Improving SRHR services for Ghanaian young people
Final Report
The Access, Services and Knowledge (ASK) programme is a three-year programme (from 2013 to 2015) funded by the Dutch Ministry of Foreign Affairs with the aim of improving the SRHR of young people (10 – 24 yrs.), including underserved groups. The programme which is a joint effort of eight organizations comprising of Rutgers (lead), Simavi, Amref Flying Doctors, CHOICE for Youth and Sexuality, dance4life, Stop AIDS Now!, the International Planned Parenthood Federation (IPPF), and Child Helpline International (CHI) is implemented in 7 countries, namely Ethiopia, Ghana, Indonesia, Kenya, Pakistan, Senegal, and Uganda. Operations research (OR) was identified as an integral part of activities in the ASK programme. The aim was to enhance the performance of the program, improve outcomes, assess feasibility of new strategies and/or assess or improve the programme Theory of Change.
Introduction

The Access, Services and Knowledge (ASK) Programme seeks to advance the sexual and reproductive health and rights of young people through the provision of information and services as well as the creation of enabling environments. This three-pronged approach, alongside the cross-cutting strategies of integration and youth participation, recognizes the multitude of factors operating at the individual, interpersonal, societal and policy levels that impact upon young people’s health and rights across the world.

The provision of sexual and reproductive health (SRH) services for young people in all their diversity stands at the heart of the ASK Programme’s work, with two out of the four result areas focusing on service provision. Recognizing the ongoing, crucial work of all ASK partners, a workshop was organized to foster critical reflection on what it means to be ‘youth-friendly’ and how the Alliance can make collective and individual strides towards towards the advancement of Ghanaian young people’s sexual and reproductive health and rights.

Methodology

The objectives of the workshop, which were finalized in consultation with the ASK partners, were as follows:
- To reflect on the values and principles underlying ‘youth friendly services’
- To reflect on the current state of youth friendly services provided by ASK partners in Ghana
- To become familiar with the theory and implementation of tools available for monitoring and evaluating youth friendly services
- To develop improvement plans for youth friendly services that are realistic and achievable before the end of 2015

With the above objectives in mind, an agenda and facilitators manual were designed before the workshop alongside worksheets and a presentation. Resources were compiled to assist facilitators and to share with participants. Google documents were used in order to allow easy access to all documents and to easily manage input, feedback and review.

The workshop was designed using participatory methodologies that encourage discussion, debate and experiential learning. Further, the facilitators aimed to embody principles of human rights and youth-friendly services throughout the workshop.

The workshop could be divided into three areas of focus: 1) learning the theory and principles of youth-friendly services (days 1 and 2); 2) reflecting on how the theory and principles of youth-friendly services currently operate in the ASK programme in Ghana (days 3 and 4); and 3) improvement planning to bring current programmes in line with the theory and principles of youth-friendly services (day 5). More detail on how each of these three areas was addressed during the workshop are provided below, and the ‘Evaluation’ section provides reflections on the
success of the workshop methodology in achieving the stated objectives. Further, the notes document provides more detail of the outcomes of most sessions.

Pre-workshop questionnaire
A pre-workshop questionnaire was conducted with the 27 participants in attendance on day 1 in order to assess attitudes and knowledge in relation to youth-friendly services (YFS) as well as expectations for the workshop. With the exception of the question regarding abstinence as the focus of safe sex messages for young people, most participants demonstrated attitudes consistent with the provision of youth friendly services. Further, participants’ expectations were aligned with the objectives and agenda for the workshop. Below is a summary of the most significant findings from the pre-workshop questionnaire in table format.

<table>
<thead>
<tr>
<th>Question</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>How well would you say you know the sexual and reproductive health needs of young people in the context where you work?</td>
<td>88% said ‘very well,’ ‘somewhat,’ or ‘well’ 11% said ‘not very well’</td>
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<tr>
<td>Which of the following do you think are the greatest barriers to young people accessing SRH services in your context?</td>
<td>19 participants out of the 21 who answered this question selected ‘fear of stigma in communities.’ ‘Social and gender norms,’ ‘Judgmental providers,’ and ‘Lack of confidentiality,’ were the next most-common answers with 13, 9 and 9 responses respectively.</td>
</tr>
<tr>
<td>If someone asked me what I do for a living, I would feel comfortable saying: ‘I work for young people’s SRHR.’</td>
<td>Strongly agree: 17 Agree: 10 Disagree: 0 Strongly disagree: 0</td>
</tr>
<tr>
<td>I would refer a 15-year-old for contraceptive services without her parents’ or guardians’ knowledge if I thought she needed it.</td>
<td>Strongly agree: 13 Agree: 12 Disagree: 2 Strongly disagree: 0</td>
</tr>
<tr>
<td>If a young person comes alone to a SRH clinic, my most likely response would be:</td>
<td>Congratulate her: 21 Treat her like all other clients: 6 Tell her to come back with a parent: 0</td>
</tr>
<tr>
<td>I feel comfortable discussing both male and female sexual pleasure with young clients.</td>
<td>Strongly agree: 14 Agree: 12 Disagree: 1 Strongly disagree: 0</td>
</tr>
<tr>
<td>I believe that messages about safe sex for young people should focus on abstinence</td>
<td>Strongly agree: 4 Agree: 8</td>
</tr>
<tr>
<td>Question</td>
<td>Disagree: 11</td>
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<tr>
<td>How youth-friendly are the services that your organization provides?</td>
<td>Youth-friendliest in Ghana: 2</td>
</tr>
<tr>
<td></td>
<td>Many YFS elements lacking: 10</td>
</tr>
<tr>
<td>How many trainings on YFS have you attended in the last 5 years?</td>
<td>Zero: 11</td>
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<tr>
<td></td>
<td>Five to seven: 0</td>
</tr>
</tbody>
</table>

