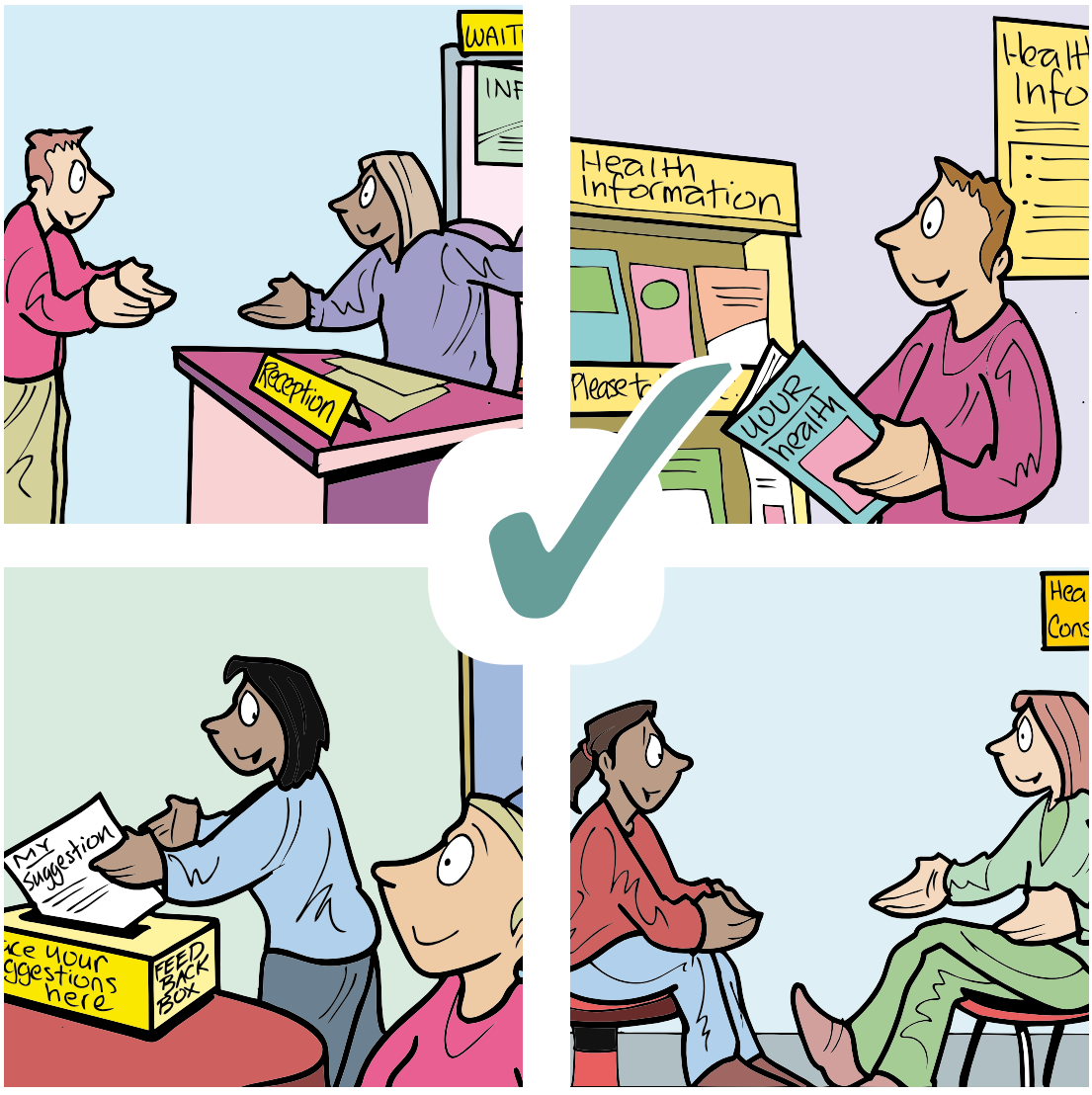
Quality Assessment

GUIDEBOOK

A guide to assessing health services
for adolescent clients



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Quality Assessment Guidebook

A guide to assessing health services for adolescent clients

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Several current and former staff members from WHO's Department of Child and Adolescent Health and Development contributed to the creation of this guidebook. They include (in alphabetical order) Paul Bloem, Krishna Bose, Susanne Carai, Jane Ferguson, Mathew Hodge and Varja Lipovsek. Venkatraman Chandra-Mouli oversaw development from the conceptual stage to the finished product.

