



**Addis Ababa University**  
**School of Graduate Studies**

**Quality Youth Friendly Sexual and Reproductive Health Services, Youths'  
Satisfaction Levels, and their Determinants in Selected Public Health  
Facilities of Addis Ababa, Ethiopia**

**By**

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**July, 2022**

**Addis Ababa, Ethiopia**



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**A THESIS TO BE SUBMITTED TO THE COLLEGE OF DEVELOPMENT STUDY  
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## ADDIS ABABA UNIVERSITY

### SCHOOL OF GRADUATE STUDIES

This is to Certify that the thesis prepared by Lidiya Dawit entitled as “**Quality Youth Friendly Sexual and Reproductive Health Services, Youths' Satisfaction Levels, and their Determinants in Selected Public Health Facilities of Addis Ababa, Ethiopia**” and submitted in partial fulfillment of requirements for the degree of master of science in population studies (Reproductive Health) complies with regulation of the university and meets the accepted standards the originality and quality.

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## **Abbreviation & Acronyms**

AFSRHS: Adolescent-Friendly Sexual and Reproductive Health Services

HIV/AIDS: Human Immune Deficiency Virus/Acquired Immune Deficiency Syndrome

RH: Reproductive Health

SRH: Sexual and Reproductive Health

VCT: Voluntary, Counseling, and Testing

WHO: World Health Organization

YFRHS: Youth Friendly Reproductive Health Services

YFS: Youth-Friendly Service.

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## Abstract

**Background:** Adolescence, age between 10 and 19 years, is marked as a period of transition and experimentation. This period not only brings changes to their body but also vulnerabilities to the undesirable effect of sexuality, marriage, and childbearing. Globally, pregnancy and childbirth are among the main contributors to diseases and disability among adolescents: early childbearing is linked with a higher risk of unsafe abortions, maternal mortality, and morbidity. Teen pregnancy and sexually transmitted infections (STIs) can have negative consequences for maternal and child health, as well as limit women's future chances, resulting in increased gender and social inequities **Objective:** The main objective of the study was to assess quality of youth-friendly sexual and reproductive health service and determinants of satisfaction among youth in selected public health facilities of Addis Ababa, Ethiopia, 2022. **Method:** Facility-based cross-sectional study supplemented with the qualitative design was conducted from 27 April to 10 June 2022 in 25 selected public health centers in Addis Ababa, Ethiopia. To determine the satisfaction of youth, 238 clients were included in the study using a simple random sampling technique. Data was collected by using an interview-administered questionnaire, observation checklist, and key informant interview. Both descriptive statistics was used to measure the quality of YFS and multi-variable binary logistic regression was employed, and the odds ratio with a 95% confidence interval along with p-values were used in reporting the results. **Result:** The study revealed that only six (24%), seven (28%) and three (12%) of the sampled health care facilities have good structural quality, process quality and output quality respectively. Only 2 (8%) of the health facilities had good overall quality of YFS. Regarding client satisfaction, 33.6% of the study participants were satisfied. Female clients were nearly two times [AOR (95%CI) 1.87 (1.07-3.26)] more likely to be satisfied than their male counter parts. Similarly, youths aged  $\geq 20$  years were about 2.5 times [AOR (95% CI) 2.52(1.35-4.70)] more likely to be satisfied than those aged 15-19 years of age. Students were 76% less likely [AOR (95% CI) 0.24(0.04-1.40)] to be satisfied when compared to unemployed. Our qualitative assessment showed that weak support system, inadequate capacity of the service provider, overburden of the health service provider and lack of adequate infrastructure are barriers for implementation of quality YFS. **Conclusion:** The quality of YFS in Addis Ababa is low even when compared to studies done in regional facilities. Both the overall quality and each dimension of YFS quality is lower when evaluated based on the WHO standard. In addition, our study revealed that two-third of youths who were using YFS were not satisfied. Barriers such as weak support system, inadequate capacity of the service provider, high workload of the health service provider and lack of adequate infrastructure contributed for low quality of YFS.

**Keywords:** Youth friendly service, Sexual and reproductive health, Quality, Adolescent, servicesatisfaction, AddisAbaba.

# CHAPATER ONE

## INTRODUCTION

### 1.1 Background

Adolescence, age between 10 and 19 years, and youth 15-29 years is marked as a period of transition and experimentation. This period not only brings changes to their body but also vulnerabilities to the undesirable effect of sexuality, marriage, and childbearing. Globally, pregnancy and childbirth are among the main contributors to diseases and disability among adolescents: early childbearing is linked with a higher risk of unsafe abortions, maternal mortality, and morbidity (Blum & Gates, 2015; Darroch, Woog, Bankole, & Ashford, 2016). Teen pregnancy and sexually transmitted infections (STIs) can have negative consequences for maternal and child health, as well as limit women's future chances, resulting in increased gender and social inequities

Youth-friendly sexual and reproductive health services (YFSRHS) are services or clinics that provide a broad range of sexual and reproductive health care in manners that are sensitive to young people's unique needs, vulnerabilities, and preferences (Wegelin-Schuringa, Miedema, van der Kwaak, & Karen't Hooft, 2014). These services can only be youth-friendly when youth are actually involved in the structure and quality of the services provided, and can incorporate services such as contraceptives & STI's, pregnancy, safe abortion, access to information (counseling & voluntary counseling and testing (VCT)), and other services (Senderowitz, 1999). These youth friendly services succeed in attracting and retaining young clients for continuing care and this can only be done when there is understanding and respect for young people's sexual and reproductive rights (YOUTH DO IT, 2021). World Health Organization (WHO) promotes Youth Friendly Reproductive Health Services (YFRHS) to improve the SRH of the young generation. It is highly specialized and a cost-effective program that could contribute to better health among young people through reducing SRH problems such as unwanted pregnancies, new HIV infections, STI and increased overall service utilization (World Health Organization, 2012) .

Over the past two decades, researchers and health programmers have been implementing youth-friendly model of health services in primary health care setting to address barriers to accessing health care for young people, including adolescents and youths. This is part of the WHO's global

call for the development of health services that are relevant to young people worldwide (Tylee, Haller, Graham, Churchill, & Sancu, 2007; World Health Organization, 2003). According to the World Health Organization (WHO), youth refer to people aged between 15 and 24 years and are characterized by unique physical, psychological, social, and emotional changes that put their life at high risk. The National Youth Policy of Ethiopia classifies youth as those between the ages of 15-29 years. Ethiopia has a rapidly growing population of adolescents and youth 33.8% of the estimated total population of 90 million (CSA, 2015; UNFPA,2021).

As part of the global approach (Tylee et al., 2007; World Health Organization, 2003) Ethiopia has been striving to improve adolescents and youth health through ratifying national youth policy in 2004 (FDRE, 2004) and the programs were implemented in Ethiopia since 2006, primarily by NGOs (Pathfinder was pioneer). YFRHS service is currently owned by the government and is delivered within the framework of existing public health institutions using an age-based strategy (Jain, Ismail, Tobey, & Erulkar, 2017). Following the national youth policy, the country has developed and implemented two national adolescent and youth reproductive health strategies: the pre-2015 strategy (2007 to 2015) (FMOH, 2006) and the post 2015 strategy (2016 to 2020) (FMOH, October 2016). This strategy is being implemented in a variety of ways, both as a stand-alone modality and by integrating sexual and reproductive health services into basic health services, mostly in primary health care settings, but also in secondary and tertiary care settings.

## **1.2 Statement of the Problem**

In Ethiopia, young people face a variety of sexual and reproductive health (SRH) problems, including unwanted pregnancy, unsafe abortion, pregnancy-related complications, and sexually transmitted infections and diseases (Agajie, Belachew, Tilahun, & Amentie, 2015; Central Statistical Agency (CSA) [Ethiopia] and ICF, 2016; Kassa et al., 2016; Muche, Kassa, Berhe, & Fekadu, 2017). Besides, youth have high unmet need for family planning utilization and limited awareness of STI prevention (CSA Ethiopia; Tebekaw, Aemro, & Teller, 2014).

The government of Ethiopia is striving to make YFSRHS available by integrating it to primary health care services. So far, the provision of services has been extremely successful. However, simply having access to services is insufficient; quality, as an important component in maximizing the health of young people, should not be overlooked. Youths care quality is crucial

since poor care is associated to more unplanned pregnancies and Sexually Transmitted Infections (STI) rates (World Health & Unaid, 2015). In the same way, good contraception minimizes unexpected pregnancies, which means fewer unintended births, abortions, and maternal deaths (Darroch, Woog, Bankole, & Ashford, 2016).

Despite the limited number of evidence, the available literature from research done in different part of Ethiopia found that the quality of YFS is poor. A study conducted in West Gojjam zone, Ethiopia in 2018 to assess the quality of the service using the Donabedian model showed that none of the health facilities achieved  $\geq 75\%$  in the three components (structure, process and output) of quality measurement. From 18 health facilities, 6(33.3%) provided low quality in all domains (Munea, Alene, & Debelew, 2020). Another study conducted in northern Ethiopia found that the quality of adolescent and youth-friendly health services was 58.8, 46.4, and 47.2% for structural, process, and output quality dimensions, respectively. The predictor variables for output quality were, being a student, farmers, own income sources, exempted services, and long waiting time. The same study found that the overall quality of adolescent and youth-friendly health services was still lower than the WHO good quality standards (Gebrie, Asrade, Tsehay, Yazachew, & Dellie, 2021). A study conducted in southern Ethiopia found that the overall youth clients' satisfaction on YFS was 54.41%. Various factors such as age, employment, place of YFS, frequency of visit, waiting time, and comfort with providers' sex were factors which are significantly associated with client satisfaction in this study (Mulugeta et al., 2019).

The evidence from both high- and low-income nations shows that services for youths are highly fragmented, poorly integrated, and uneven in quality (World Health & Unaid, 2015). Particular to Ethiopia, limited evidence is available on the quality of youth-friendly service (Mauerhofer, 2010). The current literatures focuses solely on evaluating factors that influence YFS use. (Ayehu, Kassaw, & Hailu, 2016). There is evidence gap on the state of YFS service quality in Ethiopia. Particular to the study area, Addis Ababa the available studies focus on YFS uptake rather than the quality (Tesfaye et al., 2015). As far as the literature search is concerned, there is a paucity of evidence on the quality of YFS in the study area, Addis Ababa. In addition to the limited number of evidence, quality of health services needs to be assessed periodically to better strengthen the quality of the services and promote service uptake. As a result, this research will fill a knowledge gap about the quality of youth-friendly services and give local evidence for

context-specific decision-making. We also intend to determine the factors affecting clients YFS satisfaction which will help to identify target area of intervention for improving satisfaction. It will also aid health-care providers, policymakers, and other groups in improving youth-friendly services in public health facilities.

### **1.3 Objective of the study**

General objective

- To investigate the level of quality of youth-friendly sexual and reproductive health service in Selected Public Health Facilities of Addis Ababa, Ethiopia, 2022.

### **Specific objective**

- To investigate the quality of youth-friendly sexual and reproductive health service in selected public health facilities of Addis Ababa and
- To investigate the determinants of satisfaction of youth-friendly sexual and reproductive health service among youth in selected public health facilities of Addis Ababa.

### **1.4 Research questions**

- How is the quality of youth-friendly sexual and reproductive health service in Selected Public Health Facilities of Addis Ababa look like?
- What is youths' level of satisfaction of the services?
- What are the determinants of satisfaction of youth-friendly sexual and reproductive health service among Youth in Selected Public Health Facilities of Addis Ababa?

### **1.5 Significance of the Research**

This research will fill a knowledge gap about the quality of youth-friendly services and give local evidence for context-specific decision-making. It also aids health-care providers, policymakers, and other groups in improving youth-friendly services in public health facilities.

### **1.6 Scope of the Study**

The study was conducted in Addis Ababa Selected public health facilities. We randomly selected public health facilities in Addis Ababa to make the finding representative. All the three components of the YFS such as structure, process and output were assessed to determine the

quality of the services. The study mainly involves service provider who are health professionals, service recipient who are Youths. Youths who visit health facility for services other than sexual and reproductive health (SRH) were not part of the study.

### **1.7 Limitation of the study**

This study has following limitations:

- the study related to reproductive issues is much sensitive and might result in social desirability bias, which might have underestimate or overestimate an outcome of interest.
- Some reproductive related questions were asked to track past experiences of the youth, which might be subject to recall bias and thus could compromise the findings of the study.
- The study was conducted immediately after COVID-19 pandemic and the war in northern part of Ethiopia. This has disrupted the health system and resulted in shifting of resources to pandemic control and rehabilitation war affected areas. This may lead to overestimation of poor quality of YFS. We recommend careful interpretation of the study finding in consideration of those facts.
- The study also shares the limitation of cross-sectional design as in this case it is difficult to establish the temporal sequence between independent and outcome variable.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1 Conceptual literature

SRH is described by the amalgamation of “sexual health” and “reproductive health”. Sexual health has been defined by the World Health Organization (WHO) as “a state of complete physical, emotional, mental and social well-being in relation to sexuality; not merely the absence of disease, dysfunction or infirmity” (World Health Organization, 2003). Sexual and reproductive health implies that people are able to have a satisfying and safe sex life and have the capability to reproduce and the freedom to decide if, when, and how often to do so. Sexual and reproductive health focus on a wide range of areas such as; access to ante and postnatal care, access to contraception and family planning, clinical management of rape survivors and intimate partner violence, management of abortion-related complications, prevention and treatment of fistula, screening and treatment of cervical cancer (UNHCR, 2021). Including, adolescent SRH services aim to provide information, education and health services to adolescents and youths to help them understand their sexuality and protect them from unintended pregnancy and/or sexually transmitted infections including HIV/ AIDS. It is recommended that this is combined with education of young men to respect women’s self-determinations and to share responsibility with women in matters of sexuality and reproduction (International Planned Parenthood Federation, 2008; Kenya National Bureau of Statistics, 2009; United Nations, 1994).

