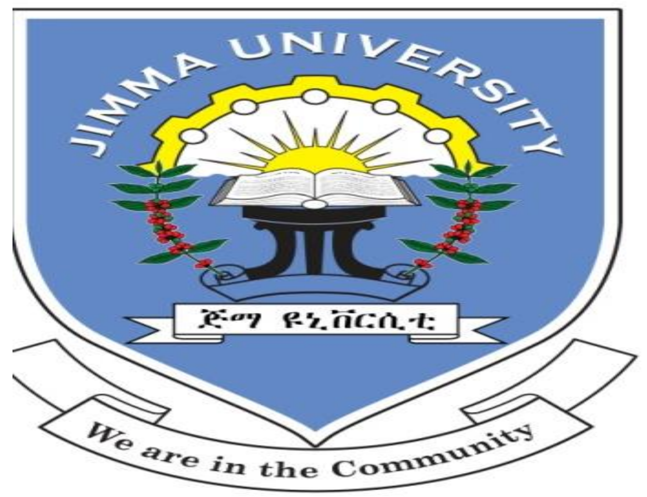

IMPLEMENTATION EVALUATION OF YOUTH FRIENDLY SEXUAL AND REPRODUCTIVE HEALTH SERVICES: A CASE OF JIMMA UNIVERSITY STUDENT CLINICS, SOUTHWESTERN ETHIOPIA

An Evaluation Thesis to be Submitted to Jimma University, College of Health Sciences, Department of Health Economics, Management and Policy; Health Monitoring And Evaluation Unit for Partial Fulfillment of the Degree of Masters of Sciences in Health Monitoring and Evaluation

PREPARED BY: - YEHUALASHET GORFU (BSc.)

June, 2016

Jimma, Ethiopia

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Abstract

Background: "Youth", "Adolescents " and "young people " are defined by WHO as the age group between 15-24 years ,10-19 years and 10-24 years respectively. Today, over 1.8 billion young people between the ages of 10 and 24 inhabit the world. The health threats for adolescents today are predominantly behavioral rather than biomedical. One of the problem for this service is providers lacked positive attitudes and competence to handle Youth Sexual and Reproductive Health.

Objective: Evaluate the implementation level of Youth Friendly Sexual and Reproductive Health Service at Jimma University student clinics in the year 2016

Methods: Case study design with quantitative and qualitative methods was conducted in Jimma university student clinics in March 8-28, 2016. Focus of this evaluation was process/implementation evaluation. For the assessment of client's satisfaction of service, the program clients were interviewed at exit consecutively until the required samples were obtained (422). Focus group discussion (5), document review and provider compliance to the guideline were observed (24). A total of 32 indicators were used: 12 for availability dimension, 10 for compliance and 10 for accommodation dimensions. Data was analyzed using SPSS for windows version 20 software. Univariate, bivariate and multivariate logistic regressions were computed to see the association of independent variables for client's satisfaction in the service. Qualitative data was transcribed, summarized in to major thematic areas and was presented in to supplement the quantitative findings. The evaluation findings were interpreted based on pre-determined judgment matrix with stakeholders during Evaluability Assessment.

Result: All the three clinics included in this study regarding to availability 70.1% of the required resources were available with fair in judgmental. About 71.6% of clinical and counseling procedure was complied and the overall result for compliance fall under the category of Fair. About 57.6% of clients were satisfied with youth friendly sexual and reproductive health services provided by Jimma University Students clinics with Fair in judgmental. Waiting time, peer-pressure and Residence were significantly associated with overall client satisfaction with youth friendly in Jimma University Students clinics. Both quantitative and qualitative result showed that Especially main campus clinic should arrange separate room for each service providers; all clinics try to reduced waiting time as if university students and improve the service hour of the clinics both Main and Agricultural and life science clinics.

Conclusion and recommendation: overall implementation of the service was **FAIR** with overall average achievement of 66.19% preset judgment criteria agreed with stakeholders. All clinics try to reduced waiting time as if university students and improve the service hour of the clinics both Main and Agricultural and Life Science campus clinics. All clinics should be train all youth service providers and allocate the appropriate budget for all clinics.

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And then I would like to thank Jimma University student clinic staffs for providing the chance to evaluate the program and finally prepare this evaluation thesis. Lastly, but not least, I would like to thank all my classmates and friends assisting me in one or the other way.

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Operational Definitions

Adolescents: as the age group between 10-19 years.

Availability of essential resource: Existence of human, financial, medical resource and reporting and recording formats adequately for the implementation of youth friendly sexual and reproductive health service.

Compliance: When youth friendly sexual and reproductive health service was given according to the national guideline implementation manual.

Accommodation: The relationship between the manner in which the YFSRHs resources are organized to accept clients and the client's ability to accommodate to these factors and perception of their appropriateness

Young people: as the age group between 10-24 years.

Youth: It includes students whose age is between 15-24 years.

Cleanliness: means that there is dirty, no litter, and no bad smells.

Timely report: when the report is reported within 10 days at the end of each quarter

Residences: is a place/settings that where the respondent coming from not the current.

Essential drugs: Family panning methods; combine pills, post pill, injectable contraceptives and condoms. Plus STI drugs ceftriaxone, spectinomycin, ciprofloxacin, azitromycin, metronidazole and doxycyclin.

Satisfied: When the respondents answer greater than equal to the mean (29.1) out of 21 satisfaction related questions.

Not satisfied: when the respondents answer less than the mean (29.1) out of 21 satisfaction related questions.

Peer-pressure: The Students who have got information from their friends to use the Youth Friendly Sexual and Reproductive Health Service in Jimma University student's clinics.

Acronyms and Abbreviations

AIDS =Acquired Human Deficiency Syndrome
BCC =Behavioral Change Communication
DKT = Dink Kistet Letena-Ethiopia
EA = Evaluability Assessment
FGAE = Family Guidance Association of Ethiopia
FGD = Focus Group Discussion
FP =Family planning
HAPCCO = HIV/AIDS prevention and control coordinating office
HIV = Human Immunodeficiency Virus
IEC =Information Educational Communication
IPPF =International planned parenthood federation
JU = Jimma University
JUHAPCCO =Jimma university HAPCCO
MOH = Ministry Of Health
OSSA =Organization for social service AIDS
RH = Reproductive Health
SOP =Standard Operating Procedure
SPSS = Statistical Package for Social Science
SRH = Sexual and reproductive Health
STD = Sexual Transmitted Disease
STI = Sexual Transmitted Infection
UNAIDS =United Nations Program on HIV/AIDS
UNDP =United Nations Development Program
UNFPA =United Nations foundation Population Fund
USA = United States of America
WHO = World Health Organization
YFSRH = Youth friendly sexual and reproductive health
YFSRHS = YFSRH service

Chapter 1: INTRODUCTION

1.1. Background

"Youth", "Adolescents " and "young people " are defined by WHO as the age group between 15-24 years ,10-19 years and 10-24 years respectively. The onsets of adolescence which more or less coincide with puberty are often influenced by manifestation of puberty (1). The age of the term "youth" means different things to different people, depending on the policies of a country, or perhaps according to the donor's interest in the services, the definition of youth may be different from country to country(2). Youth is a period of rapid physical, psychological and emotional development and a period of adjustments with family and society. Generally this transition is said to be smooth; but it can sometimes be stormy. Their decision and action particularly with regard to sexual activity can significantly affect the rest of their lives (3). The health threats for adolescents today are predominantly behavioral rather than using biomedical. More of today's adolescents are involved in health behaviors with potentially serious consequences (4).

In the university any freedom restricted by parents is now free-for-all Caron and Halteman (1993). One-third of college freshmen students practice sexual intercourse and high-risk for unwanted pregnancy and obtaining sexually transmitted infections (STIs)(5).

An estimated of 20% of Ethiopia population is found to be between the ages of 15-24 years. Existing data on young people reveal a lower age at sexual debut, increasing rates of sexual involvement, high morbidity and mortality from abortion complications and high prevalence of HIV/AIDS(6).

Some students in the university experimented with alcohol and abused other substances. This behavior compromised their judgment and increased their chances of engaging in risky sex. Large concentrations of young women come into contact with young men in a variety of public and private settings at various times on college campuses (7).

For youth to meet sexual and reproductive health require special adjustments, like increased privacy , confidentiality, using neutral language (e.g. "youth friendly services"), trained providers who are comfortable for the service and reduced cost or cost free service (8).

According to IPPF's to meet YFSRHS young people involving designing, implementing and evaluate the service by asking them. Moreover separate room to guarantee confidentiality and privacy ,sensitively and respectfully ,non-judgmental, opening hours should be convenient, ability to pay and effective referral system should be consider (9).

In Ethiopia little attention is given for University students about sexual and reproductive health services. Many students do not know the availability of the service; in addition these services are not youth friendly. Because of this many girls left University early related to pregnancy. Twenty seven percent of the students practice sexual-inter course in Jimma University, among them 75% have already started before coming to the university. The mean age at first sexual intercourse was 17.7 years. Lack of parental control, substance use, peer pressure, campus and outside environment were identified as predisposing factors (10, 6).

1.2 Statement of the problem

Globally above 1.8 billion young people represent 27 % of the world population. Today 1.4 billon, that make up above 90% of young people live in developing countries(11). In Ethiopia, adolescents and young people of ages 10 to 24 are the biggest group ever to be entering adulthood. It accounts 21 million that represents 30% of total population. Since sexual and reproductive behaviors during adolescence have far reaching consequences for people's lives as they develop into adult (12).

According to national adolescent and youth reproductive health strategy of Ethiopia, specifically directed to addressing their most persistent needs of reproductive health including early sexual debut, age at first marriage, early child bearing, unwanted pregnancy, abortion, knowledge and use of family planning methods, HIV/AIDS and STIs. Unfortunately, it is restricted at health facility level and rural areas which have limited access to targeted reproductive health services. Sexual and reproductive health service has not been provided at school, at community and at family level broadly.(1, 13, 14)

The world adolescents and youths suffered with sexual and reproductive problems, over 500,000 adolescents treat gonorrhea each year, and 25% of AIDS cases involve young adults who probably become infected with HIV during adolescence, and now a days half of all new HIV infections and 70% of STIs occur among 15-24 year olds(4, 15). Every year

2.5-3 million teenagers acquire a STI of one or another kind. This shows us approximately one out of every ten adolescent even in developed countries becomes STD-infected each year(16). The rapid spread of the HIV/AIDS epidemic in the country is posing very serious threats of overall socio-economic and human development prospects in the country. high rates of adolescent pregnancy that HIV infection will affect the next generation as well, putting babies at risk of vertical transmission and creating a generation of AIDS orphans(17).

Most of university students in Ethiopia lack of information about both of reproductive and sexual health and youth reproductive and sexual health service. University students are high-risk behaviors being practiced in the context of very low health service seeking and utilization pattern (18).

According to the study In Jimma University among those who ever had sexual intercourse 51% of the students had sexual intercourse. Of these 28.3% had multiple sexual partners and Consistent condom use with non-regular partner was 30.9%. This result shows that the necessary YFSRHS together with behavior modification are the problems of the students (19).

1.3. Significance of the Evaluation

Sexual and reproductive health problems of youth in Ethiopia are rising from time to time. This may be associated with early sexual initiation. Youth in Ethiopia are also exposed to various risks such as unprotected sex, early marriage, early pregnancy and STIs/HIV/AIDS. Studies have shown that in Ethiopia 60% of adolescent pregnancies are unwanted or unintended (20).

Different researches done in different countries showed that good family communication regarding sexual risk behavior has been positively associated with a delay in sexual activity. However, most parents in Ethiopia do not discuss about changes in adolescence, sexuality and contraception with their children, so adolescents could be vulnerable to different reproductive health problem(20, 6).

Sexually transmitted infections such as urethral or vaginal discharge and genital ulcer are common among university students. Not only this but also suffering complication of unsafe sex outcome like physical, mental and psychological consequences (21) .

Youth friendly sexual and reproductive health service is one of the components of Youth friendly service that improve sexual and reproductive health. Therefore, the information that we get from this evaluation will improve the service, provide as ground for other study related to YFSRH and give direction to program coordinators, health care providers, health care planner to enhance their participation and involvement in the program. In addition, sexual reproductive health issue in this segment of the population is of considerable strategic significance to national effort to prevent adolescent pregnancy, and sexually transmitted diseases including HIV/AIDS.

Chapter 2: DESCRIPTION OF THE PROGRAM

2.1. Stakeholder of the program

The stakeholder identification was conducted during Evaluability assessment based on their interest, support and directly or indirectly affected the program in the clinic. The analysis's of stakeholders also done by considering role in the program, interest or perspective on evaluation, role in the evaluation, communication strategy and level of importance.

- FGAE(Family Guidance Association of Ethiopia)
- IPAS (International partnership for sustainable society)
- DKT (Dink Kistet Letena-Ethiopia)
- OSSA(Organization for social service AIDS)
- Jimma university specialized hospital
- Jimma Zonal health Department(office)
- Jimma University Student dean Office
- Jimma University vice-president administrative Office
- Primary beneficiaries(students)
- JUHAPCCO (Jimma university HIV/AIDS prevention and control coordinating office)

Table 1: Stakeholder Identification and Analysis matrix, at JU Student Clinics, 2016

Stakeholder	Role in the program	Interest or perspective on evaluation	Role in the Evaluation	Communication strategy
Jimma University vice-president administrative Office	Budget allocation Monitoring and evaluation (plan, report, supervision, review meeting, evaluation)	Use the valuation findings as input for program improvement, decision making and resource allocation	history of the program Establish the criteria for defining success or failure of the program	Face to face Formal letter Telephone
Jimma University Student dean Office	Technical support (training, support) Budget allocation Monitoring and evaluation (plan, report, supervision, review meeting, evaluation)	Use the valuation findings as input for program improvement, decision making and resource allocation	history of the program Establish the criteria for defining success or failure of the program	Face to face Formal letter Telephone
Jimma Zonal health Department (office)	Provision of drugs and supplies Technical support	Utilizing the results for decision making	Establish the criteria for defining success or failure of the program	Face to face Formal letter Telephone
JU Student clinics	Provision of service utilization and management of drugs and supplies	Utilizing the results/ findings for service improvement	Sources of data during the evaluation Transferring	Face to face Formal latter

	Plan, recording and report		information	Telephone
NGOs:- **IPAS ,dkt Ethiopia , and OSSA**	Technical support (training, supervision and review meeting) Provision of drugs and supplies Monitoring and evaluation	Identify priority Program planning and funding	Interpreting findings and disseminating information Utilizing the results for financial and technical	Face to face Telephone & Formal latter
Jimma university specialized hospital	Providing service Participating in referral linkage	Utilizing the results and findings for improve participation	-Interpreting findings and disseminating information -Utilizing the results for financial and technical	Face to face Telephone & Formal latter
JUHAPCCO	Technical support (training, supervision and review meeting) Provision of drugs and supplies Monitoring and evaluation	Identify priority Program planning and funding	Interpreting findings and disseminating information -Utilizing the results for financial and technical	Face to face Telephone & Formal latter

2.2. Program goal and objectives

Goal of YFSRHS at Jimma University Students Clinics

- Provide comprehensive information and management of youth friendly sexual (STIs, HIV and AIDS) and reproductive health service in the University by 2016.

