not Married and are sexually active?	1 Yes 2 No 98 Don’t know	
264	What are the ways you know of to prevent pregnancy? (Circle all that apply.)	1 Contraceptives Which contraceptives? _________________________ 2 Withdrawal 3 Rhythm 4 Traditional methods	

		5 Abstinence 6 Other:________________ 98 Don't know	
265	As far as you know, are there any diseases that ca be transmitted through sexual intercourse?	1 Yes 2 No ---- 98 Don't know ----	 267
266	From what you've heard or read, what are some common signs and symptoms of sexually transmitted infections? (Do not read list, but probe by asking, "Any other ways?" Then, check all that apply.)	1 Abnormal vaginal discharge 2 Abnormal vaginal bleeding 3 Genital itching 4 Lesions/sores 5 Lower abdominal pain 6 Pain during intercourse 7 Painful urination 8 Abnormal growth in genital area (i.e., warts) 9 Penile/urethral discharge 10 Loss of weight 11 Diarrhea of long duration 12 Other:_______________ 98 Don't know	
267	Have you heard of HIV or AIDS?	1 Yes 2 No ---- 98 don't know----	 269
268	As far as you know, what are the ways to get HIV/AIDS? (Do not read list, but probe by asking, "Any other ways?" Then, circle all that apply.)	1 Sexual intercourse 2 Blood transfusion 3 Sharing items like razor blades or needles 4 Mother to baby 5Other: ________________ 98 Don't know	
269	Do you know of any ways you can protect yourself from sexually transmitted infections, including HIV/AIDS?	1 Yes 2 No	Skip to end
270	If yes, what are the ways of protecting yourself? (Do not read list, but probe by asking, "Any other	1 Stay faithful to one partner	

	ways?” Then, circle all that Apply)	2 Encourage partner to remain faithful 3 Use condoms 4 Avoid sharing needles, razors etc. 5 Other: _______________	

THANK YOU VERY MUCH FOR YOUR TIME AND HELP!

A.I: CLIENT EXIT INTERVIEW

B=Amharic

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Data collector's Name ______________________

Supervisor's Name______________________

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221	T”—¨<U ›ÑMÓKAƒ cÜ ¾ƒ SSKe ”ÇKx-ƒ ’Óa-M	1 ›- 2 ¾KU	
222	u}ªMÊ Ö?“ ›ÑMÓKAƒ ²<]Á ¾SËS]Á Ñ<w˜ƒ- ’¨<	1 ›- 2 ¾KU ------------¨Å-----	224
223	K¡ƒƒM ’¨< ²=I ¾}Ñ–<ƒ	1 ›- 2 ¾KU	
	¾›ÑMÓKA~ }ÖnT>-‹ K¨×~ eKT>cÖ< ›ÑMÓKA„‹ ÁL†¨< ›SK"Ÿƒ		
224	u²=I Ñ<w˜„- KTÓ–ƒ ¾ðKÑ<ƒ” S[Í“ ›ÑMÓKAƒ ›Ó˜}ªM	1 ›- 2 ¾KU 3 uŸòM 98 ›L¨<pU	

225	ŸÖ?“ vKS<Á¨< Ò` ÁÅ[Ñ<ƒ” ¨<ÃÃƒ ¾Ñ@²? SÖ” ”Èƒ Á¿M	1 u×U ›ß` ’u` 2 u×U [´TEM 3 um ’u` 98 ›L¨<pU	
226	u²=I Ñ<w˜ƒ ŸvKS<Á¨< Ò` uu?}cw °pÉ ¨ÃU uK?L ¾Ö?“ `°e KS¨Á¾ƒ Ácu<ƒ ’Ñ` ’u[	1 ›- 2 ¾KU ---------¨Å--	228
227	"K vKS<Á¨< uum G<’@ ›ÇUÙM	1 ›- 2 ¾KU	
228	u²=I Ñ<w—ƒ KSÖ¾p Ácu<ƒ ’Ñ` ’u[	1 ›- 2 ¾KU -----------¨Å	231
229	"K vKS<Á¨< ”Ç=ÖÃl ðpÊKAM	1 ›- 2 ¾KU ------------¨Å	231
230	ŸðkÅ: vKS<Á¨< ØÁo¨<” u}Ñu=¨< G<’@ SMfM	1 ›- 2 ¾KU	
231	u`e- ›e}dcw ŸvKS<Á¨< Ò` ¾Å[Ñ<ƒ ¨<ÃÃƒ ’í“ ufe}— ›"M ÁM}[ug ’u`	1 ›- 2 ¾KU	
232	KvKS<Á¨< ÁÒ\ƒ S[Í T>eÖ=\ }Öwq ÃqÁM wK¨< ÁU“K<	1 ›- 2 ¾KU 98 ›L¨<pU	
233	uÑ<w˜~ ¨pƒ vKS<Á¨< uU” ¯Ã’ƒ G<’@ ›e}“ÓÊM	1 u×U uØ\ G<’@ 2 uØ\ G<’@ 3 Ø\ vMJ’ G<’@	
234	uÑ<w˜~ ¨pƒ K?KA‹ ¾É[Ï~ vMÅ[x‹ uU” ¯Ã’ƒ G<’@ ›e}“ÓÊM	1 u×U uØ\ G<’@ 2 uØ\ G<’@ 3 Ø\ vMJ’ G<’@	
235	u²=I Ñ<w˜ƒ ¾vKS<Á¨<” ÑKí KS[Çƒ kLM ’u` ¨Ãe ŸvÉ	1 KS[Çƒ kLM ’¨< 2 KS[Çƒ ŸvÉ ’¨< 98 ›L¨<pU	
	ŸvÉ ŸJ’: U¡”Á~” ÓKî	------------------------	
236	vKS<Á¨< `e-” ”ÇÃ[ÒÑ< ¾T>ÁÅ`Ó ’Ñ` }“ÓbM ¨ÃU ðîTEM	1 ›- 2 ¾KU	

