
Assessing Best Sexual and Reproductive Health Youth-Friendly Services Among Urban Youth

Final Report

Submitted to: Uganda Youth Development Link (UYDEL)

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
FGD	Focus Group Discussion
HIV	Human Immunodeficiency Virus
IRB	Institutional Review Board
KII	Key Informant Interview
SRH	Sexual and Reproductive Health
UNCST	Uganda National Council for Science and Technology
UYDEL	Uganda Youth Development Link
WHO	World Health Organization

Table of content

Acknowledgments	2
Acronyms	3
Table of content.....	4
List of tables	5
Executive summary	6
Background.....	8
Purpose and objectives of the study	9
Data and methods	9
Design and methodology.....	9
Overall approach	9
Study population and area.....	10
Desk/secondary review.....	10
Primary data collection	10
Sampling for Quantitative strand	10
Sampling for Qualitative strand	10
Data collection	11
Focus group discussions (FGDs)	11
The key informant interviews.....	11
Survey	11
Data Collection and Management	11
Recruitment and training of research team and pilot testing.....	12
Data quality control	12
Data Analysis.....	13
COVID-19 Risk Management Plan.....	13
Results.....	13
Distribution of respondents.....	13
Sexual behaviour of respondents	14
Table 2b: Distribution of respondents by sexual activity status.....	16
Accessibility to youth friendly SRH services	16
Acceptability of youth friendly SRH services.....	18
Appropriateness of youth friendly SRH services.....	19
Equity in provision of youth friendly SRH services	20
Effectiveness in provision of youth friendly SRH services	22
Competency in provision of youth friendly SRH services.....	23
Client can express opinion.....	24
Confidentiality in the provision of youth friendly SRH services	25
Environment in provision of youth friendly SRH services	27
Youth friendly SRH services	29
Number of qualified staff and facilities at the facility	31
Number of maternity beds.....	32
Youth friendly services offered at the health facility	33
Discussion	34
Recommendations	35
Annex.....	36

List of tables

Table 1: Sample characteristics of adolescents (10-18 years).....	14
Table 2a: Sexual behaviour	14
Table 3: Accessibility to youth friendly SRH services	16
Table 4: Acceptability of youth friendly SRH services.....	18
Table 5: Appropriateness of youth friendly SRH services	19
Table 6: Equity in provision of youth friendly SRH services	20
Table 7: Effectiveness in provision of youth friendly SRH services.....	22
Table 8: Competency in provision of youth friendly SRH services	23
Table 9: Confidentiality in provision of youth friendly SRH services.....	25
Table 10: Environment in provision of youth friendly SRH services	27
Table 11: Youth friendly SRH services provided.....	29
Table 12: Number of qualified, and facilities at the facility.....	31
Table 13: Services offered at the facility.....	33

Executive summary

Background

This report provides results from an annual survey on the best sexual and reproductive health (SRH) service youth-friendly service provider in Makindye, Nakawa, and Rubaga divisions in Kampala, Uganda. The survey was intended to achieve the following objectives: a) find out whether youth friendly corners have adequate space and sufficient privacy; b) determine if the health facility environment is comfortable for providing service for youth; c) determine whether providers and staff are specially trained to work with youth issues; d) determine whether the attitude of providers and staff are supportive toward giving services to youth; and e) to find out if the boys and girls are welcomed and served.

Methods

A mixed methods approach involving both quantitative and qualitative methods of data collection was adopted. A sample of 326 youth in three divisions (Makindye, Nakawa, and Rubaga) was interviewed. The respondents were sampled from a list of beneficiaries from the UYDEL programme. We also visited a total of 14 health facilities (UYDEL and non-UYDEL beneficiaries). We conducted 7 FGDs and 9 KIs. All interviews were conducted following WHO ethical guidelines for managing ethical research Issues in Infectious Disease Outbreaks.

Results

- Results indicate the same pattern by UYDEL beneficiary status in terms of sex of the respondents, age, current earnings, not having a disability, use of internet, owning a mobile phone and not drinking alcohol. That is, majority of respondents were females, aged 18-23 years, had never used internet, and were not drinking alcohol.
- More than half of respondents were sexually active. That is, 64% in Rubaga, 63% in Makindye and 55% in Nakawa. More than half of respondents in Rubaga (69%), Makindye (58%) and Nakawa (54%) reported to have used a condom on last sex. Majority of respondents knew the HIV status of the person they last had sex with, in all divisions: Rubaga (77%), Makindye (67%) and Nakawa (73%).
- Nearly all respondents in the three divisions (Rubaga, Makindye and Nakawa) reported to have convenient operating hours at health facilities: Rubaga (96%), Makindye (95%) and Nakawa (96%), and those services were affordable or free: Rubaga (87%), Makindye (76%) and Nakawa (88%).
- Most respondents were satisfied with the youth friendly SRH services they get at the health facilities: Rubaga (91%), Makindye (95%) and Nakawa (97%).
- Nearly all respondents included in the study reported that everyone is welcome regardless of age, facility has welcoming services for young men and women, facility is open to all racial groups, facility is open to all religious groups, everyone is welcome regardless of marital status, relationship status, sexual orientation.
- Majority of the respondents in the study in all the three divisions report that supplies were available on site, providers are medically competent, providers take client history and follow caregiver's advice, adherence to treatment.
- Nearly all respondents reported that confidentiality is respected, client's consultation cannot be heard or seen by other clients or staff, privacy is respected, staff explains services in a confidential way, tests are handled confidentially, there is privacy asking for services at the reception, and staff use shielded language when calling for appointment.
- Nearly all facilities under the UYDEL beneficiary programme reported that facilities had treatment and care of people living with HIV/AIDS, prevention of mother to child transmission (PMTCT), management of HIV/TB co-infection, and integrated management of adult illness (IMAT).

Recommendations

There is need for UYDEL and partners to consolidate efforts aimed at providing youth friendly HIV/AIDS and SRH services in Kampala through:

1. There is also need to explore scale up of positive models especially the adolescent/youth friendly corners that can attract and sustain the interest of adolescents and youth to seek SRH and HIV/AIDS prevention and care services at the facilities.
2. There is need to adapt SRHR interventions to the ecological model and life course life course trajectory to reach girls and boys at early ages, and to implement tailored life course interventions that assess and risk factors for poor SRH and HIV at different levels. These include: (a) personal factors (knowledge, agency, and aspirations); (b) social factors (socialization processes, capital, costs and consequences); and (c) structural factors (health/educational systems, religious institutions, government policies) which facilitate or constraint young people to adopt the desired SRHR behaviour as they age and transition from childhood to adolescence and adulthood.
3. Explore use of targeted mentorships and critical reflection sessions with the peer educators for young people at various stages of life course transition: Very Young Adolescents (VYA), Older Adolescents (OAs) and youth generally.
4. There is need design interventions that can increase the agency of adolescents and young people to navigate the socio-cultural and environmental barriers to access and use of SRH services including contraception. To consolidate the gains achieved so far, deliberate actions should include:
 - a) Build capacity of service providers in providing adolescent-friendly sexual and reproductive health (SRH) services, particularly contraception services, and in establishing adolescent- and youth-friendly corners or spaces to increase discussion and access to SRH information and FP services.
 - b) Increase women's and girls' agency to initiate conversations with SRH services providers, in order to promote more meaningful interactions between the services providers and adolescents and young people in need of SRH services such as contraception.
 - c) Address misinformation and misconceptions by providing comprehensive information about SRH services including contraception to providers, key influencers, and targeted users of the FP services.
5. There is need to combine SRH interventions with gender transformative programming activities given the fact that there is male domination in reproductive health decision making, there is need to put emphasis on innovative male engagement strategies that can harness men/boys as partners in promoting use of SRH services including modern contraceptives.
6. Support the scale up and linkage of SRH and life skills interventions in urban settings. UYDEL and partners should advocate for integrated SRH and life skills especially among adolescent adolescents and youth to strengthen their agency to when it comes to making decisions about delaying sex or having safe sex. This should emphasize activities that empower young people to exercise their agency in making independent decisions, negotiations, and interactions, resistance of subversive practices that affect adoption of safer sexual practices and SRHR and choices.

Background

This report provides results from an annual survey on the best sexual and reproductive health (SRH) service youth-friendly service provider in Makindye, Nakawa, and Rubaga divisions in Kampala, Uganda. It provides a background and context, project overview, objectives of the assessment, approach, and study tools. The major aim of the study was to help Uganda Youth Development Link (UYDEL) and its partners understand the impact and effectiveness of the Partnerships between EASY U25 project and the Health facilities in Improving access SRHR services and information for the most vulnerable youth living in the slum areas of Makindye, Nakawa and Rubaga Divisions in Kampala, Uganda and identify gaps and challenges to be enhanced and strengthened to support improved access to SRHR services and Information for Youth.

UYDEL in partnership with Lutheran World Federation is implementing Enhancing Age-appropriate Adolescents Sexual Reproductive Health Services for Young People below 25 Years (EASY-U25) that is being funded by Bread for the World. The Project is addressing poverty, commercial sexual exploitation, teenage pregnancy, and motherhood, STIs including HIV and Aids, and Gender stereotypes among 3,000 adolescents both boys and girls 12-18 years of differing ethnic background living in the slums of Kampala reached with age-appropriate reproductive health information including HIV/AIDS & STIs prevention and Psychosocial support services. The Project will also reach out to 500 young people boys and girls 18-25 years of differing ethnic background living in the slums of Kampala supported to access vocational trainings and start-up capital. The young people will participate in the selection of preferred vocational skills and business enterprises. The project will work closely with 100 peer club members (50 Males & 50 Females) trained in psychosocial support and life skills to provide peer to peer support to fellow adolescents.

Young people form a significant proportion of the vulnerable population in terms failure to access reproductive health and rights services. Yet, young people start having sexual intercourse under the influence of drug or substance abuse such as alcohol, tobacco¹. Other young people can initiate sexual intercourse due to exposure to pornographic context² or even coercion³. In other literature, young people can start having sexual intercourse because of school-drop out⁴. However, having sexual intercourse can raise the need to have sexual and reproductive health and rights services which may not be readily available especially among urban young people. It is therefore important to understand these dynamics to inform policy and programming to address the challenges young people face to access sexual and reproductive health and rights services.

In Uganda, young people constitute the biggest and youngest proportion of the population⁵. Previous research^{6,7} has reported an increase in HIV infection and transmission among young

¹ Yakubu I, Salisu WJ. Determinants of adolescent pregnancy in sub-Saharan Africa: a systematic review. *Reprod Health*. 2018;15(1):15.

² Galatzer-Levy RM. Obscuring desire: a special pattern of male adolescent masturbation, internet pornography, and the flight from meaning. *Psychoanal Inq*. 2012;32(5):480–95.

³ Ševčíková A, Daneback K. Online pornography use in adolescence: age and gender differences. *Eur J Dev Psychol*. 2014;11(6):674–86.

⁴ United Nations High Commissioner for Refugees. Adolescent sexual and reproductive health in refugee situations: a practical guide to launching interventions in public health programmes. Geneva 2019.

⁵ Kwesiga, E, R Wamajji, G Mwesigye, and P Mubangizi. 2019. *State of the Youth Report in Uganda:*

Assessing Government's investment in young people. Available:

https://www.researchgate.net/publication/338547644_THE_STATE_OF_THE_YOUTH_REPORT_Assessing_Government_Investment_in_Young_People Accessed 11 May 2022

people in Uganda – with approximately 52,000 new infections documented in 2016⁸ – calling for research on sexual behaviour of young women. We draw on data from youth enrolled on the UYDEL programme to assess best-SRH youth-friendly services among urban youth. The organization (UYDEL) primarily focuses on young people (10-24 years) in central Uganda who are vulnerable to the risk of contracting HIV/AIDS – to improve their socio-economic status and health through psychosocial services⁹. Results from this study can help government to address the sexual and reproductive health needs of young people in terms of highlighting the vulnerable categories of young women^{10,11} (Ssewanyana, Mwangala, Marsh *et al.* 2017; Assefa, Tejineh and Zelalem 2018). The main contribution of this study is that it provides context about the use of SRH services among urban vulnerable youth. This study calls for considering this unique risk factor profile in addressing sexual and reproductive health needs of urban youth.

Purpose and objectives of the study

The project goal is to increase access to and utilization of appropriate SRH information and services for 3,000 adolescents/youth by 2020.

Specific objectives

1. To identify whether youth friendly corners have adequate space and sufficient privacy.
2. To determine if the facility environment is comfortable for providing service for youth.
3. To determine whether providers and staff are specially trained to work with youth issues.
4. To determine whether the attitudes of providers and staff are supportive toward giving services to youth.
5. To find out if both boys and girls are welcomed and served

Data and methods

Design and methodology

Overall approach

We employed a robust methodology that technically and efficiently collected accurate reports/findings. A mixed methods study design was used. A cross-sectional survey of youth was

6 Vu, L, B Burnett-Zieman, C Banura, J Okal, M Elang, R Ampwera, et al. 2017. Increasing Uptake of HIV, Sexually Transmitted Infection, and Family Planning Services, and Reducing HIV-Related Risk Behaviors Among Youth Living With HIV in Uganda, *Journal of Adolescent Health* 60(2, Supplement 2): S22-S28. doi: <http://dx.doi.org/https://doi.org/10.1016/j.jadohealth.2016.09.007>

7 Santelli, JS, ZR Edelstein, Y Wei, S Mathur, X Song, A Schuyler, et al. 2015. Trends in HIV acquisition, risk factors and prevention policies among youth in Uganda, 1999-2011, *AIDS (London, England)* 29(2): 211-219. doi: <http://dx.doi.org/10.1097/QAD.0000000000000533>

8 Government of Uganda. 2020. The State of Uganda Population Report 2019. Available: <http://npcsec.go.ug/wp-content/uploads/2013/06/2019-SUPRE.pdf> Accessed 11 May 2022

9 Uganda Youth Development Link. 2022. Who we are. Available: <https://www.uydel.org/> Accessed 10 March 2022 (accessed:

10 Ssewanyana, D, PN Mwangala, V Marsh, I Jao, A van Baar, CR Newton, et al. 2017. Young people's and stakeholders' perspectives of adolescent sexual risk behavior in Kilifi County, Kenya: A qualitative study, *Journal of Health Psychology* 23(2): 188-205. doi: <http://dx.doi.org/10.1177/1359105317736783>

11 Assefa, N, S Tejineh, and H Zelalem. 2018. Substance use and factors associated with risky sexual practice in school youth in Asella Town, South-East Ethiopia, 2017, *Journal of Public Health and Epidemiology* 10(1): 6-15. doi:

conducted. Qualitative data were collected using focus group discussions (FGDs) and key informant interviews (KIs).



Study population and area

The baseline study was conducted in Makindye, Nakawa, and Rubaga divisions in Kampala, Uganda.

Desk/secondary review

The team reviewed all relevant sources of information including; the project documents from UYDEL, grey literature, peer-reviewed literature. Team members conducted a desk review during the first week of the baseline.

Primary data collection

Sampling for Quantitative strand

- **Sample size:** We interviewed 326 youth in three divisions (Makindye, Nakawa, and Rubaga). The respondents were sampled from a list of beneficiaries from the UYDEL programme. We also visited a total of 14 health facilities (UYDEL and non-UYDEL beneficiaries).
- **Sampling plan:** Sampling was done automatically using codes in Stata software. We created a sampling frame of all youth and health facilities. We then employed systematic sampling to select respondents for interview.

