**KIKOP Facility-Based Youth Friendly Services Checklist Manual**

**Background**

Young people often have needs that are different from the general population and therefore require services tailored to meet those needs. Youth Friendly Services (YFS) is therefore the term that has been given to programs that specifically cater to the needs of young people. These programs are implemented with the goal of protecting and improving the health and well-being of young people in areas such as sexual and reproductive health, mental health, and physical health – including drug and substance abuse, nutrition and diet, medical self-care, rest and sleep, harm reduction, wellness promotion, and gender-based violence/domestic violence (Ministry of Health, 2016). According to the 2019 census conducted by the Kenya National Bureau of Statistics, youth below the age of 35 make up 75.1% of the country’s population: with 69.8% of these young people living in rural areas. In addition, majority of the country’s young people under the age of 15 live in rural areas (Gitogo, 2020). Health services have traditionally been offered in a general manner; however, the country recognizes that investing in the health of its young people is a key intervention in promoting economic and development progress. There is thus a national guideline that mandates the availability, accessibility, acceptability, and quality of reproductive health services that adolescents and youths should receive. This guideline provides a framework of the essential services young people should receive, the infrastructure and commodities necessary for optimal service provision, training requirements for providers, and monitoring and evaluation procedures (Ministry of Health, 2016).

Given that most young people live in rural areas and make up the bulk of the population in this country, it is paramount that their health service needs are given priority. Teen pregnancy is also a major challenge, especially within Kisii County where one hospital recorded 841 teen pregnancies over a 12-month time period (Abuga, 2019). Since YFS requires a multi-disciplinary approach, Kisii Konya Oroiboro Project (KIKOP) has already began piloting a school-based adolescent program to empower the young people in the communities we serve to develop decision-making skills that will enable them to resist impulsive behavior; especially as it relates to their sexual health. The knowledge they garner in the school program is expected to increase use of the youth-targeted health services provided at a healthy facility level. The purpose of this study was thus to garner inputs from the Ministry of Health, health facility staff, parents, adolescents, community leadership and other NGOs working in adolescent health in Kisii County, in an effort to establish locally adapted standards for YFS provision. This process involved two phases, first doing a landscape analysis of existing YFS policies in Kenya and designed by reputable organizations such as the World Health Organization, and second, design and implement a qualitative research study to obtain the perspectives of various stakeholders and beneficiaries. The output of the project is creation of three YFS evaluation tools: the YFS Health Facility Evaluation Checklist, YFS Patient Observation Quality Improvement Verification Checklist (QIVC) and the YFS Patient Satisfaction Survey. These tools combined can be used to evaluate a health facility’s provision of and ability to provide YFS.

**Baseline Research**

Qualitative research was conducted in order to determine what the community desires in a YFS program. Learning questions that address each of the research study objectives were developed and tailored to the knowledge level and expertise of the key informants. Comprehensive feedback was then gathered from the selected informants through the use of focus group discussions (FGD) and key informant interviews (KII). The selected informants were the: Kisii County Reproductive Health Coordinator, Kisii County Child and Adolescent Health Focal Person, Kitutu-Chache South Sub-County Reproductive Health Coordinator, Kitutu-Chache South Sub-County Medical Officer of Health, Matongo and Iranda Health Center Staff, Matongo and Iranda Clan Elders, Matongo and Iranda CHV’s, Matongo and Iranda Community Youth, Bogeka Primary School Adolescent Health Program (Uwezeshaji Vijana program (UV)) Steering Committee, Iranda DOK (Diocese of Kenya) Primary School Adolescent Health Program Steering Committee and a representative from Daraja Vision. KIIs were conducted with County personnel while the rest of the informants were interviewed in groups. The Clan Elder, CHV and community youth focus groups each had 6 participants that were selected using random sampling of the 22 villages in Matongo and 32 villages in Iranda respectively. Three Health Facility Staff participants were selected by the nurse in-charge for both Matongo and Iranda, while the seven Steering Committee focus group participants interviewed were selected previously during the creation of the UV program. Written consent was obtained from participants prior to discussion initiation with permission to select their preferred language provided. Interviews were conducted in either English, Kiswahili, or Kisii in accordance with the preferred language of the participants. Each interview was conducted by two KIKOP staff, one serving as the facilitator and the other a notetaker. With participant consent, interviews were also recorded to allow for thorough analysis through translation and transcription. Full transcription of all sessions was completed and obtained information organized and coded in matrix form to allow for extraction of desired community interventions that were used for the creation of YFS evaluation tools.

**Table 1**

 *Informant Type, Number Interviewed, Format, and Sampling Method Used for YFS Research Data Collection*

|  |  |  |  |
| --- | --- | --- | --- |
| **Informant Type** | **Number interviewed** | **Format** | **Sampling** |
| Kisii County Reproductive Health Coordinator  | 1 | KII | Purposive |
| Kisii County Child and Adolescent Health Focal Person  | 1 | KII | Purposive |
| Kitutu-Chache South Sub-County Reproductive Health Coordinator | 1 | KII | Purposive |
| Kitutu-Chache South Sub-County Medical Officer of Health | 1 | KII | Purposive |
| Matongo Health Center Staff  | 3 | FGD | Purposive |
| Iranda Health Center Staff  | 3 | FGD | Purposive |
| Matongo Clan Elders | 6 | FGD | Random |
| Iranda Clan Elders  | 6 | FGD | Random |
| Matongo CHV’s  | 6 | FGD | Random |
| Iranda CHV’s | 6 | FGD | Random |
| Matongo Community Youth | 6 | FGD | Random |
| Iranda Community Youth  | 6 | FGD | Random |
| Bogeka Primary School Adolescent Health Program Steering Committee | 7 | FGD | Purposive |
| Iranda DOK Adolescent Health Program Steering Committee | 7 | FGD | Purposive |
| Daraja Vision Representative  | 1 | KII | Purposive |