		98 ›L¨<pU	
237	uÖpLL¨< u³_¨< ¾É`Ï~ Ñ<w˜„ ›`"›” ›Ó˜}ªM	1 [¡‰KG< ----¨Å- 2 ›M["G<U 3 K?L --------------- ¨Å---	239 239
238	u³_¨< Ñ<w˜„ ÁM[Ÿ<ƒ KU"É'¨<	________________	
239	u}ÖkS<ƒ ›ÑMÓKAƒ ²<]Á ›"Ç=hhM ŸT>ðMÑ<›†¨< 'Ña‹ ¨<eØ ›"Æ" Øke u=vM ¾~ ÃJ"M	_________________	
	u}sS< ¨<eØ ›ÑMÓKAƒ KTÓ–ƒ ¾T>¨eÅ¨< Ñ>²?		
240	Óu=¨< ¨<eØ ŸÑu<uƒ Ñ@²? ËUa vKS<Á¨<" ›eŸ=ÁÑ–<ƒ É[e U"ÁlM Ñ@²? ÖuI	------------------------- 98 ›L¨<pU	
241	u›`e- Gdw Sc[ƒ ¾SÖumÁ c¯~ um '¨< ¨Ãe [´TEM	1 U"U ¾KU 2 um/›ß` '¨< 3 u×U [´TEM 98 ›L¨<pU	
242	³_ uÉ`Ï~ ¨<eØ ¾u<É" ¨<ÃÃƒ LÃ }dƒð¨< 'u`	1 ›- 2 ¾KU -------------¨Å	 244
243	SMe-ƒ ›- ŸJ': U" U" `°f‹ u u<É" ¨<ÃÃ~ LÃ }'e„ 'u` (}Ñu=¨< ›¡ww: ´`´\" ›"wu¨<)	1 ¾¨K=É Sq×Ö]Á 2 ¾pÉS ¨K=É ¡w"u? 3 ¾›"„‹ Ö?"/¾¨K=É ›ÑMÓKAƒ 4 ¾ÉI[¨K=É ¡w"u? 5 ›?‹.›Ã.y=/›?Ée 6 ¾›vK²` ui› 7 SG'"ƒ 8 ÁM}Ö"kk ¨<`Í I¡U" 9 ¾›SÒÑw U¡¡` 10 ›M¢M"É^Ó 11 ›ÅÒ Sk'e 12 K?L------------------------	
	K¨×„‹ ¾}S‰† ¾›ÑMÓKAƒ SeÝ c¯ƒ eKS•		
244	É`Ï~ Ke^ ¡õƒ ¾T>J"v†¨< c¯„‹ K›`f- U‡ "†¨<	1 ›- --------------¨Å	246

		2 ¾KU 98 ›L¨<pU ---------¨Å	246
245	U‡ "MJ'< K“"} ¾ƒ—¨< Ñ>²? u×U U‡ "¨< (›"Æ" ›¡ww)	1 Öªƒ Ñ" uÖªƒ 2 uUd c¯ƒ 3 Ÿc¯ƒ u%EL 4 ›Shi LÃ/T 5 pÇT@" G<É 6 uu¯Lƒ k" 7 K?L------------------- 98 ›L¨<pU	
246	Ÿ²=I kÅU ue^ c¯ƒ É`Ï~ ´Ó J• }SMc¨< Á¨<nK<	1 ›- 2 ¾KU 3Ÿ²=I kÅU SØŠ ›L¨<pU 98 ›L¨<pU	
	¾›ÑMÓKAƒ U`Ý		
247	²=I KSÉ[e U" ÁIM Ñ>²? ¨cÅx-	-----------------Åmn 98 ›L¨<pU	
248	²=I KSU×ƒ ¾}ÖkS<ƒ ª'— ¾SÕÕª¸Á ›Ã'ƒ U"É'¨< (›"Æ" ›¡ww)	1 SŸ="/KA"^" 2 ›¨<„u=e/¡c= 3 V}` we¡K?ƒ/we¡K?ƒ 4 "edƒ 5 uÓ` 6 K?L----------------------	
249	`e- eŸT>Á¨<Iƒ É[e É`Ï~ K¨×ƒ }ÖnT>-‹ U" U" ›ÑMÓKAƒ Ãc×M (}Ñu= ¾J'<ƒ" ›¡ww)	1 K¨K=É Sq×Ö]Á U¡¡` 2 K¨K=É Sq×Ö]Á Ó¸ 3 KpÉS ¨K=É ¡w"u? 4 KÉI[ ¨K=É ¡w"u? 5 K›SÒÑw U¡¡` 6 K`Ó´" U`S^ 7 K›vK²` ui U`S^ 8 K›vK²` ui I¡U" 9 K›?‹.›Ã.y= U`S^	

