# ASSESSING YOUTH-FRIENDLINESS OF HEALTH SERVICES

## A VISUALISATION TOOL


HER CHOICE

Share-Net International

Written by Winny Koster and Esther Miedema, Governance and Inclusive Development (GID), Amsterdam Institute for Social Science Research (AISSR), University of Amsterdam (UvA)

Research assistance provided by Rose Vreugdenhil and Juliana Mee

Revised from first edition (2018) written by: Pauline Börschel, Katie Hodgkinson, Esther A.J. Miedema. Developed with: Catelijne Mittendorf (THP), Henk van Zuidam (SKN), Odilia van Manen (SKN), Rutger van Oudenhoven (ICDI), Winny Koster (AISSR)

Technical input provided by: Dalit, Bangladesh; THP Benin; Maïa and AJBF, Burkina Faso; FSCE Bahir Dar, Ethiopia; THP Ghana; TAGNE, Mali; Bedari, Pakistan.

Design: Oyekan.org

Financial support provided by Share-Net International and the 'Knowledge Unit Health' of the Royal Tropical Institute (KIT)

Reference: Koster, W. and E.A.J. Miedema. 2020. Assessing youth-friendliness of health services. A visualisation tool. Amsterdam: UvA and Share-Net International.

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# 1 INTRODUCTION

*Developing 'youth-friendly' sexual and reproductive health (SRH) services is regarded as an important means to enhance young people's use of such services, and thereby addressing any sexual and reproductive health and rights (SRHR)-related concerns and questions young people may have.*

The 'youth-friendly health services' (YFHS) visualisation tool scores health services on five different dimensions, with each dimension sub-divided into five criteria, to assess whether a health centre can be considered youth friendly. The tools allows for the creation of a visual image of the total score in a spider chart. The YFHS tool can be used by organisations or departments working with health centres, or by health centres on their own for:

1. Monitoring and evaluating youth-friendliness of health centres,
2. Facilitating (multi-)stakeholder discussions with a view to improving understanding between stakeholders on (current and potential) 'youth-friendliness' of health centres, which can lead to:
3. Taking measures to improve the youth-friendliness of health centres.

The criteria for YFHS in the first edition of the tool (2018) were developed on the basis of reviews of literature, program documentation on YFHS and discussions between researchers at the University of Amsterdam and practitioners working on YFHS. The format of the tool is based on the GIRLS-QUAT tool developed by International Child Development Initiatives (ICDI).[1] The tool was revised following a study on the experience of 13 'Her Choice alliance' partner organisations who had used the 2018 YFHS tool as part of their programmes in seven different countries. This second edition of the tool thus builds on the 13 organisations' experiences and recommendations.

It is important to note at the outset that those who wish to use the tools have the creative license and authority to adapt criteria to suit their particular needs and contexts (see Section 3, Box 2).

**BOX 1: Organisations' responsibilities:**

Organisations and facilitators who use the YFHS tool are not responsible for facilitating or funding measures to improve the youth-friendliness of a health centre. In other words, while organisations that wish to support health centres in implementing changes identified during the use of the tool can do so, it is not obligatory. An example of how facilitators can be involved in the process of making health centres more youth-friendly is through creating action plans with participating health centres, and getting the commitments of stakeholders to implement the plans.

[1] ICDI (2012) "GIRLS-QUAT" Quality Assessment Tool of Services for Girls and Young Women". International Child Development Initiatives (www.icdi.nl)

# 2 HOW TO USE THE TOOL

Section 3 presents a scoring sheet with five dimensions of youth-friendly health services. Under each dimension there are five statements relating to the criteria to be scored. The scores for the statements in each dimension have to be added up and these total scores are then inserted into the visualisation tool, connecting the points on each axis of the spider chart to develop a visual image.

Section 2.1 provides suggestions on how this tool can be used in sessions with different stakeholders, and Section 2.2 gives advice to facilitators on how to prepare for and conduct the sessions.

## 2.1 Using the YFHS visualisation tool with different stakeholders

This tool can be used to assess how youth-friendly health centres are, but is also useful for discussing the development and implementation of youth-friendly policies and programs. The tool works best when it is used in conversation with multiple stakeholders, for example, managers, health staff, female and male young people, and the district health office and broader community. When conducting multi-stakeholder discussions, it is critical that all those taking part feel sufficiently safe to speak out about their views and experiences, either within the group as a whole or within sub-groups. Please note that a number of questions that can be used as a starting point for a dialogue between stakeholders are included in Section 5.

