

How to Use Workbook 2

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

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

These tools can be adapted to your specific needs. For instance, if you are not interested in measuring a particular indicator, you should adapt the questionnaire, interview or focus group guide so that it does not include the questions that pertain to that indicator. To know which questions to take out of the tool, refer to Workbook 1. Next to each indicator, the question number and instrument that is intended to measure it is specified.

For example, for Indicator 1 “Are the facility hours convenient for youth?” it is written, “Refers to Questions 1-5 in the In-depth Interview Guide for Managers, 26a-b in the Mystery Client Questionnaire, 10a-b in the Client Exit Interview Guide, and 1-6 in the Focus Group Discussion Guide for Youth Who Have Not Been to Facility.” These questions should be included in your adapted instrument if you do want to measure this indicator.

Within each instrument, we have also written the indicator number that each series of questions is measuring. If you do not want to measure that particular indicator, adapt the tool by deleting that series of questions from the instrument. Note that the indicators do not appear in instruments in numerical order. Instruments were designed to flow well and do not always follow the order of youth-friendly indicators.



Tool 1: Questionnaire on Facility Records

DIRECTIONS:

Review service statistics from the facility and answer the following questions.

QUESTIONS:

INDICATOR 12: DOES THE FACILITY PROVIDE A WIDE RANGE OF SERVICES?

1. How many types of reproductive health services did youth receive in the last 12 months?
List them.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

2. Are there any services youth received more than others? If so, what are they?

1. _____
2. _____
3. _____
4. _____
5. _____

INDICATOR 11: ARE BOYS AND YOUNG MEN WELCOMED AND SERVED?

3. What proportion of youth who received any type of reproductive health service during the past 12 months were boys or young men?

No. of boys/young men _____ / Total no. of youth _____

4. What types of reproductive health services have boys/young men received in the past 12 months? _____

5. Is there a particular reproductive health service(s) that more boys and young men received than other types of services? If so, which service(s)? _____

INDICATOR 13: ARE THE NECESSARY REFERRALS AVAILABLE?

6. How many services are referred for? List them.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

7. What facility is being referred to for the named services?

Service: _____ Name of facility: _____

Service: _____ Name of facility: _____

Service: _____ Name of facility: _____

Service: _____ Name of facility: _____

Service: _____ Name of facility: _____

Service: _____ Name of facility: _____

8. Think about all the types of reproductive health services youth may request. What reproductive health services are neither provided nor referred for? _____

Tool 2: In-depth Interview Guide for Managers

DIRECTIONS:

Ask the manager of the facility if he/she wouldn't mind being asked a few questions about the facility. Follow the instructions in Chapter 5 - Workbook 1 if you need more details on conducting an in-depth interview. Otherwise, simply ask the manager the questions and complete the questionnaire.

QUESTIONS:

INDICATOR 1: ARE THE FACILITY HOURS CONVENIENT FOR YOUTH?

1. What time is the clinic scheduled to open? _____
2. What is the official closing time for the facility? _____
3. How many days per week are reproductive health services offered at this facility? _____ days
What are those days? _____
Are there ever any exceptions to this schedule? If so, could you explain? _____

4. Does the facility have separate hours for youth? If so, what are they? _____
5. What times do you think are convenient for youth to seek services? _____

INDICATOR 2: IS THE LOCATION OF THE FACILITY CONVENIENT FOR YOUTH?

6. Is the facility close to public transportation? Yes No
7. If yes, what type? _____
8. How long does it take to walk to the most common form of transportation?
_____ hours _____ minutes
9. Is the facility close to places where youth spend their free time? (These places can be market areas, video centers, recreation centers, etc.) Yes No



If yes, what are those places? _____

10. How far is the facility from places where youth spend their free time? _____ kilometers

11. Is the facility close to any primary or secondary schools? Yes No

How far is the facility from schools in the area?

Name of primary school: _____ No. of km away from facility _____

Name of primary school: _____ No. of km away from facility _____

Name of primary school: _____ No. of km away from facility _____

Name of primary school: _____ No. of km away from facility _____

INDICATOR 3: IS THERE ADEQUATE SPACE AND SUFFICIENT PRIVACY?

12. Does the facility have a separate waiting room for youth clients? If so, could you describe it?

13. Does the facility have a separate space to provide services to youth clients? Yes No

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

15. Is it possible for anyone, other than the provider or counselor, to hear anything that the youth client is discussing? Explain. _____

16. What are the ways your facility deals with giving privacy for clients and youth clients (other than what was mentioned above)? _____

INDICATOR 5: ARE THE PROVIDERS AND STAFF SPECIALLY TRAINED TO WORK WITH YOUTH ISSUES?

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

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

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

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

21. Do you think your staff are skilled at working with youth? How do you know this? _____

22. Do you know whether providers are spending enough time with youth clients? How do you know this? _____

23. Would you expect providers to spend more time with youth clients than with others? If yes, does your system encourage or discourage providers spending more time with youth clients? Explain. _____

INDICATOR 8: IS A PEER EDUCATION/COUNSELING PROGRAM AVAILABLE?

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

25. How are they selected? _____
Who determined the selection criteria? _____
26. How many are working for your facility? _____
How many youth do they see, on average, weekly? _____
No. of peer educators/counselors _____
No. of youth/week _____
27. What percent of youth clients consult with peer counselors/educators? _____
Why do some youth clients not consult with peer counselors/educators? _____

28. How have peer counselors/educators been trained? _____

Could you describe the training program? _____

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

INDICATOR 9: ARE THE FEES FOR SERVICES AFFORDABLE?

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

31. How much are clients charged for the following methods and services? Note whether fees for youth are different than general client fees.

