STANDARDS FOR QUALITY HEALTHCARE SERVICES FOR ADOLESCENTS AND YOUTH IN SRI LANKA

Volume 2: Tools for assessing the standards and the coverage of quality health services for adolescents and youths in Sri Lanka

FAMILY HEALTH BUREAU
2018

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Message from the Director General of Health Services

Improving the health and well-being of adolescents and youth with respect to the physical, mental, social, and spiritual dimensions, is a great investment for a country. Their issues and concerns should be assessed carefully and promptly in innovative ways and means in service provision. However, despite all efforts to improve health status of the population, addressing adolescent and youth health issues remains a challenge.

Around 4.8 million out of 20.4 million, or 1 in 4 of the Sri Lankan population consists of adolescents and youth aged 10 to 24 years. Though, they look apparently healthy, there are substantial premature death, illness, and injury among them. Illnesses in this period hinder their achievement of growth and development to their full potential. Alcohol or tobacco use, lack of physical activity, unprotected sex and/or exposure to violence do jeopardize their current health and will have repercussions on their adult hood. Effects will be reflected even in next generation.

To provide optimum quality health care services for the adolescents and youth, it is utmost important to guide and assess the health care providers. To fulfill this need with the involvement of all relevant stakeholders and with the technical and financial support from the country office of the World Health Organization, Family Health Bureau has developed “Tools for assessing the standards and the coverage of quality health services for adolescents and youth” after setting standards for adolescent and youth friendly health services provided through “Yowun Piyasa” clinics in both hospitals and field. These assessment tools would help stakeholders to assess the adolescent and youth friendly health services provided by the curative and preventive health services of the country and enable them to take necessary timely interventions.

Dr. Anil Jasinghe

Director General of Health Services
Ministry of Health, Nutrition and Indigenous Medicine Sri Lanka

Preface

Adolescents and youth represent a positive force in society, now and for the future. They face challenges more complex than previous generations faced, and often with less support. The development needs of adolescents and youth are a matter for the whole of society. For developmental as well as epidemiological reasons, young people are different from adults and they need adolescent and youth-friendly models in primary care. Over the past two decades, much has been written about barriers faced by young people in accessing health care. Worldwide, initiatives are emerging that attempt to remove these barriers and help reach young people with the health services they need. Health services play a specific role in preventing health problems and responding to them. Many initiatives have to be incorporated in order to ensure the health services are provided in adolescent friendly manner.

Adolescent and youth health is a key component of family health program addressing health needs throughout the life cycle. Adolescence is a critical transitional period that includes the biological changes of puberty and the need exists to negotiate with this group considering their key developmental stages, such as increasing independence and normative experimentation. A strong foundation laid in adolescent in terms of healthy lifestyles is essential for a healthy and productive life in adulthood. Any adverse event or unhealthy lifestyle established in this crucial period will have a long lasting negative impact affecting an individual throughout the whole life span.

New standards for adolescent youth friendly health services were developed in 2015 adopting global standards. In order to ensure quality health care services for adolescent and youth, it is important to develop assessment tools for the health care providers.

This document will provide guidance to all the stakeholders in curative and preventive health sectors to assess the quality of adolescent and youth friendly health services in the country

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ABBREVIATIONS

AA-HA!	Accelerated Action for the Health of Adolescents
AYFHS	Adolescent and Youth Friendly Health Service
AIDS	Acquired Immunodeficiency Syndrome
AMOH	Additional Medical Officer of Health
DGHS	Director General Health Services
DDGH	Deputy Director Generals
FHB	Family Health Bureau
GS	Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)
HIV	Human Immunodeficiency Virus
RHMIS	Reproductive Health Medical Information System
MCH	Maternal and Child Health
MOH	Medical Officer of health
MOMCH	Medical Officer, Maternal and Child Health
MDG	Millennium Development Goals
MoH	Medical Officer of Health
MMN	Multiple Micronutrients
NGO	Non-Governmental Organizations
NCD	Non-Communicable Diseases
NYHS	National Youth Health Survey
PHI	Public Health Inspector
PHNS	Public Health Nursing Service
PHM	Public Health Midwife
SHP	School Health Programme
SMI	School Medical Inspection
SPHI	Supervisory Public Health Inspector
SPHM	Supervisory Public Health Midwife
STI	Sexually Transmitted Infection
SDGs	Sustainable Development Goals

A guide to implement a standards-driven approach to improve the quality of healthcare services for adolescents and youths: Tools for assessing the standards and the coverage of quality health services for adolescents and youths in Sri Lanka

INTRODUCTION

This "Tools for assessing the standards and the coverage of quality health services for young people in Sri Lanka" is the 2nd. Volumes in a series that include:

1) Volume 1: **Standards and Criteria for Adolescent and Youth Friendly Health Services(AYFHS)**
2) Volume 2: **Tools for Assessing the Standards and the Coverage of Quality Health Services for Young People in Sri Lanka**
3) Volume 3: **Supportive Supervision Checklist for AYFHS**
4) Volume 4: **Implementation Guide for Quality Health Services for Young People in Sri Lanka, (2018-2025)**

These tools are used for assessing the standards and the coverage of quality health services for young people in Sri Lanka. Volume 2, includes tools to determine whether the implementation of the **Sri Lankan National AYFHS Standards** has been achieved. These tools can be adapted for use in different contexts – be it self-assessments on a limited number of criteria, or external assessments (monitoring visits) by district managers, on a wider, or full range of standards and criteria.

The toolkit included in this volume contains five tools to collect data about quality of care (as measured by the criteria of the standards) and one to gather information about coverage. The questions/items included in the tools are selected adopting assessment tools for global standards because they provide information about the criteria of the standards and whether or

not facility-level actions in the implementation guide are taking place. Each of the criterion of the Sri Lankan National AYFHS Standards can be measured in several ways.

Measuring the quality of services provided by the facility through exit interviews will provide information from only the target population have access to and use services. From the public health perspective, a population-level impact can only be achieved if a sufficient proportion of the target population is using services that have a sufficient level of quality. This information can only be gathered by surveys in the community. The drafted tool for assessing community coverage, include interview tool for adolescent community members.

Therefore, following tools are developed for enabling quality assessment based on various perspectives:

1. Health Facility Manager Tool
2. Health Care Provider Interview Tool
3. Observation Tool
4. Adolescent Client Exit Interview Tool
5. Support Staff Interview Tool
6. Coverage Tool (for Adolescent Community Members)

Table 1: Sri Lankan National Adolescent and Youth Friendly Health Service (AYFHS) Standard Statements

Health empowerment of young persons	STANDARD 1: The health facility implements systems to ensure that young persons are knowledgeable about their own health and healthy behaviours, and they know where and when to obtain related services.
AYFHS Centre	STANDARD 2: All service delivery points are accessible and acceptable to young people for the provision of adolescent and youth friendly health services as perceived by young people themselves. They are well managed and have the required equipment to provide AYFHS.
Service Providers and Support Staff	STANDARD 3: Service providers and support staff in all service delivery points have the required knowledge, skills and positive attitudes needed to provide health services to young people in an effective, sensitive and friendly manner.
Service Package	STANDARD 4: AYFHS facilities effectively provide the health service package which includes information, counselling, provision of commodities for prevention of health problems, detection of problems/problem behaviours, clinical management, referral and follow up, developing linkages with other services.
Information System and Quality Improvement	STANDARD 5: All AYFHS centres continuously gather, analyze, maintain records and use data to improve service provision.

Community Support	STANDARD 6: AYFHS facilities organize programmes to communicate with all stakeholders to support the provision of health services to young people.
Young persons' Participation	STANDARD 7: Young persons are involved in the planning, monitoring and evaluation of health services and in decision making regarding their own care, as well as in certain appropriate aspects of service provision.
Equity and Non-Discrimination	STANDARD 8: The health facility provides quality services to all young people irrespective of their age, sex, marital status, education level, ethnic origin, socio-economic status, sexual orientation or other characteristics.

HEALTH FACILITY MANAGER INTERVIEW TOOL

FACE SHEET

Interviewee Code: ____ ____ ____ ____

Designation: _____

Gender: Male.....1 Female.....2

Name of the facility: _____

Code: ____ ____ ____ ____

Address of the facility: _____

MOH area: _____

District: _____

Province: _____

Nearest tertiary care hospital: ----------

Date of the interview: ____ ____ / ____ ____ / ____ ____ ____ ____

Outcome of the Interview:

Completed 1

Partially completed....2

Refused 3

Interviewed by: ----------

Time interview began: ____ ____: ____ ____

Time interview ended: ____ ____: ____ ____

Name and signature of
supervisor:_____
_____

INTRODUCTION AND CONSENT

Consent form for the health facility manager

My name is _____ and I work for the _____. We are conducting an assessment of the quality of care provided to adolescents/youth in this facility on behalf of _____. I would like to ask you and your staff some questions. Then, I would like to observe the environment for service provision at your health facility and access some of your records.

In addition, I would like to inquire about the medicines and supplies available. All this information will help to improve the quality of health care for adolescents in the area. Observing the environment for service provision at the health facility will require about 35–40 minutes. Conducting the interviews will require about 60 minutes.

All the information that you and your staff provide in the interview will be kept confidential and will not be shared with anyone else. This survey is anonymous and the questionnaire will not be seen by anyone not involved in the survey analysis. Your participation in this review process is voluntary. You may decide not to participate in this interview or not to answer some of the questions.

Do you have any questions?

May we begin?

Interviewee has agreed to participate Yes.....1 No.....2

Permission for observation is available Yes.....1 No.....2

Signature/verbal consent of the interviewee:

_____

_____

HEALTH FACILITY MANAGER INTERVIEW TOOL

No°		Standard &Criterion No°	QUESTIONS FOR THE HEALTH FACILITY MANAGER		Response & Code	Remarks
1			**For how long you have been working in this position?**		____ /____ Years Months	
2		-	**Could you tell me how many staff you have?** **AND** **How many of them are trained in the provision of health-care services to adolescents & youth specifically?**	**a) Available** Medical Officers …. Nursing Officers ….. Public Health Midwives …… Counsellors …… Support staff (specify) _____ Other (specify) _____	**b) Trained** Medical Officers ……. Nursing Officers……. Public Health Midwife ……. Counsellor…….. Support staff (specify) _____ Other (specify) _____	
3			**Have you undergone the training of trainers (TOT) programme conducted by the Family Health Bureau (FHB)/district regarding adolescent and youth health?**		Yes ..... 1 No 0	→ Skip to Q4

No°		Standard &Criterion No°	QUESTIONS FOR THE HEALTH FACILITY MANAGER	Response & Code	Remarks
			If yes, **Could you tell me which of these components were covered by that TOT programme?**		
	a)	3.2	Communication skills to talk to adolescents/youth	Yes ..... 1 No ..... 0 Don't know 8	
	b)	3.2	Communication skills to talk to adult visitors/community members	Yes ..... 1 No ..... 0 Don't know 8	
	c)	3.3	The practice on maintaining privacy	Yes ..... 1 No ..... 0 Don't know 8	
	d)		The practice on maintaining confidentiality	Yes ..... 1 No ..... 0 Don't know 8	
	e)	3.2	Clinical case management	Yes ..... 1 No ..... 0 Don't know 8	
	f)	3.3	Orientation on the importance of respecting the rights of adolescents/youth to information and health care provided in a respectful, non-judgmental and non-discriminatory manner	Yes ..... 1 No ..... 0 Don't know 8	

No°		Standard &Criterion No°	QUESTIONS FOR THE HEALTH FACILITY MANAGER	Response & Code	Remarks
	g)	5.2	Data collection, analysis and use for quality improvement	Yes ..... 1 No ..... 0 Don't know 8	
4			**Did you undergo any of the following trainings as the facility manager? (apart from the TOT programme conducted by the FHB)**		
	a)	3.2	Orientation in adolescent/youth health care	Yes ..... 1 No 0	
	b)	3.2	Training in quality improvement for adolescent/youth health care	Yes ..... 1 No 0	
	c)	3.5	Training in supportive supervision for adolescent/youth health care	Yes ..... 1 No 0	
5		3.1	**Do you have job descriptions for each category of staff employed in your facility?**	Yes..... 1 No ..... 0 Don't know... 8	Skip toQ7
6			**Do the job descriptions of your staff include a focus on adolescent/youth health care?**		

No°		Standard &Criterion No°	QUESTIONS FOR THE HEALTH FACILITY MANAGER	Response & Code	Remarks
	a)	3. 1	Medical Officer	Yes ..... 1 No..... 0 Don't know..8	
	b)	3. 1	Nursing Officer	Yes ..... 1 No.....0 Don't know..... 8	
	c)	3. 1	Public Health Midwife	Yes ..... 1 No..... 0 Don't know.... 8	
	d)	3. 1	Counsellor	Yes..... 1 No..... 0 Don't know ... 8	
	e)	3. 1	Support Staff (specify)	Yes.....1 No ..... 0 Don't know... 8	
	f)	3. 1	Other (specify) _____	Yes..... 1 No ..... 0 Don't know.... 8	
7			**Do you have any of the following guidelines in your facility?**		
	a)	2.7	Clinical case management guidelines or job aids/algorithms for adolescent/youth health care	Yes.....1 No 0	

No°		Standard &Criterion No°	QUESTIONS FOR THE HEALTH FACILITY MANAGER	Response & Code	Remarks
	b)	4.5	Guidelines for the services provided in the facility	Yes..... 1 No 0	
	c)	4.5	Guidelines for the services provided in the community	Yes..... 1 No..... 0	
	d)	4.2	Referral guidelines	Yes ..... 1 No 0	
	e)	4.2	Policy for a planned transition from paediatric to adult care	Yes ..... 1 No..... 0	
	f)	2.4	Guidelines on protecting the privacy of adolescents/youth	Yes ..... 1 No 0	
	g)	2.4	Guidelines on protecting the confidentiality of adolescents/youth	Yes ..... 1 No 0	
	h)	2.4	Guidelines on informed consent	Yes ..... 1 No..... 0	
	i)	2.1	Guidelines with staff responsibilities on making the health facility welcoming, convenient and clean	Yes ..... 1 No 0	
	j)	2.1	Guidelines on how to minimize the waiting time for	Yes 1	

No°		Standard &Criterion No°	QUESTIONS FOR THE HEALTH FACILITY MANAGER	Response & Code	Remarks
			adolescent/youth clients	No..... 0	
	k)	2.1	Guidelines on how to provide services to adolescents/youth with, or without, an appointment	Yes ..... 1 No..... 0	
	l)	8.1	Guidelines on how to provide equitable services to all adolescents/youth	Yes ..... 1 No..... 0	
	m)	5.3	Guidelines on self-monitoring of the quality of care provided to adolescents/youth	Yes..... 1 No..... 0	
	n)	7.1	Guidelines on how to involve adolescents/youth in the planning, monitoring and evaluation of health services and service provision	Yes ..... 1 No..... 0	
	o)	8.1 8.6	Guidelines on how to involve vulnerable groups of adolescents/youth in the planning, monitoring and evaluation of health services and service provision	Yes ..... 1 No..... 0	
	p)	5.5	Guidelines on how to reward and recognize highly performing staff	Yes ..... 1 No 0	
	q)	3.5	Guidelines on supportive supervision in adolescent/youth health care	Yes ..... 1 No..... 0	
	r)	3.5	Tools for supportive supervision in adolescent/youth health care	Yes ..... 1 No 0	
8			**Do you regularly conduct supportive supervision with a focus on**		

