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Clinic Assessment of Youth Friendly Services

A Tool for Assessing and Improving
Reproductive Health Services for Youth



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INTRODUCTION

This tool is designed to help assessment teams, project managers, trainers, supervisors, and others collect detailed information on the range and quality of services provided to adolescents at a given facility or within a given program in order to make services more youth-friendly. The assessment process facilitates the development of action plans for quality improvement that can help clinics address policy, operations, training, and other program areas needing adjustments and change. The tool also provides essential baseline information, allowing for repeated applications to examine changes and the impact of program interventions. Although the tool is primarily for use by a team, it may also be used by an individual.

Determining minimum requirements for youth-friendly services is a difficult task. Given the great differences in contexts and availability of resources, there is no simple means for quantifying quality of care and services. This assessment tool can help determine what each facility or program needs in order to improve the quality of adolescent reproductive health services and design appropriate alterations or interventions.

Cover photo by: Beryl Goldberg

Client Rights During Facility Assessment^[1]

To ensure that the clients' rights are respected at all times throughout the assessment process, team members, in preparation for the clinical assessment, should review the following information. The rights of the client to privacy and confidentiality should be considered at all times during a clinical assessment. When a client is undergoing a physical examination, it should be carried out in an environment in which her/his right to bodily privacy is respected. When receiving counseling, undergoing a physical examination, or receiving contraceptive services, the client should be informed about the role of each individual inside the room (e.g., service provider, assessment team members).

The client's permission must be obtained before having a member of the assessment team observe any services. The client should understand that s/he has the right to refuse being observed or interviewed. S/he also has the right to refuse to answer specific questions during the interview. A client's care should not be rescheduled or denied if s/he does not permit a member of the assessment team to be present.

Discussions among team members about specific client interviews or observations should always take place in a private area, out of listening range of other staff and clients, and should be conducted without reference to the client's name.

Using This Assessment Tool

Developing Consensus on Program Characteristics

A critical preparatory step is to review the characteristics of a youth-friendly program (see "Review of Youth-Friendly Program Characteristics" at the

back of the tool) and reach consensus among the team on the standard for each characteristic. These standards will then be used as the benchmark to determine when improvements are needed. While the summarized youth-friendly characteristics are generally applicable to most clinics, actual situations always vary according to country and specific clinic status. The standard to be used should reflect these conditions accordingly.

Discussing Objectives

Before starting to fill out the individual sections of this tool, it is extremely important that the assessment team discuss the objectives of the assessment with facility/program staff and supervisors. The assessment team leader should explain clearly how and why the assessment will be done, emphasizing that the assessment tool is designed not to find fault, but to identify areas where improvements can be made.

Collecting and Recording the Data

Several methods are used to collect the data needed to complete the assessment forms. These include:

- A review of clinic records
- Interviews with clinic managers and staff
- Examination of the clinic layout and environment
- Interviews with clients
- Observations of provider-client interaction
- A review of clinic policies and procedures

The team may need to use a combination of these methods to truly answer a specific question. Beside each question on the assessment form, there is a notation of the suggested methods to evaluate that particular aspect of youth-friendly services.

[1] Adapted from: Sullivan, R., R. Magarick, G. Berghold, A. Blouse, and N. McIntosh. 1995. Clinical training skills for reproductive health professionals. Baltimore: JHPIEGO Corporation.

Below are additional points to keep in mind while conducting the assessment:

- Consider whether a team or an individual would be most appropriate, and decide who will collect the data for different sections.
- Take into account the routines of the service providers and try to make data collection as unobtrusive as possible.
- Whenever possible, obtain information by observation.
- Consider timing. For example, which sections require the presence of clients, which sections can be completed when there are no clients?
- Be flexible—it may be impossible to complete the whole tool at one time. Team members may have to wait to observe some procedures.
- Use the comments/recommendations column—these observations often provide the most useful information.
- Use your judgment and ask other pertinent questions that may not be included in this assessment tool.

Completing the Tool

For each section, fill in the information requested. Complete only the sections of the guide that are relevant to the facility and the services it provides. The sections do not need to be completed in a particular order. For example, if there are adolescent clients at the facility, complete those sections that require observation of clients receiving services. Additional paper may be needed to record all the comments.