### 2.1.1 - Using the tool with health centre managers and staff

The tool can be used to structure group discussions among different staff members working in a health centre. In this case, the group discusses each of the criteria on the checklist to develop a score together. The participants in the group may agree or disagree on whether a criterion is addressed by the health centre. If managed well, this process in itself can already be eye-opening, and result in productive discussions that improve understanding between staff members and can contribute to the health centre becoming more youth-friendly. Alternatively, each staff member can score the criteria individually (each staff member having a copy of the form with the different sets of criteria). The individual scoring sheets can then be collected and the different scores can be used as a starting point for discussions.

### 2.1.2 - Using the tool with young people

The youth-friendliness of a health centre has been found to play an important role in terms of young people's accessing the health centre for SRH-related information and services. Therefore, it is strongly recommended to gather young people's views on the youth-friendliness of the health centre in their area. In this way, it is possible to assess whether health centre policies, services and programs are: a) in line with young people's needs, and b) are delivered in a way that meets their needs. There are a number of ways that this tool can be used with young people, the best approach will depend on how comfortable they are with openly and critically discussing the health centre with their peers, in mixed-gender groups, and/or health staff.

## Option 1

*Young people are a part of the discussion with health managers and staff*

If young women and men, in a mixed-gender group feel sufficiently safe to openly voice their opinions in front of health staff, then a joint session can be organised in which staff and young people together score the YFHS criteria. Staff and young people would then jointly discuss and come to an agreement regarding the scoring for each of the criteria. If this set up is used, it is crucial that the young people are given the space and freedom to contribute to the discussion, and that if they disagree with staff perspectives, that this disagreement is accepted and respected. As noted in section 3.1 below, if participants cannot reach an agreement on a score, a 'compromise' score can be given, i.e. half a point (0.5) instead of a '1' or a '0'.

## Option 2

*Young people have their own discussion, in single- or mixed-gender groups*

A second option is to share the tool with young people, in single- or mixed-gender group, and they jointly discuss each of the criteria on the checklist and agree on a score. They can then share the final scores with the facilitator (and if possible a short report on how the discussion went, for example, highlighting whether there were any areas of disagreement and if so, the reasons for these disagreements). In many contexts, it is advisable to organise separate sessions for young women and young men. Especially for young women it can be important to offer single-sex and single age discussion groups as a way to create a safe and comfortable environment to talk about SRHR-related issues.

The facilitator can compare the final scores and/or spider chart developed by groups and compare these with the scores and/or spider charts developed by staff to see where there is consensus and disagreement, and explore the differences and commonalities in scoring of criteria. The comparison of these different sets of input will be useful in itself, but if it is then possible to have a discussion between young men and women and health staff, it is likely that more useful input will be gathered that can: a) enhance the youth-friendliness of the health centre and b) may contribute to increasing understanding between the groups.

## Option 3

*Young people score individually*

A final option is that young people are given the scoring sheet and visualisation tool and that they individually complete the scoring. The individual sets of final scores (and spider charts) can then be collected and compared with each other, possibly developing an average score for each of the dimensions, and then compared with the score(s) developed by staff. Again, where possible, organising a discussion involving both young people and staff can lead to better understanding of young people's and staff opinions and experiences and how scores were arrived at.

### 2.1.3 - Using the tool with other stakeholders

Facilitators may also find it useful to go beyond health staff and young people and use the tool with other stakeholders in the wider community, such as parents or community leaders, or health officers. Several Her Choice partners reported that it was useful to involve other stakeholders in the sessions, such as community leaders and district health officers. The tool was found to generate greater awareness of the barriers young people face in accessing SRHR-related services and products. These stakeholders may act as liaisons between young people, parents and health centres, and may have necessary position and/or means to facilitate follow up actions identified during sessions to increase youth-friendliness of the health centre.

