

# Assessing Youth Friendly Health Services

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## A Visualisation Tool

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## Introduction to the youth friendly health services visualisation tool

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This tool scores different dimensions of health services to assess whether or not they can be considered youth friendly health services (YFHS), creating a visual image of the accumulated score. The tool has been developed with a number of aims in mind, including i) facilitating an evaluation of YFHS, ii) facilitating (multi-) stakeholder discussions on a particular health service with a view to improving understanding between stakeholders, which can lead to iii) facilitating the improvement of existing YFHS through multi-stakeholder engagement.

The tool has been 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 checklist aims to incorporate the aspects of YFHS that were regarded as being most important. The format of the tool is based on the Girls QUAT tool developed by International Child Development Initiatives (ICDI)<sup>1</sup>.

### How to use the tool

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Below you will find a scoring sheet with five dimensions. Under each dimension there are five statements to be scored. 1 point should be awarded if the point is true and 0 points awarded if the point is false. If it is not possible to judge the statement completely true or completely false, or if you cannot reach a consensus on the point, you can allocate 0.5. You then add up the scores for each dimension. These scores will be inserted into the visualisation tool, connecting the points to develop a visual image. The below section provides suggestions for how you can use this tool with various stakeholders.

### Suggestions for using the YFHS visualisation tool with different stakeholders

This tool can be used as a way of evaluating health centres in terms of their youth friendliness, 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, SRH centre managers and staff, young people who access the services, educators and members from the broader community. When conducting multi-stakeholder discussions, it is critical that all those taking part feel comfortable in speaking out about their views and experiences.

Please note that a number of questions that can be used as a starting point for a dialogue between stakeholders are included in this document (below the diagram).

### Using the tool with Managers and Staff

With staff who work for the health centre, the advised way of using the tool is sitting down in a group and discussing each of the points on the checklist to develop a score together. It may be that you are able to find consensus on whether you believe a point is included in the service or not, or you may find disagreements. If managed well, this process in itself can thus already be eye-opening, and result in productive discussions that improve understanding between groups and can contribute to the service's development. An alternative is to score the categories individually (by giving each staff member a form to fill in) and then collecting these and using the comparison between different scores as a starting point for discussions.

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

### Using the tool with young people

As young people are the primary users and target group of YFHS, it is strongly advised to have their input on evaluations and discussions on the program, to understand whether the service that you believe you are delivering is really what young people feel they are receiving. There are a number of ways that you could use this tool with young people; the best approach will depend on how comfortable young people are with openly and critically discussing the services with their peers or staff. The more comfortable the young people are in scoring the various elements of the service, the more honest their answers will be, and therefore the more useful the answers can be in further developing the service.

#### *Option 1 – Young people are a part of the discussion with managers and staff*

If young people are comfortable being open and critical in front of those who run the service, one option is that the discussion with managers, staff and young people can be held altogether – and therefore the scoring can be done by discussing and developing consensus (if possible) on each of the points. If this option is taken, it is crucial that 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.

#### *Option 2 – Young people have their own discussion*

A second option is that you share the tool with young people, and ask for them to sit together in a group and discuss each of the points on the checklist to develop a score together. You may want to consider separating girls and boys, and/or younger girls/boys from older girls/boys. Once completed, they can then share the final scores with you (and if possible a short report on how the discussion went – for example, if there were any points of disagreement and if so, why these arose). You can compare these scores with those developed by managers and staff to see where there is consensus and disagreement between the young people accessing the service and those providing it. This input will be useful in itself, but if it is then possible to have a discussion between young people and staff, even more will be learnt to assist in the development of the service and could result in increased 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 fill this out individually; these can then be collected and compared with each other – possibly developing an average score for each dimension – and then compared with the score(s) developed by staff. Again, input gathered this way will be even more useful when combined with discussions with young women and men, to better understand their points and opinions that lead to their scoring.