According to the WHO, youth refer to people aged between 10 and 24 years and are characterized by unique physical, psychological, social, and emotional changes that put their life at high risk. Also, Youth friendly SRH services have been described by WHO (2002) as “services that are accessible, acceptable, equitable and appropriate to meet the SRH needs of young people aged between 10–24 years”, According to Ethiopian context 15-29 years. Such services are provided within an environment that is friendly and welcoming so that young people are able to come back again and also refer their friends for the same services (World Health Organization, 2002). Youth-friendly health services (YFHS) are a promising approach to delivering health services to meet the SRH needs of young people (Boersema, Van Wyk, & Louw, 2019). Young people require services that support their physiological, cognitive, emotional, and social transition into adulthood (Patton et al., 2009). The WHO guidelines for

providing YFHS recommends services that are accessible, acceptable, equitable, appropriate and effective. This program includes comprehensive SRH services like information and counseling on SRH issues, family planning counseling and methods provision, condom promotion and provision, testing services (pregnancy, HIV), management of sexually transmitted infections, and other medical conditions with appropriate referral linkage YFRHS programs were implemented in Ethiopia since 2006 (MOH, 2016.; Munea et al., 2020). Over 44.7 and 53.5% of health facilities implement YFS program in Ethiopia. Additionally, the government is working to scale up YFS in all health centers, hospitals, and university clinics in the same fashion(MOH, 2016.; Munea et al., 2020).

## **2.2Theoretical Literature**

Youth-friendly health services (YFHS) are designed to address the barriers faced by youth in accessing high-quality sexual and reproductive health (SRH) services. In collaboration with partner organizations and national stakeholders, the WHO developed a Standards-driven approach to improve the quality of health-care services for youths. These standards help minimize variability and ensure a minimal required level of quality to protect youths rights in health care (Nair et al., 2015).

All young people should be able to access and accept, while using youth-friendly services, regardless of their age, marital status, HIV status, sexual orientation, gender identity, occupation, social standing, geographic location, or financial means (Shikuku, 2005). They should be provided at the appropriate location at a fair cost, sometimes for free if necessary, and given in the appropriate style to be acceptable to young people, as well as being effective, safe, and affordable (Mazur, Brindis, & Decker, 2018). These services must be private, confidential, and nonjudgmental. Youth friendly services recognize the importance of the people and community groups that structure your choices and your life. Thus, services should involve and gain the support of those important in your life, such as partners, parents, guardians, careers, faith organizations, community leaders and schools (YOUTH DO IT, 2021). Simultaneously, service providers must emphasize your rights, particularly your right to privacy and secrecy, and ensure that these rights are not undermined by involving parents, guardians, or others. To increase the linkages between services, education, and outreach, youth-friendly service providers should

collaborate with organizations and schools that provide comprehensive sexuality education and other youth sexual and reproductive health programs (Tylee et al., 2007).

Providing good quality health services for youths has substantial implications. On the contrary, poor quality of health services is a significant driver of mortality across different health issues. Low-quality health services associate with a range of sexual and reproductive health issues that can have undesirable consequences for maternal and child health. Thus, it is essential to give good quality healthcare to promote youths health, wellness, and development (Gebrie et al., 2021).

## **2.3 Empirical Literature**

The research performed on utilization of youth friendly services and associated factors among youth in Harar town, east Ethiopia showed that the utilization of youth friendly services is moderate in this study. Getting youth related services information from different sources and being knowledgeable about the services have increased the utilization of the services. Authors suggest that efforts should be made by all relevant stakes to create conducive environment for the youth through training of the youth service providers, particularly for those who work in the government institutions, and strengthening of the awareness creation strategies among the youth to increase the utilization of the services (Motuma, Syre, Egata, & Kenay, 2016).

Facility-based quantitative cross-sectional study supplemented with a qualitative data was conducted in two public health centers in Arba Minch town and found that the overall youth clients' satisfaction on YFS was 54.41%, 42.0%, and 49.1%, respectively. Age (15-19) [AOR (95% CI) = 3.2 (1.4-7.8)], employment [AOR (95% CI) = 6.4 (2-17)], place of YFS [AOR (95% CI) = 0.35 (0.1-0.8)], frequency of visit [AOR (95% CI) = 0.03 (0.0-0.3)], waiting time [AOR (95% CI) = 0.02 (0.0- 0.09)], and comfort with providers' sex [AOR (95% CI) = 0.07 (0.02-0.2)] were factors which are significantly associated with client satisfaction in this study (Mulugeta et al., 2019).

Another study conducted in West Gojjam zone in 2018 to assess the quality of the service using the Donabedian model showed that none of the health facilities achieved  $\geq 75\%$  in the three components of quality measurement. From 18 health facilities, 6(33.3%) provided low quality in all domains. Process component, which measures client-provider interaction and

privacy/confidentiality, was the most compromised one. However, a promising result was reported in the input quality that measured the availability of trained providers, drugs, and supplies. The presence of community-based health insurance and age driven comprehensive youth-friendly service delivery approach were identified as challenges to deliver quality services (Munea et al., 2020).

A study conducted in South Africa found that the mean scores for the ten standards showed substantial variation across facilities in the two sub-districts, with Gauteng Province scoring lower than the Northwest for 9 standards. The sub-district median for Gauteng was 38% and the Northwest 48%. In both provinces standards related to the general service delivery, such as standards 4 and 5, scored above 75%. Assessment of services specifically addressing sexual, reproductive, and mental health (Standard 3) showed that almost all these services were scored above 50%. Exploration of services related to psycho-social and physical assessments (Standard 8) demonstrated differences in the healthcare facilities' management of adolescents' presenting complaints and their comprehensive management including psycho-social status and risk profile. Additionally, none of the facilities in either sub-district was able to meet the minimum criteria for the five standards required for AYFS recognition (James et al., 2018).

A systematic review on the factors influencing access to and utilization of youth-friendly sexual and reproductive health services in sub-Saharan Africa found that structural barriers were the negative attitude of health workers and their being unskilled and individual barriers included lack of knowledge among youth regarding YFSRHS. Facilitators of utilization of the services were mostly structural in nature which included community outreaches, health education, and policy recommendations to improve implementation of the quality of health services and clinics for adolescents/youth to fit their needs and preferences (Ninsiima, Chiumia, & Ndejjo, 2021).

Other studies in Nepal and Kenya also found similar findings. The quality of YFS is poor and compromised by various factors. Structural, process related challenges were identified and they were found to affect the output or service satisfaction (Godia et al., 2013; Pandey, Seale, & Raze, 2019). Based on a study conducted in northern Ethiopia the quality of adolescent and youth-friendly health services was 58.8, 46.4, and 47.2% for structural, process, and output quality dimensions, respectively. The predictor variables for output quality were, being a student (AOR: 2.07, 95%CI: 1.07–3.40), farmers (AOR: 2.59, 95%CI: 1.25–5.39), own income sources

(AOR: 1.99, 95%CI: 1.03–3.85), exempted services (AOR: 2.30, 95%CI: 1.43–3.71) and long waiting time (AOR: 3.8495%CI: 1.80–8.23). The same study found that the overall quality of adolescent and youth-friendly health services was still lower than the WHO good quality standards. The structural quality dimension was affected by the unavailability of adequate and trained health service providers, poor engagement of adolescents and youths in the facility governance structure, unavailability of guidelines, protocols and procedures. In contrast, the process quality dimension was also compromised due to the provider's poor compliance with the national AYFHS guidelines (Gebrie et al., 2021).

## **2.4 Synthesis of the Reviewed Literature**

Satisfaction is one components of quality health care service. The finding from review of the various literature showed that YFS satisfaction in adolescents is suboptimal. Various factors were identified to affect service satisfaction. Despite the fact that service satisfaction is one indicator for quality of the service, it doesn't compressively tell us about the quality of the services. WHO recommend to have a comprehensive assessment of the quality of SRH services and put in place a guideline to measure YFS quality. However, most of the study focuses on youth satisfaction. There are only two studies conducted to assess the quality based on the WHO recommendation. But the studies were conducted few years back which necessitates for a new study. The WHO recommendation advantage is its robustness to be applied to all healthcare settings and at many levels of the healthcare delivery system. Plus, quality of service should be assessed routinely to improve any service gap and provide high standard SRH service for youth.

## **CHAPTER THREE**

### **THE RESEARCH METHODOLOGY**

#### **3.1 Study setting (area and period)**

The study was conducted from April 27-june 10, 2022 in selected public health facilities of Addis Ababa, Ethiopia. Addis Ababa which is the capital city of Ethiopia and sit of African Union and the United Nations World Economic Commission for Africa. It covers an area of 527 square kilometers and has 11 sub cities with a total population of 3,384,569 according to the 2007 census (Central Statistical Agency, 2013). In 2016 the city had 12 public Hospitals and more than 100 health centers (MOH, 2016). Currently, only 91 health centers and 2 hospitals are providing the services due to covid pandemic. The study was conducted in 25 selected public health facility (Two hospital and 23 randomly selected health centers) that are providing YFSRHS.

#### **3.2 Study Approach and Design**

A health facility-based cross-sectional study was used. Mixed study design was used to assess the quality of youth friendly sexual and reproductive health services in selected public health facilities of Addis Ababa, Ethiopia. In order to assess the quality of YFS, it is important to measure the three important component of service quality such as input, process and output. To assess those things, the research should be conducted at facility level. That is why we choose facility-based study. The reason we choose cross sectional study is due to the study question and there is no data source which allow the use of other study design (no longitudinal data are available). We are interested to measure quality of service at certain point of time (during the data collection time), therefore cross-sectional study design is the best design to answer our research question. The reason we added qualitative component to our research is that certain component such as the barriers for the provision of quality YFS from the service provider side can best be captured through qualitative data (through Key informant interview). In addition, the assessment required observation of YFS delivery to assess the process dimension of quality. The use of qualitative data enabled us to compliment the data we collected through quantitative data.

### **3.3 Sampling Technique and Procedure**

Two public hospital was purposively selected as they are the major centers for the provision of YFS. Additionally, 23 health centers were randomly selected after listing all the public health facilities of Addis Ababa. The number of health facilities we selected are approximate to 1/3 of the health facilities in the study area which is a representative sample. To answer the second study objective which is client satisfaction of YFS, data from 238 participants were collected. After selecting the health facility, the sample size to assess youth satisfaction of YFS was proportionally allocated to each facility based on the client flow of each health facilities. We used the previous 3-month hospital record to estimate the case flow of each health facilities. Then, consecutive sampling technique were used to select youth until the sample size is achieved. To select key informant (provider and health facility manager) 12 participants (four YFS provider and 8 health center manager) were purposively selected.

**3.3.1 Source populations:** All public health facilities in Addis Ababa were the source for selection of health facility. For the satisfaction assessment which is part of the quality assessment (output), all young peoples between 15 to 29 years who visited public health facilities for youth-friendly health service and managers and service providers working at selected public health facilities in Addis Ababa.

**3.3.2 Study Population:** Two purposively selected hospitals and 23 randomly selected health centers were the study population for the first objective (quality of YFS). For the second objective which is youth satisfaction on YFS, youth aged 15-29 who visited the selected health facilities during the study period was the study population.

**3.3.3 Inclusion and exclusion criteria:** young peoples between 15 and 29 years who visits selected public health facilities for youth-friendly health service during the study period were included. Youth-friendly service clients with an emergency condition, and critically ill were excluded. Health managers who served less than 6 months were also excluded.

### 3.3.4 Sample Size determination

To determine the quality of YFSRHS, two hospitals that majorly give YFS based on the recommendation of Addis Ababa health bureau officials and 1/3 of the health centers that are currently giving YFS were included. To assess the third component of quality assessment which is service satisfaction, 238 participants were interviewed. The sample size was determined using the following technique.

The sample size for assessing satisfaction was calculated using a single population proportion formula, considering the following assumptions. From the previous study, the overall youth client satisfaction to health service, 60.7% (Dagneu, Tessema, & Hiko, 2015), 95% confidence level, and 5% degree of precision.

Sample size is calculated by using single population proportion formula.

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

Where

n-is the desired sample size estimated

p- Is the proportion of the Youths who visit YFS.

d- Margin of error for sampling

Z- The standard normal value at (100%– $\alpha$ ) confidence level 1.96.

In this study we consider P= 60.7%

d= Margin of error for sampling 5%

$$z_{\alpha/2} = 1.96$$

Finally, the calculated sample size was 367 youths. Since the number of youths who are receiving the service in three-month period are less than 10,000 (finite population) we used reduction formula (Naing, Winn, & Rusli, 2006). According to Addis Ababa regional health bureau

report, the number of youths who are received YFS in a three-month period using the last year's (2013) average were 523.

Finite population correction formula, desired sample size= $n/1+(n/N)$ , where n is the estimated sample size and N is the total sample population. Then the estimated sample size was 216. After adding 10% non-response rate, the final sample size was estimated to be 238.

- For the assessment of the second dimension of quality which is process quality, three observations of actual YFS provision were observed in each health facilities. WHO recommends at least three observations per site to collect qualitative data for studying process quality (Geary, Webb, Clarke, & Norris, 2015; World Health Organization, 2009).
- For assessing barriers for the implementation of quality YFS, 12 key informant (four YFS provider and 8 health center manager) were selected.

