

Provide: Strengthening youth friendly services



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This toolkit is part of IPPF's *Inspire* pack, which offers standards, guidelines and self-assessment tools on a variety of strategies and activities that contribute to rights-based and comprehensive sexual and reproductive health programming for young people.

Strategy

Principles of quality and rights ... basis of youth friendly services



IPPF/Clotilde Hall, Mauritania

Why was this guide developed?

'Improving the quality of existing services for young people' is at the heart of the vision and strategic objectives of the Youth Team at the International Planned Parenthood Federation (IPPF) Central Office. The Youth Team, in collaboration with the Central Office Quality of Care Team, developed a self-assessment tool to consider the 'youth friendliness' of our services to young people. Contributions to the tool were made by Regional Office Youth Focal Points, young people, by two IPPF Regional Office initiatives (European Network and Africa Region) and through external initiatives on the subject. We hope that this tool will be useful for all those IPPF Member Associations who wish to expand and improve the quality of their youth friendly services.

The terms 'organization' and 'Federation' have been used throughout this guide to refer to IPPF Member Associations, Regional Offices and Central Office.

Respecting confidentiality, giving choices and raising awareness on rights

IPPF has a long tradition of providing services to young people. Many Member Associations view the provision of services to young people as one of their core activities. However, despite the concept of 'youth friendly' being used by many Associations, there is no real consensus about what it means in practice. Therefore, in order to continue this pioneering work, there is an urgent need to move away from focusing on the quantity of services and to develop an understanding of the quality of programmes.

Quality includes respecting confidentiality, giving choices and raising awareness on rights. Quality also goes beyond the service delivery setting to include community acceptance of adolescent sexual and reproductive health. In addition, demand driven services contribute to quality by responding to the realities of young people's lives. This means that we need to make sure that our initiatives create that demand among the widest possible audience with a particular focus on the vulnerable, poor and marginalized.

While the services provided need to be appropriate to each Member Association's setting, IPPF believes that minimum standards for adolescent services – which take into account gender sensitivity, rights, the community and the wider development of young people – can contribute to high quality youth friendly service provision across the Federation, one of our strategic objectives. This tool, based on principles of quality and rights, is intended to support Member Associations to rethink the services they provide for young people and to work towards high quality service delivery.

Services

Understanding young people ... delivering services to meet their needs

Creating a service which young people trust

Youth friendly service delivery is about providing services based on a comprehensive understanding of what young people in that particular society or community want, rather than being based only on what providers believe they need. It is also based on an understanding of, and respect for, the realities of young people's diverse sexual and reproductive lives. It is about creating a service which young people trust and feel is there for them and their needs.

It is also important to realize that a young person's use of a service depends not only on his or her ability to access the services, but on their perceived need and knowledge of available services. A necessary part of youth friendly service provision, therefore, is awareness among the providers of the special difficulties that young people face in accessing sexual and reproductive health services. For example, inconvenient hours, legal and policy hurdles, concerns about confidentiality, fear of discrimination (in particular among sexually active girls), being treated with disrespect and high costs are among the factors that can inhibit young people's ability to access services.

Whether services are provided in a clinical setting, a youth oriented site, in schools or in the community, certain youth friendly characteristics are essential for effective services:

- providers should be trained to work competently, sensitively and respectfully with adolescents and young people on their sexual and reproductive health needs
- services must be confidential, non-judgmental and private
- clinic opening hours should be convenient for adolescents and young people: such times include late afternoons (after school), evenings and weekends
- services should be accessible to all adolescents and young people irrespective of their age, marital status, sexual orientation or ability to pay
- an effective referral system should be in place
- opportunities should be made available for adolescents and young people to be involved in designing, implementing and evaluating the programme
- services should seek to involve and gain the support of those important in the lives of young people and in the local community, such as partners, parents/guardians and schools

IPPF's International Medical Advisory Panel describes youth friendly services as follows:¹

They are able to effectively attract adolescents, responsively meet their needs, and succeed in retaining these young clients for continuing care. Youth friendly services should offer a wide range of sexual and reproductive health services relevant to adolescents' needs. While it is not always possible, attempts should be made to identify and provide the most needed sexual and reproductive health services, including sexually transmitted infection/HIV services, at the same clinic. These services should include sexual and reproductive health counselling, contraceptive counselling and provision (including emergency contraception), sexually transmitted infection/HIV prevention, counselling and testing, treatment and care, prenatal and post-partum care, sexual abuse counselling, relationship counselling, and safe abortion and abortion-related services.

¹ Contraception for adolescents/young people in an era of HIV/AIDS, Draft IPPF International Medical Advisory Panel statement, October 2005.

How do we link sexuality and youth friendly services?

All human beings, including young people, have sexual desires. Some young people express their desires by engaging in sexual activity regardless of their marital status; others may decide to abstain or postpone sexual intercourse. Services often do not reflect the reality of young people's lives and focus solely on specific messages, such as abstinence or risk management, and are reluctant to provide services to young unmarried people.

Sexual and reproductive health service providers often forget what sex and sexuality mean for young people and that the meanings attached are also diverse. As providers, we need to be aware that young people do not have sex to prevent unintended pregnancies, sexually transmitted infections or HIV but that they have sex for various reasons including love, intimacy, curiosity, (peer) pressure or economic reasons.

This means that service providers who are involved in youth friendly services may want to think about and discuss the following issues:

- Providers should consider whether their sexual and reproductive health services for young people are limited to preventing the unwanted consequences of sex or whether they really address issues of sexuality, sexual desires and sexual enjoyment.
- Sexual and reproductive health services/staff should provide options for protected sex in their prevention and promotion of safer sex activities.
- Safer sex includes much more than protected sex; it includes feeling safe and at ease with your partner, trust, communication, well-being and happiness.
- Promoting safer sex therefore means that staff need to address issues and questions about sexuality which include sexual desire and pleasure.
- Embracing sexuality as a part of sexual and reproductive health services forces staff to question personal standards of what is considered 'normal' and 'responsible' sexual behaviour of young people. For example, young people (as well as adults) practise anal and oral sex. Yet there is still the widespread definition of 'real sex' as sex which is heterosexual and reproductive, and the belief that anal and oral sex fall squarely outside the definition of 'sex'.
- Service providers may also have some assumptions about the sexual behaviour of young people which are not always in line with reality. For example:
 - 'young people have sex all the time'
 - 'young people love to take risks'
 - 'young people are egoistic pleasure seekers'
 - 'young people don't want to discuss their sexuality with adults'
- Young people who visit sexual and reproductive health services may be heterosexual, bisexual or homosexual, or can be questioning their sexual orientation. They may be sexually inexperienced or they may have more or different experiences than that of the staff members they encounter. Sexuality may have a different meaning for young men and young women as it can have for male and female service providers.

Talking about sexuality is difficult and only acceptable when there are good reasons for it. There are good reasons for it in the case of promoting safer sex, not just for people to be able to assess their own risks of getting infected, but also to openly express their concerns and to negotiate safer sex, and to accept their own sexuality and communicate about it with their partner(s). For young people who are infected with HIV or are living with AIDS it becomes important in relation to their sexual relationships and sexual behaviour.

Sexual and reproductive health services for young people can become more youth friendly if staff members are willing and able to understand and discuss the topics listed above. Some of these issues may be new or uncomfortable for providers, but if we give due and serious thought to them, their importance will become apparent. A useful exercise for providers is to discuss, as a team, their ideas, feelings, emotions and attitudes towards their own sexuality and that of the young people they see in their services.





What is a rights-based approach to youth friendly services?

IPPF believes in a rights-based approach to young people's sexual and reproductive health. Rights-based programming is a relatively new concept which marks a shift away from an exclusive focus on *needs*, traditionally centred on voluntarism and charity, to a framework rooted in a commitment towards the fact that people have rights they are entitled to enjoy and exercise. It is therefore closely associated with the principle of empowerment.

The rights-based approach enables Member Associations to create a sense of entitlement among young people, support their sexual competence and overall development, challenge stigma and discrimination, promote youth participation and ensure equality of access to high quality services for all young people.

Empowerment leads to young people being able to exercise and enjoy their human rights; conversely, vulnerability often stems from a lack of empowerment and limited options, which put them at risk or disadvantage. Traditional programme approaches tend to view vulnerable populations from a needs-based perspective without necessarily taking into account their capacities and rights or strategies for their empowerment and expanded choices.

How can this be reflected in providing services to young people?

Adopting a rights-based approach may challenge the way in which some Associations have worked in the past as it is centred on concepts such as accountability, choice and freedom of expression of young people. The process requires internal organizational and personal reflection and it needs to be done gradually so that staff and volunteers are able to embrace the new rights-based work ethic rather than be overwhelmed by it. This self-assessment tool can help this transition.