Objectives

- Reduce the client waiting time by 30% (i.e. from 45 – 30 minute) in 2016.
- Increasing the service hour in to 24 hour in both main and Agricultural and Life Science campus in 2016.
- Make the system in to computerize in Agricultural and Life Science and Kito-furddisa campus in 2016.
- Distribution of condoms from 97% in to 100% in 2016.
- Provision of oral contraceptive both for FP and menstrual regulation purpose from 95% in to 100% in 2016.
- Provision of emergency contraceptive from 98% in to 100% in 2016.
- Provision of Depo-Provera contraceptive from 80% in to 100% in 2016.
- Increasing STI management from 85% in to100% in 2016.

2.3: Major strategies

According to Jimma university student clinics annual plan Jimma university clinic had been undertaking different strategies to improve youth friendly service sexual and reproductive health service ,Providing exemplary physical, emotional and spiritual care for each of the patients ,balancing the continued commitment to the care of the students and those most in need with the provision of highly specialized services to a broader community ,building a work environment where each person is valued, respected and has an opportunity for personal and professional growth ,strengthening the relationships with Jimma university specialized hospital, different NGO`s and Jimma zone health office ,demonstrating social responsibility through the use of resources(22).

2.4: Program resource and activity

The input component of the program comprised of the human resource, financial resource, infrastructure, medical equipment, supplies and drugs, Guidelines, reporting and recording formats. Annual health budget for one student is 50 (birr).The clinics provide both emergency and regular oral contraceptive (for short terms: condom emergency pills and oral contraceptives, from intermediate: Depo-Provera (injectable) and permanent or long term are not or rarely used). In the clinics STI such as genital ulcer syndrome, vaginal discharge and urethral discharge syndrome were managed. The common drugs which used for STI such as ciprofloxacin, doxycyclin, bezanthine, co-trimoxazole, TTC and erythromycin. The referral linkage for STI like HIV/AIDS the clinics made collaboration with Jimma University specialized referral hospital for ART services, abortion and for complicated sexual and reproductive health services. The infrastructures like water source electric power, telephone and service providing units are adequately present in the clinics. Except agricultural and life science campus the two clinics have an ambulance service (22).

Activities which are mostly done by student dean office are monitoring the program, availing and distribution of drugs and supplies. The clinics also conduces the services like provision of health education and promotion, family planning counseling service , STI diagnosis and treatment service, referral system and recording and reporting of the services to the next level. Training for health care provider and student and provision of necessary equipment's were mainly supported by JU HAPCCO and the stated stake holders.

2.5: Program logic Model

Problem statement: According to EDHS 2011, knowledge of youth friendly reproductive health among 15-24 years is about 30% in country level. In South East Ethiopia University Students , Sexual and Reproductive Health services from health institutions were not thinking of the services, unnecessary of the services, lack of knowledge and being young were listed by (50.6%), (34.4%), (24.3%) and (17.4%) of the adolescents respectively in 2013(23).

Goal: Contribute to Improved youth health and productivity

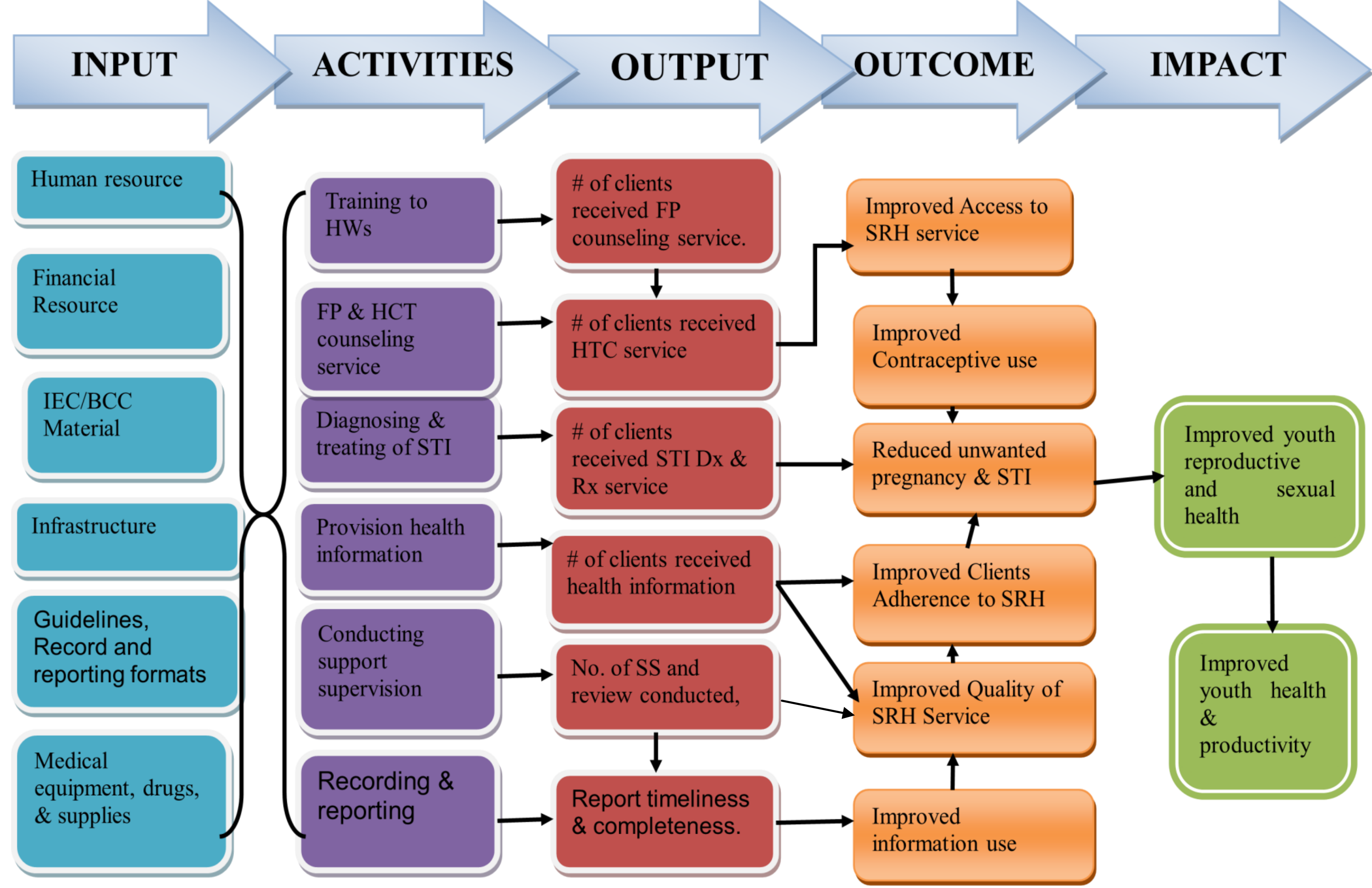

Figure 1: logic model to evaluate youth friendly sexual and reproductive health program, at JU Student Clinics, 2016

2.6: Stage of program development

Youth friendly service was first started at Sweden. Sweden has a long tradition of health promotion strategies for children and young people within the public health sector and school health services. Youth health centers were launched all over the country to improve sexual health and to prevent abortion being the contraceptive method of choice for young women (24).

Bringing youth friendly services to scale in Ethiopian public health system, Stigma, service costs, and provider bias pose formidable barriers to Ethiopian young people's ability to access sexual and reproductive health services. To address these barriers, in 2005 Pathfinder International and the Ethiopian Federal Ministry of Health(FMOH) partnered to introduce and scale up youth-friendly services in the Ethiopian public health system (9).

Jimma university student clinics are institution under the university's student service director which is providing health related services to its mostly young aged customers. Now three clinics in the university:- main campus clinic was established in 1985 with one dresser, agricultural and life science campus clinic was established in 1960 and kito-furddisa campus clinic in the institution of technology was established in 2012. Three of them applying youth friendly service program in the same year 2012. Currently the clinic provides in the program of youth friendly sexual and reproductive health service RH (FP, counseling for pre and post abortion, STI diagnosis and management). In the kito-furddisa clinic the service provide twenty four hour through the weekend, but in both campus main and Agriculture and Life Science the service provider in working time from Monday to Friday. Average clients of for all YFSRHS in kito-furddisa, main and agricultural and Life Science clinics are 10, 4 and 1 per day respectively. Hence, the program has been implemented more than three years.

Chapter 3: LITERATURE REVIEW

Adolescent sexual and reproductive health refers to the physical and emotional wellbeing of adolescents and includes their ability to remain free from unwanted pregnancy, unsafe abortion, STIs (including HIV/AIDS), and all forms of sexual violence and intimidation. Adolescence and youth is a period of many critical transitions: physical, psychological, economic and social (1).

Early and unprotected sexual activity and misconceptions about HIV/AIDS are prevalent among adolescents particularly in rural. A Study reported on knowledge, attitude and practice of adolescents in relation to their Reproductive Health in Ethiopia showing a significant discrepancy between knowledge about and the level of services utilization in particular and poor access to Reproductive Health services in general (25, 26).

Study done in Ethiopian Universities revealed that violations are uncontrolled and inadequately addressed. The study also reported that the in and out of school Ethiopian adolescent age face lots of challenges and constitute the highest percentage of sexually transmitted diseases including HIV in the country (27).

The development and implementation for youth and adolescents interventions needs attention that while many adolescents and young people share common characteristics, their needs vary by age, sex, educational status, marital status, migration status and residence (1).

Knowledge of the fact that adolescents do rate service providers as the preferred source of sexual and reproductive health services particularly those relating to complicated and sexual and reproductive health needs such as treatment services is encouraging. However more effort is required to ensure availability, access and utilization of sexual and reproductive health services (28). Sexual and reproductive health is at the core of global health (29). Today's adolescents face growing threats to their health, such as HIV/AIDS and unwanted pregnancy. Young people are extremely vulnerable to STIs, including HIV, for various reasons, including a lack of information, an imbalance in power in sexual relations between women and men, and young and old, and the greater biological vulnerability of girls (18).

Availability

Availability of youth services identified as problems by many scholars in Africa particularly in Ethiopia (26). Most facilities do not have service, and in setting where the services are available, study reported that service providers lacked positive attitudes and competence to handle Adolescent Sexual and Reproductive Health (30). Lack of IEC materials, Shortage of supplies, equipment and commodities is cited by different research findings as being an obstacle in adolescent friendly service centers to effective service provision (26, 30). The study indicated that the gender of service provider, age of provider, IEC material and provider competence were the least considered aspects in choosing a facility(28).

The needs of the young people remain poorly understood or served in many parts of the world since then, adolescent-friendly reproductive health services (AFRHS) have been recognized as an appropriate and effective strategy to address Sexual and Reproductive Health needs of adolescents. Despite the majority of the world population being in the adolescent age groups, the reproductive health needs of adolescents has not been addressed adequately(26).

Not only health provides but also receptionist guards and supportive staffs should be known the need of youth friendly services (31). Another study, reported that students has not have appropriate awareness on complex nature of sexual and reproductive health matters which might be due to lack adequate and pertinent health information, counseling and guidance on these matters to bring healthy behavior changes(32).

Availability of insufficient health care providers with skills and limited availability of IEC materials on provision of health information, advice and counseling on adolescent sexual and reproductive health is still intensified on adolescent friendly reproductive and health service. It is expected that, increased skilled Professionals will improve others elements of Adolescent friendly reproductive health service including privacy and confidentiality, safety and cleanliness, improved providers’ skills and positive attitudes in serving adolescents as well as the feeling of empowerment among service providers (33).

Lack of essential equipment and supplies for adolescent sexual and reproductive health services can be reflected as a planning issue rather than procurement and distribution problem. Study has

indicated insufficiency or lack of policy and guidelines for adolescent sexual and reproductive health services and awareness to these policies, strategies and guidelines is lacking and an area that need efforts (33).

Compliance

The health providers and the counselor treat clients in a respectful and friendly way, otherwise clients are not used the service and failure will be occurred (34).Young people have specific needs for information and services that adult-centered clinics do not provide. In addition, some study showed that adolescents often hesitate to go to, or are turned away from clinics where personnel have not been trained to provide youth friendly services. It is therefore essential that information and education be backed up by accessible, confidential youth friendly sexual and reproductive health services(35). For the new comers of YFRHS clients during the procedures of the pelvic exam and blood tests they are fear, due to this affect the next vest of the service especially for female clients(31).Study conducted in Kenya show that 80% of sexual and reproductive health service providers interviewed had positive attitudes towards providing adolescents with sexual and reproductive health services such as condoms and contraceptives and teaching them how to use these services when they decide to, only about 36.5% felt that providing these services and teaching adolescents how to use them would not necessarily promote sexual activity (35).

The study shows that majority of the health facilities do not provide the minimum and essential sexual and reproductive health services to the adolescents. Despite availability of a wide range of sexual and reproductive health services, several essential services for adolescents such as care for survivors of sexual abuse and violence, STI diagnosis were available in less than half of all facilities (28).

According to study conducted in Northwest Ethiopia documented that majority of adolescents were utilizing FP services in the area but the major reasons reported by the study participants for not using family planning services were fear or embarrassment, followed by judgmental attitudes of health workers. The study also suggested an effort to increase the health service utilization for reproductive health by adolescents, as they are the prime victims of the problems. “Building life skills, facilitating parent to child communication, establishing and strengthening of youth centers

and school reproductive health clubs are important steps to improve adolescent reproductive health service utilization”(13).

Implementation of the current policy, strategies and standards for adolescent sexual and reproductive health services faces a number of challenges. Like other most developing countries many young people in Ethiopia are faced with challenges in accessing reproductive health services (1, 29). One study in northern Tanzania has shown that while many primary school students do in fact access health facilities, relatively few receive information about STIs or HIV from health care providers. Health care providers agree that teaching young people about sexual and reproductive health is important, and are concerned that many opportunities to reach adolescents with the sexual and reproductive health information and services that they need are being missed(36).

Research done in public sector Kenya, Ghana and Tanzania were 86.5%, 97.2% and 94.8% respectively (37). According to population reference bureau of Washington family planning Provider explained method use 87.4 % (34).During advantage and disadvantage of the method chosen Research done in Ghana, 96.3% and Tanzania, 94.8% were amount of explanation you received about any problem or method of FP(37).