**Tool Descriptions and Recommended Assessment and Scoring Processes**

The three assessment tools should be utilized for all YFS programs carried out at all KIKOP partner facilities. Ideally, a KIKOP administrative staff member or an individual that doesn’t work at the health facility should be responsible for completing the assessments, in partnership with the facility in charge, which should take no longer than 5 hours (this is an approximation, a more accurate time frame will be obtained once tools have been piloted in facilities being served) for an individual facility. Prior to initiating the assessment process, it is paramount that KIKOP ensures that facility staff and management are aware of the expected criteria for providing comprehensive Youth Friendly Services. This includes provision of the assessment tools and the evaluation manual. The assumption here being that facility management and staff have received comprehensive training specific to YFS that is in line with national guidelines.

For the initial assessment, the KIKOP administrative staff member tasked with conducting the assessment should contact the facility in-charge and notify them of their plan to evaluate the YFS and request for a good day to schedule an assessment planning meeting. On this day, the KIKOP staff will explain to the in-charge the reason for assessment and the types of assessment to be conducted. They will then both sit down together and create an assessment schedule with a step-by-step breakdown of when each activity will occur, who is responsible or who will be involved. This will be followed by scheduling a day to conduct the assessment and answering any additional questions the in-charge may have. For subsequent assessments after the first one, it is not necessary for the KIKOP staff to schedule the assessment planning meeting. Instead, the facility in-charge should be notified, 3 days prior to the time frame, with a plan to evaluate document or phone call that provides the assessment schedule and a certain time frame that they should expect assessment. This will give the in-charge an awareness that he/she should be expecting evaluation, but not necessarily the specific day or time. Conducting this on a non-prepped day allows for collection of data that is more accurately reflective of the real conditions of the health facility and the providers. Upon receipt of the plan to evaluate, the in-charge must respond confirming that the time frame provided is acceptable as well as confirm the presence of participants and request any adjustments if needed. Keep in mind that the time and day scheduled for evaluation should be a day that staff involved in YFS provision will be present.

On the day of the assessment, the evaluator needs to report at the scheduled time to the health facility’s in-charge’s office. Morning debriefing will then be done for updates, any unexpected changes, and a run through of the assessment schedule. This is then followed by completion of the health facility and provider evaluations, followed by collection of the completed patient surveys. The evaluator must be accompanied by the health facility in-charge during completion of the health facility evaluation. No later than two weeks following the assessment activity, copies of the completed assessment and scoring tools, accompanied with a detailed narrative report should be sent to the facility in-charge. This detailed narrative report should explain the findings and recommendations in detail; including praise for activities the facility is performing exceptionally well. Freedom is given to the evaluator to utilize their desired formatting of the narrative report as long as all areas evaluated are covered, the meaning of scores is provided, and details of any disciplinary measures are explained.

YFS Health Facility Evaluation Checklist

 The YFS Health Facility Evaluation checklist (Appendix D) is a tool meant to be used for the evaluation of YFS at implementing KIKOP partner facilities to determine if the facility meets the standards required for comprehensive YFS provision. The checklist was developed using the 2016 National Guidelines for the Provision of Adolescent and Youth Friendly Services in Kenya[[1]](#footnote-1) and supplemented by informant preferences and input. This assessment should be conducted on a semi-annual basis.

The YFS Health Facility Evaluation checklist is broken down into four evaluation sections:

1.) Pre-Program – These are activities that should have taken place prior to program implementation. Emphasis is placed on thorough planning – including a monitoring and evaluation plan – and community and youth involvement in program design.

2.) Implementation – This section lists all activities that should take place in the daily operations of the program. This includes availability of supplies, compliance with policies and standards and the types of services available.

3.) YFS Room Characteristics – National Guidelines mandate that any facility providing YFS must have a space within the facility that is solely dedicated to YFS provision. This section thus lists the requirements for this room.

4.) Provider Characteristics – Here-in are listed the requirements for provider training and behavior when interacting with service recipients.

Each section contains evaluation questions on the first column that can be answered with either yes, partial, or no in the second, third, and fourth columns. A designation of yes indicates that the health facility meets 100% of the criteria expressed in the evaluating statement, partial means the facility meets some but not all of the criteria expressed in the evaluating statement, while no indicates that the facility meets none of the criteria expressed in the evaluating statement. These are followed by a fifth column allocated for comments or recommendations. There are blank spaces at the foot of each section for users to add any additional questions as they see fit and a section for general comments and observations that is followed by a scoring section at the end of the tool. On the last two pages of the evaluation tool is a list of additional information for questions that may need additional details. For example, a question asking about supplies will have a superscript at the end of the question with a list of the specific supplies provided at the end of the document.

