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

Volume 3: Supportive Supervision Checklist

FAMILY HEALTH BUREAU

2018

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Message from the Director General of Health Services

Sri Lanka with its strong foundation of curative and preventive healthcare delivery systems is taking all the efforts to achieve universal access to quality healthcare. However, in spite of 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 mostly 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.

Promoting healthy behaviours and intervening timely for issues during adolescence, and taking steps to protect them from health risks are crucial. In order to meet this challenge, it is essential to streamline the services for the adolescents and youth. Therefore, the Ministry of Health with the involvement of all relevant stakeholders and the support from the country office of the World Health Organization had developed supervisory check list for the quality health care services for them as an aid for supportive supervision.

This document provides help to streamline the supportive supervision of the provision of adolescent and youth friendly health services in both curative and preventive sectors ensuring optimum accessibility, acceptability and coverage. There fore, it is imperative that supervisory staff at all levels use this check list as an aid for supportive supervision of adolescent and youth friendly health services for ensuring quality service provision for this group is carried out as per newly developed Sri Lankan Standards for this programme.

Dr. Anil Jasinghe

Director General of Health Services

Ministry of Health, Nutrition and Indigenous Medicine Sri Lanka

Preface

Adolescent and youth health is a key component of family health program throughout the life cycle. Adolescence is a critical transitional period that includes the biological changes of puberty and the need to negotiate key developmental tasks, 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.

Sri Lanka has achieved impressive health indices including reduction in under five and maternal mortality. Still mortality among adolescents seems to be stagnant though at lower level. Morbidity within this period is increasing due to repercussions modern lifestyles.

Adolescent and youth friendly health service(AYFHS) concept was introduced in Sri Lanka in 2005 and national standards for AYFHS was developed in 2006. WHO/UNAIDS global standards for quality health care services for adolescents was developed in 2015 with the aim of enabling adolescents obtaining optimum health services that they need to promote, protect and improve their health and well-being in an adolescent friendly manner. As an aid for implementation of quality services as per newly developed Standards, it is very essential to have a supervisory check list for supportive supervision.

This document will provide guidance to all supervisory staff in curative and preventive health sectors in improving adolescent and youth health services of our country with ensuring optimum accessibility, acceptability and coverage through supportive supervision.

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ABBREVIATIONS

AYFHS	Adolescent and Youth Friendly Health Services
FHB	Family Health Bureau
MOH	Medical Officer of Health
MOMCH	Medical Officer of Maternal and Child Health
MoH	Ministry of Health
PHNS	Public Health Nursing Sister
PHM	Public Health Midwife
PHI	Public Health Inspector
SPHI	Supervising Public Health Inspector
WHO	World Health Organization

Guide on Checklist for Supportive Supervision

Background

Sri Lanka has developed and adopted national standards for adolescent and youth-friendly health services (Table 1). In order to ensure the realisation of these standards and provide quality of care in line with international standards to adolescents and youth, a quality improvement approach is being implemented. Within this approach supportive supervision is to be carried out on a regular basis to enable health workers to provide quality care in line with national and international standards.

Table 1: National AYFHS Standards

Health empowerment of adolescents and youth	**STANDARD 1:** The health facility implements systems to ensure that adolescents and youth are knowledgeable about their own health and healthy behaviours, and they know where and when to obtain related services.
AYFHS facility characteristics	**STANDARD 2**: All service delivery points are accessible and acceptable to adolescents and youth to receive adolescent and youth friendly health services as perceived by them ensuring privacy and confidentiality. The centres are well managed and have the equipment, medicines, supplies and technology needed to ensure effective service provision to adolescents and youth
Competencies and characteristics of service providers and supportive staff	**STANDARD 3:** Health care providers and supportive staff demonstrate the technical competencies required to provide effective health services to adolescents and youth. Both healthcare providers and support staff respect, protect and fulfil adolescent and youth rights to information, privacy, confidentiality, non-discrimination, non-judgemental attitude and respect.

