Workbook 2

Data Collection
Tools & Instruments

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

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

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

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

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

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

Questions:

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

1. How many types of reproductive health services did youth receive in the last 12 months? List them.
   1. ____________________________________________
   2. ____________________________________________
   3. ____________________________________________
   4. ____________________________________________
   5. ____________________________________________
   6. ____________________________________________
   7. ____________________________________________
   8. ____________________________________________
   9. ____________________________________________
   10. __________________________________________

2. Are there any services youth received more than others? If so, what are they?
   1. ____________________________________________
   2. ____________________________________________
   3. ____________________________________________
   4. ____________________________________________
   5. ____________________________________________
Indicator 11: Are boys and young men welcomed and served?

3. What proportion of youth who received any type of reproductive health service during the past 12 months were boys or young men?
   No. of boys/young men _______________ / Total no. of youth _______________

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

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

Indicator 13: Are the necessary referrals available?

6. How many services are referred for? List them.
   1. _______________________________________________________________________
   2. _______________________________________________________________________
   3. _______________________________________________________________________
   4. _______________________________________________________________________
   5. _______________________________________________________________________
   6. _______________________________________________________________________
   7. _______________________________________________________________________

7. What facility is being referred to for the named services?
   Service: __________________________ Name of facility: __________________________
   Service: __________________________ Name of facility: __________________________
   Service: __________________________ Name of facility: __________________________
   Service: __________________________ Name of facility: __________________________
   Service: __________________________ Name of facility: __________________________
   Service: __________________________ Name of facility: __________________________

8. Think about all the types of reproductive health services youth may request. What reproductive health services are neither provided nor referred for? ________________
Tool 2: In-depth Interview Guide for Managers

**Directions:**

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

**Questions:**

**Indicator 1: Are the facility hours convenient for youth?**

1. What time is the clinic scheduled to open? ___________________________________
2. What is the official closing time for the facility? _______________________________
3. How many days per week are reproductive health services offered at this facility? ______ days
   What are those days?___________________________________________________
   Are there ever any exceptions to this schedule? If so, could you explain?_____________
   ___________________________________________________________________
4. Does the facility have separate hours for youth? If so, what are they? _______________
5. What times do you think are convenient for youth to seek services?_______________

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

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

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

11. Is the facility close to any primary or secondary schools?  
   Yes  No
   How far is the facility from schools in the area?
   Name of primary school: ___________________ No. of km away from facility ______
   Name of primary school: ___________________ No. of km away from facility ______
   Name of primary school: ___________________ No. of km away from facility ______
   Name of primary school: ___________________ No. of km away from facility ______

**Indicator 3: Is there adequate space and sufficient privacy?**

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

13. Does the facility have a separate space to provide services to youth clients?  
   Yes  No
   If yes, describe this space (is it in a separate building, a part of the room, etc.).  
   ___________________________________________________________________
   ___________________________________________________________________

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

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

**Indicator 5: Are the providers and staff specially trained to work with youth issues?**

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

18. Has the receptionist, or whoever is the first contact person, been trained to best serve youth? If yes, what types of training has he/she received?  
   ___________________________________________________________________
19. Does your facility require training regarding how to best serve youth clients? If so, why?
If not, why not? ____________________________________________________________

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

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

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

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

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

25. How are they selected?___________________________________________________
Who determined the selection criteria? ______________________________________

26. How many are working for your facility?_____________________________________
How many youth do they see, on average, weekly?________________________________
No. of peer educators/counselors____________________________________________
No. of youth/week _________________________________________________________

27. What percent of youth clients consult with peer counselors/educators?___________
Why do some youth clients not consult with peer counselors/educators?___________

28. How have peer counselors/educators been trained? ____________________________
Could you describe the training program? ____________________________________________

________________________________________________________________________________

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

________________________________________________________________________________

**Indicator 9: Are the fees for services affordable?**

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

________________________________________________________________________________

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

<table>
<thead>
<tr>
<th>Service/method</th>
<th>General client fee</th>
<th>Youth client fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination from doctor</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Examination from other provider (e.g., nurse)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Birth control pill (one cycle)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>IUD</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Injectable (one cycle)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Condom</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Diaphragm</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Spermicide</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Prenatal care examination</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Maternity care/delivery services</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Postnatal care</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>HIV/AIDS counseling</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>HIV/AIDS testing</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other STI counseling</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other STI diagnosis</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other STI treatment</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Infertility consultation</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Abortion services</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Treatment of incomplete abortion</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Consultation with counselor</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other services:</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

$ Not available
32. Is there a consultation fee for new clients? If so, how much is this fee?______________

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

34. How was this youth fee determined? ________________________________

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

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

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

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

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

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

**INDICATOR 11: ARE BOYS AND YOUNG MEN WELcomed AND SERVED?**

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

41. If your facility has made no effort to make services more “male-friendly,” are there any reasons why not?____________________
**Indicator 14: Is the amount of time between arranging an appointment and seeing a provider adequate for youth?**