Completion of the health facility evaluation tool entails:

1. Observation of the area or room designated for Youth Friendly Service provision.
2. Observation of the equipment and supplies sourced specifically for YFS.
3. Review of the patient scheduling book to ascertain if patients are seen on a scheduled or walk-in basis.
4. Observation of operational activities such as wait times, services provided, customer service quality, and compliance with protocol and national guidelines.
5. Observation of how patient information is obtained, recorded, and stored.
6. Review of IEC materials to evaluate their relevance, literacy levels and whether or not they provide accommodations for youth with special needs.
7. Observation of staff performance including reviewing the staff files to ascertain that performance evaluations are conducted annually.
8. Discussion with the facility in-charge regarding community involvement, community outreach, and provider qualifications. These discussions should include provision of evidence that confirms what in-charge is reporting.

Note: The steps 1-8 are numbered here for organization, they do not have to be completed in this order, as long as every activity is done, and the evaluation tool is thoroughly completed.

Scoring of the health facility evaluation checklist entails counting the number of questions answered yes, the number of questions answered no, and the number of questions answered partial and writing this in the designated slots on the bottom of the document. The number of questions answered Yes = 1 point, the number of questions answered Partial = ½ point and the number of questions answered No = 0 point. Getting a percent score then entails multiplying the number of questions answered yes by 1, the number of questions answered partial by ½ , and the number of questions answered no by 0. This is followed by obtaining a sum of these values, dividing it by the total number of questions and then multiplying this value by 100. The health facility evaluation document, without addition of any questions in the extra slots provided, contains a total of 56 questions. Please be keen to ensure that you do not use this total number of questions if you added any new questions. If you have added new questions, change the total number in order to get an accurate score. Additionally, be sure to round up percent score to a whole number. Below is an example of how to score the health facility evaluation checklist.

|  |  |  |
| --- | --- | --- |
| **Step 1****How many YES** \_\_\_\_\_50\_\_\_\_**How many PARTIAL**\_\_\_\_5\_\_\_**How many NO** \_\_\_\_\_\_\_1\_\_\_\_**Total number of questions** \_\_\_56\_\_\_\_**Score** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Step 2****Yes = 1** \* 50 = 50**Partial = ½** \* 5 = 2.5**No = 0** \* 1 = 0**Step 3**50+2.5+0 = 52.5  | **Step 4**$\frac{52.5}{56}$ \* 100 = 93.75%**Step 5** 93.75 = 94%  |

A score ranging from 91 to 100 percent indicates that the facility is doing exceptionally well in providing YFS that meet patient’s needs and are in line with National Guidelines. A facility with this score should be encouraged to maintain the quality of their services. A score ranging from 81 to 90 percent indicates that the facility is operating on average efficiency, thus indicating that though the facility is not doing gravely, there is room for improvement. Feedback for this facility should be focused on the areas the facility should focus their improvement measures on. Lastly, a score that is 80 percent or less indicates that there are many gaps in service provision within the facility that need to be urgently addressed. This facility should be placed under close monitoring until the next evaluation period. Extensive detail should be provided on areas that need to be rectified. Focus should also be placed on identifying the reason the facility is doing so poorly and seeking ways to address these issues.

YFS Patient Evaluation Quality Improvement Verification Checklist (QIVC)

 The purpose of the Patient Evaluation QIVC tool (Appendix A) is to assess provider performance in patient care delivery. This tool is used to identify service delivery areas that the provider is doing well in as well as areas the provider needs to improve. Apart from assisting to identify provider strengths and weaknesses, this tool also helps program identify systemic service provision gaps that should be addressed. If multiple providers are not performing certain tasks, this provides evidence for areas the program needs to provide additional trainings. This assessment should be completed on a quarterly basis.

The YFS Patient Evaluation Quality Improvement Verification Checklist (QIVC) is broken down into four evaluation sections:

1. Check-In – These are the activities that should take place upon a patient’s arrival at the clinic. The main focus here is in friendly and welcoming customer service.
2. Pre-Assessment – Prior to beginning the health visit, it is important for the provider to create rapport with the patient. This ensures that the patient feels comfortable and will be more likely to divulge information that is necessary for optimal service provision. In this section, the provider is evaluated on the capability to provide welcoming, culturally respectful care; care that is considerate of the special needs of young people.
3. Patient Assessment – In this section are listed all the necessary actions that a provider must perform in order to identify the patient’s problem and provide necessary solutions. Emphasis is placed on maintaining privacy and confidentiality, providing sufficient time for the visit, and communicating in a manner that is thorough and easy for the patient to understand.
4. Post-Assessment – Lastly, this section evaluates the providers ability to close the visit in a manner that will encourage the patient to return for follow-up visits and keep referral appointments.

This tool is organized in tabular form with the first column containing questions that can be answered with either yes, no or not applicable (n/a) in the following columns. A designation of Yes indicates that the provider meets 100 percent of the criteria expressed in the statement, No means the provider does not meet the criteria expressed in the statement, while N/A indicates that the statement is not applicable to the visit being observed. It is important to note that a No designation includes instances where the provider meets some, but not all of what the evaluating statement expresses. Although the documentation of N/A’s may seem arbitrary, it is important because it indicates what questions may not apply to the process and can therefore be edited in future versions of the document. These are followed by a comments and recommendations section where the evaluator can provide any additional feedback for the provider. The bottom of the document contains a tallying section where the evaluator must document the number of questions whose response was yes or no. This is followed by a tab for provision of the total number of questions; excluding those whose response was n/a. The QIVC tools is signed by both the supervisor and provider.