Appropriate package of services	**STANDARD 4:** AYFHS facilities effectively provide the health service package which includes information, counselling, preventive, diagnostic and treatment services, with referral, follow up and linkages with other services.
Information system and quality improvement	**STANDARD 5:** The health facility continuously collects, analyses and uses data on service utilization and quality of care, disaggregated by age and sex, to support quality improvement. Health facility staff participates in continuous quality improvement.
Community support	**STANDARD 6:** The health facility implements systems to ensure that parents, guardians and other community members and community organizations recognise the value of providing health services to adolescents and youth and support such provision and the utilization of services by adolescents and youth.
Participation of adolescent and youth	**STANDARD 7:** Adolescents and Youths 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 adolescents and youth irrespective of their age, sex, marital status, education level, ethnic origin, socio-economic status, sexual orientation or other characteristics.

Supportive supervision

Supportive supervision is a process of helping staff to improve their own work performance continuously. It is helping to make things work, rather than checking to see what is wrong. It is carried out in a respectful and non-authoritarian way with a focus on using supervisory visits as an opportunity to improve knowledge and skills of both the supervisor and the health staff. Supportive supervision does neither focus on finding faults of individuals, nor does it intend punitive actions. It is also not a 5-minute monotonous routine activity with little or no follow up (Figure 1).

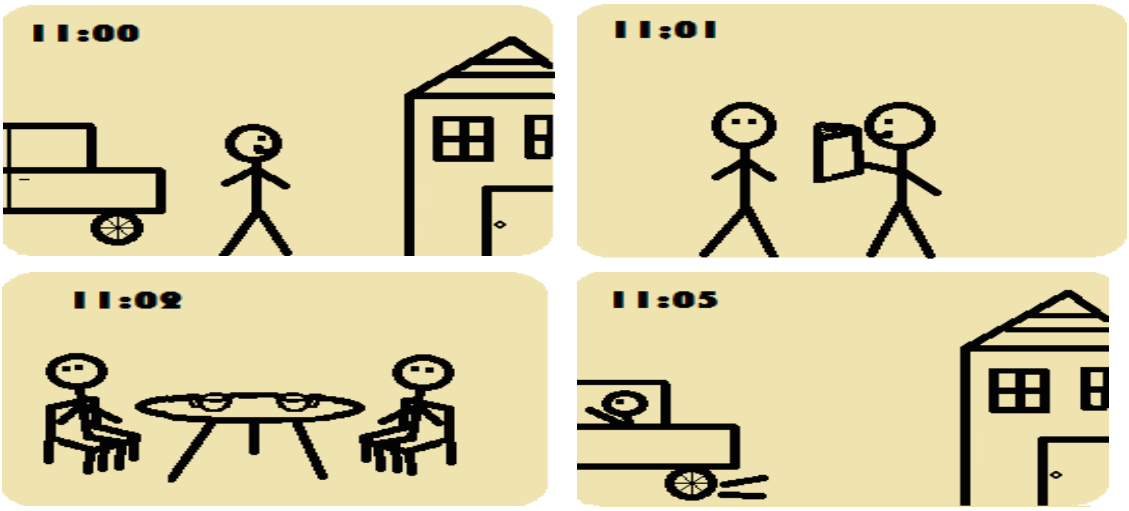


Figure 1: Supportive supervision is NOT **ugly**

Supervisory checklist

The proposed supervisory checklist should help the supervisor and the healthcare provider to review the work they are currently carrying out vis-à-vis the national standards and to identify weaknesses, propose solutions and agree on follow up or improvement actions.

The checklist was developed to represent each of the eight standards. The methodology used was as follows:

For each standard:

1) Two MEASURABLE criteria were identified that best represent the intent of the standard. The criteria are chosen based on their relative importance for achieving the standard and the feasibility of measuring them (**Annex 03).**

2) These two MEASURABLE criteria were selected as a proxy for the status of implementation of the WHOLE standard since it is not feasible to monitor ALL the criteria underlying the standards during a supervisory visit.

3) Since supportive supervision is envisioned to be a periodic process, the two MEASURABLE criteria are preferably PROCESS criteria to indicate that actions have actually been undertaken related to specific quality related INPUTS. When the assessment of the process criteria reveal that many input criteria are not in place, the supervisory checklist can then be adapted to measure the selected INPUTS. Once these INPUTS are in place, during the next supervisory visit the corresponding PROCESS criteria should be measured. The list can be adapted or changed at all times to reflect progress in implementation and identified priorities.