Foundation for undertaking youth friendly service provision

Before embarking on the journey to provide youth friendly services, Member Associations need to ask themselves some questions which can be seen as prerequisites for high quality services for young people.

Setting up youth friendly services cannot be seen as an additional activity which an Association simply includes in its list of programmes. It requires an exploration and an understanding of how the organization views young people and young people's sexuality, of how the organization sees its relationship with young people and their lives, and how young people themselves view the organization.

Careful consideration is also needed to identify not only which young people are being served but which young people are not being served, why and what can be done to reach them.

Is the organization ready and willing to provide youth friendly services?

The first question service providers need to ask themselves is how they really feel about providing services to young people. Are they willing to accept young people as being sexually active; and are they willing to listen to the voice of young people and to change and adjust their services to match their needs and wants?

Do we know who we want to reach with the services?

Too often young people are seen as one genderless mass in which all young people have the same needs and wants. Yet, young people are not one homogenous group, so it is essential that service providers ask questions such as:

- Which young people are we not serving – and why not?
- Are the services comfortable for young women and young men?
- Are we addressing the needs of more excluded young people including young people with disabilities, and those who are gay, lesbian or bisexual?

The answers to these questions should be as specific and as detailed as possible in order to take into account the diversity of the population and the diversity of their needs.

Do we know what young people want in a service?

In keeping with the core values of IPPF, involving young people in the design, implementation and evaluation of a service is fundamental to establishing youth friendly services. Knowing what young people expect from a service – by asking them – is therefore essential if the services are to be effective and relevant.

In general, the youth friendly concept suggests that the setting should be welcoming, pleasing and comfortable to young people as well as relaxing and enjoyable when possible.

For example, young people from Ghana and Kenya² (in dialogue with the Planned Parenthood Association of Ghana and the Family Planning Association of Kenya) described an 'ideal' service as one equipped with resources such as telephone hotlines; with personnel who are youth friendly; in a location that is central and neither difficult nor expensive to reach; and with services that are subsidized or free, or at least clearly priced. In addition, young people felt that the layout of the centre should accommodate physically challenged young people and that the counselling room should not just be a curtained area, but a separate room to guarantee confidentiality and privacy.

The young people also felt that it was necessary to ask young people in the community what kind of services they wanted from the clinic or centre where the services are provided.

The young people were particularly concerned with characteristics related to the providers, and asked questions such as:

- Are they competent and well trained to work with young people?
- Do they have open and positive views on young people and their sexuality?
- Are they welcoming to all young people including those who are poor and disadvantaged?

Finally the young people felt that the service or centre should organize special activities to involve vulnerable young people and local authorities and that some programmes should be implemented in partnership with them.

Situations that encourage us!

- There are young service providers in the clinic.
- There were posters on the rights of clients in the waiting area.
- The staff were friendly and smiling.
- I was told that I can make an appointment over the phone to avoid queuing up.
- There are condom vending machines in the women's and men's toilets.
- The waiting area has magazines and music.
- There is a suggestions box in the waiting area.
- There is a list of fees for different services in the waiting area.
- There was an Internet café next to the clinic.
- Contraceptives were on display in the waiting areas.
- I was given a list of other organizations which provide services I need.
- I was given a follow-up card with the name of the provider I met.
- The clinic is on a busy, crowded road at the heart of the village so it is easy to get to.

Situations that put us off

- I wanted to see a female provider and was told that I would have to wait for another week.
- The first question the provider asked me was where I live.
- During my last three visits I met three different counsellors.

² Information based on a research activity conducted with young people from Ghana and Kenya, described in *Explore*, IPPF 2008.

- My partner was not allowed to stay with me when I met the provider.
- I was asked why I was not faithful to my partner.
- I was told the services I need were not available in the clinic and was not told where else to go.
- The clinic closes at 5pm every weekday and is closed on weekends.
- The space for counselling was separated from the rest of the waiting area by a curtain.
- I have to fill in a form with my age and the locality I live in to get access to contraceptives.
- All the providers were male.
- All the providers were female.
- The provider told me that I should lead a 'cleaner' sexual life.
- I was told that, as a 14-year-old, abstinence should be my first choice.
- The provider was writing down everything I said.
- I was asked how I would feel if my partner cheated on me.
- The provider asked me whether I am sexually active.

How do we link the services to education activities?

Services and education are strongly interlinked activities. From a rights-based perspective it is unethical to give education on sexuality and sexual and reproductive health to young people without providing them with appropriate services, including contraceptives and counselling. If, however, certain services are not available, then that information should also be made available to young clients together with referral information when possible.

How do we ensure community support?

For many young people it is crucial that there is community support for the services or clinic they want to visit. Young people need this support in order to make them feel comfortable enough to visit the service. Small focus group discussions, questionnaires and interviews with different groups within the community are useful ways to gather information and raise awareness among the community.

Useful questions when working with communities include:³

- Is the community aware of how sexual and reproductive ill health affects young people?
- Can the issue be raised as a priority?
- What is the magnitude of pregnancy, HIV infection, unsafe abortion and sexual abuse among young people in the community?
- Is there a nucleus of individuals concerned about the problem who are sufficiently motivated and committed to addressing adolescent sexual and reproductive health efforts?
- What resources and efforts are currently available which can be built on? Could additional, new or existing resources be channelled into youth friendly service provision?
- How can the community mobilize its resources?
- How much 'buy-in' exists from key stakeholders to develop and implement a strategic plan of action?
- What are the potential barriers to advancing an adolescent sexual and reproductive health strategy?
- How can common ground be developed so that the plan of action reflects the best research in the field, and also incorporates the diverse viewpoints found in the community?
- How can community organizations work with researchers, policy makers, and the media to create a new social norm related to positive approaches to adolescent sexuality?

For more information: See the resources listed in Appendix 1 for more information on the evidence base for youth friendly services.

³ Adapted from *Communities Responding to the Challenge of Adolescent Pregnancy Prevention – Mobilizing for Action*, Advocates for Youth 1998. <http://www.advocatesforyouth.org/publications/communitiesresponding1.pdf>

Step by step

The role of self-assessment ...

improving the quality of services



The self-assessment method allows reflection on existing programmes with a view to improving their quality. The assessment process is done as a team exercise with the participation of managers, service providers and young people. The process therefore recognizes the expertise of all involved and fosters team work by encouraging adults and young people to collaborate in identifying obstacles to providing youth friendly services and, together, finding ways to overcome them.

Getting started on the self-assessment process⁴

Before undertaking a self-assessment exercise, Member Associations should carry out a number of preparatory activities.

Cultivate the interest and commitment of management and service delivery staff

As part of the planning process, Member Associations should inform all staff and volunteers (adults and young people) about the initiative, specifically on:

- what it is about
- what the aims are
- what the process entails
- who will be involved

It is important to make sure that stakeholders at branch level also take part in the process.

The aim of this exercise is to create a supportive environment for the assessment process with the commitment of staff, key managers at all levels, senior volunteers and young people. Resources need to be allocated to make the self-assessment process work, and to prepare to implement changes proposed by the team.

Select a lead person to coordinate the self-assessment

Any staff member or volunteer who makes a contribution to the sexual and reproductive health rights of young people as a manager, volunteer or service provider can participate in the self-assessment process. However, it is necessary that senior management selects the most suitable person for coordinating and facilitating the overall process. This role could be filled by more than one person.

The coordinator/facilitator should ideally have the following qualifications and skills:

- be a manager at headquarter level
- previous involvement in youth participation initiatives or activities
- experience as a trainer (although they do not have to be a professional trainer)
- good leadership and facilitation skills
- be respected by colleagues

⁴ For more details, refer to IPPF *Quality of Care: Improvement Process Manual for Service Providers and Managers, Self Assessment Manual*, London, 2005.



Logistics

Before the meeting, you should:

- Make sufficient copies of the self-assessment questions for all participants. Where possible, they should have a copy of the whole self-assessment guide.
- Ensure that adequate space will be provided for group discussions and activities. Use one of your youth project sites, such as a youth centre. For practical purposes and to minimize costs, it is also sensible to hold the self-assessment exercise in a place that most participants can reach easily.
- Make travel arrangements for participants who may require it (this includes travel costs and per diems, if necessary).
- Make arrangements for lunch/coffee/tea/snacks as required by Member Association internal procedures (these often play an important part in making participants feel comfortable).
- Prepare materials for the working sessions (flip chart paper, pens, transparencies and projector, as required).
- Provide participants with the relevant documents in advance so that they become familiar with the material before the self-assessment exercise. You may also wish to include details of your youth programmes and participation initiatives.
- Don't forget to arrange the room so that it encourages everyone to participate in the process.

