



# YOUTH FRIENDLY SERVICES (YFS) RAPID ASSESSMENT

## Afya Jijini Activity

### Tool 2: Youth Friendly Services Provision in Afya Jijini Supported Health Facilities – Nairobi County

Hello. My name is \_\_\_\_\_ and these are \_\_\_\_\_  
\_\_\_\_\_(mentions names of all team members) my colleagues from Nairobi  
City County Health Sector and the USAID Afya Jijini Program.

The USAID Kenya and East Africa Afya Jijini Program is a three-year program being implemented in Nairobi City County (in all sub-counties). The project has three sub-purposes, namely: Sub-Purpose 1-Increase of Access and Uptake of HIV and TB Services; Sub-Purpose 2- Increase in Access and Uptake of Maternal and Newborn Child Health, Nutrition, WASH and Family Planning Services and; Sub-Purpose 3- Health System Strengthening with a special focus to the Nairobi Informal settlements.

Afya Jijini is also one the 10 Determined, Resilient, Empowered, AIDS-Free, Mentored and Safe Lives (DREAMS) partners who will be implementing the exciting project in Mukuru kwa Njenga Informal Settlement. The DREAMS project will target Adolescent Girls and Young Women (AGYW) 10-24 years with various interventions, including unconditional cash transfers, education subsidies, provision of biomedical services, and provision of safe spaces offering behavioral interventions and risk reduction among AGYW male sexual partners.

We are currently conducting a Youth Friendly Services provision Rapid Needs Assessment in 35 High Volume Facilities supported by Afya Jijini. The objectives of the assessment are to identify the range of Youth Friendly Services offered in the Afya Jijini-supported facilities in Nairobi City County; determine the existence of community support to Youth Friendly Services and youth involvement in the designing, implementing, monitoring and evaluating Youth Friendly interventions; ascertain health facilities' institutional and physical infrastructure preparedness in the provision of Youth Friendly Services; and identify existing gaps and feasible recommendations to boost provision of Youth Friendly Services in Nairobi City County.

Your participation in this process is VOLUNTARY, and the information you provide will be used to plan youth interventions for this program. We would like to ask you some questions. There are no right or wrong answers. Please be as honest and specific as possible so that we may best understand your perspective. We will be taking notes during the discussion. This will help us to ensure that we captured all the important information discussed. The report will include a synthesis of information we gather from all stakeholders, data and documents, but findings will not be linked to specific names. All the information you give will be used to prepare this baseline report and will be shared with USAID. The findings will also be disseminated to the relevant stakeholders.

If you have any questions about the evaluation, you are free to ask us now or contact us later. Do you have questions at this point about this discussion?

Can we start the interview now?



<b>County</b>		
<b>Sub-County</b>		
<b>Name of the Health Facility</b>		
<b>MFL Code</b>		
<b>GPS Reading</b>	<b>Longitude:</b>	<b>Latitude:</b>
<b>Health Facility Catchment Area(s) - Informal Settlement(s)</b>		
<b>Name(s) of the Interviewers</b>		
<b>Interviewee Position</b>		
<b>Interview Start Date</b>		
<b>Interview End Date</b>		
<b>Duration of the Interview</b>		
<b>Questionnaire Code</b>		

**INTERVIEW QUESTIONS**

**INTRODUCTORY QUESTIONS**

1. a) Do you offer Youth Friendly Services?  YES  NO

(If YES, proceed to b), if NO, proceed to question 2

**b) What Youth Friendly services do you offer in this health facility?** (Probe into how the services are youth-friendly; where possible, ask to observe whether the YFS provision is ongoing for at least one service.)