Accommodation

Many studies documented that as young people pass through puberty and adolescence, health needs related to sexual and reproductive health arise. Adolescents and youth have been perceived to have few health needs and little income to access to health services. As a result, they have been neglected by the health system though all need information on reproductive health and some need targeted services(13, 26).

Studies have examined availability of essential sexual and reproductive health services for young people as a critical measure of youth friendly service. Several studies have emphasized the important role undertaken by service providers in promoting acceptability of health care services(28). Studies in some African country reported that demand for youth sexual and reproductive services is created but the service delivery points are not adequately prepared to provide services, which then discourages utilization by young people(34). Other study also

revealed that inadequate information on the youth services available and a general lack of awareness of Adolescent Sexual and Reproductive Health issues in community(5).

Young people face increasing pressures regarding sex and sexuality including inconsistent messages and norms which may be continue by lack of awareness of their rights and results in many young people being either unable to seek help when they need it, and may prevent them from giving input within policy and decision making processes(26).

This has shown that significant attention has been given to improving youth sexual and reproductive health (SRH) services in Ethiopia, including the establishment of youth friendly services (YFS). Despite that, yet high rates of child marriage, unmet need for family planning, and adolescent childbearing persist, particularly in rural areas where majority of the population lives (39). One study has revealed that students' understanding/perceptions on sexual and reproductive health issues and its consequences are superficial. The study documented those students in universities lack information on the extent and impact of the HIV infection on campus (26).

Establishment of youth friendly service, rendering STIs, HIV/AIDS and sexual and reproductive health resource center which would be responsible for continuous IEC provision and instituting counseling service universities. Study conducted in south west Ethiopia revealed that university students were being practiced high-risk behaviors in the context of very low health service seeking and utilization pattern signals promoting integrated youth-friendly intervention programs (40).

According to New York evaluation department, the appropriate time for delivering youth friend reproductive service; are weekend, evening, afternoons and after school or work (41). According to the researcher done in Tanzania, wait a long time an obstacle of youth friendly services (31).Other issues that are considered to choose health facilities were the facility environment, the waiting area comfortable and convenience of the facility location. Study conducted in Kenya reveal that 92%, 82% and 84% respondents were reported that health facility environment was welcoming, the waiting area was comfortable and the facility location was convenient respectively(28).

Client-providers interaction is another importance issue to satisfy program clients. Many study in African countries documented that respondents reported that they are happy about their interactions with the service provider. As study done in Kenya indicated that out of study participants Ninety seven percent of the respondent were reported the provider as friendly; 98% of them showed as the provider was well prepared and the entire study participant (100%) reported the provider listened well (21, 28). Based on the standards of YFHS of implementation in Malawi evaluation of satisfaction less than 50% “low”, between 50%-75% “medium” and greater than 75% high (42).

Chapter 4: Evaluation questions and Objective

4.1: Evaluation questions

- Do the required resources for youth friendly sexual and reproductive health services are available? If not, why?
- Do the health care providers deliver service in line with guidelines? If not, why?
- Are clients satisfied with youth friendly sexual and reproductive health service? If not, why?

4.2: Evaluation objectives

4.2.1 General objective of the evaluation

- To evaluate the implementation status of youth friendly sexual and reproductive health service at Jimma University student clinics in 2015/16.

4.2.2 Specific objectives

- To assess the availability of resources needed to provide youth friendly sexual and reproductive health service.
- To assesses provider's compliance with guideline while providing youth friendly sexual and reproductive health service.
- To determine clients' satisfaction level on youth friendly sexual and reproductive health service.
- To identify factors affecting client satisfaction level.

Chapter 5: EVALUATION METHODS

5.1: Study area

This study was conducted in Jimma university students' clinics. Jimma University is found in Jimma town which is located **354** km from Addis Abeba to the southwest part of the country. It is located at an altitude of 1500-2700 meters above sea level. Jimma University is one of the public higher education institutions in Ethiopia. It was established in 1999 by the amalgamation of Jimma College of Agriculture (JCOA) which is founded in 1952 and Jimma Institute of Health Science (founded in 1983). Jimma University currently has three functioning campuses these are Main campus, Agriculture and Life Sciences campus, and Kito-furddisa campus. The University currently has seven colleges and one institute. Those are College of health sciences, College of natural sciences, College of Social Sciences and Humanities, college of Agriculture and Veterinary Medicine, College of Business and Economics, College of Law and Governance, College of Educational and Behavioral Science and institute of Technology. The University currently accommodates a total of 19,124 regular undergraduate students: 13,377 male, and 5,747 female (22).

Totally 39 health providers distributed in the three clinics, from them one MSc, four BSc and thirty four diploma holders. The location of the main campus clinic found in between offices, but both Kito-furddisa and Agricultural and life science clinics found nearly the students dormitory.

5.2: Evaluation Period

Evaluability Assessment was conducted from December 20-27, 2015, and the data collection of the study was conducted from March 7 - 28, 2015/16 in Jimma University three student- clinics.

5.3: Evaluation approach

Formative evaluation approach was used in this study. Due to its ongoing process that allows for feedback to be implemented during a program cycle, and allows to make program adjustment "on the fly" to achieve the program goal (43). Youth friendly sexual and reproductive health service is ongoing and implemented program in Jimma University. Formative evaluation

approach was used to provide the program managers for program improvement in order to achieve their goal.

To realize formative evaluation Key stakeholders were involved in EA in order to understand the problem that the program aims to change, reach on consensus regarding all issues about evaluation, clarify relationship between designed strategies and the problem. These activities had been done through formal letter, face- to- face discussion and tell phone.

5.4: Evaluation design

A case study design involving the use of both qualitative and quantitative data was employed. The reason for choosing a case study was that, this evaluation was intended to get deep understanding, validation, extensive and explorative reports of what has happened over time with in the program and it exploratory quality of the implementation of the program under evaluation. So, this can be better answered with a case study than other designs.

Taking into consideration all above advantages of a case study and the information that we need to get from the program in order to assess the process of the program, a case study design was found to be the best.

5.5: Focus of evaluation and dimensions

The focus of this evaluation was on the process of Youth friendly sexual and reproductive health service. Three measurable dimensions: availability, compliance and Client satisfaction were assessed. The communication of the stakeholders directly face to face and indirectly through telephone and formal letters .The selection of the indicators were through empirical approach.

During Evaluability Assessment a lot of indicators were listed based on their relevance to the sub-dimensions /relevance matrix/criteria, indicators were selected and prioritized. For this evaluation only very relevant and relevant indicators were selected and the following list of indicators were identified and agreed to be used during this evaluation through active participation of stakeholders. The indicators were adapted from Tools for Adolescent and Youth Friendly Reproductive Health Services standards in Ethiopia (44).

A total of 32 indicators were used 12 for availability, 10 for compliance and 10 for accommodation (satisfaction). The indicators sets were agreed up on by major stakeholders for

measuring the implementation of the program and constructing criteria that was used to judge the program's level of implementation.

Availability: According to Roy Penchasky and J.W. Thomas (1981) availability is one of the five sub-dimensions to measure access to health care. For this specific evaluation availability is defined as existence of human, financial, medical resource and reporting and recording formats adequately for the implementation of youth friendly sexual and reproductive health service.

Compliance: Is the degree to which the youth friendly sexual and reproductive health service being rendered in Jimma university students clinics are aligned and adhered with the national guideline and clinical parameters and protocols (46).

Client satisfaction: This is clients' opinion of care received from youth friendly sexual and reproductive health service/staff and is acknowledged an indicator of quality of care/service to indicate the process implementation (44).

5.6: Indicators/Variables

5.6.1. Indicators

Availability indicators

- Number of trained health care providers on YFSRHS.
- Number of clinics with YFSRH guidelines.
- Number of clinics with no stock out of FP supplies in the last six month.
- Number of clinics with no stock out of STI drugs in the last six month.
- Number of clinics with no stock out essential drugs in the last two month.
- Number of clinics with current budget for the program.
- Number of clinics with functional latrine.
- Number of clinics with functional pipe water.
- Number of clinics with functional electricity.
- Number of clinics with medical equipment needed to provide YFSRH.
- Number of clinics with IEC materials (visual aids, leaflets, video,).
- Number of clinics with functional laboratory service.

Compliance dimension

- Proportion of clients discussed the need and benefit of HIV testing.
- Proportion of clients who explained the HIV testing procedure
- Proportion of procedure to safe guard confidentiality and need for shared confidentiality
- Proportion of the meaning of result, including window period
- Proportion of clients reinforced to consider the test result in reference to most recent risk exposure
- Proportion of clients received cue card for partner notification
- Proportional of clients provided information about FP choices
- Proportional of clients appointed for next appointment date.
- Proportion of clients who are referred for further service.
- Proportion of reports send to next supervisors timely.

Accommodation dimension

- Proportion of clients who perceive the waiting area comfortable.
- Proportion of clients who perceives enough privacy during service and consultation.
- Proportion of clients who perceive the opening hour of the service is convenient.
- Proportion of clients who perceive that the information they received during consultation is understandable.
- Proportion of clients perceive the waiting time to get service is convenient.
- Proportion of clients perceive the health care providers show respect for them.
- Proportion of clients who perceive the location of the clinic is favorable to use the service.
- Proportion of clients who perceive the distance of the clinic is appropriate to use the service.
- Proportion of clients satisfied with answers given by providers.
- Proportion of clients who perceive they got information about service that they want.

5.6.2. Variables

5.6.1.1. Dependent variable

- Client satisfaction

5.6.1.2. Independent variables

- Age
- Sex
- Religion
- Place of residence
- Marital status
- Academic year
- Peer pressure
- Waiting time

5.7: Populations and sampling

5.7.1: Target population

The target populations are program managers, all health care providers of YFS in the clinics, all of the Jimma university students and all of the YFS clinics in a university.

5.7.2: Source population

Program managers and clinic heads, all health care providers of YFSRHS clinics, and all clients visiting Jimma university student clinics were the source populations.

5.7.3: Study population

Clients who were visited the clinic during the study period, selected program managers at the clinics YFSRHS & selected providers.

5.7.4: Study units

Individuals; who was participated in the study.

5.7.5: Sample Size determination

5.7.5.1. Sample size for quantitative data

The sample size for this study was determined using single population proportion formula by taking p value 50% (Client satisfaction level of YFSRHS) due to the fact that there was no related study conducted in YFSRHS. Other assumptions made during the sample size calculation with 5% marginal error (d) and confidence interval of 95%($z\ \alpha/2 = 1.96$). Based on these assumptions, the sample size was calculated as follows:

Where z alpha =level of significance

P=50%

d=margin of error 5%

10% =of non-response rate

$n= Z^2p(1-p)/d^2$

$n=1.96^2 *0.5^2/0.05^2$

n= 384

10%= 38.4

Final sample size becomes 422 by considering a 10 % non-response rate.

And for direct observation of compliance with national guideline to collect information regarding counseling, examination and procedure followed. Accordingly 10% of sample size of the exit interview, (i.e. 42) observation sessions were conducted and distributed to each clinic in relation to allocated sample size.

5.7.4.2. Sample size for qualitative data

In-depth interviews were held with 3 participants from the three campus student deans, clinic heads and service providers of YFSRHS. Totally 9 in-depth interviews were held. In the focus group discussion, five groups of students discussed about youth friendly sexual and reproductive health service in JU clinics. One male group (6 Students), and one female group (7 Students) from main campus; from Kito-furddisa campus, one male group (8 Students), and one female group (6 Students) and one female group (10 Students) from Agricultural and life science campuses involved in the discussion.

5.7.5 Sampling procedure/technique

For this study all clinics under the university (Main campus, Kito-furddisa and Agriculture and Life science) were included. And specific sample sizes were allocated to each health facilities using proportion-to-size allocation based on number of student in the campus. A consecutive sampling technique was used to select the study unit of exit interview. In this particular evaluation, client exit interview was used to assess client perception and satisfaction of the service provision through structured questionnaire. It was administered immediately after the service provision.

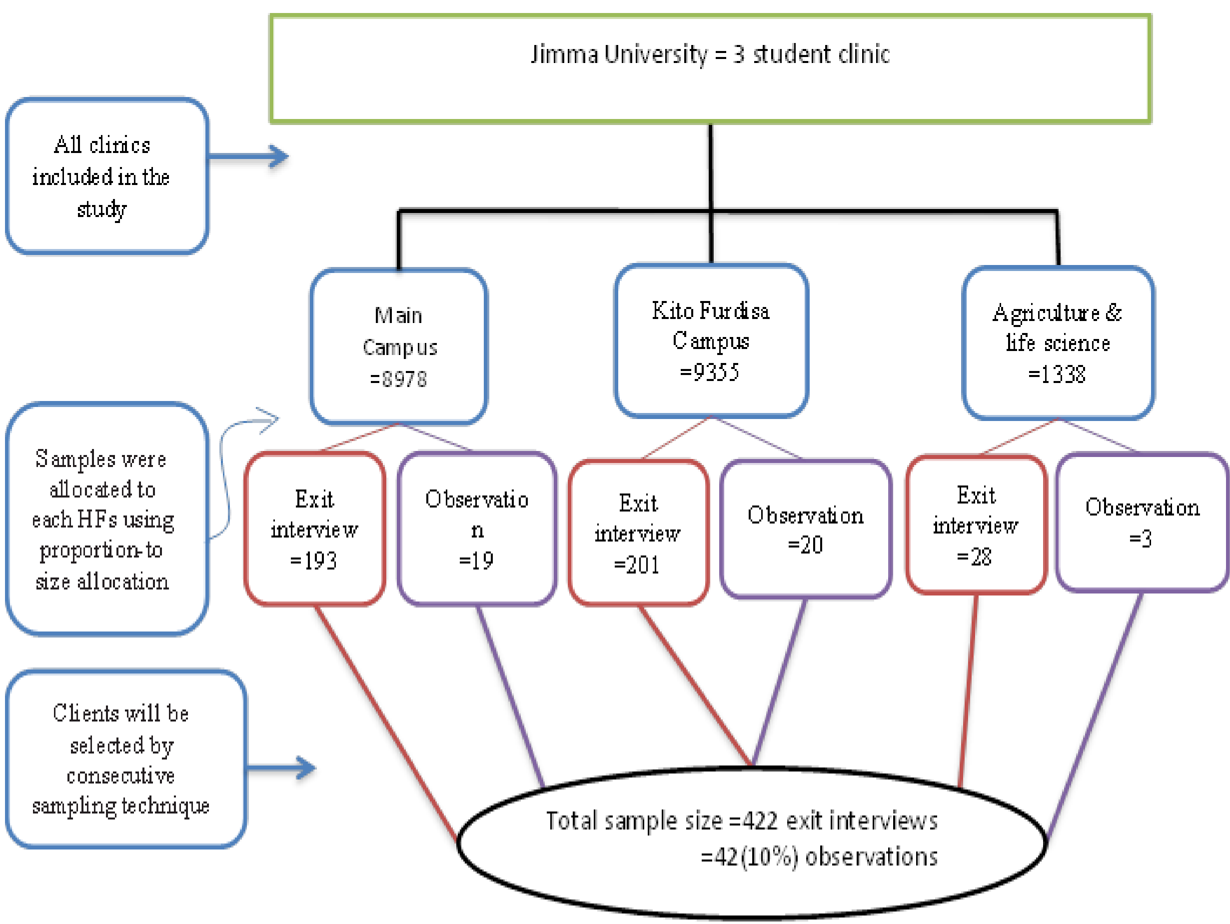

Figure 2: Schematic **presentation of the sampling procedure for evaluation of YFSRHS, at JU Student Clinics, 2016**

5.7.6: Inclusion and exclusion criteria

5.7.6.1: Inclusion

All regular undergraduate students registered in this academic year that use the service of Jimma University Student Clinics YFSRH during the study period were included.