Unlike the health facility observation tool, the YFS Patient Evaluation Quality Improvement Verification Checklist does not require facility in-charge accompaniment. The role of the in-charge is only to introduce the KIKOP staff to the receptionists and the providers conducting YFS that day and explaining to them what the assessment entails. The evaluator will be stationed by the reception and enter the observation room with the selected patient. The evaluator will then evaluate each provider, ensuring that verbal consent from each patient is obtained prior to observing their visit. The assessment then begins as providers continue with their duties and the evaluator completes the QIVC tool which entails:

1. Observation of the patient check-in process including the quality of customer service, forms provided to patient, and length of time patient waits to be seen by the provider.
2. Observation of the provider-patient introduction interaction; paying keen attention to how well the provider establish rapport with the patient.
3. Observation of the provider’s clinical practices especially focusing on counseling and education skills, medical examination and medication administration skills, maintenance of privacy and confidentiality and documentation.
4. Observation of provider post-visit activities with special emphasis placed on ensuring patient complies with referrals.

Scoring of this tool involves counting the number of yes’s, counting the number of no’s, counting the total number of N/A’s and writing them in the designated slots at the bottom of the tool. This is followed by obtaining the total number of questions that were answered with yes or no, this is your total number of questions that will be used as the denominator for calculating the percent score. Obtaining of the percent score can now be done by dividing the number of questions answered yes by the total number of questions and multiplying that by 100. Be sure to round percent score to a whole number. Please see an example below.

How many YES \_\_\_\_36\_\_\_\_\_ How many NO \_\_\_2\_\_\_\_\_How many N/A\_\_3\_\_\_\_\_

Total number of questions\_\_\_\_\_38\_\_\_\_\_Percent Score\_\_\_\_95%\_\_\_\_\_\_

$\frac{36}{38}$\*100 = 95%

 A score between 91 and 100 percent indicates that the provider is doing exceptionally well in providing care that is quality, respectful, confidential and in accordance with client needs. A score between 81 and 90 percent indicates that the provider is doing averagely well, but there is great room for improvement. Lastly, a score below 80 percent indicates that the provider is providing care that is sub-par and should thus be placed on close monitoring for the entire quarter following the assessment. If the provider does not register an improved score in the next assessment, the provider should undergo additional training and be placed under disciplinary action.

YFS Patient Satisfaction Survey

Provision of quality services is not only dependent on health facility status and provider acumen, but it is also dependent on patient needs. It is therefore paramount that patient feedback is obtained as a way to obtain user data on the quality of services, gaps, and opportunities for improvement. The feedback obtained from this tool allows for improvement in provider procedures and attitude so that patients are treated with courtesy and respect and provided with high-quality, accessible health care. The YFS Patient Satisfaction Survey (Appendix B) contains three columns. The first columns contains a list of statements that can be answered with a yes or no in the following two columns. These are followed by a general comments and recommendations section that asks users, “what is one thing we can do to make your visits better?” The feedback obtained from this tool allows for improvement in treating patients with courtesy and respect and improvement in provision of quality, accessible health care.

This assessment should be collected and evaluated on a quarterly basis and measures should be in place to have every patient complete it after their visit and place the form in a secret box that is not opened until evaluation day. This box should only be accessed by KIKOP administrative staff and placed in a location (i.e. the waiting area) that is easily accessible for patients receiving the services. Ensure that this box is not one that providers/health facility staff can easily tamper with. The staff providing YFS are responsible for keeping an eye on this box, so it is not meddled with. Completion of these surveys is primarily the responsibility of the front-desk staff who must make sure they give each adolescent patient the survey during the check-in process. For patients with limited literacy, front-desk staff should read the questions to the patient and mark the verbalized response on the form. They must also ensure that the patient drops the survey in the box after completing their visit. In the absence of front-desk staff, the providers are responsible for ensuring that every patient completes the survey and places it in the designated box. Patients who do not wish to complete the form should be instructed to drop the blank form into the box.

On the evaluation day, the evaluator should open the box that contains the submitted Patient Evaluation Satisfaction Surveys. These should be counted, and number of forms compared with the number of patients who have been seen for YFS in the past quarter. Both the number of forms and number of patient’s seen should be written down for reference during the survey data analysis process. If the discrepancy is greater than 70%, receptionist staff should be consulted to provide some possible causative factors. The KIKOP staff should then report back to the in-charge’s office to complete tool scoring. The first step in scoring the YFS Patient Satisfaction Survey is to sort the completed surveys according to provider name. Once sorting is done, begin with one provider’s pile and go through every survey statement, writing down the number and gender of participants that responded yes and the number and gender of those that responded no (see Appendix C). This is followed by obtaining a sum of the number of yes and no responses which represents the total number of participants that answered the question. Next, a percentage of yes votes is obtained by dividing the number of respondents who answered yes by the total number of respondents and multiplying by 100. This method is also used to obtain the percentage of no votes. The example below assumes that 26 respondents, seen by a single provider, completed the survey. For the first statement, “Reception staff were friendly and welcoming”, 20 patients answered yes, and 6 patients answered no. This can also be stated as 77% of patients responded yes, while 23% of patients responded no. This should be done for each survey question in order to obtain a clear proportion of patients that chose each response option. In general, a statement in which at least 80% of participants respond yes indicates that the facility is doing well in this area. Any response lower than this indicates that the facility needs to put in effort to improve their customer service provision behaviors.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Survey Question Number**  | **Response Option**  | **Gender** | **Number of Responses**  | **Percentage of Respondents**  |
| **Male** | **Female** |
|  | **Yes** | 13 | 7 | 20 | $^{20}/\_{26 }$\* 100 = 77% |
| **No**  | 3 | 3 | 6 | 6/26 \* 100 = 23% |
| **Total**  | 13 | 10 | 26 |  |