STI screening and treatment	<input type="checkbox"/> YES <input type="checkbox"/> NO	Provision of Information, Education and Communication materials on RH	<input type="checkbox"/> YES <input type="checkbox"/> NO
HIV Counseling and Testing	<input type="checkbox"/> YES <input type="checkbox"/> NO	Recreational Facilities (indoor and outdoor)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Post Exposure Prophylaxis	<input type="checkbox"/> YES <input type="checkbox"/> NO	Comprehensive post-rape care management	<input type="checkbox"/> YES <input type="checkbox"/> NO
Antenatal Care	<input type="checkbox"/> YES <input type="checkbox"/> NO	Capacity Building on financial literacy	<input type="checkbox"/> YES <input type="checkbox"/> NO
Postnatal Care	<input type="checkbox"/> YES <input type="checkbox"/> NO	Linkages to economic empowerment opportunities	<input type="checkbox"/> YES <input type="checkbox"/> NO
Health Education	<input type="checkbox"/> YES <input type="checkbox"/> NO	Others (Specify)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Family Planning	<input type="checkbox"/> YES <input type="checkbox"/> NO		



**2. In the last 1 month, how many youth aged 10-24 have you served with the following services?**

*(Check existing data for the past 1 month to ascertain this)*

Type of Service	# of males (10-24 years)	# of females (10-24 years)	Type of Service	# of males (10-24 years)	# of females (10-24 years)
HIV Testing and Counseling			Youth reached with integrated services during outreaches		
Post Exposure Prophylaxis			Linkages to economic empowerment opportunities		
STI Screening and Treatment			Capacity building on financial literacy		
Comprehensive Post-Rape Care Management			Others		
Family Planning					
Health Education/ Peer Education					

**3. a) For Youth Friendly Services not offered in the health facility, where do you refer the youth to access services?**

Type of Service	Where are they referred? (Indicate name of facility and location)

**b) How do you track referrals?**

Referral From	Approximate #
Through referral forms submitted	
Through referral register	
Through CHV/Mentor Mothers/Patient Escorts Monthly Reports	
Others (Specify)	





**YOUTH FRIENDLY SERVICES SUPPORT**

6. On a scale of 1-5, 5 being highest and 1 lowest, what would you say is the level of community participation in supporting Youth Friendly Services in this locality? **SCORE:**

Score	Scoring Criteria
5	The community supports Youth Friendly Services provision through in-kind contributions, participation as ASRH Champions, participation in YFS program design and planning, involvement in the demand creation for Youth Friendly Services uptake and ASRH advocacy.
4	The community supports YFS provision through in-kind contributions, participation as ASRH champions, participation in YFS program design and planning and involvement in the demand creation for YFS services uptake, but it does not participate in ASRH advocacy.
3	The community supports YFS provision through in-kind contributions, participation as ASRH Champions and participation in YFS program design and planning, but it is not involved in the demand creation for YFS services uptake or ASRH advocacy.
2	The community supports YFS services provision through in-kind contributions and participation as ASRH Champions, but it does not participate in YFS program design and planning, demand creation for YFS services uptake or ASRH advocacy.
1	The community is not engaged in supporting the provision of in-kind contributions, participation as male champions or contributing to the design and planning of YFS programs. It is also not engaged in YFS services demand creation or ASRH advocacy.

7. a) Are youth (10-24 years) involved in the planning and roll out of Youth Friendly Services?  YES  NO

Type of Involvement	How Many? (# of youth engaged)	How Often?
YFS Community Needs Assessments		<input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Yearly
Planning meetings for the youth friendly services		<input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Yearly
Participation in the roll out of Youth Friendly Services as Youth Peer Educators		<input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Yearly
Participation in the roll out of Youth Friendly Services as Mentor Mothers		<input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Yearly
Participation in the roll out of Youth Friendly Services as Young Male Champions (FP, ANC, SGBV)		<input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Yearly

b) If no, state the reasons why?



**INSTITUTIONAL AND PHYSICAL INFRASTRUCTURE PREPAREDNESS**

**8. a) Does the facility have staff trained in Youth Friendly Services?**  YES  NO

If yes, please provide us with the details below.