## 2.2 Conducting sessions: advice for facilitators

The following section presents some practical advice for facilitators who will conduct sessions using the YFHS tool. The 'tips and tricks' are based on the experiences of the Her Choice partners who have previously used the YFHS tool. It is advised that facilitators are well-aware of the different dimensions of YFHS and well-versed in the topics mentioned in the scoring tables (See section 3.2). The YFHS tool covers sensitive topics such as contraception, extra-marital sex, abortions and sexual health more broadly. The facilitator of YFHS discussions must be comfortable and confident to speak the issues addressed in the tool, and able to guide others as they share their opinions. As noted, the criteria can be adapted if these are believed to be inappropriate or irrelevant in a particular setting (see section 3).

### Preparation

1. Be well aware of the aims of using the tool, scoring criteria, terminology and spider chart construction so you will be able to a) clearly explain to participants how the sessions will be done, with who and why, and b) guide discussions.
2. Practice filling in and drawing the spider chart before you conduct a session with participants for the first time.
3. Translate the tool, especially the criteria statements, in local languages prior to the sessions, not during them. Doing so allows for clear understanding by facilitators and participants, and reduces the time needed for sessions.
4. Draw the empty spider chart on a flip chart paper before the session or bring a large printed copy of the chart.
5. Bring stationary: Copies of scoring sheets, flipchart paper, markers, and tape.
6. Plan sufficient time for the sessions: sessions generally last at least one-and-a-half hours, but can take more time. This time frame allows for a clear and in-depth introduction to the aims of the tools and session procedures, and allows for in-depth discussion of the scores.
7. Organise the tool sessions as part of the organisation's regular program visits to health centres and schools. Doing so reduces travel costs and session expenses.

## Conducting sessions

1. Provide a clear introduction, explaining the session aims and procedures. To motivate participants to actively take part, clarify the relevance of using the tool in relation to the local context and issues young people face in the community. For instance, a central concern in the community may relate to teenage pregnancy. Linking the tool to community concerns is likely to increase participation.

2. The tool is designed to support efforts to make health centres more youth-friendly. It is important not to present the YFHS tool as a 'negative check list', that is, to assess what a health centre has not accomplished. Doing so can discourage health staff from participating. Often, and for rural health centres especially, issues of funding or dependence on higher administrative levels can strongly affect health centres' ability to meet criteria. Therefore, it is important to encourage participants in the work they are doing and to present the tool as a supportive mechanism, rather than as a 'negative checklist'.

3. As much as possible give every participant or participant group their own scoring sheet as doing so will increase their engagement.

4. If a session has more than 20 participants, split the total group into sub-groups of 10. If multiple stakeholders are present, make sure that each sub-group includes a few of each stakeholder 'type'. Discuss the YFHS criteria, fill out the scoring sheets and make a spider chart in each sub-group (e.g. one per sub-group), and then average the scores of the groups into a total health centre score and spider chart. A potential additional activity is to have sub-groups present their scores and spider charts to one another for further discussion.

5. When logistically possible, conducting multiple sessions using the tool at the same health centre over an extended period (for example, twice a year) can help partners and participating health centres to monitor progress made. It also allows partners to identify obstacles to progress and support participants in identifying priorities.

# 3 CHECKLIST YOUTH-FRIENDLY HEALTH-SERVICES

## 3.1 Instructions

Please look carefully at the five tables below, each of which relates to a different dimension of youth-friendliness and includes five YFHS related statements or criteria. Please identify whether a particular statement does or does not apply to the health centre.

Score one (1) point when the statement applies to the health centre that is being assessed, and zero (0) points if the statement does not apply. If a straightforward answer cannot be given or it is not possible for participants to come to an agreement regarding the score give the statement half a point (0.5).

Add the total scores per dimension and insert this total score into the spider chart on the axes that correspond with the dimensions. For instance, if the total score for the dimension 'information and education' is 4, a dot is put at point 4 of the 'information and education' axis. Connect the dots on the five axes to create a visual image (see Section 5 for an example of a completed spider chart).

**BOX 2: Adaptations by organisations**

The present tool is intended to be generic, with criteria that would apply in many contexts. However, organisations can adapt the criteria to suit their particular contexts, and type of participants. These adaptations can include adapting language and terminology as well as removing or inserting criteria. For example, the criteria can be adapted to suit government standards of youth-friendly health services.