Thus, a total of 16 MEASURABLE criteria representing ALL eight National Standards for AYFHS were identified for assessment during a supervisory visit **(Annex 01).**

The means of assessment are noted for each selected criteria. These proposed measures correspond to those items and questions **(Annex 02)** already included in the assessment tools for quality assessment (Adolescent Client Tool, Facility Manager Tool, Health Provider Tool and the Observation Tool). The logical framework and the steps of applying supervisory check list is described in Figure 3. In the actual checklist the questions were rearranged in the order of tools, as they will be applied in the context of a real life supervisory visit (i.e. Annex 02-questions for the health facility manager, questions for the provider, observation, questions for the adolescent client at the facility).

The proposed scoring aims at describing whether the selected criterion **is in place**, **partially in place** *or* **not in place.** It cannot be stressed enough, that this is NOT an academic exercise

and it does not aim to collect quantitative data. Under no circumstances should the yes/no answers be counted to receive a mathematical score. Rather an informed judgement by the supervisor (in collaboration with the supervisees) is to be made, whether or not the criteria and subsequently the standards are in place and if not, what needs to be done to improve their implementation. When making this informed judgement the supervisor will need to evaluate and triangulate the findings, e.g. the health provider may say they do provide services according to the package of services, while in the client exit interview the adolescent may state that she did not receive contraceptives (because they are out of stock or because she is not married or any other reason). In this case the supervisor needs to judge the implications of the findings for the achievement of the standard rather than assigning a numerical score.

Summary of findings

The second part of the supervisory checklist intends to summarize the findings and list the identified weaknesses. According to those criteria that are assessed as having been implemented (from the PROCESS criteria selected) the following scoring is proposed:

Table 2: Proposed scoring based on the number of (proxy-) criteria implemented (in place) per each standard

Proposed scoring	Number of criteria in place	Number of criteria partially in place	Number of criteria not in place
Standard met → Good quality of care according to international standards	2	0	0
Standard partially met → Need for some improvement	1	1	0
	0	2	0
Standard partially met → Need for substantial improvement to reach standard	1	0	1
	0	1	1
Standard not met → Need for very substantial improvements	0	0	2

The *Summary of Findings* at the end of the supervisory checklist supports this exercise and facilitates participatory decision-making (Figure 2) and agreement on actions to be taken at the respective levels of the health systems, deadlines to meet and responsible persons.

The summary table should always be made available to all people who are required to take any action and should preferably be signed off by all participating staff, but at least by the health facility manager and the person carrying out the supportive supervision.