Tips for facilitators

- Be familiar enough with the subject matter to discuss relevant issues that arise while applying the questionnaire.
- Recall the principle that the self-assessment exercise is a group effort. In other words, it is a group activity, where the process is as important as the outcome.
- Explain that using the self-assessment guide is also a way to educate the organization about participation.
- If you feel that some questions are repetitive, you can skip them.
- Help all participants to interpret the questions appropriately and, when necessary, react suitably and neutrally to responses and comments. Gestures and other non-verbal forms of communication (such as a nod or shake of the head) should not be used to suggest agreement or disagreement of participants' comments. But remember that you are a member of staff as well, so you are entitled to express your opinion.
- Listen carefully in order to move the discussion logically from point to point and to relate participants' comments to the next question.
- Create a participatory group discussion in which all participants feel confident and safe to express their opinions.
- Be flexible and open to suggestions, changes, interruptions and lack of participation – be aware that participants may feel inhibited as they will be in their work environment.
- Control the time allotted to each question and to the meeting in general without appearing to be watching the clock or rushing participants.
- At the end of each activity, session or day, encourage participants to describe what happened, how they felt or reacted to the activity and how the exercise related to their work.

More top tips

- The self-assessment process can take the form of an informal workshop or meeting of all relevant stakeholders including young people. The duration, format and frequency of these meetings will depend on the organization.
- Get a group together: staff members, volunteers, young staff members, youth volunteers and young representatives from the community. Ensure you have a friendly and enabling environment to work in.
- Decide who will facilitate, and who will take notes. It is efficient to work with a flip chart and make notes on all the outcomes.

- Go through the questions and discuss them. (Not all questions can be tackled in one session. You may need more meetings or need to divide into smaller groups to look at the different sections.) Get a consensus on what the answer is: for example 'Yes, sufficiently', 'Yes, but not sufficiently', 'No' or 'Not applicable'.
- Note the questions the group feels positive about. At a later stage the group can decide whether they need to undertake any action to sustain this situation.
- The questions the group members feel they cannot answer positively to, or are inadequately addressed, indicate the areas needing improvement. Those issues need further discussion and practical activities need to be developed to strengthen the system.

Remember ... to include all relevant stakeholders in the self-assessment exercise: young people, youth programme staff, managers, partners and community members. Don't forget your board or council members.

Conducting the self-assessment exercise

Welcome

We strongly recommend that some time is allocated for:

- explaining the self-assessment, action planning and monitoring process
- explaining how this fits within the Member Association's and IPPF's efforts to fulfil the right of young people to access sexual and reproductive health services
- giving an overview of current youth friendly service provision

What does quality mean to you?

Ask the participants to describe a positive and negative experience when receiving services and note how easy it can be to provide quality youth friendly services.

What is an ideal service?

Divide the group into young people, service providers and managers and ask them to think of 10 things that would contribute to an ideal service and 10 things that act as barriers to doing so.

Answering the questions

It may be convenient to divide the participants into smaller groups, each to look at an aspect of the assessment questions and then report back to the bigger group.

Self-assessment

Using this guide ... self-assessment for youth friendly services

Criteria

Simplifying youth friendly services into a list of questions could, in fact, be a disservice to the complexities of young people's sexual and reproductive lives. However, the questions set out below represent some of the criteria which might assist in making a sexual and reproductive health service more accessible and acceptable to young people.

While this tool attempts to be as comprehensive as possible, it is not exhaustive and issues can be added on as appropriate. Similarly, a distinction has also been made according to what services are thought to be minimum requirements – marked with an asterisk (*) – and what might be available in an ideal service.

It is important to reiterate here that the fundamental requirement that the service must respect young people's life choices and sexual and reproductive health decisions cannot be fully reflected in a self-assessment questionnaire and needs to come from within the organization as part of its work ethic.

Clients' rights

Clients have the right to:

Information	Confidentiality
Access	Dignity
Choice	Comfort
Safety	Continuity of services
Privacy	Opinion

Providers' needs

Service providers need:

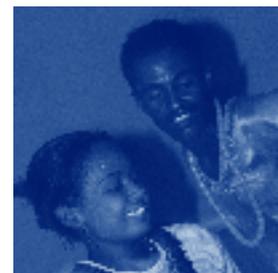
Training	Back-up
Information	Respect
Good infrastructure	Encouragement
Supplies	Feedback
Guidance	Opinion

- The questions below are based on the IPPF rights of the client and the needs of providers framework.
- The questions are intended to assess how staff and young people view the current situation.
- They cover a broad range of issues in the hope that they will trigger new thinking and discussions on expanding services and increasing quality.
- The questions marked with an asterisk (*) indicate what are thought to be minimum requirements in a service. Focus on these particular issues in the event that not all questions are discussed.
- When using the assessment, feel free to add any further issues that you feel should be discussed.
- The space for comments should be used to:
 - provide evidence and examples to support a **'yes'** answer (this will help to identify areas worth celebrating and expanding)
 - explain why an answer might be **'not applicable'**
 - explain why an answer might be **'no'** or **'not sufficiently'** and include notes on how to improve on it to reach a desired situation
 - include further questions or comments related to the questions
- All services are expected to be provided to the fullest extent permissible by law and all policies to conform with national laws and regulations.
- All policies and programmes should promote young people's sexual and reproductive rights (which include their development and overall well-being) to the *maximum* extent possible.
- For a comprehensive assessment of your service, we strongly recommend that the IPPF *Quality of Care: Improvement Process Manual for Service Providers and Managers, Self Assessment Manual* is used in conjunction with this tool.

Standards

Clients' rights ...

fundamental to service provision



Clients' right to information

Notes: Clients' right to information includes comprehensive information on young people's rights (what they should expect from the service specifically; and what they should expect in general, such as the right to be free from violence); on the services (what each service means; plus detailed information, for example on all contraceptives, side-effects etc); and on the referrals available (sexual and reproductive health and other). Messages should be clear, promote choice rather than prescribe behaviour and be easily understood (in different languages, using diagrams etc). Information should be provided in the clinic and in the community where young people can access it easily.

On their rights

- Are they told about their right to privacy and confidentiality within the service?*
- Are they informed of what they are entitled to and can expect in the clinic?
- Are they informed of their right to be free from all forms of violence and what they could do if this is violated?

On available services (publicity)

- Do you make information available in the community where young people (male and female) gather?*
- Do you pay special attention to providing information to young people who are more marginalized (for example, not in school)?*
- Do you provide information on emergency contraception?*
- Do you provide information on safer sex options, rather than only on abstinence?*
- Do you provide information on adolescent concerns such as body image, genital hygiene, virginity, menstruation, masturbation, wet dreams etc?*
- Do you provide information on relationships, respect and sexual enjoyment?
- Do you make available leaflets/brochures for clients' further reading and information?
- Is there a clearly visible list of available services with prices?
- Are young people involved in developing and providing the information?

On referrals (on where to go for services which the Member Association does not provide)

- Sexually transmitted infections/HIV testing and care.*
- Safe abortion.*
- Sexual abuse and violence.*
- Drug or alcohol abuse.
- Vocational training or other educational/skills-related information.

Yes, but not sufficiently
Yes, sufficiently

Not applicable
No

Comments

Please use this space to:

- provide evidence and examples to support a 'yes' answer (this will help to identify areas worth celebrating and expanding)
- explain why an answer might be 'not applicable'
- explain why an answer might be 'no' or 'not sufficiently' and include notes on how to improve on it to reach a desired situation
- include further questions or comments related to the questions

Clients' right to access

Notes: Clients' right to access is about all young people being able to access comprehensive services at affordable prices, at convenient times and places, from providers who are respectful and competent. Freedom from discrimination and coercion is crucial if young people are able to realize their right to access youth friendly services.

Yes, but not sufficiently
Yes, sufficiently
Not applicable
No

Organization

- Are there easy appointment systems (there is no need to wait too long) and/or drop-in facilities?*
- Is the clinic in a location which can be easily found (signposted) and reached (transport)?
- Does it have a youth friendly appearance (does not say 'family planning' or 'sexually transmitted infection clinic')?
- Are the opening times convenient for young people (weekends, before and after school)?
- Is at least 20 minutes allocated for each appointment?
- Do you operate telephone/email hotlines which can give appropriate information to callers/writers?
- Are the services subsidized (affordable) and is it possible to provide some services free?
- Is there a simple form which needs to be filled in when registering which does not require too much personal information?

Yes, but not sufficiently
Yes, sufficiently

Not applicable
No

Are services provided in such a way that there is minimum need for follow-up (based on the recognition that it is not easy for a young person to visit the service many times)?