		10 KTIì” U`S^ 11K¨<`Í“}³T‹ ›ÑMÓKAƒ 12 K›‰K›‰ U¡¡` 13 KSG”’ƒ U¡¡` 14 K?L -----------------------	
250	Ÿ²=I É`Ïƒ K?L ¾}ªMÊ Ö?“ ›ÑMÓKAƒ ¾UÑ–<uƒ u›p^u=Á ¾T>Ñ˜ É`Ïƒ ›K	1 ›- 2 ¾KU ------------¨Å 98 ›L¨<pU	253
251	"K É`Ï~ U” ›Ã’ƒ ’¨< (Ÿ›”É uLÃ "K KS•]Á p`w ¾J’¨<” ›¡ww)	1 ¾TIu[cw Tc^Ý 2 ó`Tc= c<p 3 Ö?“ Ÿ?L 4 Ö?“ ×wÁ 5 JeúM 6 ¾ÓM ›ÑMÓKAƒ cÜ (GŸ=U:`e...) 7 ¾vIM GŸ=U 8 K?L------------------------- 98 ›L¨<pU	
252	³_ ¾}ªMÊ Ö?“ ›ÑMÓKAƒ KTÓ–ƒ ¨Å²=Á É`Ïƒ ÁMH@Æuƒ U¡”Áƒ (›”Æ” ›¡ww)	1 ¾TÃS‹ ¾e^ c¯ƒ eLL†¨< 2 x¨< KSÉ[e [»U Ñ>²? eKT>¨eÉ 3 ¾›ÑMÓKA~ Ø^ƒ ´p}˜’ƒ 4 Ømƒ/¨<e” ›ÑMÓKA„‹ 5 KS¨p "KSðKÓ 6 ²=I KSU×ƒ K?L U¡”Áƒ eLK˜ 7 ¡õÁ¨< eKT>u³ 8 ¾T>S[Ø vKS<Á ²=I eLL 9 K?L----------------------- 98 ›L¨<pU	
	K›ÑMÓKAƒ ¾}ŸðK ¨Ü		
253	›G<” ÅÓV ²=I eƒS× K SÕÕ¸Á“ K ›ÑMÓKAƒ ¡õÁ Á¨Ö<ƒ” ªÒ MÖÃqƒ:		
254	¾¨K=É Sq×Ö]Á KTÓ–ƒ U” ÁIM ŸðK<	--------------------w` 1 ¾¨K=É Sq×Ö]Á ›MÑ³¨<U	

		98 ›L¨<pU	
255	KSS´Ñu=Á“ K"`ÉU” ÁIM ŸðK<	---------------------w` 1 "`É ›L¨×G<<U 98 ›L¨<pU	
256	K SÕÕ¸Á ›ÑMÓKAƒ U” ÁIM ¡õÁ ðìS<	---------------------w` 1 K SÕÕ¸Á ›MŸðMŸ<<U 98 ›L¨<pU	
257	K?K?KA‹ ›ÑMÓKA„‹e U” ÁIM ¡õÁ ðìS<	---------------------w` 1 KK?L ›ÑMÓKAƒ U”U ›MŸðMŸ<<U 98 ›L¨<pU	
258	uÖpLL¨<: ³_ ›ÑMÓKA~” KTÓ–ƒ ¾}ÖkS<ƒ” ¨Ü ”Èƒ Á¿M	1 u×U ¨<É ’¨< 2 ¨<É ’¨< 3 um/}kvÃ’ƒ ›K¨< 98 ›L¨<pU	
	u}sS< KÇÑ>“ ¨×ƒ ¨”Ê‹ eKT>Å[Ñ¨< ›kvuM		
259	É`Ï~ uc?ƒ }ÖnT>-‹ LÃ Á}Ÿ<^M wKI ÁU“K<	1 ›- 2 ¾KU ---------¨Å	261
260	SMe- ›- ŸJ’ U¡”Á„ U”É’¨<	-------	
261	c?ƒ ›ÑMÓKAƒ cÜ vKS<Á c=ÁÑ–< UŒƒ ›ÃcT-ƒU	1 ›- 2 ¾KU ----------¨Å	263
262	"M}cT-ƒ KU”	--------	
	u}ªMÊ Ö?“ ²<]Á ÁK¨<” °¨<kƒ u}SKŸ}		
263	nKSÖÃl” KTÖ“kp u}ªMÊ Ö?“ ²<]Á ›”Ç”É ØÁk-‹” MÖÃqƒ ðMÒKG<:²=I Ò` Le¨<fƒ ¾UðMÑ¨< ’Ñ` u=•` ¾T>SMc<›†¨< SMf‹ uT>eÖ=` ¾T>Á²< ”ÅJ’“ KSSKe ÁMðKÑ<ƒ” ØÁo ¾›KSSKe Swƒ- ¾}Öuk SJ’<” ’¨< : u`e- °ÉT@ ›"vu= ÁK< ÁLÑu< ’Ñ` Ó” ¾Ów[eÒ Ó”–<’ƒ SðìU ¾ËS\ c-‹” Á¨<nK<	1 ›-	