Using the Information

Go over the findings with facility staff, looking at each section and interpreting the results as a whole. Discuss which areas show the greatest strengths and weaknesses and implications for improving youth friendly services. The results of the assessment should then be used to develop an action plan for improving the quality of services for adolescents. A template action plan is provided at the back of the tool.

The assessment tool can provide baseline information for planning, prioritizing, and decision-making. However, the tool may be used in a number of other ways:

- For continuous monitoring
- For conducting annual evaluations
- For designing training opportunities
- For developing workplans
- For conducting a self-assessment

Organization of Assessment Tool

Each section of the tool starts with some introduction about why the information is being collected, why the topic is important, and how the observations/data collection should be carried out. This tool is organized according to the sections listed below:

- I. General Background Information
- II. Client Volume and Range of Services Provided
- III. Personnel and Supervision
- IV. Assessment of Youth-Friendliness

These sections are then followed by:

- A Review of Youth Friendly Program Characteristics
- An Action Plan (template form)

I. GENERAL BACKGROUND INFORMATION

This section is designed to provide general information about the facility, such as its size and location, as well as details of the assessment process.

Date of Visit: _____

Name of Facility: _____

Location: _____ Rural ☐ Urban ☐ Peri-urban ☐

Type of Facility: MOH/GOVT _____ NGO _____ Other _____

Level of Facility: _____ (Dispensary, Clinic, Health Center, Hospital)

Number of Rooms: Total _____ Waiting Room _____ Examination Room _____ Lab _____ Other _____

Staff Interviewed:

Person(s) Conducting Assessment (Name and Affiliation):

II. CLIENT VOLUME AND RANGE OF SERVICES PROVIDED

This section is for gathering information on client volume and the range of services provided. In order to maintain and improve the quality of services, service providers should have experience in all aspects of adolescent care, including, where appropriate, counseling and the provision of contraceptive methods.

Using the facility record books, collect 3 months' worth of information and record a monthly average of the following statistics. Record the total number of all clients served in the first column and the number of young people served, broken down by age, in the second column. If statistics vary greatly from month to month, note this, as well as any additional comments or recommendations in the "Comments/Recommendations" column.

Service Provided	Total No. of Clients Served		No. of Young Clients Served						Comments/Recommendations
	F	M	(10-14)		(15-19)		(20-24)		
	F	M	F	M	F	M	F	M	
Counseling									
Contraception/Dual Protection									
HIV/AIDS									
Nutrition									
Sexual Abuse/Violence									
Other RH Issues									
Testing									
STI									
VCT/HIV test only (please note)									
Pregnancy									
Treatment									
STI (note if syndromic or etiologic)									
Postabortion Care									
Sexual Abuse or Violence									
Other Services									
Contraception									
Antenatal Care									
Postnatal Care									
Delivery									
Other Services									

SCHEDULE OF AVAILABLE SERVICES

Write in the hours (e.g., 12-5 pm) for each day of the week that the following services are available to adolescent clients.

Services Offered	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Counseling							
Contraception/Dual Protection							
HIV/AIDS							
Nutrition							
Sexual Abuse/Violence							
Other RH Issues							
Testing							
STI							
VCT or HIV test only							
Pregnancy							
Treatment							
STI							
Postabortion Care							
Sexual Abuse or Violence							
Other Services							
Contraception							
Antenatal Care							
Postnatal Care							
Delivery							
Other Services							

III. Personnel & Supervision

This section is for gathering information about the staff providing services at the facility and their level of training. In order to provide services of good quality, facilities must have staff who can cover all aspects of adolescent care.

List all personnel involved in the provision of adolescent services and the training they have received, using the codes beneath the table. Common staff titles include manager, midwife, doctor, nurse, counselor, receptionist, and peer counselor; however some facilities or health systems may use different terms. Give whatever titles are used by the facility staff themselves. Also note what percentage of each provider's work time is devoted to serving adolescent clients.

Name	Sex	Title	Type of Training (See codes)	Training Agency and Date	% of Time Serving Adolescents

1 = General RH
2 = Family Planning

3 = ARH/Youth Friendly Services
4 = Counseling

5 = Peer Education
6 = Life Skills and Livelihood Training

7 = ECP
8 = Management of STIs

9 = HIV/AIDS
10 = VCT

11 = Postabortion Care
12 = Other

The following questions are related to supervision, which is an important factor for improving the quality of services. Both the clinic manager/supervisor, as well as providers should be interviewed to elicit answers to these questions.