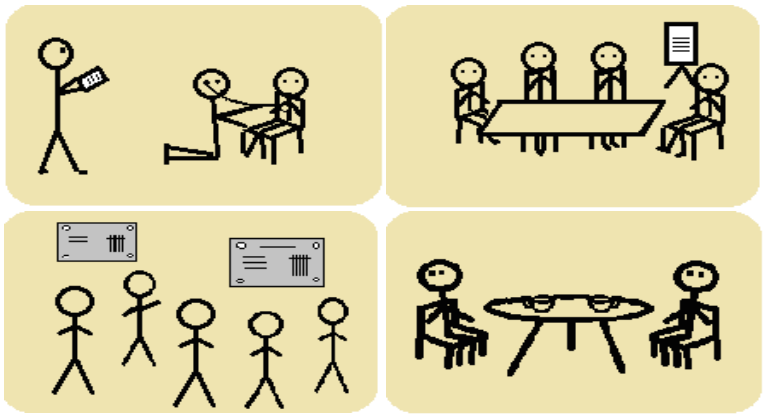
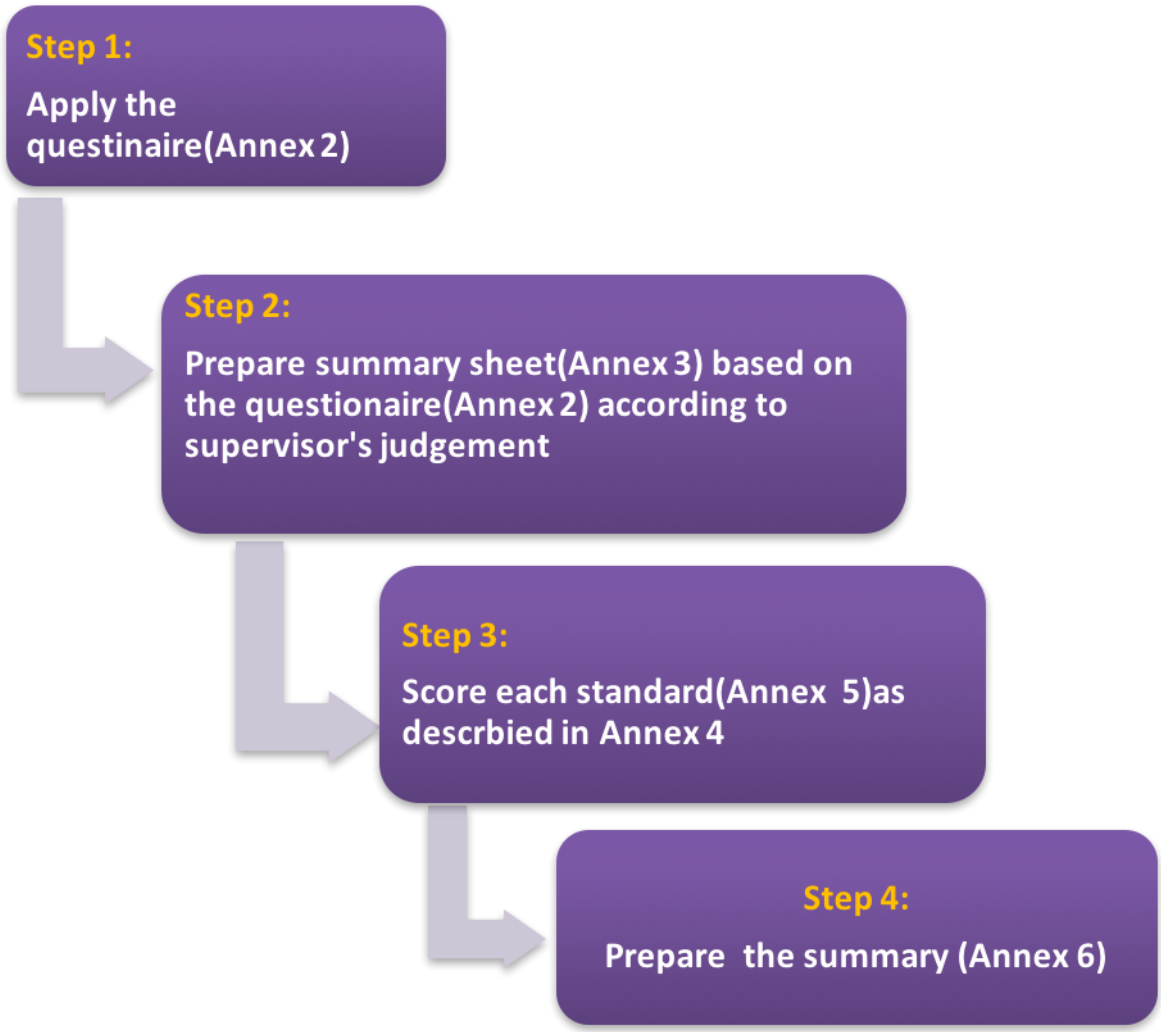


Figure 2: Supportive supervision is joint identification of weaknesses and participators approach to problem solving.