Sampling for Qualitative strand

Participants were purposively selected to fit in each of the groups (quota samples) generated by the cross-classifications defined previously (gender, age, etc.). Each group consisted of 6-8 participants. We conducted 7 FGDs and 9 KIs. The ultimate qualitative sample size was guided by the principles of saturation and sufficiency—conduct qualitative interviews until we reach point of saturation where no new information or data is arising but same issues keep being expressed by study participants. All interviews were conducted following WHO ethical guidelines for managing ethical research Issues in Infectious Disease Outbreaks (See WHO 2016 and WHO 2020)¹²

¹² WHO, 2020; Ethical standards for research during public health emergencies¹²: Distilling existing guidance to support COVID-19 R&D. available at <https://www.who.int/blueprint/priority-diseases/key-action/liverecovery-save-of-ethical-standards-for-research-during-public-health-emergencies.pdf?ua=1> and

WHO, 2016; Guidance For Managing Ethical Issues In Infectious Disease Outbreaks. World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland. Available at <https://apps.who.int/iris/bitstream/handle/10665/250580/9789241549837-eng.pdf?sequence=1&isAllowed=y>

Data collection

Focus group discussions (FGDs)

The FGDs were conducted in groups cross-classified by individuals. Separate guides for adolescents and youth were developed.

Ethical procedures for doing research with children particularly getting both assent and consent as recommended by IRBs and the Uganda National Council of Science and Technology were undertaken. Voluntary participation was stressed: in our consent/assent forms, we included statements that “a child is free to choose not to take part in the study even if parent gives permission”. Researchers signed child protection forms that are based on standards for child protection during research. In addition, a child safeguarding protocol detailing reporting and referral pathways on issues of child protection concern encountered during the field exercise were availed to support response by the relevant duty bearers.

For community members (Adults) and children, separate FGDs for men and women, boys and girls were conducted. FGDs with women and girls were conducted with female research assistants while FGDs with men and boys were conducted with male research assistants. All FGDs were audio recorded, with consent from the participants. For each FGD, 2 field data collectors were deployed, one to moderate the discussion, and another to manage the recording and take supplementary hand-written notes. In situations where consent for audio recording was not provided, the research team deployed 2 note takers and 1 facilitator. To ensure safety of participants in the context of COVID-19, we strictly adhered to the public health measures and directives. The research team and participants observed social distancing, used personal protective equipment and sanitizers among others. We ensured partnership with UYDEL that participants who may experience any distress are referred for care to competent counsellors to provide psychosocial support depending on the nature of need.

The key informant interviews

The KIIs targeted social workers from the drop in UYDEL centres as well as key personnel working with UYDEL, and health facility in-charges.

Survey

The data collection was based on a semi-structured questionnaire. This was developed based on project indicators and objectives of the study. The questionnaire was pre-programmed into SurveyCTO for data collection using the mobile devices; the tablets and smart phones. All data collected was uploaded online on a daily basis for review by a senior research team. All interviews were conducted following WHO ethical guidelines for managing ethical research Issues in Infectious Disease Outbreaks (See WHO 2016 and WHO 2020)¹³

Data Collection and Management

The Baseline study team undertook relative measures to ensure that Data Protection Policy (DPP) and Information Sharing Protocol (ISP) are adhered to. In addition, the collection of Informed Consent/Assent was assured and the General Data Protection Regulations (GDPR) followed.

¹³ WHO, 2020; Ethical standards for research during public health emergencies¹³: Distilling existing guidance to support COVID-19 R&D. available at <https://www.who.int/blueprint/priority-diseases/key-action/liverecovery-save-of-ethical-standards-for-research-during-public-health-emergencies.pdf?ua=1>

and

WHO, 2016; Guidance For Managing Ethical Issues In Infectious Disease Outbreaks. World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland. Available at <https://apps.who.int/iris/bitstream/handle/10665/250580/9789241549837-eng.pdf?sequence=1&isAllowed=y>

Data collection was done by a team of experienced research assistants with experience of working with children and the youth and by some project beneficiaries. All audio-recordings were downloaded from the voice recorders on to a password protected computer at the end of each field day by the team. Survey questionnaires were handheld tablets using Survey CTO software program with an online database. Qualitative data was reviewed daily for saturation and emerging themes, and where need-be more KIs or FGDs were held or data collection guides were revised. All interviews or discussions were conducted in a language the participant is most comfortable with. Some translators were recruited to support the data collectors where necessary.

A back-up copy of the audios was kept on external drives with password encryption kept in a locked cabinet. Field notes were stored in a locked filing cabinet until they are transcribed onto a computer with any identifiers removed.

Recruitment and training of research team and pilot testing

A team of 6 research assistants were identified and trained on administering the tools to the study participants to ensure that consistent and accurate data are collected across the study locations. The training for the survey questionnaires was held for 3 days and provided an introduction of the project, research ethics and interviewing techniques. The interviewers for FGDs and KIs were intensively trained for 4 days. Key issues regarding safety and ethics in research with children and youths were discussed to include but not limited to: the importance of gaining informed consent and assent, maintaining confidentiality, ensuring participant privacy, research ethics, and conducting research with vulnerable communities. The data collector training was to ensure familiarity with the study tools. All audio-recordings and survey data were downloaded on to a password protected computer at the end of the study.

The research team/ consultants were oriented in the UYDEL safeguarding Policy and the measures put in place to prevent and protect the youth participating in the survey from sexual exploitation, abuse and harassment by the researchers during the survey and focus group discussions. A reporting mechanism/ Safeguarding the focal point person was appointed to support the research team in case of incidents of SEAH showed up in order to prevent any bias during the period of the survey.

Prior to study implementation, the data collection tools and procedures were pilot tested. Pilot-testing of the study instruments was done as part of the four-days training for the RAs. The pilot testing took place in sites that are demographically and culturally similar to the main study sites but not in the main study sites. As part of the pilot, a cognitive pre-testing of the study tools was done. Secondly, the pilot served as a practice-run before the data collection officially begins and, therefore, all procedures that apply for the data collection were followed in the pilot. Thus, the pilot provided an opportunity to streamline the study procedures. At the end of the piloting exercise, a de-brief meeting was organized to obtain feedback from the RAs. Based on feedback from the pilot-testing exercise, our team reviewed and revised the study tools prior to field data collection.

Data quality control

We applied the following data quality measures;

- (1) recruited and trained appropriate research assistants
- (2) conducted random checks in the data daily
- (3) pre-tested the data collection tool
- (4) reviewed and verified transcripts for accuracy daily.
- (5) Use of SurveyCTO technology to collect data

Data Analysis

Analysis of quantitative data: Survey data was downloaded from an online database and transferred to Stata v15 for analysis. Stata survey suite commands were used in analysis accounting for stratification, clustering, and sampling weights. Both frequencies and percentages, and composite scores with their averages where relevant were used during analysis.

Analysis of qualitative data:

Notes from key informant interviews and focus group discussions were analyzed using Content and Thematic techniques. Processing of qualitative data was as follows:

- a) reviewed KII and FGD notes to identify the emerging issues and themes in line with the evaluation questions and objectives.
- b) provided evidence to support the codes in the data
- c) generated themes that were compared through text descriptions, tables, matrixes, figures, and other visual diagrams as appropriate
- d) came up with a summary description of emerging themes, making use of key quotations, cases and explanations

COVID-19 Risk Management Plan

The Uganda National Council for Science and Technology (UNCST) has provided guidance on how best research can be conducted in line with the Ministry of Health guidelines for prevention of COVID-19, without compromising the rights, welfare, and safety for both the research participants and research teams. In this research project, we strictly followed UNCST guidance as presented below:

1. The research team was trained on the common signs and symptoms of COVID-19 infection to immediately identify, isolate, and refer suspected cases of COVID-19 to the Ministry of Health or District COVID-19 Taskforce teams.
2. It was mandatory for the research team to wear face masks and have hand sanitize throughout the implementation of the research project. The team was also asked to avoid handshakes and hugs.
3. A distance of at least two meters was followed.
4. We secured translated educational materials on COVID-19 from the Ministry of Health and displayed them in places where research activities took place.

Results

Distribution of respondents

The results in Table I show the sample distribution of respondents. Majority of respondents were females in all the study sites: Rubaga (69%), Makindye (78%) and Nakawa (72%). Most respondents were in the age group (18-23 years): Rubaga (84%), Makindye (72%) and Nakawa (83%). Slightly more than half of respondents had secondary education in Rubaga (57%) and Nakawa (57%) but primary education in Makindye (51%). All respondents in Rubaga were earning a living at the time of the survey. Nearly all respondents never had any form of disability in all divisions. Slightly more than half of respondents were single without a partner in Rubaga (56%), Makindye (66%) and Nakawa (58%). Most respondents had never used internet in Makindye (63%) and Nakawa (58%). More than half of respondents owned a mobile phone in Rubaga (65%), Makindye (66%) and Nakawa (74%). About 9 in every 10 respondents were not drinking alcohol. The results in Table I show the same pattern by UYDEL beneficiary status in

terms of sex of the respondents, age, current earnings, not having a disability, use of internet, owning a mobile phone and not drinking alcohol.

Table 1: Sample characteristics of adolescents (10-18 years)

	Rubaga	Makindye	Nakawa	Non-UYDEL Beneficiary	UYDEL Beneficiary	Total
N	111	111	104	64	262	326
Sex of respondent						
Female	69.4	78.4	72.1	62.5	75.9	73.3
Male	30.6	21.6	27.9	37.5	24.1	26.7
Age group (Age in years)						
18-23	83.8	72.1	82.7	62.5	83.6	79.5
24-30	16.2	27.9	17.3	37.5	16.4	20.5
Highest education level						
Primary	36.9	51.4	40.4	29.7	46.2	42.9
Secondary	56.8	45.9	56.7	53.1	53.1	53.1
Tertiary	6.3	2.7	2.9	17.2	0.8	4.0
Currently earning a living from an occupation						
No	0.0	19.5	13.9	0.0	15.6	11.8
Yes	100.0	80.5	86.1	100.0	84.4	88.2
Have any form of disability						
No	97.3	98.2	94.2	100.0	95.8	96.6
Yes	2.7	1.8	5.8	0.0	4.2	3.4
Current marital status						
Currently married	6.3	5.4	9.6	6.3	7.3	7.1
Separated	0.0	1.8	1.0	0.0	1.1	0.9
Single with regular partner	37.8	27.0	31.7	45.3	29.0	32.2
Single without partner	55.9	65.8	57.7	48.4	62.6	59.8
Ever used internet						
No	43.2	63.1	57.7	26.6	61.4	54.6
Yes	56.8	36.9	42.3	73.4	38.6	45.4
Own a mobile phone						
No	35.1	34.2	26.0	17.2	35.5	31.9
Yes	64.9	65.8	74.0	82.8	64.5	68.1
Drink alcohol						
No	90.1	90.1	90.4	85.9	91.2	90.2
Yes	9.9	9.9	9.6	14.1	8.8	9.8

Sexual behaviour of respondents

Table 2a shows the sexual behaviour of respondents. More than half of respondents in Rubaga (64%), Makindye (63%) and Nakawa (55%) reported not have a boyfriend or girlfriend at the time of the survey. Slightly more than half of respondents in Rubaga (54%) and Makindye (59%) had never had sex, but half of respondents in Nakawa had ever had sex. More than half of respondents in Rubaga (69%), Makindye (58%) and Nakawa (54%) reported to have used a condom on last sex. Majority of respondents knew the HIV status of the person they last had sex with, in all divisions: Rubaga (77%), Makindye (67%) and Nakawa (73%). Regarding the reasons for not having sex, most respondents in all divisions reported not to be ready for sex: Rubaga (55%), Makindye (61%) and Nakawa (60%). Afraid of getting STIS or HIV/AIDS, as a reason for not having sex was most reported by respondents in Rubaga (59%) and Makindye (55%).

Table 2a: Sexual behaviour

	Rubaga	Makindye	Nakawa	Non-UYDEL Beneficiary	UYDEL Beneficiary	Total
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N	111	111	104	64	262	326
Ever had a boyfriend of girlfriend						
No	64.5	63.0	55.0	64.5	61.0	61.0
Yes	35.5	37.0	45.0	35.5	39.0	39.6
Ever had sex						
No	54.1	58.6	45.2	40.6	55.7	52.8
Yes	45.9	40.5	50.0	59.4	42.0	45.4
Refused to answer	0.0	0.9	4.8	0.0	2.3	1.8
Condom used on last sex						
No	31.4	42.2	46.1	55.3	34.6	39.9
Yes	68.6	57.8	53.8	44.7	65.5	60.1
Know HIV status of person had sex with						
No	23.5	33.3	26.9	21.1	30.0	27.7
Yes	76.5	66.7	73.1	78.9	70.0	72.3
Reasons for not having sex						
People may not be ready						
No	45.1	38.7	40.4	43.7	40.8	41.4
Yes	54.9	61.3	59.6	56.3	59.2	58.6
Not having an opportunity						
No	91.0	82.0	83.6	90.6	84.4	85.6
Yes	9.0	18.0	16.4	9.4	15.6	14.4
Sex before marriage is wrong						
No	73.9	64.9	67.3	78.1	66.4	68.7
Yes	26.1	35.1	32.7	21.9	33.6	31.3
Afraid of getting pregnant						
No	53.1	62.2	63.5	65.6	58.0	59.5
Yes	46.9	37.8	36.5	34.4	42.0	40.5
Afraid of getting HIV/AIDS or STIS						
No	41.4	45.1	54.8	56.3	44.7	46.9
Yes	58.6	54.9	45.2	43.7	55.3	53.1
Feel any pressure from others to have sex						
No	82.9	69.4	94.2	76.6	83.2	81.9
Yes	17.1	30.6	5.8	23.4	16.8	18.1

As clearly shown in Table 2 above some of the youth are sexually active that has necessitated the need for SRH services. This was also highlighted by health workers interviewed in the study as noted below.

“Well, basically the main concern are providing HIV services, providing health education and in that health education we emphasize that from 12 years and above are eligible to attend health talks especially on HIV, STIs, and sex to be precise. Sex which is our main concern because during the lockdown we got very many young mothers who are pregnant meaning they have been engaging into sex very early. That is why we are forced to talk about sex because everything starts through sex that is to say; HIV is through sex, pregnancy is through sex, STIs is through sex, so that's our main concern”, (KII with Uganda cares staff at Naguru Teenage center).

“They teach us how to use condom. Some of us never knew how to use them. They teach us where we are supposed to start from and where to end. They also teach us how to use family planning because we never knew about them, even if you asked me how to use a Condom I can show you”, (FGD with female youths, Rubaga Division).

The results presented in Table 2b indicate that slightly more than half (53%) of youth were not sexually active. However, as expected, more females than males were sexually active (68% vs

32%). Sexual activity was reported to be highest among youth with secondary education (62%). Sexual activity was reported to be highest among youth that were earning a living (93%), did not have any form of disability (97%), those who ever used internet (65%), owned a mobile phone (86%), do not drink alcohol (82%) and youth in the age group 18-23 years (78%).