5.7.6.2: Exclusion criteria

Those who were critically ill, unable to respond and whose age were not included in Youth for exit interview. Service providers with experience less than 6 month were not participating at key informant interview. Documents with incomplete information were excluded.

5.8: Development of data collection tools

The tools were adapted after reviewing Tools for Adolescent and Youth Friendly Sexual and Reproductive Health Service Guideline, WHO standards and different sources have their own input on the tool (22, 44, and 45). The questionnaires for the client exit interview in English language. Tools that were utilized to capture and judge the program implementation YFSRHS. All relevant documents such as: strategic and annual/quarterly, monthly and even daily work plan, registration books and Progress reports and M&E (HMIS) reports were observed. Resource inventory checklist was used to assess human resource and materials, medical equipment and supplies, drug and logistics and infrastructures.

5.9: Data Collection

Structured Observation checklist, structured document review and semi structured in-depth interview guide were used to collect qualitative data. Resource inventory checklist was used to check the availability of resources (staff, test kits, drugs, guidelines, supplies, etc.).Structure questionnaire was used to collect quantitative data from program clients during their exit from the service to assess the level of client satisfaction.

5.9.1. Exit interview

In this particular evaluation client exist interview was used to assess client perception and satisfaction on the service readiness provision through structured questionnaire. It was administered immediately after the service provision. All clients who were YFSRHS within study period in the three clinics were included (i.e.422). And consecutive sampling technique was used.

5.9.2. Direct observation/compliance

Direct Observation of youth friendly sexual and reproductive health service was implemented for the purpose of assessing the compliance of health workers to national guideline. Structured checklist was prepared and administered during 24 observations of the exit interview. The first three clients and the first three cases were rejected to minimize Hawthorn effect. During observation sessions both health works and clients were asked for their consent of voluntary participation in the procedure.

5.9.3. In-depth interview

In-depth interview guide was used to conduct interview with purposively selected experienced service providers on YFSRH based on information richness. Nine in-depth interviews were conducted.

5.9.4. Resource inventory

All clinics were included to check availability of program resources (test kits, drugs and supplies, medical equipment's, guidelines, referral, reports and record forms and supplies) and infrastructures like; counseling room, electricity and water supply by using resource inventory check list.

5.9.5. Focus Group Discussion

Five groups of students took part in the discussion about youth friendly sexual and reproductive health service. In Jimma university clinic, 4 groups, one male and one female group from Main Campus and Kito-Furdissa campus, one female group from Agricultural and Life Science Campus.

5.10: Data collection field work

Data was collected from March 7 - 28, 2016 from respective clinics. During data collection the data collector reach the clinic before 2:30 local time before the clinic opened and data collection was proceed up to 10:30. And the data was checked for completeness on daily base and appropriate correction was given by supervisor in addition, the principal evaluator in collaboration with supervisor handled problem arise soon as possible. The data was kept in confidential way starting from data collection time by giving code rather than writing participant name and collected from each data collector on daily base. For in-depth interview and FGD

informant code was given for participant and note taken and recorded voice was kept confidential.

5.10.1: Data collectors

For exit interview four diploma nurses were recruited for data collection and one BSC nurse who have 2 years of experience in youth services was recruited as a supervisor and for observation three data collectors from the exit interview. Two days training were given on data collection. For the focus group discussion one trained note taker and one facilitator. Resource inventory, in depth interview and document review were conducted by the principal evaluator.

5.10.2: Data quality management

Data quality was controlled starting from the time of questionnaires preparations. The questionnaire was adopted by reviewing relevant literatures on the subject to ensure reliability. Training for supervisor and data collectors was given on the purpose of study. During data collection, the supervisor was receiving the questionnaires from data collectors and review for completeness and accuracy on daily bases.

5.11: Data analysis and management

5.11.1: Data entry

After data was collected it entered into SPSS version 20 statistical software package to make ready for the analyses.

5.11.2: Data cleaning

After data was entered in to statistical software then frequency was analyzed to check the presence of missing values, whisker & box plot to check the presence of outliers and checked for Normality.

5.11.3: Data analysis

The qualitative data was analyzed manually using thematic and content analysis with respective dimensions and results were narrated.

For quantitative data after entering to SPSS version 20, descriptive, bivariate and multivariate analysis were performed. A descriptive analysis was done by using frequency, mean and

percentages. Univariate, Bivariate and multivariate analysis were used. Univariate analysis was carried out to describe student's demographic and socio-economic characteristics. Bivariate analysis was used to see simple association between the dependent and explanatory variables. Further, because of the complexity of relationships between the dependent and independent variables, multivariate analysis was also employed. To estimate the effect of the clients' satisfaction, Odds ratio (OR) and 95% confidence interval (CI) were computed.

5.12: Ethical consideration

The study was conducted after ethical clearance is obtained from the ethical review board of College of Health Sciences, Jimma University. Then official letter from department of health services management, economics and policy and health monitoring and evaluation program were written to each clinic heads and student dean. Written consent was obtained from the study participants after providing clear explanation about the objective of the study. The collected data kept confidential. Participants' right to refuse or discontinue participation at any time they want and the chance to ask any thing about the study was strictly respected.

5.13: Evaluation dissemination plan

Dissemination of findings on time is important step in the evaluation process that stakeholders should use the evaluation findings timely to take corrective decision making. The final evaluation report will be presented to Jimma University and the respected comments will be taken.

Chapter 6: RESULTS

I had conducted my study on three clinics of Jimma University; the participants in this study were Key informants, the clients who were taking services during my data collection period and health providers. To collect data I used different techniques of data collection methods; interviewing key informants; Student deans, clinic heads and YFSRHS providers, FGDs, Exit interview for the clients, resource inventory of the availability of logistics and supplies, document review and observation of clients health provider interaction. After data was collected; quantitative data were analysis by using SPSS statistical software and Qualitative data was transcribed, summarized in to major thematic areas. The results were presented by using text and tabular form.

In this study I had assessed three dimensions in YFSRHS. In availability 12 indicators were included and the result were given about 70.1% of the required resources were available with fair in judgmental, about 71.6% of clinical and counseling procedure was compiled and the result for compliance fall under the category of fair and about 57.6% of clients were satisfied with youth friendly sexual and reproductive health services provided by JU clinics with fair in preset judgment criteria agreed with stakeholders during the Evaluability Assessment phase.

Table 2 Planned and actual sample size summery, clients at JU Students Clinics, 2016

	Planned sample size	Actual sample size
Number of clinic	3	3
Number of key informant	9	9
Number of exit interview	422	422
Number of FGDs	6	5
Observation	42	24

Observations, focus group discussion and in-depth interview

Quantitative and qualitative data were collected to answer the evaluation questions and objective of this evaluation. Accordingly 24 clients' involved in the interactions and consolation processes. The clients were observed through structured observation checklist adapted from Tool's for Adolescent and Youth Friendly Reproductive Health (AYFRH) Service Standards in Ethiopia and different sources (22, 44, and 45). The observation process was purposive and non-participatory. Youth friendly sexual and reproductive health service catering was observed during the data collection period. Facility inventory was conducted and supplemented by in depth interview through inductive approach. The inquiry involved nine purposely selected individuals from each clinic including student deans, clinic heads and YFSRH service provider.

In the focus group discussion, generally five groups of students discussed about youth friendly sexual and reproductive health service in JU clinics. One male group (6 Students), and one female group (7 Students) from main campus, from Kito-furddisa campus, one male group (8 Students), and one female group (6 Students) and one female group (10 Students) from Agricultural and life science campuses involved in the discussion. 8 questions were raised and discussed with one facilitator and one note taker. 14 male students participated in two groups and 23 female students participated in 3 groups. The mean age of male and female is 23.1 and 21.1 respectively.

6.1 Availability of resources to provide youth friendly sexual and reproductive health

6.1.1 Availability of trained staff's

Jimma university the three students clinics has been implementing youth friendly sexual and reproductive health service in the university since 2012 under the bigger umbrella of sexual and reproductive health service program(22). Currently the university clinics are providing family planning, condom provision, oral contraceptive, injectable contraceptive, emergency contraceptive and referral service. Besides, sexually transmitted diseases diagnoses, treatment, prevention of unsafe abortion VCT, and HIV counseling and testing were some of the services offered. There are thirty nine professionals who are providing YFSRH services in Jimma university student's clinics. Out of them 16 were from Main campus, 19 from Kito-furddisa

and 4 from Agricultural and Life Sciences Campus Clinics; from whom they are providing services 13, 9 and2 of them are trained in YFSRH services in each campus respectively and only one part-time doctor for the three clinics.

6.1.2 Equipment and Supplies

The results of Facility audit (inventory) was conducted and documents and store bin cards were reviewed retrospectively for the last six months during the data collection period, through structured observation tools and in-depth interview with key personnel's in JU Clinic. According to Jimma university finance report, when we see the budget of the clinics it was finished the first quarter of the budget year. Annual budget allocated for year 2016, was 1,000,000 Ethiopia Birr but the last six month in the study period the clinics were used budget 3,700,400. This shows that shortage of allocation of budget for provision of service.

Most discussant on the FGD express that the budget allocated per student was not considering the expenses that they paid while the clinics prescribe to buy drugs to private pharmacy, as a result this can lead them for extra cost from their pocket.

".....When prescribed drugs are not available in the clinic, we buy from private pharmacies and refunded from the clinic up to 100 birr. Even though we were told during engagement that we can get free medical service at stated health institution in the country, the refund amount for drugs we purchase from private clinics is only for prices less than hundred and for the excess we pay by ourselves…"(Male participant of age 24 years, FGDKM)

Table 3: **YFSRHS equipment and material available, at JU Student Clinics, 2016**

S.No	equipment and Supply	Available/Not available	Remark
YFRH RELEVANT DOCUMENTS			
1	YSRH Strategy	Available	
2	YFSRH guidelines	Not available	Available only (main campus clinic)
3	Annual Program plan of YFRH	Available	
4	YFSRHS SOPs	Not available	Only STI SOPs in all
INFORMATION SHOWN ON SIGN POST			
5	The types of SRH services provided	Available	
6	The working days and hours	Not available	
7	The sign post is in good condition and is displayed in a prominent location	Available	
IEC (Health Education) MATERIALS AT THE WAITING AREAS			
8	Sexually transmitted infections/HIV/AIDS	Not available	
9	Unwanted/unplanned pregnancy and contraceptive use/FP	Not available	
10	Maternal health care (ANC, Delivery Care Postnatal Care)	Not available	
11	Other IEC (Health Education) materials(Specify)	Not available	
12	plan for training youth as peer educator	Not available	
CLEANLINESS AND ATTRACTIVENESS OF THE FACILITY			
13	Surrounding around the Health Facility	Clean	
14	Reception Counter	Clean	
15	Waiting room	Clean	
16	Consultation room	Clean	

17	Examination room	Clean	
18	Water in the toilets	Available	
19	Electricity(Generator)	Available	
AVAILABILITY OF THE FOLLOWING:		.	
20	Drainage system	Available	
21	Covered waste bins	Available	
22	Running water	Available	
23	Cleaning tools (broom, scrub, brush, cloths etc.)	Available	
24	Disinfectants/detergents	Available	
25	Computer with internet access	Available	
26	Chair and table	Available	
27	Locker	Available	
28	Examination bad	Available	
29	Stretcher	Available	
30	Blood pressure gauge	Available	
31	Thermometer	Available	
32	Stethoscope	Available	
33	Scissors	Available	
34	Syringe and needles	Available	
35	Pregnancy test kit	Available	Not available in (ALSC clinic)
36	Needle holder	Available	Not available in (ALSC clinic)
37	Sterile gloves	Available	
PROVISION OF PRIVACY AND CONFIDENTIALITY			
38	Separate consultation room with functional door and window	Available	

Table 4: YFSRHS drugs and supplies, at JU Students Clinics, 2016

Sr. No	drugs and supplies		Currently available	Stock out
1	Condoms		Available	No Stock out
2	Oral contraceptives		Available	Stock out (ALSC clinic)
3	Depo-Provera		Available	Stock out(Main campus and ALSC clinic)
4	Emergency contraceptives		Available	Stock out (ALSC clinic)
5	Implant		Not available	Stock out
6	IUCD		Not available	Stock out
7	HIV test kit		Not available	Stock out
8	STI drugs	Ciprofloxacin	Available	No Stock out
9		doxycyclin	Available	No Stock out
10		Metronidazole	Available	Stock out (ALSC clinic)
11		Ceftriaxone	Available	No Stock out
12		Spectinomycin	Available	Stock out (ALSC clinic)
13		Azitromycin	Available	Stock out (ALSC clinic)
14	Pregnancy test (HCG)		Available	No Stock out
15	Availability of referral format/forms		Available	No Stock out

As it was evidenced by the facility inventory, all the clinics except, Agricultural Life Science Clinic were well equipped with clinical equipment needed to provide the service. According to the guideline, during facility audit, most supplies were available during data collection time.

Family panning methods combine pills, post pill counseling, inject able contraceptives, and condoms. Plus STI drugs ceftriaxone, spectinomycin, ciprofloxacin, azitromycin, metronidazole and doxycyclin were on use. Family planning utility stock out was evident twice for two weeks during the last six months. As evidence from store release and bin card stock out was given for maximum of two week's duration.

6.1.3 Condition of facility and amenities (infrastructure)

In all campus except the main campus YFSRH services were provided with other clinical services in one room but all have different card rooms, waiting rooms, stores, laboratories, pharmacy rooms; and all of them have refrigerators in the clinics except Agricultural and Life Science. The waiting- rooms were neat, clean, and well- furnished with modern seats, but there are no entertainment systems including television, satellite dish and CD tape player.