 It is important to note that the last question in this tool is an open-ended question that does not fit the yes/no scoring criteria. For this question, the evaluator should read through all responses and group them according to themes, being careful to indicate the number of participant feedback utilized for each theme. The evaluator should then identify the comments and recommendations that are repetitively provided by participants and provide a summary report. While scoring both the yes/no and open-ended questions, it is important to pay keen attention to external factors that may influence participant response. For example, if more young men are answering yes for a question that majority of young women are answering no, then it would be prudent to identify the reason and address it. Overall, the goal for this tool is to identify trends in patient perception of the services they are receiving and determine ways of improving gap areas.

**Reference Resources**

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**Appendices**

**Appendix A**

**KIKOP Youth Friendly Services Patient Evaluation**

**Quality Improvement and Verification Checklist (QIVC)**

**Name of Health Facility:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Evaluation:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name and Position of Person Being Supervised:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name and Position of Supervisor:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** |  | **YES** | **NO** | **N/A** |
| **Check-In**  |  |  |  |
| 1. | Patient registration/check-in process is private so that others can’t overhear the client’s information  |  |  |  |
| 2.  | After registration/check-in, patient is given handout that describes the hours of service and full range of services available  |  |  |  |
| 3.  | After registration/check-in, patient is given handout that describes their rights as a patient  |  |  |  |
| 4.  | Receptionist/provider kindly directs patient to waiting area  |  |  |  |
| 5. | Patient does not wait to be seen by the provider for longer than 30 minutes |  |  |  |
| **Pre-Assessment**  |  |  |  |
| 6. | The provider kindly greets and welcomes the young person  |  |  |  |
| 7. | The provider introduces himself/herself by name and role  |  |  |  |
| 8. | The provider wears badge with name and qualifications clearly visible  |  |  |  |
| 9. | The provider asks patient his/her full name  |  |  |  |
| 10. | The provider asks patient what name they would like to be addressed with  |  |  |  |
| 11. | The provider establishes rapport and make patient feel comfortable by asking about important aspects of their life such as their family, Friends, and hobbies  |  |  |  |
| **Patient Assessment**  |  |  |  |
| 12. | The provider allows patient to thoroughly explain what brings them in today  |  |  |  |
| 13. | The provider repeats concerns back to patient and allows for verification if needed  |  |  |  |
| 14. | The provider uses language that is simple and easy to understand  |  |  |  |
| 15. | Provider washes hands with soap and water prior to patient examination  |  |  |  |
| 16. | If needed, provider uses gloves for patient examination  |  |  |  |
| 17. | Care is given in a manner that is friendly, respectful, non-judgmental, non-discriminatory, and encouraging |  |  |  |
| 18. | The provider maintains privacy and confidentiality  |  |  |  |
| 19. | The provider dedicates adequate time for education, evaluation, counseling and treatment |  |  |  |
| 20. | The provider spends a minimum of 20 minutes with the patient  |  |  |  |
| 21. | The provider provides a step by step explanation of the counseling/assessment/medication administration process  |  |  |  |
| 22. | The provider uses visual aids (i.e. flipcharts, posters, etc.) to more clearly convey educational messages  |  |  |  |
| 23. | The provider ensures teen is psychologically prepared before performing any procedure (including administering blood tests, pelvic exams, contraception insertion, medications, etc.) |  |  |  |
| 24. | The provider conducts assessment and counseling in a gentle manner |  |  |  |
| 25. | The provider seeks patient feedback throughout assessment; providing reassurance and ensuring that patient is comfortable |  |  |  |
| 26. | The provider maintains a positive attitude  |  |  |  |
| 27. | The provider gives patient information, education, and communication (IEC) materials specific to their current need  |  |  |  |
| 28. | The provider completes and documents a thorough past medical history for new patients  |  |  |  |
| 29. |  The provider completes a thorough history of present illness (HPI) for returning patients |  |  |  |
| 30. | The provider updates the medical history for returning patients  |  |  |  |
| 31. | Provider stores medical records in an area that is private and confidential  |  |  |  |
| 32. | The provider provides care that is in accordance with YFS guidelines |  |  |  |
| 33. | Free condoms are offered to both male and female patients  |  |  |  |
| 34. | The provider gives patient general sexual reproductive health (SRH) counseling |  |  |  |
| 35. | The provider maintains an open, easy to relate to manner when discussing SRH  |  |  |  |
| 36. | The provider providers patient referral if necessary  |  |  |  |
| **Post-Assessment**  |  |  |  |
| 37. | The provider asks patient if they have any additional concerns or questions |  |  |  |
| 38. | The provider answers additional questions patiently and thoroughly |  |  |  |
| 39. | The provider gives patient follow-up appointment and encourages continuity of care |  |  |  |
| 40. | The provider gives patient reminder card that contains date and time of next visit  |  |  |  |
| 41. | The provider directs patient on where to obtain additional services (i.e. pharmacy)  |  |  |  |
| **Comments and Recommendations:**  |

**How many YES \_\_\_\_ How many NO \_\_\_\_ Total number of questions \_\_\_\_ Score \_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of supervisor Signature of person supervised**

**Appendix B**

**KIKOP Youth Friendly Services Patient Satisfaction Survey**

We enjoy offering health services that meet your needs. Therefore, we would love to hear from you about your experience with us today. Your answers to these questions will help us identify areas we are doing well in and areas that we need to improve on. This survey should take no longer than 10 minutes and your responses are 100% anonymous. Your feedback is greatly appreciated!