Table 2b: Distribution of respondents by sexual activity status

Variable	No Response	Not Sexually Active	Sexually Active	Total
N	6	172	148	326
Sex of respondent				
Female	66.7	78.5	67.6	73.3
Male	33.3	21.5	32.4	26.7
Age group (Age in years)				
18-23	33.3	82.0	78.4	79.4
24-30	66.7	18.0	21.6	20.6
Highest education level				
Primary	83.3	53.5	29.0	42.9
Secondary	16.7	46.5	62.2	53.1
Tertiary	0.0	0.0	8.8	4.0
Currently earning a living from an occupation				
No	0.0	20.4	6.8	11.8
Yes	100.0	79.6	93.2	88.2
Have any form of disability				
No	83.3	97.1	96.6	96.6
Yes	16.7	2.9	3.4	3.4
Ever used internet				
No	83.3	70.3	35.1	54.6
Yes	16.7	29.6	64.9	45.4
Own a mobile phone				
No	50.0	47.1	13.5	31.9
Yes	50.0	52.9	86.5	68.1
Drink alcohol				
No	100.0	97.1	81.8	90.2
Yes	0.0	2.9	18.2	9.8
Total	1.8	52.8	45.4	100

Accessibility to youth friendly SRH services

Table 3 show results about accessibility to youth friendly SRH services. The results show a similar pattern to almost all services in the three divisions. That is, nearly all respondents in the three divisions said that health facilities had convenient opening hours: Rubaga (96%), Makindye (95%) and Nakawa (96%). Most respondents said that there was transport to health facilities – making easier to obtain medical care and treatment. Majority of respondents agreed that services were affordable or free: Rubaga (87%), Makindye (76%) and Nakawa (88%). The results in Table 3 indicate that most respondents in all the divisions reported that they were aware of location, hours, and services of health facilities, had appointment drop-in available, had dedicated services (LARCs insertion/removal, HIV testing), youth-only hours, could make appointments online or by text, and health facilities would be open during entire posted time.

Table 3: Accessibility to youth friendly SRH services

	Rubaga	Makindye	Nakawa	Non-UYDEL Beneficiary	UYDEL Beneficiary	Total
N	111	111	104	64	262	326
Convenient opening hours						
No	4.5	5.4	3.9	0.0	5.7	4.6

Yes	95.5	94.6	96.1	100.0	94.3	95.4
Availability of transport to facility						
No	44.1	28.8	26.0	15.6	37.4	33.1
Yes	55.9	71.2	74.0	84.4	62.6	66.9
Services are affordable or free						
No	12.6	24.3	11.5	37.5	11.1	16.3
Yes	87.4	75.7	88.5	62.5	88.9	83.7
Awareness of location, hours, and services						
No	0.9	7.2	11.5	1.6	7.6	6.4
Yes	99.1	92.8	88.5	98.4	92.4	93.6
Appointment drop-in available						
No	9.0	33.3	17.3	10.9	22.1	19.9
Yes	91.0	66.7	82.7	89.1	77.9	80.1
Dedicated services (LARCs insertion/removal, HIV testing)						
No	5.4	10.8	2.9	15.6	4.2	6.4
Yes	94.6	89.2	97.1	84.4	95.8	93.6
Youth-only hours						
No	18.0	19.8	9.6	40.6	9.9	15.9
Yes	82.0	80.2	90.4	59.4	90.1	84.1
Appointments available online or by text						
No	59.5	49.6	45.2	31.3	56.5	51.5
Yes	40.5	50.4	54.8	68.7	43.5	48.5
Partners are welcome						
No	6.3	13.5	10.6	1.6	12.2	10.1
Yes	93.7	86.5	89.4	98.4	87.8	89.9
Facilities open during entire posted time						
No	1.8	5.4	8.7	0.0	6.5	5.2
Yes	98.2	94.6	91.3	100.0	93.5	94.8

They youth have access to information about SRH at Health facilities and other services provided through the various channels used by the facility to reach the youths such as Apps, posters among others as explained below;

“Yes they do some we also open up, we even opened up an App for teenagers it is called centers for health toll free anyone can access it, you can install it and services can be provided there yeah”, (KII with Uganda Cares staff, Naguru teenage center).

“We have a different posters and stickers targeting youths that show that you're ready. There are those posters that show sexual reproductive health services, this will enable the youth to know that she/he is in a right place, this attracts them and makes them feel comfortable, (Social worker Nakawa)

“May be lack of transport and then also being naive like they don't know where to start if they get problem, I think those are the problems, it hurts to get such to get such situation in fact that we start distributing our own contacts and their toll free it has been good work”, (KII Uganda Care staff, Naguru teenage center).

“Muvubuka Agunjuse it's a sexually reproductive health center whereby it is our need to provide Sexually reproductive health and youth friendly services to our clients”, (Doctor 2 Kisenyi Makindye).

“For me there is a government health facility which I went to and I reached at 6:00pm but when I reached there, they told me that health workers who can work on my issue had already gone back

home. They told us that the doctor has gone and they are waiting for another one to come. So we sat down and waited for him”, (FGD with Female Youths, Rubaga Division).

Information on SRH is very important to the youth as many of them are able to get such information only at the health facility. Information on SRH has been shared at the health facility by health workers as noted.

“The only way we learn about SRH is at the health facilities, there are counselors who counsel us on issues such as Family planning. We find there many people and they teach us a number of things. They tell us that if a girl has started growing in age, there are other thoughts which she develops. It is very hard to find an 18 year old boy who doesn’t have a condom in his pocket. Most of them were counseled, some learn about them from health facilities and others from schools”, (FGD with female youths, Rubaga Division).

“Source of information there is a healthy talk, there is a lady who always does health talk and she has been there to educate them. We have their fellow peers who are trained in talking to them and we have brochures. We have the health talk, the brochures and then the outreach talk because when you go there we don't only offer medical services we still give health education”, (KII with Doctor at Kitebi, Rubaga).

Acceptability of youth friendly SRH services

Table 4 shows results about acceptability of youth friendly SRH services. Results indicate that most respondents were satisfied with the youth friendly SRH services they get at the health facilities. For example, nearly all respondents reported to be generally: Rubaga (91%), Makindye (95%) and Nakawa (97%). Nearly all interviewed respondents reported that clients can recommend a friend to a clinic, clients are willing to return to the same clinic, the clinic has a good reputation, there is no corruption at the clinic, and that all expectations were met. This pattern is also observed by UYDEL beneficiary status.

Table 4: Acceptability of youth friendly SRH services

	Rubaga	Makindye	Nakawa	Non-UYDEL Beneficiary	UYDEL Beneficiary	Total
N	111	111	104	64	262	326
General satisfaction						
No	9.0	5.4	2.9	0.0	7.3	5.8
Yes	91.0	94.6	97.1	100.0	92.7	94.2
Client can recommend clinic to a friend						
No	2.7	7.2	1.0	1.6	4.2	3.7
Yes	97.3	92.8	99.0	98.4	95.8	96.3
Client willing to return to clinic						
No	3.6	8.1	2.9	1.6	5.7	4.9
Yes	96.4	91.9	97.1	98.4	94.3	95.1

Clinic has a good reputation						
No	4.5	4.5	1.0	0.0	4.2	3.4
Yes	95.5	95.5	99.0	100.0	95.8	96.6
No corruption in facility						
No	8.1	16.2	21.2	4.7	17.6	15.0
Yes	91.9	83.8	78.8	95.3	82.4	85.0
All expectations of service are met						
No	20.7	8.1	6.7	4.7	13.7	12.0
Yes	79.3	91.9	93.3	95.3	86.3	88.0

Youth are encouraged to access SRH services at the facilities by availing them with face masks that has been a reason that has discouraged many from accessing SRH services at the facility.

“In a day they put like 10 boxes of facemasks that they get at the security point, whoever comes in and I don’t have a mask they would provide especially teenagers. Even for outreaches we go with our boxes of masks since you will not be tested without wearing a mask. We provide the masks, then that patient washes his or her hands then we start working on that patient”, (KII with staff at Uganda cares, Naguru teenage center).

However, attitudes of health workers have discouraged some youth from accessing SRH services as explained further.

“What I would like to talk about is that you can go to a private health facility and they receive you well, they attend to you very well and the health worker will direct you where you are going to get medicines. Then if you want family planning services if the service is not there, he refers you to go to a government facility”,(FGD with female youths, Rubaga Division).

“However though there are badly behaved health workers, there are also those ones who are good. You can explain to him very well and he takes you to another one, that’s where things change from and they start touching girls’ breasts. However the reason as to why we go to private facilities, they care about us so easily. Yet in the government facility after the long wait they come when they are very rude”, (FGD with female youths, Rubaga Division).

Appropriateness of youth friendly SRH services

The results reported in Table 5 speak to the appropriateness of the youth friendly SRH services. Most respondents in all the three divisions – Rubaga (93%), Makindye (95%) and Nakawa (89%) agreed that the client has a choice of treatment options. Further, the majority of respondents in all divisions reported that data is collected to determine young people’s health needs in community: Rubaga (98%), Makindye (96%) and Nakawa (94%).

Table 5: Appropriateness of youth friendly SRH services

	Rubaga	Makindye	Nakawa	Non-UYDEL Beneficiary	UYDEL Beneficiary	Total
N	111	111	104	64	262	326
Client has choice of treatment options						
No	7.2	5.4	10.6	1.6	9.2	7.7
Yes	92.8	94.6	89.4	98.4	90.8	92.3
Data collected to determine young people’s health needs in community						
No	1.8	3.6	5.8	0.0	4.6	3.7

Yes	98.2	96.4	94.2	100.0	95.4	96.3
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There are also age-appropriate services especially for those below 18 years who quite often finding it a bit challenging to ask for those services. The trained health workers working in partnership with peer educators can identify them on arrival at the facility and offered services. The youth corners in facilities where they are effective have helped too to address the social and environmental barriers for adolescents to access services as further explained below:

“That is why we have peer educator around, these interact with them, and for such young people even in the record it may be hard to get them but when you go the other section of teenage mothers, you find the young mother's. In the ANC register, you find younger people who are 14, 15 years, 16 years, 17 years meaning they did get the right service”, (KII with Doctor at Kitebi Hospital, Rubaga).

“There is somewhere I went at a health facility and there are different methods of family planning which they give. You can use a condom/you can swallow pills but they tell you that when a girl is going to have sex, if her menstruation cycle is almost approaching, there are some safe days. So on those safe days, even if you don't use a condom, she cannot conceive” (FGD Boys).

“The environment is okay in that we have identified a special place for them, the availability of young peer educators themselves. When they come and they find them it becomes more attractive for them to feel comfortable to come and participate. we had tried to put some games for them but you know due to lack of enough support, sometimes they don't participate like we had wanted previously we were using the games to help them come and use much more of their free time here with the other peers”, (KII Kitebi Hospital, Rubaga).

“That one cannot change because you can go there and those are the facilities where most people go and wait. However, that one has not been so common, except at the ART Clinic where it is compulsorily. Still, you have to come and wait. However it's not the overcrowding that makes people delay or make the health workers to delay to work on people, the health workers get to know that people are many on the queue but they instead relax and at times want to wait, so they continue telling you to wait not because people are many but they themselves get fed up and feel lazy”, (FGD Female Youths, Rubaga Division).

Equity in provision of youth friendly SRH services

Table 6 shows results about equity in provision of youth friendly SRH services. The results reported show a similar pattern irrespective of the division included in the study and UYDEL beneficiary status. That is, nearly all respondents included in the study reported that everyone is welcome regardless of age, facility has welcoming services for young men, facility is open to all racial groups, facility is open to all religious groups, everyone is welcome regardless of marital status, relationship status, sexual orientation. Results in Table 6 also reveal a similar pattern regarding most females and males receiving equal access to family planning services, similar care, and respect. The results also indicate that most facilities have policies and guidelines in place for staff on SRH rights of young people.

Table 6: Equity in provision of youth friendly SRH services

	Rubaga	Makindye	Nakawa	Non-UYDEL Beneficiary	UYDEL Beneficiary	Total
N	111	111	104	64	262	326
Everyone is welcome regardless of age						

No	3.6	7.2	3.8	1.6	5.7	4.9
Yes	96.4	92.8	96.2	98.4	94.3	95.1
Facility has welcoming services for young men						
No	0.9	0.0	0.0	1.6	0.0	0.3
Yes	99.1	100.0	100.0	98.4	100.0	99.7
Facility is open to all racial groups						
No	0.0	1.8	1.0	0.0	1.1	0.9
Yes	100.0	98.2	99.0	100.0	98.9	99.1
Facility is open to all religious groups						
No	0.9	0.9	0.0	1.6	0.4	0.6
Yes	99.1	99.1	100.0	98.4	99.4	99.4
All are welcome regardless of marital status						
No	0.0	1.8	1.9	0.0	1.5	1.2
Yes	100.0	98.2	98.1	100.0	98.5	98.8
All are welcome regardless of relationship status						
No	1.8	6.3	2.9	0.0	4.6	3.7
Yes	98.2	93.7	97.1	100.0	95.4	96.3
Facility is open to all persons of all sexual orientations						
No	18.0	15.3	16.4	6.3	19.1	16.6
Yes	82.0	84.7	83.6	93.7	80.9	83.4
Females and males receive equal access to family planning services						
No	19.8	10.8	10.6	18.7	12.6	13.8
Yes	80.2	89.2	89.4	81.3	87.4	86.2
Males and females receive similar services, care, and respect						
No	0.9	6.3	1.9	0.0	3.8	3.1
Yes	99.1	93.7	98.1	100.0	96.2	96.9
There are policies and guidelines in place for staff on SRH rights of young people						
No	1.8	2.7	1.0	1.6	1.9	1.8
Yes	98.2	97.3	99.0	98.4	98.1	98.2

“Of course, previously during the COVID period, the attendance has not been all that good you know, you tell them to come with face mask and they find it a problem, So especially in the lockdown it didn’t work out very well, so actually they didn't get enough services. we started improving and several health workers who have been invited to support the national task force return also after, so we started now moving back to the expected standard”, (KII with Doctor at Kitebi Hospital, Rubaga).

“Girls reportedly feel judged, I remember we try and tell them that it's also their decision to make and not only leave it up to the male or the boy because you may find that one partner does not want to use a condom and the other wants to use one. If they were to Walk into a health facility looking young they may not really find access to these services whether it's just the contraceptives, family planning, a condom use, or the information itself the feel shy, with their age, they may not be able to access these services and then that's where you find that many of them become teenage mothers Just because they failed to go and access these services”, (KII with Social worker, Makindye).

“Yeah, usually the youths below 15 years, they lack enough information so they find it hard to seek for those services because you cannot seek what you don't know. It is hard to find a person with a disability coming to seek for maybe HIV testing, so I think they face a challenge It could be because of stigma”, (KII with social worker, Rubaga).

Effectiveness in provision of youth friendly SRH services

Table 7 shows results about the effectiveness in the provision of youth friendly SRH services. The results indicate good effectiveness in the provision of youth friendly SRH services in the three divisions (Rubaga, Makindye and Nakawa). Majority of the respondents in the study in all the three divisions report that supplies were available on site, providers are medically competent, providers take client history and follow caregiver's advice, adherence to treatment. Further, respondents also reported that facilities have equipment to provide services on site, client receives correct treatment, facilities have control procedures to be followed, and providers take appropriate physical examination according to guidelines. The results in Table 7 also reveal a similar pattern by UYDEL beneficiary status.