The clinics have core service delivery signboards in front of the clinics to assist clients. All the clinics are equipped with reserve generator to ensure service provisions at working time. Pipe water is available, also water containers (Roto) were in the clinics, but it is not functionally adjust. Functional latrines were available.

6.1.4 IEC Materials and Actives

IEC/ BCC materials were not available in the waiting room to provide information on different topics of Youth Friendly Sexual and Reproductive Health and other key issues. But about 4 wall posters-2 in the Main Campus, 2 in Agricultural and Life Science Campus, but no in Kito-Furdissa Campus does not have posters posted in the waiting room. All the posters are written in Amharic language.

Participants of FGD replied about the availability of information education communication/IEC mechanism that the University followed that lacks standardized way like media, posters and flayers not available.

One discussant age of 22 years FGDA replayed "…*The flayers, poster and promotions Medias regarding sexual and reproductive health is not available in the clinic. As result our understanding regarding for the clinic and services provision are very low…"*

6.1.5 Protocols and Guidelines

National Youth Friendly Service Provision Guideline is available only in the main campus clinic. Different registration systems were, in the Main Campus software, Kito-Furdissa HMIS format, and Agricultural Life Science has its own documentation system.

The students were not involved during planning, implementation and monitoring. This were supportive by on YFSRH provider *"...the student were not involving (participating) while planning, implementing and monitoring of the program..."*

6.1.6 Working hours of the services

Kito-Furdissa clinic given 24 hours service, but other clinics do not provide the 24 hours service. Official working hours of the clinics are from Monday to Friday from 8:00 AM to 5:00 PM with one hour break at lunch time from 12: 00AM to 1:00 PM.

Most discussant reply on the service hour of those clinics that served them up to 8 hours that the service hour is not convenient to use the service, which was the same time with class time. As a result they missed the class to get the service.

One male student responded says that "*…the services offered are not satisfactory because it is only opened on our class time; because of this we are not getting sufficient services…"* (Male participant of age 23 years, FGDMM)

The respondent of the in-depth interview replied about the service hour that even if they know the service hours was not convenient, and working hard to extend the service hour but challenges were their administration system of the University.

This was supported by one clinic head of answered that "…*Even if we know the time of the service is not comfortable for students ... we ask to solve over time with duty payment, but still not permitted for us…"*

And also other clinic head stated that "…*Even though there was a practice of working until midnight (12 PM), but Presently we are working only during work hours due to termination of part- time payment…"*

Table 3: **Analysis and Judgment matrix for Availability dimension of the evaluation of YFSRH, at JU Student Clinics, 2016**

Evaluation question	Dimension	Indicators	Weight given	Observed value	Judgment parameter
Does the required resources for youth friendly sexual and reproductive health services are available? If not, why?	**Availability (100%)**	Number of trained health care providers on YFSRHS..	9	5.54	V. good (>=85%) Good (75-84%) Fair (55-74%) Poor (>55%)
		Number of clinics with YFSRH guidelines.	8	2.67	
		Number of clinics with no stock out of FP supplies in the last six month.	8	5.33	
		Number of clinics with no stock out of STI drugs in the last six month.	8	6.67	
		Number of clinics with no stock out essential drugs in the last two month.	9	8.25	
		Number of clinics with current budget plan for the program.	8	2.00	
		Number of clinics with functional latrine.	8	8.00	
		Number of clinics with functional pipe water.	8	6.00	
		Number of clinics with functional electricity.	8	8.00	
		Number of clinics with medical equipment needed to provide YFSRH.	9	8.67	
		Number of clinics with at least one IEC materials (visual aids, leaflets, video,).	8	0.00	
		Number of clinics with functional laboratory service.	9	9.00	
Total			100	70.13	

6.2 Compliance of YFSRH service provision in JU clinics

During provider–client interaction the data collectors have observed 24(57.14%) clients while service were taking. Others were not permitted to observe during the data collection period. From 24 of the respondents 15 of them got HCT and STI counseling and 9 took contraceptive counseling during the data collection.

Observation was done in 13, 10 and1 clients from kito-furddisa, main and Agricultural and Life Science campus respectively. From contraceptive service 4 from main campus clinic and 5 from kito-furddisa campus clinic were observed and for HCT and STI service 1, 6 and 8 were from Agricultural and Life Science, main and kito-furddisa campus clinic were observed respectively.

Table 4 Common items to be observed for YFSRH services, at JU Student Clinics, 2016

Common items to be observed for the services	Frequency	
	Yes	No
HCP smiling and welcoming tone	22(91.7)	2(8.3)
HCP invite client into the room and offer chair to sit	23(95.8)	1(4.2)
HCP greet patient with respect	21(87.5)	3(12.5)
HCP introduce self to client in a warm friendly manner	20(83.3)	4(16.7)
HCP call client by name	19(79.2)	5(20.8)
Encourage and aware using body language	18(75.0)	6(25.0)
HCP history-taking in privacy	21(87.5)	3(12.5)
HCP eye contact & stay closer	18(75.0)	6(25.0)
HCP be respectful and understanding	20(83.3)	4(16.7)
HCP listener & full attention	21(87.5)	3(12.5)
HCP use words that the patient understands	22(91.7)	2(8.3)
HCP ask one question at a time	20(83.3)	4(16.7)
HCP specific & free of moral judgments	21(87.5)	3(12.5)

6.2.1 Contraceptive service

Contraceptive service is one of the key and imperative for the utilization of family planning services. One of the service components of JU clinics is providing family planning counseling in line with the national guideline. Counseling process of 9 consultation sessions was observed.

During observation the provider provide information about family planning choices were given for 77.8% clients, explore client knowledge, intention and concern about FP and give additional explanation were 77.78%. For 6(66.67) clients advantage and disadvantage of the method

chosen were informed. Two (22.22%) of them the provider talk about visited date and next appointment.

Client who received information on family planning choices were informed about pill and 7(77.78%) were told about injectable.

Table 5 Observation result for contraceptive, at JU Student Clinics, 2016

Items to be observed for Contraceptive	Frequency	
	Yes	No
Does HCP explore client knowledge, intention and concern about FP and give additional explanation	7(77.8)	2(22.2)
HCP ask if the client has a particular family planning method in mind.	5(55.6)	4(44.4)
client has inclination for a particular Method	6(66.7)	3(33.3)
HCP Provide information about family planning choices	7(77.8)	2(22.2)
During consultation, the provider talk about Condom	8(88.9)	1(11.1)
During consultation, the provider talk about Pills	7(77.8)	2(22.2)
During consultation, the provider talk about Injectable	7(77.8)	2(22.2)
During consultation, the provider talk about HCP explain advantage and disadvantage of the method	6(66.7)	3(33.3)
During consultation, the provider talk about HCP counseling and screening	5(55.6)	4(44.4)
During consultation, the provider talk about HCP Clinical exam and contraceptive provided	4(44.4)	5(55.6)
During consultation, the provider talk about HCP Visited date & appointment if needed	2(22.2)	7(77.8)
HCP Records contraceptive supplies/dispensed on FP dispensed tally sheet	8(88.9)	1(11.1)

6.2.2 HCT and STI service

Sexual transmitted infection treatment procedures have been conducted and 15 consultation sessions were observed by trained and experienced observer in line with national guide line. Accordingly 93.33% discussed the need and benefits of HIV testing. During the discussion the

health provider explain HIV testing procedure were 93.33. The providers were explaining procedures to safe guard confidentiality and the need for shared confidentiality were 80%.

The provider review meaning of the result, including window period were also 80%. When we saw reinforce the need to consider the test result in reference to most recent risk exposure were 73.33%.

Table 6 Observation result for HCT and STI services at Jimma University Students Clinics, 2016

Items to be observed for HCT and STI services	Frequency	
	Yes	No
the HCP discuss the need and benefits of HIV testing	14(93.3)	1(6.7)
the HCP ensure understanding of the client by asking pertinent questions	12(80.0)	3(20.0)
the HCP explain the HIV testing procedure	14(93.3)	1(6.7)
the HCP explain the possible HIV test result	13(86.7)	2(13.3)
the HCP inform the client when the result will be ready and how and where to receive the result	15(100)	0(00)
the HCP explain procedures to safe guard confidentiality and the need for shared confidentiality	12(80.0)	3(20.0)
test result ready before post-test counseling session begins	14(93.3)	1(6.7)
the HCP thank the client for waiting	10(66.7)	5(33.3)
the HCP provide result clearly and simply	12(80.0)	3(20.0)
the HCP review meaning of the result, including window period	12(80.0)	3(20.0)
the HCP reinforce the need to consider the test result in reference to most recent risk exposure	11(73.3)	4(26.7)
the HCP remind the client that her/his result does not indicate partner's HIV status and encourage to test if not	12(80.0)	3(20.0)
HCP perform physical examination according to client complain	12(80.0)	3(20.0)
HCP identified clients with STI diagnosis	5(33.3)	10(66.7)
HCP treated the client with STI drugs	3(100)	0(00)
HCP clearly explain the next appointment date if needed	3(20.0)	12(80.0)
HCP give cue card for partner notification if needed	2(40.0)	3(60.0)
HCP record all information related to the service	14(93.3)	1(6.7)
HCP refer to higher health facility if needed	2(100)	0(00)

Table 7: Judgment matrix of Compliance dimension of the evaluation of YFSRH, at JU Student Clinics, 2016

Evaluation question	Dimension	Indicators	Weight given	Observed value	Judgment parameter
Does the health care provider deliver service in line with national guidelines? If not, why?	**Compliance (100%)**	Proportion of clients discussed the need and benefit of HIV testing	11	10.26	V. good (>=85%) Good (75-84%) Fair (55-74%) Poor (>55%)
		Proportion of clients for whom explained the HIV testing procedure was explained	9	8.40	
		Proportion of procedure to safe guard confidentiality and need for shared confidentiality	11	8.80	
		Proportion of the meaning of result, including window period	9	7.20	
		Proportion of clients reinforced to consider the test result in reference to most recent risk exposure	11	8.06	
		Proportion of clients received cue card for partner notification	10	1.33	
		Proportional of clients provided information about FP choices	11	8.55	
		Proportional of clients appointed for next appointment date.	10	4.00	
		Proportion of clients who are referred for ther se service.	9	9.00	
		Proportion of reports send to next supervisors timely.	9	6.00	
Total			100	71.6	

6.3 Survey (client exit interview)

Socio demographic characteristics of client exit interview respondents

Client exit interview was conducted to assess client satisfaction on YFSRH service being rendered by Jimma University student's clinics through structured questionnaire administered by trained data collectors. Accordingly 422(100%) of the required sample size were interviewed. The majority of the respondents 146(34.6%) were age 20. Mean age of the respondents was

20.91. About 213(50.5%) of the respondents were Oromo. Among the respondents Majority of them 176(41.7%) of the respondents were Orthodox Christian. About 390(92.4) of the respondents were single. The academic year of the respondents, majority of them 164(38.9%) were 2nd year.

Table 10. Socio-demographic characteristics, clients at JU Student Clinics, 2016

Variables	Category	Frequency(n)	Percentage (%)
Age	18	13	3.1
	19	46	10.9
	20	146	34.6
	21	85	20.1
	22	53	12.6
	23	49	11.6
	24	30	7.1
	Total	422	100.0
Ethnicity	Oromo	213	50.5
	Amhara	96	22.7
	Tigre	14	3.3
	Other	99	23.5
	Total	422	100.0
Religion	Orthodox	176	41.7
	Protestant	149	35.3
	Muslim	81	19.2
	Others	10	2.4
	Catholic	6	1.4
	Total	422	100.0
Marital status	Single	390	92.4

	Married	21	5.0
	Widowed	6	1.4
	Divorced	5	1.2
	Total	422	100.0
Academic year	1st year	115	27.3
	2nd year	164	38.9
	3rd year	80	19.0
	4th year	32	7.6
	5th year	31	7.3
	Total	422	100%
Home residence	Urban	287	68.0
	Rural	135	32.0
	Total	422	100.0
Sex	Male	276	65.4
	Female	146	34.6
	Total	422	100.0

6.3.1 Client's satisfaction on YFSRHS being provided by the clinics

This evaluation measure the level of satisfaction as an outcome variable for this particular evaluation research to determined their satisfaction using 21 measurement items each having dichotomous values 1 and 2 (Yes and No). For this study the expected maximum and minimum replay were 42 and 21 respectively finally by mean result gives as 29.1. And values below and value above the mean were considered not satisfied and satisfied respectively.

The overall satisfaction rate of the respondents was 57.4% were not satisfied with the service provided and the remaining 42.6% were satisfied with the service provided.

Clients who wait for less than 30 minute were found to be 141(33.4%) and those who wait greater than 30 minute were 281 (66.6%). Among the respondents 72.5% and 69.6% of them were satisfied with distance of the clinic from their dormitory and its location respectively.

"...because the setting of the clinic is in between others offices, the presence of other elderly people erodes our confidence. For instants, when we go for pregnancy checkup, or maternity counseling we fell scared..." (Female participant of age 22 years, FGDMF)

From the survey result 73.9% were satisfied with the cleanness of the clinic 61.8% of respondents accepted the service. About 63.5% of respondents were satisfied with considerate and respectful of service provider, 68.7% were satisfied with supportive and considerate manner of treatment.