1. How often does the supervisor visit/supervise the clinic staff?

2. Is there a forum for on-going feedback from staff? If so, provide a brief description.

3. Is there a system to check progress? If so, provide a brief description.

4. What are the primary issues managers/supervisors address in relation to serving youth? Which issues require the most supervisory time?

IV. ASSESSMENT OF YOUTH-FRIENDLINESS

Ask the questions below to the clinic manager or service provider and observe clinic operations, where possible. Write brief answers in the “Answer” column. Add additional findings or recommendations in the “Comments/Recommendations” column. Please refer to the “Review of Youth-Friendly Program Characteristics,” following this data collection form, for brief descriptions of specific youth-friendly characteristics.

	Method	Answer	Comments/Recommendations
1. Location			
How far is the facility from public transportation?	E, IS, IC		
How far is the facility from places where adolescents spend their free time?	E, IS, IC		
How far is the facility from schools in the area?	E, IS, IC		
2. Facility Hours			
What time is the clinic scheduled to open?	IS, IC		
What time is the clinic scheduled to close?	IS, IC		
Does the facility have separate hours for adolescents?	IS, IC		
Is there a sign listing services and clinic working hours?	E		
What times are convenient for adolescents to seek services?	IS, IC		

R = Review clinic records
IC = Interview clients

E = Examine clinic layout and environment
O = Observe provider-client interaction

IS = Interview clinic managers and staff
P = Review clinic policies and procedures

	Method	Answer	Comments/Recommendations
3. Facility Environment			
Does the facility provide a comfortable setting for adolescent clients?	E, IC		
Does the facility have a separate space to provide services for adolescent clients?	E, IC		
Does the facility have a separate waiting room for adolescent clients?	E, IC		
Is there a counseling area that provides both visual and auditory privacy?	E, IC		
Is there an examination room that provides visual and auditory privacy?	E, IC		
Are both young men and young women welcomed and served, either for their own needs or as partners?	IS, IC, R		
4. Staff Preparedness			
Are providers trained to serve adolescent clients in RH?	IS		
Did all staff members (e.g., receptionist) receive at least an orientation about adolescent clients? What type of orientation was this and how long was it?	IS		
Do providers show respect for the adolescent client during counseling and consultations?	IS, O, IC		
Are there job aids available to help service providers in their daily work (i.e., flipchart, posters that remind them of key messages, clients rights, etc.)?	IS, O		

	Method	Answer	Comments/Recommendations
5. Services Provided			
Is counseling on sexuality, safer sex, pregnancy prevention, and STI and HIV prevention provided (including dual protection)?	IS, IC, P		
What contraceptive methods are offered (including EC)?	R, IS, IC, P		
Are condoms provided to both males & females?	IS, IC, O, P		
Are supplies (condoms, other contraceptive methods, and drugs) sufficient to meet the need?	IS, IC		
Is there sufficient equipment for the provision of RH services for young people (small size speculum, scale, sphygmomanometer, syringe, needles, etc.)?	IS, E		
Is pregnancy testing offered?	R, IS, IC, P		
Is STI testing available? What type is available?	R, IS, IC, P		
Do young people request RH services other than the ones offered? Which ones?	IS, IC		
Are referrals made for services not provided at the clinic (e.g., sexual abuse)? Please give examples.	R, IS, IC, P		
Is there a formal referral system, including tracking and follow-up, in place?	IS, IC, P		
6. Peer Education/Counseling Program			
Is a peer education/counseling program available? If so, please describe.	IS, IC, O		
How many peer educators/counselors are working with the facility?	IS		

R = Review clinic records
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P = Review clinic policies and procedures

	Method	Answer	Comments/Recommendations
6. Peer Education/Counseling (continued)			
How many hours a week do they each spend at the facility?	IS		
Is there a system for supervising and monitoring counselors? If so, what kind of system?	IS, P		
7. Educational Activities			
Are educational materials available on-site (A/V, computers, printed material)? Which ones?	IS, IC, E		
Are there educational posters displayed?	IS, IC, E		
Are there posters or brochures that describe the clients' rights?	S, IC, E		
Are there print materials available for clients to take? Describe materials and comment.	IS, IC, E		
In what languages are IEC materials available?	IS, IC, E		
Are group (or rap) discussions held? Please describe.	IS, IC, O		
Are there ways clients can access information or counseling off-site (telephone hotline, website, materials sent by mail)? Please describe.	IS, IC, E		
8. Youth Involvement			
What ways can adolescents suggest/recommend changes to make services more comfortable and responsive?	IS, IC, E, P		
Are adolescents currently involved in decision-making about how programs are delivered? How?	IS, IC, P		