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

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

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

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

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

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

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

47. Where are informed-consent forms stored? ____________________________

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

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

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

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

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

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

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

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

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

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

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

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

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

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

58. Of the ways your facility promotes services to youth, which do you consider the most effective? Explain.
  ________________________________________________________________
  ________________________________________________________________
59. What are some examples of the messages you communicate to youth to promote the services? __________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

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

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

61. Do you or staff at this facility do anything to try to change some of the adults’ negative attitudes about serving youth for reproductive health services? __________________________
___________________________________________________________________
**Tool 3: Inventory of Facilities and Services**

**Instructions to data collector:**

Complete this inventory through observation and discussion with the staff in charge of reproductive health services at the facility. Verify the existence of equipment and supplies and the condition of the facility through observation. If you cannot observe the equipment, supplies, or conditions, you should indicate this in the margins.

**Background characteristics of facility**

1. Health Facility (name and number) ___________________________ ____ ____
2. Date of Interview: _____ _____ _____ _____
   Day    Month    Year

3. Level of Facility Where Observation Took Place
   - 1. Referral Hospital
   - 2. Hospital
   - 3. Health Center
   - 4. Health Post
   - 5. Mobile Health Clinic
   - 6. Clinics in non-permanent facilities
     (schools, rotating rural health outposts, youth centers, kiosks, etc.)
   - 7. Pharmacy
   - 8. Other _____________________________
4. Type of Facility
   - 1. Government/Ministry of Health
   - 2. Government/other
   - 3. Family Planning Association
   - 4. Other NGOs
   - 5. Missionary
   - 6. Private

5. Structure of Facility
   - 1. Youth-only Facility
   - 2. Youth-only Facility Hours
   - 3. Integrated Services

6. Locality of Facility
   - 1. Rural
   - 2. Urban
   - 3. Peri-Urban

Name of Supervisor or Manager: ____________________________________________________
**Inventory of Equipment and Commodities**

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

11. What types of contraceptive methods are provided?

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

(Observe and ask)

<table>
<thead>
<tr>
<th>Type of contraception</th>
<th>Method usually provided</th>
<th>Available today</th>
<th>Available (approximate # of units)</th>
<th>Stockout last 6 months</th>
<th>If yes, duration of last stockout</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Combined pills</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>Days</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Weeks</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Months</td>
</tr>
<tr>
<td>B. Progesterone-only pill</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>Days</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Weeks</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Months</td>
</tr>
<tr>
<td>C. Condoms</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>Days</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Weeks</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Months</td>
</tr>
<tr>
<td>D. Spermicides</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>Days</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Weeks</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Months</td>
</tr>
<tr>
<td>E. IUD</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>Days</td>
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<td>Weeks</td>
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<td></td>
<td></td>
<td></td>
<td>Months</td>
</tr>
<tr>
<td>F. Injectables</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>Days</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Weeks</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Months</td>
</tr>
<tr>
<td>G. Diaphragm</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>Days</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Weeks</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Months</td>
</tr>
<tr>
<td>H. Other (specify)</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>Days</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Weeks</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Months</td>
</tr>
</tbody>
</table>
12. What types of tests are provided? Record below the types of tests that are provided at this facility.

<table>
<thead>
<tr>
<th>Type of test</th>
<th>Test usually provided</th>
<th>Available today</th>
<th>Available (approximate # of units)</th>
<th>Stockout last 6 months</th>
<th>If yes, duration of last stockout</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Pregnancy test</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>Days Weeks Months</td>
</tr>
<tr>
<td>B. Anemia test</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>Days Weeks Months</td>
</tr>
<tr>
<td>C. Pap smear</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>Days Weeks Months</td>
</tr>
</tbody>
</table>

13a. Is any laboratory testing available for STIs?

☐ 1. Yes
☐ 2. No

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

<table>
<thead>
<tr>
<th>STI test</th>
<th>Available at this facility</th>
<th>Clients’ specimens sent elsewhere</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syphilis</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Candida</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Cervical cancer</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