No°		Standard &Criterion No°	QUESTIONS FOR THE HEALTH FACILITY MANAGER	Response & Code	Remarks
			adolescent/youth health care?		
	a)	5.10, 5.12 5.14	To facility health-care providers?	Yes..... 1 No 0	
	b)	5.10, 5.12 5.14	To Nursing Officers?	Yes..... 1 No 0	
	c)	5.10, 5.12 5.14	To PHMM?	Yes..... 1 No 0	
	d)	5.10, 5.12 5.14	To Support Staff? (specify)	Yes..... 1 No 0	
	e)	5.10,5.12 5.14	To Other Staff? (specify)	Yes..... 1 No 0	
9			**Does your facility regularly conduct self-assessments?**		
	a)	7.6	To identify adolescents'/youth expectations about the services in the facility?	Yes.....1 No 0	
	b)	5.7, 7.6	To find out about adolescents'/youth experience of care?	Yes ..... 1 No..... 0	

No°		Standard &Criterion No°	QUESTIONS FOR THE HEALTH FACILITY MANAGER	Response & Code	Remarks
	c)	5.13	To assess the quality of health-care services?	Yes ..... 1 No 0	
	d)	5.8	To establish action plans for improvements?	Yes..... 1 No..... 0	
	e)	5.7 5.10	To identify priorities for supportive supervision?	Yes ..... 1 No 0	
10			**Do you have the following information items displayed in the facility?**		
	a)	2.5	The rights of adolescents/youth to information, non-judgemental attitude and respectful care	Yes ..... 1 No 0	
	b)	8.1	The policy commitment of the health facility to provide health services to all adolescents/youth (without discrimination and to take remedial actions), if necessary	Yes..... 1 No 0	
	c)	2.4	The policy on confidentiality	Yes ..... 1 No 0	
	d)	2.4	The policy on privacy	Yes..... 1 No 0	
11			**In your facility, are the following procedures established to ensure privacy, confidentiality and the security of medical information?**		
	a)	2.4	Information on the identity of the adolescent/youth and the presenting issue are gathered in confidence	Yes..... 1	

No°		Standard &Criterion No°	QUESTIONS FOR THE HEALTH FACILITY MANAGER	Response & Code	Remarks
			during the registration	No..... 0	
	b)	2.4	Staff do not disclose any information given to or received from an adolescent /youth to third parties, (such as family members, school teachers or employers), without the adolescent's/youth consent.	Yes..... 1 No 0	
	c)	5.6	Case records are kept in a secure place, accessible only to authorized personnel.	Yes ..... 1 No 0	
	d)	5.6	Measures are implemented to prevent unauthorized access to electronically stored information.	Yes ..... 1 No..... 0	
	e)	2.4	To maintain privacy during the consultation, (such as curtains in windows and doors and a screen separating the consultation area from the examination area)	Yes ..... 1 No..... 0	
12		**5.1**	**Is there a system to collect data on age, sex and cause-specific service utilization by adolescents/youth?**	Yes..... 1 No..... 0	
13		5.12	**Do facility reports to the FHB include data on age, sex and cause-specific service utilization by adolescents/youth?**	Yes ..... 1 No 0	
14		5.13	**Do facility reports to the FHB on quality of care have a focus on adolescents/youth?**	Yes..... 1 No 0	
15			**Do you ensure that there are systems in place for?**		
	a)	2.10	Procurement and stock management of the medicines and supplies necessary to deliver the required package	Yes 1	

No°		Standard &Criterion No°	QUESTIONS FOR THE HEALTH FACILITY MANAGER	Response & Code	Remarks
			of services to adolescents/youth?	No 0	
	b)	2.11	Procurement, inventory, maintenance and safe use of the equipment necessary to deliver the required package of services to adolescents/youth?	Yes ..... 1 No 0	
	c)	2.6	Basic amenities 1. Drinking water	Yes ..... 1 No..... 0	
			2. Electricity	Yes ..... 1 No..... 0	
			3. Sanitation	Yes ..... 1 No..... 0	
			4. Waste disposal	Yes ..... 1 No..... 0	
16			**Does the facility have a documented plan?**		
	a)	6.5 6.6	To inform adults, (when they visit the health facility, during community meetings and through community organizations), about the value of providing services to adolescents/youth?	Yes..... 1 No 0	
	b)	1.5 6.4	To inform adolescents/youth in the community (in schools, clubs, community meetings) about their health and the services available?	Yes ..... 1 No 0	
	c)	6.4	For provision of health services to adolescents/youth in	Yes 1	

No°		Standard &Criterion No°	QUESTIONS FOR THE HEALTH FACILITY MANAGER	Response & Code	Remarks
			the community settings?	No 0	
	d)	5.3 5.7	For actions to improve the quality of care in the facility based on the results of the last self-assessment?	Yes ..... 1 No 0	
17			**Do you have arrangement for financial assistance to ensure?**		
	a)	3.6	Continuous professional education activities in adolescent/youth health care for facility staff?	Yes ..... 1 No 0	
	b)	1.7	Training of PHMM/outreach workers in adolescent/youth health care?	Yes ..... 1 No 0	
	c)	7.4	Training of adolescents in providing certain services (e.g. health education for peers, counseling)?	Yes ..... 1 No 0	
	d)	2.6	Maintaining basic amenities of the facility in good condition?	Yes ..... 1 No 0	
	e)	2.1	Keeping the facility welcoming and clean?	Yes ..... 1 No 0	
	f)	5.11	Rewarding highly performing staff?	Yes ..... 1 No 0	
18			Do you have at hand updated lists of:		
	a)	6, 3	Agencies and organizations the facility partners with, to increase community support for adolescent/youth use of services?	Yes ..... 1 No 0	

No°		Standard &Criterion No°	QUESTIONS FOR THE HEALTH FACILITY MANAGER	Response & Code	Remarks
	b)	6.3	Organizations from the health and other sectors, (social, recreational, legal sectors), that provide services to adolescents/youth in the catchment area?		
		6.3	[1] Legal advice/ aid in cases of gender-based violence, sexual violence	Yes ..... 1 No 0	
		4.3	[2] Community health centers including for mental health	Yes ..... 1 No 0	
		4.3	[3] Rehabilitation Centers for substance use	Yes ..... 1 No 0	
		6.3	[4] People living with HIV/AIDS [PLWHA] networks	Yes ..... 1 No 0	
		6.3	[5] Youth networks and groups	Yes ..... 1 No 0	
		6.3	[6] Social service officers	Yes ..... 1 No 0	
		6.3	[7] Educational institutions & employment agencies	Yes ..... 1 No 0	
		6.3	[8] Religious & other community leaders	Yes ..... 1 No 0	
	c)	2.10 2.11	Medicine, supplies and necessary equipment?	Yes ..... 1 No 0	
	d)	4.1	Services included in the package of information, counseling, treatment and care services provided to	Yes ..... 1 No 0	

No°		Standard &Criterion No°	QUESTIONS FOR THE HEALTH FACILITY MANAGER	Response & Code	Remarks
			adolescents/youth?		
	End the interview with thanks.				

HEALTH-CARE PROVIDER INTERVIEW TOOL

FACE SHEET

Interviewee Code: ____ ____ ____ ____

Designation: _____

Gender: Male.....1 Female.....2

Name of the facility: _____

Code: ____ ____ ____ ____

Address of the facility: _____

MOH area:_____

District:_____

Province: _____

Nearest tertiary care hospital:----------

Date of the interview:____ ____ / ____ ____ / ____ ____ ____ ____

Outcome of the Interview:

Completed..... 1

Partially completed.....2

Refused 3

Interviewed by: ----------

Time interview began:____ ____ : ____ ____

Time interview ended:____ ____ :____ ____

Name and signature of
supervisor:_____

_____

INTRODUCTION AND CONSENT

Consent form for health-care provider

My name is _____ and I work for the _____. We are conducting an assessment of the quality of care provided to adolescents/youth in this facility on behalf of _____. I would like to ask you some questions. This information will help to improve the quality of health care for adolescents/youth in this area. The interview will require about 25–30 minutes. All the information that you will provide in the interview will be kept confidential and not shared with anyone else. This survey is anonymous and the questionnaire will not be seen by anyone not involved in the survey analysis. Your participation in this review process is voluntary. You may decide not to participate in this interview or not to answer some of the questions.

Do you have any questions? May we begin?

Interviewee has agreed to participate Yes.....1 No.....2

Permission for observation is available Yes.....1 No.....2

Signature/verbal consent of the interviewee:

HEALTH-CARE PROVIDER INTERVIEW TOOL

No°		Standard &Criterion No°	QUESTIONS FOR THE HEALTH-CARE PROVIDER	Response & Code				Remarks
1		-	For how long you have been working at this health facility?	____ ____ / ____ ____ Years Months				
2		-	Has the facility manager discussed your job description and your roles and responsibilities with you?	Yes ..... 1 No 0				
3		4.7	When an adolescent/youth client comes to your clinic, do you provide services for any of the following conditions or needs?					
				Information	Counselling	Clinical management	Referral	
	a)	4.7	Normal growth and pubertal development	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	b)	4.7	Pubertal delay	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	c)	4.7	Precocious puberty	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	d)	4.7	Mental health and mental health problems	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	e)	4.7	Nutrition, including anemia	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	f)	4.7	Physical activity	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	

No°		Standard &Criterion No°	QUESTIONS FOR THE HEALTH-CARE PROVIDER	Response & Code				Remarks
				Information	Counselling	Clinical management	Referral	
	g)	4.7	Adolescent/youth - specific immunization	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	h)	4.7	Menstrual hygiene and health	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	i)	4.7	Use of contraception/Family Planning –	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	j)	4.7	Services in relation to unwanted pregnancies ()- post-abortion care	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	k)	4.7	Antenatal care and emergency preparedness, delivery and postnatal care	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	l)	4.7	Reproductive tract infections/ sexually transmitted infections	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
				Information	Counselling	Clinical manageme	Referral	

No°		Standard &Criterion No°	QUESTIONS FOR THE HEALTH-CARE PROVIDER			Response & Code		Remarks
						nt		
	m)	4.7	HIV	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	n)	4.7	Sexual violence	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	o)	4.7	Family violence	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	p)	4.7	Bullying and school violence	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	q)	4.7	Substance use and substance use disorders	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	r)	4.7	Injuries	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	s)	4.7	Skin problems	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	t)	4.7	Chronic conditions and disabilities	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	u)	4.7	Infectious diseases	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	v)	4.7	Common conditions during adolescence(fatigue, abdominal pain, diarrhoea, headache)	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	

No°		Standard &Criterion No°	QUESTIONS FOR THE HEALTH-CARE PROVIDER	Response & Code	Remarks
4			**Have you received the following training in adolescent/youth health care?**		
	a)	3.2	Communication skills to talk to adolescents/youth	Yes .....1 No 0	
	b)	3.2	Communication skills to talk to adult visitors/community members	Yes .....1 No 0	
	c)	3.3	The policy on privacy	Yes .....1 No 0	
	d)	3.3	The policy on confidentiality	Yes .....1 No 0	
	e)	3.2 1.1	Clinical case management of adolescent/youth patients	Yes .....1 No 0	
	f)	3.3	Orientation on the importance of respecting the rights of adolescents to information and health care that is provided in a respectful, non-judgmental and non-discriminatory manner?	Yes .....1 No 0	
	g)	5.2	Data collection, analysis and use for quality improvement?	Yes .....1 No 0	

No°		Standard &Criterion No°	QUESTIONS FOR THE HEALTH-CARE PROVIDER	Response & Code	Remarks
5		3.6	**Is there a system so that you can regularly attend continuous professional education training in adolescent and youth health care?**	Yes .....1 No .....0 Don't know.....8	
6		4.6	**Are you aware of services included in the package of information, counselling, treatment and care services to be provided to adolescents?**	Yes .....1 No 0	
7			**Do you use guidelines or decision support tools, for example, job aids or algorithms, for information, counselling and clinical management in the following areas?**		
	a)	3.8	Normal growth and pubertal development	Yes .....1 No 0	
	b)	3.8	Pubertal delay	Yes .....1 No 0	
	c)	3.8	Precocious puberty	Yes .....1 No 0	
	d)	3.8	Mental health and mental health problems	Yes .....1 No 0	
	e)	3.8	Nutrition (including anemia)	Yes .....1 No 0	

No°		Standard &Criterion No°	QUESTIONS FOR THE HEALTH-CARE PROVIDER	Response & Code	Remarks
	f)	3.8	Physical activity	Yes .....1 No 0	
	g)	3.8	Adolescent-specific immunization	Yes .....1 No 0	
	h)	3.8	Menstrual hygiene and health	Yes .....1 No 0	
	i)	3.8	Contraception and Family planning – oral contraceptive pills, IUDs, condoms, emergency contraceptive pills, implants, injectable contraceptives	Yes .....1 No 0	
	j)	3.8	Unwanted pregnancies/ post-abortion care	Yes .....1 No 0	
	k)	3.8	Antenatal care and emergency preparedness, delivery and postnatal care	Yes .....1 No 0	
	l)	3.8	Reproductive tract infections/ sexually transmitted infections	Yes .....1 No 0	
	m)	3.8	HIV	Yes .....1 No 0	
	n)	3.8	Sexual violence	Yes 1	

No°		Standard &Criterion No°	QUESTIONS FOR THE HEALTH-CARE PROVIDER	Response & Code	Remarks
				No 0	
	o)	3.8	Family violence	Yes .....1 No 0	
	p)	3.8	Bullying and school violence	Yes .....1 No 0	
	q)	3.8	Tobacco use and related disorder	Yes .....1 No 0	
	r)	3.8	Other Substance use and substance use disorder	Yes .....1 No 0	
	s)	3.8	Injuries	Yes .....1 No 0	
	t)	3.8	Skin problems	Yes .....1 No 0	
	u)	3.8	Chronic conditions and disabilities	Yes .....1 No 0	
	v)	3.8	Endemic diseases e.g. Dengue	Yes .....1 No 0	

No°		Standard &Criterion No°	QUESTIONS FOR THE HEALTH-CARE PROVIDER	Response & Code	Remarks
	w)	3.8	Common conditions during adolescence /youth (fatigue, abdominal pain, diarrhoea, headache)	Yes .....1 No 0	
8			**Are you aware of the following guidelines?**		
	a)	4.5	Guidelines for which services should be provided in the facility and which in the community	Yes .....1 No 0	
	b)	4.2 4.8	Referral guidelines	Yes .....1 No 0	
	c)	4.2	Policy for a planned transition from paediatric to adult care	Yes .....1 No 0	
	d)	7.2 7.6	Guidelines on informed consent	Yes .....1 No 0	
	e)	8.1	Guidelines on providing services to all adolescents/youth irrespective of their age, sex, marital status or other characteristics	Yes .....1 No 0	
	f)	2.4	Guidelines on measures to protect the privacy of adolescents/youth	Yes .....1 No 0	

No°		Standard &Criterion No°	QUESTIONS FOR THE HEALTH-CARE PROVIDER	Response & Code	Remarks
	g)	2.4	Guidelines on measures to protect the confidentiality of adolescents/youth	Yes .....1 No 0	

No°		Standard & Criterion No°	QUESTIONS FOR THE HEALTH-CARE PROVIDER	Response & Code	Remarks
9		2.19 5.6	**Can you please name any measures to protect the privacy and confidentiality of adolescents/youth?** **(Probe for measures in the list provided.)**	Yes .....1 No .....0 1. Staff does not disclose any information given to or received from an adolescent to third parties, such as family members, school teachers or employers, without the adolescent's consent.	Code "yes" if at least the 3 items from the list were mentioned.