### Using the tool with other stakeholders/the wider community

You may also find it useful to go beyond those directly involved with the service (staff and young people) to use the tool with other stakeholders or the wider community, such as school teachers and (young) opinion leaders. The three options above provide examples of how this can be done.

## Checklist Youth-Friendly Health-Services

### Instructions

Please, look carefully at the five statements in the five boxes or 'dimensions' below and score 1 point when the statement is true and applies to the health-service you are assessing, and 0 points if the statement is false and does not apply. Sometimes a straightforward 'yes' or 'no' cannot be given or it is not possible to come to an agreement on the answer. When this is the case, give the statement half a point (0.5). Add the total scores per dimension and insert these into the diagram below on the main axes. Connect the points to create a visual image.

### Scoring

1 = True

0 = False

0.5 = Unsure or no agreement

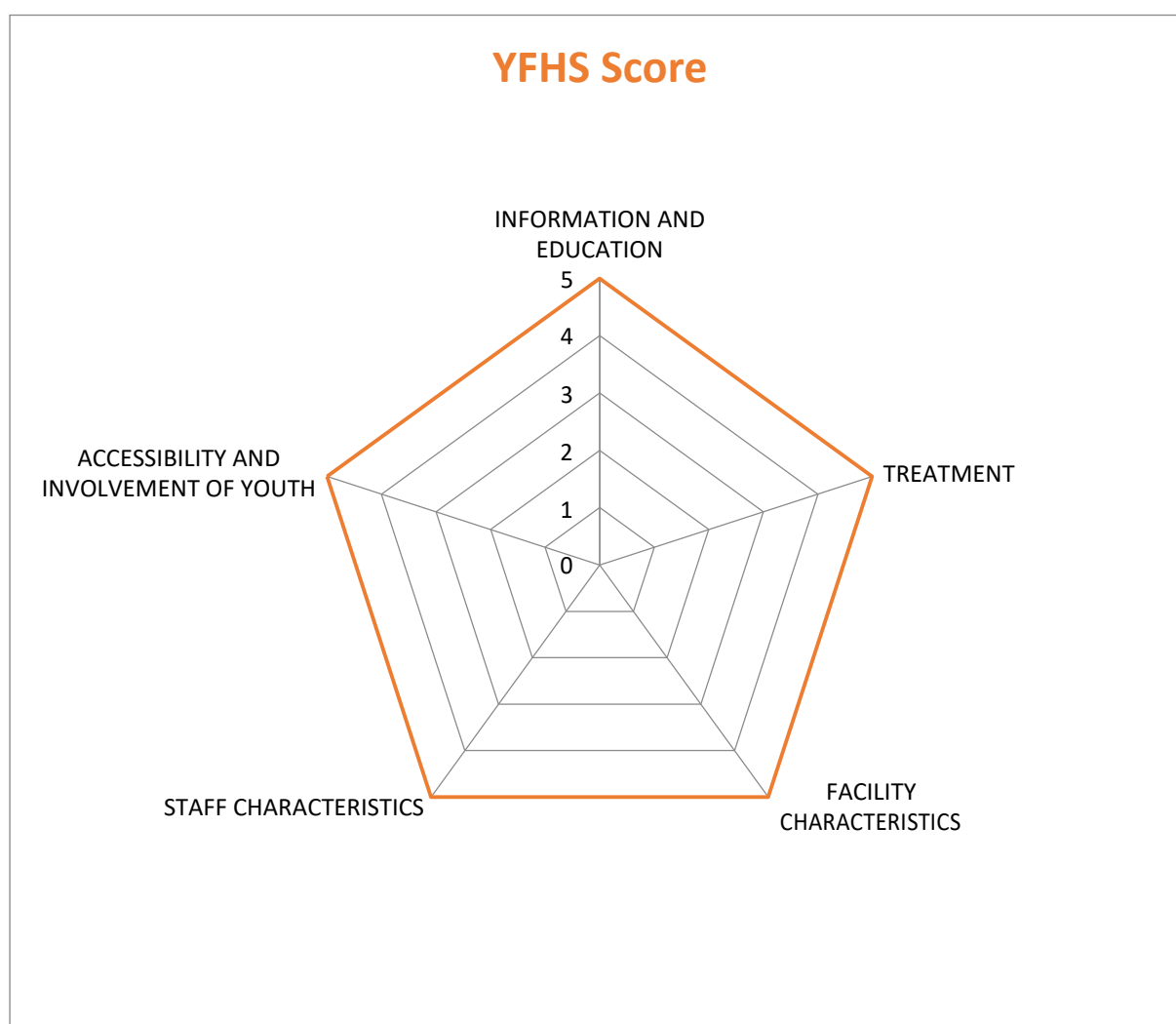
<b>INFORMATION AND EDUCATION</b>	<b>TRUE/FALSE</b>
Comprehensive information regarding SRH issues (including Family Planning) is available for all youth, married and not-married	
Information about youth rights is on public display	
Scientifically based educational materials on SRH exist and are accessible to young people	
The educational materials provided are relevant to youth	
A referral-system between schools and health-services is in place	
<b>TOTAL SCORE</b>	