Table 7: Effectiveness in provision of youth friendly SRH services

	Rubaga	Makindye	Nakawa	Non-UYDEL Beneficiary	UYDEL Beneficiary	Total
N	111	111	104	64	262	326
Supplies are available on site						
No	26.1	9.9	10.6	20.3	14.5	15.6
Yes	73.9	90.1	89.4	79.7	85.5	84.4
Providers are medically competent						
No	0.0	3.6	3.8	1.6	2.7	2.5
Yes	100.0	96.4	96.2	98.4	97.3	97.5
Providers take client history						
No	0.9	0.9	2.9	1.6	1.5	1.5
Yes	99.1	99.1	97.1	98.4	98.5	98.5

Client follows caregiver's advice, adherence to treatment						
No	0.9	0.9	2.9	3.1	1.2	1.5
Yes	99.1	99.1	97.1	96.9	98.8	98.5
Equipment to provide services is available						
No	8.1	1.8	4.8	3.1	5.3	4.9
Yes	91.9	98.2	95.2	96.9	94.7	95.1
Client receives correct treatment						
No	0.9	4.5	1.9	1.6	2.7	2.5
Yes	99.1	95.5	98.1	98.4	97.3	97.5
Infection control procedures are followed						
No	0.9	0.9	4.8	0.0	2.7	2.2
Yes	99.1	99.1	95.2	100.0	97.3	97.8
Provider takes appropriate physical examination according to guidelines						
No	0.9	0.0	6.7	0.0	3.1	2.5
Yes	99.1	100.0	93.3	100.0	96.9	97.5

Competency in provision of youth friendly SRH services

The results in Table 8 findings about the competency in the provision of youth friendly SRH services. Table 8 shows that nearly all facilities demonstrated competency in the provision of youth friendly SRH services. That is, most respondents in three divisions reported that clients receive adequate information from the provider, and that facilities (providers) are friendly, respectful, have a positive attitude, willing to help, interested in the client, responsive, and welcoming. Results in Table 8 also indicate that the client has an opportunity ask questions, provider listens to client's problems, develops a relationship with the client, and answers questions to client's satisfaction. Majority of respondents also reported that the providers use a language that is understandable, clients are given a chance to express an opinion, and time for test results to be absorbed and understood, and that clients are comfortable in communicating.

Table 8: Competency in provision of youth friendly SRH services

	Rubaga	Makindye	Nakawa	Non-UYDEL Beneficiary	UYDEL Beneficiary	Total
N	111	111	104	64	262	326
Client receives adequate information from provider						
No	1.8	1.8	1.0	0.0	1.9	1.5
Yes	98.2	98.2	99.0	100.0	98.1	98.5
Provider friendly						
No	3.6	0.0	1.9	1.6	1.9	1.8
Yes	96.4	100.0	98.1	98.4	98.1	98.2
Provider respectful						
No	3.6	0.9	1.9	1.6	2.3	2.2
Yes	96.4	99.1	98.1	98.4	97.7	97.8
Provider welcoming						

No	0.9	0.9	0.0	0.0	0.8	0.6
Yes	99.1	99.1	100.0	100.0	99.2	99.4
Client has opportunity to ask questions						
No	2.7	5.4	0.0	3.1	2.7	2.8
Yes	97.3	94.6	100.0	96.9	97.3	97.2
Provider listens to client's problems						
No	1.8	0.9	1.9	1.6	1.5	1.5
Yes	98.2	99.1	98.1	98.4	98.5	98.5
Adequate number of staff trained on youth friendly services						
No	4.5	4.5	1.0	9.4	1.9	3.4
Yes	95.5	95.5	99.0	90.6	98.1	96.6
Positive attitude						
No	1.8	1.8	3.8	0.0	3.1	2.5
Yes	98.2	98.2	96.2	100.0	97.0	97.5
Comfort in communicating						
No	3.6	1.8	1.0	0.0	2.7	2.2
Yes	96.4	98.2	99.0	100.0	97.3	97.8
Provider uses languages understandable to clients						
No	0.9	0.9	0.0	0.0	0.8	0.6
Yes	99.1	99.1	100.0	100.0	99.2	99.4
Interested in client						
No	1.8	1.8	0.0	0.0	1.5	1.2
Yes	98.2	98.2	100.0	100.0	98.5	98.8
Willing to help						
No	1.8	0.9	0.0	0.0	1.2	0.9
Yes	98.2	99.1	100.0	100.0	98.8	99.1
Provider develops relationship with client						
No	3.6	1.8	1.0	0.0	2.7	2.2
Yes	96.4	98.2	99.0	100.0	97.3	97.8
Responsive						
No	2.7	0.9	1.0	0.0	1.9	1.5
Yes	97.3	99.1	99.0	100.0	98.1	98.5
Client given time for test results to be absorbed and understood						
No	0.0	0.0	1.0	0.0	0.4	0.3
Yes	100.0	100.0	99.0	100.0	99.6	99.7
Client can express opinion						
No	3.6	0.9	0.0	0.0	1.9	1.5
Yes	96.4	99.1	100.0	100.0	98.1	98.5
Provider answers questions to client's satisfaction						
No	0.9	0.0	2.9	0.0	1.5	1.2
Yes	99.1	100.0	97.1	100.0	98.5	98.8

There is competency in providing services for the youth as health facilities as health educations sessions are organized at the health facilities for all age categories to understand about the available services available at the health facility as the wait to receive services.

“There are sessions for youth age 10-24 year, you may be seated waiting to be worked on, so the health workers come and sensitize you on things concerning HIV testing or they may ask you that have you had sex recently and also ask you whether you have ever had an HIV test and you say no. If you want she can take you somewhere and ask you if you want to be tested join the queue and afterwards you go and get medication. So if you have had sex in the most recent period but have not yet gone for any HIV test,

you may have not told her that on that day you never used a Condom but in your heart you feel like you should have an HIV test”, (FGD with adolescent boys, Rubaga division).

“Basically, the family planning is always available for them and they have been coming for it and we ensure those at ANC, after delivery we've been sensitizing them to come for family planning options which can help space their children. STI we have tried to ensure they screen and get treated, condoms are available whenever they need. We also have a youth friendly adolescent register in art clinic because those who come for heavy services there also given a chance to be screened and we pull out those who are becoming sexually active, we sensitize about the availability of the other reproductive services so that we reduce their rate of vulnerability”, (KII with Doctor at Kitebi Hospital, Rubaga).

“When it comes to waiting time we have six or seven peer educators in each department so the service is quite fast may be where there is delay I can say may be in the laboratory because for them they don't know whether one is old or young you all sit and wait maybe the delay is gotten from the laboratory”, (KII with staff at Uganda cares, Naguru teenage center).

“As I told you earlier, on top of the agenda, normally, what we do when we are organizing an outreach, we focus on three things; behavior change and communication, we provide health talk, then we do HIV. We do STI screening and management, we are looking at STDs and STIs it's a common thing among the young people, are issues on sexually transmitted diseases either Candida, Gonorrhoea, HIV and then sexually transmitted diseases”, (KII with Doctor, Kisenyi, Makindye).

“The health workers know how to talk to people well for example, one who went with fear will be encouraged the one talking to her has experience in doing it or even swallowing ARVs if at all you went with fear. In case you were not expecting that you could be having HIV, they counsel you well and they handle you well such that you can swallow those drugs because for him, he has that experience more than this person who is just starting it”, (FGD with adolescent youths, Rubaga division).

Confidentiality in the provision of youth friendly SRH services

The results in Table 9 indicate to a large extent a high level of confidentiality and privacy at health facilities, in all study divisions and irrespective of UYDEL beneficiary status. That is, nearly all respondents reported that confidentiality is respected, client's consultation cannot be heard or seen by other clients or staff, privacy is respected, staff explains services in a confidential way, tests are handled confidentially, there is privacy asking for services at the reception, and staff use shielded language when calling for appointment. The results in Table 9 further reveal that majority of respondents in all study divisions reported that parental consent is not required, and consultation is not interrupted by outside staff or clients.

Table 9: Confidentiality in provision of youth friendly SRH services

	Rubaga	Makindye	Nakawa	Non-UYDEL Beneficiary	UYDEL Beneficiary	Total
N	111	111	104	64	262	326
Confidentiality is respected						
No	0.0	0.0	1.0	0.0	.4	0.3
Yes	100.0	100.0	99.0	100.0	99.6	99.7
Client's consultation cannot be heard or seen by other clients or staff						
No	0.0	0.9	2.9	1.6	1.2	1.2
Yes	100.0	99.1	97.1	98.4	98.8	98.8

Privacy is respected						
No	0.9	1.8	4.8	0.0	3.0	2.5
Yes	99.1	98.2	95.2	100.0	96.9	97.5
Staff explains services in a confidential way						
No	0.9	1.8	1.0	0.0	1.5	1.2
Yes	99.1	98.2	99.0	100.0	98.5	98.8
Parental consent is not required						
No	27.9	19.8	28.8	35.9	22.9	25.5
Yes	72.1	80.2	71.2	64.1	77.1	74.5
Consultation is not interrupted by outside staff or clients						
No	1.8	2.7	10.6	3.1	5.3	4.9
Yes	98.2	97.3	89.4	96.9	94.7	95.1
Tests are handled confidentially						
No	0.0	1.8	1.9	1.6	1.2	1.2
Yes	100.0	98.2	98.1	98.4	98.8	98.8
Privacy asking for services at reception						
No	0.0	1.8	1.9	1.6	1.2	1.2
Yes	100.0	98.2	98.1	98.4	98.8	98.8
Staff uses shielded language when calling for appointment of follow-up						
No	0.0	1.8	1.9	0.0	1.5	1.2
Yes	100.0	98.2	98.1	100.0	98.5	98.8

Confidentiality and privacy is very important in provision of youth friendly services as many of them are shy and unable to open up easily however with assurance of privacy and confidentiality many of the youth would return to receive SRH services.

“ If they are assured of confidentiality that could pull them to come to a health facility but then if they feel insecure, it is going to be hard, if they feel there is confidentiality, that the service is free, that will pull them to come to the health center because you know they do not have money, so if the service is free that will have attract them to go to the health center”, (KII with social worker, Rubaga).

“I will refer to what I told you that the place is under staffed definitely that affects them because we should be doing ABCD but you are one person who is doing ABCD somewhere, you may leave gaps and then the other thing when it comes to the infrastructure, this is not the best for building to accommodate youths”, (KII with Doctor at Kitebi, Rubaga Division).

“ This one is a youth corner, from the age of 10 to 24 so their privacy is already catered for, and the adults are seen from the other side so here they have the clinician and the peers and they are given depending on the staffing because there are many things that would love to do here but then we cannot have them because of the staffs, we wanted to have their antenatal so that they don’t go up but you see how the design of the place is, it’s very difficult yeah”, (KII with Doctor at Kisenyi, Makindye).

“There is a Lady for counseling and guidance whereby they can explain them and you understand and by the time you come back you also feel that there is something which you can do. If you are supposed to take drugs, we can also get to know about you. At the health facility, they give out condoms freely and some family planning devices”, (FGD Boys).

“To ensure that the youth are given their privacy, whoever is below 24 years as long as you reach the gate, they will show you where the teenage services, you feel free to be there and they’re all younger people. Those who come in their sick as a health, maybe those have other complaints; they all go on the

other side teenage side, so it has enough privacy for their services. We don't mix them with the other adults in the facility”, (KII with Doctor at Kitebi Hospital, Rubaga).

“The number one thing is having a youth corner of its own, then within the youths corner itself having experienced youth workers because some of the hospitals or health facilities, they will have a doctor who is there but they want to be particularly a youth worker because being a youth worker also entails different expertise, with a youth doctor so that the interaction is easier some hospitals. So I think those are the factors that makes it conducive for adolescents to seek sexual reproductive health services yeah”, (KII with Social worker, Makindye).

“In addition to that, these qualified doctors are people whereby even if someone had gone for an HIV test, she does not tell you the right thing right away, but she knows the results she will right away. She will comfort you and tell you that suppose you are HIV positive, don't kill yourself nor kill others and she further explain to you that even if you have it and you would like to spread it to others.”, (FGD with male adolescents, Rubaga division).

“It is a bit Ancient I should admit it is ancient, you know and yeah, they are just the woods someone over here can hear us, so privacy is not all that paramount though we try and we at least lock a door as you see the other room but still is not the best way to go with the accommodation you see at times you have come when I'm done with the queue from here, but they usually hear what we are talking about”, (KII with Doctor 2 at Kitebi hospital, Rubaga Division).

Environment in provision of youth friendly SRH services

A similar pattern is observed in Table 10. Results indicate that nearly all respondents were comfortable with the services and environment at the health facility where they obtain youth friendly SRH services. Most facilities had reading materials available, clean environment, youth-only space, specific reading material for young people, private waiting room for young people, adequate lighting and ventilation, good quality toilet facilities, clean piped water, and good phone access. Most facilities also had ease in finding services within the facility and there was no over-crowding.

Table 10: Environment in provision of youth friendly SRH services

	Rubaga	Makindye	Nakawa	Non-UYDEL Beneficiary	UYDEL Beneficiary	Total
N	111	111	104	64	262	326
Comfortable						
No	0.9	0.0	1.9	0.0	1.2	0.9
Yes	99.1	100.0	98.1	100.0	98.8	99.1
Reading materials available						
No	16.2	17.1	10.6	26.6	11.8	14.7
Yes	83.8	82.9	89.4	73.4	88.2	85.3
Clean environment						
No	2.7	0.9	9.6	0.0	5.3	4.3
Yes	97.3	99.1	90.4	100.0	94.7	95.7
Youth-only space available						

No	9.9	17.1	7.7	34.4	6.1	11.7
Yes	90.1	82.9	92.3	65.6	93.9	88.3
Young people specific materials available						
No	7.2	9.9	9.6	23.4	5.3	8.9
Yes	92.8	90.1	90.4	76.6	94.7	91.1
Private waiting room for young people available						
No	12.6	12.6	6.7	31.3	5.7	10.7
Yes	87.4	87.4	93.3	68.7	94.3	89.3
Ease of finding services within facility						
No	7.2	5.4	4.8	3.1	6.5	5.8
Yes	92.8	94.6	95.2	96.9	93.5	94.2
Adequate lighting and ventilation						
No	0.0	3.6	2.9	0.0	2.7	2.2
Yes	100.0	96.4	97.1	100.0	97.3	97.8
Good quality of toilet facility						
No	14.4	9.9	27.9	1.6	21.0	17.2
Yes	85.6	90.1	72.1	98.4	79.0	82.8
Clean piped water						
No	8.1	7.2	14.4	0.0	12.2	9.8
Yes	91.9	92.8	85.6	100.0	87.8	90.2
Good phone access						
No	13.5	35.1	34.6	7.8	32.4	27.6
Yes	86.5	64.9	65.4	92.2	67.6	72.4
No over-crowding						
No	21.6	27.0	42.3	7.8	35.5	30.1
Yes	78.4	73.0	57.7	92.2	64.5	69.9

Results from Table 10 are in line with the qualitative results regarding provision of health services are health facilities:

“Our services are totally free, we do not charge for anything but though we have challenges like drug stock outs, I cannot tell you that whenever they come, we have all the drugs, however if the drug is not available, we do prescription and then tell them to go and buy, it’s a challenge but we have nothing to do”, (KII with Doctor at Kisenyi, Makindye).