Do you have agreements/links with youth organizations and other youth services so that they can refer young people to you?

Staff attitude/capacity (see provider's needs, page 23)

Are staff confident and comfortable addressing the sexual and reproductive health and rights and concerns of young people?*

Are they fully aware of when young people need and do not need parental consent to receive services?*

Are providers fully aware of all the other laws and regulations which affect SRH service provision for young people?*

Do providers understand the importance of non-discrimination, respect and choice?

Have the staff been trained to listen, be kind and encourage young people to be open about their sexual and reproductive health concerns?

Are staff able to address the needs of young people with different sexual orientations (no assumption of heterosexuality)?

Are staff aware that some young people are more vulnerable than others?

Are providers aware of the complexities, pressures and fears young people face in their sexual and reproductive lives?

Comprehensive services by you or by referral (please put 'R' if it is by referral)

Contraceptives (pills, intrauterine devices, injections etc).*

Condoms.*

Emergency contraception (promoted in the event of general contraceptive failure rather than only for rape).*

Testing and treatment for HIV and sexually transmitted infections.*

Counselling and support for those who test positive.

Pregnancy testing.*

Maternal care.*

Treatment for other gynaecological matters.*

Services for young people who have experienced sexual, physical or emotional violence.

Abortion services.*

Pre- and post-abortion care.

Treatment for male sexual and reproductive health concerns.*

Voluntary counselling services for young people who wish to talk about their sexuality, relationships, violence, pregnancy outcomes or any other issue.*

HPV vaccine.

Smear tests.

Any other services – please specify.

Is there a system by which the quality of the referral services is reviewed?

Are clients followed up after being referred to a separate service?

Clients (are the young people mentioned below able to access your services and are providers able to address their needs?)

Unaccompanied unmarried young girls.*

Unaccompanied young married girls.*

Unmarried young boys.*

Yes, but not sufficiently
Yes, sufficiently

Not applicable
No

- Young people in school.*
- Young people out of school.*
- Young people living with HIV.*
- Young people who have been sexually abused.*
- Young people who identify as gay, lesbian, bisexual or transgender.
- Young people with disabilities (physical/mental).
- Young people who are non-literate.
- Young people who abuse drugs and/or alcohol.
- Young sex workers.
- Other.

Comments

Please use this space to:

- provide evidence and examples to support a 'yes' answer (this will help to identify areas worth celebrating and expanding)
- explain why an answer might be 'not applicable'
- explain why an answer might be 'no' or 'not sufficiently' and include notes on how to improve on it to reach a desired situation
- include further questions or comments related to the questions

Clients' right to choice

Notes: Clients' right to choice includes choice of provider, service, contraceptive method and service delivery method (clinic, outreach, telephone). This is where the comprehensiveness of the service becomes crucial. In addition, to make this right a reality, providers need to support young people to make free informed choices by providing unbiased and comprehensive information.

Yes, but not sufficiently
Yes, sufficiently

Not applicable No

- Do staff keep the best interests and the choices of young people in mind when invoking policies relating to parental consent?*
- Are staff trained to provide information in such a way that it supports/facilitates clients to make free and informed choices (free from coercion) especially in relation to contraceptive methods and pregnancy outcomes?*
- If the client visits regularly is he/she able to see the same provider if he/she chooses to do so?
- Are clients able to choose whether they see a male or female service provider?
- Do the messages you give out either through information, education and communication materials, or during counselling for example, respect the young person's right to choose (not abstinence-only)?
- Are clients able to choose whether they see a young service provider or an adult (this will depend on the service required)?

Comments

Please use this space to:

- provide evidence and examples to support a 'yes' answer (this will help to identify areas worth celebrating and expanding)
- explain why an answer might be 'not applicable'
- explain why an answer might be 'no' or 'not sufficiently' and include notes on how to improve on it to reach a desired situation
- include further questions or comments related to the questions

Clients' right to safety

Notes: Clients' right to safety refers to clients' protection against any negative effects of the services provided, including contraception, on their mental and physical health. For young clients, in particular, it also refers to their protection throughout their interactions with sexual and reproductive health information and services, which means that adequate measures should be in place to protect them against harassment, coercion, or any situation in which they feel unsafe or vulnerable.

Yes, but not sufficiently
Yes, sufficiently

Not applicable No

Is there a system to implement the IPPF policy on creating a safe environment for young people?

Is there a child protection policy in place?^{5*}

Are young clients aware of this policy (are the main points displayed on a poster)?*

Are providers aware of the side-effects of treatments or contraceptives or other negative medical issues which particularly affect young people?*

Are providers able to fully explain these side-effects and symptoms to young people?*

Are staff trained to treat young people with respect and kindness and to make them feel safe (not pressuring them into making decisions or blaming them)?

Are providers trained on how to deal with psychological or mental health issues which affect young people in relation to their sexual and reproductive health (anxiety, depression, suicidal tendencies etc)?

Comments

Please use this space to:

- provide evidence and examples to support a 'yes' answer (this will help to identify areas worth celebrating and expanding)
- explain why an answer might be 'not applicable'
- explain why an answer might be 'no' or 'not sufficiently' and include notes on how to improve on it to reach a desired situation
- include further questions or comments related to the questions

5 As IPPF policy 4.19, Protecting Children and Young People, 2005.

Clients’ right to privacy and confidentiality

Notes: Exchange of information between clients and service providers should occur in an environment where conversation will not be heard by a third party without the client’s consent. When undergoing physical examination or clinical procedures, entry into the room should be restricted. The right to confidentiality implies that the client is assured that any information that he/she shares with the provider will not be accessible to any unauthorized persons. This is particularly important for young clients who may be anxious about not letting parents or spouses know of their concerns. While it may be necessary to *encourage* young clients to seek adult support, this should not be a requirement unless there are specific national laws and regulations to that effect.

Yes, but not sufficiently
Yes, sufficiently
Not applicable
No

Right to confidentiality

- Are there clear guidelines on age of consent and parental involvement?*
- Are young clients told of these guidelines and reassured of their right to confidentiality?*
- Is the client asked for the most appropriate contact information rather than for their home contact details (for example, do staff know that it is better for the young client to call the clinic rather than for the provider to call their home)?*

Right to privacy

- Is there a special entrance/waiting room for young clients, which is separate from the one for adult clients?*
- Can the client talk to the receptionist without being overheard?
- Is the counselling and examination room(s) away from public view and hearing?

Comments

Please use this space to:

- provide evidence and examples to support a ‘yes’ answer (this will help to identify areas worth celebrating and expanding)
- explain why an answer might be ‘not applicable’
- explain why an answer might be ‘no’ or ‘not sufficiently’ and include notes on how to improve on it to reach a desired situation
- include further questions or comments related to the questions

Clients' right to dignity and comfort

Notes: The clients' right to dignity refers to the way the client is treated; in other words, with respect and consideration. Providers should be aware that young people have to overcome many obstacles (economic and emotional) before coming to the service and so should praise them for taking that step. This is where respecting young clients becomes most important. The right to comfort refers to physical facilities and an environment that make clients feel comfortable. A youth friendly appearance can greatly assist in turning this right into a reality.

Yes, but not sufficiently
Yes, sufficiently
Not applicable
No

Right to dignity

- Are physical examinations performed with the consent of the client and in a manner that prevents undue embarrassment (for example providing clients with covering when appropriate)?*
- When being examined are clients told what the procedure is and why it is being done?*
- Are clients asked for their consent when being asked personal questions?
- Are staff trained on how to speak respectfully, positively and in a non-discriminatory way towards young clients (not humiliated or blamed)?
- Is the client able to request the presence of a same-sex provider during examinations?
- Is special attention placed on training staff to show respect to young people who are unmarried, sex workers, drug users, homosexuals etc?

Right to comfort

- Are appropriate pain management measures put in place and discussed with the client?*
- Is special attention paid to making young men comfortable? (In the event that the majority of clients are female, this may be a separate area or time.)
- Are clients seen as soon as possible after they arrive and, therefore, not required to wait too long?
- Are there young service providers or peer educators available in the waiting area to talk to clients and make them feel comfortable?

Comments

Please use this space to:

- provide evidence and examples to support a 'yes' answer (this will help to identify areas worth celebrating and expanding)
- explain why an answer might be 'not applicable'
- explain why an answer might be 'no' or 'not sufficiently' and include notes on how to improve on it to reach a desired situation
- include further questions or comments related to the questions

Clients' right to opinion

Notes: As mentioned in the prerequisites to establishing youth friendly services, involving young people (the beneficiaries) in the design, implementation and evaluation of the service is essential to ensuring that their rights, needs and, most importantly, their wants are met. Systems need to be in place to facilitate their participation and also to gather their feedback about the services they receive.

