International Journal of Current Business and Social Sciences | IJCBSS Vol.1, Issue 7, pp,78-98
Electronic copy available at: http://ijcbss.org

FACTORS INFLUENCING EFFECTIVENESS OF YOUTH FRIENDLY CENTRES IN KENYA: A CASE OF KISUMU COUNTY.

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Citation: Onyando, O.J., Olocuh, M. & Njuguna, S. (2018). "Factors Influencing Effectiveness of Youth Friendly Centres in Kenya: A Case of Kisumu County.". International Journal of Current Business and Social Sciences, Volume,1 Issue,7 pp, 78-98

ABSTRACT

Strengthening health service delivery as a building block to the health system is key to the attainment of the health-related Sustainable Development Goals, which include the delivery of effective interventions to reduce adolescent and youth mortality as well as the burden of HIV/AIDS. The Government of Kenya and its partners have over the years recommended certain standards through Adolescent Sexual Reproductive Health Policies and guidelines, with youth friendly centres continuing to be used as one model in providing reproductive health services to the youth. Despite these guidelines, the effectiveness of the centres has been acknowledged to depend on many factors which include institutional, service provider, policy and youths'perceptions. The study examined how those factors affected effectiveness of the centres in Kisumu County- one of the counties with some of the worst youth sexual and reproductive health indicators. The study used both quantitative and qualitative approaches to collect data and utilized survey research adapting descriptive cross sectional design and semi-structured questionnaire to interview 182 youth seeking services from8 centres. The key informants were mainly service providers who were working at the centres at the time of study and were interviewed using an interview guide. Focused group discussions were conducted with the youth from two of the facilities, while a checklist was used to assess mostly institutional elements. The coding, entry and analysis of the quantitative data were doneusing Statistical Package for Social Sciences (SPSS) Version 20. Qualitative data on the other handwere transcribed then coded using NVivo 9 software and analysed using content, thematic framework approach. Descriptive statistics and correlation tests were performed to determine significant associations. The study established significant weak positive correlation between institutional factors and effectiveness of YFCs, (Spearman's rho(r) = 0.373, p=0.043, CL=95%); a significant moderate positive correlation between policy factors and effectiveness of YFCs (Spearman's rho(r)=0.596 p=0.019, CL=95%); a significant strong positive correlation between service provider factors and effectiveness of YFCs, (Spearman's rho(r) = 0.896, p=0.003, CL=95%) and a significant moderate positive correlation between client factors and YFCs. (Spearman's rho(r) = 0.403, p=0.023, CL=95%). The findings also showed that a majority of youth felt the services were both visually (75.3%, n=182) and auditory confidential (84.1%, n=182); 53% (n=21) of the service providers were not exposed to youth friendly policies and guidelines, many of whom (95%) had been trained on health promotion and advocacy as part of AYFHS. From the findings, most the youth rated the services as good (73.6%, n=182) and 88.5% would recommend the facilities to their peers. The study concluded that the effectiveness of YFCs in Kisumu County is greatly influenced by service provider and the perceptions of the youth themselves. In view of the findings, this study recommends the need for the government and partners to: design centres that ensure integrated and innovative services; widely disseminate relevant policies and guidelines to the implementers; intensify training on 'softer skills' and supervision of service providers and to involve youth in the planning and management of affairs at the youth centres. Further research is also recommended.

Key words: Kisumu County, Youth Friendly Centre, Sexual Reproductive Health, service provider, effectiveness, institutional factors

BACKGROUND

Delivery of health services is the central process inside a health system. The organization of this delivery determines if the inputs lead to the desired output of access to effective care and the achievement of the health-related Sustainable Development Goals (SDGs) [WHO, 2014].Youth sexual and reproductive health (YSRH) is a major developmental concern that every nation is dealing with. However, it is most profound in unindustrialized nations where the youth population is growing fastest and over 13 million unintended births occur amongst adolescent girls each year [UNFPA, 2014].Public health facilities have continued to be an important resource in providing preventive and curative services to deal with YSRH issues including HIV epidemic. However, there is evidence through surveys that the youth continue to encounter many barriers when seeking services from the same facilities. Key among the barriers includes lack of privacy and confidentiality as well as poor quality services and the rudeness of service providers [Bamidele*et al*, 2017]. In response to this evidence, the World Health organization (WHO) developed the *Adolescent-friendly health services: an agenda for change*, which outlined several strategies for designing adolescent-friendly health services (AFHS)- including the use of youth friendly centres (YFCs) [*ibid*].YFCs have since emerged to be very popular in the engagement with youths, especially in the advent of HIV&AIDS response. Few evaluations and systematic reviews have been done on their effectiveness per se, and those that have been done returned inconclusive results. WHO has therefore recommended that the gold standard for YFCs is to offer services that are acceptableto the youth in terms of their ***effectiveness***, safety and cost, thereby meeting the individual needs of youth who patronize these facilities. In 2006, a systematic review published by WHO on the effectiveness of interventions to improve the utilization of YSRH services in developing countries, found that arrangements aimed at making health services user-friendly and attractive to the youth had led to increases in the utilization of the services by the youth [WHO, 2009].