14. What types of services are offered?

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

(Observe and ask)
<table>
<thead>
<tr>
<th>Type of service</th>
<th>Provided</th>
<th>Available at all times in last 6 months</th>
<th>If no, reason last not available</th>
<th>If yes, duration of last stockout</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Maternity care/delivery service</td>
<td>□ Yes □ No □ Yes □ No</td>
<td>□ Yes □ No □ Yes □ No</td>
<td>1 Supplies not available 2 Equipment not available 3 Trained staff not available 4 Other</td>
<td>Days Weeks Months</td>
</tr>
<tr>
<td>B. STI treatment</td>
<td>□ Yes □ No □ Yes □ No</td>
<td>□ Yes □ No □ Yes □ No</td>
<td>1 Supplies not available 2 Equipment not available 3 Trained staff not available 4 Other</td>
<td>Days Weeks Months</td>
</tr>
<tr>
<td>C. HIV testing</td>
<td>□ Yes □ No □ Yes □ No</td>
<td>□ Yes □ No □ Yes □ No</td>
<td>1 Supplies not available 2 Equipment not available 3 Trained staff not available 4 Other</td>
<td>Days Weeks Months</td>
</tr>
<tr>
<td>D. Surgical sterilization</td>
<td>□ Yes □ No □ Yes □ No</td>
<td>□ Yes □ No □ Yes □ No</td>
<td>1 Supplies not available 2 Equipment not available 3 Trained staff not available 4 Other</td>
<td>Days Weeks Months</td>
</tr>
<tr>
<td>E. Contraceptive method counseling</td>
<td>□ Yes □ No □ Yes □ No</td>
<td>□ Yes □ No □ Yes □ No</td>
<td>1 Supplies not available 2 Equipment not available 3 Trained staff not available 4 Other</td>
<td>Days Weeks Months</td>
</tr>
<tr>
<td>F. Abortion/post-abortion services</td>
<td>□ Yes □ No □ Yes □ No</td>
<td>□ Yes □ No □ Yes □ No</td>
<td>1 Supplies not available 2 Equipment not available 3 Trained staff not available 4 Other</td>
<td>Days Weeks Months</td>
</tr>
<tr>
<td>G. Infertility consultation</td>
<td>□ Yes □ No □ Yes □ No</td>
<td>□ Yes □ No □ Yes □ No</td>
<td>1 Supplies not available 2 Equipment not available 3 Trained staff not available 4 Other</td>
<td>Days Weeks Months</td>
</tr>
<tr>
<td>H. Gynecological exams</td>
<td>□ Yes □ No □ Yes □ No</td>
<td>□ Yes □ No □ Yes □ No</td>
<td>1 Supplies not available 2 Equipment not available 3 Trained staff not available 4 Other</td>
<td>Days Weeks Months</td>
</tr>
<tr>
<td>I. Nutrition counseling</td>
<td>□ Yes □ No □ Yes □ No</td>
<td>□ Yes □ No □ Yes □ No</td>
<td>1 Supplies not available 2 Equipment not available 3 Trained staff not available 4 Other</td>
<td>Days Weeks Months</td>
</tr>
<tr>
<td>J. Other</td>
<td>□ Yes □ No □ Yes □ No</td>
<td>□ Yes □ No □ Yes □ No</td>
<td>1 Supplies not available 2 Equipment not available 3 Trained staff not available 4 Other</td>
<td>Days Weeks Months</td>
</tr>
</tbody>
</table>
15. Which of the following types of equipment are available and in working order?

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

<table>
<thead>
<tr>
<th>Equipment and supplies</th>
<th>Number available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flashlight/ lamp</td>
<td></td>
</tr>
<tr>
<td>Scale</td>
<td></td>
</tr>
<tr>
<td>Blood pressure gauge</td>
<td></td>
</tr>
<tr>
<td>Stethoscopes</td>
<td></td>
</tr>
<tr>
<td>Sterile needles and syringes</td>
<td></td>
</tr>
<tr>
<td>Various sizes of specula</td>
<td></td>
</tr>
<tr>
<td>Hemocytometer</td>
<td></td>
</tr>
<tr>
<td>Vacuum extractor</td>
<td></td>
</tr>
<tr>
<td>Babcock forceps</td>
<td></td>
</tr>
<tr>
<td>NSV ringed forceps</td>
<td></td>
</tr>
<tr>
<td>Scalpels</td>
<td></td>
</tr>
<tr>
<td>Sutures</td>
<td></td>
</tr>
<tr>
<td>Curettes</td>
<td></td>
</tr>
<tr>
<td>Antinated asperator devices</td>
<td></td>
</tr>
<tr>
<td>Autoclaves</td>
<td></td>
</tr>
<tr>
<td>IV fluids</td>
<td></td>
</tr>
<tr>
<td>Iodine</td>
<td></td>
</tr>
<tr>
<td>Antibiotics</td>
<td></td>
</tr>
<tr>
<td>Antiseptic</td>
<td></td>
</tr>
<tr>
<td>Chlorine solution</td>
<td></td>
</tr>
<tr>
<td>Sterile gloves</td>
<td></td>
</tr>
<tr>
<td>Disposal containers for contaminated waste/supplies</td>
<td></td>
</tr>
<tr>
<td>Plastic buckets or containers for decontamination</td>
<td></td>
</tr>
<tr>
<td>Clean instrument containers</td>
<td></td>
</tr>
<tr>
<td>Instrument trays</td>
<td></td>
</tr>
<tr>
<td>Swab containers with sterile swabs or sterile gauze</td>
<td></td>
</tr>
<tr>
<td>Examination couch or table</td>
<td></td>
</tr>
<tr>
<td>Operation theater</td>
<td></td>
</tr>
<tr>
<td>Recovery room</td>
<td></td>
</tr>
<tr>
<td>Microscopes</td>
<td></td>
</tr>
<tr>
<td>Audio-visual equipment for presentations</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>
16. Is there a system for monitoring and maintaining materials, equipment, and supplies?
   - 1. Yes
   - 2. No (Go to end)

