

Your Comments Count! Assessing the Youth-Friendliness of Services (IPPF/WHR)

How can we assess the youth-friendliness of our services?

Your Comments Count is a client exit survey designed specifically to assess the level of satisfaction among young clients for the services they receive. The survey was designed **for** young people **by** young people to help providers and administrators identify areas for improvement in their service provision to young people.

How was the client exit survey developed?

Originally developed by the IPPF Youth Committee as a checklist for young people to provide feedback, the instrument was adapted by IPPF/WHR to be implemented systematically as a client exit survey. The survey was tested by IPPF/WHR affiliates in Brazil, Ecuador and Peru; based on their experiences, the survey was modified, making it easier to implement, analyze and interpret.

What does the client exit survey assess?

Your Comments Count is organized around five key areas in the provision of services to young people: accessibility of services, confidentiality of services; options available to young people; friendliness of staff; and friendliness of the center/services.

How is the client exit survey implemented?

Your Comments Count can be administered to young clients after they receive services as either a self-administered survey or as an interview. You should protect the client's privacy by providing an anonymous way for them to turn in the self-administered survey (such as an envelope or box), or by conducting interviews in a private space with interviewers who are not affiliated with the clinic/service.

IPPF/WHR recommends a sample size of at least 100 clients. Depending on the flow of young clients, you may need several weeks to reach this sample size. All of the clinic opening times and days should be represented in your sample.

Your Comments Count can be implemented as a baseline and then periodically to assess whether changes that have been made are leading to increased satisfaction, and to identify any new areas that need strengthening in the provision of services for young people.

How is the client exit survey analyzed?

A response of "yes" indicates that a young client is satisfied with the specific item, while a response of "no" indicates dissatisfaction with that item. To calculate the percent of satisfied clients for each question, count the total number of "yes" responses, divide by the total number of responses and multiply by 100 [% = ("yes" responses ÷ total responses) * 100].

In addition to analyzing the level of client satisfaction for each question, a percent can be calculated for the average level of satisfaction in each of the five key areas, as well as an average for overall satisfaction with the services.

How is the client exit survey interpreted?

Your team needs to define what level of satisfaction will be acceptable. To account for the likelihood of courtesy bias (where respondents say that they are satisfied with a service even when they are not), IPPF/WHR recommends that a high cut-off level is used in defining an appropriate level of client satisfaction. We recommend that any item with less than 95% of respondents reporting satisfaction be considered as an area in need of improvement.

Once the questions with fewer than 95% of satisfied respondents are identified, your team should develop an action plan for addressing areas in need of improvement. Be sure to include clinic staff and young people when interpreting the results and developing action plans. If more information is needed to understand why young clients are not satisfied with an item and what suggestions they have for improving that area, focus groups and interviews can be conducted.

YOUR COMMENTS COUNT!

CODE SHEET

Put a code for each survey

Put a code for each site:

Site A= _____

Site B= _____

Site C= _____

Tell us about yourself...

1. 0 I am male
 1 I am female

2. 0 I am 10 - 14 years old
 1 I am 15 - 19 years old
 2 I am 20 - 24 years old
 3 I am more than 24 years old

3. 0 I am married
 1 I am not married
 2 I am living with my partner

Tell us about the services...

- | | Yes | No | |
|----|--------------------------|--------------------------|---|
| | 1 | 0 | *If there is no response, use the code 0* |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | The services are open to all young people (married or single, boys and girls, whatever your religion, race, sexual orientation or mental and physical capacity) |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | The services are easy to get to |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Services are affordable for young people |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | There is information available about the services offered in the center |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Opening hours are at times when young people can attend (i.e. before and after school, in the evenings and at weekends) |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | The service has drop-in times when you don't have to make an appointment |

Tell us about the options ...