**Name of Health Facility:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Evaluation:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Provider’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Visit:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No**  |
| Reception staff were friendly and welcoming  |  |  |
| The check-in process was fast, thorough, and private  |  |  |
| I was given patient handout that describes the hours of service, full range of services available, and my rights as a patient  |  |  |
| The waiting area was comfortable  |  |  |
| I waited no longer than 30 minutes to be seen by the provider  |  |  |
| The provider was friendly, welcoming and respectful  |  |  |
| The provider made me feel comfortable to share intimate details about my health  |  |  |
| The visit was carried out in a manner that ensured my privacy and confidentiality were maintained  |  |  |
| The provider was attentive to my specific concerns  |  |  |
| The provider was knowledgeable about my concerns  |  |  |
| The provider provided counseling, evaluation, and treatment in a professional manner |  |  |
| I was allowed to ask questions  |  |  |
| My questions were answered patiently and thoroughly  |  |  |
| The counseling and information provided was easy to understand  |  |  |
| The YFS room was easy to find  |  |  |
| The YFS examination room was clean and welcoming  |  |  |
| The provider spent a minimum of 20 minutes with me  |  |  |
| I was offered free condoms  |  |  |
| I was not charged for any services I received today  |  |  |
| I was given a follow-up appointment and encouraged to keep it  |  |  |
| My follow-up appointment is on a time and day that is convenient for me  |  |  |
| If applicable: I was given direction on where to go for additional services/referrals (i.e. pharmacy)  |  |  |
| Overall, I am satisfied with the quality of services I received |  |  |
| I would recommend this facility’s YFS services to a friend  |  |  |
| **General Comments and Recommendations****What is one thing we can do to make your visits better?**  |

**Appendix C**

**KIKOP Youth Friendly Services Patient Satisfaction Survey Scoring Tool**

**Provider Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Survey Question Number**  | **Response Option**  | **Gender** | **Number of Responses**  | **Percentage of Respondents**  |
| **Male** | **Female** |
|  | **Yes** |  |  |  |  |
| **No**  |  |  |  |  |
| **Total**  |  |  |  |  |
|  | **Yes** |  |  |  |  |
| **No**  |  |  |  |  |
| **Total**  |  |  |  |  |
|  | **Yes** |  |  |  |  |
| **No**  |  |  |  |  |
| **Total**  |  |  |  |  |
|  | **Yes** |  |  |  |  |
| **No**  |  |  |  |  |
| **Total**  |  |  |  |  |
|  | **Yes** |  |  |  |  |
| **No**  |  |  |  |  |
| **Total**  |  |  |  |  |
|  | **Yes** |  |  |  |  |
| **No**  |  |  |  |  |
| **Total**  |  |  |  |  |
|  | **Yes** |  |  |  |  |
| **No**  |  |  |  |  |
| **Total**  |  |  |  |  |
|  | **Yes** |  |  |  |  |
| **No**  |  |  |  |  |
| **Total**  |  |  |  |  |
|  | **Yes** |  |  |  |  |
| **No** |  |  |  |  |
| **Total** |  |  |  |  |
|  | **Yes** |  |  |  |  |
| **No**  |  |  |  |  |
| **Total**  |  |  |  |  |
|  | **Yes** |  |  |  |  |
| **No**  |  |  |  |  |
| **Total**  |  |  |  |  |
|  | **Yes** |  |  |  |  |
| **No**  |  |  |  |  |
| **Total**  |  |  |  |  |
|  | **Yes** |  |  |  |  |
| **No**  |  |  |  |  |
| **Total**  |  |  |  |  |
|  | **Yes** |  |  |  |  |
| **No**  |  |  |  |  |
| **Total**  |  |  |  |  |
|  | **Yes** |  |  |  |  |
| **No**  |  |  |  |  |
| **Total**  |  |  |  |  |
|  | **Yes** |  |  |  |  |
| **No**  |  |  |  |  |
| **Total**  |  |  |  |  |
|  | **Yes** |  |  |  |  |
| **No**  |  |  |  |  |
| **Total**  |  |  |  |  |
|  | **Yes** |  |  |  |  |
| **No**  |  |  |  |  |
| **Total**  |  |  |  |  |
|  | **Yes** |  |  |  |  |
| **No**  |  |  |  |  |
| **Total**  |  |  |  |  |
|  | **Yes** |  |  |  |  |
| **No**  |  |  |  |  |
| **Total**  |  |  |  |  |
|  | **Yes** |  |  |  |  |
| **No**  |  |  |  |  |
| **Total**  |  |  |  |  |
|  | **Yes** |  |  |  |  |
| **No**  |  |  |  |  |
| **Total**  |  |  |  |  |
|  | **Yes** |  |  |  |  |
| **No**  |  |  |  |  |
| **Total**  |  |  |  |  |
|  | **Yes** |  |  |  |  |
| **No** |  |  |  |  |
| **Total** |  |  |  |  |

**Question 25**

|  |  |  |  |
| --- | --- | --- | --- |
| **Key Themes** | **Male Participants** | **Female Participants** | **Total Number of Participants** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Appendix D**