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Abbreviated terms

AFHS	adolescent-friendly health services
HIV	human immunodeficiency virus
RTI	respiratory tract infection
STI	sexually transmitted infection
WHO	World Health Organization

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1 Introduction

Over the past few decades and throughout the world, the landscape of adolescent health has been altered dramatically. Currently, the total population of adolescents between the ages of 10 and 19 years is 1.2 billion – the largest generation of young people in history. The vast majority of adolescents (85%) live in developing countries where, in many areas, they make up more than a third of the population. They face a variety of different experiences given the diverse political, economic, social and cultural realities within their communities. Although, for many, adolescence is a period of learning and building confidence in a nurturing environment, for others it is a period of heightened risk and complex challenges.

Because more adolescents currently are reaching puberty earlier and marrying later, they face a longer period of sexual maturity before marriage and thus are more susceptible to a wider variety of reproductive health problems. Sexual activity during adolescence (within or outside marriage) puts adolescents at risk of sexual and reproductive health problems. These include early pregnancy (intended or otherwise), unsafe abortion, sexually transmitted infections including HIV, and sexual coercion and violence.[1] For many of these sexually active adolescents, reproductive health services, such as provision of contraception and treatment for sexually transmitted infections, either are not available or are provided in a way that makes adolescents feel unwelcome and embarrassed. As a result, adolescents are more likely to rely on resources outside the formal health-service provision system, such as home remedies, traditional methods of contraception, clandestine abortion or medicines from shops or traditional health practitioners. To address these issues, a number of initiatives have been developed and implemented that have made it easier for adolescents to obtain the good-quality health services that they need, in other words to make health services "adolescent-friendly".

To be considered adolescent-friendly, services should have the following characteristics.

EQUITABLE: All adolescents, not just certain groups, are able to obtain the health services they need.

ACCESSIBLE: Adolescents are able to obtain the services that are provided.

ACCEPTABLE: Health services are provided in ways that meet the expectations of adolescent clients.

APPROPRIATE: The health services that adolescents need are provided.

EFFECTIVE: The right health services are provided in the right way and make a positive contribution to the health of adolescents.

Below is a detailed list of adolescent-friendly characteristics that could contribute to making health facilities and other points of health service delivery more adolescent-friendly. They are organized according to the five broad dimensions of quality listed above. This list was created from a longer list of characteristics developed at the WHO Global Consultation in 2001[2] and in subsequent discussions. It has been further revised based on the outcomes of a systematic review of the published evidence in 2006.[3]

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1 World Health Organization, Reproductive Health and Research and Child and Adolescent Health and Development departments. *Policy brief 4 – Implementing the reproductive health strategy*. Geneva, World Health Organization, 2006.

2 World Health Organization, Department of Child and Adolescent Health and Development. *Global consultation on adolescent friendly health services: a consensus statement, Geneva, 7–9 March 2001* (WHO/FCH/CAH/02.18). Geneva, World Health Organization, 2002.

3 Ross D, Dick B, Ferguson J, eds. *Preventing HIV in young people: a systematic review of the evidence from developing countries*. World Health Organization and Inter Agency Task Team on HIV and young people, 2006.