“There is somewhere I went at a health facility and there are different methods of family planning which they give. You can use a condom/you can swallow pills but they tell you that when a girl is going to have sex, if her menstruation cycle is almost approaching, there are some safe days. So on those safe days, even if you don’t use a condom, she cannot conceive” (FGD Boys).

“The place is accessible, it is free of charge, the place at certain good percentage, they get what they come for. They feel comfortable being in here, I think that one will still attract them and their peers from a community to come in. I think when a peer talks to them, then they will be motivated to visit the facility”, (KII with Doctor at Kitebi, Rubaga Division).

“They’ve created rooms where counseling is done, within the youth corner itself. There are specific rooms where there youth counselors and doctors who writes the prescriptions in cases where actual medication is needed, we have graduate social workers here and the youth have access to information they need”, (KII with social worker, Makindye)

Although the facility may be convenient enough for the young people there are quite a number of factors at the facility that has discouraged many from seeking SRH services at the health facility as lack of drugs and attitudes of health workers as explained further.

“I found a nurse who explained to her very well and she took me to the dispenser to give me but that health worker asked for money from me so that he can give me medicines. Still he didn’t give me a full dose. He said that let him give me half a dose because I have got little money, yet the health worker told me that they are not going to make me pay any money”, (FGD with Female Youths, Rubaga divion).

“I think what discourages them at government institutions is lack of medication and equipment at the facility, when they go there and there is no medicine, they have counseling rooms, consultation rooms, there is privacy and confidentiality at the facility though many youth don’t like visiting health facilities”, (KII with Social worker, Nakawa).

Youth friendly SRH services

The results in Table II show that on average, most health facilities, in all divisions, could provide counselling (prevention, condom demonstration and test results), contraceptive services, STI services (counselling, testing, treatment and prevention), pregnant and parenting teen services, pap smears and pregnancy tests, peer educator on staff, youth outreaches, peer educator programs in clinic and emergency contraception. However, most facilities in all divisions could not offer abortion services: Rubaga (64%), Makindye (59%) and Nakawa (71%).

Table II: Youth friendly SRH services provided

	Rubaga	Makindye	Nakawa	Non-UYDEL Beneficiary	UYDEL Beneficiary	Total
N	111	111	104	64	262	326
Counselling (prevention, condom demonstration, test results)						
No	0.9	0.0	2.9	0.0	1.5	1.2
Yes	99.1	100.0	97.1	100.0	98.5	98.8
Contraceptive services						
No	7.2	7.2	14.4	17.2	7.6	9.5
Yes	92.8	92.8	85.6	82.8	92.4	90.5
STI services (counselling, testing, treatment, and prevention)						

No	0.0	1.8	1.9	0.0	1.5	1.2
Yes	100.0	98.2	98.1	100.0	98.5	98.8
Pregnant and parenting teen services						
No	0.9	5.4	1.9	0.0	3.4	2.8
Yes	99.1	94.6	98.1	100.0	96.6	97.2
Pap smears and pregnancy tests						
No	5.4	20.7	19.2	1.6	18.3	15.0
Yes	94.6	79.3	80.8	98.4	81.7	85.0
Emergency contraception						
No	10.8	20.7	14.4	29.7	11.8	15.3
Yes	89.2	79.3	85.6	70.3	88.2	84.7
Abortion services						
No	64.0	58.6	71.2	81.3	60.3	64.4
Yes	36.0	41.4	28.8	18.7	39.7	35.6
Youth have input on service delivery						
No	1.8	15.3	27.9	4.7	17.2	14.7
Yes	98.2	84.7	72.1	95.3	82.8	85.3
Peer educator on staff						
No	7.2	13.5	1.9	32.8	1.5	7.7
Yes	92.8	86.5	98.1	67.2	98.5	92.3
Youth organize outreach						
No	7.2	14.4	1.0	31.3	1.9	7.7
Yes	92.8	85.6	99.0	68.7	98.1	92.3
Peer educator program in clinic						
No	7.2	12.6	2.9	31.3	1.9	7.7
Yes	92.8	87.4	97.1	68.7	98.1	92.3

Results from the qualitative data point to bad behavior such as gender-based violence that may lead to negative consequences such as teenage pregnancy, HIV/AIDS among others. Nonetheless, most youth receive information from their peers or peer educators, but lack of the needed information is often cited as a major challenge.

“There are many like I mentioned just a few, there is teenage pregnancy which is now leading, then they seek family planning and the testing for HIV. Not forgetting even of late gender-based violence you find people abuse younger people such things that can make them have such issues”, (KII with Staff at Uganda cares, Naguru teenage center).

“The main source of information, they are told by the peers, through talks by the peer educators and we talk to the elders who always talk to the youths and also we tell them that we have a teenage center, we have been with SRH services and they are offered here. Then even outreaches in schools and in the community”, (KII with Doctor at Kisanyi, Makindye).

“Yes, I do know that like there is, for example, when you look at public hospitals usually there is the Naguru Teenage center they usually provide reproductive health services to young people, You find them in most facilities and then some of the hospitals have also especially in the public they have tried to make the services youth friendly, so they try to create youth corners where youths can get services but then few youths don't know about it and they do not know that such services are there Yeah”, (KII with social worker, Rubaga).

“Usually the basic concern is lack of information; they do not have information about sexual reproductive health. We say it is public health system but even if you go to a public health center sometimes they ask for some cash and then these adolescents they don't have the money there are very few public hospitals where these adolescents can go to go to get free services. They lack information and

then the services are costly, there is a cost attached it and yet these adolescents are broke this means that they cannot access these services like they should”, (KII with social worker Rubaga).

Number of qualified staff and facilities at the facility

The results in Table 12 indicate varied staff and facilities at the health facility. Most facilities included in the study in the three divisions have two or more doctors. About half of facilities in Rubaga had one clinical officer, but 67% of facilities in Nakawa had two or more clinical officers. About half of facilities in Rubaga had either one nurse or midwife but all facilities in Nakawa had two or more nurses or midwives and professional counsellors, delivery beds, ad maternity beds. Most facilities in Rubaga (75%) had no record assistants.

Table 12: Number of qualified, and facilities at the facility

	Rubaga	Makindye	Nakawa	Non-UYDEL Beneficiary	UYDEL Beneficiary	Total
N	4	7	3	9	5	14
Number of doctors						
0	25.0	14.3	0.0	11.1	20.0	14.3
1	0.0	14.3	0.0	0.0	20.0	7.1
2 or more	75.0	71.4	100.0	88.9	60.0	78.6
Number of clinical officers						
0	25.0	14.3	33.3	22.2	20.0	21.4
1	50.0	42.9	0.0	44.4	20.0	35.7
2 or more	25.0	42.9	66.7	33.3	60.0	42.9
Number of nurses/ midwives						
1	50.0	28.6	0.0	33.3	20.0	28.6

2 or more Number of professional counsellors	50.0	71.4	100.0	66.7	80.0	71.4
0	75.0	28.6	0.0	55.6	0.0	35.7
1 2 or more Number of laboratory technical assistants	0.0	14.3	0.0	11.1	0.0	7.1
0	25.0	57.1	100.0	33.3	100.0	57.1
1	25.0	0.0	0.0	11.1	0.0	7.1
2 or more Number of gynecologists	75.0	57.1	66.7	66.7	60.0	64.3
0	0.0	42.9	33.3	22.2	40.0	28.6
1	75.0	71.4	33.3	77.8	40.0	64.3
2 or more Number of record assistants	25.0	14.3	33.3	22.2	20.0	21.4
0	0.0	14.3	33.3	0.0	40.0	14.3
1	75.0	14.3	33.3	44.4	20.0	35.7
2 or more Number delivery beds	25.0	57.1	0.0	44.4	20.0	35.7
0	0.0	28.6	66.7	11.1	60.0	28.6
1	75.0	28.6	0.0	55.6	0.0	35.7
2 or more Number of maternity beds	25.0	71.4	100.0	44.4	100.0	64.3
0	25.0	14.3	0.0	22.2	0.0	14.3
1	75.0	85.7	100.0	77.8	100.0	85.7
2 or more						

The health workers at the health facility with youth centers have been trained on how best to handle youth who come to the health facility as not below.

“All the people who are working here, they must be trained in your friendly services on how to provide youth friendly service as well as reproductive health services. But it helps to tiller services for young people's needs”, (Doctor 2 Kisenyi Makindye).

“The Youth have their own doctors, clinicians and they have everything So the environment is extremely conducive and where they need confidentiality is still there, they have their own counselors and educators”, (KII with Uganda cares staff at Naguru Teenage Center).

“My experience, now with the teenage centre, the health workers there are youth friendly because they know there working with young people and even when they get there the reception is good and they receive that treatment they need because like on a Monday over 8400 young people walk into that teenage centre to seek SRH services”, (Social worker, Nakawa)

“We tell them how someone gets pregnant, we talk to them about the ways a person can prevent him or herself even if he or she is sexually active, like the use of condoms. There are available methods, long time and short time family planning and getting information is a right. If someone has the information it helps that person not to go astray or not to do something wrong because they have information”, (Doctor 2 Kisenyi Makindye).

“We identify them from the community, we use and liaise with local leaders so they walk in identifying these young people because they know them better young people within their areas”, (Social worker, Nakawa)

Youth friendly services offered at the health facility

The results in Table 13 show a similar pattern in all the study sites (divisions). That is, nearly all facilities under the UYDEL beneficiary programme reported that facilities had treatment and care of people living with HIV/AIDS, prevention of mother to child transmission (PMTCT), management of HIV/TB co-infection, and integrated management of adult illness (IMAT). In Nakawa, nearly all facilities provided treatment and care of people living with HIV/AIDS, prevention of mother to child transmission and management of TB/HIV co-infection. About half of the facilities in Rubaga reported that they have PMTCT services at the facility.

Table 13: Services offered at the facility

	Rubaga	Makindye	Nakawa	Non-UYDEL Beneficiary	UYDEL Beneficiary	Total
N	4	7	3	9	5	14
Treatment and care of people living with HIV/AIDS						
No	25.0	28.6	0.0	33.3	0.0	21.4
Yes	75.0	71.4	100.0	66.7	100.0	78.6
Prevention of Mother to Child Transmission (PMTCT)						
No	50.0	0.0	0.0	22.2	0.0	14.3
Yes	50.0	100.0	100.0	77.8	100.0	85.7
Management of TB/HIV co-infection						
No	75.0	42.9	0.0	66.7	0.0	42.9
Yes	25.0	57.1	100.0	33.3	100.0	57.1
Integrated management of adult illness (IMAT)						
No	0.0	14.3	33.3	11.1	20.0	14.3
Yes	100.0	85.7	66.7	88.9	80.0	85.7

There are varieties of SRH services offered to youth and other clients that come to seek for SRH services at the facility such as PMTCT, IMAT, TB and HIV/AIDS care as the youth have been given special consideration in most of the youth centers as explained further.

“Family planning is always available for them; we ensure those who attend ANC, after deliveries are encouraged to access family planning. For STI we have tried to ensure they are screened and ensure they are treated, condoms are available and whenever they need. We have a youth friendly adolescent register in art clinic”, (KII with Doctor at Kitebi Hospital, Rubaga).

“For me I like seeking for family planning services and HIV testing to know my status and I have ever tested for HIV, So if I know that I have had sex with him without using a condom, I have to go back to the health facility for HIV testing because I don’t know his status. In addition on that issue of family planning, suppose I have had sex with my boyfriend and he has not used a condom and I have also not used any methods of family planning, I can run to the health facility and get these pills , my injecta plan for 3 months and thereafter I can do what I want. Those are the reasons why I go to the health facility”, (FGD with female youths, Rubaga Division).

“Many young people who are sexually active, access to contraceptives are very important, especially in terms condoms to avoid early teenage pregnancies, to avoid the spread of STDs and HIV. You'll find that very many young people are cohabiting and staying as married couples, in such cases, we encourage them to use pills and IUDs”, (KII with Social worker, Makindye).

Effects of Covid 19 on youths Access to SRH services at Health Facilities.

COVID-19 also had its effects on youths accessing SRH services due to the lock down and measures that were put in place. This affected access of SRH services by the youth as some services also declined, transport to the facility was also a challenge for both health workers and clients to the facility as explained further below.

“UYDEL project, I think It used to work Very well before COVID, when we used to have out reaches then during COVID time, we are not doing any outreach and now we have also gotten in HIV stock outs because we used to pattern with UYDEL to go and provide outreaches to different places like behavioral change communication and HIV testing but has been away ever since we had the last outreaches”, (KII with Doctor 2 at Kisenyi, Makindye Division).

“COVID hindered the access of SRH services among young people, public transport was closed and then if you’re sick you cannot walk to the hospital and back to the hospital so it hindered accessibility, then another thing is about there was no outreaches, there was no testing because we had to observe SOPs”, (KII with Social worker Nakawa).

“Funding also reduced during covid because all adolescents were in homes as all transport we were locked. We had to have some radio programs to send messages on behavior change and communication. We used to have a program on simba radio, talking to young people and encouraging them to call toll free numbers. The youth on Anti-retroviral drugs got challenges when it was time for refills during the lockdown. The numbers went down and adherence also was affected but you know now things have changed. So when they opened up, numbers started increasing slightly slowly”, (KII with Doctor 2 at Kisenyi, Makindye Division).

“It has really affected the implementation definitely when you are locked up, it means nothing much can be done during the lockdown. COVID has affected definitely some of the teenagers they lost their guardian or parents. You know, they're out of school, many got pregnant, and the issue of poverty was alarming everywhere”, (KII with Doctor 2 at Kitebi Hospital, Rubaga Division).

“Some people were not able to access transport means, this is because for me I was supposed to go to the health facility but I could not move a distance and no other means of transport which was allowed to move. It inconvenienced the sick people because they had to go and get medicines from the health facilities. Some HIV patients died due to failure to pick ARVs from health facilities”, (FGD with female youths, Rubaga Division).

Discussion

The results reported in this study are so revealing. First, from a positive perspective, majority of youth reported to be satisfied with SRHR services available at health facilities. This finding implies good service delivery of SRHR services and information. However, majority of youth reported not to be using internet and not drink alcohol. Whereas the reasons for non-use of internet and not drinking alcohol are beyond the scope this study, we anticipate that given the socio-economic background of the youth enrolled in UYDEL, the youth may not be in position to afford smart phones and meet the costs for internet – limiting their ability to use digital platforms to access SRHR services and information¹⁴. This plausible reason implies that the

¹⁴ Ippoliti, NB and K L'Engle. 2017. Meet us on the phone: mobile phone programs for adolescent sexual and reproductive health in low-to-middle income countries, *Reproductive Health* 14(1): 11. doi: <http://dx.doi.org/10.1186/s12978-016-0276-z>

youth may be using low-cost mobile phones. In this case, UYDEL can consider adopting an approach of sending short messages (SMS) to reach out to the UYDEL in terms of providing SRHR services and information.

While the no reason was given for low consumption of alcohol, we anticipate three reasons for reporting low alcohol consumption. First, a problem of social desirability bias might occur during data collection. The youth that participated in the study may not be comfortable disclosing their status about alcohol consumption¹⁵. Second, selection bias could mean that the youth that were interviewed constitute the majority that do not take alcohol¹⁶. Last, while some literature points to higher alcohol consumption among the poor¹⁷, we argue that the poor socio-economic status of the youth included in the study may imply that they cannot afford to buy alcohol.