Yes, but not sufficiently
Yes, sufficiently

Not applicable
No

- Is there a system in place to facilitate the participation of young people (especially marginalized and vulnerable young people) that you wish to serve in the design and implementation of the service (youth-led research, focus groups, youth committees etc)?*
- During counselling, is the client given the opportunity to discuss freely how they feel about the services or treatment they are receiving (is the service provided in a participatory way)?
- Do providers receive feedback from the clients on the services they provide (surveys, suggestion boxes etc)?
- Is this feedback taken into account when improving or evaluating the service?

Comments

Please use this space to:

- provide evidence and examples to support a 'yes' answer (this will help to identify areas worth celebrating and expanding)
- explain why an answer might be 'not applicable'
- explain why an answer might be 'no' or 'not sufficiently' and include notes on how to improve on it to reach a desired situation
- include further questions or comments related to the questions

Clients' right to continuity of care

Notes: The client's right to continuity of care implies that clients receive services and supplies for as long as they need them. A client's access to other sexual and reproductive health services should not depend on his or her acceptance of family planning and they should be allowed to visit as many times as they choose to. However, it might also be necessary to try to minimize the need for follow-up visits as young people usually face additional barriers (time, money, fear) to visiting the clinic. This is when supplementary services through schools or community-based distributors may become useful.

Yes, but not sufficiently
Yes, sufficiently

Not applicable
No

Are staff trained to deal confidently and respectfully with clients who come for repeat prescriptions of emergency contraception or abortion-related care?*

If clients are referred to other services, is there a system in place which enables providers to ensure that those services are also youth friendly and of high quality?*

Is there a system (appointment cards) for encouraging regular visits to the clinic if necessary?

If the client is unable to attend a follow-up visit, can all the services be provided during that visit (minimizing the need for return)?

If the client is unable to attend a follow-up visit, do providers discuss alternative ways to receive the service?

Are clients provided with additional referral information for services that they might need (drug abuse, alcohol abuse, violence, employment etc)?

Are clients encouraged to visit the service as many times as they wish?

Comments

Please use this space to:

- provide evidence and examples to support a 'yes' answer (this will help to identify areas worth celebrating and expanding)
- explain why an answer might be 'not applicable'
- explain why an answer might be 'no' or 'not sufficiently' and include notes on how to improve on it to reach a desired situation
- include further questions or comments related to the questions

Skills

Providers' needs ... how these fit into youth friendly services

Many of the questions overlap with what has been set out under clients' rights. However, we hope that repetition will in fact reinforce the importance of the particular standards. As with the clients' rights section, this too should be used in conjunction with the main quality of care self-assessment.

The selection and recruitment criteria for staff providing youth friendly services is a vital component which, however, does not fit easily within providers' needs. This section has been included separately.

Yes, but not sufficiently
Yes, sufficiently
Not applicable
No

Selection and recruitment of service providers

When selecting service providers, is special attention placed on:

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | their experience of working with young people |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | whether they understand the principles underlying adolescent sexual and reproductive health rights (pro-choice, non-discrimination, respect etc) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | their age (preference given to young staff) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | whether they have a positive attitude towards young people's sexuality |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | their gender (to have a balance of male and female service providers) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | other diversities so that young clients from diverse backgrounds feel comfortable attending the clinic |

Comments

Please use this space to:

- provide evidence and examples to support a 'yes' answer (this will help to identify areas worth celebrating and expanding)
- explain why an answer might be 'not applicable'
- explain why an answer might be 'no' or 'not sufficiently' and include notes on how to improve on it to reach a desired situation
- include further questions or comments related to the questions

Providers' need for training

Notes: Service providers must have access to the knowledge and skills needed to perform all tasks. Managers therefore have the responsibility to identify staff training needs and to take the necessary steps to provide this training. It is important to understand that meeting the needs of young people requires special training in addition to that which is received for working with adult clients.

Yes, but not sufficiently
Yes, sufficiently

Not applicable
No

Attitude

Are staff given an opportunity to address negative assumptions about young people's sexuality and feel comfortable about working with young people?*

Have they been trained to listen and talk to young people?*

Do providers understand the principles behind adolescent sexual and reproductive rights (that it is about respect, choice and non-discrimination)?

Do the staff understand the prevailing youth culture (their lifestyles and wants etc)?

Do the staff understand the gender norms that affect the sexual and reproductive health and lives of young men and women?

Are service providers trained to accept young people as sexual beings (value clarification exercises may help)?

Services

Are providers kept up to date on contraceptive technology relating to young people (especially on emergency contraception)?*

Are there opportunities for refresher training for providers to update their skills and knowledge?*

Do staff have an understanding of young people's sexual behaviour which is reflected in the way in which they discuss contraception (they are not always sexually active, abstinence is not always a choice etc)?*

Are staff competent in providing referral advice?*

Are staff able to discuss other health topics such as nutrition, smoking, drug use, alcohol use and sexual abuse?*

Are staff clear about the legislative aspects of:*

– contraceptive services

– abortion services

– parental consent/age of consent (confidentiality)?

Are they able to provide the services to the fullest extent permissible by law, keeping in mind the best interests of the young client?

Are staff trained to address the needs of different groups of young people?

Unaccompanied unmarried young girls.*

Unaccompanied young married girls.*

Unmarried young boys.*

Young people in school.*

Young people out of school.*

Young people living with HIV.*

Young people who have been sexually abused.*

Young people who identify as gay, lesbian, bisexual or transgender.

Young people with disabilities (physical/mental).

Young people who are non-literate.

Young people who abuse drugs and/or alcohol.

Young sex workers.

Other.

Comments

Please use this space to:

- provide evidence and examples to support a 'yes' answer (this will help to identify areas worth celebrating and expanding)
- explain why an answer might be 'not applicable'
- explain why an answer might be 'no' or 'not sufficiently' and include notes on how to improve on it to reach a desired situation
- include further questions or comments related to the questions

Yes, but not sufficiently
Yes, sufficiently

Not applicable
No

Providers' need for information

Notes: Service providers need information on issues related to their duties and updated technical information.

Do providers receive clear information on the organization's objectives and expectations of the youth friendly services programme?*

Are providers fully aware of the policy on protecting young people and its implementation?

Have providers received a written description of their responsibilities in the youth friendly services programme?

Do providers have access to the latest information/publications relating to young people's sexual and reproductive health?

Do providers have access to medical guidelines and protocols relating to service delivery for young people?

(Many of the important issues have been covered under training; see page 24.)

Comments

Please use this space to:

- provide evidence and examples to support a 'yes' answer (this will help to identify areas worth celebrating and expanding)
- explain why an answer might be 'not applicable'
- explain why an answer might be 'no' or 'not sufficiently' and include notes on how to improve on it to reach a desired situation
- include further questions or comments related to the questions

Yes, but not sufficiently
Yes, sufficiently

Not applicable
No

Providers' need for infrastructure

Notes: Service providers need to have appropriate physical facilities and organization to provide services of an acceptable quality at clinical and community levels.

- Does the facility have a client waiting area with shelter from the rain and sun?
- Does the clinic have a private place/room for counselling?
- Does the clinic have a private place/room for clinical procedures?
- Does the clinic have essential medical equipment relevant to the services being provided by the clinic?
- Does the facility have a reliable source of lighting (electricity line, generator, solar panel)?
- Does the facility have a regular supply of clean water?
- Do staff have a place/room for rest or discussion?

Comments

Please use this space to:

- provide evidence and examples to support a 'yes' answer (this will help to identify areas worth celebrating and expanding)
- explain why an answer might be 'not applicable'
- explain why an answer might be 'no' or 'not sufficiently' and include notes on how to improve on it to reach a desired situation
- include further questions or comments related to the questions

Providers' need for supplies

Notes: Service providers need continuous and reliable supplies of contraceptives and materials, required for family planning and other reproductive health services at appropriate standards of quality.

Yes, but not sufficiently
Yes, sufficiently

Not applicable No

Are contraceptives and other products stored in good condition:

– Protected from rain?

– Protected from sunlight?

– Off the floor and on shelves?

Are periodic visual inspections of the contraceptives and drugs conducted to check for signs of deterioration and for expiry dates?

Do staff have adequate equipment for sterilization, or supplies for high level disinfection?

Does the clinic have a system for forecasting commodity needs?

Does the clinic have a system for ordering supplies on time?

Does the clinic receive re-supplies on time?

Are supplies stored and labelled for easy access?

Does the clinic have procedures for procuring, maintaining and repairing equipment?