No°		Standard & Criterion No°	QUESTIONS FOR THE HEALTH-CARE PROVIDER	Response & Code	Remarks
				2. Case records are kept in a secure place, accessible only to authorized personnel. 3. There are curtains in windows and doors, a screen separating the consultation area from the examination area to maintain privacy during the consultation. 4. Measures are implemented to prevent unauthorized access to electronically stored information. 5. Information on the identity of the adolescent and the presenting issue are gathered in confidence during client registration. 6.No other member is allowed to enter the room during the consultation.	
10		8.4	**Do you know any groups of adolescents/youth in your community (ies) that are vulnerable regarding health issues?**	Yes .....1 No .....0 Don't know.....8	

No°		Standard & Criterion No°	QUESTIONS FOR THE HEALTH-CARE PROVIDER	Response & Code	Remarks
11			**Do you think the working hours in this facility are convenient for adolescents/youth?**	Yes .....1 No .....0 Don't know.....8	If yes Skip to Q11b
			Have you ever discussed with your manager and your colleagues, and/or undertaken actions in order to:		
	a)	2.15	Make working hours convenient for adolescents/youth	Yes .....1 No 0	
	b)	2.15	Minimize waiting time	Yes .....1 No 0	
	c)	2.15	Provide services to adolescents/youth with, or without an appointment?	Yes .....1 No 0	
12		5.7 5.8	**Did you ever participate in a facility self–assessment of the quality of care provided to adolescents/youth?**	Yes .....1 No 0	
13		2.15	**Do you think the working hours in this facility are convenient for adolescents/youth?**	Yes .....1 No .....0 Don't know....8	
14		2.15	**Can adolescents/youth have a consultation without an**	Yes .....1 No 0	

No°		Standard & Criterion No°	QUESTIONS FOR THE HEALTH-CARE PROVIDER	Response & Code	Remarks
			appointment?	Don't know.... 8	
15			**Have you ever trained any of the following groups in these areas?**		
	a)	6.4	PHMM in adolescent/youth health care	Yes .....1 No 0	
	b)	7.4	Adolescents/youth in providing certain services, for example, health education for peers, counselling	Yes .....1 No 0	
16			**Have you ever involved any of the following groups in these activities?**		
	a)	7.4	Adolescents/youth in the planning, monitoring and evaluation of health services	Yes .....1 No 0	
	b)	7.4	Adolescents/youth in any aspects of service provision	Yes .....1 No 0	
	c)	8.6	Vulnerable groups of adolescents/youth in the planning, monitoring and evaluation of health services and service provision	Yes .....1 No 0	
17			**Have you ever worked with:**		
	a)	6.7	Agencies and organizations in the community to develop health education and behaviour- oriented communication strategies and materials and plan service provision	Yes .....1 No 0	

No°		Standard & Criterion No°	QUESTIONS FOR THE HEALTH-CARE PROVIDER	Response & Code	Remarks
	b)		Organizations from health and other sectors (for example social, recreational, legal) to establish referral networks for adolescent/youth clients?		
		4.7	[1] Legal advice/ aid in cases gender based violence, sexual violence	Yes .....1 No 0	
		4.3, 4.7	[2] Community health centers/community organizations including for mental health	Yes .....1 No 0	
		4.3, 4.7	[3] Rehabilitation Centers for substance use	Yes .....1 No 0	
		4.3, 4.7	[4] People living with HIV/AIDS [PLWHA] networks	Yes .....1 No 0	
		4.3, 4.7	[5] Youth networks and groups	Yes .....1 No 0	
		4.3, 4.7	[6] Social service officers	Yes .....1 No 0	
		4.3, 4.7	[7] Educational institutions & employment agencies	Yes .....1 No 0	
		4.3, 4.7	[8] Religious & other community leaders	Yes 1	

No°		Standard & Criterion No°	QUESTIONS FOR THE HEALTH-CARE PROVIDER	Response & Code	Remarks
				No 0	
18		6.5	**Do you inform adults visiting the health facility about services available for adolescents/youth, and why it is important that adolescents/youth use the services?**	Yes .....1 No 0	
19	a)	6.1	**Do you have support materials to communicate with parents, guardians and other community members and organizations about the value of providing health services to adolescents/youth?**	Yes .....1 No 0	
	b)	6.1	Do you distribute hand-outs (leaflets and booklets) and put up posters to create awareness among young people and community members regarding service provision	Yes .....1 No 0	
20		1.5	**Do you inform adolescents/youth about the availability of health, social services and other services available?**	Yes .....1 No 0	
21			**When you see an adolescent/youth client for services or counselling do you:**		
	a)	3.7	Introduce yourself first to the adolescent/youth?	Yes .....1 No 0	
	b)	3.7	Ask the adolescent/youth what	Yes 1	

No°		Standard & Criterion No°	QUESTIONS FOR THE HEALTH-CARE PROVIDER	Response & Code	Remarks
			he/she likes to be called?	No 0	
	c)	-	Ask the adolescent/youth who he/she has brought with him/her to the consultation?	Yes .....1 No 0	
	d)	3.7	Explain to adolescents/youth that you routinely spend some time alone with them towards the end of the consultation?	Yes .....1 No 0	
	e)	3.7	Ask the adolescent/youth permission to ask the accompanying person(s) their opinions/observations?	Yes .....1 No 0	
	f)	7.4	Obtain the adolescent's assent to the service/procedure, even when informed consent from a third party is required.	Yes .....1 No 0	
	g)	3.7	Ensure that no one can see or hear the adolescent/youth client from outside during the consultation or counselling?	Yes .....1 No 0	
	h)	3.7	Ensure that there is a screen between the consultation and examination area?	Yes .....1 No 0	
	i)	2.19	Assure the adolescent/youth client that no information will be disclosed to any one (parents/other) without his/her permission?	Yes .....1 No 0	

No°		Standard & Criterion No°	QUESTIONS FOR THE HEALTH-CARE PROVIDER	Response & Code	Remarks
	j)	2.19	Explain to the adolescent/youth client the conditions when you might need to disclose information, such as in situations required by law, and if that is the case you will inform him/her of the intention to disclose unless doing so would place them at further risk of harm?	Yes .....1 No 0	
	k)	5.6	Keep all records/lab test reports under lock and key or password protected if in the computer?	Yes .....1 No 0	
22			**During a consultation with an adolescent/youth client, do you routinely take a psychosocial history such as:**		
	a)	4.7	Asking the adolescent/youth questions about home and relationships with adults?	Yes .....1 No 0	
	b)	4.7	Asking the adolescent questions about school?	Yes .....1 No 0	
	c)	4.7	Asking the adolescent/youth questions about his/her eating habits?	Yes .....1 No 0	
	d)	4.7	Asking the adolescent/youth questions about sports or other physical activity?	Yes .....1 No 0	
	e)	4.7	*(Only adolescents of an appropriate*	Yes 1	

No°		Standard & Criterion No°	QUESTIONS FOR THE HEALTH-CARE PROVIDER	Response & Code	Remarks
			age.[2]*)* Asking the adolescent/youth questions about sexual relationships?	No 0	
	f)	4.7	Asking the adolescent/youth questions about smoking, alcohol or other substances?	Yes .....1 No 0	
	g)	4.7	Asking the adolescent/youth questions about how happy he/she feels, or other questions about his/her mood or mental health?	Yes .....1 No 0	
23			**Would you provide the following services to all adolescents/youth regardless of sex, age, marital status?**		
	a)	8.5	Hormonal contraceptives	Yes .....1 No 0	
	b)	8.5	Condoms	Yes .....1 No 0	
	c)	8.5	STI treatment	Yes .....1 No 0	
	d)	8.5	HIV testing and counselling	Yes .....1 No 0	

No°		Standard & Criterion No°	QUESTIONS FOR THE HEALTH-CARE PROVIDER	Response & Code	Remarks
	e)	8.5	Related to unwanted pregnancies and post abortion care?(where legal)	Yes .....1 No 0	
24		3.2	**How confident do you feel about your knowledge of how to provide care to adolescents/youth?**	Confident.....1 Somewhat confident ….0 Not confident 0	
25		3.2	**How comfortable do you feel in your ability to relate to adolescents/youth and answer their questions?**	Confident.....1 Somewhat confident ….0 Not confident 0	
26	**a)**	3.5	**Did your supervisor ever observe a consultation by you with an adolescent/youth client to help you to improve the quality of care?**	Yes .....1 No 0	
	b)	3.5	**Did your supervisor ever advise you how to improve the quality of care for adolescent/youth clients?**	Yes .....1 No 0	
27		2.1	**Do you have a clear designation of responsibilities within the facility to ensure a welcoming and clean environment?**	Yes .....1 No 0	
28			**Has any adolescent/youth been denied services within last 12 months because of:**		
	a)	2.11 2.23	Stock-outs?	Yes .....0 No 1	

No°		Standard & Criterion No°	QUESTIONS FOR THE HEALTH-CARE PROVIDER	Response & Code	Remarks
	b)	2.12 2.22	Malfunctioning/unavailable equipment?	Yes .....0 No 1	
29	**a)**	5.1	**Is it possible to extract from your registers data on age, sex and cause-specific service utilization by adolescents/youth?**	Yes .....1 No 0	If No Skip to Q 30
	b)	5.12	**Do you report data to the FHB on age, sex and cause specific service utilization by adolescents/youth?**	Yes .....1 No 0	
30	**a)**	5.3	**Are you aware of any tools for self-monitoring of the quality of care in the facility?**	Yes .....1 No 0	If No Skip to Q 31
	b)	5.13	**Do you use these tools for self-monitoring of quality for adolescent/youth health services?**	Yes .....1 No 0	
31	**a)**	5.14	**Did you ever participate in facility meetings to analyze the results of the self-assessments and to plan actions for improvement of adolescent/youth health care?**	Yes .....1 No 0	
	b)	5.10	**Do you feel you have enough support from your supervisor to improve the quality of care for adolescents/youth?**	Yes .....1 No 0	
	c)	5.14	**Do you feel you have the motivation to improve the quality of care for**	Yes 1	

No°		Standard & Criterion No°	QUESTIONS FOR THE HEALTH-CARE PROVIDER	Response & Code	Remarks
			adolescents/youth, and to comply with quality standards?	No 0	
32		5.11	**Have you, or any of your colleagues, ever been rewarded for high performance?**	Yes .....1 No 0	
33		6.6 6.7 6.8	**Do you do outreach work?**	Yes .....1 No 0	If yes Continue with the Q 34 *End the interview with thanks.*
34		6.4	**Do you have a plan for outreach activities?**	Yes .....1 No 0	
35			**During the last 12 months, have you:**		
	a)	6.6	Participated in school meetings to inform parents/guardians and teachers about the health services available for adolescents/youth, and why it is important that they use the services?	Yes .....1 No 0	
	b)	1.5	Participated in meetings with adolescents/youth and other community organizations to inform them about the health services	Yes .....1 No 0	

			available for adolescents and why it is important that adolescents use the services?		
	c)	1.6	Conducted any outreach sessions with adolescents/youth to inform them about the services available?	Yes .....1 No 0	
	d)	1.7	Conducted any outreach sessions with adolescents/youth on health education about various topics?	Yes .....1 No 0	If No *End the interview with thanks.*
	e)	1.7	What were the topics you discussed during these outreach sessions:	STI/HIV prevention.....A Pregnancy prevention.....B Use of contraceptives...C Healthy nutrition.....D Mental health promotion .....E Physical activity… F Immunization ..G Menstrual hygiene .....H Antenatal care .. I Sexual violence..... J Bullying and school violence.....K Substance use and substance use disorders ...L	

				Injuries.....M Other (please specify) .....N _____ _____	
End the interview with thanks.					

OBSERVATION TOOL AND CHECKLIST

FACE SHEET

Interviewee Code: ____ ____ ____ ____

Designation: _____

Gender: Male.....1 Female.....2

Name of the facility: _____

Code: ____ ____ ____ ____

Address of the facility: _____

MOH area:_____

District:_____

Province: _____

Nearest tertiary care hospital: ----------

Date of the interview: ____ ____ / ____ ____ / ____ ____ ____ ____

Outcome of the Observation:

Completed..... 1

Partially completed.....2

Refused 3

Interviewed/observed by: ----------

Tine observation began:____ ____ : ____ ____

Time observation ended:____ ____ :____ ____

Name and signature of
supervisor:_____
_____

OBSERVATION TOOL AND CHECKLIST

Data collector: Please check the registers maintained at the facility to get an idea about the service utilization.

Please observe the issues mentioned below and circle the respective code.