Kenya has had a policy framework to support the provision of SRH services to youths since 2003 (the Adolescent Reproductive Health and Development Policy (ARH&D) and whose guidelines were finalized and released for use in July 2005.The policy heavily adopted the recommendations of the WHO by directing that AFHS including those offered at YFCs should be those that are available, accessible, affordable and acceptable. Under this policy, two delivery approaches for AFHS (the targeted and integrated approach) were initiated. In the targeted approach, services were offered for the youth alone and in environments that met only the needs of youths without the inclusion of other groups. Such environments could be clinical, non-clinical or a combination of both, and evolved to be known as YFCs. The integrated approach on the other hand referred to a situation where youths received services as part of the public, but special arrangements were made to make the services more acceptable to them. However, the evaluation of this policy found many weaknesses, including, poor engagement of stakeholders during implementation-including the youth, limited leadership, sub-optimal funding of the implementation of the policy, lack of political will and cultural and religious barriers to YSRH, implying that the implementation did not therefore meet the threshold of the WHO health service delivery framework- in aspects of comprehensiveness, quality of care and essentially effectiveness amongst other parameters.

For YFCs to be effective, several literatures, including the National guidelines [MOH, 2016] recommend several characteristics and standards that must be present in them- which can be categorized into four: Institutional factors, policy factors, service provider factors and factors around the perception of the consumers of the service (youths). As already mentioned, despite widespread emphasis on YFCs as a strategy for encouraging youths to access SRH services, limited rigorous evaluation of the strategy especially in developing countries has been shown in the reviews. Government and Non-Governmental Organizations (NGOs) efforts in Kisumu County have been directed towards improving access to YSRH services, through YFCs amongst other approaches, however, benefits of these services are not well documented or have not yielded the required results amongst the youth. Criticisms of the YFCs include inadequacy (in terms of number of facilities, supplies and equipment, and mix of services); lack of access; poor quality of services; judgmental or unwelcoming attitudes of service providers; and inadequate involvement of the youth in the planning and management of such facilities [Osanyin, 2010]. These problems have led to the health sector's poor reputation among the youth and the corresponding low uptake and use of services. According to the Service Availability and Readiness Assessment Mapping (SARAM) report of 2014, Kisumu County led in the number of health facilities that offered "comprehensive YFHS" nationally. Despite this, the County alone contributed to 14% of the total national new HIV infections among youth in 2015 as well as approximately 21% of women and 60% of men reporting sexual debut before age 15 in the County [NACC, 2016; KNBS and ICF Macro, 2014].

In summary, a lot of studies reviewed have demonstrated a focus on YFSRH services in general regardless of service delivery point and the approaches to systematically assess the effectiveness of YFCs against set standards and define improvement activities based on the findings was lacking. It was even more challenging to get much more local (Kenya and Kisumu county) level information on these types of assessments, with WHO recommending much more research on the effectiveness of existing adolescent and youth policies and programmes to identify successful ones.

Elements of the factors have been demonstrated to be contributory to the effectiveness of YFCs, and this study sought to assess how the said factors affected the effectiveness of YFCs in Kisumu County.The findings of this study will be useful to policy implementers during the implementation phase of the just developed National Guidelines for Provision of Adolescent and Youth Friendly Services in Kenya; the findings provide evidence as to the relationship of effectiveness of YFCs and the identified factors (service provider and client factors), as well as recommendations and new knowledge onwhich elements of the identified factors need improvement in the YFCs in Kisumu County and the region.

Statement of the Problem

As already pointed out, the effectiveness of YFCs is dependent on many determinants which include institutional, policy, service provider and factors around the client/ youths' perceptions. Advocates have proposed that YFCs that adhere to the above factors in the provision of SRH services (including family planning)are known for their safety, assuring, acceptability and attractive youth friendly environment (UNFPA 2003b, Paxman 1993; Moyo, Bond, and Williams 2000).

In Kenya, efforts have been made by the government, NGOs and private sector organizations to establish stand-alone YFCs in order to increase youths' access to SRH services-however, these facilities have not yielded the required results amongst the youth. Criticisms of the YFCs include inadequacy (in terms of number of facilities, supplies and equipment, and mix of services); lack of access; poor quality of services; judgmental or unwelcoming attitudes of service providers; and inadequate involvement of the youth in the planning and management of such facilities (Osanyin, 2010). These problems have led to the health sector's poor reputation among the youth and the corresponding low uptake and use of services. According to the Service Availability and Readiness Assessment Mapping (SARAM) report of 2014, Kisumu County leads in the number of health facilities that offer "comprehensive YFHS" nationally. Despite this, the County alone contributes to 14% of the total national new HIV infections among youth (NACC, 2016), as well as approximately 21% of women and 60% of men reporting sexual debut before age 15 in the County (KDHS, 2014); a total fertility rate of 4.8, 33.7% of youth aged 15-19 years having begun child bearing (KNBS, 2011). Elements of the four factors have been demonstrated to be contributory to the effectiveness of YFCs, and this study sought to assess how the said factors affect the effectiveness of YFCs in Kisumu County.

Objective of the Study

The broad objective of this study was to assess the effectiveness of YFCs in Kisumu County, Kenya, in line with the national guidelines for provision of adolescent and youth friendly services in Kenya (MOH, 2016).