### 3.4 Study variables

**Table 3.1. Description of the study variables**

Variable name	Description
<b>Dependent variables</b>	
Quality of YFSRHS	<b>Quality of care:</b> is a care which is effective, efficient, accessible, acceptable, equitable, and safe to service users (World Health Organization, 2009). In this study, if the health center scores 75% and above of WHO Quality standard by combining the three quality assessment items for structure, process, and output/ satisfaction level, it was classified as “Good quality” or “Good standard of care” and if the score is less than 75%, it was classified as " poor quality of care" of care According to WHO structural, process and output quality are defined as follows (Mulugeta et al., 2019; World Health & Unaid, 2015).
Structural quality	is concerned with the availability of adequate service providers, facilities, information, essential drugs, equipment, and basic infrastructures. Quality of YFHS was measured using 47 structural

	measurement items adapted from the WHO and FMOH standard tool (Ministry of Health of Federal Democratic Republic of Ethiopia, 2007; World Health Organization, 2009).
Process quality	is related to client-provider interaction including privacy, good communication, education, and use of job aids, guidelines, and examination and treatment procedure according to the WHO standard.it was measured by using 41 items adapted from the WHO tool and other related literatures (Mulugeta et al., 2019; World Health & Unaid, 2015).
Output quality	is concerned with youth clients' satisfaction level towards service provided at YFS centers quality was measured by clients' satisfaction towards the services provided at YFHS using 23 items questions (Yewbirt Sharew, Abdela Amano, Haymanot Zeleke, & Mengistu Mekonnen, 2017).
<b>Independent variables</b>	
<b>Socio demographic characters:</b> Various sociodemographic characteristics such as age, sex, religion, educational attainment of the respondent, educational attainment of the parents or care givers was assessed. These variables have previously been identified in other literatures to affect YFS quality.	
Age	It is the interval of time between the date of birth and the date of the interview, expressed in completed years. Given the differences in life experience between different age groups, as well as people's changing tastes and behavior as they get older, it can be very useful to include a survey age question. <ol style="list-style-type: none"> <li>1. 15-19 years</li> <li>2. &gt;=20 years</li> </ol>
Sex	Gender of the respondent. It was assessed as <ol style="list-style-type: none"> <li>1. Male</li> <li>2. Female</li> </ol>

Religion	<p>It is an affiliation with a group having specific religious or spiritual tent, and identifies the respondent’s religious affiliation (CSA Ethiopia, 2011).It was measured as followed</p> <ol style="list-style-type: none"> <li>1. Orthodox</li> <li>2. Protestant</li> <li>3. Muslim</li> <li>4. Others</li> </ol>
Educational level	<p>It is a measure of the highest level of formal school that the respondent has attended. The educational status of both the youth and the partners was assessed(Lunani, 2012). It was measured as follows</p> <ol style="list-style-type: none"> <li>1. Can’t read and write</li> <li>2. Can read and write but no formal education</li> <li>3. Primary school</li> <li>4. Secondary school</li> <li>5. Higher education and above</li> </ol>
Marital status	<p>It refers whether a person is legally or culturally married or not</p> <ol style="list-style-type: none"> <li>1. Single</li> <li>2. Married</li> <li>3. Divorced</li> <li>4. Widowed</li> </ol>
Occupation	<p>It measures the respondent’s current working status other than domestic(Lunani, 2012)</p> <ol style="list-style-type: none"> <li>1. Student</li> <li>2. Marchant</li> <li>3. Employed</li> <li>4. Housewife</li> <li>5. Unemployed</li> <li>6. Others</li> </ol>

### **3.5 Data Collection Tools and Procedures**

Both quantitative and qualitative data collection methods were employed to collect data from service facility, service providers, and service users. All the three components of the service such as structure, process and output were assessed to determine the quality of the services. Qualitative data were used to supplement the quantitative approach with the aim to explore the barriers for the implementation of quality of YFS. The data were collected by trained interviewer through structured client exit interview questionnaire, and observation checklist. Qualitative data were collected through an interview checklist, facility observation, and client- provider interaction score sheets where all of them will have equal weights. Data collection tools was adapted from the WHO (World Health Organization, 2009) and national guidelines. All interview and observation instruments were designed in English and then translated to Amharic. The data from the youth client exit interview was collected by two nurses or midwives. Health centers manager and service provider interview and client and provider interaction observations were conducted by two senior nurses. The investigator supervised all data collection process. All data collectors and supervisor were intentionally selected and used from other facilities that do not belong to study health centers.

### **3.6 Data Analysis Technique**

#### **3.6.1 Data quality control**

Pre-testing was done on 5% of the sample Youths from Health Facilities that was excluded from the sample and necessary correction on the tool was made. Per-test data was excluded from further analysis. The pre-test data was used only for training of data collectors and to check validity and consistency of the tool. Training was given to data collectors by principal investigators for 1 days about the objectives of the study, data collection instruments, data collection procedures and the ethical consideration during data collection.

The completeness and consistency of questionnaire for each respondent was checked at the time of data collection. Data collections were supervised by the investigator. The investigator supervised and reviewed every questionnaire for completeness and logical consistency and correction was made at the data collection site. Data coding, entry and cleaning were performed

by the investigator and supervisor. The English version questionnaire was translated to local language (Amharic) and again translated back to English to check for consistency.

### **3.6.2 Analysis and presentation**

Descriptive statistics was used to describe the study characteristics of the participants and to measure the quality of YFS. To determinants the satisfaction of youth about receiving YFS, logistic regression was done. Variables with a p-value of 0.25 or less in the bivariate analysis was entered to the multivariable logistic regression analysis (Mickey & Greenland, 1989). Finally, odds ratio with a 95% confidence interval along with p-values is used in reporting the results.

#### **Assessment of quality of YFS service provision**

First, we have assessed each component of quality separately. Then we combined each finding from each dimension of quality to determine the overall quality of youth friendly service in public health facilities of Addis Ababa.

**Satisfaction:** In order to determine satisfaction on individual service recipients, we used 20 “yes” or “no” questions to assess the satisfaction of youth regarding the use of YFS they received. In the analysis the response “yes” was given a score 1 and “no” was given a score of 0. Then we added all the score to compute a sum satisfaction score (which gives a minimum 0 and maximum 20). According to previous literature those who score 15 and above or 75% were categorized as satisfied and those who scored less were categorized as not satisfied.

As the aim of this study is to assess quality of the service in the health facility, we have determined output quality using client’s satisfaction in each health care facilities. To determine the client’s satisfaction in each health facilities, we determined the percentage of youth who were satisfied by the service they received. Facilities that had 75% or more client satisfaction was classified as having good output quality and those less than 75% were classified as having poor output quality.

**Structure:** We used 47 structural assessment question to assess the structural quality. All the questions were a “yes” or “No” question. In the analysis, the response “yes” was given a score 1 and “no” was given a score of 0. Then we added all the score to compute a sum satisfaction

score (which gives a minimum 0 and maximum 47). As suggested in literature, the score of each facility was added to calculate a structure quality score. Those facilities that scored 75% or more were classified to have good structural quality to provide YFS and those facility that scored less than 70% were classified as having poor structural quality to provide YFS.

**Process:** To assess the process quality of YFS in the study area, we assessed it using an observation of service delivery. The observation check list consists of 41 questions. Like the other quality assessment questions stated above, it was a “Yes” or “No” question. We used a similar scoring method during the analysis. We made 3 observations in per health facility and the average score of the three-observation score is used to determine the process quality for each health facility. After the final score for process quality is computed for each health facility, those facility who scored 70% were classified as having a good process quality and those that scored less than 70% were classified as having poor process quality.

**Overall quality score:** To estimate the overall quality YFS, we combined the input/structure, process, and output/satisfaction quality of each health facility. Those facility that has good quality in all the dimension were categorized as having a good overall quality of YFS and those facilities that have at least one poor quality outcome in one of the three quality assessment dimensions were classified as having poor overall quality.

**Qualitative data analysis:** Qualitative data were transcribed using Microsoft word file. The transcribed files were checked for errors by reading the Microsoft files line by line and comparing with the audio file. The final Microsoft files of the transcripts was coded using word. Categories representing similar phenomena was grouped into themes to summarize the qualitative evidence based on the main objective.

To have a comprehensive understanding, we triangulated the finding from the qualitative and the quantitative finding. The result is summarized in text, table and graph as relevant. In addition, emerged themes are discussed with relevant quote from the respondent to substantiate the finding.

### **3.7 Ethical consideration**

Ethical approval was obtained from the Addis Ababa University, center of population study ethical review committee. Accordingly, permission to conduct this study was sought from respective city administration health bureau, health facilities and youth centers in Addis Ababa. Finally, written informed consent was obtained from the study participants after detailed information was provided about study objectives and assuring confidentiality of the data and participants' autonomy of not to participate or to opt-out at any stage of the interview.

## CHAPTER FOUR

### RESULTS AND DISCUSSION

We had a total sample size of 238 youths and 25 health facilities. We were able to collect data from all the samples and health facilities which gives 100% response rate.

#### 4.1 Characteristics of Respondents

Our analysis showed that a little higher than half 134 (56.3%) of the study participants were female whereas the remaining are male. Regarding the age distribution, majority of the study participants 157 (66%) were aged greater than or equal to 20 years of age. Significant majority of the study participants were single and attended or attending secondary and preparatory education. About occupation, significant majority of the youth who took part in our survey were student. In relation to ethnicity and religion, nearly half of the participants were Amhara followed by 20% Oromo and 45.8%, 26.5%, and 27.7% were Orthodox, Muslim and Protestant religion followers respectively. Regarding parents' employment status, 66.4% of the father of the participants and 44.1% of the mothers of participants are employed whereas the remaining parents are not employed (**Table 4.1**).

**Table 4.1.** Socio demographic characteristics of the study participants in Addis Ababa, Ethiopia 2022(n =238).

<b>Variable</b>	<b>Category</b>	<b>Frequency (n=238)</b>	<b>Percentage (%)</b>
Sex	Male	104	43.7
	Female	134	56.3
Age	15-19	81	34.0
	≥20	157	66.0
Marita status	Single	215	90.3
	Married	22	9.2
Educational status	Non formal education	12	5.0
	Primary education	61	25.6
	Secondary and preparatory school	108	45.4
	College and above	57	23.9
Occupation	Student	209	87.8
	Government employed	10	4.2
	Daily laborer	11	4.6
	Unemployed	8	3.4
Ethnicity	Amhara	107	45.0
	Oromo	48	20.2
	Tigray	45	18.9
	others	38	16.0
Religion	Orthodox	109	45.8
	Protestant	63	26.5
	Muslim	66	27.7
Maternal employment status	Yes	105	44.1
	No	133	55.9
Father employment status	Yes	158	66.4
	No	80	33.6

## 4.2 Perceived Quality Youth Friendly Services

We have assessed youth friendly reproductive health service based on the three components of quality which are structure, process, and output. Based on our assessment, only six (24%) of the sampled health care facilities have good structural quality for the provision of YFS. However, the significant majority (76%) have poor structural quality. With regard to the process quality, only seven (28%) of the health care facilities have good process quality (which means only seven of the health facilities out of twenty-five were have followed at least 70% of the standard operating procedure while providing YFS). The last component of quality that we assessed was the output (satisfaction of YFS recipients in this study). Our analysis showed that only three (12%) of the health care facilities achieved the desired level of client satisfaction (**Figure 1**).

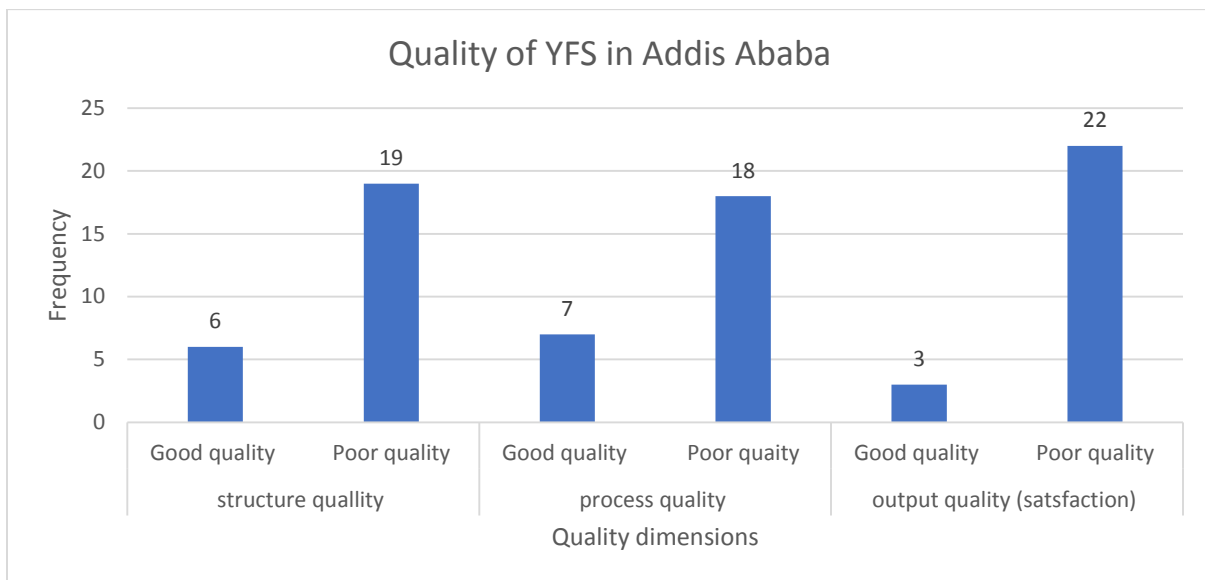


Figure 1. Quality of YFS based on quality dimensions in selected public health facilities of Addis Ababa

Combining the three components of quality assessment, we have assessed the overall quality of YFS in selected health facilities of Addis Ababa. As depicted in figure 2, our analysis showed that only two among the twenty-five or only 8% of the health facilities were providing quality youth friendly reproductive health services. In the remaining health facilities, the YFS provided were of poor quality.