Service/method	General client fee	Youth client fee
Examination from doctor	\$ _____ Not available _____	\$ _____ Not available _____
Examination from other provider (e.g., nurse)	\$ _____ Not available _____	\$ _____ Not available _____
Birth control pill (one cycle)	\$ _____ Not available _____	\$ _____ Not available _____
IUD	\$ _____ Not available _____	\$ _____ Not available _____
Injectable (one cycle)	\$ _____ Not available _____	\$ _____ Not available _____
Condom	\$ _____ Not available _____	\$ _____ Not available _____
Diaphragm	\$ _____ Not available _____	\$ _____ Not available _____
Spermicide	\$ _____ Not available _____	\$ _____ Not available _____
Prenatal care examination	\$ _____ Not available _____	\$ _____ Not available _____
Maternity care/delivery services	\$ _____ Not available _____	\$ _____ Not available _____
Postnatal care	\$ _____ Not available _____	\$ _____ Not available _____
HIV/AIDS counseling	\$ _____ Not available _____	\$ _____ Not available _____
HIV/AIDS testing	\$ _____ Not available _____	\$ _____ Not available _____
Other STI counseling	\$ _____ Not available _____	\$ _____ Not available _____
Other STI diagnosis	\$ _____ Not available _____	\$ _____ Not available _____
Other STI treatment	\$ _____ Not available _____	\$ _____ Not available _____
Infertility consultation	\$ _____ Not available _____	\$ _____ Not available _____
Abortion services	\$ _____ Not available _____	\$ _____ Not available _____
Treatment of incomplete abortion	\$ _____ Not available _____	\$ _____ Not available _____
Consultation with counselor	\$ _____ Not available _____	\$ _____ Not available _____
Other services: _____	\$ _____ Not available _____	\$ _____ Not available _____

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

33. Is this consultation fee the same for youth clients? If not, what is the fee for youth?_____

34. How was this youth fee determined? _____

35. Is there a credit system allowing youth to receive services and pay for them later. If not, is there a possibility of establishing credit at your facility? Why or why not? _____

INDICATOR 10: ARE YOUTH INVOLVED IN DECISION MAKING ABOUT HOW PROGRAMS ARE DELIVERED?

36. Have you involved youth in any of the decision making about how RH programs or services are delivered? If so, how have you involved youth?_____

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

38. How else are youth involved in decision making at your facility?_____

39. If you haven't involved youth in decision making, what are some reasons why you haven't yet?_____

INDICATOR 11: ARE BOYS AND YOUNG MEN WELCOMED AND SERVED?

40. How does your facility welcome and serve boys and young men? (For example, are there special signs targeting boys or are there male providers experienced in serving boys.) Describe the ways you have tried to make services more "male-friendly?" _____

41. If your facility has made no effort to make services more "male-friendly," are there any reasons why not?_____

INDICATOR 14: IS THE AMOUNT OF TIME BETWEEN ARRANGING AN APPOINTMENT AND SEEING A PROVIDER ADEQUATE FOR YOUTH?

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

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

44. If a client makes an appointment, what is the average length of time clients wait to see a provider (in days or weeks)? _____ days _____ weeks

INDICATOR 15: DO THE POLICIES SUPPORT PROVIDING SERVICES FOR YOUTH?

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

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

46. Are informed-consent forms signed by all clients who receive services at the facility? If not, why not? _____

47. Where are informed-consent forms stored? _____

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

49. How are client records stored so that confidentiality is assured? _____

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

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

52. Are there any contraceptive methods youth are restricted from receiving? Explain.

53. Are youth restricted in other ways, such as:

- ◆ Is spousal or parental consent required for certain services? If so, which services?

- ◆ Are certain contraceptive methods provided based on marital status, age, or parity? Which ones? _____

- ◆ Are blood tests or pelvic examinations required prior to receipt of hormonal contraceptives (e.g., pill or injectables)? _____

- ◆ Are multiple visits required to receive certain methods or services? Which ones?

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

INDICATOR 16: DOES THE FACILITY INFORM THE COMMUNITY ABOUT ITS SERVICES FOR YOUTH?

55. Is there a sign specifically targeting youth which announces that reproductive health services are available at this facility? If so, where is it located and what does it say?

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

57. Are the services at this facility promoted through any type of media? If so, describe how in more detail. _____

58. Of the ways your facility promotes services to youth, which do you consider the most effective? Explain. _____

59. What are some examples of the messages you communicate to youth to promote the services? _____

INDICATOR 21: DO ADULTS SUPPORT YOUTH IN SEEKING REPRODUCTIVE HEALTH SERVICES AT THE FACILITY?

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

61. Do you or staff at this facility do anything to try to change some of the adults' negative attitudes about serving youth for reproductive health services? _____

4. Type of Facility

- 1. Government/Ministry of Health
- 2. Government/other
- 3. Family Planning Association
- 4. Other NGOs
- 5. Missionary
- 6. Private

5. Structure of Facility

- 1. Youth-only Facility
- 2. Youth-only Facility Hours
- 3. Integrated Services

6. Locality of Facility

- 1. Rural
- 2. Urban
- 3. Peri-Urban

Name of Supervisor or Manager: _____

INVENTORY OF EQUIPMENT AND COMMODITIES

INDICATOR 12: DOES THE FACILITY PROVIDE A WIDE RANGE OF SERVICES?

11. What types of contraceptive methods are provided?

Record below which contraceptive methods are usually provided at this facility. If the method is provided, determine if it is available today. If it is available today, count the approximate number of non-expired units of each method available either in the facility or the storeroom. For each method provided, ask whether there has been a stockout in the last six months. If there has been a stockout in the last six months, determine the duration of the *last* stockout.

(Observe and ask)

Type of contraception	Method usually provided	Available today	Available (approximate # of units)	Stockout last 6 months	If yes, duration of last stockout
A. Combined pills	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Days ___ Weeks ___ Months
B. Progesterone-only pill	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Days ___ Weeks ___ Months
C. Condoms	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Days ___ Weeks ___ Months
D. Spermicides	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Days ___ Weeks ___ Months
E. IUD	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Days ___ Weeks ___ Months
F. Injectables	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Days ___ Weeks ___ Months
G. Diaphragm	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Days ___ Weeks ___ Months
H. Other (specify) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Days ___ Weeks ___ Months

12. What types of tests are provided? Record below the types of tests that are provided at this facility.

Type of test	Test usually provided	Available today	Available (approximate # of units)	Stockout last 6 months	If yes, duration of last stockout
A. Pregnancy test	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Days ___ Weeks ___ Months
B. Anemia test	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Days ___ Weeks ___ Months
C. Pap smear	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Days ___ Weeks ___ Months

13a. Is any laboratory testing available for STIs?