LITERATURE REVIEW

Institutional (Facility) factors

Where there is a safe and supportive environment, youths will be motivated to make, reinforce and maintain healthy choices. YFCs should be reachable, tolerable, unbiased, suitable, and effective. However, observation has shown that even when clinics and other service programmes do not intend to prevent adolescent clients' access to their services, operational policies or clinic characteristics can inadvertently serve to reduce access (Zombe, E, 2016). Some of the institutional factors affecting effectiveness of YFCs are as follows:

Flexible appointment times and separate examination spaces: The much younger youth who may not be sexually active as well as those seeking services for the first time may find flexible appointment times and separate examination spaces much more attractive. This group of youth may want to come in discretely and at odd times, so the services providers must be flexible in the times that they offer the services. The convenient times may include evenings (for those going to school), during weekends and even during holidays (for those in boarding schools/colleges).

Appropriate location of the YFC: YFCs ideally should be situated in locations of easy access by foot or public transport so that they are accessible to youth of various economic and social backgrounds.

Suitable spacing to ensure privacy: the youth prefer that when they are in the consultation rooms, both sound and visual privacy is maintained, such that no third party sees or hears them sharing their issues with the service provider. It therefore calls for the rooms and the facility operations to be designed such that no interruptions occur during these consultations.

Services should be reasonably inexpensive: studies have shown that when high fees are charged for services, this acts as a barrier to access the services, especially considering that many the youth would either be in school or from very poor background. However, some studies also show that the youth would like to pay some little amount for services for them to value the services offered. Therefore, some sliding scale can be used to factor in several options including credits and affordable payment options.
Structured referral systems available: Any YFC should have a system that allows youths who may need further specialized attention to be referred to more high level facilities. Availability of information, Education and communication materials: All YFC should have Information, Education and Communication (IEC) materials covering essential areas of SRH. These can be in several forms, including print or electronic, and should be in forms that allow the youth not only to access them at the facility, but should be able to carry with them home in case of need to reference and for use to reach out to peers.

Policy implementation factors

In many countries, existing legal and policy frameworks act as barriers to the provision of certain SRH services either to all or certain groups of adolescents and youth. Some of the policy factors include the physical presence of YSRH Policies and guidelines as well as the understanding of the content of the same policies by service providers. Also included are the presence of service delivery charters to ensure accountability, presence of Standard Operations Procedures (SOPs) and whether the YFC and the relevant service providers are accredited and certified by the relevant bodies.

Service provider factors to effective YFCs

The most particularly critical barrier to the youth accessing SRH services, as documented in literature is the bad attitudes of service providers, which is determined by many factors including their spiritual and traditional/ social norms, professional experience and training as well as exposure. The evolution of YFCs has seen providers with different backgrounds being deployed to offer services in the YFCs. Traditionally, nurses would be the service providers in the YFCs and even though they (nurses) would take the provision of SRH services to the youth as part of their day-to-day responsibility, some of them would still face challenges, say in discussing very personal issues with the youth, while a number would be influenced by their backgrounds, with some thinking such discussions should be parental responsibility.(Godia, 2013 & Rana Y. et al 2007).Effectiveness of services provided at the YFCs are affected by such behavior as poor interactions between the service providers and clients, including inadequate counseling on the various options of existing SRH services and their side effects; as well as the use of patronizing and arrogant communication. In some instances, especially where the service providers get overwhelmed with the amount of work caused by shortages of staff, they would rather go with the suggestion of the youth rather than exploring and educating the client ton the pros and cons of a choice.
The above biases have led to adolescents and youth missing certain services- hitherto considered controversial -such as contraceptives and abortion (or post-abortion care), even in settings where these services are considered legal with service providers generally admitting that they are not very well prepared to handle the youth (Mngagi, et al, 2008).

The Guidelines for provision of Youth Friendly services in Kenya provide that the following should be some of the factors to be considered in addressing service provider factors:

Service providers with training on YFSRHS: the main reason why it is necessary for providers to be adequately trained and armed with these skills is to enable them handle the sensitive issues of this populations and to inspire confidence on the youth to feel comfortable to communicate their needs. It is important that other non- clinical/core staff (guards/ receptions etc.) are trained as well on handling the youth. The training and orientation should go further in imparting skills to the providers to avoid personal prejudices and handle the youth respectfully. Finally, in some instances, it boils down to interest and sort of a calling to working with the youth.

Service providers should handle youth in a private and confidential manner: As highlighted under the institutional factors above, the youth consider greatly the importance of handling their issues in a private and confidential manner as possible. In fact, this determines whether they patronize a facility or not, and whether they'd recommend the facility to their peers. In addition to the above, a number of youth also prefer to be attended to by people of their own age group especially when they are discussing delicate issues. It is advisable to have, as part of the team at the YFC, youthful peer counsellors who can support the professional providers on elements of service provision.

The consultation time should be sufficient: the time allocated for the interaction with the service provider should be so adequate as to allow the youth to navigate their issues, taking into consideration that a number may be shy to even express their SRH issues freely- often even using body language. It is the ability to freely discuss that ensures the youth are retained and adhere to the services.

Client/ Youth's perspectives

YFC environment/privacy/attractiveness: In addition to the elements of privacy and confidentiality already discussed above, youths also like cleaning environments that are colorful and with engaging materials- for reading or playing.