		2 ¾KU 3 ›L¨<pU	
264	`Ó´“” KSŸLŸM ¾T>Áe‹K<ƒ S”ÑÊ‹ ¾ƒ™‡ “†¨< (}Ñu ¾J’<ƒ” ›¡ww)	1 ¨K=É Sq×Ö]Á ²`´`--- 2 Ts[Ø 3 ¾¨` ›uv” H>Åƒ uSŸ}M 4 vIL© S”ÑÊ‹ 5 Skw 6 K?L---------------------- 98 ›L¨<pU	
265	eŸU¨<Iƒ É[e uÓw[eÒ Ó”–<’ƒ K=}LKñ ¾T>‹K< ui-‹ ›K<	1 ›- 2 ¾KU ----------¨Å 3 ›L¨<pU	267
266	"’uv‹G<ƒ“ ŸcT‹G<ƒ:ª“ ª“-‡ ¾›vK²` ui-‹ UM¡„‹“SÑKÝ-‹ ¾ƒ™‡ “†¨< (›ƒÖÃp }Ñu= ULj‹” K?Le ÁM¡ uSÖ¾p ›¡ww)	1 ÁM}KSÅ ðdi ŸwMƒ S¨<×ƒ 2 ÁM}KSÅ ÅU ŸwMƒ S¨<×ƒ 3 ¾wMƒ ›"vu= TdŸ¡ 4 ¾qÇ SLØ/leM 5 u‹—¨< JÉ ¡õM ISU 6 uÓw[eÒ Ó”–<’ƒ ¨pƒ ¾ISU eT@ƒ 7 i”ƒ uT>g“uƒ ¨pƒ ¾ISU eT@ƒ 8 uwMƒ ›"vu= ÁM}KSÆ ƒ””i °wÖ„‹/‹ 9 Ÿ¨”É wMƒ ¾T>¨× ÁM}KSÅ ðdi 10 ¡wÅƒ Sk’e 11 [²U LK Ñ>²? u}pTØ ui SÖnƒ 12 K?L-------------------------- 98 ›L¨<pU	
267	eK ›?‹›Ãy= ¨ÃU ›?Ée cU}¨< Á¨<nK<	1 ›- 2 ¾KU -----------¨Å 3 ›L¨<pU	269
268	eŸU¨<Iƒ É[e u›<‹›Ãy=/›?Ée KSÁ´ S”ÑÊ‡	1 Ów[eÒ Ó”–<’ƒ 2 ¾ÅU M¨<¨<Ø	

		3 eKT ’Ña‹” uÒ^ SÖkU 4 Ÿ“ƒ ¨Å MÏ 5 K?L:--------------------- 98 ›L¨<pU	
269	^e-ƒ” Ÿ›vK²` ui-‹“ Ÿ›?‹Ãy=/›?Ée ¾SŸLŸÁ S”ÑÊ‹ Á¨<nK<	1 ›- 2 ¾KU ----------¨Å	¨Å TÖnl UeÒ“ Kõ
270	SMe-ƒ ›- ŸJ’: ^e” KSŸLŸM S”ÑÊ‡ ¾ƒ™‡ “†¨< (U`Ý-‡” ›”ww&}Ñu= J’<ƒ” K?Le ÁM¡ uSÖ¾p ›¡ww)	1 K›”É ÕÅ— T˜ SJ” 2 ÕÅ— T˜ ”Ç=J” Tu[ƒ 3 ¢”ÊU SÖkU 4 eKT ’Ña‹” uÒ^ ›KSÖkU 5 K?L:-----------------------	

Ñ>²?-” c¨<}¨< eK}vu\” ŸMw “ScÓ”K”!