1. Yes
 2. No

13b. For each of the following STIs, is a test available at this facility or are clients' specimens—or clients themselves—sent elsewhere for testing?

STI test	Available at this facility	Clients' specimens sent elsewhere
Syphilis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gonorrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chlamydia	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Candida	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cervical cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

14. What types of services are offered?

Record below the types of services that are offered at the facility. For each service, first record if it is provided, and then record whether the service has been available at *all* times in the last six months. If the service has NOT been available at all times in the last six months, mark the reason why it was *last* not available and record the length of time it was not available.

(Observe and ask)

Type of service	Provided	Available at all times in last 6 months	If no, reason last not available	If yes, duration of last stockout
A. Maternity care/delivery service	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 Supplies not available <input type="checkbox"/> 2 Equipment not available <input type="checkbox"/> 3 Trained staff not available <input type="checkbox"/> 4 Other _____	___ Days ___ Weeks ___ Months
B. STI treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 Supplies not available <input type="checkbox"/> 2 Equipment not available <input type="checkbox"/> 3 Trained staff not available <input type="checkbox"/> 4 Other _____	___ Days ___ Weeks ___ Months
C. HIV testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 Supplies not available <input type="checkbox"/> 2 Equipment not available <input type="checkbox"/> 3 Trained staff not available <input type="checkbox"/> 4 Other _____	___ Days ___ Weeks ___ Months
D. Surgical sterilization	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 Supplies not available <input type="checkbox"/> 2 Equipment not available <input type="checkbox"/> 3 Trained staff not available <input type="checkbox"/> 4 Other _____	___ Days ___ Weeks ___ Months
E. Contraceptive method counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 Supplies not available <input type="checkbox"/> 2 Equipment not available <input type="checkbox"/> 3 Trained staff not available <input type="checkbox"/> 4 Other _____	___ Days ___ Weeks ___ Months
F. Abortion/post-abortion services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 Supplies not available <input type="checkbox"/> 2 Equipment not available <input type="checkbox"/> 3 Trained staff not available <input type="checkbox"/> 4 Other _____	___ Days ___ Weeks ___ Months
G. Infertility consultation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 Supplies not available <input type="checkbox"/> 2 Equipment not available <input type="checkbox"/> 3 Trained staff not available <input type="checkbox"/> 4 Other _____	___ Days ___ Weeks ___ Months
H. Gynecological exams	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 Supplies not available <input type="checkbox"/> 2 Equipment not available <input type="checkbox"/> 3 Trained staff not available <input type="checkbox"/> 4 Other _____	___ Days ___ Weeks ___ Months
I. Nutrition counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 Supplies not available <input type="checkbox"/> 2 Equipment not available <input type="checkbox"/> 3 Trained staff not available <input type="checkbox"/> 4 Other _____	___ Days ___ Weeks ___ Months
J. Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 Supplies not available <input type="checkbox"/> 2 Equipment not available <input type="checkbox"/> 3 Trained staff not available <input type="checkbox"/> 4 Other _____	___ Days ___ Weeks ___ Months

15. Which of the following types of equipment are available and in working order?

Ask to see each type of equipment. Count how many of each are in working order and put the number available in the corresponding box on the table. (Ask and observe)

Equipment and supplies	Number available
Flashlight/ lamp	
Scale	
Blood pressure gauge	
Stethoscopes	
Sterile needles and syringes	
Various sizes of specula	
Hemocytometer	
Vacuum extractor	
Babcock forceps	
NSV ringed forceps	
Scalpels	
Sutures	
Curettes	
Antinanted asperator devices	
Autoclaves	
IV fluids	
Iodine	
Antibiotics	
Antiseptic	
Chlorine solution	
Sterile gloves	
Disposal containers for contaminated waste/supplies	
Plastic buckets or containers for decontamination	
Clean instrument containers	
Instrument trays	
Swab containers with sterile swabs or sterile gauze	
Examination couch or table	
Operation theater	
Recovery room	
Microscopes	
Audio-visual equipment for presentations	
Other _____	

16. Is there a system for monitoring and maintaining materials, equipment, and supplies?

1. Yes

2. No (*Go to end*)

17. If yes, could I see the protocols on how the system works?

(Observe)

Describe briefly. _____

Thank you very much for your time and help!

NOTES:

Tool 4: Focus Group Discussion Guide for Providers and Staff

DIRECTIONS:

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

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

Enlist a person to be a note taker for writing down the responses from the participants. For more instruction on conducting a focus group discussion, refer to Workbook 1.

QUESTIONS FOR STAFF:

INDICATOR 4: ARE THE SURROUNDINGS OF THE FACILITY WELCOMING FOR YOUTH?

1. What characteristics of this facility (be it the waiting room, or other room, or signs and posters) do you think youth might find attractive? _____

2. What about the waiting room—are there any educational materials or media that youth can read or see while they're waiting? _____

3. Are there any posters or signs in the facility that target youth? If so, what do they say?

INDICATOR 14: IS THE AMOUNT OF TIME BETWEEN ARRANGING AN APPOINTMENT AND SEEING A PROVIDER ADEQUATE FOR YOUTH?

4. Is it possible for youth to come to the facility and be seen by a provider the same day? If so, about how long would a youth client wait, on average, to see a provider?

5. If it is not possible for youth to see a provider the same day that they request an appointment, about how long, on average, would they have to wait to see a provider?

6. Are there any situations where youth are seen by a provider more quickly? If so, what are they? _____

7. Let's say I'm a 14 year-old girl (or boy) and I come to the receptionist and ask to see a nurse or a doctor about a health problem. About how long would I be expected to wait until I saw someone for my problem? _____

QUESTIONS FOR PROVIDERS:

INDICATOR 15: DO THE POLICIES SUPPORT PROVIDING SERVICES FOR YOUTH?

8. Do the protocols at this facility require you to perform any medical procedures before providing a certain RH service (like giving contraceptives)? If so, please explain.

9. Do the policies at this facility require you to obtain consent from anyone before providing a RH service to a youth client? If so, please explain.

10. Do the policies at this facility restrict you from providing any RH services (or certain types of RH services) depending on the clients' age, marital status, or parity? If so, please explain. _____

11. Are there any other types of policies or guidelines that may restrict you in providing a certain type of RH service to a youth client? If so, please explain.