Figure 3: Steps in applying supervisory check list



Supervisory Check List Tools (Annexes 01 to 06)

Annex 1

Complete statements for the selected criteria per standard

	Complete statement of the selected CRITERIA	**Std. Criteria**
1	Healthcare providers have competencies to provide health education to adolescents and youths and to communicate about health and available services (health, social and other services).	**1.1**
2	Group communication programmes conducted to create awareness among adolescents and youths in different settings (e.g. Schools, universities, work places, youth clubs) to provide information and generate demand.	**1.5**
3	Healthcare providers follow policies and procedures to protect the privacy and confidentiality of adolescents and youths. With exception in certain instances where needed, with consent to divulge the information.	**2.19**
4	The equipment necessary to provide the required package of services to adolescents and youths is available, functioning and equitably used.	**2.22**
5	Medicines and supplies are utilized equitably.	**2.23**
6	Healthcare providers and support staff relate to adolescents and youths in a friendly manner, and respect their rights to information, privacy, confidentiality, non-discrimination, non-judgemental attitudes, and respectful care.	**3.7**
7	Healthcare providers follow evidence- based guidelines and protocols in delivering care to adolescents and youths.	**3.8**
8	Healthcare providers provide the required package of health information, counselling, diagnostic, treatment and care services in the facility and/or in community settings, in line with policies and procedures.	**4.7**
9	Service providers refer adolescents and youths to the appropriate service and level of care according to local policies and procedures, and follow the policies for transition care.	**4.8**
10	A system is in place to collect and report data on service utilization that is disaggregated by age, sex and other socio-demographic characteristics as relevant, as well as disease/condition specific	**5.1**

	information.				
	LAST QUARTER 10-14 yrs. male	LAST QUARTER 10-14 female	LAST QUARTER 15-19 male	LAST QUARTER 15-19 female	
11	Regular reviews and self-assessments of quality of care, experience sharing and clinical audits are conducted & minutes documented.				**5.13**
12	Health-care providers and/or outreach workers make aware parents/ guardians and teachers during school meetings/in other institutions where there are adolescents and youth about the value of providing health services to adolescents and youths.				**6.6**
13	The health facility engages in partnerships with adolescents, young persons, gatekeepers and community organizations to develop health education and behaviour-oriented communication strategies and materials and plan service provision.				**6.7.**
14	The health facility carries out activities to build adolescents and youths' capacity in certain aspects of health service provision such as health education and in the planning, monitoring and evaluation of health services.				**7.4**
15	Healthcare providers provide accurate and clear information on the medical condition and management/treatment options and explicitly take into account the adolescent and youth's decision on the preferred option, management and follow up actions.				**7.5**
16	Healthcare providers provide services to all adolescents and youth without discrimination, in line with policies, guidelines and procedures.				**8.5.**
17	The health facility involves adolescents and youths from vulnerable group(s), in the planning, monitoring and evaluation of health services, as well as in certain aspects of health service provision.				**8.6.**

Annex 2-Questinaire(Relevant questions, from the facility tools for assessing the achievements of the selected criteria/standard)

	Question	Status of the criteria	Number of standard & criteria
HEALTH FACILITY MANAGER INTERVIEW → *Ask the health facility manager*			
1	How many of them (your staffs) are trained in the provision of healthcare services to adolescents & youth specifically? (Q2)	**Yes:** ☐ **No:** ☐ **Partially:** ☐	**1.1.**
2	Is there a system to collect data on age, sex and cause-specific service utilization by adolescents/youth? (Q12)	**Yes:** ☐ **No:** ☐ **Partially:** ☐	**5.1.**
3	Does your facility regularly conduct self-assessments to assess the quality of healthcare services? (Q9c)	**Yes:** ☐ **No:** ☐ **Partially:** ☐	**5.13.**
4	Does the facility have a documented plan 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? (Q 16a)	**Yes:** ☐ **No:** ☐ **Partially:** ☐	**6.8.**
5	Does the facility have a documented plan to inform adolescents/youth in the community (in schools, clubs, community meetings) about their health and the services available?	**Yes:** ☐ **No:** ☐ **Partially:** ☐	**1.5**
6	Do you have guidelines on how to involve vulnerable groups of adolescents/youth in the planning, M&E & service provision?	**Yes:** ☐ **No:** ☐ **Partially:** ☐	**8.6.**
HEALTH CARE PROVIDER INTERVIEW→ *Ask the provider (In certain places facility manager and health care provider will be same officer)*			
1	Have you received the following training in adolescent/youth health care: Clinical case management of adolescent/youth patients? (4 e)	**Yes:** ☐ **No:** ☐ **Partially:** ☐	**1.1**
2	When an adolescent/youth client comes to your clinic, for which conditions or needs do you provide services? Is the full package of services provided? (Q3 a-v)	**Yes:** ☐ **No:** ☐ **Partially:** ☐	**4.7.**
3	Has any adolescent/youth been denied services within last 12 months because of: - Stock-outs - Malfunctioning/ unavailable equipment?	**Yes:** ☐ **No:** ☐ **Partially:** ☐	**2.23** **2.22**
4	When you see an adolescent/youth client for services or counselling do you routinely: (Q21 a-h) • Introduce yourself first to the adolescent/youth? • Ask the adolescent/youth what he/she likes to be called? • Explain to adolescents/youth that are accompanied that you routinely spend some time alone with them towards the end of the consultation? • Ask the adolescent/youth permission to ask the accompanying person(s) their opinions/observations? • Obtain the adolescent/youth's assent to the service/procedure, even when informed consent from a third party is required	**Yes:** ☐ **No:** ☐ **Partially:** ☐	**3.7.**