A.II: INVENTORY OF FACILITIES AND SERVICES

	Inventory of Facilities and Services		
S/N	**Questions**	**Coding Categories**	**Skip**
1	What time is the clinic scheduled to open? (Observe)	_____ _____: _____ ____	
2	What time did staff actually arrive? (Observe)	_____ _____: _____ ____	
3	What time (at or after the clinic opened) did the first client arrive? (Observe)	_____ _____: _____ ____	
4	What time was the first client seen?(Observe)	_____ _____: _____ ____	
5	What is the official closing time for this health facility? (Observe)	_____ _____: _____ ____	
6	How many days per week are reproductive health services offered at this health facility?	________ days per week	
7	Is there a sign announcing that reproductive health services are available?	1 Outside building 2 Inside building 3 Both inside and outside building 4 No sign visible	
8	Is there a sign for youth clients announcing that reproductive health services are available?	1 Outside building 2 Inside building 3 Both inside and outside building 4 No sign visible	
9	Are there special hours or days for youth clients?	1 Special hours 2 Special days 3 Special hours and days 4 None	

	Equipment and Commodities Inventory			
10	**Type of Contraception**	Usually provides method?	Available today?	Stock out in last 6 months
	A Combined pills	YES NO	YES NO	YES NO
	B Progesterone-only pill	YES NO	YES NO	YES NO
	C Condoms	YES NO	YES NO	YES NO
	D Spermicides	YES	YES	YES

		NO	NO	NO
	E IUD	YES NO	YES NO	YES NO
	F Injectables	YES NO	YES NO	YES NO
	G Diaphragm	YES NO	YES NO	YES NO
	H Emergency contraception	YES NO	YES NO	YES NO
	I Other (specify):	YES NO	YES NO	YES NO
	Type of Test			
11	A Pregnancy test	YES NO	YES NO	YES NO
	B Anemia test	YES NO	YES NO	YES NO

Which services are offered at this facility? (For each service, first record if it is provided, and then record whethe the service has been available at all times in the last six months. If the service has not been available at all time the last six months, mark the reason why it was last not available and record the length of time it was not availab

12	Type of Service	Provided?	Available at all times in last 6 months?	If no, reason last not Available	Length of time not available (the last time)
	A Pregnancy testing	YES NO	YES NO	1 Supplies not available 2 Equipment not availabl 3 Trained staff not available 4 Other:	___ days ___ weeks ___ months
	B Maternity care/delivery services	YES NO	YES NO	1 Supplies not available 2 Equipment not availabl 3 Trained staff not available 4 Other:	___ days ___ weeks ___ months
	C STI screening and treatment	YES NO	YES NO	1 Supplies not available 2 Equipment not availabl 3 Trained staff not	___ days ___ weeks ___ months

				available 4 Other:	
	D HIV/AIDS testing	YES NO	YES NO	1 Supplies not available 2 Equipment not availabl 3 Trained staff not available 4 Other:	___ days ___ weeks ___ months
	E Contraceptive method counseling	YES NO	YES NO	1 Supplies not available 2 Equipment not availabl 3 Trained staff not available 4 Other:	___ days ___ weeks ___ months
	F Abortion/post-abortion services	YES NO	YES NO	1 Supplies not available 2 Equipment not availabl 3 Trained staff not available 4 Other:	___ days ___ weeks ___ months
	G Risk-reduction counseling	YES NO	YES NO	1 Supplies not available 2 Equipment not availabl 3 Trained staff not available 4 Other:	___ days ___ weeks ___ months
	H Infertility consultation	YES NO	YES NO	1 Supplies not available 2 Equipment not availabl 3 Trained staff not available 4 Other:	___ days ___ weeks ___ months
	I Gynecological exams	YES NO	YES NO	1 Supplies not available 2 Equipment not availabl 3 Trained staff not available 4 Other:	___ days ___ weeks ___ months
	J Breastfeeding counseling	YES NO	YES NO	1 Supplies not available 2 Equipment not availabl 3 Trained staff not	___ days ___ weeks ___ months

				available 4 Other:	
	K Anemia testing	YES NO	YES NO	1 Supplies not available 2 Equipment not availabl 3 Trained staff not available 4 Other:	___ days ___ weeks ___ months
	L Nutrition counseling	YES NO	YES NO	1 Supplies not available 2 Equipment not availabl 3 Trained staff not available 4 Other:	___ days ___ weeks ___ months
	M Parenting classes	YES NO	YES NO	1 Supplies not available 2 Equipment not availabl 3 Trained staff not available 4 Other:	___ days ___ weeks ___ months
	N Other (specify):	YES NO	YES NO	1 Supplies not available 2 Equipment not availabl 3 Trained staff not available 4 Other:	___ days ___ weeks ___ months
13	Is any laboratory testing available for STIs?		YES NO		
14	Is there a test available at this facility, or are clients' specimens, or the clients themselves, sent elsewhere?				
	STI Test	Available at this facility?		Client specimen Sent elsewhere	
	A Syphilis	YES NO		YES NO	
	B Gonorrhea	YES NO		YES NO	
	C Chlamydia	YES NO		YES NO	
	D Candida	YES NO		YES NO	