The findings also indicate that a significant proportion of youth are sexually active. This may mirror high sexual behaviour among an urban population in most developing countries among youth from poor socio-economic status. We therefore anticipate that sexual relations among urban poor youth could be used as a form survival¹⁸.

The findings also indicate that majority of youth were not sexually active. However, sexual activity was higher among youth with no disability, female, those who earn a living, those who use internet or own a mobile phone. The implication of such findings is that engaging in sexual activity may be triggered by exposure to social media (using internet and owning a mobile phone). It can be argued that when social media or internet is not regulated, youth may be forced to exchange or access pornographic material. Further, earning a living can facilitate financing and maintaining a sexual relationship. As reported from the findings, youth who are disabled may have experience some stigma to access SRHR services – limiting their engagement in sexual relations. It is therefore not surprising that a higher proportion of youth who were not disabled were sexually active.

Recommendations

1. There is also need to explore scale up of positive models especially the adolescent/youth friendly corners that can attract and sustain the interest of adolescents and youth to seek SRH and HIV/AIDS prevention and care services at the facilities.
2. There is need to adapt SRHR interventions to the ecological model and life course life course trajectory to reach girls and boys at early ages, and to implement tailored life course interventions that assess and risk factors for poor SRH and HIV at different levels. These

¹⁵ King, MF and GC Bruner. 2000. Social desirability bias: A neglected aspect of validity testing, *Psychology & Marketing* 17(2): 79-103. doi: [http://dx.doi.org/https://doi.org/10.1002/\(SICI\)1520-6793\(200002\)17:2<79::AID-MAR2>3.0.CO;2-0](http://dx.doi.org/https://doi.org/10.1002/(SICI)1520-6793(200002)17:2<79::AID-MAR2>3.0.CO;2-0)

¹⁶ Tripepi, G, KJ Jager, FW Dekker, and C Zoccali. 2010. Selection Bias and Information Bias in Clinical Research, *Nephron Clinical Practice* 115(2): c94-c99. doi: <http://dx.doi.org/10.1159/000312871>

¹⁷ Rios-Zertuche, D, J Cuchilla, P Zúñiga-Brenes, B Hernández, P Jara, AH Mokdad, *et al.* 2017. Alcohol abuse and other factors associated with risky sexual behaviors among adolescent students from the poorest areas in Costa Rica, *International Journal of Public Health* 62(2): 271-282. doi: <http://dx.doi.org/10.1007/s00038-016-0859-z>

¹⁸ Oppong Asante, K, A Meyer-Weitz, and I Petersen. 2014. Substance use and risky sexual behaviours among street connected children and youth in Accra, Ghana, *Substance Abuse Treatment, Prevention, and Policy* 9(1): 45. doi: <http://dx.doi.org/10.1186/1747-597X-9-45>

include: (a) personal factors (knowledge, agency and aspirations); (b) social factors (socialization processes, capital, costs and consequences); and (c) structural factors (health/educational systems, religious institutions, government policies) which facilitate or constraint young people to adopt the desired SRHR behaviour as they age and transition from childhood to adolescence and adulthood.

3. Explore use of targeted mentorships and critical reflection sessions with the peer educators for young people at various stages of life course transition: Very Young Adolescents (VYA), Older Adolescents (OAs) and youth generally.
4. There is need design interventions that can increase the agency of adolescents and young people to navigate the socio-cultural and environmental barriers to access and use of SRH services including contraception. In order to consolidate the gains achieved so far, deliberate actions should include:
 - a) Build capacity of service providers in providing adolescent-friendly sexual and reproductive health (SRH) services, particularly contraception services, and in establishing adolescent- and youth-friendly corners or spaces to increase discussion and access to SRH information and FP services.
 - b) Increase women's and girls' agency to initiate conversations with SRH services providers, in order to promote more meaningful interactions between the services providers and adolescents and young people in need of SRH services such as contraception.
 - c) Address misinformation and misconceptions by providing comprehensive information about SRH services including contraception to providers, key influencers, and targeted users of the FP services.
 - d) There is need to combine SRH interventions with gender transformative programming activities given the fact that there is male domination in reproductive health decision making, there is need to put emphasis on innovative male engagement strategies that can harness men/boys as partners in promoting use of SRH services including modern contraceptives.

5. Support the scale up and linkage of SRH and life skills interventions in urban settings. UYDEL and partners should advocate for integrated SRH and life skills especially among adolescent adolescents and youth in order to strengthen their agency to when it comes to making decisions about delaying sex or having safe sex. This should emphasize activities that empower young people to exercise their agency in making independent decisions, negotiations, and interactions, resistance of subversive practices that affect adoption of safer sexual practices and SRHR and choices.

6. Strengthen integration of SRH/HIV and interventions aimed at prevention of alcohol and drug abuse especially targeting adolescents.

Annex

Quantitative Individual tool

Annual best-SRH service/youth-friendly service-provider survey

sn	Question	Code	Response	Skip To
pid01	Study setting	1	Makindye	

		2	Nakawa	
		3	Rubaga	
pid07	Interviewer Name			
pid08	Interview date			
pid09	Supervisor Name			

Introduction and Consent (Read the Script)

Hello. My name is _____ and I am working with Applied Research Bureau (ARB). We are conducting a study among youth (10-30 years) in three divisions (Makindye, Nakawa, and Rubaga). The information you provide will be very useful in planning service delivery and information regarding youth-friendly SRH services. We would very much appreciate you or your household members' participation in this survey. The survey usually takes 30 to 45 minutes to complete.

As part of the survey we would first like to ask some questions about your household members. We will select some at random to interview. All of the answers you give will be confidential.

Let me know if I should clarify more.

May I begin the interview now?

List of Household Members aged 10 – 19 years of age: Please give me the names of young people 10-19 years in your household.

Name of household member	Relationship to head of household 1= Self 2= Spouse 3 = Parent 4 = Grandparent 5 = Other relative 6= Other	Sex 1= Male 2 = Female	Age in completed years	When were you last at school? (Month and Year)

Section 1: General Characteristics of the Respondents

No.	QUESTION	CODING CATEGORIES	SKIP
101.	In what month and year were you born?	Month Don't know month.....98 Year Don't know year.....9998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
102.	How old were you at your last birthday? VERIFY AGE WITH	Age (in completed years) Don't know.....98	<input type="text"/> <input type="text"/>

No.	QUESTION	CODING CATEGORIES	SKIP
	MONTH AND YEAR OF BIRTH IN Q101.		
103	Sex of respondent	Male.....1 Female.....2	
104	Who do you live with? tick all that apply	Alone1 Friends.....2 Mother alone.....3 Father alone.....4 Both parents.....5 With other relatives.....6 Boyfriend/ girlfriend.....7 Husband/wife8	
105	Do you have any form of disability?	Yes.....-1 No.....2	If 2 skip to 107
105a	Please describe the form of disability (tick all that apply)	01= Limited use of legs, feet 02= No leg(s), feet 03= Limited use of arm(s), hand(s) 04 = No arm(s), hand(s) 05= Facial mutilation (nose, lips, ears) 06 = Serious problem with back spine 07= Hearing difficulty 08 = Deafness 09= Serious speech impediment 88 = Other (specify_____)	
107a	Schooling/ever-been in school What is the highest level of school you completed: <i>Primary, `O` level, `A level, university or other tertiary?</i>	Primary (P.1 –P.4)..... 1 Secondary.....2 University..... 3 Tertiary.....4	
107e	Can You write in any language	Yes1 No2	
108a	What is your current marital status?	Currently married.....1 Not married, but living with a partner2 Single with regular partner 3 Single without partner 4 Widowed..... 5 Separated..... 6	
108c	(If married) How old were you when you first started living with a man or woman as your partner	<input type="text"/>	
108d	For how long have you been living with your current partner?	<input type="text"/>	
108e	Is your (husband/wife/partner) living with you now or is he/she staying elsewhere?	Living together 1 Staying elsewhere 2	
108f	Does your spouse/ boyfriend/ girlfriend have more than one woman/man he/she considers a wife/ husband, girlfriend /boyfriend?	Monogamous.....1 Polygamous.....2	
108g	How old is your partner?	Age in years <input type="text"/> Don't know 88 Not applicable 97	

No.	QUESTION	CODING CATEGORIES	SKIP
109	What is your religion?	Catholic.....1 Anglican/protestant.....2 Moslem.....3 Pentecostal /born again / evangelical.....4 Seventh Day Adventist.....5 Orthodox.....6 Others(specify).....8	
110	What is your main occupation, that is, what kind of work do you do??	Professional/Technical /Managerial1 Clerical2 Sales and Services.....3 Skilled manual.....4 Unskilled Manual.....5 Agriculture -----6 Domestic work.....7 Unpaid work for family business ----- 8 No work ----- 9 Other (specify).....98	
111	Do you earn a living from the occupation you have told me about?	Yes1 No2	
112	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	At least once a week 1 Less than once a week 2 Not at all 3	
113	Do you listen to the radio at least once a week, less than once a week or not at all?	At least once a week 1 Less than once a week 2 Not at all 3	
114	Do you watch television at least once a week, less than once a week or not at all?	At least once a week 1 Less than once a week 2 Not at all 3	
115a	Have you ever used the internet?	Yes1 No2	If 2 → 120
115b	In the last 12 months, have you used the internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	Yes1 No2	
116	On a typical day, how many hours in a day in total do you spend using social media, chatting with friends online, playing computer games or using other interactive media?	_____	
117	Do you own a mobile phone?	Yes1 No2	
118a	Do you ever drink alcohol?	No 88	
118b	IF YES. On how many days in the last month have you drank alcohol?	<input type="text"/> <input type="text"/>	

Section 2: Sexual Behaviour

201	Have you ever had a boyfriend/girlfriend/partner?	Yes No	Skip to Q703 if married/has regular partner
202	Have you ever had sexual intercourse (consented or forced)?	Yes No I do not want to talk about this now	

203	How old were you when you had sexual intercourse for the first time?years (Put "88" if does not remember)	
204a	What was the main reason that you had sex at that time? READ OUT Precedence of coding order: Forced, pressured, to receive gifts, to show love?	It just happened 1 My friends pressured me to have sex ... 2 To show my love / to feel loved 3 I wanted to have sex 4 My boyfriend / girlfriend wanted to have sex and I agreed 5 For money / gifts 6 I wanted to have a baby 7 I was forced to have sex ----- 8 I wanted sex and forced her/him ----- 8 Other (specify)96 Don't remember 88 No Response -----97	[If Q703 is <18 years)
204b	How old was the first person you had sex with?	Same age as me1 Younger than me2 1-2 years older than me3 3-4 years older than me4 5 or more years older than me 5 Don't know.....6	
205	When was the last time you had sex?	Last week; Last Month; Last 3 months; last 12 months	
206a	How many sexual partners have you had sex with in the previous 12 months?partners	
206b	How old was the last partner you had sex with?	Same age as me1 Younger than me2 1-2 years older than me3 3-4 years older than me4 5 or more years older than me 5 Don't know.....6	
206c	(Single/no regular partner): The last time you had sexual intercourse; did you and/or your sexual partner use a condom?	Yes No No Response	Yes→ 801 No →707
206d	(If married/with regular partner): How many persons have you had sex with in the last six months that are not your wife/husband/regular partner?	_____	"0" → 801
206e	The last time you had sexual intercourse with this person(s) who is not your regular partner/spouse; did you use a condom?	Yes No No Response	Yes→ 708
206f	Why did you use the condom?	Prevent pregnancy ----- 1 Prevent HIV/STIs -----2 Both -----3 Don't know but partner suggested it ----- 4 Other _____	
206g	Why was the condom not used?	S/he or partner had no condom Don't like condoms Partner declined condom Forced sex Was afraid to ask his partner to use a condom; afraid of being suspicious I didn't know where to get condoms from I didn't know how to use condoms I thought the pleasure would be affected Others	

		Declined	
207a	The last time you had sex with your spouse/regular partner; did you or your partner use a condom?	Yes No	
207b	If condom was not used during your last sexual encounter, why?	Am married and therefore condom was not necessary Condoms were not available Because condom cause discomfort during sex Partner would be suspicious You/partner want to have children	
208	Do you know the HIV status of this person?	Yes No No Response	
209	When you had sex, did either of you drink alcohol beforehand?	I was the only who drank s/he was the only who drank Both, we had drank alcohol Don't remember No response	
210	[females only] At times or routinely, some people do have sex in exchange for gifts, money, or services. In the last 12 months, did you have sex where you received something in exchange including gifts, money or services from any sexual partner?	Yes No No Response	
211	People may have mixed reasons for not having sexual intercourse. I will read out some reasons. Please tell me for each reason whether it applies to you or not.	a) I don't feel ready to have sex. b) I have not had the opportunity. c) I think that sex before marriage is wrong d) I am afraid of getting pregnant e) I am afraid of getting HIV/AIDS or another sexually transmitted infection.	
212	And now I have a question about your future plans about sexual intercourse. Which of these statement best describes your plans? READ OUT	a) I plan to wait until marriage b) I plan to wait until I am engaged to be married c) I plan to wait until I find someone I love d) I plan to have sexual intercourse when an opportunity comes along	
213	Do you feel any pressure from others to have sexual intercourse?	Yes No	
214	From whom do you feel pressure? PROBE CIRCLE ALL THAT APPLY	Friends1 Relatives2 Work colleagues.....3 Partner/special friend4 Teachers5 Other person.....6 If other, specify _____	

Section 3: Domains measuring accessibility (Yes/ No)

Convenient opening hours	
Availability of transport to facility	
Services are affordable or free	
Awareness of location, hours and services	

Appointment drop in available	
Dedicated service (LARCS insertion, HIV testing) available at certain times of the week/ day	
Youth-only hours	
Appointments available online or by text	
Partners welcome	
Facilities open during entire posted time	

Section 4: Domains measuring acceptability (Yes/No)

General satisfaction	
Client would recommend clinic to friend	
Client willing to return to clinic	
Clinic has good reputation	
No corruption in facility	
All expectations of service are met	

Section 5: Domains measuring appropriateness (Yes/ No)

Client has choice of treatment options	
Data collected to determine young people's health needs in community	

Section 6: Domains measuring equity (Yes/ No)

Welcome regardless of age	
Welcoming services for young men	
Open to all racial groups	
Open to al religious groups	
Welcome regardless of marital status	
Welcome regardless of relationship status	
Open to persons of all sexual orientations	
Females ad males receive equal access to family planning services	
Males and females receive similar service care and	

respect	
Policies and guidelines for staff on SRH rights of young people	

Section 7: Domains measuring effectiveness (Yes/ No)

Supplies available onsite	
Providers are medically competent	
Provider takes cline history	
Cline follows caregivers advice, adherence to treatment	
Equipment to provide services available	
Cline receives correct treatment	
Infection control procedures are followed	
Provider takes appropriate physical examination according to guidelines	

Section 8: Domain measuring staff competency (Yes/ No)

Non judgmental	
Client receives adequate information from provider	
Friendly	
Respectful	
Welcoming	
Client has opportunity to ask al questions	
Listens to client problems	
Adequate number of staff trained on youth friendly services	
Positive attitude	
Comfort in communicating	
Provider uses language that is understandable to clients	
Interested in client	
Willing to help	
Provider develops relationship with client	

Responsive	
Client given time for test results to be absorbed and understood	
Client is able to express opinion	
Provider answers questions to clients satisfaction	