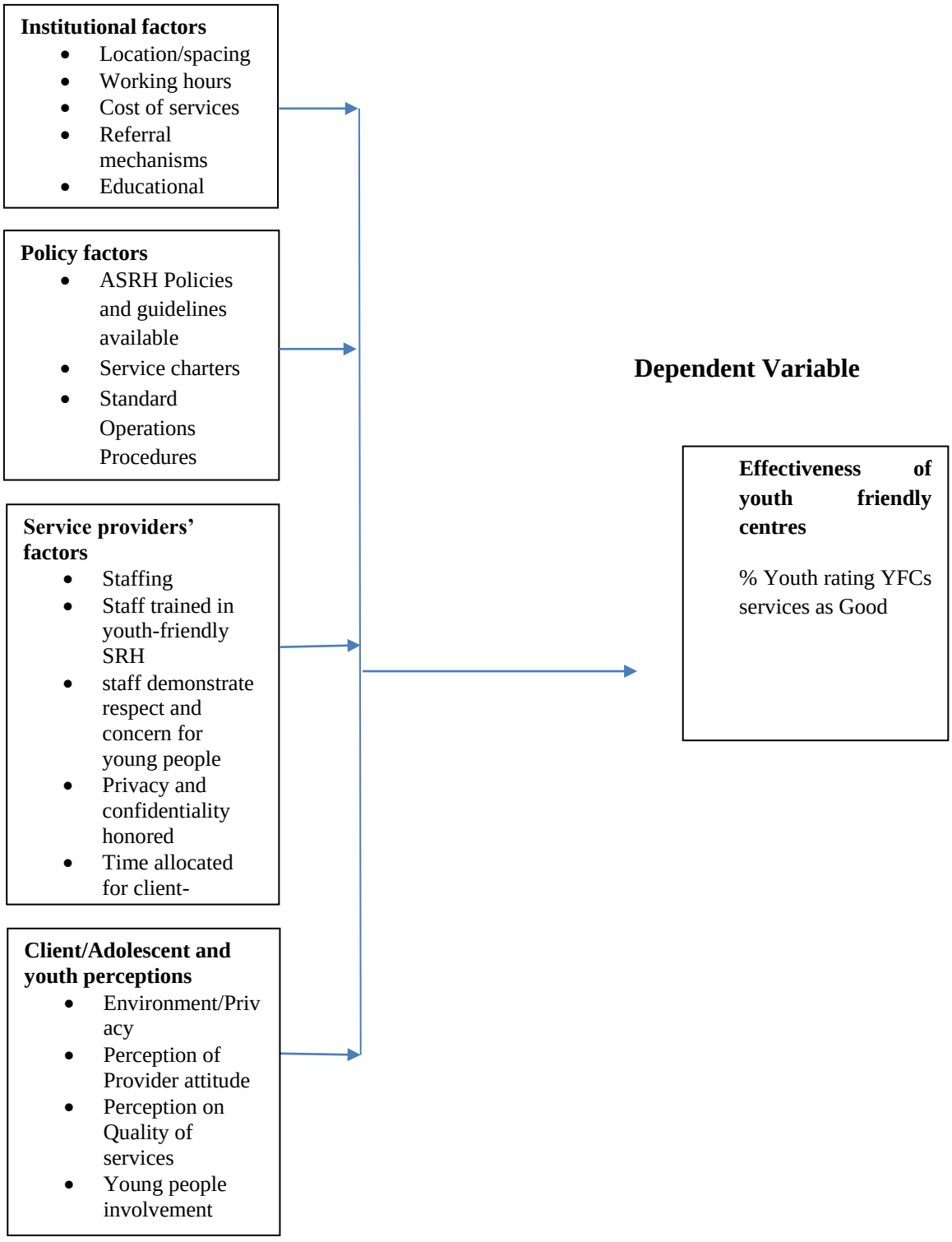
Youths' perception of provider attitude: According to Godia et al, (2014), most adolescents and youth have the opinion that their utilization and being satisfied by SRH services is greatly based on the attitude of service providers. The fear that some service providers would pre-judge the youth seeking SRH services is itself an encumbrance. Simple things really mattered to the youths, from the reception received from the service provider to, etiquette like greetings and being allowed to freely articulate their issues.

Youths' perception on quality of YFHS: Majority of youths are concerned about long queues when they seek health services generally an in YFCs in particular.

Availability of group support: In a YFC, the importance of a group support cannot be over-emphasized. This can take the form of scheduled group discussion sessions which can be followed with several forms of IEC materials as discussed above under institutional factors. Evidence shows that this gives courage to those youths who would hitherto be feeling alone, and an opportunity to share with the rest.

Conceptual Framework

Independent variables



METHODOLOGY

Research design

This was a cross-sectional study employing both quantitative and qualitative data collection and analysis methods. The use of mixed methods has the advantage of comparing the quantitative and qualitative data, hence beneficial in appreciating in congruities between quantitative and qualitative findings. It also reveals the study participants' point of view by giving a voice to study participants and ensure that study findings are grounded in participants' experiences. (Wisdom. J and Creswell JW, 2013).

Target Population and Sampling

The study population included youths aged 15-24 years, service providers providing ASRH services in the YFCs and the managers/in-charges of the centres in Kisumu County. The target population were approximately 606 youths who seek services from the 8 YFCs in a month, 8 YFC in-charges and approximately 21 health services providers in the 8 YFCs in Kisumu County.