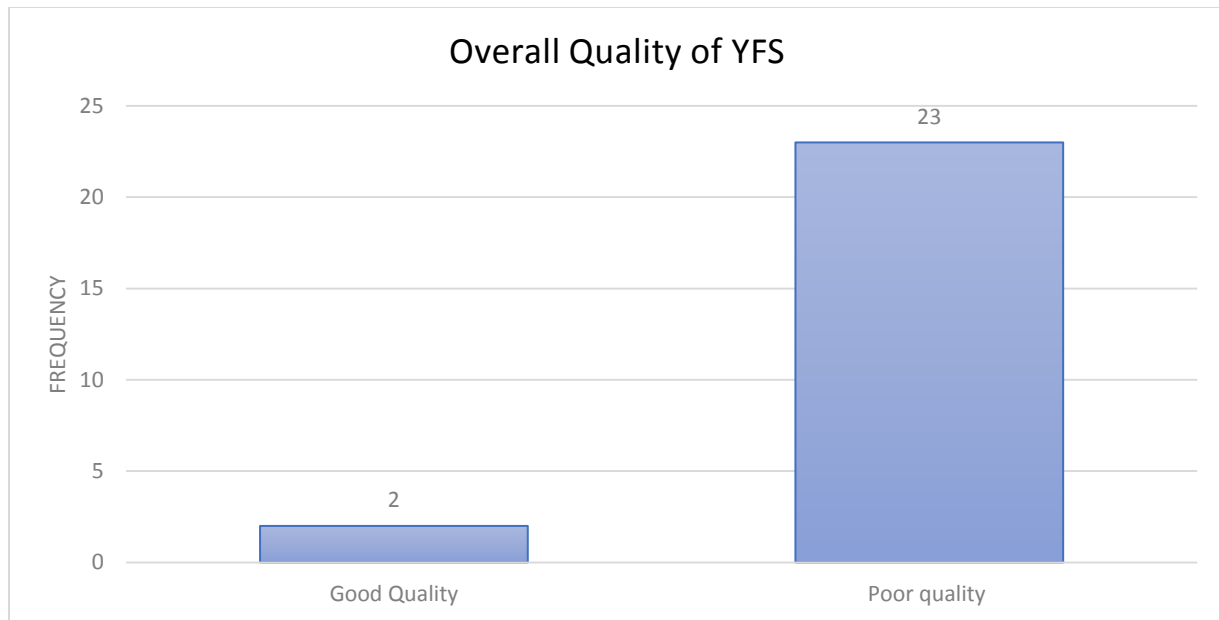


Figure 2. Overall quality of YFS in selected public health facilities of Addis Ababa

Finding from our qualitative assessment showed that four important themes emerged from the analysis of our qualitative data. The themes emerged are ‘*weak support system*’, ‘*inadequate capacity of the service provider*’, ‘*overburden of the health service provider*’ and ‘*lack of adequate infrastructure*’.

### **Weak support system**

Having strong support system from the regional health bureau through mentoring, provision of training, job aids and standard guideline and other necessary support is considered as an important pillar for the provision of quality YFS. Finding from the qualitative data showed that weak support system is one of the barriers for the provision of quality YFS. As stated by one of the participants

*“.....we expect support from Addis Ababa health bureau. At the beginning when we started the service, there were a lot of visits and encouragement from Addis Ababa health bureau and even ministry of health but after sometimes no one come to see and support us. They need to give us mentorship and encouragement, but we rarely get that. I don’t even remember the last time someone visited us this year.....”* Health center head

### **Lack of adequate infrastructure**

Having the necessary infrastructure is critical for the provision of all health care services. YFS also requires various resources including human power, availing of job aids and guidelines, establishing a comfortable room for the service etc. Our finding showed that lack of resources is one of the main reasons for providing of YFS which is not up to the standard. As stated by our participants, with all the resource constraints the health facilities have, it is not possible to provide quality YFS.

*“...we know that we deliver YFS in a lower standard than expected. We don't have all the necessary facilities to do our task according to the standard. For example, the room we use to deliver YFS is very small and it's not comfortable. Our staff that works in the clinic don't get updated and adequate training...”* Health center head

*“We are providing YFS with the limited human power we have. The staff that works there also covers other clinic when there is no client in Youth clinic.... sometimes I don't blame them for not adhering to the standard....”* Health center head

*“ ...like I told you earlier, we don't have job aids, the staff who works here do not get necessary compensation for doing additional task, we don't even have well-furnished room to provide the service....”* YFS provider

### **Overburden of the health service provider**

Having staff that are dedicated to a specific service will enhance the provision of that specific service. Our assessment showed that some health facilities didn't dedicate staff to only work in YFS. Those who work in YFS did have other work assignment. This has caused overburden to the health professional and leads to the delivery of YFS with undesired quality.

*“...for example if you take me I work here when a patient comes but if there is no patient in this clinic, I have to work ANC clinic. Do you think this is fair?...I have to also work night shift in other clinic. i don't even get any financial benefit for working in two different wards....”* YFS provider

*“...We have limited human power in this health center. So we have to assign one staff to work in two different department. We have asked Addis Ababa health bureau for more staff but there is*

*no response from them. I hope we the bureau will assign more professional soon and we will provide the service our client demand for.” Health center head*

### **Inadequate capacity of the service provider**

The other important factor that was identified to affect the quality of YFS inadequate capacity of health care provided who provide YFS. This was attributed to lack of adequate training for this specialized service. Even though they get the training most of them stated that they haven't received refresher training. This has resulted to miss important steps in the service provision such as giving adequate counseling service.

*“ we haven't provided our staff who are working in the clinic training. I think it was almost two years ago. I don't even think that one of the nurses who works there trained. The nurse who used to work there is transferred to another place. I feel like I have they have outdated knowledge. I encourage them to try to read and update sometimes. But with all the work load they have, its not easy to do it by themself...I have also mentioned this to Addis Ababa health bureau personnel, and they promised us for a refresher training. I hope this will be resolved soon.” Health center head*

### **4.3 Youths' Level of Satisfaction of the Services and Determinants of Youth Friendly Service Satisfaction**

Based on our finding, only 33.6% of clients who attended YFS were satisfied.

As shown in table 2, sex, age, marital status, educational status, occupation, ethnicity, and maternal educational status were the variables with P-value of less than or equal to 0.25 in the unadjusted regression analysis. After adjusting for confounder in the multivariable logistic regression analysis, only three variables such as age, sex and occupational status were found to be associated with satisfaction of YFS users in public health facilities of Addis Ababa. The result showed that, female clients were nearly two times [AOR (95%CI) 1.87 (1.07-3.26)] more likely to be satisfied than their male counter parts. Similarly, youths who were aged more than or equal to 20 years were about 2.5 times [AOR (95% CI) 2.52(1.35-4.70)] more likely to be satisfied than those aged 15-19 years of age. Again, we also found that students were 76% less likely [AOR (95% CI) 0.24(0.04-1.40)] to be satisfied when compared to those who are unemployed. Other socio demographic variables were not associated with youth friendly sexual and reproductive health service satisfaction in Addis Ababa.

**Table 4.2** Sociodemographic determinants of youth friendly service satisfaction among youths attending YFS in Addis Ababa, 2020

Variable	Category	COR (95%CI)	P-value	AOR (95%CI)	P-Value
Sex	Male	1		1	
	Female	1.87(1.07-3.26)	<b>0.03</b>	<b>2.66(1.34-5.29)</b>	<b>0.005*</b>
Age	15-19	1		1	
	≥20	2.52(1.35-4.70)	<b>0.004</b>	<b>2.41(1.14-5.08)</b>	<b>0.02*</b>
Marita status	Single	1		1	
	Marries	2.36(0.99-5.61)	<b>0.05</b>	1.23(0.40-3.77)	0.72
Educational status	Non formal education	1		1	
	Primary education	0.38(0.11-1.36)		1.26(0.18-9.02)	
	Secondary and preparatory school	0.46(0.14-1.53)	<b>0.21</b>	1.35(0.18-10.07)	0.97
	College and above	0.67(0.19-2.36)		1.57(0.19-12.75)	
Occupation	Student	0.24(0.05-1.04)	<b>0.24</b>	<b>0.24(0.04-1.40)</b>	<b>0.03*</b>
	Government employed	5.4(0.43-66.67)		5.01(0.35-71.56)	
	Daily laborer	0.72(0.11-4.62)		1.41(0.15-12.62)	
	Unemployed	1		1	
Religion	Orthodox	1.08(0.57-2.05)	0.42		
	Muslim	0.69(0.32-1.46)			
	Protestant	1			
Ethnicity	Amhara	0.60(0.28-1.27)	<b>0.09</b>	0.66(0.28-1.56)	0.43
	Oromo	0.80(0.34-1.91)		0.88(0.33-2.39)	
	Tigray	0.39(0.18-0.81)		0.44(0.15-1.30)	
	Others	1		1	
Maternal employment status	Yes	1.54(0.89-2.65)	<b>0.11</b>	1.79(0.90-3.54)	0.09
	No	1		1	
Father employment status	Yes	1.28(0.72-2.28)	0.40		
	No	1			
Comfort with provider sex	Yes	2.33(1.25-4.35)	<b>0.008</b>	1.09 (0.67-3.22)	0.34
	No	1			
Comfort with the waiting time	Yes	3.29(1.88-5.77)	<b>&lt;0.001</b>	2.1 (0.89-5.61)	0.09
	No	1			

Key \* indicated significant association

## 4.4 Discussion

In this study, we assessed the quality of youth friendly service in Addis Ababa. We have also determined the level YFS satisfaction among youth. We have identified that quality of YFS delivery was poor in most of the health facilities in the study area. All the three dimensions of quality were poor in majority of the hospital and only 2 out of the 25 health facilities had fulfilled the minimum quality standard. Regarding youth satisfaction on YFS, around 33.6% of the study of clients were satisfied with the service they received. But only three (12%) of the health care facilities achieved the desired level of client satisfaction which is estimated by the number of health facilities that have satisfied at least 75% of the clients who visited for YFS. We also found that age, sex, and occupation were the factors that are identified to affect client satisfaction.

Quality has increasingly become the major components of our lives. People are consistently looking for quality services in all sectors (Rahman & Management, 2001) and health care sector is one of the major firm where quality is highly demanded. The existence of this desire for quality has caused firms and organizations throughout the world to consider it as an essential component of any service (Lagrosen, Lagrosen, & Management, 2005). Our study showed that only 2 (8%) out of 25 health facilities we assessed provided good quality YFS. A study conducted in West Gojjam zone, Ethiopia in 2018 to assess the quality of the YFS using the Donabedian model showed that none of the health facilities achieved good overall quality (the combination of the three components; structure, process and output) of quality measurement (Gebrie et al., 2021). Our finding is a little higher than this study. This difference can be explained by various reasons. First, we used relatively higher number of health care facility (25 facilities) as compared to only 6 facilities in their study. Another possible justification could be the difference is the study area. This is to mean that our study is conducted in Addis Ababa where there can be high resource, NGO support and supervision as compared regional areas which might have contribute for the better quality.

Based on our assessment on the three components of quality which are structure, process, and output, six (24%), seven (28%) and three (12%) of the sampled health care facilities have good structural quality, process quality and output quality respectively. A study conducted in northern Ethiopia found that the quality of adolescent and youth-friendly health services was 58.8, 46.4,

and 47.2% for structural, process, and output quality dimensions, respectively (Gebrie et al., 2021). Another study also found higher quality of YFS (Munea et al., 2020). Our analysis showed that only 33.6% of the study participants were satisfied by the service they received. This finding is lower than the study conducted in south Ethiopia where the satisfaction was 54.41% (Mulugeta et al., 2019).

The possible reasons for this variation could be the difference in study period. Our study is conducted during COVID-19 and immediately after war time during which resources were mainly mobilized to the prevention and control of COVID-19 and rehabilitation of war affected areas. This might have reduced the attention given to other services and this might have reduced the service quality and satisfaction of client.

Previous research on workload is extensive and high workload has been shown to be negatively associated with multiple health measurements, such as job satisfaction, mental well-being, job strain, depression, distress, fatigue, emotional exhaustion, and physical symptoms which ultimately affects quality of health care service provision (Kovacs & Lagarde, 2022; Sjöberg, Pettersson-Strömbäck, Sahlén, Lindholm, & Norström, 2020; van den Hombergh et al., 2009). Our qualitative assessment revealed the same finding. We found that overburden of the health service provider as one of the main reasons for poor quality of YFS provision in Addis Ababa.

Having a strong support system and adequately trained human power is the corner stone of quality health service (Mosadeghrad, 2014; Singer, Benzer, & Hamdan, 2015). Our qualitative assessment showed that health facilities have weak support system as well as inadequate trained health care providers to provide YFS. These are mainly reported as the major barriers for the provision of quality of YFS. Similar to our study, a systematic review on the factors influencing access to and utilization of youth-friendly sexual and reproductive health services in sub-Saharan Africa found that barriers such as the negative attitude of health workers and their being unskilled affected the quality of YFS (Ninsiima et al., 2021). Our assessment also showed that lack of adequate infrastructure was among the barrier for the provision of quality of YFS.

Three factors such as age, sex and occupational status were found to be associated with satisfaction of YFS users in public health facilities of Addis Ababa. Our study showed that, female clients were nearly two times more likely to be satisfied than their male counter parts. Like what we found, a study conducted in Northeast Ethiopia found similar finding (Y Sharew,

A Amano, H Zeleke, & M Mekonnen, 2017). Our finding also showed that youths who were aged more than or equal to 20 years were about 2.5 times more likely to be satisfied than those aged 15-19 years of age. Similar to our finding, another study conducted in South Ethiopia found that those that are younger were found to be less satisfied by the service provided (Mulugeta et al., 2019). This can be because those who are older may have relatively reasonable expectations as they may be familiar with other services that connect with service provider.

We also found that students were 76% less likely to be satisfied when compared to those who are unemployed. Our study was similar with a study conducted in South Ethiopia where unemployed were found to less likely to be satisfied .

## **CHAPTER FIVE**

### **CONCLUSION AND RECOMMENDATIONS**

#### **5.1 Conclusion**

Our study highlighted the quality of YFS in public health facilities of Addis Ababa, Ethiopia. We found that the quality of YFS in Addis Ababa is low even when compared to studies done in regional areas. Both the overall quality and each dimension of YFS quality is lower when evaluated based on the WHO standard. In addition, our study revealed that two-third of youths who were using YFS were not satisfied. Barriers such as weak support system, inadequate capacity of the service provider, overburden of the health service provider and lack of adequate infrastructure contributed for low quality of YFS. Socio-demographic factors like age, sex, and occupation status of the youth are among the factors that affected YFS satisfaction in the study area.

## 5.2 Recommendations

Based on our finding the following recommendations are forwarded.

- ✚ Ministry of health and Addis Ababa health bureau should increase the support they provide to health facilities particularly in terms of mentorship, training of health professionals, provision of job aids and manuals.
- ✚ Addis Ababa health bureau should evaluate the structural capacity of the rooms that provide YFS since majority of the facilities do not meet the minimum standard for providing the service.
- ✚ We also recommend that Addis Ababa health bureau to recruit more health care professionals to health facilities so that health facilities can dedicate staff that only work in YFS clinic.
- ✚ Health facilities need to continuously assess client's feedback about the service they received and develop strategy to improve their satisfaction. Especially younger, male, and unemployed youths' clients should be given focus as our study showed that they are less satisfied.
- ✚ Further studies using qualitative design need to be done to explore why younger youths, male and unemployed are not satisfied by the service provided.