ADOLESCENT-FRIENDLY CHARACTERISTICS	
EQUITABLE: All adolescents, not just certain groups, are able to obtain the health services they need	
Characteristic	**Definition**
Policies and procedures are in place that do not restrict the provision of health services on any terms.	No policies or procedures restrict the provision of health services to adolescents on the basis of age, sex, social status, cultural background, ethnic origin, disability or any other area of difference.
Health-care providers treat all adolescent clients with equal care and respect, regardless of status.	Health-care providers administer the same level of care and consideration to all adolescents regardless of age, sex, social status, cultural background, ethnic origin, disability or any other reason.
Support staff treat all adolescent clients with equal care and respect, regardless of status.	Support staff administer the same level of care and consideration to all adolescents regardless of age, sex, social status, cultural background, ethnic origin, disability or any other reason.
ACCESSIBLE: Adolescents are able to obtain the health services that are provided	
Characteristic	**Definition**
Policies and procedures are in place that ensure that health services are either free or affordable to adolescents.	All adolescents are able to receive health services free of charge or are able to afford any charges that might be in place.
The point of health service delivery has convenient hours of operation.	Health services are available to all adolescents during convenient times of the day.
Adolescents are well-informed about the range of available reproductive health services and how to obtain them.	Adolescents are aware of what health services are being provided, where they are provided and how to obtain them.
Community members understand the benefits that adolescents will gain by obtaining the health services they need, and support their provision.	Community members (including parents) are well-informed about how the provision of health services could help adolescents. They support the provision of these services as well as their use by adolescents.
Some health services and health-related commodities are provided to adolescents in the community by selected community members, outreach workers and adolescents themselves.	Efforts are under way to provide health services close to where adolescents are. Depending on the situation, outreach workers, selected community members (e.g. sports coaches) and adolescents themselves may be involved in this.
ACCEPTABLE: Health services are provided in ways that meet the expectations of adolescent clients	
Characteristic	**Definition**
Policies and procedures are in place that guarantee client confidentiality.	Policies and procedures are in place that maintain adolescents' confidentiality at all times (except where staff are obliged by legal requirements to report incidents such as sexual assaults, road traffic accidents or gunshot wounds, to the relevant authorities). Policies and procedures address: – registration – information on the identity of the adolescent and the presenting issue are gathered in confidence; – consultation – confidentiality is maintained throughout the visit of the adolescent to the point of health service delivery (i.e. before, during and after a consultation); – record-keeping – case-records are kept in a secure place, accessible only to authorized personnel; – disclosure of information – staff do not disclose any information given to or received from an adolescent to third parties such as family members, school teachers or employers, without the adolescent's consent.

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Characteristic	Definition
The point of health service delivery ensures privacy.	The point of health service delivery is located in a place that ensures the privacy of adolescent users. It has a layout that is designed to ensure privacy throughout an adolescent's visit. This includes the point of entry, the reception area, the waiting area, the examination area and the patient-record storage area.
Health-care providers are non-judgmental, considerate, and easy to relate to.	Health-care providers do not criticize their adolescent patients even if they do not approve of the patients' words and actions. They are considerate to their patients and reach out to them in a friendly manner.
The point of health service delivery ensures consultations occur in a short waiting time, with or without an appointment, and (where necessary) swift referral.	Adolescents are able to consult with health-care providers at short notice, whether or not they have a formal appointment. If their medical condition is such that they need to be referred elsewhere, the referral appointment also takes place within a short time frame.
The point of health service delivery has an appealing and clean environment.	A point of health service delivery that is welcoming, attractive and clean.
The point of health service delivery provides information and education through a variety of channels.	Information that is relevant to the health of adolescents is available in different formats (e.g. posters, booklets and leaflets). Materials are presented in a familiar language, easy to understand and eye-catching.
Adolescents are actively involved in designing, assessing and providing health services.	Adolescents are given the opportunity to share their experiences in obtaining health services and to express their needs and preferences. They are involved in certain appropriate aspects of health-service provision.
APPROPRIATE: The health services that adolescents need are provided	
Characteristic	**Definition**
The required package of health care is provided to fulfil the needs of all adolescents either at the point of health service delivery or through referral linkages.	The health needs and problems of all adolescents are addressed by the health services provided at the point of health service delivery or through referral linkages. The services provided meet the special needs of marginalized groups of adolescents and those of the majority.
EFFECTIVE: The right health services are provided in the right way and make a positive contribution to the health of adolescents	
Characteristic	**Definition**
Health-care providers have the required competencies to work with adolescents and to provide them with the required health services.	Health-care providers have the required knowledge and skills to work with adolescents and to provide them with the required health services.
Health-care providers use evidence-based protocols and guidelines to provide health services.	Health service provision is based on protocols and guidelines that are technically sound and of proven usefulness. Ideally, they should be adapted to the requirements of the local situation and approved by the relevant authorities.
Health-care providers are able to dedicate sufficient time to work effectively with their adolescent clients.	Health-care providers are able to dedicate sufficient time to work effectively with their adolescent clients.
The point of health service delivery has the required equipment, supplies, and basic services necessary to deliver the required health services.	Each point of health service delivery has the necessary equipment, supplies, including medicines, and basic services (e.g. water and sanitation) needed to deliver the health services.

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Purpose of the Quality Assessment Guidebook

This guidebook is designed to assist national and district health managers, as well as managers and staff at health facilities[4], to assess the quality of their services for adolescents and young people in relation to the list of adolescent-friendly characteristics. This assessment will help managers and staff identify where their services and systems are already "adolescent-friendly" and will suggest where and how improvements can be made.