Tool 5: In-depth Interview Guide for Providers and Staff

DIRECTIONS:

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

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

For more information on conducting an in-depth interview, refer to Workbook 1.

QUESTIONS FOR PROVIDERS:

INDICATOR 3: IS THERE ADEQUATE SPACE AND SUFFICIENT PRIVACY?

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

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

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

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

INDICATOR 5: ARE THE PROVIDERS AND STAFF SPECIALLY TRAINED TO WORK WITH YOUTH ISSUES?

5. In your position at (*Name of facility*) _____ what kind of services do you offer?
 - a. in general _____
 - b. specific to youth _____
6. What kind of training have you received to provide such services? _____
Have you had a refresher training class recently? If so, what did it cover?

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

INDICATOR 6: ARE THE ATTITUDES OF PROVIDERS AND STAFF SUPPORTIVE TOWARD GIVING SERVICES TO YOUTH?

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

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

10. In the last three months, have you provided contraceptive information/counseling to youth clients? _____
11. Have you provided contraceptive methods to youth in the past three months? Which methods? _____

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

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

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

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

16. Are there any methods you would never recommend under any circumstances? Explain. _____

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

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

QUESTIONS FOR PROVIDER OR STAFF PERSON:

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

20. What is your attitude toward youth:
- a. Who have sex before marriage? What kind of services do you think they need from a health facility? _____

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

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

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

INDICATOR 7: DO PROVIDERS AND STAFF HONOR PRIVACY AND CONFIDENTIALITY WITH THEIR YOUTH CLIENTS?

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

22. Explain how staff at this facility maintain the confidentiality of a patient's records.

23. Do you and other health care providers at this facility require the consent of parents or guardians before carrying out any medical procedures for youth? If so, what procedures are they? Do you think this is necessary? _____

24. What steps do you take to ensure the privacy for one of your clients? How do you make sure that other people won't be able to hear your discussions with your clients?

INDICATOR 11: ARE BOYS AND YOUNG MEN WELCOMED AND SERVED?

25. How do you feel about providing reproductive health services for boys and young men?

26. Do you have different protocols when providing services to boys or young men? If so, what are they? If not, do you think that any are necessary? _____

27. What are some things you may say or do to a boy or young man client that may be different from when you see a girl or young woman? _____

28. Do you provide any special services for just boys or young men? If so, what are they? If not, do you think some are necessary? _____

Tool 6: Mystery Client Questionnaire

Note: For methodology and directions on how to do the mystery clients, refer to Workbook 1.

Scenario enacted:

- a) unwanted pregnancy
- b) information regarding contraceptives
- c) information regarding STIs
- d) counseling regarding premarital intercourse
- e) other: _____

BACKGROUND CHARACTERISTICS OF FACILITY

1. Health Facility (Name and number) _____

2. Date of interview: _____
Day Month Year

3. Level of Facility Where “Mystery Client” went

- 1. Referral Hospital
- 2. Hospital
- 3. District Level
- 4. Health Center
- 5. Health Post
- 6. Mobile Health Clinic
- 7. Clinics in non-permanent facilities (schools, rotating rural health outposts, youth centers, etc.)
- 8. Pharmacy
- 9. Other _____

4. Type of Facility

- 1. Government/Ministry of Health
- 2. Government/other
- 3. Family Planning Association
- 4. Other NGOs
- 5. Missionary
- 6. Private

5. Structure of Facility

- 1. Youth-only Facility
- 2. Youth-only Facility Hours
- 3. Integrated Services

6. Locality of Facility

- 1. Rural
- 2. Urban
- 3. Peri-Urban

Name of Interviewer: _____

Time client arrived at facility: _____

QUESTIONS FOR "MYSTERY CLIENT"

INDICATOR 14: IS THE AMOUNT OF TIME BETWEEN ARRANGING AN APPOINTMENT AND SEEING A PROVIDER ADEQUATE FOR YOUTH?

20. Were you able to speak to a counselor or a provider?

- 1. Yes (skip to 23)
- 2. No

21. If no, why not:

- 1. Facility was closed
- 2. Counselor/Provider was not at the facility
- 3. Counselor/Provider had no available appointments
- 4. Counselor/Provider refused to see client
- 5. Other (specify): _____
- 98. Don't know

22. If you were not able to see a counselor or a provider, were you given an appointment for a later date?

- 1. Yes (skip to 23)
- 2. No
- 98. Don't know

(If unable to see a provider end interview here).

23. What things did you have to go through before seeing a provider (did you have to fill out paper work, etc.)? _____

24a. About how long did you wait between the time you first arrived at this facility and the time you saw a provider? _____

24b. Do you feel that the waiting time was reasonable or too long?

- 1. No waiting time
- 2. Reasonable/ Short
- 3. Too long
- 4. Don't know

25. Time the session started (approximately): _____ : _____

Time the session ended (approximately): _____ : _____

Length of session: _____ hours

INDICATOR 1: ARE THE FACILITY HOURS CONVENIENT FOR YOUTH?

26a. Were the hours and day that you came to the facility convenient for you?

- 1. Yes
- 2. No

If not, why not? _____

26b. Is there another time or day that would have worked better for you?

- 1. Yes
- 2. No

If yes, what would they be? _____

**INDICATOR 6: ARE THE ATTITUDES OF PROVIDERS AND STAFF SUPPORTIVE TOWARD GIVING SERVICES TO YOUTH? AND
INDICATOR 11: ARE BOYS AND YOUNG MEN WELCOMED AND SERVED?**

27. Sex of provider:

- 1. Woman
- 2. Man

28. Was the provider who saw you a:

- 1. Doctor
- 2. Nurse
- 3. Midwife
- 4. Counselor
- 5. Peer educator
- 6. Other _____
- 98. Don't know

29. Did the provider greet you in a friendly fashion?

- 1 Yes
- 2 No

30. Did the provider ask you the reason for your visit?

- 1 Yes
- 2 No
- 98 Don't know

31. How did the provider react (what did he/she say) when you told him/her the reason for your visit? (Probe for more information). _____

Code _____

(Coded by analyst: 1 = reaction acceptable/appropriate;
2 = reaction was unacceptable/inappropriate.)