	E Cervical cancer	YES NO	YES NO	
	F Other:	YES NO	YES NO	
	Which of the equipment listed below is available and in working order? (Ask to see each type of equipment. Count how many of each are in working order and put the number available in the corresponding box on the table			
15	Equipment and Supplies	Number Available		
	Flashlight/ lamp			
	Scale			
	Blood pressure gauge			
	Stethoscopes			
	Sterile needles and syringes			
	Various sizes of specula			
	Hemocytometer			
	Sutures			
	Autoclaves			
	IV fluids			
	Iodine			
	Antibiotics			
	Antiseptic			
	Sterile gloves			
	Disposal containers for contaminated waste/supplies			
	Plastic buckets or containers for decontamination			
	Clean instrument containers			
	Instrument trays			
	Swab containers with sterile swabs or sterile gauze			
	Examination couch or table			
	Microscopes			
	Audio-visual equipment for presentations			
	Other ________________________________			
16	Is there a system for monitoring and maintaining materials, equipment and supplies?	1 Yes 2 No --------		18
17	If yes, could I see protocols on how the	Describe briefly:		

	system works? (Observe)				
18	Are facilities for storing contraceptives adequate in the following respect: (Observe)				
	A Products are protected from the rain		1 Yes 2 No		
	B Products are off the floor and on shelves		1 Yes 2 No		
	C First In First Out (FIFO) procedures are in place and followed		1 Yes 2 No		
	Conditions of Facility				
19	Is there a client waiting area with shelter from sun and rain at the clinic? (Note: The waiting area must have some form of seating for at least 10 people. Verify if suc an area is available.) (Observe)		1 Yes 2 No		
20	Observe where pelvic exams and STI testing (if available) take place. (Choose the response that best describes this area.) (Observe and ask)		1 Separate room, with no ability to see into the room from outside 2 Behind a curtain 3 Other area that ensures privacy (Explain:___________________ 4 No privacy		
21	Is there a working lamp for use during examinations? (Observe and ask)		1 Yes 2 No 3 No information		
22	What is the source of water for this facility? (Observe and ask)		1 Water piped into facility 2 Water piped from public tap 3 Well water on facility premises 4 Well water from public well 5 Other: ___________________ 6 No running water available		
	IEC Materials and Activities				
23	**Subject**	**Flipchart Available?**	**Brochure/Pamphlet Available?**	**Posters Available?**	
	Contraception	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	
	HIV/AIDS	1 Yes	1 Yes	1 Yes	

		2 No	2 No	2 No	
	STIs	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	
	Nutrition	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	
	Pregnancy	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	
	Abortion	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	
	Other	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	
24	Are any of these IEC materials targeted toward youth? (Observe and ask)	1 Yes 2 No ------ 98 Don't know --------			26
25	Which topic or topics are targeted toward youth?	1 Contraception 2 HIV/AIDS 3 STIs 4 Nutrition 5 Pregnancy 6 Abortion 7 Other: ________________________________			
26	Was a "health talk" (group lecture or discussion with clients) held today	1 Yes 2 No ----- 98 Don't know ------			28
27	If yes, which topics did the health talk include?	______________			
	Supervision				
28	What was the date of the last "outside" supervisory visit that included reproductive health? (Observe and ask)	_____ / _____ month year			
29	What did the supervisor do? (Do not read, but probe by asking, "Any other actions?")				
	Actions	Mentioned?			
	Observed delivery of different services	1 Yes 2 No			

	Observed only service(s) respondent is responsible for	1 Yes 2 No	
	Inquired about service problems	1 Yes 2 No	
	Examined the records	1 Yes 2 No	
	Made suggestions for improvements	1 Yes 2 No	
	Offered praise for good work	1 Yes 2 No	
	Others	1 Yes 2 No	
	Protocols and Guidelines		
30	Review any written guidelines and protocols for delivering reproductive health services issued in the last five years. (Record “yes” if at least one set of written guidelines is available.)	1 Yes 2 No ------ 98 Don’t know -----	32
31	Are youth mentioned in any of these Guidelines and protocols? (Observe and ask)	1 Yes 2 No 98 Don’t know	
32	Ask to see where informed consent forms are kept at the facility.	1Forms kept at facility 2 No forms kept at facility 3 No procedures performed at facility that would require informed consent 98 Don’t know	
33	Ask to see where the confidentiality protocols are kept at this facility.	1 Protocols kept at facility 2 No protocol kept at facility 3 No procedures performed at facility that would require a confidentiality protocol 98 Don’t know	
	Use of Information in Facility Management		
34	What methods do you have for soliciting client opinions? (Mark all that apply.)	1 Client suggestion box 2 Provider asks client	