<b>TREATMENT</b>	<b>TRUE/FALSE</b>
Testing services for STI, HIV and pregnancy are available for young people	
A referral system is in place for testing services the center cannot provide and if possible, follow-up counselling and treatment are provided	
In cases of sexual violence, post-exposure prophylaxis for HIV (PEP) and presumptive treatment for STIs are provided	
Different kinds of contraceptives, including emergency contraceptives are available for all youth, married or not-married in all circumstances (including cases of sexual violence)	
Victims of sexual violence are referred to counselling services	
<b>TOTAL SCORE</b>	

<b>FACILITY CHARACTERISTICS</b>	<b>TRUE/FALSE</b>
The service is free or affordable	
Standards and guidelines are in place that guarantee safety, confidentiality and privacy of young users	
Monitoring is done to ensure adherence to these standards	
The health center has positive connections with the broader community (for example, the community are knowledgeable about the services offered and the health centre is accepted by local leaders)	
At least one of the health workers of a SRH service is female	
<b>TOTAL SCORE</b>	

<b>STAFF CHARACTERISTICS</b>	<b>TRUE/FALSE</b>
Health care staff are knowledgeable about the harmful consequences of Child Marriage, including the health risks of early pregnancy	
Health care staff are knowledgeable about the harmful consequences of Female Genital Cutting	
Health care staff are knowledgeable about vulnerable and marginalized groups such as LGBT+ groups, out-of-school youth and youth with HIV/STIs	
Health care staff do not discriminate against vulnerable and marginalized youth or unmarried youth in the provision of services and product	
Health care staff are able to detect and treat injuries due to sexual violence	
<b>TOTAL SCORE</b>	

<b>ACCESSIBILITY AND INVOLVEMENT OF YOUTH</b>	<b>TRUE/FALSE</b>
The health workers have an open and welcoming attitude towards the youth who access the services, including unmarried youth	
The health workers do not make moral or religious judgements about youth's sexuality	
The health services offered are based on the needs of young people and service providers seek youth participation in order to understand these needs	
Youth SRH rights are promoted	
The consultation hours of the health center are accessible to youth (for example the health center is open out of school hours)	
<b>TOTAL SCORE</b>	



## Discussion questions

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The questions below provide guidance to develop a discussion on the visualisation tool and the process leading up to the final scores that have been inputted into the tool.

1. Were there categories that you felt were more important than others? Why?
2. Is there anything important that you felt the tool missed?
3. Where was there disagreement within the group on which score to give? What were the reasons for this disagreement?
4. Where was it easy to reach a consensus? Why was this the case?
5. On which points did the service not score well? What were the reasons for these lower scores? What improvements do you suggest should be made?
6. Based on your use of the evaluation tool, what next steps do you plan to take and who will take action to ensure these steps are taken (and when)?