32. What advice did the provider give you? _____

Code _____

(coded by analyst: 1= provider tells client what to do;
2= provider helps client identify options;
3= provider allows client to determine own course of action.)

33. Did you discuss any of the following topics with the provider? (Check all that apply.)

- 1. Your sexual history
- 2. Your current sexual status
- 3. The nature of your relationship with your current partner
- 4. Your current and/or past contraceptive use

34. Do you feel the provider took your concerns seriously?

- 1. Yes
- 2. No

35. Did the provider ask you questions about yourself?

- 1. Yes
- 2. No

If yes, what kinds of questions did the provider ask? _____

36. How much information did the provider give you about any of the following:

0=none 1=minimum 2=moderate 3=extensive

- | | | | | |
|----------------------------|-------|-------|-------|-------|
| 1. Family planning methods | _____ | _____ | _____ | _____ |
| 2. HIV/AIDS | _____ | _____ | _____ | _____ |
| 3. Other STIs | _____ | _____ | _____ | _____ |

37. Did the provider ask whether you knew about these topics before giving you information?

- 1 Yes
- 2 No
- 98 Don't know

38. Did the provider use any of the following visual aids during the session?

1= yes 2= no 98= don't know

- | | | | |
|-------------|-------|-------|-------|
| 1. Posters | _____ | _____ | _____ |
| 2. Drawings | _____ | _____ | _____ |
| 3. Booklets | _____ | _____ | _____ |
| 4. Videos | _____ | _____ | _____ |

39. Did the provider give you his/her personal opinion on what you should do?

1 Yes

2 No

If yes, what was his/her opinion regarding your situation? _____

40. Did the provider ask you if you had any questions?

1 Yes

2 No

41. Did the provider respond to your questions?

1 Yes

2 No

42. Did you feel comfortable asking the provider questions?

1 Yes

2 No

If no, why not? _____

43. Was the information given by the provider clear and simple?

1 Yes

2 No

44. Was anything the provider said confusing or unclear?

1 Yes

2 No

98 Don't know

45. Did the provider check to make sure you understood the information properly?

1 Yes

2 No

98 Don't know

46. Do you feel that the provider spent enough time with you?

1 Yes

2 No

If no, why not? _____

47. Did the provider do or say anything that made you feel uncomfortable?

1 Yes

2 No

98 Don't know

If yes, what? _____

48. Did the provider do or say anything during your visit that led you to believe he/she did not approve of something you said?

1 Yes

2 No

98 Don't know

If yes, what did the provider do or say to make you feel this way?

INDICATOR 11: ARE BOYS AND YOUNG MEN WELCOMED AND SERVED?

[Note to interviewer: only ask boys these questions]

49. Did you get the impression that the facility focuses more on female clients?

1 Yes

2 No

If yes, what were your reasons? _____

50. (If provider was female) Did you feel uncomfortable seeing a female provider?

1 Yes

2 No

If yes, why? _____

INDICATOR 3: IS THERE ADEQUATE SPACE AND SUFFICIENT PRIVACY?

51. Could anyone overhear the conversation you had with the provider?

1 Yes

2 No

98 Don't know

52. Did anything occur to interrupt your discussion with the provider?

1 Yes

2 No

If yes, what? _____

53. Did you meet with the provider in a separate room?

1 Yes

2 No

If yes, describe it? _____

INDICATOR 7: DO PROVIDERS AND STAFF HONOR PRIVACY AND CONFIDENTIALITY WITH THEIR YOUTH CLIENTS?

54. Did you feel that when you were seeing the provider, it was very private?

1 Yes

2 No

If no, why not? _____

55. Do you believe that the information you shared with the provider will be kept confidential?

1 Yes

2 No

If no, why not? _____

56. What about the receptionist, or anyone else who was working there, do you think that they will keep your information confidential?

1 Yes

2 No

If no, why not? _____

INDICATOR 15: DO THE POLICIES SUPPORT PROVIDING SERVICES FOR YOUTH?

57. Did the provider:	Yes	No
a. Require you to get parental consent for any service?	<input type="checkbox"/>	<input type="checkbox"/>
b. Require you to get spousal consent for any service?	<input type="checkbox"/>	<input type="checkbox"/>
c. Inform you that you were too young to receive any of the services?	<input type="checkbox"/>	<input type="checkbox"/>
d. Require you to have a blood test before giving you contraceptives?	<input type="checkbox"/>	<input type="checkbox"/>
e. Require you to have a pelvic exam before giving you contraceptives?	<input type="checkbox"/>	<input type="checkbox"/>
f. Require you to make another appointment before receiving a service?	<input type="checkbox"/>	<input type="checkbox"/>

58. Did the provider ask you to return for another visit?

1 Yes

2 No

59. Did you set a date for your next appointment?

1 Yes

2 No

INDICATOR 4: ARE THE SURROUNDINGS OF THE FACILITY WELCOMING FOR YOUTH?

60. What were your impressions about the facility, itself? (Probe: ask about waiting room, and other rooms that the client visited) _____

61. Were there any educational materials available in the waiting room?

- 1 Yes
- 2 No (go to Question 63)

62. What topics did the materials cover?

- 1 Pregnancy
- 2 STIs
- 3 HIV/AIDS
- 4 Contraceptive methods
- 5 Prenatal/ Postnatal care
- 6 Nutrition
- 7 Other _____

63. Were there any signs or posters specifically targeting youth in the waiting room?

- 1 Yes
- 2 No (go to Question 65)

64. What messages were these materials trying to deliver? _____

- 98 Don't know

65. What needs to be improved at the facility to attract more youth?

- 98 Don't know

66. Would you recommend this provider to a friend?

- 1 Yes
- 2 No

67. Is there anything else you would like to add regarding your visit? _____

Thank you very much for your time and help!