Name of Staff Trained	Trained By Organization & Curriculum Used	Year of Training	Current Role in the Facility	Currently Offering YFS	Availability of staff to offer YFS

**9. Does the health facility have YFS Focal Person?**  YES  NO

Please share name, designation and contacts

**10. a) Does the health facility have a physical space for the provision of Youth Friendly Services?**  YES  NO

(If no, skip to 10b)

Characteristics	Yes/No	Comments
ASRH services are provided at convenient (and separate) hours for youth clients	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Décor and surroundings are inviting to youth clients (i.e., non-medical)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Counseling and examination rooms ensure privacy for youth clients (both visual and audio privacy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Facilities are conveniently located for youth easy access	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Education materials are displayed and available to youth clients to take away	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Peer youth education outreach programme available	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Youth involved in decision making on youth friendly services provision	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Community informed on the benefits and availability of youth friendly services	<input type="checkbox"/> Yes <input type="checkbox"/> No	



**b) If not, does the health facility have existing space that would be available on specific days/hours per week for provision of Youth Friendly Services?**  YES  NO  
If yes, indicate day and time when this is possible.

**11. Does the health facility have the following functional equipment to enable delivery of Youth Friendly Services?**

Television Set	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEC Materials Display Stand	<input type="checkbox"/> Yes <input type="checkbox"/> No
DVD Player	<input type="checkbox"/> Yes <input type="checkbox"/> No	ASRH IEC Materials	<input type="checkbox"/> Yes <input type="checkbox"/> No
Computer with educational programs	<input type="checkbox"/> Yes <input type="checkbox"/> No	Indoor Games	<input type="checkbox"/> Yes <input type="checkbox"/> No
Educational DVDs	<input type="checkbox"/> Yes <input type="checkbox"/> No	Wheel Challenge	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comfortable seats	<input type="checkbox"/> Yes <input type="checkbox"/> No	Suggestion Box (lockable)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Condom Dispenser (Male and/or Female)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:	

**YOUTH FRIENDLY SERVICES REPORTING**

**12. Which tools are you currently using to report Youth Friendly Services delivery?**

a)
b)
c)
d)
e)

**13. What are the existing gaps in the provision of Youth Friendly Services in this health facility?**

a. Inadequate knowledge among youth on availability of Youth Friendly Services and where to access them	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Inadequate provider competencies on YFS provision	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Facility based inadequacies:	
I. inadequacy of convenient operating hours,	<input type="checkbox"/> Yes <input type="checkbox"/> No
II. inadequate welcoming and clean environment and maintains privacy and confidentiality,	<input type="checkbox"/> Yes <input type="checkbox"/> No
III. inadequate appropriate and relevant equipment, medicines, supplies and;	<input type="checkbox"/> Yes <input type="checkbox"/> No
IV. technology for provision of youth friendly services	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. YFS Reporting:	
I. Shortage of reporting tools;	<input type="checkbox"/> Yes <input type="checkbox"/> No
II. Inadequate capacity on data analysis and utilization to improve service utilization and quality of care.	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Inadequate service providers support to participate in YFS continuous quality improvement	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Challenges in YFS data in the DHIS2 system	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Other:	



**14. What are the recommendations in resolving the gaps in the provision of Youth Friendly Services highlighted above?**

Challenge	Recommendation(s)
Inadequate knowledge among youth on availability of Youth Friendly Services and where to access them	
Inadequate provider competencies on YFS provision	
<b>Facility based inadequacies:</b>	
I. Inadequacy of convenient operating hours;	
II. Inadequate welcoming and clean environment;	
III. Maintains privacy and confidentiality;	
IV. Inadequate appropriate and relevant equipment, medicines, supplies and;	
V. Inadequate technology for provision of youth friendly services	
<b>YFS Reporting:</b>	
I. Shortage of reporting tools and;	
II. Inadequate capacity on data analysis and data usage to improve service utilization and quality of care.	
Inadequate service providers support to participate in YFS continuous quality improvement	
Challenges in YFS data in the DHIS2 system	

**15. Do you have any additional thoughts you would like to share?**

**Thank you for participating in the Afya Jijini YFS service provision status determination rapid assessment. Your participation will help Afya Jijini team get a clearer picture of youth friendly services provision in this county and how best to address these in planning and implementation.**