**KIKOP Youth Friendly Services Health Facility Evaluation Checklist**

**Name of Health Facility:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Evaluation:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Evaluator (s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following checklist provides an easy-to-use and straight-forward means to determine if a health facility meets the standards of comprehensive Youth Friendly Service (YFS) provision.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **Partial** | **No** | **Comments** |
| **YFS Program Characteristics**  |
| **Pre-Program** |  |  |  |  |
| Was a needs assessment conducted prior to beginning the program1?  |  |  |  |  |
| Was community’s input sought prior to program initiation?  |  |  |  |  |
| Were the needs assessment results shared with the community?  |  |  |  |  |
| Was a monitoring and evaluation plan created prior to program initiation?  |  |  |  |  |
| Did community gatekeepers (i.e. CHVs, Clan Elders, and Chief’s/Sub-chief’s) receive training on how to engage young people prior to beginning mobilization and sensitization activities?  |  |  |  |  |
| Were youth involved in program design?  |  |  |  |  |
| Were parents and community members involved in program design?  |  |  |  |  |
|  |  |  |  |  |
| **Implementation**  |  |  |  |  |
| Does the program have adequate supplies, medications and equipment to provide YFS2?  |  |  |  |  |
| Are commodities needed for YFS sourced separately from facility commodities?  |  |  |  |  |
| Are all services provided free? |  |  |  |  |
| Are YFS services available during hours convenient for teens (after school, weekends and holidays)? |  |  |  |  |
| Are youth seen on a walk-in basis for initial visit?  |  |  |  |  |
| Are youth given appointments for subsequent visits?  |  |  |  |  |
| Are services provided in a timely manner (short waiting times)? |  |  |  |  |
| Can consenting youth receive sexual reproductive health (SRH) services without parental consent?  |  |  |  |  |
| Does program provide accommodations for youth with special needs3?  |  |  |  |  |
| Are the YFS and SRH services provided comprehensive and in line with national guidelines4? |  |  |  |  |
| Does program collaborate with other community stakeholders (i.e. schools, churches) to promote YFS and provide referrals?  |  |  |  |  |
| Does program liaise with other facility services in a manner that allows for quick service provision for teens who are referred?  |  |  |  |  |
| Does program conduct events (i.e. mobile clinics, outreaches) and provide resources (i.e. fliers and brochures) to increase YFS awareness?  |  |  |  |  |
| Are test results kept private and only shared with the patient and the direct provider?  |  |  |  |  |
| Does program provide post abortion care or follow appropriate referral protocol5? |  |  |  |  |
| Does program provide post rape care (including GBV) or follow appropriate referral protocol6?  |  |  |  |  |
| Is protocol followed when reporting rape cases to police/government officials? |  |  |  |  |
| Is patient registration, record storage and retrieval private and confidential?  |  |  |  |  |
| Is there a confidential means for youth to submit their concerns (i.e. suggestion box/secret box/voice box)?  |  |  |  |  |
| Is the facility easily accessible to teens7? |  |  |  |  |
| Does program provide motivating factors to attract youth8?  |  |  |  |  |
| Are all youth within age range of service provision welcome, regardless of marital status9?  |  |  |  |  |
| Are education materials easy to understand, eye-catching, in a familiar language, and responsive to participants with special needs? |  |  |  |  |
| Are condoms available and provided to teens for free?  |  |  |  |  |
| Do counseling services account for adolescent and youth literacy differences?  |  |  |  |  |
| Is maternal and parenting care, education and support provided to pregnant youth and their partners? (Including parenting education, income generating activities, family planning, PMTCT, and encouraging them to go back and finish school if they haven’t.) |  |  |  |  |
| Is program signage present and easily visible with full range of services, their cost and how to access them listed?  |  |  |  |  |
| Are YFS implementation policy and standards put in a location that is accessible to everyone? |  |  |  |  |
| Is the patient bill of rights placed in a location that is accessible to everyone?  |  |  |  |  |
| Is an after-hours emergency contact posted in a location that is accessible to everyone?  |  |  |  |  |
| Does program have access to prompt ambulance services for emergencies?  |  |  |  |  |
| Does program collaborate with other implementing partners in the area10?  |  |  |  |  |
| Is community outreach conducted on a quarterly basis?  |  |  |  |  |
|  |  |  |  |  |
| **YFS Room**  |  |  |  |  |
| Is there a space within the facility that is dedicated specifically to YFS?  |  |  |  |  |
| Is the YFS space located in a discrete area? (Away from high traffic areas) |  |  |  |  |
| Is there a meeting space for group sessions and at least one counseling and examination room? |  |  |  |  |
| Does the counseling and examination room/s allow for privacy and confidentiality? |  |  |  |  |
| Are one on one sessions held in a room that is isolated and allows for maximum privacy? (maybe music around or noise cancelling apparatus) |  |  |  |  |
| Is the YFS area clean and welcoming? |  |  |  |  |
| Is the YFS room equipped with everything necessary for optimal program running11?  |  |  |  |  |
| Is there signage within the facility that directs teens to the location of YFS provision? |  |  |  |  |
| Is YFS space located in an area that is easily accessible by youth who have disabilities?  |  |  |  |  |
|  |  |  |  |  |
| **Provider Characteristics** |  |  |  |  |
| Have providers received comprehensive training specific to YFS that is in line with national guidelines12? |  |  |  |  |
| Are providers implementing program from varied career backgrounds? (ideal to have nurses, counselors, and social workers?) |  |  |  |  |
| Is there a male and female provider present at all times? |  |  |  |  |
| Does lead provider participate in the county Reproductive Health Technical Working Group?  |  |  |  |  |
| Does lead provider encourage fostering good relationships and teamwork between staff? (necessary for continuity of care)  |  |  |  |  |
| Is staff performance evaluation conducted annually?  |  |  |  |  |
|  Are YFS staff solely dedicated to program activities? (not involved in service provision in other areas of the facility)? |  |  |  |  |
| **General Comments and Observations** |
|  |