	Method	Answer	Comments/Recommendations
8. Youth Involvement cont'd			
How could adolescents be more effectively involved in decision-making at the facility?	IS, IC		
What other roles can adolescents play in clinic operations or guidance?	IS, IC		
9. Supportive Policies			
Do clear written guidelines for serving adolescents exist? Please describe.	IS, P		
Do written procedures exist for protecting client confidentiality? Please describe.	IS, P		
Are records stored so that confidentiality is assured?	IS, E, P		
Are there any contraceptive methods that adolescents cannot receive? Which ones?	IS, IC, P		
Is parental or spousal consent required? Which type and under what circumstances?	IS, IC, P		
Is there a minimum age requirement for adolescents to receive services? If yes, why, and for what service?	IS, IC, P		
Are adolescent clients served without regard to their marital status?	IS, IC, P		
Are pelvic exams routinely required? For what reasons? Can they be delayed?	IS, IC, P		
Do policies or procedures exist that pose barriers to youth friendly services?	IS, IC, P		

R = Review clinic records
IC = Interview clients

E = Examine clinic layout and environment
O = Observe provider-client interaction

IS = Interview clinic managers and staff
P = Review clinic policies and procedures

	Method	Answer	Comments/Recommendations
10. Administrative Procedures			
Is the registration process private so that other waiting clients cannot overhear the conversation?	IS, IC, E, P		
Can adolescent clients be seen without an appointment?	IS, IC, P		
If appointments are required, can they be expedited for adolescent clients?	IS, IC, P		
How long would an adolescent client wait, on average, to see a provider?	IS, IC		
What is the average time allowed for client/provider interaction?	IS, IC, O, P		
11. Publicity/Recruitment			
Does publicity about the clinic identify services offered and stress confidentiality?	IS, IC, E		
Are there staff or volunteers who do outreach activities? If so, what type?	IS, IC, O		
12. Fees			
How much are adolescents charged for specific methods and services?	IS, IC, P		
Are these fees affordable by adolescents in the catchment area?	IS, IC		

REVIEW OF YOUTH-FRIENDLY PROGRAM CHARACTERISTICS

1. Location

Existing facilities cannot address this variable, but new operations can consider location as a factor when determining a service site. Young people sometimes express a desire to go out of their neighborhoods so they will not be seen by family and neighbors. At the same time, young people do not want to or cannot travel too far to reach service sites. The locations should be in a safe environment and, ideally, should be accessible by public transportation.

2. Facility Hours

Having clinics open at times when young people can conveniently attend is fundamental to effective recruitment and service provision. Such times typically include late afternoons (after school or work), evenings, and weekends. While young people who need urgent care may be willing to leave school or work for such services, those who need preventive services, but who may be unaware of their importance, are often reluctant to take time off.

3. Facility Environment

The service environment may vary with the specific target audience to be served. In general, young people prefer a setting that is comfortable, has posters or décor that relate to their tastes and interests, and does not present an overly sanitized environment. This might include service providers' wearing street clothes rather than "medical" whites, but the need for this varies from place to place.

Creating separate space and special hours for adolescents appears more important for certain clients, such as young teenagers, first-time clinic users, non-sexually active clients, and marginalized young people, who are especially suspicious of mainstream health care. A separate service can also facilitate providers' efficiency in arranging specialized youth-friendly features. Before considering such a special adjustment, a strong needs assessment among a diverse group of probable clients should be conducted.

Young people ranked privacy and confidentiality extremely high among various clinic characteristics. Privacy must be arranged for counseling sessions and examinations; young people must feel confident that their important and sensitive concerns are not overheard or retold to other persons. Adequate space is needed for privacy and to assure that counseling and examinations can take place out of sight and sound of other people. This requires separate rooms with doors, and policies that support minimal interruptions and intrusions.