No°		Standard &Criterion No°	QUALITY ASSESSMENT QUESTIONS	Observation & Code	Skip
1	a)	1	**Is there a signboard that mentions the facility operating hours?**	Yes .....1 No 0	If No Skip to Q 2
	b)	1	**Is it clearly visible?**	Yes .....1 No 0	
	c)	1.1	**Does it mention hours for adolescent health clinics?**	Yes .....1 No 0	
2			**Does the waiting area:**		
	a)	2.2	Have adequate and comfortable seating?	Yes .....1 No 0	
	b)	1.2, 2.3 6.1	Have information, education and communication materials specifically developed for adolescents/youth?	Yes .....1 No 0	
	c)	2.6	Have drinking water?	Yes .....1 No 0	

No°		Standard &Criterion No°	QUALITY ASSESSMENT QUESTIONS	Observation & Code	Skip
	d)	2.19	Seem welcoming overall?	Yes .....1 No 0	
	e)	2.19	Seem clean overall?	Yes .....1 No 0	
	f)	2.6	Have adequate ventilation?	Yes .....1 No 0	
	g)	2.6	Have adequate light?	Yes .....1 No 0	
3		2.6	**Check for basic amenities**		
	a)	2.6	Is/are there a functional toilet/s?	Yes .....1 No 0	
	b)	2.6	Are there separate toilets for males and females?	Yes .....1 No 0	
	c)	2.6	Is/Are these toilet/s disabled friendly?	Yes .....1 No 0	
	d)	2.6	Does the toilet have functioning hand hygiene facilities?	Yes .....1 No 0	
	e)	2.6	Is the toilet clean?	Yes .....1 No 0	
	f)	2.6	Does the toilet have a disposal bin?	Yes 1	

No°		Standard &Criterion No°	QUALITY ASSESSMENT QUESTIONS	Observation & Code	Skip
				No 0	
	g)	2.6	Does the facility have permanent electricity during working hours??	Yes .....1 No 0	
	h)	2.6	Does the facility have general waste disposal?	Yes .....1 No 0	
	i)	2.6	Does the facility have safe storage and disposal of clinical waste and potentially infectious waste that requires special disposal – such as disposable of equipment that may have come in contact with body fluids?	Yes .....1 No 0	
	j)	2.6	Does the facility have safe storage and disposal of sharps?	Yes .....1 No 0	
	k)	2.6	Does the facility have adequate hand hygiene facilities that are located in or adjacent to the office/examination room?	Yes .....1 No 0	
4		2.19, 2.1	**Are the surroundings of the facility clean?**	Yes .....1 No 0	
5		2.9	**Does the facility´s furniture seem adequate:**	Yes .....1 No 0	
	a)		Regarding quantity? • Tables	Yes .....1 No 0	
			• Chairs	Yes 1	

No°		Standard &Criterion No°	QUALITY ASSESSMENT QUESTIONS	Observation & Code	Skip
				No 0	
			• Cupboards	Yes .....1 No 0	
			• Display shelves	Yes .....1 No 0	
	b)		Regarding the state of repair? • Tables	Yes .....1 No 0	
			• Chairs	Yes .....1 No 0	
			• Cupboards	Yes .....1 No 0	
			• Display shelves	Yes .....1 No 0	
6			**Does the facility have the following equipment/material/ supplies:[1]**		
	a)	2.17	Blood pressure measurement machine	Yes .....1 No 0	
	b)	2.17	Binaural adult stethoscope	Yes .....1 No 0	
	c)	2.17	Pinnard	Yes .....1 No 0	

No°		Standard &Criterion No°	QUALITY ASSESSMENT QUESTIONS	Observation & Code	Skip
	d)	2.17	Pregnancy test strips	Yes .....1 No 0	
	e)	2.17	Clinical thermometer	Yes .....1 No 0	
	f)	2.17	Adult weighing scales	Yes .....1 No 0	
	g)	2.17	Measuring tape	Yes .....1 No 0	
	h)	2.17	Light source, for example a torch	Yes .....1 No 0	
	i)	2.17	Refrigerator	Yes .....1 No 0	
	j)	2.17	Haemoglobinometer	Yes .....1 No 0	
	k)	2.17	Test strips for urine	Yes .....1 No 0	
	l)	2.17	BMI growth charts for adolescents/youth	Yes .....1 No 0	
	m)	2.17	BMI calculation charts	Yes .....1 No 0	

No°		Standard &Criterion No°	QUALITY ASSESSMENT QUESTIONS	Observation & Code	Skip
	n)	2.17	Height meter	Yes .....1 No 0	
	o)	2.17	Ophthalmoscope set	Yes .....1 No 0	
	p)	2.17	Otoscope set	Yes .....1 No 0	
	q)	2.17	Latex gloves	Yes .....1 No 0	
	r)	2.17	Single-use standard disposable or auto-disposable syringes	Yes .....1 No 0	
	s)	2.16	Soap or alcohol-based hand rub for hand hygiene	Yes .....1 No 0	
	t)	2.17	Communication equipment /phone	Yes .....1 No 0	
	u)	2.17	Intercom facilities	Yes .....1 No 0	
	v)	2.17	Computer with email/internet access	Yes .....1 No 0	
7		2.16	**Check the minimum levels of stock for the following medicines and**		

No°		Standard &Criterion No°	QUALITY ASSESSMENT QUESTIONS	Observation & Code	Skip
			supplies in the facility/within institution.[2]		
	a)	2.16	Condoms	Yes .....1 No 0	
	b)	2.16	Oral contraceptive pills	Yes .....1 No 0	
	c)	2.16	Emergency contraceptive pills	Yes .....1 No 0	
	d)	2.16	Injectable contraceptives	Yes .....1 No 0	
	e)	2.16	Contraceptive implants	Yes .....1 No 0	
	f)	2.16	Intravenous fluids	Yes .....1 No 0	
	g)	2.16	Paracetamol	Yes .....1 No 0	
	h)	2.16	Antibiotics	Yes .....1 No 0	
	i)	2.16	Analgesics	Yes .....1 No 0	

No°		Standard &Criterion No°	QUALITY ASSESSMENT QUESTIONS	Observation & Code	Skip
	j)	2.16	MMN	Yes .....1 No 0	
	k)	2.16	Antidepressants	Yes .....1 No 0	
	l)	2.16	Drugs to manage common STI	Yes .....1 No 0	
	m)	2.16	Anthelmintic	Yes .....1 No 0	
	n)	2.16	Emergency tray	Yes .....1 No 0	
	o)	2.16	Omeprazole	Yes .....1 No 0	
	P)	2.16	Salbutamol	Yes .....1 No 0	
	Q)	2.16	Diazepam	Yes .....1 No 0	
	r)	2.16	Magnesium Sulphate	Yes .....1 No 0	
8			**Check for visual and auditory privacy features.**		

No°		Standard &Criterion No°	QUALITY ASSESSMENT QUESTIONS	Observation & Code	Skip
	a)	2.6 , 2.19	Area is adequately covered (e.g.: curtains on the doors and windows)	Yes .....1 No 0	
	b)	2.6, 2.19, 3.7	Communication between reception staff and visitors is private and cannot be overheard, including from the waiting room.	Yes .....1 No 0	
	c)	2.6, 2.19, 3,7	In the offices/examining rooms, there is a screen to separate the examination area from the consultation area.	Yes .....1 No 0	
	d)	2.6, 2.19, 3,7	No one can see or hear an adolescent/youth client from the outside during the consultation or counselling.	Yes .....1 No 0	
9		5.1	**Check to see the following registers, tools and records:**		
	a)	5.1	The register on service utilization has age, sex and cause specific data	Yes .....1 No 0	
	b)	5.1, 5.12, 5.6	The reporting forms also have a format for age, sex and cause specific data	Yes .....1 No 0	
	c)	5.1d	Stock of medicines and supplies register	Yes .....1 No 0	
	d)	5.1c	Referral register	Yes 1	

No°		Standard &Criterion No°	QUALITY ASSESSMENT QUESTIONS	Observation & Code	Skip
				No 0	
	e)	1.6, 5.1b	Register/records of accomplished outreach activities to inform adolescents/youth in community settings	Yes .....1 No 0	
	f)	1.5, 5.1b	Register/records of accomplished outreach activities to inform adolescents /youth and other community organizations about the value of providing health services to adolescents/youth	Yes .....1 No 0	
	g)	1.6, 5. 1b	Register/records of accomplished outreach activities to inform parents/guardians and teachers during school meetings about the value of providing health services to adolescents/youth	Yes .....1 No 0	
6		6.7	**Record(s) of formal agreements/partnerships with community organizations to develop health education and behaviour-oriented communications strategies and materials, and plan service provision**	Yes .....1 No 0	
	i)	5.6	Tools for facility self-assessment of the quality of adolescent/youth health care	Yes .....1 No 0	
	j)	5.4, 3,5	Tools for supportive supervision in adolescent/youth health care	Yes .....1 No 0	
	k)	5.13	Records/reports on accomplished self-assessments of the quality of	Yes 1	

No°		Standard &Criterion No°	QUALITY ASSESSMENT QUESTIONS	Observation & Code	Skip
			adolescent/youth health care	No 0	
	l)	3.5, 5.16	Records of accomplished supportive supervision visits focused on adolescent/youth health care	Yes .....1 No 0	
	m)	5.12	Reports to the district on age, sex and cause-specific service utilization by adolescents/youth	Yes .....1 No 0	
	n)	5.13	Reports to the district on quality of care that have a focus on adolescents/youth	Yes .....1 No 0	
10			**Check for confidentiality procedures and their application in practice.**		
	a)	2.6, 2.19	Information on the identity of the adolescent/youth and the presenting issue are gathered in confidence during registration.	Yes .....1 No 0	
	b)	2.6, 2.19	Adolescent/youth clients are offered anonymous registration if they wish.	Yes .....1 No 0	
	c)	5.9	The registration register has the name and code, but the service register has only the code (if anonymous registration is asked for).	Yes .....1 No 0	
	d)	5.9	Case records are kept in a secure place, accessible only to authorized personnel.	Yes .....1 No 0	
	e)	5.9	The registers are kept under lock and key outside operating hours.	Yes 1	

No°		Standard &Criterion No°	QUALITY ASSESSMENT QUESTIONS	Observation & Code	Skip
				No 0	
	f)	5.9	For electronically stored information, measures are applied to prevent unauthorized access.	Yes .....1 No 0	
11			**Check for guidelines and other decision support tools (e.g. job aids, algorithms) for information, counselling and clinical management in the following areas:**		
	a)	2.7	Normal growth and pubertal development	Yes .....1 No 0	
	b)	2.7	Pubertal delay	Yes .....1 No 0	
	c)	2.7	Precocious puberty	Yes .....1 No 0	
	d)	2.7	Mental health and mental health problems	Yes .....1 No 0	
	e)	2.7	Nutrition (including anemia)	Yes .....1 No 0	
	f)	2.7	Physical activity	Yes .....1 No 0	
	g)	2.7	Adolescent/youth-specific immunization	Yes .....1 No 0	

No°		Standard &Criterion No°	QUALITY ASSESSMENT QUESTIONS	Observation & Code	Skip
	h)	2.7	Menstrual hygiene and health	Yes .....1 No 0	
	i)	2.7	Family planning and contraception - oral contraceptive pills, IUDs, condoms, emergency contraceptive pills, implants, injectable contraceptives	Yes .....1 No 0	
	j)	2.7	Antenatal care and emergency preparedness, delivery and postnatal care	Yes .....1 No 0	
	k)	2.7	Reproductive tract infections/sexually transmitted infections	Yes .....1 No 0	
	l)	2.7	HIV	Yes .....1 No 0	
	m)	2.7	Sexual violence	Yes .....1 No 0	
	n)	2.7	Family violence	Yes .....1 No 0	
	o)	2.7	Bullying and school violence	Yes .....1 No 0	
	q)	2.7	Substance use and substance use disorders	Yes .....1 No 0	
	r)	2.7	Injuries	Yes 1	

No°		Standard &Criterion No°	QUALITY ASSESSMENT QUESTIONS	Observation & Code	Skip
				No 0	
	s)	2.7	Skin problems	Yes .....1 No 0	
	t)	2.7	Chronic conditions and disabilities	Yes .....1 No 0	
	u)	2.7	Endemic diseases Dengue	Yes .....1 No 0	
	v)	2.7	Common conditions during adolescence/youth (fatigue, abdominal pain, diarrhoea, headache)	Yes .....1 No 0	
12			**Check if the following information items <u>are displayed in the facility</u>.**		
	a)	2.5	The rights of adolescents/youth to information, non-judgmental attitude and respectful care	Yes .....1 No 0	
	b)	8.1	The policy commitment of the health facility to provide health services to all adolescents/youth without discrimination and to take remedial actions if necessary	Yes .....1 No 0	
	c)	2.4	The policy on confidentiality and privacy	Yes .....1 No 0	
13			**Check to see <u>training records/reports</u> for the following topics.**		
	a)	1.1b, 3.2	Communication skills to talk to adolescents/youth	Yes 1	

No°		Standard &Criterion No°	QUALITY ASSESSMENT QUESTIONS	Observation & Code	Skip
				No 0	
	b)	6.2, 6.6	Communication skills to talk to adult visitors and community members	Yes .....1 No 0	
	c)	3.3	The policy on privacy	Yes .....1 No 0	
	d)	3.3	The policy on confidentiality	Yes .....1 No 0	
	e)	3.4	Clinical case management of adolescent/youth health conditions	Yes .....1 No 0	
	f)	3.3	Orientation on the importance of respecting the rights of adolescents/youth to information and health care in a respectful, non-judgmental and non-discriminatory manner	Yes .....1 No 0	
	g)	5.2	Data collection, analysis and use for quality improvement in adolescent/youth health care	Yes .....1 No 0	
	h)	1.3, 1.7	Training of PHMM in adolescent/youth health care	Yes .....1 No 0	
	i)	7.4	Training of adolescents/youth in providing certain services (e.g. health education for peers, counselling)	Yes .....1 No 0	

No°		Standard &Criterion No°	QUALITY ASSESSMENT QUESTIONS	Observation & Code	Skip
14			**Check to see if there are the following guidelines:**		
	a)	4.5	Guidelines for which services should be provided in the facility	Yes .....1 No 0	
	b)	7.4	Guidelines for which services should be provided in the community	Yes .....1 No 0	
	c)	4.2	Referral guidelines	Yes .....1 No 0	
	d)	4.3	Policy for a planned transition from paediatric to adult care.	Yes .....1 No 0	
	e)	2.4	Guidelines on protecting the privacy and confidentiality of adolescents/youth	Yes .....1 No 0	
	f)	7.2	Guidelines on informed consent	Yes .....1 No 0	
	g)	2,1	Guidelines including staff responsibilities for making the health facility welcoming, convenient and clean	Yes .....1 No 0	
	h)	2.1	Guidelines on how to minimize waiting time	Yes .....1 No 0	
	i)	2.1	Guidelines on how to provide services to adolescents/youth with or without an	Yes 1	

No°		Standard &Criterion No°	QUALITY ASSESSMENT QUESTIONS	Observation & Code	Skip
			appointment	No 0	
	k)	8.1	Guidelines on equitable service provision to all adolescents/youth irrespective of their ability to pay, age, sex, marital status or other characteristics	Yes .....1 No 0	
	l)	5.3	Guidelines for self-monitoring of the quality of care provided to adolescents/youth	Yes .....1 No 0	
	m)	7.1	Guidelines on how to involve adolescents/youth in the planning, monitoring and evaluation of health services and service provision	Yes .....1 No 0	
	n)	8.4,8.6	Guidelines on how to involve vulnerable groups of adolescents/youth in the planning, monitoring and evaluation of health services and service provision	Yes .....1 No 0	
	o)	5.5	Guidelines on the reward for and recognition of highly performing staff	Yes .....1 No 0	
	p)	3.5	Guidelines on supportive supervision in adolescent/youth health care	Yes .....1 No 0	
	q)	3.5	Tools for supportive supervision in adolescent/youth health care	Yes .....1 No 0	

No°		Standard & Criterion No°	QUALITY ASSESSMENT QUESTION	Observation & Code	Skip
15			**Check the <u>availability of the following lists</u>.**		
	a)	6.3	Updated list of agencies and organizations with which the facility partners to increase community support for adolescent/youth use of services	Yes .....1 No 0	
	b)	6.3	Organizations from the health and other sectors (social, recreational, legal, etc.) providing services to adolescents/youth in the catchment area		
			[1] Legal advice/ aid in cases gender-based violence, sexual violence	Yes .....1 No 0	
			[2] Community health centers including for mental health	Yes .....1 No 0	
			[3] Rehabilitation Centers for substance use	Yes .....1 No 0	
			[4] People living with HIV/AIDS [PLWHA] networks	Yes .....1 No 0	
			[5] Youth networks and groups	Yes .....1 No 0	
			[6] Social service officers	Yes .....1 No 0	
			[7] Educational institutions	Yes 1	

			&employment agencies	No 0	
			[8] Religious & other community leaders	Yes .....1 No 0	
	c)	4.1	Services included in the package of information, counselling, treatment and care services to be provided to adolescents/youth	Yes .....1 No 0	
16		3.1	**Check if the job description of the following personnel is available AND has a focus on adolescent/youth health care.**		
	a)		Medical Officer	Yes .....1 No 0	
	b)		Nursing officer	Yes .....1 No 0	
	c)		PHMM	Yes .....1 No 0	
	d)		Counsellor	Yes .....1 No 0	
	e)		Other (please specify)	Yes .....1 No 0	

Notes for adaptation:

1. [1] Adjust the list according to national lists.