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## APPENDIX I: English Version Questionnaire

### Annex I: Questionnaire

#### Introduction

There are five separate tool which is included as an annex. All the information and consent sheets are embedded in each section of the tool.

Facility code \_\_\_\_\_ client code \_\_\_\_\_ date \_\_\_\_\_

**Tool 1: Socio demographic characteristics of the participants** (This will be used for Youths)

No.	Questions	Coding categories
1.	Sex	1. Male 2. Female
2.	How old are you?	_____in years
3.	What is your marital status?	1. Single 2. Married 3. Divorced 4. widowed 5. Separated
4.	What is your educational status?	1. Don't read & write 2. can read & write 3. Primary school 4. Secondary & preparatory school 5. College and above
5.	What is your current occupation?	1. Student 2. Gov't employee 3. Daily laborer 4. Unemployed 5. Others (specify)_____
6.	What is your religion	1. Orthodox 2. Muslim 3. Protestant 4. Catholic 5. Other (specify)
7.	What is your ethnic group?	1. Amhara 3. Tigire 2. Oromo 4. Others
8.	Is your mother employed?	1. Yes 2. No
9.	Is your father employed?	1. Yes 2. No

## INTRODUCTION AND CONSENT

### Consent form for parent(s)/guardian(s) accompanying youths less than 18 years of age.

My name is Lidiya Dawit and I am a graduate student at the Center for population Studies of Addis Ababa University. I am assessing the quality of care provided to youths in this facility. I am interested in your son's/daughter's/ward's opinions, and I would like to talk to him/her about his/her experience using this health facility. For this I would like to ask him/her a few questions. This information will help to improve health services for adolescents. This interview

will take about 20–25 minutes. I will not write down his/her name, and all the information he/she provides will be kept strictly confidential and not be shared with anyone else. His/her participation in this survey totally depends on you and him/her. If you wish you may refuse to give us permission to interview your son/daughter/ward. If you decide your son/daughter/ward should not participate, it will not affect his/her access to services at this health facility in any way.

Do you have any questions?

May we begin?

The parent/guardian has given permission Yes.....1

No.....2

“All my questions were answered. I have understood and agree to give consent to the interview.”

Signature/thumb impression/verbal consent of the  
parent/guardian: \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of Interviewer: \_\_\_\_\_

**Consent form for the youth client >=18 years of age**

My name is Lidiya Dawit and I am a graduate student at the Center for Population Studies of Addis Ababa University. I am assessing the quality of care provided to youths in this facility. I am interested in your opinions, and I would like to talk to you about your experience of using this health facility. For this I would like to ask you a few questions. This information will help to improve health services for adolescents. This interview will take about 15 to 20 minutes. I will not write down your name and all the information you provide will be kept strictly confidential and not be shared with anyone else. Your participation in this survey totally depends on you (and your parent/guardian, if relevant). If you wish you may refuse to participate. If you choose not to participate, it will not affect your access to services at this health facility in any way. If you do choose to be interviewed, you do not have to answer every question I ask you. Do you have any questions?

May we begin?

The interviewee has agreed to answer Yes.....1

No.....2

“All my questions were answered. I have understood and agree to give consent to the interview.”

Signature/thumb impression/verbal consent of the adolescent client: \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of Interviewer: \_\_\_\_\_

**YOUTH CLIENT EXIT INTERVIEW TOOL**

Participant Code \_\_\_\_\_

NAME OF THE FACILITY: \_\_\_\_\_ CODE: \_\_\_\_\_

DATE OF INTERVIEW: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

D D M M Y Y Y Y

RESULTS OF INTERVIEW:

Completed.....1

Partially completed.....2

Refused .....3

INTERVIEWED BY:

\_\_\_\_\_

**Tool 2.out put items (Youth’s satisfaction)**

Sn	Question	Response (Tick the box Infront of the question)	
		Yes	No
1.	How much time taken from your home to the health facility		
2.	Are you satisfied the convenience of service opening hour of the health facility		
3.	Are you satisfied length of waiting time to see the health care provider		
4.	Are you satisfied with cost of services		
5.	Did you receive adequate information on the available SRH services in this health facility?		
6.	Are you comfortable with providers’ sex		
7.	Did the health-care provider listen to what you said with interest?		
8.	Did the health-care provider treat you in a supportive and considerate manner?		
9.	Did you find the health facility Clean?		
10.	Did you find the health facility Comfortable?		
11.	Did you find the health facility Attractive?		
12.	Do you believe that others could not hear your discussion with the health-care provider		

13.	Do you believe that others could not see your consultation with the care provider?		
14.	Do you believe the information you provided is kept in secret (confidential)?		
15.	Did you get medicines and supplies for you at this facility?		
16.	Did the education materials contain information that you found useful?		
17.	Was the health care provider considerate and respectful?		
18.	Was she/he critical of any of your words or actions?		
19.	Did the provider take time to listen, do necessary examination, and deliver the services?		
20.	Would you return if you have any concern?		
21.	Will you recommend the health facility for others		
22.	<p>If yes for Q21 why? (You can choose more than one)</p> <p>A. Satisfied with the service quality.</p> <p>F. Short waiting time</p> <p>D. Friendly service providers</p> <p>G. Availability of same sex service provider</p> <p>B. Affordable services.</p> <p>E. Comfortable compound.</p> <p>C. Services free of charge</p>		
23.	<p>If no for Q21, why? (You can choose more than one)</p> <p>A. Lack of service quality.</p> <p>B. expensive services</p> <p>C. Unfriendly service providers</p> <p>D. Compound not comfortable</p> <p>E. Long waiting time</p> <p>F. Other (please specify)</p>		

**Consent form for health-care provider**

My name is Lidiya Dawit and I am a graduate student at the Center for Population Studies of Addis Ababa University. I am conducting an assessment of the quality of care provided to youths in this facility.

I would like to ask you some questions. This information will help to improve the quality of health care for youths in Addis Ababa, Ethiopia. The interview will require about 25–30 minutes. All the information that you will provide in the interview will be kept confidential and not shared with anyone else. This survey is anonymous, and the questionnaire will not be seen by anyone not involved in the survey analysis. Your participation in this review process is voluntary. You may decide not to participate in this interview or not to answer some of the questions.

Do you have any questions?

May we begin?

Interviewee has agreed to participate Yes.....1

No.....2

Permission for observation is available Yes.....1

No.....2

Signature of the interviewee:

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**HEALTH-CARE PROVIDER INTERVIEW TOOL**

**FACE SHEET**

Interviewee Code \_\_\_\_\_

SEX: Male.....1 Female.....2

DESIGNATION: \_\_\_\_\_

NAME OF THE FACILITY: \_\_\_\_\_ CODE: \_\_\_\_\_

DATE OF INTERVIEW: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

D D M M Y Y Y Y

**RESULTS OF INTERVIEW:**

Completed.....1

Partially completed.....2

Refused .....3

INTERVIEWED BY: \_\_\_\_\_

TIME INTERVIEW BEGAN: \_\_\_\_ : \_\_\_\_ TIME INTERVIEW ENDED \_\_\_\_

### Tool 3. Input (Structure) assessment items

S No	Question	Response (Tick the box Infront of the question)	
		Yes	No
1	Does the health facility have standards on Youth Friendly Reproductive Health Services documents		
2	Does the health facility have tools for planning implementation and monitoring of Standards		
3	Are health workers providing services to adolescents trained on YFS?		
4	Does the health facility have a sign post containing information on types of adolescents and youth SRH services provided		
5	Does health facility have sign post containing information working days and hours for the provision of SRH services?		
6	Does the health facility have separated room for adolescent		
7	Does the health facility have Male condoms		
8	Does the health facility have Oral contraceptives		
9	Does the health facility have emergency contraceptives		
10	Does the health facility have Pregnancy test kit		
11	Does the health facility have HIV test kit		
12	Does Emergency contraception services available in this health facility		
13	Does Safe abortion services available in this health facility		
14	Does HIV counseling and testing services available in this health facility		
15	Does Pregnancy test services available in this health facility		
16	Does the health facility have guidelines/teaching materials for peer education?		
17	Do staff of this health facility have adequate knowledge and skills to train adolescents & youth?		
18	Does the health facility have STIs management guidelines		
19	Does the health facility have HIV/AIDS management guidelines		
20	Does the health facility have Contraception/family planning management guidelines		
21	Does the health facility have Antenatal, delivery, postnatal management guidelines		

22	Does the health facility have Safe abortion services management guidelines		
23	Have staff been trained on STIs management guidelines?		
24	Have staff been trained on HIV/AIDS management guidelines?		
25	Have staff been trained on Contraception/family planning management guidelines?		
26	Have staff been trained on Antenatal, delivery, postnatal management guidelines?		
27	Have staff been trained on Safe abortion services management guidelines?		
28	Are IEC/BCC materials available on Sexually transmitted infections/HIV/AIDS		
29	Are IEC/BCC materials available on Unwanted pregnancy and family planning		
30	Are IEC/BCC materials available on maternal health care (ANC, Delivery Care Postnatal Care)		
31	Are IEC/BCC materials available on Safe abortion services		
32	Does the health facility have referral (one way only) formats/forms for adolescents& youth?		
33	Does the health facility have referral (back referral) formats/forms for adolescents& youth?		
34	Availability of Good drainage		
35	Availability of Covered waste bins		
36	Availability of Running water		
37	Availability of Cleaning tools (broom, scrub, brush, cloths etc.)		
38	Availability of Disinfectants/detergents		
39	Plan for the provision of AYFRH information and services at schools, community (Kebele ,Idir)		
40	Cleanliness of the Surrounding		
41	Cleanliness of the Waiting area		
42	Cleanliness of the examination room		
43	Cleanliness of the Reception		
44	Cleanliness of the Toilets		
45	Has this facility trained adolescent & youth peer educators in the last three months?		
46	Has support staff been given orientation on “Adolescent & Youth Friendly Services”?		
47	Are adolescents & youth trained in the provision of certain services?		

**Interview guiding questions (AYFS providers)**

Facility code \_\_\_\_\_

Age \_\_\_\_\_

Sex \_\_\_\_\_

Experience \_\_\_\_\_

1. Does the facility have adequate equipment, medicines, supplies and technology needed to ensure effective service provision to young? (Stock in past one year)
2. In your opinion, do you think the facility hour is convenient for youth (open, closing, special hour & separate hour)? Explain.
3. In your opinion, do you think the location of the facility convenient for youth?( entry point, distances & places of AYFS classes ) .Explain
4. In your opinion, do you think AYFS delivery space is adequate to give services and maintain privacy & confidentiality? (Interruption, hearing of conversation, comfortable seating furniture, sufficient space to give services). Explain.
5. Do you think the facility environment is comfortable for providing service for youth? ( waiting room, the service room, and signs specifically targeting youth)
6. In your opinion do you think the fees for services affordable for young?
7. Have you involved youth in any of the services delivered? If so, how have you involved youth? If not why?
8. Do you have any methods for soliciting youth opinions?
9. Do you feel that waiting time, length of counseling session of youth is reasonable or too long? Do you think sex of services providers comfortable for young?
10. Do you think the point of health service delivery provides information and education through a variety of channels? Explain
11. Are you using evidence-based protocols and guidelines to provide health services? Explain
12. Could you please share your idea about overall quality of youth friendly services?

S No	Tool 4. Process assessment items (Ask and observe)	Response (Tick the box Infront of the question)	
		Yes	No
1	Do health care providers provide YFRH services in a non-judgmental, caring and supportive manner?		
2	Have you had no shortages/stock outs of Male condoms in the last one month		
3	Have you had no shortages/stock outs of Oral contraceptives in the last one month		
4	Have you had no shortages/stock outs of HIV test kit in the last one month		
5	Have you had shortages/stock outs of Pregnancy test kit in the last one month		
6	Have you had shortages/stock outs of emergency contraceptives in the last one month		
7	Have you used Standards on Youth Friendly Reproductive Health Services		
8	Have you used tools for planning implementation and monitoring of YFS		
9	Have you participated in delivering information on YSRH rights and needs in Schools		
10	Have you participated in delivering information on YSRH rights and needs in Youth centers		
11	Have you participated in delivering information on YSRH rights and needs in Community meetings (Idir, Kebele meetings)		
12	Have you participated in delivering information on YSRH rights and needs in youth meetings		
13	In the last three months, all equipment are available and functioning well?		
14	Do you use the case management guidelines?		
15	Do you receive regular guidance on psychological, physical assessment and individualized care on youth health services?		
16	Do you use the referral forms (one way) when referring youth to other service?		
17	Do you use the referral forms (two way) when referring youth to other service?		
18	Seat youth in the position that facilitated communication most easily?		
19	Introduce himself/herself first to the youth?		
20	Ask the youth who he/ she has brought with him/her to the consultation?		
21	Show interest in the youth and spend some time getting to know him/ her before focusing on the medical problems (problem free talk)?		
22	Did anyone else do not enter the room during the consultation?		
23	Did the service provider listen with attention to what the client had to say?		
24	Did the service provider assure the client that no information will be disclosed to anyone (parents/other) without their permission?		

25	Asked the youth questions about home and relationships with adults?		
26	Asked the youth questions about school?		
27	Asked the youth questions about sexual relationships?		
28	Asked the youth questions about school, smoking, alcohol or other substances?		
29	Talk about how to prevent diseases, and what to do to stay healthy?		
30	Inform the adolescent client about the services available for him/her?		
31	Provide accurate and clear information on the medical condition?		
32	Provide accurate and clear information on the management/treatment options?		
33	Ask the youth client whether he/she has any problem understanding the treatment that is being provided?		
34	Check the youth client's understanding of the information provided by asking probing questions?		
35	Use audio-visual material to explain anatomy, disease, or other, as relevant to the topic of the consultation?		
36	Ask the youth client's permission before performing the examination/procedure?		
37	Explain the results of the physical examination to the client		
38	Separate room to ensure both auditory and visual privacy		
39	Ensure confidentiality		
40	Health care provider involvement in community service provision on YSRHS		
41	Was anyone else not present in the room at the time of consultation?		