**Focus 1: Learning the theory and principles of youth-friendly services**

After achieving consensus on the objectives and methodology of the workshop, time was spent fostering a sense of collective purpose through understanding ‘why we do what we do’ and ‘why we love what we do.’ Participants explained that they love what they do because:

- The services in my house in the night for young people in the village is utilized beyond my expectation.
- My communication skills helped even very young people to have information in sexual health.
- My work really contributed to reducing early pregnancy.
- I realize that in Ghana teenage pregnancy is existing, and I can do something about it.

They also shared some of their proudest moments are service providers and youth workers:

Most proud of my SRHR work:

- I supported a young pregnant girl to make her own decision.
- One girl who dropped out of school due to becoming a mother and was allowed to re-enter the school thanks to effort of our team / organization.
- Young people using family planning methods is now accepted.
- Sexuality education in school is now accepted.
- We are reaching through ASK more people with our services.
- I can help couples in avoiding pregnancy or become pregnant.
- Through health associations, the organization has been enabled the environment among many stakeholders (parents, police, etc.).

When reflecting on our core values, participants demonstrated commitment to young people’s sexual and reproductive health and rights. During session 6, groups were in agreement that all young people should have access to the full range of SRH services. There were conflicting opinions, however, on when the 'right' time to start sexual activity is for young people; this led to a discussion about the legal age of sexual consent, which is 16 in Ghana. It was clarified that the age of sexual consent does not prohibit providers from providing SRH services to those under that age, but it was agreed that having a set age does create some confusion amongst
providers about whether they are legally allowed to provide such services.
On day 1, participants also reflected on what it means to be young in Ghana. All participants agreed that youth is characterized by ‘powerlessness’ or a ‘lack of decision-making power.’ It was agree that this impacts on their ability to make decision in relation to many areas of life, including sex, sexuality and health. Most contributions from the participants reflected negative characteristics of being young; despite this, some pointed out that being young also has positive sides (e.g. new freedoms, friendships).

The socio-ecological model was introduced as a conceptual framework for understanding the needs, barriers and opportunities for young people’s sexual and reproductive health. Participants successfully identified the policy and laws; social and gender norms; institutional challenges and interpersonal factors that act as barriers to young people’s access. Whilst there was no time to complete session 8, participants were asked to reflect upon diversity and the ‘extra’ barriers that certain groups of young people may face in accessing services. Young people with disabilities were identified as a group that, across the board, ASK partners want to work with more meaningfully.

A few participants mentioned that they felt part, they were able to correctly dies as well as what needed to be sexual rights.

After the rights session, however, it was clear that participants would appreciate further information on the linkages between rights and responsibilities. Using free time built into the agenda on day 5, facilitators designed an exercise aimed at identifying duty-bearers and their responsibilities. The point was made that in order for young people to fully exercise their sexual rights, many duty bearers need to fulfill their responsibilities. Participants were encouraged to move away from an approach that ‘blames’ or places full responsibility for SRH on the shoulders of young people, who are often prevented from exercising their right to access services as a result of duty bearers’ failures.

‘Evolving capacity’ was another principle introduced during the workshop. During session 12, there were very lively debates, particularly during the ‘Agree/Disagree’ exercise. Interestingly, most participants choose either ‘agree’ or ‘disagree’ and were not sitting on the fence. The exercise brought out assumptions that all participants had about young people’s capacities and how we qualify their capacities according to the decision in question - e.g. more permanent decisions resulted in participants disagreeing that the young person had capacity to decide.