Section 9: Domain measuring confidentiality and privacy

Confidentiality is respected	
Client consultation cannot be heard or seen by other clients of staff	
Privacy is respected	
Staff explains services are confidential	
Parental consent is not required	
Consultation is not interrupted by outside staff or clients	
Tests are handled confidentially	
Privacy asking for services in reception	
Staff uses shielded language when calling for appointment of follow-up	

Section 10: Domain measuring environment (Yes/ No)

Comfortable	
Reading materials available	
Clean	
Youth-only space available	
Young people specific materials available	
Private waiting room for young people available	
Ease of finding services within facility	
Adequate lighting and ventilation	
Toilet facility quality	
Clean piped water	
Good phone access	
No over crowding	

Section 11: Domain measuring services provided (Yes/ No)

Counselling (prevention, condom demonstration, test results)	
Contraceptive services	
STI services (counselling, testing, treatment and prevention)	
Pregnant and parenting teen services	
Pap smears and pregnancy tests	
Emergency contraception	
Abortion services	
Youth have input on service delivery	
Peer educator on staff	
Youth organize outreach	
Peer educator program in clinic	

Section 12: Health visit

1201	Is this the health facility you regularly visit when you or your family is unwell?	1=Yes 2=No
1202	How many times in the last 12 months have you visited this facility either as a patient or a care-giver?	1=Once 2=Twice 3=More than twice 4=Not once (never) 5=Cannot remember
1203	Did you visit this health facility today seeking health services for yourself or you escorted someone?	1=Yes for myself 2= Escorted someone 3= Both 1&2 4=Care taker 5=Neither (Terminate the interview if the person did not visit the health unit to access health services for themselves or is not escorting someone seeking health services]
1204	Have you ever received SRH related	Yes

	service	No (if no skip to 26)
1205	<p>If yes what SRH services have ever received</p> <p>MULTIPLE RESPONSE ALLOWED</p>	<p>1=HCT</p> <p>2=Family Planning</p> <p>3=ANC/ Maternity services</p> <p>4=STI Treatment and management</p> <p>5=Management of TB/HIV co-infection</p> <p>6=Emergency Contraceptives</p> <p>7=Post-Exposure Prophylaxis (PEP)</p> <p>8=Abortion and post abortion care</p> <p>9=ART</p> <p>10= Information/health education</p> <p>11=consultations</p> <p>12=Others specify_____</p>
<p><i>I would like to ask you some detailed questions about your visit in this facility today</i></p>		
1206	<p>What health service(s) did you or the patient you brought receive today in this facility?</p> <p>Multi response allowed</p> <p>MULTIPLE RESPONSE ALLOWED</p>	<p>1=HCT</p> <p>2=Family Planning</p> <p>3=ANC/ Maternity services</p> <p>4=STI Treatment and management</p> <p>5=Management of TB/HIV co-infection</p> <p>6=Emergency Contraceptives</p> <p>7=Post-Exposure Prophylaxis (PEP)</p> <p>8=Abortion and post abortion care</p> <p>9=ART</p> <p>10= Information/health education</p> <p>11=consultations</p> <p>12=Others specify_____</p> <p><i>Tick/encircle all applicable options</i></p>

1207	Who attended to you on this visit?	_____
1208	Did the health workers conduct any health examinations or procedures(including lab tests, x rays, physical exam etc)	1=Yes 2=No (if no skip to 30)
1209	Did the health staff explain the results of the health examinations or procedures? [If no examinations or procedures were performed, put "NA".]	1=Yes 2=No 3=N/A
1210	Did you have enough privacy during the consultation or treatment given by the health staff?	1=Yes 2=No 3=Don't know (if No or Do not know skip to 31)
1211	For those who have received SRH and Adolescent friendly services today, what services have you received from this facility MULTIPLE RESPONSE ALLOWED	1=HCT 2=Family Planning 3=ANC/ Maternity services 4=STI Screening 4=STI Treatment and management 5=Management of TB/HIV co-infection 6=Emergency Contraceptives 7=Post-Exposure Prophylaxis (PEP) 8=Abortion and post abortion care 9=ART 10= Information/health education 11=consultations 12=Others specify _____ <i>Tick/encircle all applicable options</i>
1212	How often are SRH and adolescent friendly services provided to you?	1= At least once a week 2= Once every month

		<p>3= Every two month</p> <p>4= Once every quarter</p> <p>5= Received only once</p> <p>6= Received only a few times</p> <p>9= Others specify.....</p>
1213	Did you receive all the services that the health worker who attended to you recommended from this facility?	<p>1=Yes</p> <p>2=No</p> <p>3=Don't know (if No or Do not know skip 37)</p>
1214	If not, what service did you not receive?	<p>_____ [optional]</p>
1215	<p>Why was the service not provided?</p> <p>MULTIPLE RESPONSE ALLOWED</p>	<p>1=Absence of specialist</p> <p>2=Lack of equipment</p> <p>3=Faulty equipment</p> <p>4=The unit had closed for the day</p> <p>5= No time</p> <p>6=Other.....(specify)</p>
1216	How do rate your level of satisfaction with the information and guidance you received?	<p>1= Very satisfied</p> <p>2= Satisfied</p> <p>3= Not satisfied</p>
1217	Were all the health workers you needed to see available and on time (not late in the morning, break time or after lunch)?	<p>1=Yes</p> <p>2=No</p> <p>3=Don't know</p>
1218	If No were you given any explanation for their absence?	<p>1=Yes</p> <p>2=No</p> <p>3= Don't Know</p>
1219	Did you pay user fees to day?	<p>1= Yes</p> <p>2= No (if no skip to 42)</p>
1220	If yes What services are paid for	

	Referrals	
1221	Have you ever been referred to another service provide for support	1= Yes 2= No (if no skip to 48)
1222	If yes was the referral written or verbal	1= Yes 2= No
1223	What services were you referred to obtain from another service provider	Provide a list here
1224	The last time you were referred did you obtain the service to which you were referred	1= Yes 2= No
1225	If (No)Were the reasons for not obtaining the service at the service provide to which you were referred explained	1= Yes 2= No
1226	What were the reasons for not obtaining the services	_____
1227	Generally would you say you are satisfied with the services you have received today?	1=Very satisfied 2= satisfied 4=Not satisfied
1228	Explain the reasons for the answer above.....	
1229	Are there services you would like but they are not provided by this facility	1= Yes 2= No (if no skip to 52)
1230	If yes Which service would you want but are not provided by this facility
Now, I would like to ask you to assess your satisfaction with the services I am going to read. Please tell me whether from your individual point of view the services are very satisfactory, satisfactory, or not satisfactory at		

all. Please limit your assessment to only those services/products you have come into contact with/obtained or experienced (indicate N/A where not applicable)				
		Clients satisfaction level		
		Very satisfied	Satisfied	Not satisfied
	HCT			
	Family Planning			
	ANC/ Maternity services			
	STI Screening			
	STI Treatment and management			
	Management of TB/HIV co-infection			
	Emergency Contraceptives			
	Post-Exposure Prophylaxis (PEP)			
	Abortion and post abortion care			
	ART			
	Information/health education			
	Consultations			
Quality of care				
	Time taken to receive services			
	Regularity of the service			
	Welcoming the staff			
	Stigma management			

In the following questions we would like to ask your opinions based on what you have seen or experienced at this facility. Please only one answer.

		ENCIRCLE					
	A. How would you rate the <i>cleanliness of health facility?</i>	1. Very Good	2. Good	3. Fair	4. Poor	5. Very poor	6 DK
	C. How would you rate the adequacy of <i>furniture</i> in this facility?	1. Very	2. Good	3. Fair	4. Poor	5. Very	6 DK

		Good				poor	
	E. How would you rate <i>access to clean water</i> at health facility?	1. Very Good	2. Good	3. Fair	4. Poor	5. Very poor	6 DK
	F. How would you rate the <i>cleanliness of toilets</i> in this facility?	1. Very Good	2. Good	3. Fair	4. Poor	5. Very poor	6 DK
	G. How would you rate the <i>cleanliness of linen</i> in this facility?	1. Very Good	2. Good	3. Fair	4. Poor	5. Very poor	6 DK

Facility tool

FACILITY CENSUS QUESTIONNAIRE

FOR USE IN HEALTH CARE FACILITIES. ONE QUESTIONNAIRE SHOULD BE USED *PER* FACILITY.

Please fill the information below before beginning. Please write

clearly, in ink:

001.	Date (dd/mm/yyyy):	
002.	District* name: * Or equivalent administrative unit	
003.	Facility name:	
004.	Ownership*: * Adapt as required at country level	Please check one box below:
	Government (public) facility	
	Private, non profit facility. These include mission and faith based facilities.	
	Private, for profit facility.	
005.	Facility type*: * Adapt as required at country level	Please check one box below.
	Tertiary/third level hospital. These generally provide training as well as specialized care.	
	generally the provincial level hospital. Second level referral hospital. This is	
	First level hospital. District level hospital.	
	Hospital affiliated health center.	
	Health center.	

Facility Staffing	21.6	Number of qualified staff, available at the facility:		
	Doctors	_____	Clinical officers	_____
	Nurses/ Midwife	_____	Nurse aides	_____

	Professional counselors	_____	Laboratory Tech & Assistants	_____
	Medical Social workers	_____	Obstetricians/gynecologists	_____
	Psychiatrists, psychotherapists, clinical psychologists	_____	Other	_____
	Records assistants	_____		

	Health post/dispensary.	
006.	Interviewer name (last, first):	_____
007.	Respondent name (last, first):	_____
008.	Respondent job title:	_____
009.	Facility telephone, email and fax numbers (including local telephone codes):	Telephone: _____ Fax: _____ Email: _____
010.	Facility geographic co-ordinates*: * Specify North (N) or South (S) for latitude and East (E) or West (W) for longitude. Indicate if these are negative (-) accordingly.	Latitude: _____ N/S _____ Longitude: _____

No.	Question	Answer
101	How many out-patients were seen in this facility during the previous month?	
103	Does this facility have delivery beds?	Yes.....1 IF YES, ENTER THE NUMBER OF BEDS: No.....2
104	Does this facility have maternity beds?	Yes.....1 IF YES, ENTER THE NUMBER OF BEDS: No.....2

108	What is the main source of water in this facility?	Piped water.....1 Water from open well.....2 Water from covered well or borehole.....3 Surface water.....4
114	Does this facility provide sexual and reproductive health services	Yes.....1
We would now like to ask you about guidelines available in this facility. Are guidelines for the following available, and accessible, here:		
114	Management of malaria	Yes.....1 No.....2

115	Integrated Management of Childhood Illness (IMCI)	Yes.....1 No.....2
116	Treatment and care of opportunistic infections for people living with HIV/AIDS	Yes.....1 No.....2
117	HIV antibody testing and counselling	Yes.....1 No.....2
118	Prevention of Mother To Child Transmission (PMTCT)	Yes.....1 No.....2
119	Management of TB/HIV co-infection	Yes.....1 No.....2
118	Integrated management of adult illness (IMAI)	Yes.....1 No.....2
120	STI diagnosis and treatment	Yes.....1 No.....2
121	Family Planning	Yes.....1 No.....2
122	Maternal health	Yes.....1 No.....2

No.	Question	Answer
301	Please indicate which of the following is the most commonly used type of needles and syringes for general health services (apart from immunization activities) in this facility:	Disposable.....1 Re-usable.....2 Auto-destruct.....3
303	Is environmental disinfectant (i.e., bleach, Lysol, or other nationally accepted disinfectant) available in this facility?	Yes.....1 No.....2

No.	Question	Answer
401	Medical doctors/physicians:	
	(a) How many medical doctors/physicians work full time at this facility?	ENTER "0" if none.
	(b) How many medical doctors/physicians work part time at this facility?	ENTER "0" if none.
	(c) How many medical doctors/physicians are present at this facility today?	ENTER "0" if none.
402	Clinical officers/assistant medical officers:	
	(a) How many clinical officers/assistant medical officers work at this facility?	ENTER "0" if none.
	(b) How many clinical officers/assistant medical officers are present at this facility today?	ENTER "0" if none.
403	Certified/registered midwives (including nurse midwives):	

No.	Question	Answer
	(a) How many certified/registered midwives work at this facility?	ENTER "0" if none .
	(b) How many certified/registered midwives are present at this facility today?	ENTER "0" if none .
404	Certified/registered nurses:	
	(a) How many certified/registered nurses work at this facility?	ENTER "0" if none .
	(b) How many certified/registered nurses are present at this facility today?	ENTER "0" if none .
405	Nursing assistants/nursing aides:	
	(a) How many nursing assistants/nursing aides work at this facility?	ENTER "0" if none .
	(b) How many nursing assistants/nursing aides are present at this facility today?	ENTER "0" if none .

406	Laboratory technicians/technologists:	
	(a) How many laboratory technicians/technologists work at this facility?	ENTER "0" if none .
	(b) How many laboratory technicians/technologists are present at this facility today?	ENTER "0" if none .
407	Pharmacists and dispensers:	
	(a) How many pharmacists and dispensers work at this facility?	ENTER "0" if none .
	(b) How many pharmacists and dispensers are present at this facility today?	ENTER "0" if none .
408	Health management information system (HMIS) personnel/records	
	(a) How many HMIS personnel/records assistants work at this facility?	ENTER "0" if none .
	(b) How many HMIS personnel/records assistants are present at this facility today?	ENTER "0" if none .

409	Full time or dedicate health service managers:	
	(a) How many full time or dedicated health service managers work at this facility?	ENTER "0" if none .
	(b) How many full time or dedicated health service managers are present at this facility today?	ENTER "0" if none .
410	Certified/registered HIV counsellors:	
	(a) How many certified/ registered HIV counsellors work at this facility?	ENTER "0" if none .
	(b) How many certified/ registered HIV counsellors are present at this facility today?	ENTER "0" if none .
411	Community health workers:	
	(a) How many community health workers are supervised by this facility?	ENTER "0" if none .
	(b) How many community health workers have you met during the last month to discuss work- related issues?	ENTER "0" if none .

412	Social workers:	
	(a) How many social workers work at this facility?	ENTER "0" if none .
	(b) How many social workers are present at this facility today?	ENTER "0" if none .

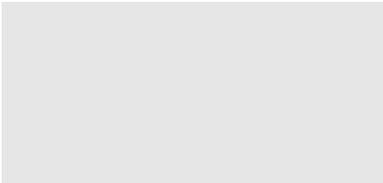
No.	Question	Answer
502	Delivery care* * Formerly called "Safe motherhood/life-saving skills"	ENTER "0" if none . ENTER "999" if don't know .
503	Adolescent sexual and reproductive health (ASRH)	ENTER "0" if none . ENTER "999" if don't know .
504	HIV/AIDS opportunistic infection treatment and care	ENTER "0" if none . ENTER "999" if don't know .

No.	Question	Answer
505	HIV/AIDS counselling only	ENTER "0" if none . ENTER "999" if don't know .
506	HIV/AIDS counselling and testing	ENTER "0" if none . ENTER "999" if don't know .
507	HIV antibody testing including using HIV rapid testing	ENTER "0" if none . ENTER "999" if don't know .
508	Prevention of mother to child transmission (PMTCT) of HIV	ENTER "0" if none . ENTER "999" if don't know .
509	Family planning	ENTER "0" if none . ENTER "999" if don't know .