## **Tool 5. HEALTH FACILITY MANAGER INTERVIEW TOOL FACE SHEET**

### **INTRODUCTION AND CONSENT**

#### **Consent form for the health facility manager**

Hello,

My name is Lidiya Dawit and I am a graduate student at the Center for Population Studies of Addis Ababa University. I am assessing the quality of care provided to youths in this facility.

I would like to ask you and your staff some questions. Then, I would like to observe the environment for service provision at your health facility and access some of your records. In addition, I would like to inquire about the medicines and supplies available. At the end I would like to be present during at least one youth client-provider interaction. All this information will help to improve the quality of health care for youths in Addis Ababa, Ethiopia. Observing the environment for service provision at the health facility will require about 35–40 minutes. Conducting the interviews will require about 60 minutes.

All the information that you and your staff provide in the interview will be kept confidential and will not be shared with anyone else. This survey is anonymous, and the questionnaire will not be seen by anyone not involved in the survey analysis. Your participation in this review process is voluntary. You may decide not to participate in this interview or not to answer some of the questions.

Do you have any questions?

May we begin?

Interviewee has agreed to participate

Yes\_\_\_\_\_

No\_\_\_\_\_

Signature of the interviewee: \_\_\_\_\_

**Interview guiding questions (health facility head or manager)**

**Facility code** \_\_\_\_\_

**Age** \_\_\_\_\_

**Sex** \_\_\_\_\_

**Experience** \_\_\_\_\_

1. How many health service providers available in this facility? _____
2. How many service providers at this facility have received training in provision of the following YFS ____ STI ____ PICT/HCT/VCT ____ LAFP ____ PAC ____ other (specify) _____. Do you think the training is enough to give effective YFS?
3. Does the facility have adequate equipment, medicines, supplies and technology needed to ensure effective service provision to young? (Stock in past one year)
4. In your opinion, do you think the facility hour is convenient for youth (open, closing, special hour & separate hour)? Explain.
5. In your opinion, do you think the location of the facility convenient for youth? (Entry point, distances & places of YFS classes). Explain
6. In your opinion, do you think YFS delivery space is adequate to give services and maintain privacy & confidentiality? (Interruption, hearing of conversation, comfortable seating furniture, sufficient space to give services). Explain.
7. Do you think the facility environment is comfortable for providing service for youth? (Waiting room, the service room, and signs specifically targeting youth)
8. In your opinion do you think the fees for services affordable for young?
9. Have you involved youth in any of the services delivered? If so, how have you involved youth? If not why?
10. Do you have any methods for soliciting youth opinions?
11. Do the policies support providing services for youth? (Informed consent, privacy confidentiality, cost of services & equitable services provision)
12. Does the facility inform the community about its services for youth? (outreach activity)
13. Do you feel that waiting time is reasonable or too long?
14. Do you think the point of health service delivery provides information and education through a variety of channels? Explain
15. Could you please share your idea about overall quality of youth friendly services?

## APPENDIX II . Amaharic Version Questionnaire

### አማራኛው ክፍል

### የመረጃ እና የስምምነት ፎርም

#### የፍቃድ ቅፅ ለወጣት ደንበኛ 18 አመት እና ከዛባላይ እድሜ ያለው/ያላት

ስሜ ሊዲያ ዳዊት ይባላል በአዲስ አበባ ዩኒቨርሲቲ የስነ ሕዝብ ጥናት ማዕከል ተመራቂ ተማሪ ነኝ። በዚህ ተቋም ውስጥ ለወጣቶች የሚሰጠውን እንክብካቤ ጥራት እየገመገምኩ ነው። የአንተን አስተያየት እፈልጋለሁ እና ይህን የጤና ተቋም በመጠቀም ስላላችሁ ልምድ ላነጋግርህ በማነጋገር የአንተን አስተያየት እፈልጋለሁ። ለዚህም ጥቂት ጥያቄዎችን መጠየቅ እፈልጋለሁ። ይህ መረጃ ለታዳጊዎች የጤና አገልግሎትን ለማሻሻል ይረዳል። ይህ ቃለ መጠይቅ ከ15 እስከ 20 ደቂቃ ይወስዳል። ስም አልጽፍም እና የሰጡት መረጃ ሙሉ በሙሉ በሚስጥር ይጠበቃል ለማንም አይጋራም። በዚህ ዳሰሳ ውስጥ ያለዎት ተሳትፎ ሙሉ በሙሉ በእርስዎ (እና በእርስዎ ወላጅ/አሳዳጊ፣ አስፈላጊ ከሆነ) ይወሰናል። ከፈለጉ ለመሳተፍ እምቢ ማለት ይችላሉ። ላለመሳተፍ ከመረጡ፣ በዚህ የጤና ተቋም ያለዎትን አገልግሎት በምንም መልኩ አይጎዳውም። ቃለ መጠይቅ ለማድረግ ከመረጡ፣ የምጠይቅዎትን እያንዳንዱን ጥያቄ መመለስ የለብዎትም። ማንኛውም ጥያቄ አለህ?

እንጅምር?

ጠያቂው መልስ ለመስጠት ተስማምቷል፣ አዎ.....1 አይ.....2

“ጥያቄዎቼ ሁሉ ምላሽ አግኝተዋል። ለቃለ ምልልሱ ፈቃድ ለመስጠት ተረድቻለሁ እና ተስማምቻለሁ።

የጎረምሳ ደንበኛ ፊርማ/አውራ ጣት ምልክት/የቃል ፈቃድ: \_\_\_\_\_

ቀን: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

የጠያቂው ፊርማ:- \_\_\_\_\_

**መግቢያ እና ስምምነት**

**ዕድሜያቸው ከ18 ዓመት በታች ለሆኑ ወላጅ(ዎች)/አሳዳጊ(ዎች) ጠባቂዎች ለሆኑ ወጣቶች የስምምነት ቅጽ።**

ስሜ ሊዲያ ዳዊት ይባላል በአዲስ አበባ ዩኒቨርሲቲ የስነ ሕዝብ ጥናት ማእከል ተመራቂ ተማሪ ነኝ። በዚህ ተቋም ውስጥ ለወጣቶች የሚሰጠውን እንክብካቤ ጥራት እየገመገምኩ ነው። የልጅህ/የሴት ልጅህ/ሞግዚት የሆነካት/ው ያለው አስተያየት ለማወቅ ፍላጎት አለኝ፤ እና ይህን የጤና ተቋም በመጠቀም፣ ስላሳለፉት ለማናገር እፈልጋለሁ። ስለሆነም ጥቂት ጥያቄዎችን ልጠይቅዎልኝ። ይህ መረጃ ለታዳጊዎች የጤና አገልግሎትን ለማሻሻል ይረዳል።

ይህ ቃለ መጠይቅ ከ20-25 ደቂቃ ይወስዳል። ስም አልጽፍም፣ እና እሱ / እሷ የሚያቀርቧቸው መረጃዎች በሙሉ በሚስጥር ይጠበቃሉ እና ለማንም አይጋሩም። በዚህ ዳሰሳ ውስጥ ያለው ተሳትፎ በአንተ እና በእሱ/ሷ ላይ የተመረከዘ ነው። ከፈለጉ ልጅዎን/የሚንከባከቡትን/ባትን/ሞግዚትነት የሚጠብቁትን ቃለ መጠይቅ ለማድረግ ፈቃድ አለመስጠት ይችላሉ። ልጅዎን /የሚንከባከቡትን/ባትን /ሞግዚትነት የሚጠብቁትን መሳተፍ እንደሌለበት ከወሰኑ፣ በዚህ የጤና ተቋም ውስጥ የሚያገኘው አገልግሎት በምንም መልኩ አይስተንጎልም።

ማንኛውም ጥያቄ አለህ?

እንጀምር?

ወላጅ/አሳዳጊ ፈቃድ ሰጥተዋል አዎ.....1 ቁጥር.....2

“ጥያቄዎቼ ሁሉ ምላሽ አግኝተዋል። ተረድቻለሁ እናም ለቃለ መጠይቁ ፍቃድ ለመስጠት ተስማምቻለሁ”

የወላጅ/አሳዳጊ ፊርማ/አውራ ጣት ስሜት/የቃል ስምምነት፡

\_\_\_\_\_

ቀን: \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_

የጠያቂው ፊርማ: \_\_\_\_\_

**ኅረምሶችና ወጣት ደንበኞች ቃለ መጠይቅ ማድረጊያ**

የተሳታፊ ኮድ \_\_\_\_\_

የተቋሙ ስም: \_\_\_\_\_ ኮድ: \_\_\_\_\_

የቃለ መጠይቁ ቀን:- \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

ቀን ወር ዓ.ም

የቃለ መጠይቁ ውጤቶች:-

ተጠናቋል.....1

በክፍል የተጠናቀቀ.....2

አልቀበልም .....3

ቃለ መጠይቅ ያደረገለት:

**አባሪ 1: መጠይቅ**

**መግቢያ**

እንደ አባሪ የተካተቱ አምስት የተለያዩ መጠይቅዎች አሉ። ሁሉም የመረጃ እና የስምምነት ወረቀቶች በእያንዳንዱ የመጠይቅ ወቅት ውስጥ ተካትተዋል።

የመገልገያ ኮድ \_\_\_\_\_ የደንበኛ ኮድ \_\_\_\_\_ ቀን \_\_\_\_\_

መጠይቅ 1: የተሳታፊዎች ማህበራዊ ስነ-ሕዝብ ባህሪያት (ይህ ለወጣቶች ጥቅም ላይ ይውላል)

ቁጥር	ጥያቄዎች	የኮድ ምድቦች
1.	ፆታ	1. ወንድ 2. ሴት
2.	እድሜ/ሽ ስንት ነው?	_____ ዓመት
3.	የጋብቻ ሁኔታ ምንድን ነው?	1. ያላገባ/ች 2. ያገባ/ች 3. የተፋታ/ች 4. ባል/ሚስት የሞተበት/ባት 5. የተለያዩ
4.	የትምህርት ደረጃ/ሽ ስንት ነው?	አለማንበብ እና መፃፍ አልችልም ማንበብ እና መፃፍ እችላለሁ የመጀመሪያ ደረጃ ትምህርት ቤት ሁለተኛ ደረጃ እና መሰናዶ ትምህርት ቤት ኮሌጅ እና ከዚያ በላይ
5.	አሁን ያለህበት/ያለሽበት ሙያ ምንድን ነው?	ተማሪ የመንግስት ሰራተኛ የቀን ሰራተኛ ስራ-አጥ ሌሎች (ግለፅ) _____

6.	ብሄርህ/ሽ ምንድነው?	1. አማራ 2. ኦሮሞ	3. ትግሬ 4. ሌሎች
7	ሀይማኖት	ኦርቶዶክስ ፕሮቴስታንት 5. ሌሎች ካለ ግለፅ -----	3. ሙስሊም 4. ካቶሊክ
8.	እናትህ/ሽ ሰራተኛ ነች?	1. አዎ 2. አይ	
9.	አባትህ/ሽ ሰራተኛ ነው?	1. አዎ 2. አይ	

**መጠይቅ 2. ውጤት (የወጣቶች እርካታ)**

ቁጥር	ጥያቄ	ምላሽ መልስ (ከጥያቄው ፊት ለፊት ባለው ሳጥን ውስጥ ምልክት ያድርጉ)	
		አዎ	አይ
1	ከቤትዎ ወደ ጤና ተቋም ለመሄድ ምን ያህል ጊዜ ይወስዳል?		
2	በጤና ተቋሙ የአገልግሎት መክፈቻ ሰዓት ረክተዋል?		
3	የጤና ባለሙያውን ለማግኘት በቆዩበት የጥበቃ ጊዜ ረክተዋል?		
4	በአገልግሎቶች ዋጋ ረክተዋል?		
5	*በዚህ የጤና ተቋም ውስጥ ስላሉት የ SRH አገልግሎቶች በቂ መረጃ ደርሶዎታል?		
6	የባለሙያው ጾታ ተመችቶሃል ?		
7	የጤና እንክብካቤ በለሙያው እርስዎ የተናገሩትን ያለመሰልቸት አዳምጠዋል?		
8	የጤና እንክብካቤ ባለሙያው ደጋፊ እና አሳቢ በሆነ መልኩ አስተናግዶዎታል?		
9	የጤና ተቋሙን ፅዱ ሆኖ አግኝተዋል?		
10	የጤና ተቋሙ ምቹ ሆኖ አግኝተውታል?		
11	የጤና ተቋሙ ማራኪ ሆኖ አግኝተውታል?		
12	ሌሎች ከጤና ባለሙያው ጋር ያደረጉትን ውይይት አልሰሙም ብለው ያምናሉ?		
13	ሌሎች ከጤና ባለሙያው ጋር ያደረጉትን ምክክር አላዩም ብለው ያምናሉ?		
14	የሰጡት መረጃ በሚስጥር (ሚስጥራዊ) ሆኖ ይቆያል ብለው ያምናሉ?		
15	በዚህ ተቋም የሚፈልጉትን መድሃኒቶች እና አቅርቦቶች አግኝተዋል?		
16	የትምህርት መረጃዎቹ አንተ በምትፈልገው መልኩ ጠቃሚ ሆነው አግኝተህዋል/ሳል?		
17	የጤና ባለሙያው አሳቢ እና አክባሪ ነበር?		