Respondent	**Population**	**Sample Size**
Exit interviews with youth	606	182
In-depth interviews with YFHS Providers	24	21
TOTALS	**638**	**221**
Structured Observations (Checklist)	**8**	**8**
Focused Group Discussions		
Public YFC	4	1
NGO YFC	4	1
TOTAL	**8**	**2**

The study YFCs were universally selected from the list provided by the health department of Kisumu County, from which, using an observation, only 8 out of the 15 were found to offer YFHS at standalone YFCs. At the facility, a sample of the service providers, including the facility in-charges were interviewed, while 182 youth seeking services during the month of the survey participated in the exit interviews. One FGD (comprising 8-10 members) was conducted at an NGO and government YFC respectively.

The sample size was determined by analyzing the health records at the county reproductive health coordinator's office for the 3 months prior to the research, where the 8 YFCs were found to have recorded an average monthly attendance of 606 youths (15-24 years).According to Mugenda &Mugenda (2003), a sample size of between 10 and 30 % is a good representation of the target population and hence.

Sample size = 30% ×606
= 181.8
Hence a sample of **182**
The 182 youths were distributed as follows:

Facility	Type of Facility	Monthly Population of Youth 15-24 years	Sample Size (n=30% of pop)
Rabuor County Hosp. YFC	Public	90	27
Family Health Options Kenya	NGO	68	20
Tuungane YFC Kisumu	NGO	107	32
Migosi HC YFC	Public	50	15
LVCT Health Kisumu	NGO	115	35
KMET YFC Kisumu	NGO	63	19
Chulaimbo Sub-county YFC	Public	40	12
Kisumu County Ref Hospital YFC	Public	73	22
TOTAL		**606**	**182**

Instrumentation

The YFC structured observation checklist focused on location, type and mix of services, quality of services, available infrastructure, personnel and materials. Questionnaires and FGD guides were used on the youth to assess their experiences and perceptions, as beneficiaries about the YFC facilities, attitude of managers and providers, and benefits of the centre, reasons for use or non- use and suggestions for improving the centres to better meet their needs. In-depth interview guides were administered to service providers including facility in-charges in the YFCs to provide an opportunity to obtain information on functionality, patronage, knowledge of the available related policies and guidelines, youth's response to and perceptions of SRH services provide to them, barriers and challenges hindering access to SRH services to youths and recommendations on improving the effectiveness of SRH services, lessons and possible needs to reposition YFCs in Kenya.

Data analysis techniques

The coding, entry and analysis of the quantitative data were done using Statistical Package for Social Sciences Version 23. Qualitative data on the other hand were transcribed then coded using NVivo 9 software and analyzed using content, thematic framework approach. Descriptive statistics and correlation tests were performed to determine significant associations. The results were presented using frequency distribution tables, charts and correlation tables.

RESULTS AND DISCUSSION

From the quantitative data that was sought from the exit interviews with the youth, all (100%) of the 182 responses were obtained; as well as 100% of the interviews with the service providers and the observation checklist.

Institutional (facility) factors and characteristics

YFCs were assessed on a number of characteristics that define their design and operations, such as their geographical distribution and location, accessibility to youth, convenience of operational hours, whether privacy and confidentiality is ensured by how the rooms are designed, cost of services and availability of IEC material.

The geographical and ownership distribution of Facilities assessed was as follows:

	No. of facilities	Percent
Sub-county		
Nyando	1	12.5%
Kisumu Central	6	75%
Kisumu West	1	12.5%
Residential location		
Rural	2	25%
Urban	5	62.5%
Urban informal	1	12.5%
Ownership		
Government	4	50%
Non-Government (NGO)	4	50%
Total	**8**	**100%**

The findings on the location of YFCs match similar studies conducted in the past. Marie Stopes International conducted an evaluation of their static YFCs and found out that their network of 620 static clinics, called 'centres,' were serving highly populated urban and peri-urban centres where many young people live, work, and go to school, socialize and raise their families. (Marie Stopes International, 2012). By 75% of the YFCs being in urban areas, it means the rural youth are disenfranchised as they either have to cope with the general services at the health facilities, or spend money to access these YFCs in town. The location and accessibility of YFCs were as below:

Variable	Availability	No of facilities	Percent
Facility in a convenient location and easy to find	Yes	7	87.5%
	No	1	12.5%
Facility within walking distance of a public transport hub	Yes	8	100%
	No	0	0%
Facility is signposted from the main road	Yes	8	100%
	No	0	0%
Surroundings of the facility is clean and creates a welcoming environment	Yes	8	100%
	No	0	0%
The facility is well branded to show AYFHS	Yes	7	87.5%
	No	1	12.5%
Total		**8**	**100%**

This finding was also confirmed by the FGDs with youths at Facility Code 002, where it was established that the location of the YFC was perfect in that it was situated in a place with little human activity hence guaranteeing confidentiality.