510	STI diagnosis and treatment	<p>ENTER "0" if none.</p> <p>ENTER "999" if don't know.</p>
511	Infection control/ universal precautions for handling blood and other bodily fluids	<p>ENTER "0" if none.</p> <p>ENTER "999" if don't know.</p>
512	Diagnosis and treatment of malaria	<p>ENTER "0" if none.</p> <p>ENTER "999" if don't know.</p>
513	Drug and supplies management	<p>ENTER "0" if none.</p> <p>ENTER "999" if don't know.</p>

No.	Question	Answer
624	Combined oral contraceptive pills	Yes.....1 No.....2
625	Injectable contraceptives*	Yes.....1 No.....2
626	Male condoms	Yes.....1 No.....2
627	Brochures, posters, or other materials on safe sex practices* * We are interested in knowing that these are present and appropriate. By appropriate we mean that the	Yes.....1 No.....2

No.	Question	Respondent answer
		Service is not available3
704	Blood count	The test can be done on-site today.....1 The test can be done off site and results can be received within two days time.....2 Service is not available3
705	Blood glucose level	The test can be done on-site today.....1 The test can be done off site and results can be received within two days time.....2 Service is not available2
707	RPR or VDRL for syphilis	The test can be done on-site today.....1 The test can be done off site and results can be received within two days time.....2 Service is not available2



No.	Question	Answer
<p>We are interested in knowing more information about health interventions that may be offered in this facility. By previous month we mean the last completed calendar month.</p>		
801	Is HIV antibody testing and counselling available in this facility?	<p>The facility provides HIV antibody testing and</p> <p>The facility provides counselling only.....2</p> <p>The facility does not provide counselling nor testing.....3</p>
802	How many HIV antibody testing and counselling clients did the facility see in the previous month?	ENTER "0" if none .
803	How many HIV antibody testing and counselling clients returned for their results in the previous month?	ENTER "0" if none .
804	Are antenatal services provided in this facility?	<p>Yes.....1</p> <p>No.....2</p>
805	How many antenatal clients were seen in the previous month?	ENTER "0" if none .
806	Is HIV counselling provided to pregnant women?	<p>Yes.....1</p> <p>No.....2</p>

No.	Question	Answer
807	Is HIV testing provided to pregnant women?	Yes.....1 No.....2
808	Is nevirapine or AZT provided to prevent mother to child transmission of HIV?	Yes.....1 No.....2
809	How many patients received nevirapine or AZT in the previous month?	SKIP TO 811 ENTER "0" if none .
810	How many of the patients that received nevirapine or AZT were referred to postpartum family planning in the previous month?	ENTER "0" if none .
811	Is ARV therapy offered at this facility?	Yes.....1 No.....2
812	How many patients are currently enrolled in the ARV program?	SKIP TO 815 ENTER "0" if none . If "0" SKIP TO 815
814	How many patients picked up their ARV drugs in the previous month?	

No.	Question	Answer
815	Does this facility provide STI diagnosis and treatment?	Yes.....1 No.....2
816	How many patients were seen for STI diagnosis and treatment in the previous month?	SKIP TO 817 ENTER "0" if none.
817	Does this facility receive any funding supported by the US President's Emergency Plan for AIDS Relief (PEPFAR)?	Yes.....1 No.....2
818	Does your facility have a working relationship with any NGO or CBO for HIV prevention activities?	Yes.....1 No.....2
819	Does your facility conduct any HIV prevention outreach in the community?	Yes.....1 No.....2
820	Is a register of suspected TB cases kept at this facility?	Yes.....1 No.....2
821	Is smear microscopy available in this facility for TB diagnosis?	Yes.....1 No.....2
822	Is TB treatment available in this facility?	Yes.....1 No.....2
823	Is direct observation of short course chemotherapy for TB provided in this facility or in the surrounding community?	Yes.....1 No.....2

824	Is HIV antibody testing available in this facility for all TB patients (suspected or confirmed)?	The facility provides HIV antibody testing for all The facility provides a referral to HIV testing services The facility does not test TB patients.....3
825	Are there any sexual and reproductive health services provided in this facility tailored* specifically to adolescents and young people? *Note: By "tailored" we mean a service provided by a health provider specifically trained to work with adolescent clients;	Yes.....1 No.....2
826	Does this facility offer child immunization services?	Yes.....1 No.....2
827	How many children were immunized* in the previous month?	ENTER "0" if none.
828	Does this facility provide outreach services for immunization?	Yes.....1 No.....2
829	Did the facility carry out any outreach services for immunization in the previous month?	Yes.....1 No.....2
830	Does this facility provide blood transfusion services?	Yes.....1 No.....2
831	Does this facility provide emergency Caesarean sections?	Yes.....1 No.....2
832	Does this facility provide permanent	Yes.....1

	contraceptive options such as tubal ligation and vasectomies?	No.....2
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Domains measuring accessibility (Yes/ No)

Convenient opening hours	
Availability of transport to facility	
Services are affordable or free	
Awareness of location, hours and services	
Appointment drop in available	
Dedicated service (LARCS insertion, HIV testing) available at certain times of the week/ day	
Youth-only hours	
Appointments available online or by text	
Partners welcome	
Facilities open during entire posted time	

Domains measuring acceptability (Yes/No)

General satisfaction	
Client would recommend clinic to friend	
Client willing to return to clinic	
Clinic has good reputation	
No corruption in facility	
All expectations of service are met	

Domains measuring appropriateness (Yes/ No)

Client has choice of treatment options	
Data collected to determine young people’s health needs in community	

Domains measuring equity (Yes/ No)

Welcome regardless of age	
Welcoming services for young men	
Open to all racial groups	
Open to all religious groups	
Welcome regardless of marital status	
Welcome regardless of relationship status	
Open to persons of all sexual orientations	
Females and males receive equal access to family planning services	
Males and females receive similar service care and respect	
Policies and guidelines for staff on SRH rights of young people	

Domains measuring effectiveness (Yes/ No)

Supplies available onsite	
Providers are medically competent	
Provider takes client history	
Client follows caregivers advice, adherence to treatment	
Equipment to provide services available	
Client receives correct treatment	
Infection control procedures are followed	
Provider takes appropriate physical examination according to guidelines	

Domain measuring staff competency (Yes/ No)

Non judgmental	
Client receives adequate information from provider	
Friendly	

Respectful	
Welcoming	
Client has opportunity to ask al questions	
Listens to client problems	
Adequate number of staff trained on youth friendly services	
Positive attitude	
Comfort in communicating	
Provider uses language that is understandable to clients	
Interested in client	
Willing to help	
Provider develops relationship with client	
Responsive	
Client given time for test results to be absorbed and understood	
Client is able to express opinion	
Provider answers questions to clients satisfaction	

Domain measuring confidentiality and privacy

Confidentiality is respected	
Client consultation cannot be heard or seen by other clients of staff	
Privacy is respected	
Staff explains services are confidential	
Parental consent is not required	
Consultation is not interrupted by outside staff or clients	
Tests are handled confidentially	
Privacy asking for services in reception	

Staff uses shielded language when calling for appointment of follow-up	
--	--

Domain measuring environment (Yes/ No)

Comfortable	
Reading materials available	
Clean	
Youth-only space available	
Young people specific materials available	
Private waiting room for young people available	
Ease of finding services within facility	
Adequate lighting and ventilation	
Toilet facility quality	
Clean piped water	
Good phone access	
No over crowding	

Domain measuring services provided (Yes/ No)

Counselling (prevention, condom demonstration, test results)	
Contraceptive services	
STI services (counselling, testing, treatment and prevention)	
Pregnant and parenting teen services	
Pap smears and pregnancy tests	
Emergency contraception	
Abortion services	
Youth have input on service delivery	
Peer educator on staff	

Youth organize outreach	
Peer educator program in clinic	

In the following questions we would like to ask your opinions based on what you have seen or experienced at this facility. Please only one answer.

		ENCIRCLE					
	A. How would you rate the <i>cleanliness of health facility</i> ?	1. Very Good	2. Good	3. Fair	4. Poor	5. Very poor	6 DK
	C. How would you rate the adequacy of <i>furniture</i> in this facility?	1. Very Good	2. Good	3. Fair	4. Poor	5. Very poor	6 DK
	E. How would you rate <i>access to clean water</i> at health facility?	1. Very Good	2. Good	3. Fair	4. Poor	5. Very poor	6 DK
	F. How would you rate the <i>cleanliness of toilets</i> in this facility?	1. Very Good	2. Good	3. Fair	4. Poor	5. Very poor	6 DK
	G. How would you rate the <i>cleanliness of linen</i> in this facility?	1. Very Good	2. Good	3. Fair	4. Poor	5. Very poor	6 DK

Qualitative KII

This tool will be applied to NGOs/service providers/program staff/other stakeholders

Section 0: Identification Particulars

- 002** DISTRICT _____
003 LOCATION OF DISCUSSION (PLACE NAME) | _____ |
004 SUB-COUNTY : _____
005 FACILITATOR: _____
006 CO-FACILITATOR: _____
007 DATE OF FOCUS GROUP ___/___/ 2021
008 NUMBER OF PARTICIPANTS: | _____ |
009 DURATION OF DISCUSSION |__|: |__|__|

Section 1: Introductions and Overview

Welcome. My name is..... and my colleague's name is..... We are working with ARB on a study to understand adolescent youth friendly services in Makindye, Nakawa and Rubaga divisions, Kampala, Uganda. The information you provide will be very useful in planning service delivery and information SRHR services among youth. We would very much appreciate you or your household members' participation in this survey. The discussion will take between 40-60 minutes of your time. During our discussion today we are interested in hearing from all of you. Everyone's thoughts are very important, and every opinion matters. There are no right or wrong answers but rather different points of view. Please feel free to share what you think even if it is different from what others have said. I will ask that only one person speaks at a time so that everyone has a chance to talk. We will also take notes of the discussion to help us remember the main points discussed today. We will not share anything that anyone says today with anyone outside our team. We will only be asking questions about what you think about the materials. We won't be asking personal information about you. I will also ask you all to keep the discussion between us private, and not share what is discussed with anyone outside this group. To protect everyone's privacy, I will ask everyone to call each other only by first names. Thank you very much for participating. I hope you find the discussion enjoyable and interesting. Does anyone have any questions about what we are going to do today?

Also, you have probably noticed the voice recorder. We would like to voice record the session because we don't want to miss any of your comments. Does anyone prefer that we do NOT voice the session? (If all agree) I would like to begin our discussion now and turn on the voice recorder.

1. What does your organization do? *Probes:*
 - Who is your target population? What is your approach/strategy? What are your main areas of work? What kinds of services and/or activities do you provide or undertake?
2. Do you have specific programs/ projects targeting adolescent youth for SRHR services?
3. What are the common concerns of youth related to services you provide at the facility and/or during outreaches?
4. How do girls and boys learn about SRH services at Health facilities? Probe for sources of information about SRH
5. What the SRH needs for girls and boys that come to your facility? What are the common services they seek from your facility?
6. What is your experience in relation to adolescents seeking SRH services from health facilities? (probe for positive and negative opinion and experiences)
7. Are certain categories of girls and boys finding it harder to access services and prevention activities? If yes Why
8. To what extent is the environment/ services at health facilities conducive for adolescents to seek SRH services? (probe for factors that attract adolescents to seek services (facilitators) and for factors that may discourage adolescents from seeking services from the facility (barriers)
9. In your opinion, what constitutes an adolescent youth friendly SRH service? Probe for:
 - a. Adolescent/youth friendly corners,
 - b. having staff trained in offering adolescent friendly services with a positive attitude towards young people and their SRH needs
 - b. a separate space for providing services for adolescent clients; a waiting room exclusive for young people.
 - c. provided unrestricted family planning services to young people
 - d. sufficient supplies and equipment respectively that are necessary for providing services that meet the needs of young people.
9. In respect to providing adolescent friendly SRH services, how would you rate your facility? Score from 1-5, five being the highest score and 1 being the lowest. Why do you choose that score, explain the reasons from choosing that score?
10. How has the UYDEL project impacted on the adolescent youth friendly SRHR services? Probe for the following:
 - Change in access to adolescent youth friendly SRHR services
 - Ability to access information related to adolescent SRHR
 - Ability to acquire skills to help reduce risk factors such as teenage pregnancies or unwanted pregnancies among young people
 - Ability to provide professional assistance to young people
 -
11. What is your perception of the quality of SRH services provided to adolescents? Probe for :
 - what guidelines are followed? Are services accessible to both girls and boys?
 - provided by trained persons who have respect for young people

- honor privacy and confidentiality.
- emphasize that adequate time for client and provider interaction should be availed.
- Health facilities offering friendly services to young people should have:
 - ◆ peer counsellors
 - ◆ convenient opening hours for all young people,
 - ◆ comfortable surrounding with short waiting times and
 - ◆ no overcrowding.

12. How has COVID-19 impacted on interventions aimed at promoting adolescent youth friendly SRHR services?

- What services and prevention activities continue to be available? What stopped? If there are bottlenecks in the prevention and response system, what are they?]
- What services were most affected and how? Probe for: Contraceptive counselling and services; Safe abortion care; Delivery care; Antenatal/postnatal care; STI screening and treatment; HIV testing, care and treatment; Reproductive cancer screening; Adolescent-friendly or focused SRH services; Community outreach and awareness related to SRH

THANK PARTICIPANT FOR HIS/HER INPUTS. NOTE THE IMPORTANCE OF THIS INFORMATION IN ADDRESSING THE NEEDS FOR GIRLS AND BOYS THAT CAN INFORM IMPROVEMENT OF THE PROJECT FRAMEWORK REGARDING GOVERNMENT AND COMMUNITY SERVICE PROVISION

Qualitative FGD

ANNEX II: QUALITATIVE TOOL (KII) GUIDE

This tool will be adolescents and young people

Section 0: Identification Particulars

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13. What are the main SRH concerns you face as adolescents/young people?
14. Are aware of specific programs/ projects targeting adolescent youth for SRH services?
15. What are the common concerns of youth related to services provided at the facility and/or during outreaches?
16. How do young people like you learn about SRH services at health facilities? Probe for sources of information about SRH
17. What are the common services they seek from the health facility?
18. What is your experience in relation to adolescents seeking SRH services from health facilities? (probe for positive and negative opinion and experiences)
19. Are certain categories of adolescents/youth that find it harder to access SRH services? If yes, which categories and Why?
20. How much is the environment/ services at health facilities conducive for adolescents to seek SRH services? (probe for factors that attract adolescents to seek services (facilitators) and for factors that may discourage adolescents from seeking services from the facility (barriers)
21. In your opinion, what would constitute an adolescent/youth friendly SRH service? Probe for:
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 - Provided unrestricted family planning services to young people
 - Sufficient supplies and equipment respectively that are necessary for providing services that meet the needs of young people.
9. In respect to providing adolescent friendly SRH services, how would you rate this facility? Score from 1-5, five being the highest score and 1 being the lowest. Why do you choose that score, explain the reasons from choosing that score?
22. How has the UYDEL project impacted on the adolescent youth friendly SRHR services? Probe for the following:
 - Change in access to adolescent youth friendly SRHR services
 - Ability to access information related to adolescent SRHR
 - Ability to acquire skills to help reduce risk factors such as teenage pregnancies or unwanted pregnancies among young people
 - Ability to provide professional assistance to young people
-
23. What is your perception of the quality of SRH services provided to adolescents? Probe for :
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- ◆ no overcrowding.

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