In the last six months, has the clinic experienced a lack (stock-outs) of any of the following supplies:

– Drugs

– Contraceptives

– Other – please specify

Comments

Please use this space to:

- provide evidence and examples to support a 'yes' answer (this will help to identify areas worth celebrating and expanding)
- explain why an answer might be 'not applicable'
- explain why an answer might be 'no' or 'not sufficiently' and include notes on how to improve on it to reach a desired situation
- include further questions or comments related to the questions

Providers need guidance and back-up

Notes: Service providers need clear, relevant and objective guidance. This guidance should be in the form of written guidelines, working tools and effective supervision. They also need support from managing supervisors and colleagues in their efforts to improve quality of care.

Yes, but not sufficiently
Yes, sufficiently
Not applicable
No

- Is there a system in place to provide continuous support to staff who work with young clients so that they remain comfortable and confident addressing their needs and concerns?*
- Do service providers have clear guidelines on age of consent and parental involvement?*
- Is there a system in place to provide guidance on how best to promote and protect the sexual and reproductive health and rights of young people (reminding them of the importance of choice, non-discrimination and respect)?

Comments

Please use this space to:

- provide evidence and examples to support a 'yes' answer (this will help to identify areas worth celebrating and expanding)
- explain why an answer might be 'not applicable'
- explain why an answer might be 'no' or 'not sufficiently' and include notes on how to improve on it to reach a desired situation
- include further questions or comments related to the questions

Providers need respect and encouragement

Notes: Service providers need stimulus to develop their potential and creativity. Their motivation and commitment are essential for successful family planning services. They also need recognition from managers of their competence and potential, as well as respect for their human rights.

Yes, but not sufficiently
Yes, sufficiently

Not applicable
No

Do managers make service providers feel that they are part of the youth programme and not just employees of the institution?

Do managers and supervisors make providers aware of the impact of their work on the welfare of their clients?

Are providers shown appreciation for work well done?

Are there good working relationships among managers, supervisors, service providers and peer educators?

Are service providers encouraged to use their creativity and initiative?

Comments

Please use this space to:

- provide evidence and examples to support a 'yes' answer (this will help to identify areas worth celebrating and expanding)
- explain why an answer might be 'not applicable'
- explain why an answer might be 'no' or 'not sufficiently' and include notes on how to improve on it to reach a desired situation
- include further questions or comments related to the questions

Providers need feedback

Notes: Service providers need feedback about their competence and attitude as judged by others. Feedback is necessary from all involved in the service delivery system, including managers, supervisors, colleagues and clients.

Yes, but not sufficiently
Yes, sufficiently

Do supervisors provide timely and constructive feedback to staff on their performance?

Are clients' comments and feedback analyzed and shared with providers (celebrating successes and supporting improvement)?

Have assessment tools been used in the last five years to assess quality of care?

Are assessment outcomes made available to service providers?

Are service statistics analyzed periodically for reporting and planning?

Comments

Please use this space to:

- provide evidence and examples to support a 'yes' answer (this will help to identify areas worth celebrating and expanding)
- explain why an answer might be 'not applicable'
- explain why an answer might be 'no' or 'not sufficiently' and include notes on how to improve on it to reach a desired situation
- include further questions or comments related to the questions

Providers need to express their opinion

Notes: All service providers, regardless of their role in the service delivery system, need to express their views about the quality of youth services they are providing.

Yes, but not sufficiently
Yes, sufficiently

Are procedures in place for gathering staff opinions on the quality of youth services provided, such as staff suggestion boxes and staff meetings?

Are the views of providers taken into account in the decision making and planning process for improving services for young people?

Comments

Please use this space to:

- provide evidence and examples to support a 'yes' answer (this will help to identify areas worth celebrating and expanding)
- explain why an answer might be 'not applicable'
- explain why an answer might be 'no' or 'not sufficiently' and include notes on how to improve on it to reach a desired situation
- include further questions or comments related to the questions

Staffing

Management self-assessment ... effective and efficient services



IPPF/Christian Schwetz, Cambodia

Staff need continuous support from management to enable them to meet the rights of their clients by providing good quality services. Member Associations should enable service providers to perform effectively and efficiently by meeting their needs in relation to training, information, appropriate infrastructure and supplies, guidance, back-up, respect and encouragement, feedback on their performance and opportunities for self-expression.

If you wish to undertake a management self-assessment as part of this exercise on youth friendly services, please refer to the 'Management self-assessment' section in IPPF's *Quality of Care: Improvement Process Manual for Service Providers and Managers, Self Assessment Manual*.

Some additional questions that should be asked include:

- Are there guidelines in place for providing youth friendly services?
- Are these available to peer educators/counsellors?
- Is there a system in place to involve young people in designing and implementing the services? (IPPF's *Participate* guide can be used as a supporting tool.)
- Are the policies and protocols relating to parental consent clearly set out?
- Is there a child protection policy in place?

Satisfaction

Client exit interview ... insights into service provision

In order to provide good quality services, health care staff should seek clients' opinions. The client exit interview questionnaire is a tool that gives service managers and providers an insight into a client's perception of the quality of service provided. If clients respond negatively to any one question (showing dissatisfaction), the area of quality represented by that question should be considered an area needing improvement. This information will complement the results of the overall self-assessment.

If you wish to undertake client exit interviews, as part of this exercise on youth friendly services, please refer to Appendix 3 and Appendix 4 for an updated quality of care client exit interview and the IPPF *Your Comments Count* checklist, both of which can be used for this purpose.



Systems

Where do we go from here ... planning for quality

The 'how to' of action planning

Remember, the idea of the self-assessment is to challenge organizations to be as innovative as possible in moving forward. Where there is a lack of financial resources, always consider how you can address the gaps by integrating your plan into ongoing activities of the organization.

Completing the work plan

After identifying which standards and questions the organization was not addressing adequately, use the log frame provided on page 35 to map out the following:

- which standards are not well addressed
- how you are going to address them better
- when you are going to do them
- who is going to be responsible for what
- what resources are needed

When discussing areas that need improvement, a useful technique to use is to keep asking participants at least three times: *'Why does this problem exist?'* The facilitator should generate a discussion on possible solutions. The group should discuss and agree on the interventions. The use of flip charts for documenting problems, the proposed causes and solutions generally facilitates discussion and helps maintain participants' attention. A member of the group will record the agreed causes for each problem in the second column of the action plan and the proposed solution(s) in the third column of the action plan.

The group should discuss and agree on the interventions. Effective interventions require:

- simple solutions that are feasible (small steps)
- interventions that are sustainable
- awareness of the human and financial resources

Once an action is agreed on, identify a responsible person to put it into practice and to set realistic deadlines. This information should be recorded in the columns, as provided in the log frame. The facilitators should encourage and guide participants to assign tasks. Some questions will require the same action, so similar actions should be merged in the action plans.

Remember to record whether financial, technical or other assistance is needed and what the source of that assistance will be. This should be recorded in the 'Resources' column of the log frame.

Work plan implementation

It may be helpful to identify a time frame to review progress (follow-up after six months or one year) of the self-assessment.

You may choose to set up a multi-disciplinary team of three or four people, including young staff/volunteers, to drive and guide the monitoring process. Their role is to:

- make the action plan accessible to all staff
- monitor the implementation of the action plan
- support staff responsible for implementing solutions

Sample log frame ... where do we want to go?

Which issues/questions are we not addressing well?	How are we going to address these?	When?	Who?	Resources?

Appendix 1

Useful resources ... evidence base for youth friendly services

Advocating and creating an enabling environment for youth friendly services

Past experiences and lessons learned from implementing programmes to address the sexual and reproductive health needs of young people have shown that community acceptance and support are essential if adolescent sexual and reproductive health initiatives are to be successful.

Please find below a short list of documents which might be useful for this purpose.

Partners for Positive Action: Social Mobilization for HIV/AIDS Prevention, Care and Support

The Centre for Development and Population Activities (CEDPA) 2002

Based on CEDPA's experience in Nepal, this manual promotes social mobilization as a means for communities to increase local participation and women's empowerment in addressing HIV/AIDS. The five-day curriculum addresses skills in advocacy, behaviour change communication, and social marketing at national and grassroots levels. Although it was developed specifically for Nepal, the lessons are applicable to a variety of contexts.

http://www.cedpa.org/publications/partnersforpositiveaction/partnersforpositiveaction_all.pdf

Communities Responding to the Challenge of Adolescent Pregnancy Prevention – Mobilizing for Action

Advocates for Youth 1998

This resource examines ways to increase public awareness and generate support for community-wide pregnancy prevention initiatives. It includes information on building coalitions and dealing with conflict in community coalitions. It is based on examples from the US but provides information in such a way that is easily adaptable to any situation.