The convenience of operational hours to the youth was as follows

Variable	Availability	No. of facilities	Percent
Facility is open after-school hours	Yes	5	62.5%
	No	3	37.5%
Facility is open over weekends	Yes	5	62.5%
	No	3	37.5%
There are specific hours for adolescents and youth	Yes	4	50%
	No	4	50%
Total		**8**	**100%**

These findings match those of a similar study conducted previously by Kavanaugh, ML et al (2013), where about two thirds (64%) of YFCs were found to operate during evening and/or weekend hours, with only 10% having separate consultation areas for various age categories of adolescents and youth. Extending opening hours has been shown to be a useful approach in making the YFCs much more accessible to the youth in a study conducted by Marie Stopes International where results from exit interviews showed that the youth found these flexible times in the evening, weekends and during school holidays to be more appropriate. (Marie Stopes International, 2012)

Findings from observation on the privacy of clients when visiting facilities assessed showed that 50% of the facilities' consultation rooms were not sound proof, with another half not marking consultation rooms in a neutral way to avoid stigmatization. However, most facilities observed clients' privacy in relation to the location of the consultation areas (62.5%) and closed doors and curtains in consultation rooms (62.5%),as shown in table 4.5. This finding is corroborated further by results from the youth exit responses where a majority felt no third party had either heard their discussions (84.1%) or seen them discussing with the service provider (75.3%) during consultations respectively.These findings closely compare with those in a study conducted by Family Health International in Rwanda (FHI, 2013) where the youth reported that the room where they met with the service provider was very private(84%), with a following sense of trust that the service provider would handle the information shared in a confidential manner (96%).

From the key informants (facility in-charges and providers), the only service that attracted a fee across the facilities was the insertion or removal of an intrauterine contraceptive device (IUCD) which attracted an average of one hundred (100) Kenya shillings. However, the finding from the FGD at YFC Code 002was that treatment of STIs, abortion and cervical screening attracted a service fee with the payment being standard for both the elderly and the youth, and they thought the charges were still high, posing a barrier in-terms of access to services. This was captured at an FGD in YFC code 002 as below:

> *"They say all services here are free, but what you will realise is that they don't provide all the services that a youth may need, for instance if I wanted to do a pregnancy test, they will refer me to the clinic at the corner which operates like a private clinic, and I will be charged two hundred (200) Kenya Shillings."*

The correlation between Institutional factors and effectiveness of YFCs was as below

			Institutional Factors	Effectiveness of YFC
Spearman's rho	Institutional Factors	Correlation Coefficient	1.000	.373
		Sig. (2-tailed)	.	.043
		N	8	8
	Effectiveness ofYFC	Correlation Coefficient	.373	1.000
		Sig. (2-tailed)	.043	.
		N	8	8

It was determined that there was a significant weak positive correlation between institutional factors and effectiveness of Youth Friendly Centres, Spearman's rho(r) = 0.373, p=0.043, CL=95%. This implies that if institutional factors are improved, the YFCs would be more effective. The findings match those from other studies which have pointed out reasons that acted as main barriers to utilization of ASRHS by the youth; including unfavorable and non-accommodative operational hours to the youth, no clear or inadequate signage and direction, inadequate information on services offered, overcrowding and inadequate privacy and confidentiality (IPPF, 2008; and WHO, 2004). According to the recommendation in the guidelines for offering ASRH services in the Kenya (MoH 2016), all youth should access SRH services at no cost or at a cost that is affordable. All the youth should be able to access SRH services during favourable hours, after school or work hours, during weekend and holidays where applicable. The physical infrastructure should be user-friendly. Youth should be aware of what SRH services are being offered, where they are offered and how to get them. The YFCs should be located at places where the youth can easily find them without any encumbrances. Particularly on the issue of user fees which was identified as a barrier to some SRH services, previous research findings have shown that the utilization of health services is strongly associated with the economic and social status of a population, especially the youth. Recognizing that most youth are not in gainful employment and eventually rely on parental support, these past studies have shown that the user fees act as a barrier to youths' access to certain SRH services, especially the longer acting contraceptives (T. Muzadzi, 2013).
Safe and special operating hours and spaces are important for younger youth and those patronizing the facilities for the first time as well as those engaging in activities that are not easily supported by law such as commercial sex work (Senderowitz, Solter and Hainsworth, 2002).

Policy Implementation factors

YFCs were assessed on availability of policies, guidelines and procedures that guide both the establishment and delivery of AYFHS; as well as whether there were clear service delivery charters with clear information to clients on the services offered. This was done mainly through observation and in-depth interviews.
YFCs were assessed on policies and procedures by examining the availability of the policies and guidelines; compliance of the YFCs with national AYFHS policies; practical requirements such as exposure of service providers to AYFHS standards and guidelines through dissemination of the same policies as well as accreditation of appropriate package of services at the facility. The findings of the above are as shown below where most of the facilities (75%) did not have relevant policies and guidelines that guide the establishment and operations of a functional YFC, but had procedures that outline the requisite set of information, and SRH services (87.5%).On exposure to AYFHS policies

and guidelines 53% of the service providers interviewed were not exposed to AYFHS standards and guidelines.This means that dissemination of policies and guidelines related to AYFHS has not been conducted effectively. These findings agree with those from a study conducted in Kenya where service providers were found to have some awareness of the relevant AYFS concept but not aligned to national policies and guidelines (Godia et al 2013) and another conducted in Swaziland, where45 out of 56 service providers stated that they lacked policies and guidelines for youth friendly services at their individual health facilities (Mngagi et al, 2008)

All of the YFCs assessed were found to have been accreditedto offer AYFHS, with all having SOPs, while a majority (87.5%)had visible service charters.