		3 Other staff ask client 4 Other:____________________ 5 No method available to solicit client opinion			
35	In the past year, have any changes been made in the program based on feedback from clients?	1 Yes 2 No 98 No information			
36	What changes have taken place?	Explain:______			
37	What methods do you have for soliciting provider opinions? (Mark all that apply.)	1 Staff suggestion box 2 Staff meetings 3 Internal facility evaluations 4 Other: ___________________ 5 No method available to solicit provider opinion			
38	In the past year, have any changes been made as a result of provider opinions?	1 Yes 2 No ---- 98 No information -----			40
39	What changes have taken place?	Explain:______________			
40	In the past year, have any changes been made as a result of new organizational priorities?	1 Yes 2 No ----- 98 No information -----			42
41	What changes have taken place?	Explain:________			
	Staffing				
42	Staff Position	# Working Full-time	# Working Part-time	# On Duty Today	
	A Medical doctor				
	B Nurse				
	C Nurse-midwife				
	D Community-based distributor				
	E MCH assistant				
	F Peer educator				
	G Young adult counselor				
	H Social worker				

	I Other:				

A.III: INTERVIEW GUIDE FOR MANAGERS ANDPROVIDERS

A) MANAGERS

IS THERE ADEQUATE SPACE AND SUFFICIENT PRIVACY?

1. Do you feel that the space you have to provide RH services to clients is comfortable? Describe the type of space where you give services. ______________________________

2. Are you ever interrupted by other staff persons when providing services to clients? What are the reasons for these interruptions? ____

3. Is it possible for other people to hear your conversations or counseling sessions with clients? Under what circumstances? ____

4. What needs improvement in order to provide a comfortable environment, sufficient space and privacy for your clients? ____

ARE THE PROVIDERS AND STAFF SPECIALLY TRAINED TO WORK WITH YOUTH ISSUES?

5. In your position at (*Name of facility)* __________________what kind of services do you offer in general? ____

6. What kind of training have you received to provide such services? __________________
Have you had a refresher training class recently? If so, what did it cover?
____

7. Have you had any special training on youth reproductive health issues? If so, what did it cover?
____

ARE THE ATTITUDES OF PROVIDERS AND STAFF SUPPORTIVE TOWARD GIVING SERVICES TO YOUTH?

8. Are there any services that this facility provides to youth that you think are not appropriate? Explain. ____

9. How comfortable are you discussing sexual behavior and reproductive health issues with youth?
____

10. Is there a minimum age for prescribing a particular contraceptive method? If so, what is that age, and which methods? ____

11. Must a woman have a minimum number of children before you will prescribe a certain contraceptive method? If so, what is that minimum number, and which methods?____

12. Are there any contraceptive methods you would not provide to an unmarried girl/boy? Explain.____

13. If a 14 year-old patient admits to being sexually active and comes to you for contraception, what advice would you give him/her? _____________________________

14. Are there any methods you would never recommend under any circumstances? Explain.____

15. If you think that a youth client has an STI, what do you do for him/her?

____

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

17. In order to adequately serve youth, do you think you have enough training? What would you like to have more training on? ____

18. What is your attitude toward youth?

a. Who have sex before marriage? What kind of services do you think they need from a health facility? ____

b. Who have more than one sexual partner? What kind of services do you think they need from a health facility? ____

c. Who change partners frequently? What kind of services do you think they need from a health facility? ____

d. Who are involved in at-risk sexual or health behavior? What kind of services do you think they need from a health facility? ____________________________________

DO PROVIDERS AND STAFF HONOR PRIVACY AND CONFIDENTIALITY WITH THEIR YOUTH CLIENTS?

19. What guidelines about client privacy and confidentiality do you follow when providing services for youth? ____

20. 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? If so, what procedures are they? Do you think this is necessary? _______________________________________

A.III. INTERVIEW GUIDE FOR MANAGERS ANDPROVIDERS

B) PROVIDERS

.

ARE THE FACILITY HOURS CONVENIENT FOR YOUTH?

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? ______days,

What are those days? ____

Are there ever any exceptions to this schedule? If so, could you explain? _____________

4. What times do you think are convenient for youth to seek services? ________________

IS THE LOCATION OF THE FACILITY CONVENIENT FOR YOUTH?

5. Is the facility close to public transportation? 1 Yes 2 No

6. If yes, what type? ____

7. How long does it take to walk to the most common form of transportation?

____ hours ______ minutes

IS THERE ADEQUATE SPACE AND SUFFICIENT PRIVACY?

8. Does the facility have sufficient waiting room for youth clients? If so, could you describe it?

____

9. Does the facility have a sufficient space to provide services to youth clients?

1 Yes 2 No

10. If yes, describe this space (is it in a separate building, a part of the room, etc.).

____

ARE THE PROVIDERS AND STAFF SPECIALLY TRAINED TO WORK WITH YOUTH ISSUES?