To finish off day 2, participants discussed gender and services. The ‘power walk’ exercise brought to light how gender links to decision-making power, financial status and/or authority in communities. Those who were ‘left behind’ were, on the whole, younger women, disabled members of the community and those living with HIV, all of whom expressed feelings of disempowerment, vulnerability, isolation and social exclusion. During the subsequent session, participants articulated young women’s lack of decision-making and negotiation abilities in sexual relationships as a root cause of their lack of access to services as well as unintended
pregnancy.
Before switching focus to how the principles of YFS operate in the ASK Ghana Alliance’s programme, participants were given the opportunity to reflect on what they learned on days 1 and 2. Many participants mentioned the ‘power walk’ and ‘evolving capacity’ sessions as being particularly eye-opening, as well as learning about sexual rights. Interesting discussions ensued about whether it is possible to separate our ‘home values’ from our ‘work values.’ One service provider shared a particularly moving reflection, which illustrated the impact that the training had on her:

_Last Friday I saw a young girl who came to me for a pregnancy test. It was positive. I could tell that what she wanted was an abortion, but I told her we don’t provide those services at our clinic. I told her to call me anytime during her pregnancy for support. Now, after this workshop, I feel I have given her a bad service._’

**Focus 2: Reflecting on how the theory and principles of youth-friendly services currently operate in the ASK programme in Ghana**

The group’s work on the second focus area began with an exercise aimed at thinking through the ‘elements’ of a youth-friendly service. In groups of 3-4 people, participants were given a set of 9 elements of youth-friendly services and asked to prioritize them according to how crucial they were to the provision of a youth-friendly service. At the top, several groups identified youth involvement as the most important element, whilst a few other groups said location, confidentiality and skilled staff would be their top priorities. Opening hours, cost, good publicity and providing broad range of services were further down most groups’ lists.

Package Manual. The tool was introduced to participants on day 3 before they were given electronic copies (in **Excel**) to utilise during the workshop. Participants broke into groups with those from the same organization; PPAG, which had 10 participants, broke into two groups.

**Provide** is a tool that is designed to be implemented at the service delivery point (SDP) level (i.e. in each clinic of an organisation). Given that the organisations sent participants from several different SDPs, the working groups were asked to select one SDP to be the focus of their **Provide** assessment. It was explained that, ideally, the tool is implemented by a team of five people from an SDP, including clinic manager, service provider and young people. This was not possible given the constitution of the groups. Participants did well in answering the
questions, which were quite self-explanatory, and were truthful in their responses. They appreciated the automatic visualization of results and were surprised by many of the results.

On day 4, participants had the opportunity to visit one of three clinic sites. They went with paper copies of Provide and stayed with their working groups from day 3. At the sites, participants split up the various tabs of Provide amongst themselves, ensuring that all questions were asked during the 2-hour visit. Participants were afforded the opportunity to speak with providers and peer educators as well as carry out observations around the clinic for youth-friendliness. Although some took the exercise more seriously than others, it worked very well using Provide as way to assess another organisation’s clinic.

The results of the clinic assessments on day 4 were kept separate from the working groups' assessments on day 3. So, by the end of the week, all groups had carried out two full assessments using Provide: one focused on a SDP from their own organisation and another focused on an SDP from another organisation (i.e. the site visit).

In analyzing the results of the Provide assessments, participants were committed to youth-friendliness and were asked to provide greater focus to more fully fill-in the 'Comments' box in the 'SDP' tab. Questions which, in themselves, were very valuable in assessing youth-friendly service provision. It is not possible to define a ‘score’ for youth-friendliness as it varies from organisation to organisation. So, they focused on elements like institutional commitment, provider training and self-improvement, and overall participation scored lower.

Focus 3: Improvement planning to bring current programmes in line with the theory and principles of youth-friendly services

The final focus of the workshop was on applying what we learned and practiced on days 1 to 4 into action plans for the future. Working in the same groups as days 3 and 4, participants were given an improvement trajectory template and asked to think about their short-term and long-term visions for YFS in their organization. Using their Provide assessment focused on their own organisation’s SDP, they identified changes to be made through the ASK programme that applied both at the SDP and organisational levels.

Participants were given an entire afternoon to work on the improvement trajectories as well as the opportunity to have it peer reviewed by one or two other groups. Participants could have used more time, but they also indicated that they needed to speak to their supervisors and other colleagues not in attendance before finalizing them. They handed in soft copies of their draft trajectories, and the ASK National Programme Coordinator set an end of June deadline for submitting the final versions.
Participants are keen to hear about follow-up and funding to implement the actions identified in their trajectories, many of which focus on IEC and provider trainings.

Post-workshop questionnaire

Since some participants came and went during the week, only 26 people filled in the post-workshop questionnaire. The results reflect a high level of satisfaction with the workshop overall and deepened understanding of young people’s rights and youth-friendly services. Out of 26, 19 people gave the facilitation the high score (5) whilst another 7 gave it a 4. Participants also shared that they were happy with Provide as a tool for assessing youth-friendliness, with 50% giving it a 5/5 scoring.