One organisation used "smart adaptations" to overcome obstacles of cultural codes on what topics could be discussed within the tool sessions. For example, in the communities in which the organisation worked, it was deemed inappropriate for unmarried women to speak of or be educated about contraception and safe sex practices. In order to educate young women about safer sexual practices whilst avoiding the cultural stigma attached to extramarital sex (especially for unmarried women), contraception and education on safer sexual relations were discussed within the framework of sexual abuse and abusive relationships. In other words, young women were educated about condoms and emergency contraception during discussions on rape or abuse, thereby indirectly allowing young women to learn about contraception and health care access.

Please note that the total number of criteria for each of the five dimensions must be the same in order for the spider chart to work. Therefore, if one criterion is added to one dimension, a criterion should also be added to each of the other four dimensions. Similarly, if one criterion is removed in one dimension, a criterion should also be removed from each of the other four dimensions. The spider chart should be also adjusted, i.e. if one criterion is removed the maximum point for each axis is 4; if one criterion is added the maximum for each axis is 6.

The paper tool can be developed into a digital tool by inserting the criteria and scoring into an Excel spreadsheet. In Benin, the THP Benin office created a digital version, allowing them to project the criteria and scoring onto a screen. Once the scores had been decided, the spider chart was created through an Excel chart option and projected for all the participant to see. [In Excel, the spider chart option may be called a 'Radar Chart.'] This method does require extra costs and equipment such as a generator and projector.

## 3.2 Scoring tables

| Dimension 1 - **Information and Education** | SCORE (0, 0.5 or 1) |
|---|---|
| 1. Comprehensive information regarding sexual and reproductive health issues (including Family Planning) is available for all youth, married and unmarried | |
| 2. Information about youth rights is publicly displayed | |
| 3. Scientifically based educational materials on sexual and reproductive health are available and accessible to young people | |
| 4. The educational materials provided are relevant to youth | |
| 5. A referral system between schools and health services is in place | |
| **TOTAL SCORE** | |

| Dimension 2 – **Treatment** | SCORE (0, 0.5 or 1) |
|---|---|
| 1. Testing services for sexually transmitted infections, HIV and pregnancy are available for young people | |
| 2. A referral system is in place for testing services the centre cannot provide and, follow up counselling and treatment are provided | |
| 3. In cases of sexual violence, treatment is provided to prevent HIV, sexually transmitted infections and pregnancy | |
| 4. Different kinds of contraceptives, including emergency contraceptives are available for all youth, married or unmarried in all circumstances (including cases of sexual violence) | |
| 5. Victims of sexual violence are referred to counselling services | |
| **TOTAL SCORE** | |

| Dimension 3 - **Facility Characteristics** | SCORE (0, 0.5 or 1) |
|---|---|
| 1. The service is free or affordable | |
| 2. Standards and guidelines are in place that guarantee safety, confidentiality and privacy of young users | |
| 3. Monitoring is done by the managers and the person in-charge of the health centre to ensure adherence to these standards by all staff | |
| 4. The health centre has positive connections with the broader community (for example, the community is knowledgeable about the services offered to young people and the health centre is accepted by local leaders) | |
| 5. At least one of the health workers for sexual and reproductive health services for young people is female | |
| **TOTAL SCORE** | |