The provider keep the privacy of the clients were 66.8% and feeling of confident by the service provider 52.4% in this evaluation research. The FGD shows that"*...when we go in to the clinic, we find two nurses in the room. This also decreases our confidence. We do not be free to tell our problems there are times we tell unrelated history and live the room..."* (Female participant age 21 years, FGDMF)

Provider considerate and respect clients and supportive and considerate manner of treatment where considerate 63.5%, and 68.7 respectively. *"...workers do not treat us in solidarity some are unethical. Of course, there are other who are concerned about us and give duly advice and care..."* (Female participant of age 22 years, FGDKF)

Clients who feel comfort about waiting area were found to be 55.9%. The FGD result shows that *"...The chair of the clinic is not comfortable while we seek for service in student clinic, so it needs replacement to make more comfortable."* (Female participant age 23 years, FGDMF)

Table 11. Client satisfaction on YFSRHS clients, at JU Student Clinics, 2016

Satisfaction rating item	Yes	No
Supportive and considerate manner of treatment	290(68.7)	132(31.3)
Cleanness of the clinic	312(73.9)	110(26.1)
Conformability of the clinic	236(55.9)	186(44.1)
The attractiveness of the clinic	221(52.4)	201(47.6)
Hearing of the discussion by some body	249(59)	173(41)
The kipping secret of the client information by the provider	287(68)	135(32)
Provider considerate and respectfulness to the client	268(63.5)	154(36.5)
The provider criticized any of the client words or actions	239(56.5)	183(43.4)
The favorability of the location of the clinic	295(69.6)	127(30.1)
The distance of the clinic appropriate for the client	306(72.5)	116(27.5)
The provider take adequate time to listen and the necessary examination to deliver the service	262(62.1)	160(37.9)
If needed refer, refer to another place	234(55.5)	188(44.5)
Feeling of confidence by the service provider	221(52.4)	201(47.6)
Acceptability of the service	261(61.8)	161(38.2)
Responsibility of the provider	265(62.8)	157(37.2)
Motivation of the provider to speak out the client case	263(62.3)	159(37.7)
If needed follow up the provider promise for continuous care	243(57.6)	179(42.4)

The provider and the service meet your need	244(57.8)	178(42.2)
The response of the provider constructive	266(63)	156(37)
The provider keep the privacy of the client	282(66.8)	140(33.2)
Asking feed back after completing treatment	193(45.7)	229(54.3)

6.3.3 Factors Affecting Client Satisfaction of JU clinics YFSRHS service

One of the objectives of this evaluation research is assessing (determine) factors related with client's satisfaction at JU clinic. Accordingly bivariate analysis was done to identify variables having association with client satisfaction in YFSRHS provision. In this analysis variables including waiting time to receive the service, Academic year, peer pressure and socio-demographic (Age, Ethnicity , Religion, Marital status, usual residence, Sex) were tested. In this analysis academic year, peer pressure and waiting time, residence, age and sex found significant association with client satisfaction (P<0-25).

Table 12 Binary logistic regression analysis result of client's satisfaction on service accommodation of YFSRHS, JU Student Clinics, 2016

Variables	Frequency(%)		P-value	AOR	95% C.I.for EXP(B)	
					Lower	Upper
Age	Less than or equal to 2o	205(48.6)	**.197**	**.775**	**.527**	**1.141**
	Greater than to 2o	217(51.4)				
Sex	Male	276(70)	**.056**	**.669**	**.443**	**1.010**
	Female	146(30)				
Residence	Urban	287(68)	**.028**	**1.586**	**1.050**	**2.395**
	Rural	135(32)				
Friend information	Yes	221(52.4)	**.027**	**1.551**	**1.052**	**2.286**
	No	201(47.6)				

Waiting time	Less than 30 min.	141(33.4)	**.012**	**1.716**	**1.128**	**2.612**
	Greater than 30 min.	281(66.6)				
Marital status	Single	390(92.4)	**.863**			
	Married	21(5)	**.494**	**.500**	**.069**	**3.647**
	Widowed	6(1.4)	**.436**	**.489**	**.081**	**2.959**
	Divorced	5(1.2)	**.741**	**.667**	**.060**	**7.352**
Religion	Orthodox	176(41.7)	**.349**			
	Protestant	149(35.5)	**.413**	**.585**	**.162**	**2.112**
	Muslim	81()19.2	**.673**	**.760**	**.212**	**2.720**
	Others	10(2.4)	**.971**	**1.025**	**.275**	**3.814**
	Catholic	6(1.4)	**1.000**	**1.000**	**.132**	**7.570**
Academic year	1st year	115(27.3)	**.184**			
	2nd year	164(38.9)	**.090**	**.500**	**.224**	**1.115**
	3rd year	80(19)	**.725**	**.871**	**.404**	**1.878**
	4th year	32(7.6)	**.270**	**.625**	**.271**	**1.440**
	5th year	31(7.3)	**.383**	**.641**	**.237**	**1.738**
Ethnicity	Oromo	213(50.5)	**.621**			
	Amhara	96(22.7)	**.979**	**1.006**	**.623**	**1.626**
	Tigre	14(3.3)	**.325**	**.750**	**.423**	**1.330**
	Other	99(23.5)	**.539**	**.694**	**.217**	**2.222**

After conducting bivariate analysis those variables having significant association were tested and analyzed for multivariate logistic regression analyses using backward LR method. Accordingly those variables having significant association with client satisfaction on YFSRHS were identified as predicator of client satisfaction.

In the multivariate analysis appropriateness waiting time to receive the YFSRHS, peer-pressure and Resident were found to be predicators of client' satisfaction at JU clinics with p value (P<0.05)

Table 13. Multivariate analysis of client's Satisfaction on YFSRHS, at JU Student Clinics, 2016

Variables		Frequency no.(%)	Sig.	AOR	95% C.I	
					Lower	Upper
Waiting time	Less than 30 min.	141(33.4)	0.012	1.732	1.13	2.652
	Greater than 30 min.*	281(281)				
Residence	Urban	287(68)	0.024	1.623	1.065	2.472
	Rural*	135(32)				
peer pressure	Yes	221(52.4)	0.026	1.566	1.055	2.326
	No*	201(47.6)				

(*) controlled for variables

The variables which controlled for in this result were waiting time Greater than 30 min., residence rural and information do not got from their friends. According those clients who received YFSRHS in acceptable (shorter) waiting time less than 30 minutes were 1.732 time more likely satisfied with YFSRHS than those clients who waiting the service greater than 30 minutes (COR=1.732, 95% CI 1.13-2.652), clients who were residence for urban were 1.623 times more likely satisfied than those who were resident in rural (COR=1.623 CI 1.065-2.472) and in addition those clients who receive information from their friends about the program are 1.566 times more likely satisfied than those do not got information from their friends service in JU clinics (COR 1.566=95% CI=1.055-2.326) with YFSRHS being provided by JU clinics.

Table 14: **Judgment matrix of accommodation dimension of the evaluation of YFSRH, at JU Student Clinics, 2016**

Evaluation question	Dimension	Indicators	Weight given	Observed value	Judgment parameter
Are clients satisfied with youth friendly sexual and reproductive health service? If not, why?	**Accommodation (100%)**	Proportion of clients perceive waiting area comfortable.	10	5.59	V. good (>=85%) Good (75-84%) Fair (55-74%) Poor (>55%)
		Proportion of clients perceives enough privacy during service and consultation.	10	6.68	
		Proportion of clients who perceive the opening hour of the service convenient.	10	3.33	
		Proportion of clients who perceive that the information they received during consultation is understood.	10	6.18	
		Proportion of clients perceives the waiting time to get service is convenient.	10	3.34	
		Proportion of clients perceives the health care providers show respect for them.	10	6.35	
		Proportion of clients who perceive the location of the clinic is favorable to use the service.	9	6.96	
		Proportion of clients who perceive the distance of the clinic is appropriate to use the service.	9	6.53	
		Proportion of clients satisfied with answers given by providers.	11	6.30	
		Proportion of clients who perceive they got information about service that they want.	11	6.38	
Total			100	57.64	

When we see the overall result and level of implementation of youth friendly sexual and reproductive health service in JU clinics, it is fair and JU clinics achieve over all 66.19% of

stated indicators according to the judgment matrix preset prior to the actual implementation this evaluation research.

Table 15 Overall judgment matrix and analysis of the evaluation of YFSRH, at JU Student Clinics, 2016

Dimension	**Value weight**	**Present achieved**	**Value achieved**	**Judgment criteria**
Availability	35%	70.13	24.54	V. good(>=85%)
Accommodation	35%	57.64	20.17	Good (75-84%)
Compliance	30%	71.6	21.48	Fair (55-74%)
Total score	**100%**	**66.19**	**66.19**	Poor (>55%)

Chapter 7: DISCUSSION

In Ethiopia, evaluation research on the implementation of Youth friendly sexual and reproductive health service provision is almost non-existent .Evaluating youth friendly sexual and reproductive service provision will have paramount importance and multidimensional imperatives to improve quality service delivery and subsequently ensures utilization.

This particular evaluation research came up with and identified important and basic strategic decision -making information to primary stakeholders;(FGAE, IPAS, DKT, OSSA, JUHAPCCO, Jimma university specialized hospital, Jimma Zonal health Department, Jimma University Student dean Office, Jimma University vice-president administrative Office and Primary beneficiaries(students)) including JU clinics management bodies and other stakeholders to optimally ensure quality YFSRH service provision and to meet organizational strategic objectives.

Availability of material and human resources, compliance to counseling and clinical procedures and clients satisfactions were the focus and dimension of this particular evaluation research level of implementation was determined through judgment criteria preset during evaluation and proposal development phases with evaluation stakeholders. Client satisfaction was determined using analytical method.

7.1 Availability of resources to provide Youth friendly sexual and reproductive health service

Availability of resources (human and physical) is considered paramount important in delivering quality YFSRH service to target population and has direct relation with implementation of activities planned. When we saw JU clinics availability of resource is considered fair per the judgment criteria. JU clinics have 39 clinical full time staffs working in the clinics and 58.9% of them received training in YFSRH service provision. The national guideline for provision YFSRH service stated at clinic level needs doctors and trained providers in YFSRH services (46).This result differ from the guide line for the three clinics only one per time doctor and the organizational are also differ as youth friendly service. All providers will trained friendly service

and obligated to invite trained personnel's when needed arise. This reduces the achievement of the clinics in providing friendly service to needy clients and needs attention and improvement.

Information educational communication materials were not available including pamphlet, information sheet and anatomical models only a few number of wall posters were available in the waiting room, consultation rooms and front desk area. Except main campus clinic other clinics were not equipped with national guideline on YFSRHS provision. This result the same from studies conduct university student conduct in Ethiopia and Global public health Evidence from low and middle income countries (26, 30). This will not support quality clinic compliance. According to the FGD result

"*…The flayers, poster and promotions Medias regarding sexual and reproductive health is not available in the clinic. As result our understanding regarding for the clinic and services provision are very low…"* (Female participant of age 22 years, FGDA)

The students were not involved during planning, implementation and monitoring. These were supportive by on YFSRH provider *"...the students were not involving (participating) while planning, implementing and monitoring of the program..."* this helps the program by setting feedback from the students. According to the guide line and AYA/pathfinder YFSRHS an assessment of facility in Tanzania, Youths should be participate in planning, implementing and monitoring of the program (31, 46).

Annual target, achievement, was available in the clinic head and student dean office. Stock out of family planning occurred in the last six months; twice for two weeks in Kito-furddisa campus clinic, Depo-Provera in Main campus clinic for two months and in Agriculture and Life Science Campus clinic except condom and STI drugs were stock out. It affected activities due to delay in procurement and supply. Problem solved by getting required component from stakeholders. During the data collection weeks all family planning service component were available. Except Agricultural and life science clinic the only available male condom and, in main campus clinic only Depo-Provera is not available for two month and almost STI drugs are available in all campus clinics and model pharmacy, according to guideline.

When we see the budget of the clinics it was finished the first quarter of the budget year. The budget is not enough to progress the service at all. One male participant in Kito-furddisa campus

says *".....When prescribed drugs are not available in the Clinic, we buy from private pharmacies and refunded from the clinic up to 100 birr. Even though we were told during engagement that we can get free medical service at stated health institution in the country, the refund amount for drugs we purchase from private clinics is only for prices less than hundred and for the excess we pay by ourselves…"*(Male participant of age 24 years, FGDKM)

According to the in-depth interview , the focus group discussions and observation result the opening hours were except Kito-Furdissa clinic given 24 hours service, but other clinics do not provide the 24 hours service. Official working hours of the clinics are from Monday to Friday from 8:00 AM to 5:00 PM with one hour break in lunch time from 12: 00AM to 1:00 PM. The exit interview result the provider take adequate time to treat and the necessary examination to deliver the service were 62.1%. In New York evaluation department stated that "late afternoons (after school or work), evenings and weekends" were convenient hours of to implement the youth friendly services (41).

One male student responded says that '' *…the serves offered are not satisfactory because it is only opened on our class time; because of this we are not getting sufficient services…"* (Male participant of age 23 years, FGDMM)

The clinic head answered that "*…Even if we know the time of the service is not comfortable for students … we ask to solve over time with duty payment, but still not permitted for us…"*

Because of this most students of the clients have difficulty in getting the service. Moreover, teaching and learning process also takes place in parallel with this time both in the Main and Agricultural Life-Science Campus Clinics.

7.2 Compliance of service provision

The health providers and the counselor treat clients in a respectful and friendly way, otherwise clients will not use the service and failure will be occurred (34).Client provider interaction of 24 HCT/STI and FP service provision sessions were observed by trained observer. Overall compliance result was considered fair per judgments criteria present with stakeholders prior to the actual evaluation.

Contraceptive service is one of the key and imperative for the utilization of family planning services. One of the service components of JU clinics is providing family planning counseling in line with the national guideline. Counseling process of 9 consultation sessions were observed by trained and experienced observer.

Accordingly the provider provide information about family planning choices were 77.78% and explore client knowledge, intention and concern about FP and give additional explanation were 77.78%. When we see this result research done in public sector Kenya, Ghana and Tanzania were 86.5%, 97.2% and 94.8% respectively (37). According to population reference bureau of Washington family planning Provider explained method use 87.4 % (34).During advantage and disadvantage of the method chosen 6(66.67) of them were informed. Research done in Ghana, 96.3% and Tanzania, 94.8% were amount of explanation you received about any problem or method of FP(37) , 2(22.22%) of them the provider talk about visited date and next appointment. Client who received information on family planning choices were informed about 7(77.78%). Accordingly 7(77.78%) of clients were informed about pill and 7(77.78%) were told about injectable.

Sexual transmitted infection treatment procedures have been conducted and 15 consultation sessions were observed by trained and experienced observer in line with national guide line. Accordingly 93.33% discussed the need and benefits of HIV testing. During the discussion the health provider explain the HIV testing procedure were 93.33. The providers were explaining procedures to safe guard confidentiality and the need for shared confidentiality were 80%. This result is nearly the same as the research done population reference bureaus of Washington were Privacy ensured during examination 91.9(%) and Confidentiality assured 77.3 % (34).The provider review meaning of the result, including window period were also 80%. When we saw reinforce the need to consider the test result in reference to most recent risk exposure were 73.33%.