4 The term "point of health service delivery" is used in the characteristics, however from here on the term "health facility" will be used. The same methods and tools could be used in assessing the provision of health services and commodities (e.g. in pharmacies, clinics set up in places of work and education etc.).

How to use the Quality Assessment Guidebook

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a. Pre-planning for the assessment

A number of decisions must be made before an assessment of the adolescent-friendliness of health services can be conducted. To help you get started, below is a list of questions you should consider before you start planning the assessment:

1) What is the scope of your assessment?

a. How many health facilities will be assessed?

b. What is the size of the health facility?
   i. How many health-care providers are employed at the facility?
   ii. Is there an outreach component?
   iii. What types of health services does the health facility offer?
   iv. Will all the types of health services be assessed or only those relating to reproductive health?

c. Will all the adolescent-friendly health characteristics be assessed or is the focus to be on assessing a subset or a particular domain (e.g. looking at the characteristics that deal with health-care providers)?

2) Have national quality standards been developed by the Ministry of Health?

If so, the assessment should be based on characteristics of adolescent-friendly health services that are most closely aligned with the established standards. As an example, one of the standards agreed upon by the Ministry of Health in Tanzania is that "service providers in all delivery points have the required knowledge, skills and positive attitudes to provide sexual and reproductive health services to adolescents effectively and in a friendly manner". This standard could be aligned with the following characteristics.

a. Characteristic 11: Health-care providers are non-judgmental, considerate, and easy to relate to.

b. Characteristic 17: Health-care providers have the required competencies to work with adolescents and to provide them with the required health services.

c. Characteristic 18: Health-care providers use evidence-based protocols and guidelines to provide health services.

The assessment then could serve as a mechanism for tracking how standards are reached. If some standards cannot be linked to one of the 20 characteristics of adolescent-friendly health services, additional questions and/or observation items should be framed.

3) What time and resources are available?

a. How many days can you and your team work on the assessment?

b. Do you need extra funds to help you carry out this assessment?

c. Are adolescents able to be involved in this assessment?

d. Are community members (e.g. parents) able to be involved in this assessment?

These questions are important because they greatly influence the type of data you will collect and the preparations that you must make to plan and strategize your assessment.

Example of pre-planning for the assessment

In the (fictional) rural district of Boyumangu, there are five health facilities and one hospital. Although the district health manager would like to assess these facilities on all of the characteristics of adolescent-friendly health services, she knows that she does not have a great deal of time and money. Instead, she decides to assess a subset of the list of characteristics and concentrate only on assessing the health-care providers of the health facilities and hospital that provide reproductive health services. With this in mind, she selects the following list of adolescent-friendly characteristics.

- Health-care providers treat all adolescent clients with equal care and respect, regardless of status.
- Health-care providers are non-judgmental, considerate and easy to relate to.
- Health-care providers have the required competencies to work with adolescents.
- Health-care providers use evidence-based protocols and guidelines to provide health services.
- Health-care providers are able to dedicate sufficient time to work effectively with their adolescent clients.

From this list, she knows that she must collect data from adolescent clients and the health-care providers from each of the health centres. She also wants to observe the interactions of a small sample of health-care providers and their adolescent clients. She decides that planning, collecting and analysing the data for this assessment will take approximately two to three weeks. From this initial appraisal, she can start to assemble her team and set up a meeting to plan the assessment.

b. Planning for the assessment

The assessment team:

Depending on the scope of your assessment and the time and resources you have available, your first activity is to identify your assessment team. Ideally, the assessment team should consist of a member of the district health management team, health facility manager(s), adolescents and respected members of the community (e.g. parents of youth, teachers and community leaders). The member of the district health management team could be a team leader and coordinate the implementation of the assessment.