2. [2] The minimum level of stock depends on several factors, such as average monthly consumption, procurement period and supplier lead time. The facility manager and the pharmacist should know what are the minimum levels for each item in their facility; otherwise, a proxy value of medicines necessary for at least 10 clients could be used.

3. [3] The specific vaccines should be listed during the national adaptation of the tool, depending on the immunization schedule for adolescents, and the policies regarding the necessary stocks in primary care facilities.

ADOLESCENT/YOUTH CLIENT EXIT INTERVIEW TOOL

FACE SHEET

Interviewee Code: ____ ____ ____ ____

Designation: _____

Gender: Male.....1 Female.....2

Name of the facility: _____

Code: ____ ____ ____ ____

Address of the facility: _____

MOH area:_____

District:_____

Province: _____

Nearest tertiary care hospital:----------

Date of the interview:____ ____ / ____ ____ / ____ ____ ____ ____

Outcome of the Interview:

Completed..... 1

Partially completed.....2

Refused 3

Interviewed by: ----------

Time interview began:____ ____ : ____ ____

Time interview ended:____ ____ :____ ____

Name and signature of
supervisor:_____

_____

INTRODUCTION AND CONSENT

Consent form for parent(s)/guardian(s) accompanying adolescents less than 18 years of age

Hello,

My name is _____ and I work for the _____. We are conducting an assessment of the quality of care provided to adolescents in this facility on behalf of _____. I am interested in your son's/daughter's/ward's opinions, and I would like to talk to him/her about his/her experience using this health facility. For this I would like to ask him/her a few questions. This information will help to improve health services for adolescents. This interview will take about 20–25 minutes. I will not write down his/her name, and all the information he/she provides will be kept strictly confidential and not be shared with anyone else.

His/her participation in this survey totally depends on you and him/her. If you wish you may refuse to give us permission to interview your son/daughter/ward. If you decide your son/daughter/ward should not participate, it will not affect his/her access to services at this health facility in any way.

Do you have any questions?

May we begin?

The parent/guardian has given permission Yes.....1 No.....2

"All my questions were answered. I have understood and agree to give consent to the interview."

Signature/thumb impression/verbal consent of the parent/guardian:

ADOLESCENT CLIENT EXIT INTERVIEW TOOL

No°		Standard & Criterion No°	QUESTIONS FOR THE ADOLESCENT CLIENT EXIT INTERVIEW	Response & Code	Remarks
1		-	Is this your first visit to this facility?	First .....1 Repeat 2	
2		1	Did you notice any signboard in a language you understand that mentions the operating hours of the facility?	Yes .....1 No 0	
3		-	Today, if someone accompanied you, could you tell me who it was?	I came alone.....A Parent/guardian. B Sibling .....C Spouse.....D Friend ..... E Other (please specify). _____	If no Skip to Q5
4		3.7	If you were accompanied by another person, did you have some time alone with the healthcare provider?	Yes ..... 1 No 0	
5		6.9	Does your guardian (parent/spouse/ in-laws/other) support your using this health facility?	Yes ..... 1 No ..... 0 Don't know 8	
6		-	Today, for what services did you come to this facility?	_____	(Open ended … note exactly)

No°		Standard & Criterion No°	QUESTIONS FOR THE ADOLESCENT CLIENT EXIT INTERVIEW	Response & Code	Remarks
7		4.6	Today, did you get the services that you came for?	Yes ..... 1 No 0	
8		1.5	Did anybody tell you, today or on any other occasions, what other services you can obtain in this facility?	Yes ..... 1 No 0	If no Skip to Q 10
9		1.8	If Yes …. Could you tell me what (other) services are provided to adolescents/youth in this facility? (Probe to see if he/she can mention some services.)	Physical and pubertal development .....A Menstrual hygiene/ problems .....B Nutrition..... C Anaemia ..... D Immunization ..... E STIs .....F HIV .....G Oral contraceptive pills.....H Condoms .....I IUD.....J Emergency contraceptive pills.....K Implants .....L Injectables .....M Antenatal care .....N Safe delivery.....O Postpartum care.....P Unwanted pregnancy.....Q Post-abortion care....R Dermatological .....S Mental health.....T Substance use .....U Violence.....V Injuries.....W Fever ..... X Diarrhoea.....Y Malaria .....Z Tuberculosis ..... ZZ Other (please specify) _____	Code “yes” if at least 2 other services are named apart from the service he/she came for.

No°		Standard & Criterion No°	QUESTIONS FOR THE ADOLESCENT CLIENT EXIT INTERVIEW	Response & Code	Remarks
10		1.8	If one day you will need services that are not provided in this facility, do you know where to go, or whom to ask?	Yes ..... 1 No 0	
11	a)	2.3	Did you see informational materials for adolescents/youth, including video or TV, in the waiting area?	Yes ..... 1 No .....0 Don't know.....8	If No Skip to Q 12
	b)		Did you like the informational materials?	Yes ..... 1 No .....0 Don't know.....8	
12			**Today, when you visited the facility, did you find that it has:**		
	a)	2.11	Working hours that are convenient for you	Yes ..... 1 No 0	
	b)	2.18	A reasonably short waiting time *(Ask how long the client waited)*	Yes ..... 1 No 0	Code "yes" if the waiting time was 30 minutes or less.
	c)	2.19	Curtains in doors and on windows so that nobody can see you during the examination?	Yes ..... 1 No 0	
	d)	2, 2	Separate waiting area for adolescents and comfortable seating	Yes ..... 1 No 0	
	e)	2.6	Drinking water available	Yes 1	

No°		Standard & Criterion No°	QUESTIONS FOR THE ADOLESCENT CLIENT EXIT INTERVIEW	Response & Code	Remarks
				No 0	
13			**Were the following sufficiently clean?**		
	a)	2.19	Surroundings	Yes ..... 1 No 0	
	b)	2.19	Consultation areas	Yes ..... 1 No 0	
	c)	2.6	Toilets, which were functional	Yes ..... 1 No 0	
14	a)	2.5	Have you seen a display of your rights at this facility?	Yes ..... 1 No 0	
	b)	3.10	Can you tell me what your rights are? (Probe to see if he/she can mention some rights.)	Yes ..... 1 No ..... 0 Considerate, respectful and non-judgmental attitude.....A Respect for privacy during consultations, examinations and treatments .....B Protection from physical and verbal assault.....C Privacy .....D Confidentiality of information .....E	Code “yes” if at least 3 mentioned from the list provided.

No°		Standard & Criterion No°	QUESTIONS FOR THE ADOLESCENT CLIENT EXIT INTERVIEW	Response & Code	Remarks
				Non-discrimination…F Participation .....G Adequate & clear information ....H	
15			At this facility, have you seen a display, which mentions that services will be provided to all adolescents/youth without discrimination?	Yes ..... 1 No 0	
16			At this facility, have you seen a display of the confidentiality policy?	Yes ..... 1 No 0	
17			**Today, during your consultation or counseling session:**		
	a)	1.5	Did any service provider talk to you about how to prevent diseases and what to do to stay healthy?	Yes ..... 1 No 0	
	b)	1.5	Did the service provider inform you about the services available in the facility?	Yes ..... 1 No 0	
	c)	3.8	Did the service provider ask you questions about your home and your relationships with adults?	Yes ..... 1 No 0	
	d)	3.8	For school going adolescents, Did the service provider ask you	Yes ..... 1 No 0	

No°		Standard & Criterion No°	QUESTIONS FOR THE ADOLESCENT CLIENT EXIT INTERVIEW	Response & Code	Remarks
			questions about school?		
	e)	3.8	Did the service provider ask you questions about your eating habits?	Yes ..... 1 No 0	
	f)	3.8	Did the service provider ask you questions about sports or other physical activity?	Yes ..... 1 No 0	
	g)	3.8	Did the service provider ask you questions about sexual relationships? (Ask this question only from adolescents of an appropriate age)	Yes ..... 1 No 0	
	h)	3.8	Did the service provider ask you questions about smoking, alcohol or other substance use?	Yes ..... 1 No 0	
	i)	3.8	Did the service provider ask you questions about how happy you feel, or other questions about your mood or mental health?	Yes ..... 1 No 0	
	j)	3.2, 3.7	Did the service provider treat you in a friendly manner?	Yes ..... 1 No 0	
	k)	3.2, 3.7	Was the service provider respectful of your needs?	Yes ..... 1 No 0	
	l)	2.19	Did anyone else enter the room during your consultation?	Yes ..... 0 No 1	

No°		Standard & Criterion No°	QUESTIONS FOR THE ADOLESCENT CLIENT EXIT INTERVIEW	Response & Code	Remarks
	m)	2.19	Did the service provider assure you at the beginning of the consultation that your information would not be shared with anyone without your consent?	Yes ..... 1 No 0	
	n)	2.19	Do you feel confident that the information you shared with service provider today will not be disclosed to anyone else without your consent?	Yes ..... 1 No 0	
	o)	3.11	Do you feel that the health information provided during the consultation was clear and that you understood it well?	Yes ..... 1 No 0	
	p)	3.7 7.5 7.6	Did the provider ask you if you agree with the treatment/procedure/solution that was proposed?	Yes ..... 1 No 0	
	q)	3.7 7.5	Overall, did you feel that you were involved in the decisions regarding your care? (e.g. you had a chance to express your opinion or preference for the care provided, and your opinion was listened to, and heard?)	Yes ..... 1 No 0	

No°		Standard & Criterion No°	QUESTIONS FOR THE ADOLESCENT CLIENT EXIT INTERVIEW	Response & Code	Remarks
18	**a)**	-	**Today, did you have any contact with anyone from support staff (receptionist, cleaning staff, or security staff)?**	Yes ..... 1 No 0	
	b)	3.7	**Did you feel that support staff were friendly and treated you with respect?**	Yes ..... 1 No 0	
19		2.16	**Today, did you not get the services you wanted because of a lack of medicines or other materials?**	Yes ..... 0 No 1	
20		2.17	**Today, did you not get the services you wanted because of a lack of equipment, or because the equipment was not functioning?**	Yes ..... 0 No 1	
21	**a)**	8.5 8.7	**Today, were you denied necessary services at this health facility?**	Yes ..... 0 No 1	
	b)	8.7	**If yes, what do you think was the reason for the denial?**	Age below 18……A Unmarried ..... B Not in school .....C Unavailable in the facility.....E The condition needs referral ....F Other (please specify……G	

No°		Standard & Criterion No°	QUESTIONS FOR THE ADOLESCENT CLIENT EXIT INTERVIEW	Response & Code	Remarks
	c)		**Which services were denied/refused/not referred?**	Nutritional .....A Anaemia .....B Immunization .....C Menstrual hygiene / problems .....D RTI and STI .....E HIV .....F Oral contraceptive pills.....G Condom .....H IUD.....I Em. Contra. Pills.... J Implants .....K Injectables .....L Medical abortion/ menstrual regulation/ surgical abortion.....M Post-abortion care…N Antenatal care .....O Postnatal care .....P Dermatological .....Q Mental health.....R Substance use .....S Sexual violence.....T Other (please specify) .....U	

No°		Standard & Criterion No°	QUESTIONS FOR THE ADOLESCENT CLIENT EXIT INTERVIEW	Response & Code	Remarks
				_____	
22	**a)**	4.8	**Today, has any service provider referred you to another health facility/provider for services not provided here?**	Yes ..... 1 No 0	If No skip to 23
	b)	4.8	**Did the provider give you a detailed referral note (stating the health condition, address of the referral, working hours and cost of services)?**	Yes ..... 1 No 0	
23		7.9	**Today, or in any other occasions, were you or your friends approached to help staff in working with adolescents/youth in this adolescent/youth clinic/ health facility?**	Yes ..... 1 No 0	
24		7.4	**Today, or in other occasions, were you or your friends approached to help facility staff in planning health services, or any activity to improve the quality of services such as surveys, participating in meetings to discuss the quality of care, or any other?**	Yes ..... 1 No 0	
25	**a)**	Out put 1.8	**What do you know about anaemia?**	Nothing .....0 Satisfactory answer (yes).....1 Less haemoglobin in	Code “yes” if at least 2 items from the list were

No°		Standard & Criterion No°	QUESTIONS FOR THE ADOLESCENT CLIENT EXIT INTERVIEW	Response & Code	Remarks
				blood.....A It leads to: Weakness/tiredness..... .....B Loss of appetite.....C Repeated illness ..D Slow growth and stunting .....E Other (please specify)....F _____	named.
	b)	Out put 1.8	**Do you know how to prevent anaemia?** **If yes, how to prevent anaemia?**	Yes ..... 1 No ..... 0 Iron and folic acid tablets .....A Eat leafy greens ...B Eat vegetables.....C Eat meat and liver.....D Drink milk .....E Eat eggs.....F Have a balanced diet.....G Other (please specify) ... H _____	Code "yes" if at least 2 items from the list were named.
26	**a)**	Out put 1.8	**Can you name any health or other consequences of getting married very young?**	Yes ..... 1 No ..... 0 Dropping out of school.....A Early childbirth... B More prone to sexually transmitted diseases.....C Other (please specify)....	Code "yes" if at least 2 items from the list were named.