Although not possible in all societies, welcoming male partners can prove beneficial, where feasible. For a young woman, the accompaniment of her boyfriend to the clinic can be an important element in the decision to seek services. This support should not be dampened by his possible feelings of discomfort. Furthermore, opportunities exist to foster shared responsibility for decision-making and contraception when young men are present, as well as to serve the RH needs of males. It may be necessary to develop clinic programs designed especially for young males that are sensitive to male values, motivations, feelings, and cultural influences, while encouraging equitable male and female relationships.

4. Staff Preparedness

Having a specialized staff that is trained to work competently and sensitively with young people is often considered the single most important condition for establishing youth-friendly services. Acquired skills must include familiarity with adolescent physiology and development, as well as appropriate medical options according to age and maturity. At least as important are interpersonal skills so that young people can be at ease and can comfortably communicate their needs and concerns. This objective is sometimes accomplished when providers are closer in age to, and/or of the same sex as, the client. The ability to communicate fluently in languages that young people speak who attend a given clinic is also important. In addition to those providing counseling and medical services to adolescents, other staff members should be positive toward these clients and oriented to young people's special concerns. Particularly important are the attitude and performance of the receptionist, who is typically the first point of contact for the young person. Refresher courses must be made available to keep staff members informed and their skills current.

While respect for young people—an essential provider characteristic—can be fostered within a training exercise, some providers bring to their job deeply entrenched biases against adolescent sexual activity or find it difficult to relate to adolescents in a respectful way. Given this reality, clinic managers should carefully consider such attitudes as they select trainees or those who will work with—or supervise staff to work with— young people.

5. Services Provided

The more health needs of young people that can be met within the facility or program, the greater assurance that adolescents will receive the care they need. Whenever it is necessary to send young people to another location for another service, there is an increased risk that they will not actually show up. While it is not always possible, attempts should be made to identify and provide the most needed RH services as “one stop shopping.” These services should include sexual and RH counseling, contraceptive counseling and prevention (including emergency contraception), STI and HIV prevention, STI diagnosis and treatment, nutritional services, sexual abuse counseling, pregnancy testing, prenatal and postpartum care, abortion services (where legal), and postabortion care.

It is desirable, but almost never possible, to provide services that meet all the needs of adolescents, including some types of specialized health care and related social services. Thus, it becomes very important in addressing the adolescent's overall needs to be able to refer to responsible agencies. Effective working arrangements should be established to ensure that adolescents receive the services they are referred to and to assure that referral sites provide appropriate youth-friendly treatment.

6. Peer Education/Counseling Program

Evidence shows that many young people prefer talking with their peers about certain sensitive issues (although they also tend to believe that health care professionals know more about the technical issues). It is productive, therefore, to have peer educators or counselors available as alternatives or supplements to some aspects of the counseling activities.

A critical element for quality peer education and counseling is effective supervision for the peers, though the amount depends on the types of activities they carry out and the extent of training they have had. In addition to overseeing their activities and needs as volunteers (or paid staff), supervisors need to provide reinforcements of efforts, perhaps including some sort of rewards or morale boosters. Care must be given to maintain attention to peers' professional needs during their tenure through refresher courses and mentoring, and not just during the training phase.

7. Educational Activities

Some young people prefer to learn about sensitive issues on their own, using written or audiovisual materials, because their discomfort level can be too great to retain information during a face-to-face session. Such learning can occur while clients are waiting to be seen, as with educational videos or computer-based health education. Some materials should be available to take home too, so that young people can refer to them later, particularly if the topics are complicated (such as symptoms of STIs).

While not all young people are comfortable in a discussion format with their peers, this type of information exchange can be very productive if facilitated by a trained person. Peer counseling/education helps adolescents to realize that their fears are not unique. It can also provide the support needed to obtain care or seek solutions to problems. Peer counseling sessions can be scheduled, provided as needed, and/or held while young people are waiting to be seen.

Given the challenge of attracting young people to fixed clinic sites, clinics can increase their reach by other means of contact with clients. For example, telephone hotlines can be operated by trained counselors from the clinic site, eliminating the need to come to the clinic for information or counseling. Counselors (peer or adult) and outreach workers (including community-based distribution agents) can go into the community to deliver services. Clinics can set up smaller branches or satellite clinics closer to where young people congregate or link services to schools. In some settings, clinics can also take advantage of increased computer accessibility by providing information via websites or interactively through online "chat rooms."