Certain personal characteristics and qualities are important when collecting information from others. In selecting people to be included in the assessment team, you should choose those who have some of the necessary skills and/or experience, summarized in the following box:

Useful qualities of assessment team members

- Good listening abilities: patient and willing to listen and learn from people.
- Good communication abilities; able to manage a discussion; knowledgeable in local languages, where necessary.
- Culturally sensitive: aware and respectful of local customs, norms and beliefs.
- Knowledgeable about issues related to sexual and reproductive health and comfortable talking about them.
- Experience in working with young people.
- Respectful and non-judgmental attitudes towards young people.
- Experience of working with young people and community members

Preparing the team:

Once the team has been selected, all members should be briefed fully about the concept of adolescent-friendly health services and given an overview of the assessment before it begins. The best way to do this is to hold a meeting during which the team can discuss the following:

- the meaning of "adolescent-friendly" health services
- the list of adolescent-friendly service characteristics
- an overview of the Adolescent-Friendly Health Services Quality Assessment Guidebook
- the aims and overview of the data collection process
- the workplan, which should be developed during the meeting
- the roles and responsibilities of team members.

Developing a workplan for the assessment:

It is essential to develop a workplan for the assessment process to ensure that all steps are taken and to identify all the resources needed to carry out the assessment. Ideally, the whole assessment team should be involved in developing the workplan. This means that everyone should have a clear and common understanding of the assessment and their roles and responsibilities. The plan should be completed before the beginning of data collection, although it can and should be modified where necessary, as it is very common to encounter unexpected changes that can affect the workplan.

The following page contains an example of a workplan. Notice that it includes a list of the necessary activities, the desired outputs of each activity, the persons responsible and the resources needed to accomplish the activity.

Example of a workplan for assessment

Activity	What is the expected output of this activity?	Who is responsible for this activity?	Who else will be involved?	What resources will be needed (e.g. transport, materials, money)?	Where will this activity take place?	What are the start and end dates of this task?		✓
						Start	End	
1. Form team	Team	District health manager	District health team and selected health facility managers	None	District centre	6 March	8 March	
2. Meet with team to introduce process and select sites	Five to six health facilities identified	District health manager	All team members	None	District health meeting room	10 March	10 March	
3. Prepare briefing workshop	Logistical and other preparations for workshop completed	District health manager	None	Copies of the Adolescent-Friendly Health Services Quality Assessment Guidebook, flipchart paper, marker pens, notepads, pens	District centre	13 March	14 March	
4. Hold workshop to brief team	Team members understand process and roles; workplan developed	District health manager	All team members	Refreshments	District health meeting room	15 March	15 March	
5. Data collection meeting	Logistical and other preparations planned for collecting data	Team members		Refreshments	District centre	16 March	16 March	
6. Pretest data collection instruments	A final set of data collection instruments	District health manager	Team members	Transport, data collection instruments, notepads, pens	Sites 1–6	19 March	20 March	

Activity	What is the expected output of this activity?	Who is responsible for this activity?	Who else will be involved?	What resources will be needed (e.g. transport, materials, money)?	Where will this activity take place?	What are the start and end dates of this task?		✓
						Start	End	
7. Carry out data collection at selected sites: – adolescent client tool among 10 adolescent clients per site – health-care provider tool among three health-care providers per site – one focus group among adolescents in community per site – one observation among selected characteristics per site	Data collected on all essential adolescent-friendly characteristics	District health manager	Team members	Transport, data collection instruments	Sites 1–6	21 March	4 April	
8. Analyze findings and compile synthesis report	Findings from various consultation meetings shared, compiled, and discussed	District health manager	All team members	Flipchart paper, marker pens, computer, paper	District centre	5 April	12 April	
9. Present findings to district health team and others	Findings and conclusions shared with others to start planning process	District health manager	Other team members	Flipchart paper, marker pens	District health meeting room	14 April	14 April	

Data collection:

The step after debriefing the team and developing a preliminary workplan is deciding how data will be collected for the assessment.

There are eight data collection instruments for assessing the list of adolescent-friendly characteristics:

- Adolescent client tool
- Health-care provider tool
- Support staff tool
- Health facility manager tool
- Outreach worker tool
- Community member tool
- Adolescent-in-community tool[5]
- Observation guide.

Below is a table of the adolescent-friendly characteristics and their corresponding data collection instruments:

Characteristic	AC	HP	SS	M	OW	CM	A in C	OG
Policies and procedures are in place that do not restrict the provision of health services on any terms	✓	✓		✓			✓	
Health-care providers treat all adolescent clients with equal care and respect, regardless of status.	✓	✓					✓	
Support staff treat all adolescent clients with equal care and respect, regardless of status	✓		✓				✓	
Policies and procedures are in place that ensure that health services are either free or affordable to adolescents	✓			✓			✓	
The point of health service delivery has convenient hours of operation	✓			✓			✓	
Adolescents are well-informed about the range of available reproductive health services and how to obtain them	✓						✓	
Community members understand the benefits that adolescents will gain by obtaining the health services they need, and support their provision	✓	✓				✓	✓	
Some health services and health-related commodities are provided to adolescents in the community by selected community members, outreach workers and adolescents themselves	✓			✓	✓		✓	

Continues...