- | | Yes | No | |
|-----|--------------------------|--------------------------|--|
| | 1 | 0 | *If there is no response, use the code 0* |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | You can chose to see either male or female staff |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | You are given the choice to see the same person at each return visit |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | You can choose to see service providers with your partner or with a friend or helper |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | You are given full information on any contraceptive method or treatment you relieve |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | You can be referred to another place if a service cannot be provided |

15. Young people can chose from a full range of sexual and reproductive health services:

Yes No ***If there is no response, use the code 0***

1 0

- a. Counselling
- b. Emergency contraception
- c. Services for young people who have experienced physical (domestic) violence or rape
- d. Papsmear tests
- e. Contraceptives
- f. Condoms
- g. Sexuality information
- h. Pregnancy testing
- i. Sexually Transmitted Infections (STI) testing, treatment and counseling
- j. HIV testing and counseling

Tell us about confidentiality...

Yes No ***If there is no response, use the code 0***

1 0

- 16. Young people can get services without drawing attention to themselves when the service is together with adults
- 17. Staff respect confidentiality - they are trustworthy and ensure privacy
- 18. You can receive counselling services privately (without being overheard)

Tell us about the staff ...

Yes No ***If there is no response, use the code 0***

1 0

- 19. Staff are friendly
- 20. Staff are open-minded - they do not judge you
- 21. Staff are able to answer all your questions to your satisfaction

- 22. Staff understand young people's concerns on sexuality and sexual relationships
- 23. Staff use language you can understand
- 24. Staff have the time to let you express your problems in your own words

Tell us about the center ...

- | | Yes | No | |
|-----|--------------------------|--------------------------|---|
| | 1 | 0 | *If there is no response, use the code 0* |
| 25. | <input type="checkbox"/> | <input type="checkbox"/> | The service center has leaflets and posters with information young people want |
| 26. | <input type="checkbox"/> | <input type="checkbox"/> | The service center is friendly and welcoming |
| 27. | <input type="checkbox"/> | <input type="checkbox"/> | The service center is clean |
| 28. | <input type="checkbox"/> | <input type="checkbox"/> | There are things to do in the waiting room (i.e., there are publications, magazines, music, information leaflets) |
| 29. | <input type="checkbox"/> | <input type="checkbox"/> | The center has facilities for young parents who bring their children |
| 30. | <input type="checkbox"/> | <input type="checkbox"/> | There are ways you can give your opinion on the services |
| 31. | <input type="checkbox"/> | <input type="checkbox"/> | Would you recommend this service to a friend? |

32. How did you hear about these services?

33. Was there anything else that made it difficult for you to use the service or are there any improvements that you can suggest?

THANK YOU!

		OUTLINE			ACCESSIBILITY OF SERVICES						SUBTOTAL SATISFIED
		P1	P2	P3	P4	P5	P6	P7	P8	P9	
NO. OF SURVEY	PLACE	GENDER H=0; M=1	AGE-GROUP 10-14=0; 15-19=1; 20-24=2; >24=3	CIVIL STATUS Single=0; Married=1; Living w/=2	OPEN	EASY	EXPENSIVE	INFORMATION	HOURS	APPOINTM.	
No. of satisfied responses					0	0	0	0	0	0	
% satisfied					#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

	OPCIONES															CONFIDENTIALITY C		
	P10	P11	P12	P13	P14	P15a	P15b	P15c	P15d	P15e	P15f	P15g	P15h	P15i	P15j		P16	P17
NO. OF SURVEY	MALE/FEMALE	SAME PERSON	WITH PARTNER	COMPLETE INFO	REFERRED	COUNSELLING	EMERGENCY	VIOLENCE	PAP	CONTRACEPTIVE	CONDOMES	SEXUALITY	PREGNANCY	STI	HIV			
No. of satisfied responses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0
% satisfied	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

	F SERVICES	
	P18	
NO. OF SURVEY	PRIVATE	SUBTOTAL SATISFIED
No. of satisfied responses	0	
% satisfied	0%	#DIV/0!