No°		Standard & Criterion No°	QUESTIONS FOR THE ADOLESCENT CLIENT EXIT INTERVIEW	Response & Code	Remarks
				……..D	
	b)	Out put 1.8	**Can you name any health consequences of having a baby at a young age?**	Yes ..... 1 No ..... 0 Anaemia .....A Babies with low birth weight .....B Death of the mother.....C Difficult labour.....D Preterm birth ..... E Death of the baby…F Other (please specify) .....G _____	Code "yes" if at least 2 items from the list were named.
27	a)	1.8 Out put	**(Ask clients above 15 years only)** **Do you know what is the minimum number of check-ups that a pregnant woman should get?**	Correct answer..... 1 Doesn't know or incorrect answer.....0	The recommended minimum number of check-ups is 9 visits[2].
	b)	1.8 Out put	**(Ask clients above 15 years only)** **Do you know where an adolescent girl/youth can go for such check-ups?**	Correct answer.....1 Doesn't know incorrect answer.....0 Possible answers: Government hospital…… ……A Adolescent/youth clinic..... ……B	Code "correct answer" if at least 1 type of facility in line with national policy was named[3]

No°		Standard & Criterion No°	QUESTIONS FOR THE ADOLESCENT CLIENT EXIT INTERVIEW	Response & Code	Remarks
				MOH clinic.....C Field clinic-.....D Public health midwife ...E Private hospital ...F Other (please specify) ...G	
28	**a)**	1.8 Out put	**Ask clients above 15 years only)** **Can you name any methods of contraception?**	Yes ..... 1 No ..... 0 Condom .....A Oral contraceptive pills.....B Emergency contraceptive pills.....C IUD .....D Injectables .....E Implants .....F Abstinence .....G LAM .....H Standard Days Method.....I Withdrawal .....J Others (please specify) ...K _____	If No Skip to Q 29 Code "yes" if at least 3 methods from the list, with at least 2 modern contraceptives, were named.
	b)	1.8	**Ask clients above 15 years only)** **Do you think you could get one if you needed it?**	Yes ..... 1 No 0	
	c)	1.8 Out put	**Ask clients above 15 years only)** **Have you heard about emergency**	Yes ..... 1 No 0	If No skip to 29

No°		Standard & Criterion No°	QUESTIONS FOR THE ADOLESCENT CLIENT EXIT INTERVIEW	Response & Code	Remarks
			contraceptive pills?		
	d)	1.8 Out put	Ask clients above 15 years only) Do you know what they are used for? (Probe for how they are used.)	Yes ..... 1 No ..... 0 To stop a pregnancy from happening .....1 Other (please specify) _____	
	e)	1.8	Ask clients above 15 years only) Do you think you could get them if you needed them?	Yes ..... 1 No 0	
29	**a)**	1.8 Out put	**Ask clients above 15 years only)** **Have you heard about condoms?**	Yes ..... 1 No 0	If No skip to Q 30
	b)	1.8 Out put	**Ask clients above 15 years only)** **Could you tell me why a condom is used?**	Yes ..... 1 No ..... 0 For preventing pregnancy ..... A Preventing HIV or other sexually transmitted infections ..... B Other (please specify) ..... C _____	Code "yes" if both pregnancy and STI prevention is mentioned.
	c)	1.8 Out put	**Ask clients above 15 years only)** **If you or your friends would need a condom,**	Yes ..... 1 No ..... 0 Pharmacy .....A Pharmacy in a	Code "yes" if at least one place is mentioned.

No°		Standard & Criterion No°	QUESTIONS FOR THE ADOLESCENT CLIENT EXIT INTERVIEW	Response & Code	Remarks
			can you tell me where to get one?	supermarket……B Govt. Hospital /Clinic/ MOH clinic Private Hospital/ Clinic/Family Planning Centre …..D Family planning association.....E Youth Friendly Health Service Centre……F Public health midwife……G Peer educator.....I Other (specify) .....J	
	d)	1.8	**Ask clients above 15 years only)** **Do you feel you could get a condom if you needed one?**	Yes ..... 1 No ..... 0 Don't know.... 8	
30	**a)**	1.8 Out put	**Have you heard of HIV?**	Yes ..... 1 No ..... 0 Don't know….8	If No Skip to Q 31
	b)	1.8 Out put	**Could you please answer the following questions on HIV?**	Yes ..... 1 No ..... 0 Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners?.....A Can a person reduce the risk of getting HIV by using a condom every time they	Code "yes" if all five questions are answered correctly.

No°		Standard & Criterion No°	QUESTIONS FOR THE ADOLESCENT CLIENT EXIT INTERVIEW	Response & Code	Remarks
				have sex?.....B Can a healthy-looking person have HIV? ..... C Can a person get HIV from mosquito bites?.....D Can a person get HIV by sharing food with someone who is infected? .....E	
	c)	1.8	**If you would want to get tested for HIV would you be able to get tested?**	Yes ..... 1 No ..... 0 Don't know 8	
31		1.8 Out put	**If an adolescent/youth in your locality had an unwanted pregnancy, would they know where to go for medical advice?**	Yes ..... 1 No ..... 0 Don't know 8	
32		1.8 Out put	**(Ask girls only.)** **Do you know what care to take each month during the menstrual cycle?**	Yes ..... 1 No ..... 0 Daily shower .....A Use soft and clean cloth/sanitary pads .....B Wash cloth with soap and water ...C Dry cloth in sunlight ..... D Store cloth in a clean	Code "yes" If at least two Items from the list were named

No°		Standard & Criterion No°	QUESTIONS FOR THE ADOLESCENT CLIENT EXIT INTERVIEW	Response & Code	Remarks
				place.....E Use sanitary napkins.....F How to dispose of sanitary napkins.....G Other (please specify) ... H _____	
33	**a)**	1.8 Out put	**(Ask above 15 years only)** **Have you ever heard of diseases that can be transmitted through sexual intercourse?**	Yes ..... 1 No ..... 0 Don't know 8	If No Skip to Q 34
	b)	1.8 Out put	**(Ask above 15 years only)** **Do you know any symptoms of sexually transmitted infections?**	Yes ..... 1 No ..... 0 Abdominal pain (only in women) ..A Genital discharge.. B Foul smelling discharge .....C Burning pain on urination ..... D Genital ulcers/sores..... E Swelling in the groin area .....F Other (please specify) .....G _____	Code "yes" If at least two Symptoms from the list were named

No°		Standard & Criterion No°	QUESTIONS FOR THE ADOLESCENT CLIENT EXIT INTERVIEW	Response & Code	Remarks
	c)	1.8 Out put	**If you or someone of your age had these problems, would you know where to go for check-up and treatment?**	Yes ..... 1 No ..... 0 Self-treat.....A Traditional healer.....B Adolescent/youth clinic.....C Government facility.....D Private hospital… E General practitioner.....F Public health midwife.....G MOH.....H Other (please specify) .....G _____	
34	**a)**	-	**Do you have any ideas on how adolescents/youth could get more involved in planning, designing and implementing good quality health care in this community?**	Yes..... 1 No 0	If No *End the interview with thanks*
	b)	-	**Can you please share your ideas with us?**	_____ _____ _____ _____	.
End the interview with thanks.					

Notes for adaptation:

4. [1] The appropriate age will be decided during the national adaptation, and it should be based on local statistics regarding the age of sexual initiation.

5. [2] Adapt according to the country policies; the WHO-recommended minimum number of antenatal visits is four.

6. [3] Adapt list according to the country policies.

SUPPORT STAFF INTERVIEW TOOL

FACE SHEET

Interviewee Code: ____ ____ ____ ____

Designation: _____

Gender: Male.....1 Female.....2

Name of the facility: _____

Code: ____ ____ ____ ____

Address of the facility: _____

MOH area:_____

District:_____

Province: _____

Nearest tertiary care hospital:----------

Date of the interview:____ ____ / ____ ____ / ____ ____ ____ ____

Outcome of the Interview:

Completed..... 1

Partially completed.....2

Refused 3

Interviewed by: ----------

Time interview began:____ ____ : ____ ____

Time interview ended: ____ ____ :____ ____

Name and signature of
supervisor:_____
_____

INTRODUCTION AND CONSENT

Consent form for support staff

Hello,

My name is _____ and I work for the _____. We are conducting an assessment of the quality of care provided to adolescents in this facility on behalf of _____. I would like to ask you some questions. This information will help to improve the quality of health care for adolescents/youth in (the district, country) _____. The interview will require about 10–15 minutes. All the information that you will provide in the interview will be kept confidential and not shared with anyone else. This survey is anonymous and the questionnaire will not be seen by anyone not involved in the survey analysis. Your participation in this review process is voluntary. You may decide not to participate in this interview or not to answer some of the questions.

Do you have any questions? May we begin?

Interviewee has agreed to participate Yes.....1 No.....2

Permission for observation is available Yes.....1 No.....2

Signature/thumb impression/verbal consent of the interviewee:

_____

_____

SUPPORT STAFF INTERVIEW TOOL

No°		Standard & Criterion No°	Questions for support staff	Response & Code	Remarks
1		-	For how long you have been working at this health facility?	____ ____ / ____ Years Months	
2		-	What are you responsible for at this facility?	Receptionist ……A Secretary ……..B Cleaning staff …….C Security ……..D Health Assistant…..E Other (please specify) ……	
3		-	For how long you have been working in this position?	____ ____ / ____ ____ Years Months	
4		-	Are health services for adolescents/youth being provided in this health facility?	Yes…….. 1 No ……..0 Don't know……8	
5		3.2	Have you received any training in providing services to adolescents/youth?	Yes…….. 1 No ……..0	
6			Have you received any training/orientation on the following topics:		

No°		Standard & Criterion No°	Questions for support staff	Response & Code	Remarks
	a)	3.2	How to communicate effectively with adolescent/youth clients?	Yes..... 1 No 0	
	b)	3.2	What are the special needs of adolescent/youth clients?	Yes..... 1 No 0	
	c)	3.3	The importance of having the same friendly attitude towards all adolescents/youth irrespective of their age, sex, marital status, schooling, race/ethnicity, sexual orientation or other?	Yes..... 1 No 0	
	d)	3.3	The importance of respecting the rights of adolescents/youth to information, privacy, confidentiality, and respectful care?	Yes..... 1 No 0	
7		5.10	Does your supervisor ever discuss your roles and responsibilities with you?	Yes..... 1 No 0	
8		3.5	Does your supervisor regularly provide supportive supervision to you for your work?	Yes..... 1 No 0	
9		5.8	Did you ever participate in facility meetings to discuss the quality of the services to adolescents and plan actions for improvement?	Yes..... 1 No 0	
10			Have you ever participated in meetings where you discussed with your		

No°		Standard & Criterion No°	Questions for support staff	Response & Code	Remarks
			manager and colleagues:		
	a)	2.15	How to make operating hours convenient for adolescents/youth?	Yes..... 1 No 0	
	b)	2.15	How to minimize waiting time?	Yes..... 1 No 0	
	c)	2.15	How to keep the facility welcoming and clean?	Yes..... 1 No 0	
	d)	2.15	How to provide services to adolescents/youth with or without an appointment?	Yes..... 1 No 0	
11	a)	5.7	Did you ever participate in a facility self-assessment of the quality of care provided to adolescents/youth?	Yes..... 1 No 0	
	b)	5.14	Do you feel you have enough support from your supervisor to improve the quality of care for adolescents/youth?	Yes..... 1 No 0	
	c)	5.14	Do you feel you have the motivation to improve the quality of care for adolescents/youth, and to comply with quality standards?	Yes..... 1 No 0	
12	a)	5.11	Have you, or any of your colleagues, ever been rewarded for high performance?	Yes..... 1 No 0	If No, Skip to Q 13

No°		Standard & Criterion No°	Questions for support staff	Response & Code	Remarks
	b)	-	If yes, what was the form of recognition?	Performance incentives (monetary .....A Certificate .....B Award, such as Best performer of the month .....C Other (specify).....D _____	Continue with Q 13
13		2.15	Can adolescents/youth have a consultation without an appointment?	Yes..... 1 No .....0 Don't know.....8	
14		5.1	Is there a separate register for the registration of adolescents/youth?	Yes..... 1 No .....0 Don't know.....8	
15		5.1	If there is no separate register, are there separate columns for registering adolescents/youth in the common register?	Yes..... 1 No .....0 Don't know.....8	
16		2.14	During the registration of adolescents/youth, can anyone else overhear your conversation?	Yes..... 0 No .....1 Don't know.....8	
17		3.7	Do you think it is OK to tell the parents or teachers of an	Yes..... 0	

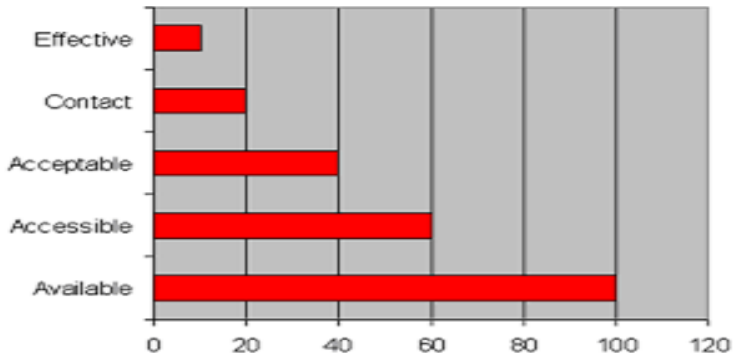
No°		Standard & Criterion No°	Questions for support staff	Response & Code	Remarks
			adolescent/youth client about the problem he/she came to the facility with, without the adolescent knowing?	No .....1 Don't know.....8	
End the interview with thanks.					

COVERAGE ASSESSMENT TOOL

FOR HEALTH SERVICES FOR ADOLESCENTS AND YOUTHS

Background

The levels of coverage to be assessed are illustrated in the Tanahashi Framework [1] in **Figure 1**,



Tanahashi framework for measuring coverage of health services

Accessibility, Acceptability and **Contact Coverage** are measured through community based surveys (household or school settings). The current questionnaires are organized for face-to-face interviews, with adolescents in community-level settings for data collection.

Coverage	Definition	Assessment Method
Availability coverage	Percentage of the population of adolescents for whom the service or intervention is available	Mapping service delivery points, and estimating the population of adolescents served in the catchment area.
Accessibility coverage	Percentage of the adolescent population who are willing to use the services and who liked the service after use.	Data is collected through community based surveys (household or school settings) in face-to-face interviews, with adolescents.
Contact coverage	Percentage of the adolescent population who actually use the service.	Data is collected through community based surveys (household or school settings) in face-to-face interviews, with adolescents.
Effectiveness coverage	Percentage of the population who receive effective services.	**NOTE:** Data on Effectiveness coverage is determined by monitoring the quality of service delivery at the facility level.

ADOLESCENT & YOUTH FRIENDLY HEALTH SERVICES

COVERAGE ASSESSMENT TOOL

FOR USE WITH MALE AND FEMALE RESPONDENTS (ages 10-14, 15-19, 20-24)

Gender of the respondent: .....

Age of the respondent: .....

Address of the facility: ……

Date of the interview: **/ /**

Result of the interview:

Completed 1

Partially completed 2

Not completed (reason…….)3

Refused 4

Interviewed by:…….

Start time: **End time:**

INFORMED CONSENT

Introduction and consent

Hello, I am _____, from _____ (organization).

Purpose of the Interview

The Ministry of Health (MoH) is conducting a comprehensive assessment of the Adolescent/Youth Friendly Health Services (AYFHS) to determine the quality, achievements, and challenges of AYFHS programme in Sri Lanka. The results of this assessment will guide future AYFHS programming in Sri Lanka.

Your participation

You are being invited to take part in the study. You were identified as a possible participant because you meet the age criterion. We will keep your identity completely private and confidential. The interview will take up to one hour. You will be asked questions on issues related to AYFHS, particularly your use of AYFHS, challenges faced, and your opinions on what could be done to improve adolescent/youth friendly services. Your opinion is very important. There are no right or wrong answers.

Voluntary participation and withdrawal

You are free to choose whether or not to take part in this study. If you choose not to take part, you will not be negatively affected in any way. If you choose to participate, you may stop at any time without any penalty. You are also free to choose to not answer particular questions that are asked during the interview.