17. If yes, could I see the protocols on how the system works?
   (Observe)
   Describe briefly. ___________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

Thank you very much for your time and help!
**Tool 4:**

**Focus Group Discussion Guide for Providers and Staff**

**Directions:**

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

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

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

**Questions for Staff:**

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

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

   ______________________________________
   ______________________________________

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

   ______________________________________
   ______________________________________

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

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

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

___________________________________________________________________

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

___________________________________________________________________

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

___________________________________________________________________

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

___________________________________________________________________

**Questions for Providers:**

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

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

___________________________________________________________________

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

___________________________________________________________________

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

___________________________________________________________________

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

___________________________________________________________________
Tool 5:

In-depth Interview Guide for Providers and Staff

**Directions:**

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

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

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

**Questions for Providers:**

**Indicator 3: Is there adequate space and sufficient privacy?**

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

___________________________________________________________________

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

___________________________________________________________________

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

___________________________________________________________________

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

___________________________________________________________________
**Indicator 5: Are the providers and staff specially trained to work with youth issues?**

5. In your position at (Name of facility) ___________________________what kind of services do you offer?
   a. in general ________________________________________________________
   b. specific to youth ________________________________________________

6. What kind of training have you received to provide such services?_________________

   Have you had a refresher training class recently? If so, what did it cover?
   ________________________________________________________________
   ________________________________________________________________

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

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

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

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

10. In the last three months, have you provided contraceptive information/counseling to youth clients? ____________________________

11. Have you provided contraceptive methods to youth in the past three months? Which methods? ____________________________

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

13. Must a woman have a minimum number of children before you will prescribe a certain contraceptive method? If so, what is that minimum number, and which methods? ____________________________
14. Are there any contraceptive methods you would not provide to an unmarried girl/boy? Explain. ____________________________________________________________

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

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

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

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

Questions for Provider or Staff Person:

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

20. What is your attitude toward youth:

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

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

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

   d. Who are involved in at-risk sexual or health behavior? What kind of services do you think they need from a health facility? __________________________________________
**Indicator 7: Do providers and staff honor privacy and confidentiality with their youth clients?**

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

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

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

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

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

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

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

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

28. Do you provide any special services for just boys or young men? If so, what are they? If not, do you think some are necessary? ____________________________
Tool 6:
Mystery Client Questionnaire

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

Scenario enacted:
  a) unwanted pregnancy
  b) information regarding contraceptives
  c) information regarding STIs
  d) counseling regarding premarital intercourse
  e) other:_______________________

BACKGROUND CHARACTERISTICS OF FACILITY

1. Health Facility (Name and number) _____________________ ____ ____
2. Date of interview: ____ ____ ____ ____ ____ ____
   Day     Month     Year
3. Level of Facility Where “Mystery Client” went
   □ 1. Referral Hospital
   □ 2. Hospital
   □ 3. District Level
   □ 4. Health Center
   □ 5. Health Post
   □ 6. Mobile Health Clinic
   □ 7. Clinics in non-permanent facilities (schools, rotating rural health outposts, youth centers, etc.)
   □ 8. Pharmacy
   □ 9. Other _________________________________
4. Type of Facility
   - 1. Government/Ministry of Health
   - 2. Government/other
   - 3. Family Planning Association
   - 4. Other NGOs
   - 5. Missionary
   - 6. Private

5. Structure of Facility
   - 1. Youth-only Facility
   - 2. Youth-only Facility Hours
   - 3. Integrated Services

6. Locality of Facility
   - 1. Rural
   - 2. Urban
   - 3. Peri-Urban

Name of Interviewer: __________________________________________________________

Time client arrived at facility: ________________________________________________

QUESTIONS FOR “MYSTERY CLIENT”

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

20. Were you able to speak to a counselor or a provider?
   - 1. Yes (skip to 23)
   - 2. No

21. If no, why not:
   - 1. Facility was closed
   - 2. Counselor/Provider was not at the facility
   - 3. Counselor/Provider had no available appointments
   - 4. Counselor/Provider refused to see client
   - 5. Other (specify): ________________________________________________________
   - 98. Don’t know
22. If you were not able to see a counselor or a provider, were you given an appointment for a later date?