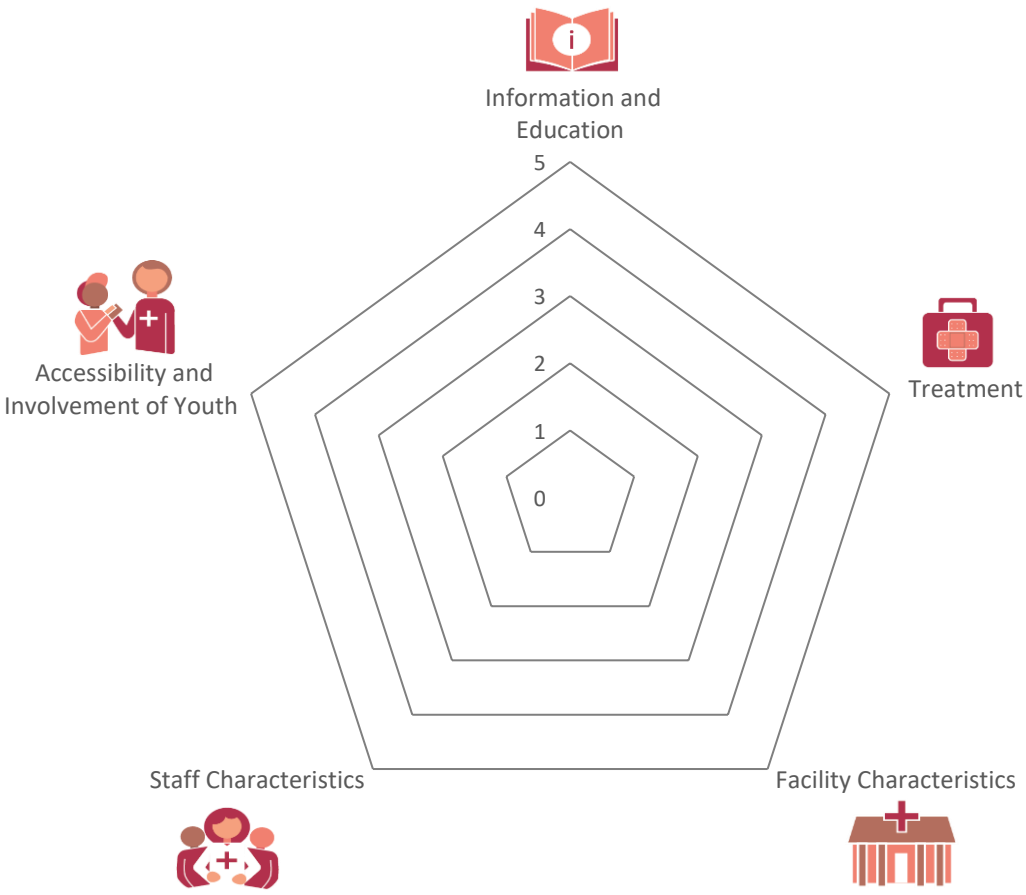
| Dimension 4 – **Staff Characteristics** | SCORE (0, 0.5 or 1) |
|---|---|
| 1. Health care staff are knowledgeable about possible harmful consequences of early marriage, including the health risks of early pregnancy | |
| 2. Health care staff are knowledgeable about the harmful consequences of female genital mutilation/cutting | |
| 3. Health care staff are knowledgeable about vulnerable and marginalized groups such as out-of-school youth, youth living with HIV or AIDS and LGBT+ individuals (Lesbian, Gay, Bisexual, Transgender and other sexual minorities ), | |
| 4. Health care staff do not discriminate against vulnerable and marginalized youth or unmarried youth in the provision of services and products | |
| 5. Health care staff are able to detect and treat injuries due to sexual violence | |
| **TOTAL SCORE** | |

| Dimension 5 – **Accessibility and Involvement of Youth** | SCORE (0, 0.5 or 1) |
|---|---|
| 1. The health workers have an open and welcoming attitude towards young people who access the services, including unmarried youth | |
| 2. The health workers do not make moral or religious judgements about young women or men's sexuality | |
| 3. The health services offered are based on the needs of young people and service providers seek youth participation in order to understand these needs | |
| 4. Youth sexual and reproductive rights are promoted | |
| 5. The consultation hours of the health center are accessible to youth (for example the health centre is open outside of school hours) | |
| **TOTAL SCORE** | |

# 4 VISUALISING SCORES IN A SPIDER CHART

Below is an empty spider chart that can be used for visualising total scores for each dimension. The chart can be enlarged and adapted to suit a reduced or increased number of criteria. Changes can be made in the excel sheet that is linked to the chart (in the Word version of the visualisation tool or this link). To access the Excel sheet: Click on the spider chart, select 'edit data', and then select 'edit data in Excel'.

**Empty spider chart for assessment of youth-friendliness of health services**



# 5 DISCUSSION QUESTIONS

The questions below can be used to start and guide discussions on the visualisation tool and the processes leading up to the final scores.

1. In your view or experience, are some dimensions or criteria in the checklist more important than others? Can you explain the reasons why?
2. Is there any important dimension or criterion that you felt the checklist missed?
3. Was there disagreement within the group on which score to give to certain criteria? What were the reasons for this disagreement?
4. On which criteria was it easy to reach a consensus? What made this easy, in your view?
5. On which criterion/criteria or dimension(s) did the health centres not score well? What were the reasons for these lower scores? What actions do you suggest are taken?
6. Based on your use of the visualisation tool, what next steps do you plan to take and who will take action to ensure these steps are taken (and when)?

Example of a completed spider chart for assessment of youth-friendliness of health services