8. Youth Involvement

A fundamental principle in design of youth-friendly services is to ensure participation of young people in identifying their needs and preferences for meeting those needs. Some characteristics, such as privacy, confidentiality, and respectful treatment are nearly always top priorities. Other features, such as the separateness of the clinic from other services and the importance of peer counselors, may vary according to the overall culture or the specific norms of the target population. In addition to creating an environment more likely to meet their needs, involving adolescents in the design of the program and in continuous feedback will enhance the “ownership” of the program. This feeling of ownership will motivate young people to recruit their peers and to advise on needed adjustments. There are roles that young people can play in the clinic program such as assisting with administrative tasks, sitting on advisory boards, serving as peer counselors, and assisting with monitoring and evaluation.

9. Supportive Policies

Given that reproductive health projects for young adults are new, operational policies governing how providers should serve this group are evolving and not always clearly spelled out. This makes service decisions subjective, placing the responsibility on providers who may have varying views. Clear, detailed operational policies are likely to result in a more consistent and evenhanded provision of services. And to the extent that such protocols are actively supportive of young people’s access, there is a greater potential for recruiting and maintaining a young clientele. These policies should include clear protocols for protecting client confidentiality, including privacy in the registration process and the secure storage of client records.

When laws restrict available services by age, clinics face constraints beyond their control. However, staff should have clear legal guidelines, with operational policies detailing the full extent of services allowable under the law.

A policy that has been pioneered in some youth-friendly clinics is the possibility of delaying procedures feared by young people, especially the pelvic exam and blood tests. This fear can deter young women from going to clinics and obtaining contraception when they first need it. When it is deemed that such procedures can safely wait until a subsequent visit, such a policy might encourage early clinic visits and earlier adoption of a contraceptive method.

10. Administrative Procedures

Because adolescents are present-minded and rarely plan ahead, the possibility of receiving services without an appointment can increase adolescent access. If an adolescent is turned away and told to return at another time, or if the adolescent must wait several weeks to be seen after making an appointment, there is a significantly greater likelihood that the potential client will not show up. With young people, it helps to “seize the opportunity” when they show an interest in getting RH care.

An experimental program succeeded in serving young people by drastically cutting waiting times for appointments; they gave teens priority consideration for family planning appointments, guaranteeing an appointment within 48 hours. It is also unappealing to adolescent clients to wait a long time to be served in a clinic, particularly with an increased chance that someone will see them there. Young people may choose to not even endure the wait initially, but if they do, this situation can be a barrier to their return. This kind of experience is more than likely told to peers—prospective clients—and gives the facility a bad reputation that dissuades future clients.

Young people tend to need more time than adults to open up and reveal very personal concerns. They usually come to the clinic with considerable fear, often with a worry about being pregnant, and require strong reassurance and active encouragement to speak freely. Time is needed to bring myths (such as girls cannot get pregnant at first intercourse) to the surface, discuss them, and dispel them. When possible, clinicians and counselors should plan from the start to schedule more time with young clients than with adult clients. In addition to responding to client concerns, providers should be able to cover questions about body image and development, relationships, sex and condom negotiation, as well as to clearly explain contraceptive method options and their possible side effects and management; this discussion is crucial to the compliance and retention of the adolescent client.

11. Publicity/Recruitment

Not only must adolescents know that clinics and other service programs exist and where they are located, but they must also know what services are provided. Importantly, they must be reassured that they are welcome and will be served respectfully and confidentially. Communicating this information can often be done as part of a community relations or mobilization effort. In this effort, programs explain their services to local adolescents and other groups who can then provide support and referrals. Outreach in the community is particularly important in reaching out-of-school adolescents. Recruitment is often best handled by young people themselves, both formally (such as distributing printed information or making presentations) and informally (by word of mouth). Satisfied clients are usually the best recommendation for use of particular services.

12. Fees

Cost can be a significant barrier to the potential adolescent client. A fee schedule must be designed so that services are free or affordable. They can be established on a sliding scale, possibly including credit and flexible payment options. Some studies have shown that adolescents want to pay something for services or else they will not value what is provided.

ACTION PLAN

Improvements Needed	Action Required	Resources Needed	Person Responsible	Date Planned/Completed	Potential Obstacles

[illegible]

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal blue lines across its entire width. The lines are thin and consistent in color, set against a plain white background. There are no margins, text, or other markings present on the page.



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