The correlation between Policy factors and Effectiveness of YFCs from the Spearman's correlation were as demonstrated below:

			Policy Factors	Effectiveness ofYFC
Spearman's rho	Policy Factors	Correlation Coefficient	1.000	.596
		Sig. (2-tailed)	.	.019
		N	8	8
	Effectiveness of YFC	Correlation Coefficient	.596	1.000
		Sig. (2-tailed)	.019	.
		N	8	8

The analysis showed that there was a significant moderate positive correlation between policy factors and effectiveness of YFCs. Spearman's rho(r) = 0.596 p=0.019, CL=95%. This means that the policy factors had an influence on the effectiveness of YFCs to a moderate extent. This is corroborated by evidence from other studies and authorities such as WHO (2015) that agree that youth occasionally are faced with a lot of legal hurdles based on their age, marital status and other social practices like practicing sex work. Exposure of providers to AYFHS policies and guidelines may help them to avoid acting on their own individual beliefs that only help to deny the youth access to useful SRH services such as contraception even when the youth are medically eligible. The moderate correlation can be explained by the fewer (less than half) number of providers who were exposed to relevant policies and guidelines.

A policy environment that is strong enough to addresses the identified barriers should be in place and demand that providers offer a full range of SRH servicers without any restrictions and reference to parental or spousal consent.

Overall, the state of policies and procedure in facilities assessed showed that many of the facilities are still in the process of complying with national policies and procedures.

Service provider factors

In total, twenty-one (21) service providers were interviewed, including professional nurses, clinical officers, Adherence counsellors, and youth peer providers. The highest proportion of service providers interviewed were professional nurses (29%), with a majority of the service providers (43%) having only stayed at the facilities for between 1-2 years and only 19% having worked in their respective facilities for six years and more. There were more female (76%) than male (24%) service providers interviewed, however

these figures may not be the exact reflection of the real sex composition of the service providers in the YFCs in Kisumu County, but rather just for those interviewed.
To assess the level of provider competence and the effectiveness of the training they received on AYFHS, the study assessed specific elements of AYFHS. As shown below, 95% had been trained on STI, HIV/AIDS and RH/FP as part of AYFHS, 62% had been trained on health promotion and advocacy as part of AYFHS and 86% trained in Counselling as part of AYFHS. The findings seem better that in an evaluation study of YFCs in Rwanda (FHI, 2013) which found out that nearly half of the service providers expressed the need for full skills training on SRH service provision to the youth e.g. to offer intrauterine contraceptive devices (57%) and implants (45%); in the same study in Rwanda, a majority of service providers felt they lacked counselling skills for youth on female (80%) and male sterilization (75%).

On provision of health education to the youth, all the facilities used peer educators/other providers to help in the provision of ASRH services including lead group discussions to disseminate SRH information. However, all the youth peer providers were youth living with HIV, who tended to prefer offering HIV services as opposed to the wider ASRH services.
Service providers require to be supervised periodically, mostly by seniors and peers to ensure continuous capacity building and quality improvement (Phiri and Erulkar, 1997). Supportive supervision on the other hand, utilises applied system of structured actions to nurture improvements in the process, consultations between service provider and clients, and the overall management of youth friendly facilities. Done correctly, it enables supervisors to employ corrective actions before a mistake occurs. In recognizing the above important facts, service providers were asked whether they received periodic supportive supervision from their immediate supervisors and partners. Majority (76%) indicated that they receive supportive supervision. However, most of the technical supervision on ASRH came from staff of implementing partners (or donor agencies e.g. Centre for Disease Prevention and Control-CDC, United States Agency for International Development- USAID and their implementing agencies)- including in government run YFCs. For ownership and sustainability, there is an underscored need for more frequent supervision of the staff at the youth centres, by government staff. The FGD discussants at facility Code 002 confirmed that there was a committee at the YFC that met regularly to discuss issues around service delivery with the aim for continuous improvements.

> *"The committee is comprised of ten individuals who represent each department with each of them giving unique assistance. The committee meets regularly."*
>
> *-Male discussant-.*

The correlation between Service Provider Factors and effectiveness of YFCs from Spearman's correlation is as below:

			Service Provider Factors	Effectiveness of YFC
Spearman's rho	Service Provider Factors	Correlation Coefficient	1.000	.896**
		Sig. (2-tailed)	.	.003
		N	8	8
	Effectiveness of YFC	Correlation Coefficient	.896**	1.000
		Sig. (2-tailed)	.003	.
		N	8	8

It was determined that there was a significant strong positive correlation between service provider factors, and effectiveness of YFCs, Spearman's rho(r) = 0.896, p=0.003, CL=95%. This implies that the service provider factors strongly influenced the effectiveness of YFCs. This finding resonates with earlier findings by other scholars who have argued that some youth avoid health facilities because they have come across some service providers who try and judge them, are rude and sometimes refuse to give them services, especially in some health care facilities owned and managed by the government (Erulkar et al. 2005). Tylee et al (2007) in their review found that youth dread admonishment by service providers and environments where their issues are not handled confidentially- by service providers either because of lack of proper training or effective communication. A study by Godia et al (2013) in Kenya also found out that the majority of service providers felt that a poor approach and attitude of the providernormally had a consequence of discouraging the utilisation of SRH services by the youth. Such poor approaches cited by the service providers themselves included having a judgemental and condemnatory attitude towards the youth especially those presenting with sexually transmitted infections or those seeking contraceptives and condoms.