5 This tool assesses adolescents who are contacted in the vicinity of, but not in, the health facility; they may or may not have been to the health facility being assessed.

Continued from previous page

Characteristic	AC	HP	SS	M	OW	CM	A in C	OG
Policies and procedures are in place that guarantee client confidentiality	✓	✓		✓				✓
The point of health service delivery ensures privacy	✓	✓		✓				✓
Health-care providers are non-judgmental, considerate, and easy to relate to	✓							✓
The point of health service delivery ensures consultations occur in a short waiting time, with or without an appointment, and (where necessary) swift referral	✓	✓	✓					✓
The point of health service delivery has an appealing and clean environment	✓							✓
The point of health service delivery provides information and education through a variety of channels	✓			✓				✓
Adolescents are actively involved in designing, assessing and providing health services	✓			✓				
The required package of health care is provided to fulfil the needs of all adolescents either at the point of health service delivery or through referral linkages	✓	✓		✓				
Health-care providers have the required competencies to work with adolescents and to provide them with the required health services.	✓	✓		✓				✓
Health-care providers use evidence-based protocols and guidelines to provide health services		✓		✓				✓
Health-care providers are able to dedicate sufficient time to work effectively with their adolescent clients	✓	✓						
The point of health service delivery has the required equipment, supplies, and basic services necessary to deliver the required health services	✓	✓		✓				✓

Key: AC = adolescent client tool; A in C = adolescent-in-community tool; CM = community member tool; HP = health-care provider tool; M = health facility manager tool; OG = observation guide; OW = outreach worker tool; SS = support staff tool.

Note that the only data collection instrument that is used for nearly every characteristic is the adolescent client tool. Although collecting data from adolescent clients is obviously a key source of information for the assessment, it is important to realize that adolescents will not be aware of all that is required to provide them with quality health services. In addition, the views of adolescent clients represent one type of perspective of how the services are delivered. For these reasons, it is important to use more than just the adolescent client tool to collect data on each characteristic. Although it may not be feasible to use all the recommended data collection instruments for each characteristic, at least two different sources of information are important for strengthening the validity of the data you collect. Reviewing all data collection instruments before making this decision will save considerable time.

Once the team decides on the type of data that will be collected for each characteristic, the next step is to review the data collection instruments that will be used. Keep in mind that most of these instruments will need to be translated and back-translated from English into the local language of the area in which the assessment will take place.

Tips on translating and back-translating instruments

A new approach for ensuring that data collection instruments are *reliable, complete, accurate* and *culturally appropriate* when translated from a source language to a target language is called "the committee approach".

What is the committee approach?

The committee approach involves convening a group of people who have complementary skills and assigning them specific roles. The committee includes several translators, at least one "referee", translation reviewers and someone with knowledge about designing questions. Several translators independently translate the instrument from the source language to the target language. A meeting is then held with the translators, the translation reviewers and other members of the assessment team, to discuss the translated versions of the instrument. From this meeting, a revised version of the translated instrument is produced, which then goes to the referees or "judges" who make the final decisions. In this case, the referee or judge could be the assessment team leader. The data collection instrument is then pretested (see below).

When is the translation deemed reliable?

When the translated text conveys the intended meaning of the original text.

When is the translation complete?

When the translated text does not add any new information and does not omit any information provided in the source document.

When is the translation accurate?

When the translation is free of spelling and grammatical errors.

When is the translation culturally appropriate?

When the message conveyed in the translated text is appropriate for the target population.

Adapted from: Pan Y, de la Puente M. *Census Bureau guideline for the translation of data collection instruments and supporting materials: criteria for achieving a good translation and the translation of surveys. Documentation on how the guideline was developed* http://www.census.gov/srd/papers/pdf/rsm2005–06.pdf, accessed 17 June 2008.