☐ 1. Yes (skip to 23)
☐ 2. No
☐ 98. Don’t know

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

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

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

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

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

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

Time the session ended (approximately): ____ ____: ____ __

Length of session: ________________ hours

**INDICATOR 1: ARE THE FACILITY HOURS CONVENIENT FOR YOUTH?**

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

☐ 1. Yes
☐ 2. No

If not, why not?_______________________________________________________________

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

☐ 1. Yes
☐ 2. No

If yes, what would they be?___________________________________________________________
**Indicator 6:** Are the attitudes of providers and staff supportive toward giving services to youth? and
**Indicator 11:** Are boys and young men welcomed and served?

27. Sex of provider:
- 1. Woman
- 2. Man

28. Was the provider who saw you a:
- 1. Doctor
- 2. Nurse
- 3. Midwife
- 4. Counselor
- 5. Peer educator
- 6. Other ___________________
- 98. Don’t know

29. Did the provider greet you in a friendly fashion?
- 1 Yes
- 2 No

30. Did the provider ask you the reason for your visit?
- 1 Yes
- 2 No
- 98 Don’t know

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

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

32. What advice did the provider give you?__________________________________________
_______________________________________________________________________________

Code ___________
(coded by analyst: 1= provider tells client what to do;
2= provider helps client identify options;
3= provider allows client to determine own course of action.)
33. Did you discuss any of the following topics with the provider? (Check all that apply.)

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

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

☐ 1. Yes
☐ 2. No

35. Did the provider ask you questions about yourself?

☐ 1. Yes
☐ 2. No

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

________________________________________________________
________________________________________________________
________________________________________________________

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

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

1. Family planning methods  ____  ____  ____  ____
2. HIV/AIDS  ____  ____  ____  ____
3. Other STIs  ____  ____  ____  ____

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

☐ 1. Yes
☐ 2. No
☐ 98 Don’t know

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

1 = yes  2 = no  98 = don’t know

1. Posters  ____  ____  ____
2. Drawings  ____  ____  ____
3. Booklets  ____  ____  ____
4. Videos  ____  ____  ____
39. Did the provider give you his/her personal opinion on what you should do?

- 1 Yes
- 2 No

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

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

- 1 Yes
- 2 No

41. Did the provider respond to your questions?

- 1 Yes
- 2 No

42. Did you feel comfortable asking the provider questions?

- 1 Yes
- 2 No

If no, why not? _______________________________________________________
__________________________________________________________________________

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

- 1 Yes
- 2 No

44. Was anything the provider said confusing or unclear?

- 1 Yes
- 2 No
- 98 Don’t know

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

- 1 Yes
- 2 No
- 98 Don’t know
46. Do you feel that the provider spent enough time with you?

    □ 1 Yes
    □ 2 No

If no, why not? ________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

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

    □ 1 Yes
    □ 2 No
    □ 98 Don’t know

If yes, what? ________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

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

    □ 1 Yes
    □ 2 No
    □ 98 Don’t know

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

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

[Note to interviewer: only ask boys these questions]

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

    □ 1 Yes
    □ 2 No

If yes, what were your reasons? ________________________________________________
_____________________________________________________________________________
50. (If provider was female) Did you feel uncomfortable seeing a female provider?

☐ 1 Yes

☐ 2 No

If yes, why? __________________________________________________________
_____________________________________________________________________

**INDICATOR 3: IS THERE ADEQUATE SPACE AND SUFFICIENT PRIVACY?**

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

☐ 1 Yes

☐ 2 No

☐ 98 Don’t know

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

☐ 1 Yes

☐ 2 No

If yes, what? __________________________________________________________
_____________________________________________________________________

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

☐ 1 Yes

☐ 2 No

If yes, describe it? _____________________________________________________
_____________________________________________________________________

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

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

☐ 1 Yes

☐ 2 No

If no, why not? _______________________________________________________
55. Do you believe that the information you shared with the provider will be kept confidential?

☐ 1 Yes
☐ 2 No
If no, why not? ________________________________________________________________

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

☐ 1 Yes
☐ 2 No
If no, why not? ________________________________________________________________

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

57. Did the provider: Yes No

a. Require you to get parental consent for any service? ☐ ☐
b. Require you to get spousal consent for any service? ☐ ☐
c. Inform you that you were too young to receive any of the services? ☐ ☐
d. Require you to have a blood test before giving you contraceptives? ☐ ☐
e. Require you to have a pelvic exam before giving you contraceptives? ☐ ☐
f. Require you to make another appointment before receiving a service? ☐ ☐

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

☐ 1 Yes
☐ 2 No

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

☐ 1 Yes
☐ 2 No
**Indicator 4: Are the surroundings of the facility welcoming for youth?**