4. Type of Facility

- 1 Government/Ministry of Health
- 2 Government/other
- 3 Family Planning Association
- 4 Other NGOs
- 5 Missionary
- 6 Private

5. Structure of Facility

- 1 Youth-only Facility
- 2 Youth-only Facility Hours
- 3 Integrated Services

6. Locality of Facility

- 1 Rural
- 2 Urban
- 3 Peri-Urban

Name of Interviewer: _____

INSTRUCTIONS TO INTERVIEWER:

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

GREETING

“Hello, My name is _____. I am from _____ (name of organization). We are interested in what youth think about the reproductive health services provided at this facility and would like to know your feelings about the service that you just received. I would like to ask you a few questions about the meeting you have just had with the facility staff and would be very grateful if you could spend a little time talking with me. I will not write down your name, and everything you tell me will be kept strictly confidential. Your participation is voluntary, and you are not obliged to answer any questions you do not want to. Do I have your permission to continue?”

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

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

SECTION ONE: BASIC FEATURES

1. Sex of client (do not ask)
 - 1 Female
 - 2 Male
2. How old were you at your last birthday? Age in years _____
3. Are you currently going to school?
 - 1 Yes
 - 2 No
4. What was your last year of completed studies?
 - 1 None/pre-school
 - 2 Primary
 - 3 Secondary
 - 4 Higher/University
 - 98 Don't know
5. Are you currently married or living with a man/woman?
 - 1 Married
 - 2 Living with
 - 3 No living partner/spouse
6. Have you ever had a child?
 - 1 Yes
 - 2 N o

SECTION TWO: INFORMATION ABOUT SERVICES

7. Why did you come to this health facility today? (Check all that apply)

- 1 Contraceptive counseling
- 2 Contraceptive purchasing
- 3 Prenatal care
- 4 Postpartum care
- 5 Counseling about nutrition
- 6 Pregnancy test
- 7 STI screening
- 8 STI treatment
- 9 HIV test
- 10 Gynecological exam
- 11 Peer counseling
- 12 Abortion-related services
- 13 Infertility consultation
- 14 Other _____

INDICATOR 14: IS THE AMOUNT OF TIME BETWEEN ARRANGING AN APPOINTMENT AND SEEING A PROVIDER ADEQUATE FOR YOUTH?

8a. How long ago did you make an appointment to see the provider today?

- 1 A few hours ago
- 2 A day ago
- 3 A few days ago
- 4 A week ago
- 5 More than a week ago
- 98 Don't know

8b. Was this okay for you?

- 1 Yes
- 2 No
- 98 Don't know

9. What would be an okay amount of time to wait from making an appointment and seeing a provider?

- 1 A few minutes
- 2 A few hours
- 3 One day
- 4 A few days
- 5 More than a week

INDICATOR 7: ARE THE FACILITY HOURS CONVENIENT FOR YOUTH?

10a. Were the hours and day that you came to the facility convenient for you?

- 1 Yes
- 2 No

If not, why not? _____

10b. Is there another time or day that would have worked better for you?

- 1 Yes
- 2 No

If yes, what would they be? _____

**INDICATOR 6: ARE THE ATTITUDES OF PROVIDERS AND STAFF SUPPORTIVE TOWARD GIVING SERVICES TO YOUTH? AND
INDICATOR 11: ARE BOYS AND YOUNG MEN WELCOMED AND SERVED?**

11. Overall, would you say you were satisfied with your visit to the facility today, or were you dissatisfied with your visit today?

- 1 Satisfied (go to Question 13)
- 2 Dissatisfied
- 3 Other _____ (go to Question 13)

12. Why were you dissatisfied with your visit today? _____

13. Do you feel that you received the information and services that you wanted today?
- 1 Yes
 - 2 No
 - 3 Partially
 - 98 Don't know
14. Do you feel that your consultation with the health provider was too short, too long, or about the right amount of time?
- 1 Too short
 - 2 Too long
 - 3 About right
 - 98 Don't know
15. During this visit, did you have any concerns about family planning or other health issues that you wanted to discuss with the provider?
- 1 Yes
 - 2 No (go to Question 17)
16. If yes, did the provider listen to your concerns to your satisfaction?
- 1 Yes
 - 2 No
17. During this visit, did you have any questions you wanted to ask?
- 1 Yes
 - 2 No (go to Question 20)
18. If yes, did the provider let you ask the questions?
- 1 Yes
 - 2 No (go to Question 20)
19. Did the provider respond to your questions to your satisfaction?
- 1 Yes
 - 2 No
20. During your visit, how were you treated by the provider?
- 1 Very well
 - 2 Well
 - 3 Not very well/poorly

21. During your visit, how were you treated by the other staff?

- 1 Very well
- 2 Well
- 3 Not very well/ poorly

22. During your visit, did you feel that the provider's explanations were easy to understand, or did you feel that the provider was difficult to understand?

- 1 Easy to understand
- 2 Difficult to understand
- 98 Don't know

23. Did the provider do or say anything that made you feel uncomfortable?

- 1 Yes
- 2 No
- 98 Don't know

If yes, what? _____

24. Did the provider do or say anything during your visit that led you to believe he/she did not approve of something you said?

- 1 Yes
- 2 No
- 98 Don't know

If yes, what did the provider do or say to make you feel this way?

INDICATOR 3: IS THERE ADEQUATE SPACE AND SUFFICIENT PRIVACY?

25. Could anyone overhear the conversation you had with the provider?

- 1 Yes
- 2 No
- 98 Don't know

26. Did anything occur to interrupt your discussion with the provider?

1 Yes

2 No

If yes, what? _____

27. Did you meet with the provider in a separate room?

1 Yes

2 No

If yes, describe it? _____

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

28. Did you feel that when you were seeing the provider, it was very private?

1 Yes

2 No

If no, why not? _____

29. Do you believe that the information you shared with the provider will be kept confidential?

1 Yes

2 No

If no, why not? _____

30. What about the receptionist, or anyone else who was working there, do you think that they will keep your information confidential?

1 Yes

2 No

If no, why not? _____

INDICATOR 15: DO THE POLICIES SUPPORT PROVIDING SERVICES FOR YOUTH?

- | | Yes | No |
|--|--------------------------|--------------------------|
| 31. Did the provider: | | |
| a. Require you to get parental consent for any service? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Require you to get spousal consent for any service? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Inform you that you were too young to receive any of the services? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Require you to have a blood test before giving you contraceptives? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Require you to have a pelvic exam before giving you contraceptives? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Require you to make another appointment before receiving a service? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Did the provider ask you to return for another visit? | | |
| <input type="checkbox"/> 1 Yes | | |
| <input type="checkbox"/> 2 No | | |
| 33. Did you set a date for your next appointment? | | |
| <input type="checkbox"/> 1 Yes | | |
| <input type="checkbox"/> 2 No | | |

INDICATOR 11: ARE BOYS AND YOUNG MEN WELCOMED AND SERVED?