1. A needs assessment is conducted to evaluate current conditions, gaps, and desired interventions. In the case of YFS, a needs assessment would be done with the community to determine the extent of services being offered, their effectiveness, and the desired interventions.
2. Supplies medications and equipment needed for provision of comprehensive YFS include: sexual transmitted infection management, mental disorder medications, pregnancy testing kits, contraceptives, HIV testing kits, condoms, post-abortion care kits, sanitary pads, antiretroviral drugs (ARV’s), post-rape care kits, cervical cancer screening kits, HPV vaccine (only for 10 year old’s), Post-exposure prophylaxis (PeP), gloves, speculums, gowns, hand sanitizer, etc.
3. Youth with special needs include young married couples, young mothers, youth living with HIV and youth living with disabilities (i.e. blind, deaf).
4. Services provided by a comprehensive YFS program include: management of teenage and unwanted pregnancies, antenatal and postnatal care, STI screening and treatment, TB screening and treatment, Urinary tract infection testing and treatment, HIV screening and treatment, sexual reproductive health education and contraceptive counselling and provision, menstrual health management, anemia screening cervical cancer screening and vaccination, breast cancer screening, male circumcision services, mental health education and management, drug and substance abuse education and management (harm reduction), behavioral health promotion – including promotion of health seeking behaviors, nutrition counseling and screening post-abortion care, sexual and gender-based violence management (including post-rape care), guidance and counseling (including career counseling), social support, and referrals as needed.
5. Because abortions are illegal in Kenya, youth often perform abortions under unsafe conditions, thus placing them at high risk of contracting infection and even loosing their lives. In light of this, facilities that provide YFS must have the capability to provide post-abortion care services that are adequate, non-judgmental, and in-line with the international and national post abortion care guidelines. [WHO Medical Management of Abortion](https://www.who.int/reproductivehealth/publications/medical-management-abortion/en/)  [National Post-Abortion Curriculum for Service Providers](https://www.postabortioncare.org/sites/pac/files/MOHKen_National_Curriculum_Service_Providers.pdf)
6. Management of a young person who has experienced rape involves medical, legal and psychosocial management. Medical management is the number one intervention that should take precedence over the others. This involves obtaining consent for care, obtaining a full medical history and conducting a head to toe medical examination, obtaining samples for legal follow-up, and providing treatment and prophylaxis. Counseling is then conducted as a means to manage the psychosocial impact of the incidence. Ideally, counseling should occur on an on-going basis following the incidence and should include referral to mental health professionals. Lastly, the individual must report the incident to local police for legal management of the assaulter.

[National Guidelines for Management of Sexual Violence in Kenya](https://www.law.berkeley.edu/wp-content/uploads/2015/10/Kenya_Natl-Guidelines-on-Mgmt-of-Sexual-Violence_3rd-Edition_2014.pdf)

1. A facility that is easily accessible must be strategically located near venues that teens frequent like churches or schools. It must also be located near good road facilities that allow for easy access.
2. Motivating factors include: Program paraphernalia, transport money, notebooks, pens, food, etc.
3. Age range of service provision is age 10-25.
4. Implementing partners are any organizations in the same County as KIKOP that are providing services that target youth ages 10-25. Current potential implementing partners include the Kisii Ministry of Health (MOH), NASCOP (National Aids and STI Control Program, Dawoye, Magi Limited, Red Cross, and Daraja Vision
5. YFS room characteristics: Partitioned well, clean and well organized, away from other rooms for visual and auditory privacy, private rooms for one-on-one counseling, evaluation, and treatment sessions, good quality furniture (table, desk, seats), stationary, refreshments and snacks, public address system, television, radio, recreational equipment (balls, toys, balloons, pool table, board games, etc.), educational posters (i.e. male and female reproductive system, adolescent social and physical development), newsletters, Wi-Fi, computers, movies, suggestion box, thermally neutral, well lit, soap and clean water, clean and accessible toilet and shower facilities, mirror, and ample space for conducting group activities.
6. YFS providers should receive training prior to program implementation and refresher trainings at least annually These trainings should include the following topics (some stipulated by national guidelines) – Comprehensive Youth Friendly Services, youth growth and development, adolescent contraceptive use attitude transformation, how youth think, relationship building with youth, respectful and confidential care, trust and rapport building, guidance and counseling, how to conduct interactive group education sessions and KIKOP’s YFS program policy. [National Guidelines for Provision of Adolescence and Youth Friendly Services in Kenya](https://faces.ucsf.edu/sites/g/files/tkssra4711/f/YouthGuidelines2016.pdf)
1. Republic of Kenya. Ministry of Health. (2016). *National Guidelines for Provision of Adolescent and youth Friendly Services in Kenya* (2nd Edition). <https://faces.ucsf.edu/sites/g/files/tkssra4711/f/YouthGuidelines2016.pdf> [↑](#footnote-ref-1)