7.3 Client Satisfaction of YFRSHS in JU clinics

During YFRSHS the satisfaction measured from the perspective of clients. When we saw comfortable and favorable of the service was found to be 55.9% and 69.6%. This result is different from study conducted in Kenya which revealed that 82% and 84% respondents were

reported that health the waiting area was comfortable and the facility location was convenient respectively (28), the FGD result shows that *"…The chair of the clinic is not comfortable while we seek for service in student clinic, so it needs replacement to make more comfortable."* (Female participant age 23 years, FGDMF)

Provider considerate and respect clients, motivation of the provider to speak out the clients, supportive and considerate manner of treatment and asking feedback after completing treatment where this considerate 63.5%, 62.3,68.7 and 45.7 respectively when we compare this result with other researches done, there is difference with research done in Ethiopian university students and Kenya were the respondent happy about their interactions with the service provider, 97% of the respondent were reported the provider as friendly, 98% of them showed as the provider well prepared and the entire study participant (100%) reported the provider listened well (21,28).All the focus group description's also support the clients exit interview *"…workers do not treat us in solidarity some are unethical. Of course, there are other who are concerned about us and give duly advice and care…"* (Female participant of age 22 years, FGDKF)

During youth friendly service privacy and confidentiality were extremely important to make decisions (31). The provider keep the privacy of the clients were 66.8% and feeling of confident by the service provider 52.4% in this evaluation research. The FGD shows that" …*when we go in to the clinic, we find two nurses in the room. This also decreases our confidence. We do not be free to tell our problems there are times we tell unrelated history and live the room…"* (Female participant age 21 years, FGDMF)

When we saw the provider criticized any of the client words and actions for the respondent were 56.5%. This result similar with the study conduct in northwest Ethiopia followed judgmental attitudes of health workers (13)

The respondents showed that attractiveness and responsibility of the provider were 52.4% and 62.8%. According to path finder; international youth friendly services as a service that attracts youths and the provider be responsible for youth clients (31).

When we see follow up the provider promise for continuous care, the constructive response of the provider, for more care refer to another place, hearing of the discussion by some body and the keeping secret of the client information by the provider were 57.6%, 63%, 55.5%, 59% and

68% respectively. According to the journal of adolescent 52 publish in 2013 stated that "repeatedly reported, trust was highlighted as a precondition for adolescents to discuss sensitive issues trust was also associated with feeling safe with their health care provider and felling as though they could tell them anything"(41).

73.9% respondent answered on the cleanness of the clinic this result compare to the other respondent exit interview answers in this evaluation got the first rank according to Tanzania health facility based assessment cleanness's of the service is the important factor to implement youth friendly services (33).

When we see location 69.6% of the clients were satisfied at all, but when we come main campus the respondents were less satisfies than the two. The focus grope dissection support this result

"…because the setting of the clinic is in between others offices, the presence of other elderly people erodes our confidence. For instants, when we go for pregnancy check up, or maternity counseling we fell scared…" (Female participant of age 22 years, FGDMF)

Around 57.8% were satisfied by the provider and the service provision in JU clines. According to evaluation of youth friendly health service in Malawi satisfaction implementations less than 50% "low", between 50%-75% "medium" and greater than 75% high (42).

7.3.1 Factors affecting client satisfaction on YFSRHS provision in JU clinics

In the multivariate analysis result waiting time to get JU YFSRHS, Residence and peer-pressure were found significant predictor of client satisfaction in JU clinics.

7.4 Limitation of the study

During this study the following limitation were observed. It is possible that dissatisfaction clients might not come to JU clinics to receive service; Provider might also show the best behavior response during client –provider interaction "Hawthorn Effect", "Courtesy bias" many clients express more satisfaction than they actual feel in order to be polite or because they are afraid of being identified "Courtesy bias", and the three JU clinics used different registration system, so clients document review were not conducted.

Chapter 8: CONCLUSION AND RECOMMENDATION

8.1 Conclusion

This evaluation result conclude that the overall implementation of youth friendly sexual and reproductive service at JU clinics was fair per the preset judgment criteria agreed with key stakeholders during the availability assessment phase.

JU clinics had fulfilled most of equipment and physical resource to provide youth friendly service per the guideline. Availability of staffs is also fair despite critical gap in capacitating and deploying trained personnel in youth friendly service provision. There was family planning stock out two times prior to 6 months before the study period and lasts within 2 weeks in Agricultural Life Science campus clinic and inject able family planning stock out for two months in main campus clinic. Availability dimension result is fall in fair category Information given on IEC/BCC materials almost not available and signposts were also low and except the recording card the system of registration different.

When we saw compliance dimension on counseling and clinic procedures, the result was fall in fair category. Most of the clinic procedures are in place including counseling steps and components. Areas needs improvement includes referral to other service including VCT. Explore issues related to sexual life, counseling on method specific disadvantages and lack of tracking mechanism for continuity and follow up of clients.

Client's satisfaction on the service provision is considered fair against the preset judgment criteria. The opening hours also difficult to get service according to youth friendly service the participation of students in planning implementing and monitor of the program low or not at all

In the multivariable analysis waiting time to get service, residence and peer-pressure are considered predictor of client satisfaction in JU clinics

8.2 Recommendations

The following recommendations are produced per this particular evaluation finding to improve the quality of youth friendly service provision at JU student clinics

JU clinics should establish and put in place mechanism to track and follow continuity of YFSRH service clients. This will intern improve acceptance and continuity of service by clients.

This includes:

- All clinics should be train all youth service providers.
- In all clinics need doctors according to guideline.
- Allocate the appropriate budget for all clinics.
- All clinics should be participate students while planning, implementation and monitoring of YFSRH services in the clinics.
- All JU clinics work more with stakeholders to get adequate resources specially ICE/BCC materials.
- As friendly service provision is major objective JU clinics emphasis should be given to major predicators of satisfaction including waiting time peer-pressure and residence.
- Especially main campus clinic should arrange separate room for each service providers; all clinics try to reduced waiting time as if university students and improve the service hour of the clinics both Main and Agricultural and life science clinics.
- All clinics should be concern before stock out occur (drugs and supplies).
- Make all of the clinic system of the university in the same or one system during each step of client's treatment procedures.

Chapter 9: META-EVALUATION

9.1: Utility

Stakeholders were engaged and actively participate throughout the evaluation process and agreement was reached with major stakeholders to utilize the finding of the evaluation.

9.2: Propriety

Ethical clearance was received from Jimma University, college of public health Ethical board. Interviewers were trained on how to handle sensitive and emotional issues and on the importance of keeping confidentiality. Informed written and verbal consent was obtained from the study subjects, by explaining the purpose of the study objective. Issues related to confidentiality and any potential risk and benefits from participation in the study was also be discussed.

9.3: Feasibility

Youth friendly sexual and reproductive health established program with guideline that makes certain the availability of adequate data for the evaluation. The resources used for the evaluation are justifiable for benefits of program improvement and to the client as a whole.

9.4: Accuracy

To exclude effects of other factors, the study was conducted on youth friendly sexual and reproductive health service clients were preventing threat to internal validity. Different methods of data collection were used for a single phenomenon to enable triangulating different data collection methods to ensure good quality information to be generated and maximize accuracy.

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ANNEX:

ANNEX I: Clients Exit Interview Questionnaires at Jimma University Students Clinics, 2016

Consent form

Hello, I am ____________, from Jimma University. We are conducting an evaluation research on youth friendly sexual and reproductive service implementation and we would like to talk to you about your experiences participating in the service in this clinic. We need to ask you some questions and we assure you that nothing you tell us will be shared with anyone else. The information you provide to us would facilitate improvement in the quality of services by addressing the problems with service delivery.

You can refuse to participate in the interview or stop it anytime if you wish. Your refusal to participate in this study will not in any way affect the services you will receive.

Do I have your permission to be present at this consultation? 1. Yes 2. No

s.no	Item	
Part I. Socio demographic information of the respondent		
001	Name of the clinic ----------------	
002	Age of the respondent ----------	
003	Sex of the respondent 1=male 2= Female	
004	Marital status 1=married 2=single 3=Widowed 4=Divorced	
005	Ethnicity 1=Oromo 2=Amhara 3=Tigre 4=Other specify______________________	
006	Religion 1= Protestant 2. Orthodox 3. Muslim 4. Catholic 5=others	
007	Usual residence 1=urban 2=rural	
008	Academic year 1=1st year 2=2nd year 3= 3rd year 4= 4th year 5= 5th and above	
Part II. youth friendly related questions		
009	Did you see a sign post containing information on the types of Youth Sexual and Reproductive Health services provided 1= yes 2= No	
010	Did you see a sign post containing information on the working days and hours of the health facility	

	1= yes 2= no
011	Did you receive information from your friends about the available sexual & reproductive health services before coming in this clinic? 1=yes 2=no
012	If yes for Q 011 how many of your friends use the service? 1=all 2=many 3=some 4=do not know
013	If no for Q 011Where Did you receive information about the available sexual & reproductive health services before coming in this clinic? 1=mass media 2=flayers 3=without information
014	Did the health-care provider treat you in a supportive and considerate manner? 1= yes 2= no
015	Did you find the health facility as Clean? 1= yes 2= no
016	Did you find the Clinic waiting area as Comfortable? 1= yes 2= no
017	Did you find the health facility as Attractive? 1= yes 2= no
018	Do you believe that others could hear your discussion with the health-care provider 1= yes 2= No
019	Do you believe the information you provided is kept in secret (confidential)? 1= yes 2= No
020	Were you able to get the medicines and supplies that were prescribed for you to pick up at this facility? 1= in the clinic 2=model pharmacy 3=outside the campus
021	Were you provided any informational/ educational materials to take with you? **1=yes 2= no**
022	If yes for Q 021Did the materials contain information that you found useful? 1=yes 2=no
023	Was the health care provider considerate and respectful? 1=yes 2=no
024	Was s/he criticized of any of your words or actions? 1=yes 2=no
025	Did the location of the service favorable for you 1=yes 2=no
026	Did the distance of the clinic appropriate for you 1=yes 2=no
027	Did the health care provider take adequate time to listen to you, do the necessary examination and deliver the services? 1=yes 2=no
028	Did the health-care provider refer you to another place? 1=yes 2=no
029	Did you feel confidence about the service provider? 1=yes 2=no
030	Did you think that the service during consultation information acceptable or understandable by your side? 1=yes 2=no
031	Did you think that the provider were responsible? 1=yes 2=no

032	Did you think that the provider motivate you to speak out? 1=yes 2=no
033	Did the provider promise for continuous or farther care, if you are or your case is needed follow up? 1=yes 2=no
034	Did you think that the provider and the service satisfied (meet your need)? 1=yes 2=no
035	Did the response of the provider satisfied and constructive? 1=yes 2=no
036	Did you think the provider keep your privacy? 1=yes 2=no
037	Did you think that you wait average between the time you arrive at the facility and the time you see health care provider for consultation less than 30 minuets? 1=yes 2=no
038	Did the provider ask your feed back after completing? 1=yes 2=no

Thank you!

Data collector name: ___________________ Date of data collection ____________Signature_______

Supervisor's name______________________ checked date_____________ Signature_____________

ANNEX II: Resource Inventory checklist at Jimma University Students Clinics, 2016

Instruction: This checklist will be used to conduct an inventory of availability of infrastructure and program resources in each clinic for the YSRH program.

Name of the campus: ______________________Name of the clinic: ______________________

Total number of students in the campus_________________ number of trained health care provider in the program_____________

Complete the following table by asking the health care provider and/or by observing store and bin card

S.no	Item	Available		Remark
		Yes	No	
YRH RELEVANT DOCUMENTS				
1	YSRH Strategy			
2	Youth Friendly Service Implementation guide line			
3	Annual Program plan of YFRH			
4	YFSRHS SOPs			
INFORMATION SHOWN ON SIGN POST				
5	The types of SRH services provided			
6	The working days and hours			
7	The sign post is in good condition and is displayed in a prominent location			
IEC (Health Education) MATERIALS AT THE WAITING AREAS				
8	Sexually transmitted infections/HIV/AIDS			
9	Unwanted/unplanned pregnancy and contraceptive use/FP			
10	Maternal health care (ANC, Delivery Care Postnatal Care)			
11	Other IEC (Health Education) materials(Specify)			
12	plan for training youth as peer education			
CLEANLINESS AND ATTRACTIVENESS OF THE FACILITY		**Cleanliness** means that there is no dirt, no litter, and no bad smells		
13	Surrounding around the Health Facility			
14	Reception Counter			
15	Waiting room			
16	Consultation room			
17	Examination room			
18	Water in the toilets			
19	Electricity(Generator)			
AVAILABILITY OF THE FOLLOWING:		Observe the drainage system, proper segregation of wastes, and adequate number of waste bins, cleaning tools,		

		detergents, and availability of running water.		
20	Drainage system			
21	Covered waste bins			
22	Running water			
23	Cleaning tools (broom, scrub, brush, cloths etc.)			
24	Disinfectants/detergents			
25	Computer with internet access			
26	Chair and table			
27	Locker			
28	Examination bad			
29	Stretcher			
30	Blood pressure gauge			
31	Thermometer			
32	Stethoscope			
33	Scissors			
34	Syringe and needles			
35	Pregnancy test kit			
36	Needle holder			
37	Sterile gloves			
PROVISION OF PRIVACY AND CONFIDENTIALITY				
38	Separate consultation room with functional door and window			
DRUGS, SUPPLIES AND SERVICES				
39	Condoms			
40	Oral contraceptives			
41	Depo-Provera			
42	IUCD			
43	Implant			
44	Emergency contraceptives			
45	HIV test			

46	STI drugs	Ciprofloxacin			
		doxycyclin			
		metronidazole			
		ceftriaxone			
		spectinomycin			
		azitromycin			
47	Pregnancy test				
48	Availability of referral format/forms				

Thank you!

Data collector name: __________________ Date of data collection ____________Signature______

Supervisor's name______________________ checked date_____________ Signature_____________

ANNEX III: Key informants interview guide for health care providers at Jimma University Students Clinics, 2016

Instruction: This questionnaire/tool will be used to assess the YFSRH service delivery and organization as well as factors associated with implementation of the program at the clinics and will be answered by health care providers.

In general the following core areas will be addressed:

- YFSRH service delivered and organization of service at the clinic
- Factors for YFSRH service utilization/Barriers to program implementation
- Support system
- Stakeholders involvement and advocacy in YFSRH service
- Challenges and solutions

Consent form

I want to thank you for taking time to meet with me today. My name is ____________from Jimma University and I would like to talk to you about your experiences participating in the YRH service. Specifically, as one components of our overall program evaluation we are assessing program implementation in order to capture lessons that can be used in future to improve the program. The interview should take 30 -45 minutes. All responses will be kept confidential. This means that your interview responses will only be shared with research team members and we will ensure that any information we include in our report does not identify you as the respondent. Remember, you don't have to talk about anything you don't want to and you may end the interview at any time.

Are there any questions about what I have just explained?

Are you willing to participate in this interview?

_________________ _________________ ______________

Interviewee Interviewer Date

1. Does the clinic have the documents "Standards on Youth Friendly Reproductive Health Services", "Tools for planning implementation and monitoring of (show documents) and other adolescent & youth reproductive health related policy and strategy documents? Specify documents that are said to be available in the health facility.

2. Are health workers providing services to youth trained in Youth Friendly Reproductive Health Services?

3. Does the health facility have a sign post containing information on?

a. the types of youth reproductive health services provided?

b. the working days and hours for the provision of YFRH services ?