Youth perceptions and client factors

There were more females (62.1%) interviewed than males (37.9%) with majority aged between 15-19 years (56%).Youth who had consultations with the service providers in the youth centres had largely favourable views of the service providers and of their interaction with him/her. As shown below, most of the clients (>90%) felt the service providers had treated them in a supportive and considerate manner by taking adequate time to listen to them (95%) and to examine them (82%). However, all though majority received health education through IEC materials available at the facility (78%), only 42% could get IEC materials to use at home.

These findings compare well with those in a study conducted by Family Health International in Rwanda (FHI, 2013) where all the youth stated a positive overall experience at the YFC where most service providers had handled them in a friendly way by talking respectfully (87%), listening well (90%), and answered all questions satisfactorily (81%). Another study conducted among adolescents in four sub-Saharan Africa countries showed that the majority of them were very positive in their expression of views about SRH services available at the youth friendly centres specifically in the

areas of confidentiality, respectful care and availability of comprehensive services (WHO, 2009c).

Findings on the waiting time before the youth could get services during this study showed that majority (77%) waited for less than 30 minutes, and a majority (84%) thinking their waiting time was acceptable. This was supported by the FGD that established further that the youths were patient enough awaiting their turn of service as stated by one youth that,

> *"As a youth, I see this facility as youth friendly because when I come for the services and see a long queue, I can engage in various games that are present such as pool table, watching television as I wait for my turn. The service providers are also friendly and they are youths so I can easily open up."*
>
> *-Male youth discussant at YFC Code 002-*

The involvement of youth in the planning and implementation of youth activities and services is a vital ingredient in the success of YFCs. To assess whether youth are constructively consulted and given an opportunity to participate in the planning of services at the YFCs, the study assessed existence of platforms for the youth to participate. The study also sought views of key informants. The findings as to whether youth were involved and participated in the planning and running of the facilities as is required in the guidelines, showed that only 38.5% of the youth were involved, and another 41.2% being aware if other youth contribute to decisions on AYFHS delivery at the YFC.

Involvement of the youth in the day-to-day planning and running of activities, including monitoring of services ensures the services are of good quality and acceptable to the youth. When the youth perceive the services to be acceptable, they are most likely to refer the said services to their colleagues and peers. (WHO, 2002).

The correlation between Client Factors and effectiveness of YFCs from the Spearman's correlation is as shown below:

			Client Factors	Effectiveness of YFC
Spearman's rho	Client Factors	Correlation Coefficient	1.000	.403
		Sig. (2-tailed)	.	.323
		N	8	8
	Effectiveness of YFC	Correlation Coefficient	.403	1.000
		Sig. (2-tailed)	.023	.
		N	8	8

It was determined that there was a significant moderate positive correlation between client factors and YFCs. Spearman's rho(r) = 0.403, p=0.023, CL=95%. This meant that if the client factors were improved then there would be greater effectiveness at the YFC.

Finally, the effectiveness of a youth friendly centre ultimately depends on how the patrons (youth) rate it in terms of the services provided. This also affects whether they can recommend the facility and eventually refer their peers to the same facility. The

study sought views of youth on this. The findings on their ratings and as to whether they would recommend the facility to their peers showed that majority thought the services were good (73.6%)and 88.5% would recommend the facilities to their peers, as shown below. These findings are comparable with those studies done in Switzerland (94%), Addis Ababa (92.7%) and Uremia University of medical Sciences (76.2%). (Sharew, Yet al 2017). Similarly, in a study conducted in Rwanda (FHI 2013), most of the youth (97%) said they were very likely to revisit the same YFC for SRH services. These findings however differ with that of the population reference bureau (PRB, 2017) whose evaluation of YFCs found out that they (YFCs) have very minimal to no effectiveness among the youth, particularly that the services offered under YFCs are not effective cost-wise, and that they mainly reach a small portion of the youth population.

Summary

The purpose of this study was to assess the effectiveness of YFCs in Kisumu County, Kenya, with the following specific objectives: i) assess the institutional factors affecting the effectiveness of YFCs in Kisumu County; ii) establish effect of policy implementation on the effectiveness of YFCs within Kisumu County; iii) explore the service provider factors affecting effectiveness of YFCs in Kisumu County and iv) assess the youths' perspectives to effective YFCs in Kisumu County The study's intention was to shed more light on whether YFCs are effective in addressing the SRH needs of youths (15-24 years), right from their designs to the providers stationed to offer services. The findings are aimed at informing new programmatic approaches being launched, especially now that the focus is on adolescents and young women. Communities, and specifically youths, will benefit from better services from this study, as well as other researchers who will identify other study areas from this research work. Institutional, Policy, Service provider and client factors were positively associated with the effectiveness of YFCs.

Conclusion

This study found both statistical and significant evidence that institutional, service provider, policy implementation and client factors affect the effectiveness of youth friendly centres in Kisumu county.

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