Risks and discomforts

We do not anticipate any risks or discomfort for taking part in this study. However, if for any reason you think that you may become upset by being involved in the study, please feel free to not participate. If you choose to take part, and if you feel uncomfortable about any question, or are troubled by things that are asked, please feel free to not answer.

Benefits of the study

There are no costs to you for participating in this study other than the time you will spend for the interview. There are no personal benefits either. However, the findings will be used to develop strategies to improve future adolescent and youth friendly health service programming.

Confidentiality

We will protect all information about you and your participation in this study to the best of our ability. We will not take your name. If the results of this study are published, you will not be named in any reports.

Contacts and Questions
The assessment team includes

…….

You may ask any questions you have now. If you have any questions later, you may contact the following on behalf of the team:

[Interviewer asks if the respondent has any questions and provides the necessary clarification before proceeding with the informed consent].

Would you be willing to participate?"

_____

(Signature of interviewer certifying that informed consent has been given verbally by respondent)

ADOLESCENT IN COMMUNITY/SCHOOL INTERVIEW TOOL

SECTION 1: Demographic Information

	Questions	Response & code	Skip to
D1	How old are you? (Write in completed years)	Age ☐☐	
D2	Sex of interviewee/respondent	Male ..... 1 Female.....2	
D3a	What is your ethnicity	Sinhala ……1 Tamil ……..2 Muslim……3 Others……4 (specify)……	
D3b	What is your religion?	Buddhist.....1 Hindu.....2 Islam……..3 Christian.....4 Other - specify.....9 None……0	
D4	With whom do you live?	Alone ……..1 With family/parents……2 With grandparents/Relatives…3 With friends……4 With husband/wife……5 With sexual partner/girlfriend/boyfriend…….6 Other (specify)……7	D5 D6
D5	Have you *ever* been married/lived with a sexual partner?	Yes ……1 No…….2	If no, skip to Q

	Questions	Response & code	Skip to
		No response.....8	D7
D6	How old were you when you first got married/started living with a sexual partner?	Age in years [__|__] Don't know…… 8 No response…… 99	
D7	Are you currently	Single…….....1 In a relationship ……2 Married .....3 Separated.....4 Divorced .....5 Widowed.....6 Other(specify)……..7	
D8	(Adolescents only) Are you currently attending school?	Yes.....1 No.....2 Never been to school.....3	If answer is No skip to D9a
D8b	In which class are you in at present?	……	Go to D10
D9a	What is the <u>highest level</u> of education level you have finished?	PRIMARY……1 Class……..... SECONDARY……. 2 Class ..... VOCATIONAL……3 UNIVERSITY…… 4	
D9b	Why did you stop attending school?	(Reason) _____	

	Questions	Response & code	Skip to
D10	Do you work?	Yes……..1 No…….0 No response…… 8	If No Go to next section
D10a	Why do you work? (more than one response):	Need the money ……..1 To have Autonomy……..2 For pleasure……3 Other (specify) ……4	
D10b	What do you do?		

SECTION 2: Awareness and Utilization of Youth Friendly Health Services

	Type of coverage	Stan dard	Question to adolescent in the community	Response & code	Skip to
C1	Accessibility Coverage	2.15	Does your work/study schedule affect your access to health services?	Yes.....0 No..... 1 No response.... 8	If no or 8 skip to Q C3
C2	Accessibility Coverage	2.18	How does your work/study schedule affect your access to health services?	Open response – record:	
C3	Accessibility Coverage	1.8	Do you know where in your locality, health services are being provided to adolescents/young people?	Yes.....1 No..... 0 No response....8	If no or 8 skip to QC5
C4	Accessibility Coverage,	1.8	Where are health services being provided?	…… ……	

	Type of coverage	Stan dard	Question to adolescent in the community	Response & code	Skip to
C5	Accessibility Coverage	1.8	Have you ever heard of adolescent/youth friendly health services?	Yes.....1 No..... .....0 Don't know..... 9 No response 8	If 0, 9 or 8 skip to QC7
C6	Accessibility Coverage	1.8	Do you know of any place in your locality where adolescent/youth friendly health services are offered (that is a youth friendly health service delivery point)?	Yes.....1 No..... .....0 Don't know..... 9 No response 8	
C7	Accessibility Coverage	1.8	Have you heard about (name of selected health facility)?	Yes.....1 No..... .....0 Don't know..... 9 No response 8	If 0, 9 or 8 skip to QC15
C8	Accessibility Coverage	1.8	Do you know whether adolescent/youth friendly health services are provided from (name of selected as in C7) health facility?	Yes.....1 No..... .....0 Don't know..... 9 No response 8	If 0, 9 or 8 skip to QC15
C9	Accessibility Coverage	1.5 1.6 6.7 6.8	From whom did you hear that adolescent/youth friendly health services are being provided at this health facility? (More than one answer is	Peer/friend .....A Brother/sister.....B Father/mother.....C School .....D Pharmacy.....E Hospital Doctor.....F	

	Type of coverage	Stan dard	Question to adolescent in the community	Response & code	Skip to
			possible)	MOH……G Public health midwife……H Public Health inspector…… I Youth Organization ……J Religious leader……K Printed advertisement…….L Internet……M No one (found out myself).....N Other .....O (Specify)	
C10	Accessibility Coverage	1.6 6.1 6.7	Were you provided with any printed material containing information about AFHS/ YFHS by them?	Yes……1 No…… …….0 Don't know..... 9 No response 8	
C11	Accessibility Coverage		When did you first learn about adolescent/youth friendly health services?	Years ago |___|___| Months ago |___|___| Weeks ago	

	Type of coverage	Stan dard	Question to adolescent in the community		Response & code	Skip to
					|___|___| Days ago |___|___| During this interview|___|___| Don't know can't remember 98	
C12	Accessibility coverage	1.8	Do you know what services are offered at the adolescent/youth friendly health facility? Yes..... 1 No..... 0 Don't know..... 9 No response 8			If 0, 9 or 8 Go to C13
	Accessibility coverage	1.8	Services related to physical and mental development	Unprompted Column 1 Yes.....1 No response… 8 (Go to column 2)	Prompted Column 2 Yes.....1 No..... 0 Don't remember...7 No response 8	

	Type of coverage	Stan dard	Question to adolescent in the community		Response & code	Skip to
	Accessibility coverage	1.8	Services related to nutritional problems	Yes.....1 No response... 8 (Go to column 2)	Yes.....1 No..... 0 Don't remember...7 No response 8	
	Accessibility coverage	1.8	Services related to STI/RTI	Yes.....1 No response. 8 (Go to column 2)	Yes.....1 No..... 0 Don't remember...7 No response 8	
	Accessibility coverage	1.8	Services related to HIV	Yes.....1 No response… 8 (Go to column 2)	Yes.....1 No..... 0 Don't remember...7 No response 8	
	Accessibility coverage	1.8	Services related to family planning	Yes.....1 No response… 8 (Go to column 2)	Yes.....1 No..... 0 Don't remember...7 No response 8	
	Accessibility coverage	1.8	ANC services	Yes.....1 No response… 8 (Go to column 2)	Yes.....1 No..... 0 Don't remember...7 No response 8	

	Type of coverage	Stan dard	Question to adolescent in the community		Response & code	Skip to
	Accessibility coverage	1.8	Services related to substance abuse	Yes.....1 No response. 8 (Go to column 2)	Yes.....1 No..... 0 Don't remember...7 No response 8	
C13	Accessibility coverage	1.8	Do you know the types of contraceptive methods that can be obtained at a youth friendly health services delivery point?		Yes.....1 No..... 0 Don't remember...7 No response 8	
C14	Accessibility coverage	1.8	What contraceptive methods can be obtained? (more than one answer is acceptable)		Oral contraceptive pill……1 IUD ……..2 Injectables……..3 Implants……4 Male condom……5 Emergency contraception……6 Other (specify)……7 ……	

	Type of coverage	Stan dard	Question to adolescent in the community	Response & code	Skip to
C15	Accessibility coverage		(In terms of age and sex), who do you think can obtain adolescent/youth friendly health services? Age, Sex	Open ended …….. *Probing* Male 10-14.....A Female 10-14. .....B Male 15-19. .....C Female 15-19 .....D Male 20-24. .....E Female 20-24. .....F All above……G Other (Specify).....H ..... Don't know. .....9 No response.....8	
C16	Accessibility Coverage	6.1 6.7	Have you noticed any advertisements providing information about health services for adolescents/young people?	Yes.....1 No..... 0 Don't know. .....9 No response 8	If 0,9,or 8 skip to Q C18a
C17	Accessibility Coverage		Where were these advertisements provided	Through internet…K At a physical location ……..L Print advertisement…… P	

	Type of coverage	Stan dard	Question to adolescent in the community	Response & code	Skip to
C18 a	Accessibility Coverage	1.6	Has your school ever given you any information about the availability of health services for adolescents /youth?	Yes.....1 No..... 0 Don't know. .....9 No response 8	
C18 b	Accessibility Coverage	1.6	Has any youth organization/ NGO /health club ever given you any information about the availability of health services for adolescents /youth?	Yes.....1 No..... 0 Don't know. .....9 No response 8	
C18 c	Accessibility Coverage	6.7	Have you ever received any information from religious leaders about the availability of health services for adolescents/youth?	Yes.....1 No..... 0 Don't know. .....9 No response 8	
C18 d	Accessibility Coverage	6.7	Have you ever come across any advertisement in (digital media) the newspaper or (printed media) magazine with information about availability of health services for adolescents/youth?	Yes.....1 No..... 0 Don't know. .....9 No response 8	
C19 a	Acceptability coverage	1.8	If you have a health concern, would you be willing to visit such youth friendly health services?	Yes.....1 No..... 0 Don't know. .....9 No response 8	
C19 c.	Acceptability coverage	6.9	If you have a health concern, would your friends support you to visit such youth friendly health	Yes.....1 No..... 0	

	Type of coverage	Stan dard	Question to adolescent in the community	Response & code	Skip to
			services?	Don't know. .....9 No response 8	
C19 d.	Contact Coverage	1.8	Have you visited any adolescent and youth friendly health service center(Yowun Piyasa)?	Yes.....1 No..... 0 Don't know. .....9 No response 8	If 0,9,or 8 skip to Q 20
C19 e.	Contact Coverage	1.8	In the past one year, have you visited any adolescent and youth friendly health service center(Yowun Piyasa)?	Yes.....1 No..... 0 Don't know. .....9 No response 8	
C20 a.	Contact Coverage	1.8	In the past one year, have you visited any health provider for health concern?	Yes.....1 No..... 0 Don't know. .....9 No response 8	If 0,9,or 8 skip to Q C47
C20 b	Contact Coverage		What was the profession of this health provider?	(prompted list) Doctor .....A Nurse .....B Midwife .....C Other (specify)..... 8	
C21 b	Contact Coverage		For this last visit, what type of health facility was this health service provider attached to:	Government Hospital..... A	

	Type of coverage	Stan dard	Question to adolescent in the community	Response & code	Skip to
			(Only Circle the categories that are relevant)	Private Hospital ….B Government Dispensary……. C MOH clinic……. D Private clinic……. E Other (Specify)……F	
C22	Contact Coverage	4.8	What services did you seek when you last visited this health facility? (More than one answer is acceptable)	Services for: Physical and mental development.....A Nutritional problems……B Family planning/ contraception……..C ANC……D STI/RTI.....E HIV/AIDS.....F Substance Abuse.. G Psychological problem……..H General services ...I Other (specify)…….J	
C23	Acceptability Coverage	3.10	Did you feel comfortable/confident to ask the health service provider about your health concern ?	Yes.....1 No……. 0 Don't know. ……..9	

	Type of coverage	Stan dard	Question to adolescent in the community	Response & code	Skip to
				No response 8	
C24	Acceptability Coverage	3.7	Did you feel that the health service provider listened with interest to what you had to say?	Yes.....1 No..... 0 Don't know. .....9 No response 8	
C25	Acceptability Coverage	1.5 3.11	Do you feel that the health service provider gave you information in a clear and simple way?	Yes.....1 No..... 0 Don't know. .....9 No response 8	
C26	Acceptability Coverage	3.7 2.20	Did anyone enter the room while your consultation with the service provider was going on, not respecting your privacy?	Yes.....0 No..... 1 Don't know. .....9 No response 8	
C27	Acceptability Coverage	3.7 2.20	Do you feel that the health service provider may discuss the results of your consultation with other people, without your knowledge?	Yes.....0 No..... 1 Don't know. .....9 No response 8	
C28	Acceptability Coverag	3.7 2.20	Do you feel that any test results may be shared with other people without your knowledge?	Yes.....0 No..... 1 Don't know. .....9 No response 8	

	Type of coverage	Stan dard	Question to adolescent in the community	Response & code	Skip to
				N/A (no tests done).....7	
C29	Acceptability Coverage	3.7 3.10	Did the health service provider refuse to provide any services to you?	Yes.....0 No..... 1 Don't know. .....9 No response 8	If 0,9 or 8 skip to QC34
C30	Acceptability Coverage	4.6	If so, what were the health services the health service provider refused to provide to you? (More than one answer is acceptable)	Contraception.....A Condoms.....B STI testing.....C Pregnancy testing.....D Pregnancy termination.....E Emergency contraceptives.....F HIV counseling and testing.....G Other (specify).....X	
C31	Acceptability Coverage		Why were they denied these services? A link to 8, 7 B link to 8, 7 C link to 8, 7	Under-age.....A Unmarried.....B Belonging to a particular group.....C Unavailability of Medicines, Supplies	

	Type of coverage	Stan dard	Question to adolescent in the community	Response & code	Skip to
			D link to 2.21 E links 4.7	or equipment ……D The condition needed referral.....E Other (Specify) ……X Don't know……..9	
C32	Acceptability Coverage	3.10	Did any staff from this health facility treat you with disrespect and /or rude behaviour and/or badly in any other way?	Yes.....0 No…..... 1 Don't know. .....9 No response 8	If 0,9 or 8 skip to QC34
C33	Acceptability Coverage		Could you tell me who this was? (More than one answer is acceptable)	Doctor..... A Nurse.....B Counsellor.....C Lab technician.....D MOH ……..E PHM ……F PHI ……G Staff at the reception counter……H Other	

	Type of coverage	Stan dard	Question to adolescent in the community	Response & code	Skip to
				staff.....I (Specify)	
C34	Acceptability Coverage	3.9 3.10	Overall were you satisfied with the services you received during your last visit to a AYFHS facility	Yes.....1 No..... 0 Don't know. .....9 No response 8	
C35	Acceptability Coverage	2.19	On the day that you last received services, did you find the surroundings of the health facility to be clean?	Yes.....1 No..... 0 Don't know. .....9 No response 8	
C36	Acceptability Coverage	2.19	On that day, did you find the reception area in the clinic to be clean?	Yes.....1 No..... 0 Don't know. .....9 No response 8	
C37	Acceptability Coverage	2.19	On that day, did you find the waiting area clean?	Yes.....1 No..... 0 Don't know. .....9 No response 8	
C38	Acceptability Coverage	2.19	On that day, did you find the consultation-examination area clean?	Yes.....1 No..... 0 Don't know. .....9 No response 8	