[Note to interviewer: only ask boys these questions]

34. Did you get the impression that the facility focuses more on female clients?
- 1 Yes
- 2 No
- If yes, what were your reasons? _____
- _____
35. (If provider was female) Did you feel uncomfortable seeing a female provider?
- 1 Yes
- 2 No
- If yes, why? _____
- _____

INDICATOR 4: ARE THE SURROUNDINGS OF THE FACILITY WELCOMING FOR YOUTH?

36. What were your impressions about the facility, itself? (Probe: ask about waiting room, and other rooms that the client visited) _____

37. Were there any educational materials available in the waiting room?

- 1 Yes
- 2 No (go to Question 39)

38. What topics did the materials cover?

- 1 Pregnancy
- 2 STIs
- 3 HIV/AIDS
- 4 Contraceptive methods
- 5 Prenatal/postnatal care
- 6 Nutrition
- 7 Other _____

39. Were there any signs or posters specifically targeting youth in the waiting room?

- 1 Yes
- 2 No (go to Question 41)

40. What messages were these materials trying to deliver?

- 98 Don't know

41. What needs to be improved at the facility in order to attract more youth?

- 98 Don't know

Thank you very much for answering these questions.

Tool 8: Focus Group Discussion Guide for Youth Who Have Been to Facility

DIRECTIONS:

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

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

For more information on how to conduct a focus group discussion, refer to Workbook 1.

QUESTIONS:

INDICATOR 2: IS THE LOCATION OF THE FACILITY CONVENIENT FOR YOUTH?

1. What about the location of _____ (*Name of facility*) makes it unattractive to go there?
2. Is the facility close to some form of public transportation? Which one? _____
How much does it cost for you to come from your house to this facility using that form of public transportation? _____
3. Would any of you find it difficult to get to the _____ (*Name of facility*)?
Explain. _____
4. Is the facility near market areas or other places where you might go to spend time? _____
If yes, how do you feel about it being close to these places? _____

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

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

INDICATOR 8: IS A PEER EDUCATION/COUNSELING PROGRAM AVAILABLE?

6. When you were at the facility, did you see a peer educator/counselor? If so, what was he/she doing?_____
7. Did you get a chance to speak with a peer educator or counselor? If so, what did you discuss?_____
8. How many times have you spoken with the peer educator/counselor from this facility?_____
9. Do you remember the various discussions you've had with him/her? Could you describe some of them?_____
10. If you didn't speak to a peer educator/counselor, what were your reasons?_____
11. Have you ever spoken to a peer educator/counselor (before the visit to the health facility)? If so, where did you meet with him/her?_____
12. Do you know if that peer educator/counselor was working for this facility?_____

INDICATOR 10: ARE YOUTH INVOLVED IN DECISION MAKING ABOUT HOW PROGRAMS ARE DELIVERED?

13. Have any of you ever been asked to participate in an activity to help the facility in its youth programs? If so, describe your experience._____
14. Have staff asked for your help in deciding something about the youth programs at (*Name of facility*)? If so, what decision did you help them make? Do you think they used your advice to shape their programs? How do you know whether they used your advice?_____
15. If you haven't been asked to participate in decision making at this facility, do you know any youth your age who has been involved in decision making at this facility? If so, what did they say about their experience?_____

Tool 9: Focus Group Discussion Guide for Youth Who Have Not Been to Facility

DIRECTIONS

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

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

For more details on how to conduct a focus group, refer to Workbook 1.

QUESTIONS:

INDICATOR 1: ARE THE FACILITY HOURS CONVENIENT FOR YOUTH?

1. _____ (*Name of facility*) is open from... (give the actual hours and days that the facility is open). If you had to go to the facility because of a health problem, would it be difficult for you to go to the facility during these hours? _____
Why would it be difficult? _____
2. If you wanted to go to (*Name of facility*) for reproductive health services, what would be the best time for you to go and why? _____
3. During what hours of the day are you the most busy? _____
What do you usually have to do during this time? _____
4. During what hours of the day do you have the most free time? What do you usually do during this time? _____
5. On what days of the week are you the most busy? _____
What activities are you involved in? _____

6. On what days of the week do you have the most free time? What do you usually do during this free time? _____

INDICATOR 8: IS A PEER EDUCATION/COUNSELING PROGRAM AVAILABLE?

7. Have any of you ever seen a peer educator or counselor doing outreach activities? If so, where and what do you think the peer educator/counselor was doing?

8. Have any of you ever spoken to a peer educator or counselor? If so, where did you meet?

9. (If yes to above) Do you remember what you spoke to the peer educator/counselor about? If yes, could you explain it to me? _____

10. Do any of you have friends that have mentioned to you that they saw or spoke with a peer educator? If so, do you remember whether they liked him or her?

INDICATOR 9: ARE THE FEES FOR SERVICES AFFORDABLE?

11. Do you have a paying job? If so, what is your salary? _____
12. Do you have other ways of getting money? If so, what are these ways, and how much money can you get? _____
13. If you needed money to pay for an RH service, how would you get it? How much money would you be able to get? _____
14. If you have money, what do you usually spend it on? _____

15. Do you decide how to spend your money, or does someone else decide? Is this a problem for you? Explain. _____

16. *Note for interviewers: write down the costs that a youth client would be expected to pay for the RH services which are offered at the facility, then ask the youth:* Do you think that each of these fees for the services at _____ (Name of facility) are affordable for youth? Which ones might be too expensive? Explain. _____

17. Would you go to the facility if each of these services were free? Why or why not?

INDICATOR 16: DOES THE FACILITY INFORM THE COMMUNITY ABOUT ITS SERVICES FOR YOUTH?

18. Do you know what types of RH services are offered at _____ (*Name of facility*)?
If so, what are they? _____

19. How did you know that _____ (*Name of facility*) offered these services?

20. Have you ever heard about _____ (*Name of facility*) by (a) a radio ad?
(b) a poster? (c) a peer educator? (d) in school? (e) a newspaper? (f) a community event?