18	ባለሙያው የትኛውንም የእርስዎን ቃላት ወይም ድርጊቶች ተቺ ነበሩ?		
19	ባለሙያው ለማዳመጥ፣ አስፈላጊውን ምርመራ ለማድረግ እና አገልግሎቶቹን ለማቅረብ ጊዜ ወስዷል?		
20	ስጋት ወይም ጥያቄ ቢኖርክ ወደ ጤና ተቋሙ ትመለሳለህ?		
21	የጤና ተቋሙ የሚሰጠውን አገልግሎት ሌሎች እንዲገለገሉ ይመክራሉ?		
22	ለጥያቄ ቁ 21 መልስዎ አዎ ከሆነ ለምን? (ከአንድ በላይ መምረጥ ይችላሉ) ሀ. በአገልግሎት ጥራት ረክቻለሁ። ለ. አጭር የጥበቃ ሰዓት ሐ. ተስማሚ አገልግሎት አቅራቢዎች መ. የተመሳሳይ ጾታ አገልግሎት አቅራቢ መኖር ሠ. ተመጣጣኝ አገልግሎቶች ረ. ምቹ ግቢ ሰ. ከክፍያ ነጻ አገልግሎቶች		
23	ለጥያቄ ቁ 21 አይ ከሆነ መልስዎ ለምን? (ከአንድ በላይ መምረጥ ይችላሉ) ሀ. የአገልግሎት ጥራት ማጣት ለ. በግቢው ምቹት የማይሰማው ሐ. አገልግሎቶች ውድ መሆን መ. ረጅም ሰዓት ጥበቃ ሠ. አቀባበላቸው የማይመች አገልግሎት ሰጭዎች ረ. ሌላ ካለ (እባክዎን ይጥቀሱ)		

**ለጤና እንክብካቤ አቅራቢ የስምምነት ቅጽ፡-**

እኔ ስሜ ሊዲያ ዳዊት ይባላል በአዲስ አበባ ዩኒቨርሲቲ የስነ ሕዝብ ጥናት ማዕከል ተመራቂ ተማሪ ነኝ፤ በዚህ ተቋም ውስጥ ለወጣቶች የሚሰጠውን እንክብካቤ ጥራት ግምገማ እያደረግሁ ነው። አንዳንድ ጥያቄዎችን ልጠይቅህ እፈልጋለሁ። ይህ መረጃ በአዲስ አበባ፣ ኢትዮጵያ የወጣቶችን የጤና አገልግሎት ጥራት ለማሻሻል ይረዳል። ቃለ መጠይቁ ከ25-30 ደቂቃዎችን ይፈልጋል። በቃለ መጠይቁ ላይ የሚያቀርቧቸው ሁሉም መረጃዎች በሚስጥር ይጠበቃሉ እንጂ ለሌላ ለማንም አይጋሩም። ይህ የዳሰሳ ጥናት ስም-አልባ ነው እና መጠይቁ በዳሰሳ ጥናቱ ውስጥ ላልተሳተፈ ማንም ሰው አይታይም። በዚህ የግምገማ ሂደት ውስጥ ያለዎት ተሳትፎ በፈቃደኝነት ነው። በዚህ ቃለ መጠይቅ ላለመሳተፍ ወይም አንዳንድ ጥያቄዎችን አለመመለስ ሊወስኑ ይችላሉ።

ማንኛውም ጥያቄ አለህ?

እንጀምር?

ጠያቂው ለመሳተፍ ተስማምቷል?      አዎ.....1                      ቁጥር.....2

የመመልከት ፍቃድ አለ ?                      አዎ.....1                      ቁጥር.....2

የጠያቂው ፊርማ፡- \_\_\_\_\_

**የጤና እንክብካቤ አቅራቢ ቃለ መጠይቅ ማድረጊያ**

የፊት ገፅ

የቃለ መጠይቅ ኮድ \_\_\_\_\_

ፆታ:            1. ወንድ                            2. ሴት

ምድብ: \_\_\_\_\_

የተቋሙ ስም:- \_\_\_\_\_ ኮድ: \_\_\_\_\_

የቃለ መጠይቁ የተደረገበት ቀን:- \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

ቀን ወር ዓ.ም \_\_\_\_\_

የቃለ መጠይቁ ውጤቶች:-

ተጠናቋል.....1

በከፊል ተጠናቀቀ.....2

እምቢ .....3

ቃለ መጠይቅ የተደረገለት: \_\_\_\_\_

ቃለ ምልልሱ የተጀመረ: \_\_\_\_\_ : \_\_\_\_\_

ቃለ ምልልሱ የተጠናቀቀበት \_\_\_\_\_

**የቃለ መጠይቅ መመርያ ጥያቄዎች(AYFHS ባለሙያው)**

የጤና ተቋሙ ኮድ \_\_\_\_\_

እድሜ \_\_\_\_\_

ጾታ \_\_\_\_\_

የስራ ልምድ \_\_\_\_\_

1	ካለፈው አንድ አመት ጀምሮ ለወጣቶች ውጤታማ የአገልግሎቶችን ለመስጠት የሚሰችሉ በቂ የሆኑ መሣሪያዎች ፣ መድኃኒቶች እና ሌሎች አቅርቦቶች አሉ ብለው ያስባሉ? ካሉ አቅርቦቶችን በመዘርዘር ያብራሩ። ከሌሎች ምክንያቱን ያብራሩ።
2	የወጣቶች አገልግሎት መስጫ ሰአቱ አመች ነው ብለው ያስባሉ? (የመከፈቻ ፣ የመዘገያ ፣ ሌሊት እና እሁድ ቅዳሜን ) ግምት ውስጥ አስገብተው ያብራሩ።
3	በእናንተ አስተሳሰብ ወጣቶች ሳይሸማቀቁ እና ሳይፈሩ አገልግሎቱን ከማግኘት አንጻር የአገልግሎት መስጫ ቦታ አቀማመጥ ምቹ ነው ብለው ያስባሉ? ያብራሩ
4	የአገልግሎት ክፍሉ በቂ እና ምቹ ነው ብለው ያስባሉ? ማብራሪያ። ከደንበኛ ጋር በምታዎሩበት ጊዜ ከወጭ ከምታየት አንጻር፣ በምሃል ሌላ ሰው አቋርጦ ከምግባት አንጻር እና ምስጢራችውን ከመጠብቅ አንጻር አያይዘው ያብራሩ።
5	በእርስዎ አስተሳሰብ አጠቃላይ ተቋሙ ለወጣቶች አገልግሎት ምቹ ነው ብለው ያስባሉ? የመቆያ ቦታውን፣ መዘናኛነትን፣ እና ሌሎችህ ከወጣቶች አገልግሎት አሰጣጥ ጋር የተያያዙ ነገሮችን ግምት ውስጥ አስገብተው ይመልሱ።
6	ወጣቶች ለአገልግሎት የሚከፍሉት ክፍያ ተመጣጣይ ነው ብለው ያስባሉ? ማብራሪያ ይስጡ።
7	በጤና ተቋሙ ውስጥ ወጣቶች የሚሳተፉበት አገልግሎት አለ? ካለ ይግለጹልን። ከሌለ ሚክኛቱ ሚን ይመስልዎታል?
8	ጤና ተቋሙ ከወጣቶች ስለ አገልግሎቱ አስተያየት የሚቀበልበት መንገድ ይኖር ይሆን? ካለ ይግለጹ?
9	ጤና ተቋሙ ለወጣቶች ስለሚሰጡ አገልግሎቶች እና ጥቅማቸው ለህብረተሰቡ የሚስተምርበት መንገድ ይኖር ይሆን? ካለ ቦታውን እና የትምህርቱን ይዘት ግለጹ።
10	ወጣቶች አገልግሎትን ለማግኘት የሚቆዩትን ጊዜ እንዴት ይገልጹታል? ባለሙያው እና ደንበኛው ለምክክር የሚሰጡትን ጊዜ እንዴት ይገልጹታል? ወጣቶች ከአገልግሎት ሰጭው ጾታ ጋር ተያይዞ ማይመቻቸው ነግር ያል ይመስልዎታል?
11	ጤና ተቋሙ ወጣቶችን በተለያዩ መንገድ ትምህርት ይሰጣል? ካለ ይግለጹ።
12	አጠቃላይ የወጣቶችን የአገልግሎት አሰጣጥ ጥራት ምን እንደ ሚመስል ሊይብራሩልኝ ይችላሉ?

**መጠይቅ 3. የግብዓት ግምገማ**

ቁጥር	ጥያቄ	ምላሽ መልስ (ከጥያቄው ፊት ለፊት ባለው ሳጥን ውስጥ ምልክት ያድርጉ)	
		አዎ	አይ
1	ጤና ተቋሙ ለወጣቶች ተስማሚ የሆነ የስነ-ተዋልዶ ጤና አገልግሎት ሰነዶች ላይ ደረጃዎች አሉት?		
2	የጤና ተቋሙ ደረጃዎችን ለማቀድ፣ ለመተግበር እና ለመከታተል የሚረዱ መጠይቅዎች አሉት?		
3	የጤና ሰራተኞች በYFS ላይ የሰለጠኑ ለታዳጊ ወጣቶች አገልግሎት እየሰጡ ነው?		
4	የጤና ተቋሙ ስለ ታዳጊ ወጣቶች እና ወጣቶች SRH አገልግሎቶች መረጃ የያዘ የምልክት ፖስት አለው ወይ?		
5	የጤና ተቋም ለSRH አገልግሎቶች አቅርቦት የስራ ቀናት እና ሰዓቶች መረጃ የያዘ የምልክት ፖስት አለው?		
6	ጤና ተቋሙ ለወጣቶች የተለየ ቦታ አለው?		
7	ጤና ተቋሙ የወንድ ኮንዶም አለው?		
8	የጤና ተቋሙ በአፍ የሚወሰድ የወሊድ መከላከያ አለው ወይ?		
9	የጤና ተቋሙ ድንገተኛ የወሊድ መከላከያ አለው ወይ?		
10	የጤና ተቋሙ የእርግዝና መመርመሪያ ኪት አለው?		
11	የጤና ተቋሙ የኤችአይቪ መመርመሪያ ኪት አለው?		
12	በዚህ የጤና ተቋም ውስጥ የድንገተኛ የወሊድ መከላከያ አገልግሎት አለ?		
13	ደህንነቱ የተጠበቀ የፅንሰ ማስወገጃ አገልግሎት በዚህ የጤና ተቋም ውስጥ ይገኛል።		
14	የኤችአይቪ የምክር እና የፈተና አገልግሎቶች በዚህ የጤና ተቋም ውስጥ ይገኛሉ በዚህ የጤና ተቋም ውስጥ የእርግዝና ምርመራ አገልግሎት አለ?		
15	የጤና ተቋሙ ለአቻ ትምህርት መመሪያ/የማስተማሪያ ቁሳቁስ አለው ወይ?		
16	የዚህ የጤና ተቋም ሰራተኞች ታዳጊዎችን እና ወጣቶችን ለማሰልጠን በቂ እውቀትና ክህሎት አላቸው ወይ?		
17	የጤና ተቋሙ የአባላዘር በሽታዎች አስተዳደር መመሪያዎች አሉት?		
18	የጤና ተቋሙ የኤችአይቪ/ኤድስ አስተዳደር መመሪያዎች አሉት?		
19	የጤና ተቋሙ የወሊድ መከላከያ/ቤተሰብ እቅድ አስተዳደር መመሪያዎች አሉት?		
20	የጤና ተቋሙ የቅድመ ወሊድ፣ የወሊድ፣ የድህረ ወሊድ አስተዳደር መመሪያዎች አሉት የጤና ተቋሙ ደህንነቱ የተጠበቀ የውርጃ አገልግሎት አስተዳደር መመሪያዎች አሉት ሠራተኞች በአባላዘር በሽታዎች አስተዳደር መመሪያዎች ላይ		

	ሥልጠና ወስደዋል?		
21	የጤና ተቋሙ የቅድመ ወሊድ፣ የወሊድ፣ የድህረ ወሊድ አስተዳደር መመሪያዎች አሉት።		
22	የጤና ተቋሙ ደህንነቱ የተጠበቀ የውርጃ አገልግሎት አስተዳደር መመሪያዎች አሉት።		
23	ሠራተኞች በአባላዘር በሽታዎች አስተዳደር መመሪያዎች ላይ ሥልጠና ወስደዋል?		
24	ሠራተኞች በኤች አይ ቪ/ኤድስ አስተዳደር መመሪያዎች ላይ ሥልጠና ወስደዋል?		
25	ሰራተኞች የወሊድ መከላከያ/የቤተሰብ እቅድ አስተዳደር መመሪያዎች ላይ ስልጠና ወስደዋል?		
26	በቅድመ ወሊድ፣ በወሊድ፣ በድህረ ወሊድ አስተዳደር መመሪያዎች ላይ ሰራተኞች ስልጥነዋል?		
27	ሰራተኞች ደህንነቱ የተጠበቀ የፅንሰ ማስወገጃ አገልግሎቶች አስተዳደር መመሪያዎች ላይ ስልጠና ወስደዋል?		
28	በግብረ ሥጋ ግንኙነት በሚተላለፉ ኢንፎክሽኖች/ኤችአይቪ/ኤድስ ላይ የIEC/BCC ቁሳቁሶች ይገኛሉ		
29	IEC/BCC ቁሳቁሶች ባልተፈለገ እርግዝና እና የቤተሰብ ምጣኔ ላይ ይገኛሉ		
30	IEC/BCC ቁሳቁሶች በእናቶች ጤና እንክብካቤ (ኤኤንሲ፣ መላኪያ የድህረ ወሊድ እንክብካቤ) ላይ ይገኛሉ		
31	በአስተማማኝ ውርጃ አገልግሎቶች ላይ የIEC/BCC ቁሳቁሶች ይገኛሉ		
32	የጤና ተቋሙ ሪፈራል (አንድ መንገድ ብቻ) ቅርፀቶች/ቅጾች ለታዳጊ ወጣቶች አሉት?		
33	የጤና ተቋሙ ለወጣቶች እና ወጣቶች ሪፈራል (የኋላ ሪፈራል) ቅርፀቶች/ቅጾች አሉት?		
34	ጥሩ የፍላጎት ማስወገጃ መገኘት		
35	የተሸፈኑ የቆሻሻ ማጠራቀሚያዎች መገኘት		
36	የውሃ ፍሰት መኖር		
37	የጽዳት መጠይቅዎች መገኘት (መጥረጊያ፣ መጥረጊያ፣ ብሩሽ፣ ጨርቆች ወዘተ)		
38	የንጽህና መጠበቂያዎች / ሳሙናዎች መገኘት		
39	የ AFRH መረጃ እና አገልግሎቶችን በትምህርት ቤቶች፣ በማህበረሰብ (ቀበሌ፣ እድር) ለማቅረብ እቅድ ማውጣቱ		
40	የአካባቢው ንፅህና		
41	የመጠባበቂያ ቦታ ንፅህና		
42	የምርመራ ክፍል ንፅህና		

43	የታካሚ መቀበያ ቦታ ንዕህና		
44	የመጸዳጃ ቤቶች ንዕህና		
45	ይህ ተቋም ባለፉት ሶስት ወራት ውስጥ ጎረምቶችን እና ወጣቶችን አቻ አስተማሪዎች አሰልጥኗል?		
46	የድጋፍ ሰጪ ሰራተኞች በ"ወጣቶች እና ወጣቶች ተስማሚ አገልግሎቶች" ላይ አቅጣጫ ተሰጥቷቸዋል?		
47	ጎረምቶች እና ወጣቶች በተወሰኑ አገልግሎቶች አቅርቦት ላይ የሰለጠኑ ናቸው?		