4. Do health care providers in this facility provide YFRH services in a non-judgmental, caring and supportive manner?

5. Does the clinic have Standard Operating Procedures (SOPs) explaining how the service outlets are kept clean, comfortable and attractive to youth?

6. Do the consultation rooms for adolescent & youth ensure?

a. privacy (visual & auditory)?

b. confidentiality (records locked and not accessible to other people)?)

7. Are adequate amounts of the following drugs or supplies available in this facility?

a. Male condoms

b. Female condoms

c. Oral contraceptives

d. Dedicated emergency contraceptives

e. Injectable

8. Have you had shortages/stock outs of any of the drugs or supplies mentioned in Q 7 above in the last one month?

If yes, which drugs or supplies did you have shortages/ stock outs?

9. Does the clinic have IEC/BCC (Health Education) materials on different components of YFRH? (If No or I don't know, please skip to Q No 11)

10.Has this clinic run out of IEC/BCC (Health Education) materials in the last one month?

If yes, which IEC/BCC (Health Education) materials has the health facility run out in the last one month?

11. Does the clinic have guidelines/teaching materials for peer education?

12. Do staffs of this health facility have adequate knowledge and skills to train adolescents & youth in peer education?

13. Has this facility trained youth peer educators in the last three months? If yes,how many? ____________

14. Does the clinic have the case management guidelines for the essential health service package for?

a. STIs

b. HIV/AIDS

c. Contraception/family planning

d. Others specify ______________________________

15.Have staff been trained on the case management guidelines? If yes, in which of the services were they trained?

16. Does the clinic have a functional referral and feedback (back referral) system with other health facilities delivering reproductive health services?

a. Referral (one way)

b. Feedback (back referral)

17.Are youth trained in the provision of certain services?

If yes, on what types of services have they been trained?

18.Are youth actively involved in planning/ implementation/, monitoring & evaluation of YFRH services?

If yes, please explain the mechanism and the scope of their involvement

ANNEX IV: Direct observation checklist (guide) at Jimma University Students Clinics, 2016

An observation checklist will be used to assess the compliance of health worker in YFSRH service delivery at student clinic while providing testing and counselling services on sexual and reproductive health.

Consent form between health care provider and data collector

I want to thank you for taking time to meet with me today. My name is _______________ from Jimma University and I am hereby to observe the clinical sessions at this unit, which is part of evaluation and will help to improve the quality of YFSRH services delivered at this clinic.

The observation will be conducted while the health care provider delivering services and finding will be kept confidential. Further we will ensure that any information we include in our report does not identify you as a part of observation.

Remember, everything will be undertaken with your agreement and your willingness will be respected.

- Are any questions about what I have just explained?
- Are you willing to participate in this observation?

_______________ ___________________ _____________________

Candidate (HCP) Observer Date

Consent form between health care provider and program client

Thank you for visiting our clinic for receiving services. He is hereby to observe the clinical and provide additional support which will help to provide you better services. During overall process your information will be kept confidential and no one identify you as a part of observation. Remember, everything will be undertaken based on your will.

- Are any questions about what I have just explained?
- Are you willing to participate in this observation?

_______________ ___________________ _____________________

Candidate (client) Observer Date

Identification and respondents background:

Name of clinic _________________

Date of observation _______________________________

Profession of health care provider: ____________________________

Health care provider is trained on YFSRHS Yes____ No_____

Service provision time:

- Start time (local time 00:00:00) _________________
- End time (local time 00:00:00) __________________

s. no	Items to be observed	**Yes**	**No**	**Remarks**
	Part I: Client provider interaction			
	For all services			
1	Does HCP smiling and welcoming tone?			
2	Does the HCP invite client into the room and offer chair to sit?			
3	Does the HCP greet patient with respect?			
4	Does the HCP introduce self to client in a warm friendly manner?			
5	Does the HCP call client by name?			
6	Does HCP encourage and aware using body language?			
7	Does HCP history-taking in privacy?			
8	Does HCP eye contact & stay closer?			
9	Does HCP be respectful and understanding?			
10	Does HCP listener & full attention?			
11	Does HCP use words that the patient understands?			
12	Does HCP ask one question at a time?			
13	Does HCP specific & free of moral judgments?			
14	**For HCT and STI services**			

15	Does the HCP discuss the need and benefits of HIV testing?			
16	Dose the HCP ensure understanding of the client by asking pertinent questions?			
17	Dose the HCP explain the HIV testing procedure?			
18	Dose the HCP explain the possible HIV test result?			
19	Dose the HCP inform the client when the result will be ready and how and where to receive the result?			
20	Dose the HCP explain procedures to safe guard confidentiality and the need for shared confidentiality?			
21	Has a test result ready before post-test counselling session begins?			
22	Does the HCP thank the client for waiting?			
23	Does the HCP provide result clearly and simply?			
24	Does the HCP review meaning of the result, including window period?			
25	Does the HCP reinforce the need to consider the test result in reference to most recent risk exposure?			
26	Does the HCP remind the client that her result does not indicate partner's HIV status and encourage to test if not?			
27	Dose HCP perform physical examination according to client complain?			
28	Dose HCP treated the client with STI drugs?			
29	Dose HCP clearly explain the next appointment date if needed?			
30	Dose HCP give cue card for partner notification if needed?			
31	Dose HCP record all information related to the service?			
32	Dose HCP refer to higher health facility if needed?			

	For contraceptive			
33	Dose HCP explore client knowledge, intention and concern about FP and give additional explanation?			
34	Dose HCP ask if the client has a particular family planning method in mind.			
35	Does client has inclination for a particular Method?			
36	Dose HCP Provide information about family planning choices?			
	During consultation, did the provider talk about any of the following?			
37	Condom(male & female)			
38	Pills			
39	Inject able			
40	Dose HCP explain advantage and disadvantage of the method?			
41	Dose HCP counseling and screening?			
42	Dose HCP Clinical exam and contraceptive provided?			
43	Dose HCP Visited date & appointment if needed?			
44	Dose HCP Records contraceptive supplies/dispensed on FP dispensed tally sheet?			

Closing: thanks the health care provider as well as the client.

Observer name	Observation date	Signature
Checked by/supervisor name	Checked date	Signature

ANNEX V: Focus group discussion at Jimma University Students , 2016

Focus group discussion in Jimma University students

Implementation evaluation of youth friendly sexual and reproductive health

ORAL CONSENT FORM

Background Information

Date: ____

Campus: ____

Start time:____

End time:____

Number of facilitator:____

Name of note Taker:____

No.	Participant ID	Academic Year	Sex	Age
1				
2				
3				
4				
5				
6				
7				
8				

1. What are the health services provided in students clinic?
   [Probe: list health services, who is providing the service, what is the distance from CLINIC, what are services not given at THE clinic, etc.]

2. How do you see the technical capacity of the health workers in providing YFSRH services to students? (***Probe for technical skill, users friendly, responsiveness etc)***
3. What is student's perception about the YSRH services given at the clinic?**, *(Probe for technical capacity, acceptability***
4. How do you describe the adequacy and timely availability of resources for YFSRH provided at the clinic (***probe for types of contraceptives available, information education and communication materials?)***
5. Is the service outlets are kept clean, comfortable and attractive to you? Explaining how the service outlets are kept clean, comfortable and attractive to youth?
6. How you perceive on quality of service providing at this clinic?
7. According to your view, what is the problem and challenge of YSRH in the University today? [Do you think there is a challenge in using YFSRH of the clinic?
8. If additional idea to say about the service?(if recommendation is possible)

ANNEX VI: Information matrix on resource availability for evaluation of YFERHS, 2016

Evaluation question	**Dimension**	**Indicators**	**Methods**	**Tools**
Does the required resources for youth friendly sexual and reproductive health services are available? If not, why?	**Availability**	Number of clinics with trained health care providers.	Resource inventory	Resource inventory checklist
		Number of clinics with YFSRH guidelines.	Resource inventory	Resource inventory checklist
		Number of clinics with no stock out of FP supplies in the last one year period.	Resource inventory	Resource inventory checklist
		Number of clinics with no stock out of STI drugs in the last one year period.	Resource inventory	Resource inventory checklist

		Number of clinics with no stock out essential drugs in the last two month.	Resource inventory	Resource inventory checklist
		Number of clinics with current budget plan for the program.	Resource inventory	Resource inventory checklist
		Number of clinics with functional latrine.	Resource inventory	Resource inventory checklist
		Number of clinics with functional pipe water.	Resource inventory	Resource inventory checklist
		Number of clinics with functional electricity.	Resource inventory	Resource inventory checklist
		Number of clinics with medical equipment needed to provide YFSRH.	Resource inventory	Resource inventory checklist
		Number of clinics with at least one IEC materials (visual aids, leaflets, video,).	Resource inventory	Resource inventory checklist
		Number of clinics with functional laboratory service.	Resource inventory	Resource inventory checklist

ANNEX VII: Information matrix on resource compliance for evaluation of YFERHS, 2016

Evaluation question	Dimension	Indicators	Methods	Tools
Does the health care provider deliver service in line with national guidelines? If not, why?	Compliance	Proportion of clients discussed the need and benefit of HIV testing	Observation	Semi structured observation checklist
		Proportion of clients who explained the HIV testing procedure	Observation	Semi structured observation checklist
		Proportion of clients explained procedure to safe guard confidentiality and need for shared confidentiality	Observation	Semi structured observation checklist
		Proportion of clients explained the meaning of result, including window period	Observation	Semi structured observation checklist
		Proportion of clients reinforced to consider the test result in reference to most recent risk exposure	Observation	Semi structured observation checklist
		Proportion of clients received cue card for partner notification	Observation	Semi structured observation checklist
		Proportional of clients provided information about FP choices	Observation	Semi structured observation checklist
		Proportional of clients appointed for next appointment date.	Observation	Semi structured observation checklist
		Proportion of clients who are referred for further service according to guideline.	Observation	Semi structured observation checklist
		Proportion of reports send to next supervisors timely.	Observation	Semi structured observation checklist

ANNEX VIII: Information matrix on resource compliance for evaluation of YFERHS, 2016

Evaluation question	Dimension	Indicators	Methods	Tools
Are clients satisfied with youth friendly sexual and reproductive health service? If not, why?	**Accommodation**	Proportion of clients perceive waiting area comfortable.	Exit interview	structured questionnaires
		Proportion of clients perceives enough privacy during service and consultation.	Exit interview	structured questionnaires
		Proportion of clients who perceive the opening hour of the service convenient.	Exit interview	Semi structured questionnaires
		Proportion of clients who perceive that the information they received during consultation is understand.	Exit interview	Semi structured questionnaires
		Proportion of clients perceive the waiting time to get service is convenient.	Exit interview	Semi structured questionnaires
		Proportion of clients perceive the health care providers show respect for them.	Exit interview	Semi structured questionnaires
		Proportion of clients who perceive the location of the clinic is favorable to use the service.	Exit interview	Semi structured questionnaires
		Proportion of clients who perceive the distance of the clinic is appropriate to use the service.	Exit interview	Semi structured questionnaires
		Proportion of clients satisfied with answers given by providers.	Exit interview	Semi structured questionnaires
		Proportion of clients who perceive they got information about service that they want.	Exit interview	Semi structured questionnaires

Standard and judgment matrix

ANNEX IX: Analysis and Judgment matrix for Availability dimension of the evaluation of YFSRH at Jimma University, 2016

Evaluation question	**Dimension**	**Indicators**	**Weight given**	**Observed value**	**Judgment parameter**
Does the required resources for youth friendly sexual and reproductive health services are available? If not, why?	**Availability (100%)**	Number of trained health care providers on YFSRHS.	9		V. good (>=85%) Good (75-84%) Fair (55-74%) Poor (>55%)
		Number of clinics with YFSRH guidelines.	8		
		Number of clinics with no stock out of FP supplies in the last six month.	8		
		Number of clinics with no stock out of STI drugs in the last six month.	8		
		Number of clinics with no stock out essential drugs in the last two month.	9		
		Number of clinics with current budget for the program.	8		
		Number of clinics with functional latrine.	8		
		Number of clinics with functional pipe water.	8		
		Number of clinics with functional electricity.	8		
		Number of clinics with medical equipment needed to provide YFSRH.	9		
		Number of clinics with IEC materials (visual aids, leaflets, video,).	8		
		Number of clinics with functional laboratory service.	9		

ANNEX X: Judgment matrix of Compliance dimension of the evaluation of YFSRH at Jimma University, 2016

Evaluation question	Dimension	Indicators	Weight given	Observed value	Judgment parameter
Does the health care provider deliver service in line with national guidelines? If not, why?	**Compliance (100%)**	Proportion of clients discussed the need and benefit of HIV testing	11		V. good (>=85%) Good (75-84%) Fair (55-74%) Poor (>55%)
		Proportion of clients who explained the HIV testing procedure	9		
		Proportion of procedure to safe guard confidentiality and need for shared confidentiality	11		
		Proportion of the meaning of result, including window period	9		
		Proportion of clients reinforced to consider the test result in reference to most recent risk exposure	11		
		Proportion of clients received cue card for partner notification	10		
		Proportional of clients provided information about FP choices	11		
		Proportional of clients appointed for next appointment date.	10		
		Proportion of clients who are referred for further service according to guideline.	9		
		Proportion of reports send to next supervisors timely.	9		

ANNEX XI: Judgment matrix of accommodation dimension of the evaluation of YFSRH at Jimma University, 2016

Evaluation question	Dimension	**Indicators**	**Weight given**	**Observed value**	**Judgment parameter**
Are clients satisfied with youth friendly sexual and reproductive health service? If not, why?	**Accommodation (100%)**	Proportion of clients perceive waiting area comfortable.	10		V. good (>=85%) Good (75-84%) Fair (55-74%) Poor (>55%)
		Proportion of clients perceives enough privacy during service and consultation.	10		
		Proportion of clients who perceive the opening hour of the service convenient.	10		
		Proportion of clients who perceive that the information they received during consultation is understand.	10		
		Proportion of clients perceive the waiting time to get service is convenient.	10		
		Proportion of clients perceive the health care providers show respect for them.	10		
		Proportion of clients who perceive the location of the clinic is favorable to use the service.	9		
		Proportion of clients who perceive the distance of the clinic is appropriate to use the service.	9		
		Proportion of clients satisfied with answers given by providers.	11		
		Proportion of clients who perceive they got information about service that they want.	11		

ANNEX XII: Overall judgment matrix and analysis of the evaluation of YFSRH at Jimma University, 2016

Dimension	**Value weight**	**Present achieved**	**Value achieved**	**Judgment criteria**
Availability	35%			V. good(>=85%) Good (75-84%) Fair (55-74%) Poor (>55%)
Accommodation	35%			
Compliance	30%			
Total score	**100%**			