How else have you heard about _____ (*Name of facility*)?

21. Do you think that _____ (*Name of facility*) encourages youth to visit and
use its services? If so, how does it do so? If not, what needs to be done?

INDICATOR 12: DOES THE FACILITY PROVIDE A WIDE RANGE OF SERVICES?

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

23. What are the RH problems and needs that people your age may have? (Make a list and
transfer it to a flip chart.) _____

24. Of the problems/needs that you mentioned, which one do you think is the biggest
problem for young adults? _____

Rank this problem one, the next greatest problem two, and so on. (Rank the problems/
needs on another flipchart page).

25. (Once ranking is finished) Why did you rank these problems/needs in this particular
order? _____

26. *Note to interviewer: Write down the actual services that are offered at the facility, then ask the interviewees: Are there any RH services that aren't offered here that you wish were offered? If yes, what are they?* _____

INDICATOR 17: DO YOUTH PERCEIVE THAT PRIVACY AND CONFIDENTIALITY ARE HONORED?

27. If you had to go to _____ (*Name of facility*) for STI screening (*if interviewees do not know about STIs, explain their symptoms: lower abdominal pain, pain when urinating, sores on genitals, etc.*), do you feel that you would be taken to a private area at the facility?

28. Do you think your problem would be kept private? Why or why not? How might people other than those you talked to at the facility find out about your problem?

29. How would you feel if you were waiting at _____ (*Name of facility*) and you saw someone you knew? _____

Do you think that this would happen at _____ (*Name of facility*)?

30. How important is privacy for people your age seeking RH services? Explain.

31. What about if you went to the facility for contraceptive counseling? Do you feel that the staff and providers would keep this information confidential?

32. Do you think they might be required to inform your parents, if you are an unmarried adolescent? What reasons do you have for feeling this?

33. Have you ever heard from others, or from a sign or radio, that the facility provides confidential services? _____

34. Is confidentiality an important issue for you when seeking services at the facility? Explain. _____

INDICATOR 19: DO YOUTH PERCEIVE THAT THEY WOULD BE WELCOMED REGARDLESS OF MARITAL AND AGE STATUS?

35. How do you think the staff at _____ (*Name of facility*) will welcome people your age, who are unmarried? What makes you think this way?

36. If you went to see a provider at (*Name of facility*) for contraceptive counseling or pregnancy testing or STI screening, what do you think the staff would say or do? What makes you think this way? _____

37. Do you feel that staff could turn you away from getting some service? For what reasons? _____

38. Are there any RH services that you think staff at the facility would not allow you to receive? If so, which one? What are your reasons?

INDICATOR 20: DO YOUTH PERCEIVE THAT PROVIDERS WOULD BE INFORMATIVE ABOUT THEIR NEEDS?

39. If you went to see a provider at (*Name of facility*) for a RH problem, do you feel that he/she could do a good job in helping you? Explain.

40. How do you think you would be treated? Do you think you would feel comfortable asking the provider questions about sexuality or RH issues?

41. Do you think the provider would be able to answer all of your questions? Why or why not? _____

42. How much do you think the providers at (*Name of facility*) know about reproductive health problems of people your age? What makes you think that?

INDICATOR 21: DO ADULTS SUPPORT YOUTH IN SEEKING REPRODUCTIVE HEALTH SERVICES AT THE FACILITY?

43. How do you think adults in the community feel about people your age seeking reproductive health services at the facility? What makes you think this?

44. How do you think your parents would feel if they found out that you had received a preventive type of reproductive health service? (Examples would be contraceptive counseling or STI testing.) Why do you think they feel this way?

45. Do you think that adults are capable of changing their attitudes? Why or why not?

QUESTIONS FOR BOYS/YOUNG MEN:

INDICATOR 18: DO BOYS AND YOUNG MEN PERCEIVE THAT THEY WOULD BE WELCOMED AT THE FACILITY?

46. If you went to _____ (*Name of facility*) because of a RH problem or need, would you go by yourself or with someone? Who would you go with and why?

47. Do you think males would be welcome to receive RH services at _____ (*Name of facility*)? Explain.

48. Would you feel comfortable going to _____ (*Name of facility*) for a RH service? Explain.

49. Would you care whether you saw a male or female provider?

50. Would you care if _____ (*Name of facility*) served females and families, as well as males?

51. Would you feel comfortable talking to a provider about sexual and/or reproductive health issues? _____

Tool 10: Focus Group Discussion Guide for Key Adult Informants

DIRECTIONS:

Ask six to eight people who have lived in the catchment area of the facility for at least 10 years if they are willing to participate in a discussion about reproductive health services for youth.

Enlist another person as note taker and have them take notes as well as tape-record the discussion

For more information on conducting a focus group discussion, refer to Workbook 1.

QUESTIONS:

INDICATOR 21: DO ADULTS SUPPORT YOUTH IN SEEKING REPRODUCTIVE HEALTH SERVICES AT THE FACILITY?

1. What do you think are the most common health problems that youth face today? (Note: If health problems associated with sexual activity are not mentioned, ask “What about health problems such as unplanned pregnancy? STIs? Etc.)

2. What do people in this community think about youth who...

a. have sex before marriage? _____

b. have more than one sexual partner? _____

c. change partners frequently? _____

d. are involved in risky sexual or health behavior? Give examples. _____

3. How do you feel about youth seeking RH services at _____ (*Name of facility*)?

4. Do you think that there should be special locations in the community that provide RH services only to youth? Why or why not? _____

5. How do you feel about youth receiving RH services without the facility notifying their parents? _____

6. Do you feel that this community supports youth to use RH services? Explain.

INDICATOR 16: DOES THE FACILITY INFORM THE COMMUNITY ABOUT ITS SERVICES FOR YOUTH?

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

List them. _____

8. Have you ever heard about the _____ (*Name of facility*) offering reproductive health services for youth? If so, how? _____

9. Have you ever heard about the facility by: (a) a radio ad? (b) a newspaper ad? (c) a sign or a poster? (d) an outreach worker? _____

10. Do you think the facility should do more to inform the community about providing reproductive health services for youth? If so, what? If not, why not?