<http://www.advocatesforyouth.org/publications/communitiesresponding1.pdf>

'Community participation, partnering with youth'

Transitions, 14 (3), April 2002, Advocates for Youth

This issue of *Transitions* focuses on community participation, a movement in the public health field that **respects** the **rights** and **responsibility** of community members – including youth – to diagnose the causes of a community problem and to actively engage in designing, implementing and evaluating strategies to address the problem. It includes examples of successful community participation projects and tips for working effectively with communities to advance adolescent sexual and reproductive health.

<http://www.advocatesforyouth.org/publications/transitions/transitions1403.pdf>

Resources on youth friendly service provision

'Making reproductive health services youth friendly'

Focus, 1997, Family Health International

<http://www.fhi.org/en/Youth/YouthNet/Publications/FOCUS/InFOCUS/makingYFS.htm>

Youth Friendly Services: A Manual for Service Providers

EngenderHealth 2002

<http://www.engenderhealth.org/res/offc/qi/yfs/pdf/00-fm.pdf>

Going for Gold. A Clinic Guide to the National Adolescent Friendly Clinic Initiative

Dickson-Tetteh, K. et al, 2002

Standards for Youth Care

IPPF Africa Region and Reproductive Health Research Unit of the University of Witwatersrand, South Africa, 2002 (Contact the IPPF Africa Regional Office)

For information on emergency contraception**Consortium for Emergency Contraception (for the latest global information and tools)**

www.cecinfo.org

For information on abortion**Ipas (for the latest global information and tools)**

www.ipas.org

For information on sexual orientation**Advocates for Youth**

www.advocatesforyouth.org/glbtc.htm

For information on violence**A Vision to End Sexual Assault**

California Coalition Against Sexual Assault 2001

This report has a useful six-step strategy on addressing sexual assault.

<http://www.vawnet.org/SexualViolence/PublicPolicy/CalCASAFinalReport.pdf>

Appendix 2

IPPF policy 4.7 ...

service-related policies

Meeting the needs of young people

1. IPPF is committed to implementing the IPPF Youth Manifesto⁶ and to promoting, protecting and upholding the sexual and reproductive health rights of all young people,⁷ including the right:
 - i. to information and education on sexuality
 - ii. to comprehensive sexual and reproductive health services, including a full range of contraceptives
 - iii. to pleasure and confidence in relationships and all aspects of their sexuality
 - iv. to participate fully as active members of society
2. The Federation and its Member Associations are urged to work towards removing all legal, administrative, institutional and other barriers adversely affecting young people's sexual and reproductive health rights.
3. IPPF and its Member Associations must recognize the diversity of young people's situations and strive to ensure that the sexual and reproductive health needs of young people are met regardless of age, sex, sexual orientation, race, disability, background, beliefs, HIV or other status. IPPF is committed to addressing the factors that render young people especially vulnerable to HIV/AIDS, sexually transmitted infections and unwanted pregnancies, and other sexual and reproductive health issues.

The right to information and education

4. IPPF and Member Associations are urged to advocate for and provide sexual and reproductive health information and education that enhances the independence and self-esteem of young people and provides them with the knowledge and confidence to make informed choices. The following should be taken into account in the provision of sexual and reproductive information and education:
 - i. Information should be accessible to children and young people of all ages in accordance with their evolving capacities.
 - ii. Whether sexually active or not, and irrespective of sexual orientation, young people should be given the information to enable them to feel comfortable and confident about their bodies and their sexuality.
 - iii. Comprehensive sexuality education should be provided that helps young people acquire the skills to negotiate relationships and safer sexual practices, including whether and when to engage in sexual intercourse.
 - iv. Broad based information and education strategies are needed to address young people both in and out of school. Special attention should be paid to the most disadvantaged young people.

The right to sexual and reproductive health services

5. IPPF is committed to the provision and promotion of 'youth friendly' services which are easily available to all young people irrespective of their age, sex, marital status or financial situation.

Member Associations are encouraged to provide youth friendly services and lobby for their provision including the following:

 - i. Sexual and reproductive health services for young people that are accessible and assure privacy. Confidentiality must be paramount.

6 The IPPF Youth Manifesto is one of the guiding principles of the work of the Federation. It was written by a group of young people from around the world in 1998. It was debated and approved at the IPPF Youth Parliament and adopted by IPPF's Members' Assembly and Central Council in November 1998.

7 The term 'young people' refers to the composite age group 10–24 also recognized by the World Health Organization.

- ii. Staff members who always treat young clients with respect and in a supportive and non-judgmental manner.
- iii. Special attention and specific approaches that meet the different needs of young men and young women.
- iv. Access to a full range of contraceptives.
- v. The elimination of unsafe abortion among young women. Counselling should include all the different options open to her and be responsive to personal circumstances and cultural background.
- vi. Sensitive and supportive post-abortion counselling and follow-up for young women. Contraceptive counselling and services should be made available to reduce the risk of further unwanted pregnancies.

The right to pleasure and confidence

- 6. IPPF believes that young people with knowledge, confidence and comfort with their own bodies are better equipped to negotiate relationships, including any sexual relationships they may have now and in the future. IPPF also recognizes the right of all young people to enjoy sex and express their sexuality in the way that they choose.
- 7. IPPF and Member Associations should strive to empower young people, to give them confidence in themselves and to encourage them to know their rights and respect the rights of others. Such an approach is necessary in order to ensure young people's sexual and reproductive health as well as their mental well-being.
- 8. Recognizing that physical and mental well-being includes remaining free from all forms of sexual violence and coercion, IPPF and Member Associations should commit themselves to eliminating gender-based violence towards young people, including female genital mutilation. Member Associations are encouraged to offer services for young survivors of violence and advocate on the issues of sexual and gender-based violence.

Right to participate

- 9. IPPF encourages Member Associations to support young people and ensure they receive practical skills and knowledge so they can participate to the best of their ability in society. IPPF and Member Associations are urged to take the following into account in their work with young people:
 - i. When Member Association programmes and services are being designed, implemented and evaluated, every effort should be made to involve young people and ensure they have real decision making power.
 - ii. Member Associations and Regions are strongly urged to attain at least 20 per cent young people on their decision making bodies in line with IPPF's Governing Council structure.
 - iii. The participation of young people should be built around the equal partnership of young people and adults.
 - iv. Young people need to be supported to participate in all of the above through the provision of resources (material and financial), information and training.
 - v. Member Associations shall not discriminate on grounds of age, especially in approving applications for membership of the Member Association, providing information or services, in recruiting staff or in any other aspect of the Association's work, subject to local law. Indeed, Member Associations should make efforts to actively recruit young people as members of Member Associations.

As adopted by Central Council, November 1990. Last amended by Governing Council, May 2001.

Appendix 3

Client exit interview 1⁸

1. Name of interviewer:

2. Name of clinic:

3. Date:

4. Time:

5. Introduction before beginning the interview

[Please read this first and explain the contents to the client.]

“We are conducting this interview to assess the quality of care at this clinic and hope to use this information to improve services. We are asking clients about their satisfaction with the services provided. We hope that you can help us by agreeing to let me interview you today. I will not take your name. Your participation or refusal to participate in this interview will not affect the services you receive in any way. The interview will take about 10–15 minutes and will be kept completely confidential.”

6. General information

6.1 What type of service did you come for today?

- Contraceptives (pills, intrauterine device, injections etc)
- Condoms
- Emergency contraceptives
- HIV counselling
- HIV and sexually transmitted infection testing and treatment
- Pregnancy testing
- Maternal care
- Smear test
- Treatment for other gynaecological matters
- Services relating to experiences of sexual, physical or emotional violence
- Abortion services
- Pre- and post-abortion care
- Treatment for male sexual and reproductive health concerns
- Sexuality counselling services
- Other – please specify

6.2 Is this your first time at this clinic? Yes No

6.3 How old are you?

⁸ This questionnaire can also be applied anonymously.

6.4 What is your marital status now?

- Single
 Married
 Divorced
 Widowed

7. Client's right to information

7.1 Did you receive information on the following topics during this visit or previous visits?

[Tick those that apply]

- On safer sex options
 On the prevention of HIV, sexually transmitted infections and unwanted pregnancy
 On contraception (how it works, side-effects etc)
 On emergency contraception
 On relationships and sexual enjoyment
 On other concerns such as body image, genital hygiene, menstruation, masturbation, wet dreams etc
 On where to go for services which the Association does not provide
 Other – please specify
-

7.2 Did the providers clarify any concerns that you had?

- Yes No Had no concerns

If yes or no please explain:

7.3 What did you do while waiting for this consultation?

- Talk to other clients
 Watch an educational video
 Listen to health talks
 Read educational materials
 Other – please specify
-

7.4 Do you have any suggestions about how you could better spend your waiting time?

8. Client's right to access

8.1 Are the clinic opening hours convenient for you? Yes No

8.2 If no, what would be the best day and time for you to come to the clinic?

Day:

Time:

8.3 Do you think the cost of the service was acceptable? Yes No

If no, what would you recommend?