Pretesting the instruments

After the data collection instruments have been translated and/or adapted to the cultural context, each also must be pretested among a similar group of informants. A pretest of the adolescent client tool, for example, will need to be conducted among a small sample of approximately 3–5 adolescent clients. Pretesting allows you to determine whether the data collection instruments will work in the way that is intended. You can consider the pretest a "trial run" of the instruments where you can uncover any defects in the questions. After pretesting, you should expect to make some changes to the format or content of the data collection instrument. For this reason, it is important to remember the first rule of pretesting: do not pretest with a final, printed version of your data collection instrument.

Guidelines on pretesting:

1) The first stage of the pretest process is to make sure that all participants are aware that they are taking a pretest. You can simply tell them that you are testing to see whether the questions that are going to be asked in the assessment make sense to them.

2) Remember that the pretest participants are the experts when it comes to understanding your questions, but you are the ultimate authority. There may be times when suggestions made by the participants are impractical or not easily understood.

3) Note how many times a participant answers, "I don't know". Too many of these responses may indicate that the question should be reworded.

4) Note how long it takes to conduct the interview. Interviews that are too long may need to be shortened, especially for use among adolescents.

5) At the end of the interview or after the data collection instrument has been completed, ask participants to comment on the questions and on whether additional questions relevant to the assessment are needed. Because people are often reluctant to admit difficulty in responding, ask whether they believe other people would have difficulty and which questions might pose problems.

Remember, each data collection instrument must be pretested. It also is of first importance, after you have collected useful comments from pretest participants, to go back and revise the instruments based on these comments.

c. Data collection

The sample frame for the data collection activities:

Below is a table that lists the recommended number of respondents for each data collection instrument. Note, however, that this number greatly depends upon the scope of your assessment and the resources that you have available.

Data collection instrument	Recommended sample frame
Adolescent client tool	Approximately six adolescents per health facility; can be divided into three male adolescents and three female adolescents, but this depends on the type of service being assessed e.g. antenatal clinic or STI clinic.
Health-care provider tool	In facilities where there are fewer than five health-care providers, all should be interviewed; where there are more than five but fewer than 10 health-care providers, at least five should be interviewed; where there are more than 10 health-care providers, 50% should be interviewed.
Support staff tool	At each facility, the primary support staff member is usually the receptionist. It might be worthwhile to ask which other staff are most likely to come in contact with the most adolescents. In general, approximately three support staff per health facility should be interviewed.
Health facility manager tool	Typically, there is one manager per health facility. Each manager should be interviewed.
Outreach worker tool	Depending on the size of the community and the number and types of outreach workers, a general recommendation is to interview at least five per community.
Community member tool	Community members can consist of husbands of young women, mothers-in-law, parents of adolescents, teachers of adolescent students and other community leaders. The selection of community members will depend greatly on the cultural context. In most cases, parents should be the primary informant, as they are likely to exert the most influence on whether adolescents seek care at the health facility. When thinking about selecting a sample, try to include various types of people from the community so that you can obtain a wide range of viewpoints. When selecting parents to interview, for example, make sure that you speak to mothers and fathers from different socioeconomic groups. In general, choose two to three people from each category (e.g. mothers, fathers, religious leaders, teachers).
Adolescent-in-community tool	A focus-group discussion could be conducted among eight to 10 adolescents in a community. Otherwise, approximately five to six adolescents could be interviewed separately in a community.
Observation guide	If you are going to be assessing Characteristic 17 “Health-care providers have the required competencies to work with adolescents and to provide them with the required health services.”, you must observe approximately three to five interactions between health-care providers and adolescent clients per site. The other characteristics that require observations are more general to the health facility.

The two main methods that you will use for collecting information for the assessment are individual interviews and focus-group discussions. Individual interviews are semi-structured discussions with an individual key informant, following a question guide. Focus-group discussions are held with a group of about 8 to 10 individuals of similar characteristics (e.g. mothers of adolescents), and are loosely guided by a list of topics.

For both individual interviews and focus-group discussions there are some guiding rules that should always be applied when collecting information:

1) At the start of any interview you should explain the purpose for talking to them, what the procedures will be for the interview and approximately how long the interview will take.

2) It is important to discuss confidentiality with the interviewees (i.e. how will you ensure that no one else knows about this interview or the information they provided to you) as well as the risks and benefits of participating in the interview.

3) All information provided in the discussion should be recorded, either by taking notes or by using a tape-recorder during the interview.