11. Have any of your providers been trained specifically to best serve youth? If yes, what types of training have they received? ____

12. Has the receptionist, or whoever is the first contact person, been trained to best serve youth? If yes, what types of training has he/she received? _______________________

13. Does your facility require training regarding how to best serve youth clients? If so, why? If not, why not? ____

14. Does your facility have guidelines for techniques staff should use with youth? If so, what are they? ____

15. Do you think your staffs are skilled at working with youth? How do you know this?

____

IS A PEER EDUCATION/COUNSELING PROGRAM AVAILABLE?

16. Do you employ any young adults to work as peer promoters, educators, or counselors? If so, what do they do? ____

17. How are they selected? ____

Who determined the selection criteria? ____________________________________

18. How many are working for your facility? __________________________________

How many youth do they see, on average, weekly? ___________________________

No. of peer educators/counselors____

No. of youth/week ____

19. What percent of youth clients consult with peer counselors/educators?__________

Why do some youth clients not consult with peer counselors/educators?____________

20. How have peer counselors/educators been trained? _______________________

Could you describe the training program? ____________________________________

____

21. Is there a system of monitoring for the peer counselors/educators? If yes, could you describe it? If not, why not? ____

ARE THE FEES FOR SERVICES AFFORDABLE?

22. Does your facility have standard fees for services, or a sliding-scale fee system? If you have a sliding-scale system, explain the system. ________________________________

23. Is there a consultation fee for new clients? If so, how much is this fee?______________

ARE YOUTH INVOLVED IN DECISION MAKING ABOUT HOW PROGRAMS ARE DELIVERED?

24. Have you involved youth in any of the decision making about how RH programs or services are delivered? If so, how have you involved youth? If you haven't why?

____

25. What type of programs or services do youth have input on? How have you used the input of youth to shape your programs?____________________________________

IS THE AMOUNT OF TIME BETWEEN ARRANGING AN APPOINTMENT AND SEEING A PROVIDER ADEQUATE FOR YOUTH?

26. Is it possible for youth to drop in at your facility and receive services without an appointment? Why or why not? ____

27. How long does the average drop-in client wait before receiving services (in minutes)?______________ minutes

DO THE POLICIES SUPPORT PROVIDING SERVICES FOR YOUTH?

[Ask to see written guidelines for delivering RH services.]

28. Are youth mentioned in any of these guidelines? If so, list them.

____

29. What written procedures exist that protect client confidentiality? If no procedures exist, why not?

____

30. How are client records stored so that confidentiality is assured? _______________

____

31. What written procedures about client privacy exist at this facility? If no procedures exist, why not? ____

32. How are procedures regarding informed consent, confidentiality, and privacy communicated to staff who work with youth clients? ___________________________

33. If there are guidelines restricting youth access to some services, do you think they are really necessary? Explain.____

DOES THE FACILITY INFORM THE COMMUNITY ABOUT ITS SERVICES FOR YOUTH?

34. 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?

____

35. Are there any staff or volunteers at your facility who do outreach activities? If so, where do they go and what do they do? ____

36. What are the ways your facility promotes services to youth, which do you consider the most effective? Explain.____

DO ADULTS SUPPORT YOUTH IN SEEKING REPRODUCTIVE HEALTH SERVICES AT THE FACILITY?

37. How do you think adults in this community support youth in seeking reproductive health services? ____

38. 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? _____________________

A.IV: FOCUS GROUP DISCUSSION GUIDE FOR YOUTH WHO HAVE BEEN TO FACILITY

DIRECTIONS:

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 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 the facility hopes to reach.

QUESTIONS:

IS THE LOCATION OF THE FACILITY CONVENIENT FOR YOUTH?

1. Would any of you find it difficult to get to the ___________________ *(Name of facility)*?Explain.____

2. Is the facility near market areas or other places where you might go to spend time?_____

If yes, how do you feel about it being close to these places?_______________________

If not, would you be more likely to go to the facility if it were close to these places?

____

3. If you knew that this facility offered RH services (contraceptive services, STI screening and treatment, pregnancy testing, HIV/AIDS testing), do you think that this would be a good location to get such services? Explain why or why not.

____

IS A PEER EDUCATION/COUNSELING PROGRAM AVAILABLE?

4. When you were at the facility, did you see a peer educator/counselor? If so, what was he/ she doing? ____

5. Did you get a chance to speak with a peer educator or counselor? If so, what did you discuss?

____

6. Have you ever spoken to a peer educator/counselor (before the visit to the health facility)? If so, where did you meet with him/her? ______________________________

ARE YOUTH INVOLVED IN DECISION MAKING ABOUT HOW PROGRAMS ARE DELIVERED?

7. Have any of you ever been asked to participate in an activity to help the facility in its youth programs? If so, describe your experience._______________________________

8. Have staff asked for your help in deciding something about the youth programs at *(Name of facility)*? If so, what decision did you help them make? Do you think they used your advice to shape their programs? How do you know whether they used your advice?____

9. 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? If so, what did they say about their experience? ____

10. Is there any problems that the female clients encountered in the center?(for female group)____