**መጠይቅ 4. የግምገማ ዝርዝር ሂደት (ይጠይቁና ይመልከቱ)**

ቁጥር	ዝርዝር	ምላሽ መልስ (ከጥያቄው ፊት ለፊት ባለው ሳጥን ውስጥ ምልክት ያድርጉ)	
		አዎ	አይ
1	የጤና እንክብካቤ አቅራቢዎች የYFRH አገልግሎቶችን ፍርድ ገምድልነት፣ እንክብካቤ እና ድጋፍ ሰጭ በሆነ መልኩ ይሰጣሉ?		
2	ባለፈው አንድ ወር የወንዶች ኮንዶም እጥረት/ክምችት ማለቅ አላጋጠሞትም?		
3	ባለፈው አንድ ወር ውስጥ ከአፍ የሚወሰድ የወሊድ መከላከያ እጥረት/ክምችት አልነበረዎትም?		
4	ባለፈው አንድ ወር ውስጥ ምንም አይነት የኤችአይቪ መመርመሪያ እቃ እጥረት/እጥረት አልነበረዎትም?		
5	ባለፈው አንድ ወር ውስጥ የእርግዝና መመርመሪያ ኪት እጥረት/ክምችት ማለቅ ነበራችሁ?		
6	ባለፈው አንድ ወር ውስጥ የአደጋ ጊዜ የወሊድ መከላከያ እጥረቶችን/ክምችት ማለቅ አጋጥሞዎታል?		
7	ለወጣቶች ተስማሚ የሆነ የስነ-ተዋልዶ ጤና አገልግሎት ደረጃዎችን ተጠቅመዋል?		
8	የYFSን ትግበራ ለማቀድ እና ለመቆጣጠር መጠይቅዎችን ተጠቅመዋል?		
9	በትምህርት ቤቶች ውስጥ ስለ የYSRH መብቶች እና ፍላጎቶች መረጃ በማድረስ ተሳትፈዋል?		
10	በወጣት ማእከላት የYSRH መብቶች እና ፍላጎቶች መረጃ በማድረስ ተሳትፈዋል?		
11	በማህበረሰብ ስብሰባዎች (ኢዲር፣ ቀበሌ ስብሰባዎች) የYSRH መብቶች እና ፍላጎቶች መረጃ በማድረስ ተሳትፈዋል?		
12	በወጣቶች ስብሰባዎች የYSRH መብቶች እና ፍላጎቶች መረጃ በማድረስ ተሳትፈዋል?		
13	ባለፉት ሶስት ወራት ሁሉም መጠይቅዎቼን የሚገኙና በጥሩ ሁኔታ		

	ይሰራሉ?		
14	የጉዳይ አስተዳደር መመሪያዎችን ትጠቀማለህ?		
15	በወጣት ጤና አገልግሎቶች ላይ በስነ-ልቦና፣ በአካል ምዘና እና በግለሰብ ደረጃ የሚደረግ እንክብካቤ ላይ መደበኛ መመሪያ ያገኛሉ?		
16	ወጣቶችን ወደ ሌላ አገልግሎት ስትጠቅስ የሪፈራል ቅጾችን (አንድ መንገድ) ትጠቀማለህ?		
17	ወጣቶችን ወደ ሌላ አገልግሎት ሲጠቅሱ የሪፈራል ቅጾችን (ሁለት መንገድ) ይጠቀማሉ?		
18	በቀላሉ መግባባትን በሚያመቻች ቦታ ላይ ወጣቶችን ይቀመጡ?		
19	በመጀመሪያ እራሱን/ራሷን ከወጣቱ ጋር አስተዋውቅ?		
20	ወጣቶቹን ለምክክሩ እሱ/ሷ ማን እንዳመጣላት ጠይቃቸው?		
21	ለወጣቶች ፍላጎት ያሳዩ እና በህክምና ችግሮች (ከችግር ነፃ ንግግር) ላይ ከማተኮርዎ በፊት እሱን ለመተዋወቅ የተወሰነ ጊዜ ያሳልፉ?		
22	በምክክሩ ጊዜ ወደ ክፍሉ ያልገባ ሰው አለ?		
23	አገልግሎት ሰጪው ደንበኛው የሚናገረውን በትኩረት አዳምጧል?		
24	ያለፍቃዳቸው ምንም አይነት መረጃ ለማንም (ለወላጆች/ሌሎች) እንደማይገለጹ አገልግሎት ሰጪው ለደንበኛው አረጋግጦለታል?		
25	ወጣቶቹን ስለ ቤት እና ከአዋቂዎች ጋር ስላለው ግንኙነት ጥያቄዎች ጠየቁ?		
26	ወጣቶች ስለ ትምህርት ቤት ጥያቄዎች ጠየቁ?		
27	ስለ ወሲባዊ ግንኙነቶች ለወጣቶች ጥያቄዎችን ጠየቁ?		
28	ወጣቶች ስለ ትምህርት ቤት፣ ማጨስ፣ አልኮል ወይም ሌሎች ነገሮች ጥያቄዎችን ጠየቁ?		
29	በሽታዎችን እንዴት መከላከል እንደሚቻል እና ጤናማ ሆኖ ለመቆየት ምን ማድረግ አለብዎት ተነጋገሩ፣?		
30	በጉርምስና ዕድሜ ላይ ለሚገኘው ደንበኛ ለእሱ/እሷ ስላሉት አገልግሎቶች ያሳውቁ?		
31	በሕክምናው ሁኔታ ላይ ትክክለኛ እና ግልጽ መረጃ ያቅርቡ?		
32	በአስተዳደር/በሕክምና አማራጮች ላይ ትክክለኛ እና ግልጽ መረጃ ያቅርቡ?		
33	እየተሰጠ ያለውን ህክምና በመረዳት የወጣቱን ደንበኛ እሱ/ሷ ምንም አይነት ችግር እንዳለበት ጠይቁት?		

34	የመመርመሪያ ጥያቄዎችን በመጠየቅ የወጣቱ ደንበኛ የቀረበውን መረጃ መረዳቱን ያረጋግጡ?		
35	ከምክክሩ ርዕስ ጋር በተገናኘ መልኩ የሰውነት አካልን፣ በሽታን ወይም ሌላን ለማብራራት አዲዮ-ቪዥዮል ማቴሪያሎችን ተጠቀም?		
36	ምርመራ/ሃይቱን ከማድረግዎ በፊት የወጣቱን ደንበኛ ፈቃድ ይጠይቁ?		
37	የደንበኛውን አካል ምርመራ ውጤት ማብራራት		
38	የእይታና የድምፅ ግላዊነትን ለመጠበቅ በተለያዩ ክፍል ውስጥ		
39	ምስጢራዊነትን ያረጋግጡ።		
40	በYSRHS ላይ በማህበረሰብ አገልግሎት አቅርቦት ላይ የጤና እንክብካቤ አቅራቢ ተሳትፎ።		
41	በምክክሩ ጊዜ በክፍሉ ውስጥ ሌላ ሰው አልነበረም?		

**መጠይቅ 5. የጤና ተቋማት አስተዳዳሪ ቃለ መጠይቅ ማድረጊያ ወረቀት**

**መግቢያ እና ስምምነት**

**የጤና ተቋሙ አስተዳዳሪ የስምምነት ቅጽ**

**ሰላም!**

ስሜ ሊዲያ ዳዊት ይባላል በአዲስ አበባ ዩኒቨርሲቲ የስነ ሕዝብ ጥናት ማዕከል ተመራቂ ተማሪ ነኝ። በዚህ ተቋም ውስጥ ለወጣቶች የሚሰጠውን የጤና እንክብካቤ ጥራት እገመግማለሁ። እርሶንና በስርዎት የሚሰሩትን ሰራተኞችን መጠየቅ አፈልጋለሁ። ከዛም በጤና ተቋሙ ዙሪያ የሚሰጠውን አገልግሎት መገምገም እና አንዳንድ መረጃዎችን ማየት አፈልጋለሁ። በተጨማሪም ስለ መድሃኒቶች እና አቅርቦቶች ተደራሽነት እና ቢያንስ በአንድ የወጣት ተገልጋይ አገልግሎት አሰጣጥ መስተጋብር ወቅት መገኘት አፈልጋለሁ። ይህ ሁሉ መረጃ በአዲስ አበባ፣ ለወጣቶች የጤና እንክብካቤን ለማሻሻል ይረዳል። በጤና ተቋሙ የአገልግሎት አቅርቦት አካባቢን ለመመልከት ከ 35-40 ደቂቃዎች ያህል ይፈልጋል። ቃለ-መጠይቆችን ማካሄድ 60 ደቂቃ ያህል ይጠይቃል።

በቃለ መጠይቁ ውስጥ እርስዎ እና ሰራተኞችዎ የሚሰጡት መረጃዎች ሁሉ በሚስጥር ይቀመጣል እናም ለማንም አይጋራም። ይህ የዳሰሳ ጥናት ስም-አልባ ነው እናም መጠይቁ በዳሰሳ ጥናቱ ትንተና ውስጥ ባልተሳተፈ ሰው አይታይም። በዚህ የግምገማ ሂደት ውስጥ ያለዎት ተሳትፎ በፈቃደኝነት ነው፤ በዚህ ቃለመጠይቅ ውስጥ ላለመሳተፍ ወይም የተወሰኑ ጥያቄዎችን መልስ ለመስጠት ላለመሳተፍ ሊወስኑ ይችላሉ።

ጥያቄ አለዎት?

እንጀምር?

በቃለ-መጠይቅ ለመሳተፍ ተስማምተዋል                      አዎ \_\_\_\_\_                      አይ, \_\_\_\_\_

የተሳታፊ ፊርማ \_\_\_\_\_

**የጥያቄዎች መመሪያዎች (የጤና ተቋማት ኃላፊ ወይም ሥራ አስኪያጅ)**

የመገልገያ ኮድ \_\_\_\_\_

ዕድሜ \_\_\_\_\_

ፆታ \_\_\_\_\_

ልምድ \_\_\_\_\_

1. በዚህ ተቋም ውስጥ ስንት የጤና አገልግሎት ሰጪዎች ይገኛሉ? _____
2. በዚህ ተቋም ውስጥ ምን ያህል አገልግሎት ሰጪዎች የሚከተሉትን በማቅረብ ረገድ ሥልጠና ወስደዋል YFS _____ STI _____ PICT/HCT/VCT _____ LAFP _____ PAC _____ ሌላ (ይግለጹ) _____ :: ውጤታማ YFS ለመስጠት ስልጠናው በቂ ነው ብለው ያስባሉ?
3. ተቋሙ ለወጣቶች ውጤታማ አገልግሎት ለመስጠት የሚያስፈልጉ መሣሪያዎች፣ መድኃኒቶች፣ አቅርቦቶች እና ቴክኖሎጂዎች አሉት? (ያለፈው አንድ አመት ክምችት)
4. በእርስዎ አስተያየት፣ የተቋሙ ሰዓት ለወጣቶች (የሚከፈትበት፣ የሚዘጋበት፣ ልዩ ሰዓት እና የተለየ ሰዓት) ምቹ ነው ብለው ያስባሉ? ግለጽ::
5. በእርስዎ አስተያየት የተቋሙ ቦታ ለወጣቶች ምቹ ነው ብለው ያስባሉ? (የ YFS ክፍሎች የመግቢያ ነጥብ፣ ርቀቶች እና ቦታዎች):: ግለጽ
6. በእርስዎ አስተያየት፣ የYFS ማቅረቢያ ቦታ አገልግሎቶችን ለመስጠት፣ ግላዊነትን እና ሚስጥራዊነትን ለመጠበቅ በቂ ነው ብለው ያስባሉ? (ማቋረጥ፣ የንግግር መስማት፣ ምቹ የመቀመጫ እቃዎች፣ አገልግሎት ለመስጠት በቂ ቦታ) ይግለጹ::
7. የተቋሙ አካባቢ ለወጣቶች አገልግሎት ለመስጠት ምቹ ነው ብለው ያስባሉ? (የመቆያ ክፍል፣ የአገልግሎት ክፍል እና በተለይ በወጣቶች ላይ ትኩረት ያደረጉ ምልክቶች)
8. በእርስዎ አስተያየት የአገልግሎት ክፍያዎች ለወጣቶች ተመጣጣኝ ነው ብለው ያስባሉ?
9. በተሰጡት አገልግሎቶች ውስጥ ወጣቶችን አሳትፈዋል? ከሆነ ወጣቶችን እንዴት አሳተፋችሁ? ካልሆነ ለምን?
10. የወጣቶችን አስተያየት ለመጠየቅ ምንም ዘዴዎች አሉት?
11. ፖሊሲዎቹ ለወጣቶች አገልግሎት መስጠትን ይደግፋሉ? (በመረጃ ላይ የተመሰረተ ስምምነት፣ ግላዊ ሚስጥራዊነት፣ የአገልግሎቶች ዋጋ እና ፍትሃዊ የአገልግሎት አቅርቦት)
12. ተቋሙ ለወጣቶች የሚሰጠውን አገልግሎት ለህብረተሰቡ ያሳውቃል? (የአሰራር እንቅስቃሴ)
13. የጥበቃ ጊዜ ምክንያታዊ ወይስ በጣም ረጅም እንደሆነ ይሰማዎታል?
14. የጤና አገልግሎት አሰጣጥ ነጥብ መረጃ እና ትምህርት በተለያዩ መንገዶች መስጠት ነው ብለው ያስባሉ?
15. እባኩን በአጠቃላይ ለወጣቶች ተስማሚ ስለሆኑ አገልግሎቶች ያለዎትን ሀሳብ ማጋራት ይችላሉ?