4) Facilitators of focus-group discussions or interviewers for the individual interviews should be chosen with care to make sure that cultural or social barriers do not hinder the discussion. It is recommended to use female interviewers for female informants, for example, especially if the topic

of interest is reproductive health. Health workers also should not interview people who attend the health facility where they themselves work, as this would likely inhibit critical and honest comments about the services.

5) The place of the interview or focus-group discussion should be chosen with care. The venue should be neutral; for example, focus-group discussions with adolescents should not be held at the health centre about which they will answer questions. The venue also should ensure privacy so that the interview cannot be overheard by others.

6) At the end of the interview, the interviewer or facilitator should thank the participants for their time and information and should notify them about how they will find out about the results of this study.

For a complete set of data collection tools for this assessment, please see Section 5.

d. Scoring and summarizing the data

An efficient way to summarize all the data that has been collected is to calculate a score for each adolescent-friendly health characteristic that was assessed. A score is calculated by quantifying the information collected from each data source. On the score sheet, each question has a number that corresponds to the question number found in the relevant data collection instrument. Scoring is based on a points system according to the number of questions that were asked from each data source, as well as the number of data sources used. Low points are assigned for lower quality performance and high points are assigned for stronger performance or higher quality. An overall score for each characteristic is calculated by averaging all of the scores from each data source. The overall scores will give you a general sense of how well the facility performs on the characteristic being measured and will help you to track improvements over time. See the following scoring sheets created for each adolescent-friendly health characteristic.

e. Presenting the data

Once the data have been summarized and characteristics have been scored, the next stage involves presenting the findings to others so that they can be verified and discussed to help plan for the future. There are two main audience groups to whom the findings should be presented.

- Community members and others who provided the information for the assessment. The purpose of sharing the findings with this group is to provide them with feedback on the process with which they were involved and to check that the analysis and conclusions made by the assessment team accurately reflect the situation in the community. The findings should be presented to community members in an appropriate format, such as a community meeting, with sufficient time allotted for feedback from the audience. It also may be appropriate to hold separate meetings among adolescents, health-care providers and parents of adolescents.
- Decision-makers, including the entire district health team and other institutions and organizations that were involved in the assessment. The findings should be presented to this group in a planning meeting, which will serve as a starting-point for discussing and resolving gaps in health service provision and barriers to access by adolescents.

In both cases, the findings should include statements about the strengths and weaknesses of the health facilities that were assessed and recommendations for improvement. Charts could be developed and distributed to members of the audience on some of the more detailed findings, such as the information shown in the following table:

AFHS characteristic	Findings	Source(s)	Comments
The point of health service delivery ensures privacy	Interruptions frequently occur while a provider and client are in the examination room.	Health-care providers and adolescent clients	– There should be agreement on the need to avoid interrupting a health-care provider when he/she is with a client, unless there are pressing circumstances. – All staff need to be made aware of this agreement and be encouraged to follow it.

AFHS = adolescent-friendly health services.

When making a presentation of the findings to the different audience groups, overhead slides or PowerPoint slides should be developed for the following points.

- Purpose and aims of the assessment – why you decided to conduct it.
- Overview of the process – what did you want to assess? Who did you collect the information from? How did you do it?
- Methods and tools used – what type of data collection did you conduct? How were the data collection instruments developed?
- Results of the assessment – what were the most important findings from the assessment? What were the different views from the different data sources?
- Conclusions and recommendations – what were the main conclusions? What are your recommendations for what should happen next?

f. Planning for improvements

Undertaking an assessment is the first step to improving or making the health services more adolescent-friendly and the data you collect can be used to develop an action plan for improving the quality of health services at your facility. Below is an example of a chart that can help you and your assessment team make improvements for each of the characteristics found to be weak (having scores of less than 50%) in the assessment.

Characteristic 1: Policies and procedures are in place that do not restrict the provision of health services on any terms

What needs to be done	Responsibility	Time frame for improvement	Needed inputs

g. Monitoring facilities over time

Assessment scores also can serve as baseline scores against which to monitor changes in the adolescent-friendly health characteristics over time. To monitor the facilities, you should undertake an assessment at various intervals; for example, after the first assessment you may want to improve the facilities over a six-month period. You may then undertake a follow-up assessment 18 months after the baseline assessment was conducted. The follow-up assessment should measure the same characteristics as in the first assessment and compare scores over time. Aspects of the health services that still need improvement also can be identified, and changes can be planned for the next strategic planning cycle.