	FRIENDLYNESS OF STAFF							FRIENDLYNESS OF CENTRE							LEVEL OF SATISFACTION	
	P19	P20	P21	P22	P23	P24		P25	P26	P27	P28	P29	P30	P31		
NO. OF SURVEY	FRIENDLY	RECEPTIVE	RESPONSIVE	COMPREHENSIVE	LANGUAGE	LISTEN	SUBTOTAL SATISFIED	PAMPHLETS	WELCOMING	CLEAN	THINGS TO DO	MOTHERS	GIVE OPINION	RECOMMEND	SUBTOTAL SATISFIED	
No. of satisfied responses	0	0	0	0	0	0		0	0	0	0	0	0	0		
% satisfied	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Your Comments Count!
Instructions for using the data entry spreadsheet

1. Number each survey with a unique number (1, 2, 3...178...etc.).
2. Use the code sheet to code all responses. Only the codes from the code sheet can be entered in the spreadsheet; it will not allow numbers outside of the designated code ranges for each response.
3. Enter each code for each survey in the spreadsheet (*Spreadsheet for Your Comments Count*). Each survey will be one row in the spreadsheet. For example:

No. de Survey	Site	Gender	Age Range	Civil Status	Open	Etc. →
1 →	0 →	1 →	2 →	3 →	1 →	Etc. →
2 →	1 →	0 →	1 →	1 →	0 →	Etc. →

4. For each area of satisfaction (accessibility of services; options for young people; confidentiality; friendliness of staff; friendliness of center/services), the average percent of satisfaction will be automatically calculated.
5. In rows 201 and 202 of the spreadsheet, the number and percent of respondents satisfied with each question and with each area of satisfaction will be automatically calculated. You can print this summary by selecting the print option in Excel; only the summary will print (not each survey response). You can also print the worksheet tab "Summary."
6. All of the cells with automatic calculations (numbers and percents) are locked so that they can not be changed. The spreadsheet is set-up to allow for up to 200 surveys to be entered. **If you expect more than 200 surveys, or if you need to access the formula in a locked cell, please contact Rebecca Koladycz at IPPF/WHR via email (rkoladycz@ippfwhr.org) to adjust the spreadsheet.**

YOUR COMMENTS COUNT!

Your comments count - we want to know how to improve our services, and we want your opinions.

The IPPF Youth Committee - a group of young people from all around the world, who have experience in sexual and reproductive health programs - came up with a list of the things that they think are important in a service or clinic. This survey is based on their ideas. Your comments will help the staff identify areas that they can improve.

Your responses are confidential. You do not have to put your name on the survey. Please mark the box that says YES if you agree with what it says and mark the box NO if you do not agree. If you are not sure of your response, simply leave the box blank. If you have additional comments, you can add them at the end.

[ADD INSTRUCTIONS FOR TURNING IN THE COMPLETED SURVEY]

We want to know your opinions!

Tell us about yourself...

1. I am male
 I am female

2. I am 10 - 14 years old
 I am 15 - 19 years old
 I am 20 - 24 years old
 I am more than 24 years old

3. I am married
 I am not married
 I am living with my partner

Tell us about the services...

4. yes no
 The services are open to all young people (married or single, boys and girls, whatever your religion, race, sexual orientation or mental and physical capacity)
5. The services are easy to get to
6. Services are affordable for young people
7. There is information available about the services offered in the center
8. Opening hours are at times when young people can attend (i.e. before and after school, in the evenings and at weekends)
9. The service has drop-in times when you don't have to make an appointment

Tell us about the options ...

10. yes no
 You can chose to see either male or female staff
11. You are given the choice to see the same person at each return visit
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| d. | <input type="checkbox"/> | <input type="checkbox"/> | Papsmear tests |
| e. | <input type="checkbox"/> | <input type="checkbox"/> | Contraceptives |
| f. | <input type="checkbox"/> | <input type="checkbox"/> | Condoms |
| g. | <input type="checkbox"/> | <input type="checkbox"/> | Sexuality information |
| h. | <input type="checkbox"/> | <input type="checkbox"/> | Pregnancy testing |
| i. | <input type="checkbox"/> | <input type="checkbox"/> | Sexually Transmitted Infections (STI) testing, treatment and counseling |
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Tell us about confidentiality...

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