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

61. Were there any educational materials available in the waiting room?
  - 1 Yes
  - 2 No (go to Question 63)

62. What topics did the materials cover?
  - 1 Pregnancy
  - 2 STIs
  - 3 HIV/AIDS
  - 4 Contraceptive methods
  - 5 Prenatal/Postnatal care
  - 6 Nutrition
  - 7 Other _____________________________

63. Were there any signs or posters specifically targeting youth in the waiting room?
  - 1 Yes
  - 2 No (go to Question 65)

64. What messages were these materials trying to deliver? __________________________
__________________________________________________________________________
  - 98 Don’t know

65. What needs to be improved at the facility to attract more youth?
__________________________________________________________________________
  - 98 Don’t know

66. Would you recommend this provider to a friend?
  - 1 Yes
  - 2 No

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

Thank you very much for your time and help!
Tool 7: Client Exit Interview Guide

**Methodology:**

Conduct this interview separately with 3 to 4 youth clients who attended a reproductive health clinic or a facility that offers reproductive health services. To identify clients, either ask a staff person for contact information of youth (age 10-24 years) who have used the facility, or simply wait at the facility and ask youth for an interview after they have finished seeing a provider. Select a private place away from the facility and explain to clients that their names will not be recorded and that all the information they provide will be completely confidential. You should also explain why you need the information from them (see “Greeting” below for further details). Tell them it should only take about 30-45 minutes of their time.

**Background characteristics of facility**

1. Facility (name and number) ____________________________ ____ ____
2. Date of interview: ____ ____ ____ ____ ____ ____ ______
   Day    Month     Year
3. Level of Facility Where Observation Took Place
   - 1 Referral Hospital
   - 2 Hospital
   - 3 District Level
   - 4 Health Center
   - 5 Health Post
   - 6 Mobile Health Clinic
   - 7 Clinics in non-permanent facilities (schools, rotating rural health outposts, youth centers, etc.)
   - 8 Pharmacy
   - 9 Community-based distributor
   - 10 Other _____________________________
4. Type of Facility
   - 1 Government/Ministry of Health
   - 2 Government/other
   - 3 Family Planning Association
   - 4 Other NGOs
   - 5 Missionary
   - 6 Private

5. Structure of Facility
   - 1 Youth-only Facility
   - 2 Youth-only Facility Hours
   - 3 Integrated Services

6. Locality of Facility
   - 1 Rural
   - 2 Urban
   - 3 Peri-Urban

Name of Interviewer: _____________________________________________________

**INSTRUCTIONS TO INTERVIEWER:**

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

**GREETING**

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

**SECTION ONE: BASIC FEATURES**

1. Sex of client (do not ask)
   - 1 Female
   - 2 Male

2. How old were you at your last birthday? Age in years______________

3. Are you currently going to school?
   - 1 Yes
   - 2 No

4. What was your last year of completed studies?
   - 1 None/pre-school
   - 2 Primary
   - 3 Secondary
   - 4 Higher/University
   - 98 Don’t know

5. Are you currently married or living with a man/woman?
   - 1 Married
   - 2 Living with
   - 3 No living partner/spouse

6. Have you ever had a child?
   - 1 Yes
   - 2 No
Section two: Information about services

7. Why did you come to this health facility today? (Check all that apply)
   - 1 Contraceptive counseling
   - 2 Contraceptive purchasing
   - 3 Prenatal care
   - 4 Postpartum care
   - 5 Counseling about nutrition
   - 6 Pregnancy test
   - 7 STI screening
   - 8 STI treatment
   - 9 HIV test
   - 10 Gynecological exam
   - 11 Peer counseling
   - 12 Abortion-related services
   - 13 Infertility consultation
   - 14 Other______________________________

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

8a. How long ago did you make an appointment to see the provider today?
   - 1 A few hours ago
   - 2 A day ago
   - 3 A few days ago
   - 4 A week ago
   - 5 More than a week ago
   - 98 Don’t know

8b. Was this okay for you?
   - 1 Yes
   - 2 No
   - 98 Don’t know
9. What would be an okay amount of time to wait from making an appointment and seeing a provider?

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

**Indicator 1: Are the facility hours convenient for youth?**

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

- 1 Yes
- 2 No

If not, why not? ___________________________________________________________

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

- 1 Yes
- 2 No

If yes, what would they be? ______________________________________________

**Indicator 6: Are the attitudes of providers and staff supportive toward giving services to youth? and Indicator 11: Are boys and young men welcomed and served?**

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

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

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

__________________________________________________________
13. Do you feel that you received the information and services that you wanted today?
   - 1 Yes
   - 2 No
   - 3 Partially
   - 98 Don’t know

14. Do you feel that your consultation with the health provider was too short, too long, or about the right amount of time?
   - 1 Too short
   - 2 Too long
   - 3 About right
   - 98 Don’t know

15. During this visit, did you have any concerns about family planning or other health issues that you wanted to discuss with the provider?
   - 1 Yes
   - 2 No (go to Question 17)