	• Ensure that no one can see or hear the adolescent/youth client from outside during the consultation or counselling? • Ensure that there is a screen between the consultation and examination area?							
5	Do you use guidelines or decision support tools, for example, job aids or algorithms, for information, counselling and clinical management? (Q7 a-v)						**Yes:** ☐ **No:** ☐ **Partially:** ☐	**3.8.**
6	Would you provide the following services to all adolescents/youth regardless of sex, age, marital status: Hormonal contraceptives, Condoms, STI treatment, HIV testing and counselling, related to unwanted pregnancies and post abortion care?						**Yes:** ☐ **No:** ☐ **Partially:** ☐	**8.5.**
7	Are you aware of the referral guidelines? Have you ever worked with organizations from health and other sectors (for example social, recreational, legal) to establish referral networks for adolescent/youth clients? (17b)						**Yes:** ☐ **No:** ☐ **Partially:** ☐	**4.8**
8	Are you aware of the guidelines on informed consent?						**Yes:** ☐ **No:** ☐ **Partially:** ☐	**7.6.**
9	During the last 12 months, Have you participated in meetings with adolescents/youth and other community organizations to inform them about the health services available for adolescents and youth and why it is important that adolescents and youth use the services? (Q 35b)						**Yes:** ☐ **No:** ☐ **Partially:** ☐	**1.5.**
10	Do you use these tools for self- monitoring of quality for adolescent/youth health services? (Q3b)						**Yes:** ☐ **No:** ☐ **Partially:** ☐	**5.13.**
11	Is it possible to extract from your registers data on age, sex and cause-specific service utilization by adolescents/youth?) (Q 2a)						**Yes:** ☐ **No:** ☐ **Partially:** ☐	**5.6.**
12	During the last 12 months, have you: 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:** ☐ **No:** ☐ **Partially:** ☐	**6.6**
13	Have you ever worked with: Agencies and organizations in the community to develop health education and behaviour- oriented communication strategies and materials and plan service provision? (Q17 a)						**Yes:** ☐ **No:** ☐ **Partially:** ☐	**6.7.**
14	Have you ever involved any of the following groups in these activities: Adolescents/youth in the planning, monitoring and evaluation of health services? (Q16a)						**Yes:** ☐ **No:** ☐ **Partially:** ☐	**7.4**
15	Have you ever involved vulnerable groups of adolescents/youth in the planning, M&E of health services and service provision?						**Yes:** ☐ **No:** ☐ **Partially:** ☐	**8.6.**
OBSERVATION –→ *Check for*								
1	Records for provision of full package of services						**Yes:** ☐ **No:** ☐ **Partially:** ☐	**4.7.**
2	Register on service utilization has age, sex and cause specific data (Q 9a)	Last quarter	10-14 years male	10-14 years female	15-19 years male	15-19 years female	**Yes:** ☐ **No:** ☐ **Partially:** ☐	**5.1.**
3	Evidence based clinical guidelines						**Yes:** ☐ **No:** ☐ **Partially:** ☐	**3.8.**
4	Tools for facility self-assessment of the quality of adolescent/youth health care						**Yes:** ☐ **No:** ☐ **Partially:** ☐	**5.9.**
5	Registers/records of accomplished outreach activities to inform adolescents /youth and other community organizations about the value of providing health services to adolescents/youth (Q 9f)						**Yes:** ☐ **No:** ☐ **Partially:** ☐	**1.5.**