9. Right to choice

Did you get the services you came for? Yes No

If no, why not?

10. Right to safety

10.1 Have you had any problems or difficulties as a result of services you received from this clinic?

Yes No

If yes, what type of problem?

10.2 If you did not feel safe or were unhappy with the visit were you aware of what you could do?

Yes No

11. Right to privacy and confidentiality

11.1 When you were receiving counselling or a physical examination, did you feel comfortable when other people were present in the room? Yes No Not applicable

If no, describe why and what you observed:

11.2 Did providers reassure you that any information concerning your personal situation and the service you received will remain confidential? Yes No Not applicable

12. Client's right to dignity and comfort

12.1 Do you feel that the time you spent at the clinic was?

Too long Just right Too short

12.2 Do you think that the waiting room is comfortable? Yes No

If no, why not?

12.3 Did the clinic staff treat you in a friendly manner?

Yes, all of them Yes, some of them No

If 'some of them' or 'no', please explain:

13. Client's right to opinion

In the past, have you been given opportunities to express your opinion about the services provided in this clinic? Yes No

If no, please explain:

14. Right to continuity of care

Have you been informed about the following?

When to return for your follow-up visit. Yes No

That you can return at any time if you have questions or problems. Yes No

15. What suggestions can you make to improve this clinic and the services provided?

16. Was there anything in particular that you liked about the clinic?

17. Was there anything in particular that you disliked about the clinic?

18. Would you recommend the clinic to a friend or relative?

Yes No

If no, why not?

Thank you for your participation.

Appendix 4

Client exit interview 2⁹

How good are the services you receive? What is done well? What could be improved? How would you like things to be done differently? Your comments count – we want to know how to improve our services and we want your opinions. The IPPF Youth Committee – a group of young people from all around the world, who have experience in sexual and reproductive health programmes – came up with a list of the things that they think are important in a service or clinic.

This checklist is based on their ideas. It will take you a few minutes to complete the checklist, but your time will be well spent. Your comments will help staff to find out the areas where improvements can be made.

Give your opinion

Please tick the 'yes' box if you agree with the statement and the 'no' box if you disagree. If you are not sure about a statement – just leave it blank. If you've got any extra comments you can add them at the end. You do not have to write your name on the form. You can put the completed form in one of the 'Your comments count' boxes provided or hand it in to a member of staff.

To get an idea of the service users it would be useful for the staff if you could put a mark in one of the following boxes:

I am male

I am female

- | Yes | No | Who the services are for |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | The services are open to all young people (married or unmarried, boys and girls – whatever their religion, race, sexual orientation or mental and physical ability). |
| <input type="checkbox"/> | <input type="checkbox"/> | All these people are treated with equal respect by staff. |
| <input type="checkbox"/> | <input type="checkbox"/> | The services are open to young people who are from outside the neighbourhood. |

Staff

- | Yes | No | Approachable |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | When you arrive you are made to feel welcome. |
| <input type="checkbox"/> | <input type="checkbox"/> | Staff are friendly. |
| <input type="checkbox"/> | <input type="checkbox"/> | Staff respect confidentiality – they are trustworthy and ensure privacy. |
| <input type="checkbox"/> | <input type="checkbox"/> | Staff do not ask unnecessary questions without telling you why. |
| <input type="checkbox"/> | <input type="checkbox"/> | Staff are open-minded – they do not judge you. |

- | Yes | No | Choice of who to see |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | You can choose to see either male or female staff. |
| <input type="checkbox"/> | <input type="checkbox"/> | You are given the choice to see the same person at each return visit. |
| <input type="checkbox"/> | <input type="checkbox"/> | You can choose to see service providers with your partner or with a friend or helper. |

- Communication skills**
- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Staff are able to answer all your questions to your satisfaction. |
| <input type="checkbox"/> | <input type="checkbox"/> | Staff understand young people's concerns on sexuality and sexual relationships. |
| <input type="checkbox"/> | <input type="checkbox"/> | Staff use language you can understand. |
| <input type="checkbox"/> | <input type="checkbox"/> | Staff have the time to let you express your problems in your own words. |
| <input type="checkbox"/> | <input type="checkbox"/> | Staff don't make you feel embarrassed. |

Services

- Accessible**
- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | The services are easy to get to. |
| <input type="checkbox"/> | <input type="checkbox"/> | It is clear where to go and who to see. |
| <input type="checkbox"/> | <input type="checkbox"/> | If the service is part of a larger health service, it is possible for young people to get to it without drawing attention to themselves. |

Comprehensive services

- | Yes | No | Young people can choose from a full range of sexual and reproductive health services: |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Contraceptives (pills, intrauterine device, injections etc) |
| <input type="checkbox"/> | <input type="checkbox"/> | Condoms |
| <input type="checkbox"/> | <input type="checkbox"/> | Emergency contraceptives |
| <input type="checkbox"/> | <input type="checkbox"/> | HIV counselling |
| <input type="checkbox"/> | <input type="checkbox"/> | HIV and sexually transmitted infections testing and treatment |
| <input type="checkbox"/> | <input type="checkbox"/> | Pregnancy testing |
| <input type="checkbox"/> | <input type="checkbox"/> | Maternal care |
| <input type="checkbox"/> | <input type="checkbox"/> | Smear test |
| <input type="checkbox"/> | <input type="checkbox"/> | Treatment for other gynaecological matters |
| <input type="checkbox"/> | <input type="checkbox"/> | Services relating to experiences of sexual, physical or emotional violence |
| <input type="checkbox"/> | <input type="checkbox"/> | Abortion services |
| <input type="checkbox"/> | <input type="checkbox"/> | Pre- and post-abortion care |
| <input type="checkbox"/> | <input type="checkbox"/> | Treatment for male sexual and reproductive health concerns |
| <input type="checkbox"/> | <input type="checkbox"/> | Sexuality counselling services |
| <input type="checkbox"/> | <input type="checkbox"/> | Other – please specify: |

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Other services you would like to receive: |
|--------------------------|--------------------------|---|

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Services are affordable for young people. |
| <input type="checkbox"/> | <input type="checkbox"/> | You are given full information on any contraceptive method or treatment you receive. |
| <input type="checkbox"/> | <input type="checkbox"/> | Young men and young women can get advice on questions concerning their sexuality. |
| <input type="checkbox"/> | <input type="checkbox"/> | You can be referred to another place if a service cannot be provided. |

- Privacy**
- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | There is a separate room to receive medical and counselling services. |
| <input type="checkbox"/> | <input type="checkbox"/> | You can talk to the receptionist without being overheard. |

- Information**
- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | The service centre has leaflets and posters with information young people want. |
| <input type="checkbox"/> | <input type="checkbox"/> | There is information on other local services. |
| <input type="checkbox"/> | <input type="checkbox"/> | There is very little form filling in the system and you are told why information is needed. |

How things are organized

- Opening times**
- Yes No Opening hours are at times when young people can attend (before and after school, in the evenings and at weekends).
- The service has drop-in times when you don't have to make an appointment.
- You don't have to wait long to be seen at the drop-in sessions.
- Appointments are available at times that suit you.
- You can easily make an appointment for a time you want.

- Comfortable space for young people**
- Yes No The space is for young people. You feel comfortable and at ease.
- The service centre is friendly and welcoming.
- The service centre is clean.
- You don't get bored in the waiting area (there are publications, magazines, music, information leaflets).
- The centre has facilities for young parents who bring their children.

- Feedback**
- Yes No There are other ways you can give your opinions on the services.
- Would you recommend this service to a friend?

How did you hear about these services?

Was there anything that made it difficult for you to use the service or are there any improvements that you can suggest:

Any other comments?

Thank you for your participation.

Acknowledgements

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Provide: Strengthening youth friendly services

IPPF is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.

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Youth friendly service delivery is about providing services based on a comprehensive understanding of what young people in that particular society or community want, rather than being based only on what providers believe they need.

It is also based on an understanding of, and respect for, the realities of young people's diverse sexual and reproductive lives. It is about creating a service which young people trust and feel is there for them and their needs.

While the services provided need to be appropriate to each Member Association's setting, IPPF believes that minimum standards for adolescent services – which take into account gender sensitivity, rights, the community and the wider development of young people – can contribute to high quality youth friendly service provision. This tool, based on principles of quality and rights, is intended to support Member Associations to rethink the services they provide for young people and to work towards high quality service delivery.