	Type of coverage	Stan dard	Question to adolescent in the community	Response & code	Skip to
C39	Acceptability Coverage	2.6	On that day, did you find the toilets of the health facility clean?	Yes.....1 No..... 0 Don't know. .....9 No response 8	
C40 a	Acceptability Coverage	2.6	On that day, did you find adequate light in the health facility?	Yes.....1 No..... 0 Don't know. .....9 No response 8	
C40 b	Acceptability Coverage	2.6	On that day, did you find adequate ventilation in the health facility?	Yes.....1 No..... 0 Don't know. .....9 No response 8	
C41	Acceptability Coverage	2.6	On that day, did you find drinking water in the AYFHS clinic?	Yes.....1 No..... 0 Don't know. .....9 No response 8	
C42	Acceptability Coverage	2.3	On that day, did you find information regarding services available in the waiting area (posters, brochures, newsletters, through a computer)?	Yes.....1 No..... 0 Don't know. .....9 No response 8	
C43	Acceptability Coverage	2.2	On that day, did you find adequate seating in the waiting	Yes.....1	

	Type of coverage	Stan dard	Question to adolescent in the community	Response & code	Skip to
			area?	No…….. 0 Don't know. ……..9 No response …….8	
C44	Acceptability Coverage	7.9	While at the health facility were you approached by a peer educator for discussions related to health services for adolescents & young people?	Yes……..1 No…….. 0 Don't know. ……..9 No response …….8	If 0,9 or 8 skip to QC47
C45	Contact Coverage	7.9	Have you ever received any health information from a peer educator	Yes……..1 No…….. 0 Don't know. ……..9 No response …….8	
C46	Contact Coverage		What services have you received from a peer educator **(open ended)**	Record verbatim: _____	
C47	Contact Coverage	6.8	Have you received any 'Life Skills Education'?	Yes……..1 No…….. 0 Don't know. ……..9 No response …….8	If 0,9 or 8 skip to QC49
C48	Contact Coverage	1.6 1.7	Who provided you the Life Skills Education'? (More than one answer is acceptable)	School Teacher……A MOH……B PHI ……..C Youth center ……D Youth club ……..E	

	Type of coverage	Stan dard	Question to adolescent in the community	Response & code	Skip to
				Peer educator…….F Other (specify)…….X ……. Don't know……..9 No response……..8	
C49	Acceptability Coverage	4.8	Do the health services, including counseling in your community, meet the needs of youth?	Yes.....1 No..... 0 Don't know. .....9 No response 8	If 1,9 or 8 skip to QC51
C50	Accessibility Coverage		Which health needs are not met?	Record verbatim: _____	
C51	Accessibility Coverage	6.9	Are there barriers/ challenges in accessing youth friendly health services in your community?	Yes.....1 No..... 0 Don't know. .....9 No response 8	If 0,9 or 8 skip to Sectio n3

	Type of coverage	Stan dard	Question to adolescent in the community	Response & code	Skip to
C52	Accessibility Coverage		What are the main barriers/ challenges/ reasons for not attending, Adolescent and Youth Friendly Health services? (More than one answer is acceptable) A link to Std 1 B link to Std 1 C link to Std 8.7 D link to Std, 3.7 and 8.7 E link to Std 2.12 F link to Std 8.7 G link to Std 2.20 .H link to Std 2.20 I link to Std 4.8 J link to Std 2.15	Did not know such services existed for Youth ……A They are not free. B Relevant information not provided ……C Not treated well.....D My concerns and opinions not taken into account .....E I'm embarrassed to attend .....F They do not ensure privacy……..G They do not maintain confidentiality ……H The locations are far from where I live ...I School/work prevents me from using them…… J Other (Specify)……X …….	
C53	Accessibility Coverage		What can be done to minimize/overcome these	Record verbatim:	

	Type of coverage	Stan dard	Question to adolescent in the community	Response & code	Skip to
			barriers/ challenges/ reasons?	_____	

FAR THE COVERAGE QUESTIONNAIRE TAKES ABOUT 15 MINUTES.

SECTION 3: Sexual Behaviour and Contraceptive Experience

	Type of coverage	STAND ARD	Question to adolescent in the community	Response & code	Skip
S1	Prevalence of Knowledge		Do you know if young women/young men in your community have sex at your age?	Yes.....1 No..... 0 Don't know. .....9 No response 8	
S2	Prevalence		Have you ever had sex?	Yes.....1 No..... 0 Don't know. .....9 No response 8	
S3			How old were you when you first had sex?	Age in years [__|__] Don´t know.....9 No response..... 8	

	Type of coverage	STANDARD	Question to adolescent in the community	Response & code	Skip
S4	Accessibility Coverage	1.5	Have you heard about a condom?	Yes.....1 No..... 0 Don't know. .....9 No response 8	If 0, 9 or 8 go to next section
S5		1.5	Could you tell me why a condom is used?	Yes.....1 No..... 0 For preventing pregnancy.....A Preventing HIV/AIDS.....B Preventing STI .....C Other(Specify).....D ……. Don't know …….9	Code yes If A and B/C is mentioned
S6	Accessibility Coverage	1.8	In your locality, if someone wants to buy/get a condom from where can he/she buy/get one? (More than one answer is acceptable)	Pharmacy .....A Pharmacy in a supermarket……B Govt. Hospital /Clinic/ MOH clinic……C Private Hospital/ Clinic/Family Planning Centre ……D Family planning association.....E Youth Friendly Health	

	Type of coverage	STANDARD	Question to adolescent in the community	Response & code	Skip
				Service Centre……..F Public health inspector (PHI) ……..G Public health midwife (PHM)…… H Peer educator……..I Other (specify) ……..J Don't know ……9	
S7	Accessibility Coverage	1.8	Do you feel you could get a condom if you needed one?	Yes……..1 No…….. 0 Don't know. ……..9 No response …….8	
S8		1.5	Did anyone ever demonstrate to you how to use a condom?	Yes……..1 No…….. 0 Don't know. ……..9 No response …….8	

Optional Section 4: ANAEMIA

	Type of coverage	Standard	Question to adolescent in the community	Response & code	Skip
N1	Prevalence of Knowledge	1.7	Do you know what anaemia is?	Yes.....1 No..... 0 Don't know. .....9 No response 8	If 0,9 or 8 skip to Q N 4
N2	Prevalence of Knowledge	1.7	What are the ill effects of anaemia? (There can be more than one response)	Fatigue.....A Lack of Concentration.....B Stunted growth.....C Increased risk to pregnant women.....D Prone to illness .....E Other (specify .....F Don't know 9	
N3	Prevalence of Knowledge	1.7	Do you know how to prevent and manage anaemia? (There can be more than one response)	Good diet.....A Wear slippers/shoes when outdoors.....B Iron and folic acid tablets.....C Don´t know.....9 No response.....8	
N4	Accessibility Coverage	4.8	Have you been given Iron and folic acid tablets in the last six months?	Yes.....1 No..... 0 Don't know. .....9 No response 8	If 0,9 or 8 skip to Q N 13

	Type of coverage	Standard	Question to adolescent in the community	Response & code	Skip
N5	Accessibility Coverage		If yes, how many Iron and folic acid tablets were given ?	<10.....A 10-20.....B 20 – 60.....C >60.....D Don't know .....9 No response.....8	
N6	Accessibility Coverage		Where did you get the tablets from?	Government Hospital.....A MOH office/ Clinic.....B School.....C Private Hospital/ Private Clinic .....D Pharmacy.....E Other (specify).....F	
N8	Acceptability Coverage	2	Were you satisfied with the services that you received at the facility or from the provider from where/whom you got the tablets from?	Yes.....1 No..... 0 Don't know. .....9 No response 8	N9 N10
N9	Acceptability Coverage	3.9 3.10 2.19	If yes, What did you like about the services? (There can be more than one response)	Attentive staff.....A Efficient service.....B Non- judgmental staff.....C Clean facility.....D Other (specify) .....E	
N10	Acceptability Coverage	2.6 2.20	If no, What did you not like about the services?	High Cost of Fees.....A Unfriendly staff.....B	

	Type of coverage	Standard	Question to adolescent in the community	Response & code	Skip
		3.10	(There can be more than one response)	Judgmental staff……..C Lack of Privacy……..D Lack of Confidentiality……E Lack of basic amenities in facility……F Other (specify)……G Don't know ……..9 No response……..8	
N11	NA		How often do you take the tablets?	Daily……..A Twice a week……..B Once a week……..C Whenever you remember…D Never……E Other (specify)……X Don´t know……..9 No response……..8	
N12	Accessibility Coverage		For what period have you been given the Iron and folic acid tablets ?	< 1 month……A 1-2 months……B 2-3 months……C 3 months……D 6 months……E Other (specify)……X Don´t know……9 No response……..8	

	Type of coverage	Standard	Question to adolescent in the community	Response & code	Skip
N13	Accessibility Coverage		Do you know where you can get Iron and folic acid tablets?	Yes ……..1 No……0 Don´t know……9 No response..... .8	
N14	Accessibility Coverage		Where can you get the tablets?	Government Hospital……A MOH office/ Clinic……B School……C Private Hospital/ Private Clinic ……D Pharmacy……E Other (specify)……F Don´t know……9 No response..... .8	

OPTIONAL Section 5: Mental Health

	Type of coverage	Question to adolescent in the com	Response & code	Skip
Knowledge, Attitudes, Skills, and Sources of Information				
MNH1	Contact Coverage Std1, 6 Std1, 7	During this school year, were you taught in any of your classes on signs of depression and suicidal behaviour?	Yes.....1 No.....0 Don´t know.....9 No response 8	
MNH2	Contact Coverage Std1, 6 Std1, 7	During this school year, were you taught in any of your classes on what to do if a friend is thinking about suicide?	Yes.....1 No.....0 Don´t know.....9 No response 8	
MNH3	Contact Coverage Std1, 6 Std1, 7	During this school year, were you taught in any of your classes how to handle stress in healthy ways?	Yes.....1 No.....0 Don´t know.....9 No response 8	
Feelings and Behaviours				
MNH4	Prevalence	During the past 12 months, how often have you felt lonely?	Never.....A Rarely.....B Sometimes.....C Most of the time.....D Always.....E No response.....8	
MNH5	Prevalence	During the past 12 months, how often have you been so worried about something that you could not sleep at night?	Never.....A Rarely.....B Sometimes.....C Most of the time.....D Always.....E No response.....8	
MNH6	Prevalence	During the past 12 months, how often have you been so worried about something that you could not eat or did not feel hungry?	Never.....A Rarely.....B Sometimes.....C Most of the time.....D	

	Type of coverage	Question to adolescent in the com	Response & code	Skip
			Always.....E No response……8	
MNH7	Prevalence (from GSHS Core-Expanded modules)	During the past 12 months, how often have you had a hard time staying focused on your homework or other things you had to do?	Never……A Rarely.....B Sometimes…….C Most of the time……D Always.....E No response……8	
MNH8	Prevalence	During the past 12 months, how often have you been so worried about something that you wanted to use alcohol or other drugs to feel better?	Never……A Rarely.....B Sometimes…….C Most of the time……D Always.....E No response……8	
MNH9	Prevalence	During the past 12 months, did you ever seriously consider attempting suicide?	Yes.....1 No.....0 Don´t know……..9 No response ……8	
MNH10	Prevalence	During the past 12 months, did you make a plan about how you would attempt suicide?	Yes.....1 No.....0 Don´t know……..9 No response ……8	
MNH11	Prevalence	During the past 12 months, how many times did you actually attempt suicide?	0 times……A 1 time……B 2 or 3 times …….C 4 or 5 times……..D 6 or more times.E No response……8	If your answer is A skip to MNH15
MNH12	Prevalence (from GSHS Core-Expanded modules)	When you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor?	Yes.....1 No.....0 Don´t know……..9 No response ……8	
MNH13	Contact Coverage	Please mention what type of health facility this doctor was attached to?	Government hospital……A MOH office…….B Private Hospital.C Private clinic……D Other (please	If your anwer is 9 or 8 skip to MNH

	Type of coverage	Question to adolescent in the com	Response & code	Skip
			specify)……E Don't know.....9 No response ……8	15
MNH14	Contact Coverage (from WMH Ados)	Did it require overnight hospitalization?	Yes.....1 No.....0 Don´t know……..9 No response ……8	
MNH15	Accessibility Coverage	What are the main barriers/challenges in getting help for Mental Health conditions?	Record verbatim: _____ _____	
MNH16	Accessibility Coverage	What can be done to minimize/overcome these barriers/ challenges/ reasons?	Record verbatim: _____ _____	

END OF INTERVIEW

Scoring System and Analysis

Analysis of Assessment of Quality and Coverage of Adolescent & Youth Friendly Health Services (AYFHS) in Sri Lanka

Types of respondents were as follows:

- Facility Level
  - Facility Manager
  - Health Care Provider
  - Supportive Staff
  - Adolescent or Youth Client
  - Observation Check List
- Community Level
  - Adolescents at the School(<15 years & > 15 years)

Tools for Assessment

- Facility Manager Tool
- Health Care Provider Tool
- Supportive Staff Tool
- Client Exist Tool
- Observation Tool
- Community Coverage Tool for Adolescent in Community

Analysis

- **Quality assessment tools except community coverage tool**
  - Enter and analyse using Microsoft Excel
  - Scores should be given only to the questions relevant to standards
  - For positive answer give score of 1
  - For negative answer give score of 0
  - Calculate maximum possible score for each standard in each tool
  - Calculate total scores for each standard for each tool
  - When there are more than one client for a tool, divide total score for each standard for all the clients by the number of clients
  - For each standard calculate the total score for all the tools except community coverage tool
  - Divide that total score by maximum possible score for all the tools except community coverage tool for that standard
  - Calculate the percentage score for that each standard
  - Categorize percentage scores as indicated in Global Standards*

- **Community Coverage Tool(For adolescent in community)**
    - Enter data and analyse using Microsoft Excel
    - For positive answer give score of 1
    - For negative answer give score of 0
    - Calculate maximum possible score for each standard for one respondent
    - Calculate total scores for each standard
    - As there are more than one respondent for a tool, divide total score for each standard for all the respondents by the number of respondents
    - Divide that total score for each standard per one respondent by maximum possible score for that standard per one respondent
    - Calculate percentage score for that each standard
    - Percentage scores were categorised as indicated in Global Standards*

    - **Summary scores were divided into four categories** (Table 2)

Table 2: Categorization of scores

Score	Category	Colour
10% or less	Not meeting Standard	Red
11%- 40%	Need major improvements	Orange
41%-80%	Need some improvements	Yellow
> 80%	Meets standard	Green

Reference: World Health Organization (2015) *Global standards for quality health-care services for adolescents: a guide to implement a standards-driven approach to improve the quality of health-care services for adolescents, Vol ume 3,* World Health Organization; Geneva, Switzerland

- **Results**

Present results in two sections

1. Quality assessment component
2. Community coverage assessment component

Example

Table 1 –Quality assessment for …… tool

Standard	Total Score	Max Score	Percentage score
Standard 1			
Standard 2			
Standard 3			
Standard 4			
Standard 5			
Standard 6			
Standard 7			
Standard 8			

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