The questionnaire results as well as general observations made by facilitators demonstrate that it is possible to broaden horizons and change minds in a short space of time; however, the longevity of these changes should be monitored and refresher trainings should be considered for all those in attendance.

Whilst the full results of the post-workshop questionnaire are available, below some analysis of the pre-versus post-workshop questionnaire is presented.

<table>
<thead>
<tr>
<th>Question</th>
<th>Pre-workshop</th>
<th>Post-workshop</th>
</tr>
</thead>
<tbody>
<tr>
<td>How well would you say you know the sexual and reproductive health needs of young people in the context where you work?</td>
<td>Very well: 35%</td>
<td>Very well: 50%</td>
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<tr>
<td>If someone asked me what I do for a living, I would feel comfortable saying: ‘I work for young people’s SRHR.’</td>
<td>Strongly agree: 63%</td>
<td>Strongly agree: 85%</td>
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<tr>
<td>I would refer a 15-year-old for contraceptive services without her parents’ or guardians’ knowledge if I thought she needed it.</td>
<td>Strongly agree: 48%</td>
<td>Strongly agree: 46%</td>
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<tr>
<td>If a young person comes alone to a SRH clinic, my most likely response would be:</td>
<td>Congratulate her: 78%</td>
<td>Congratulate her: 80%</td>
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<tr>
<td>I feel comfortable discussing both male and female sexual pleasure with young clients.</td>
<td>Strongly agree: 52%</td>
<td>Strongly agree: 54%</td>
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</tr>
<tr>
<td>I believe that messages about safe sex for young people should focus on abstinence</td>
<td>Strongly disagree or disagree: 56%</td>
<td>Strongly disagree or disagree: 62%</td>
</tr>
<tr>
<td>How youth-friendly are the services that your organization provides?</td>
<td>Youth-friendliest in Ghana: 8% Need improvement: 54% Many elements lacking: 38%</td>
<td>Youth-friendliest in Ghana: 0% Need improvement: 81% Many elements lacking: 19%</td>
</tr>
</tbody>
</table>

**Recommendations:**

- Due to conflicting accounts of the legal framework, partners should consider working with a legal professional or agency to map out laws and policies in Ghana that impact upon young people’s access to SRH information and services in order to clarify and direct the development of organisational policies on the same. It was clear that lack of clarity may be hindering some providers and organizations from fully embracing young people’s sexual rights and access to services.
- Partners should conduct Provide assessments at the service delivery level in the participatory manner that the tool is meant to be used - i.e. involving young people who work with or in the clinic setting. It is also suggested that the ASK Alliance explore using Provide as a peer assessment tool, as this worked well during the clinic visits.
- Share the entire training package, including manual and resources, with all ASK Ghana partners to adapt and use as they see fit. NCP is encouraged to provide paper copies for partners where possible, as internet access is not available at all times for all organizations.
- Partners should be provided with support to roll-out trainings on youth-friendly services in their respective branches. Several service providers in the group had never been exposed to the concepts explored in the workshop, including sexual rights.
- Partners who are not already trained in facilitation skills should be given such training before asking them to conduct a workshop on youth-friendly services. Alternatively, several partners that are trained and ready to go (PPAG, Savana) could be contracted to conduct the ‘roll-out’ trainings amongst Alliance members.
- Some partners indicated that they have a lack of IEC materials for their work. Other partners indicated that they are willing to share their existing resources and materials. The NPC and ASK partners should facilitate this sharing, as well as ensure that all materials are aligned with the standards in Provide under the ‘IEC’ tab.
The NPC in Ghana should consider reviewing the improvement trajectories and provide assessments to identify common needs and gaps in current youth-friendly service provision.

In the future, the ‘Rights: Whose responsibility?’ session on day 5 (which was added due to demand) should be integrated into the training from the start. Alternatively, more focus should be given to sexual rights in contexts where providers have not been exposed to them yet.

More reflection is needed on messaging around youth sexuality. The pre- and post-workshop questionnaire question regarding abstinence as a focus of safer sex messaging indicated little change. However, it was observed that participants would benefit from understanding how the abstinence messaging has the potential to stigmatize young people who are sexually active as well as prevent young people from fully realizing their sexual rights.

Resources:

- ASK, [Essential Packages Manual](#)
- IPPF, [Over-protected and under-served](#)
- UNESCO [International Technical Guidelines on Sexuality Education](#)
- IPPF, [Keys to Youth-friendly services](#)
- IPPF & Guttmacher Institute, [Demystifying Data](#)
- Restless Development, [Power, Rights and Participation](#) (contains power walk exercise explanation on page 51/68)