16. If yes, did the provider listen to your concerns to your satisfaction?
   - 1 Yes
   - 2 No

17. During this visit, did you have any questions you wanted to ask?
   - 1 Yes
   - 2 No (go to Question 20)

18. If yes, did the provider let you ask the questions?
   - 1 Yes
   - 2 No (go to Question 20)

19. Did the provider respond to your questions to your satisfaction?
   - 1 Yes
   - 2 No

20. During your visit, how were you treated by the provider?
   - 1 Very well
   - 2 Well
   - 3 Not very well/poorly
21. During your visit, how were you treated by the other staff?
   - 1 Very well
   - 2 Well
   - 3 Not very well/ poorly

22. During your visit, did you feel that the provider’s explanations were easy to understand, or did you feel that the provider was difficult to understand?
   - 1 Easy to understand
   - 2 Difficult to understand
   - 98 Don’t know

23. Did the provider do or say anything that made you feel uncomfortable?
   - 1 Yes
   - 2 No
   - 98 Don’t know
   If yes, what? __________________________________________________________
   ___________________________________________________________________

24. Did the provider do or say anything during your visit that led you to believe he/she did not approve of something you said?
   - 1 Yes
   - 2 No
   - 98 Don’t know
   If yes, what did the provider do or say to make you feel this way?
   ___________________________________________________________________
   ___________________________________________________________________

**Indicator 3: Is there adequate space and sufficient privacy?**

25. Could anyone overhear the conversation you had with the provider?
   - 1 Yes
   - 2 No
   - 98 Don’t know
26. Did anything occur to interrupt your discussion with the provider?
   - 1 Yes
   - 2 No
   If yes, what? ______________________________________________________________
   __________________________________________________________________________

27. Did you meet with the provider in a separate room?
   - 1 Yes
   - 2 No
   If yes, describe it? ____________________________________________________________
   __________________________________________________________________________

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

28. Did you feel that when you were seeing the provider, it was very private?
   - 1 Yes
   - 2 No
   If no, why not? ______________________________________________________________
   __________________________________________________________________________

29. Do you believe that the information you shared with the provider will be kept confidential?
   - 1 Yes
   - 2 No
   If no, why not? ______________________________________________________________
   __________________________________________________________________________

30. What about the receptionist, or anyone else who was working there, do you think that they will keep your information confidential?
   - 1 Yes
   - 2 No
   If no, why not? ______________________________________________________________
   __________________________________________________________________________
**Indicator 15: Do the policies support providing services for youth?**

31. Did the provider:  
   a. Require you to get parental consent for any service?  
   b. Require you to get spousal consent for any service?  
   c. Inform you that you were too young to receive any of the services?  
   d. Require you to have a blood test before giving you contraceptives?  
   e. Require you to have a pelvic exam before giving you contraceptives?  
   f. Require you to make another appointment before receiving a service?  

32. Did the provider ask you to return for another visit?  
   a. 1 Yes  
   b. 2 No  

33. Did you set a date for your next appointment?  
   a. 1 Yes  
   b. 2 No  

**Indicator 11: Are boys and young men welcomed and served?**  
(Note to interviewer: only ask boys these questions)  

34. Did you get the impression that the facility focuses more on female clients?  
   a. 1 Yes  
   b. 2 No  
   If yes, what were your reasons?  
   __________________________________________________________________________  
   __________________________________________________________________________  

35. (If provider was female) Did you feel uncomfortable seeing a female provider?  
   a. 1 Yes  
   b. 2 No  
   If yes, why?  
   __________________________________________________________________________  
   __________________________________________________________________________
INDICATOR 4: ARE THE SURROUNDINGS OF THE FACILITY WELCOMING FOR YOUTH?

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

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

☐ 1 Yes
☐ 2 No (go to Question 39)

38. What topics did the materials cover?

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

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

☐ 1 Yes
☐ 2 No (go to Question 41)

40. What messages were these materials trying to deliver?

____________________________________________________________________________

____________________________________________________________________________

☐ 98 Don’t know

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

____________________________________________________________________________

____________________________________________________________________________

☐ 98 Don’t know

Thank you very much for answering these questions.
Tool 8: Focus Group Discussion Guide for Youth Who Have Been to Facility

Directions:

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

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

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

Questions:

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

1. What about the location of ________________ (Name of facility) makes it unattractive to go there?

2. Is the facility close to some form of public transportation? Which one? ________________
   How much does it cost for you to come from your house to this facility using that form of public transportation?_________________________

3. Would any of you find it difficult to get to the ________________ (Name of facility)?
   Explain_____________________________________________________________

4. Is the facility near market areas or other places where you might go to spend time?_____
   If yes, how do you feel about it being close to these places?_____________________
   If not, would you be more likely to go to the facility if it were close to these places?____________________________________
5. If you knew that this facility offered RH services (contraceptive services, STI screening and treatment, pregnancy testing, HIV/AIDS testing), do you think that this would be a good location to get such services? Explain why or why not.

___________________________________________________________________

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

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

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

8. How many times have you spoken with the peer educator/counselor from this facility?__________________________________________________________

9. Do you remember the various discussions you’ve had with him/her? Could you describe some of them?____________________________________________________________________________________

10. If you didn’t speak to a peer educator/counselor, what were your reasons?____________________________________________________________________________________

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

12. Do you know if that peer educator/counselor was working for this facility?____________________________________________________________________________________

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

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

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

15. If you haven’t been asked to participate in decision making at this facility, do you know any youth your age who has been involved in decision making at this facility? If so, what did they say about their experience?____________________________________________________________________________________
**Tool 9: Focus Group Discussion Guide for Youth Who Have Not Been to Facility**

**Directions**

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

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

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

**Questions:**

**Indicator 1: Are the facility hours convenient for youth?**

1. ________________(Name of facility) is open from… (give the actual hours and days that the facility is open). If you had to go to the facility because of a health problem, would it be difficult for you to go to the facility during these hours?________
   
   Why would it be difficult?________________________________________________

2. If you wanted to go to (Name of facility) for reproductive health services, what would be the best time for you to go and why?_______________________________________

3. During what hours of the day are you the most busy? __________________________
   
   What do you usually have to do during this time? ______________________________

4. During what hours of the day do you have the most free time? What do you usually do during this time?_______________________________________________________

5. On what days of the week are you the most busy? _____________________________
   
   What activities are you involved in? ________________________________________
6. On what days of the week do you have the most free time? What do you usually do during this free time?___________________________________________________

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

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

___________________________________________________

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

___________________________________________________

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

___________________________________________________

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

___________________________________________________

**INDICATOR 9: ARE THE FEES FOR SERVICES AFFORDABLE?**

11. Do you have a paying job? If so, what is your salary?___________________________________________________

12. Do you have other ways of getting money? If so, what are these ways, and how much money can you get? _______________________________________

13. If you needed money to pay for an RH service, how would you get it? How much money would you be able to get? _______________________________________

14. If you have money, what do you usually spend it on? _______________________________________

___________________________________________________

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

___________________________________________________

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

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

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

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

19. How did you know that______________ (Name of facility) offered these services?
   ___________________________________________________________________________________
___________________________________________________________________

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

   How else have you heard about____________________ (Name of facility)?
___________________________________________________________________

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

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

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

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

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

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

25. (Once ranking is finished) Why did you rank these problems/needs in this particular
    order? __________________________________________________________
___________________________________________________________________
26. **Note to interviewer**: Write down the actual services that are offered at the facility, then ask the *interviewees*: Are there any RH services that aren’t offered here that you wish were offered? If yes, what are they?_________________________________________________
_________________________________________________________________

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

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

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

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

Do you think that this would happen at________________________ (Name of facility)?

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

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

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

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

34. Is confidentiality an important issue for you when seeking services at the facility? Explain________________________________________________________
_________________________________________________________________
**Indicator 19: Do youth perceive that they would be welcomed regardless of marital and age status?**

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

___________________________________________________________________

___________________________________________________________________

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

___________________________________________________________________

___________________________________________________________________

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

___________________________________________________________________

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

___________________________________________________________________

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

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

___________________________________________________________________

___________________________________________________________________

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

___________________________________________________________________

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

___________________________________________________________________

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

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

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

___________________________________________________________________

___________________________________________________________________

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

___________________________________________________________________

___________________________________________________________________

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

___________________________________________________________________

___________________________________________________________________

**Questions for boys/young men:**

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

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

___________________________________________________________________

___________________________________________________________________

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

___________________________________________________________________

___________________________________________________________________

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

___________________________________________________________________

___________________________________________________________________

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

___________________________________________________________________

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

___________________________________________________________________

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

___________________________________________________________________

___________________________________________________________________
Tool 10: Focus Group Discussion Guide for Key Adult Informants

Directions:

Ask six to eight people who have lived in the catchment area of the facility for at least 10 years if they are willing to participate in a discussion about reproductive health services for youth. Enlist another person as note taker and have them take notes as well as tape-record the discussion.

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

Questions:

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

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

___________________________________________________________________
___________________________________________________________________

2. What do people in this community think about youth who…
   a. have sex before marriage?
   ________________________________
   b. have more than one sexual partner?
   ________________________________
   c. change partners frequently?
   ________________________________
   d. are involved in risky sexual or health behavior? Give examples.
   ________________________________
   ________________________________
   ________________________________

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

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

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

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

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

7. Where in the community can youth seek help regarding reproductive health problems? List them. ________________________________________________________________
___________________________________________________________________

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

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

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

___________________________________________________________________