<table>
<tr><td>6</td><td colspan="4">Records/notes of meetings held with heads of educational institutions, employment agencies, formal and informal community leader</td><td>Yes: ☐ No: ☐
Partially: ☐</td><td>6.8.</td></tr>
<tr><td>7</td><td colspan="4">Record(s) of formal agreements/partnerships with community organizations to develop health education and behaviour-oriented communications strategies and materials, and plan service provision (Q9h)</td><td>Yes: ☐ No: ☐
Partially: ☐</td><td>6.7.</td></tr>
<tr><td>8</td><td colspan="4">Guidelines to involve vulnerable groups of adolescents and youths in the planning, M&E and service provision</td><td>Yes: ☐ No: ☐
Partially: ☐</td><td>8.6.</td></tr>
<tr><td>9</td><td colspan="4">Check for visual and auditory privacy features: (Q 8 a-d)
• Area is adequately covered (e.g.: curtains on the doors and windows)
• Communication between reception staff and visitors is private and cannot be overheard, including from the waiting room.
• In the offices/examining rooms, there is a screen to separate the examination area from the consultation area.
• No one can see or hear an adolescent/youth client from the outside during the consultation or counselling.

Check for confidentiality procedures and their application in practice. (Q 10 a-g)
• Information on the identity of the adolescent/youth and the presenting issue are gathered in confidence during registration.
• Adolescent/youth clients are offered anonymous registration if they wish.
• The registration register has the name and code, but the service register has only the code (if anonymous registration is asked for).
• Case records are kept in a secure place, accessible only to authorized personnel.
• The registers are kept under lock and key outside operating hours.
• For electronically stored information, measures are applied to prevent unauthorized access.</td><td>Yes: ☐ No: ☐
Partially: ☐</td><td>2.19</td></tr>
<tr><td>10</td><td colspan="4">Check whether the following are available: (Check availability of euipments in the AYFHS center and medicine in the AYFHS center or dispensary)</td><td rowspan="2">Yes: ☐ No: ☐
Partially: ☐</td><td rowspan="2">2.22

2.23</td></tr>
<tr><td></td><td>Blood pressure measurement machine ☐
Binaural adult stethoscope ☐
Pinnard ☐
Pregnancy tests ☐
Clinical thermometer ☐
Adult weighing scales ☐
Measuring tape ☐
Light source, for example a torch ☐
Refrigerator</td><td>BMI growth charts ☐
Height meter ☐
Ophthalmoscope set ☐
Otoscope set ☐
Latex gloves ☐
Single-use standard disposable/ auto- disposable syringes ☐
Soap or alcohol-based hand rub ☐
Communication equipment /phone, Intercom facilities</td><td>Oral contraceptive pills ☐
Emergency contraceptive pills ☐
Injectable contraceptives ☐
Contraceptive implants ☐
Intravenous fluids ☐
Paracetamol ☐
Amoxicillin ☐
Analgesics ☐
Atenolol</td><td>Ciprofloxacin ☐
Drugs to manage common STI ☐
Cotrimazole suspension ☐
Anthelmintic ☐
Diclofenac ☐
Emergency tray ☐
Glibendamide
Omeprazole ☐
Salbutamol ☐</td></tr>
</table>

	☐ Haemoglobinometer ☐ Test strips for urine ☐	☐ Computer with internet access ☐	☐ Ceftriaxone ☐ Antidepressants ☐	Diazepam ☐ Magnesium Sulphate ☐		
11	Observe case management to assess competencies of providers, if possible or use scenarios (effectiveness coverage tool)				**Yes:** ☐ **No:** ☐ **Partially:** ☐	**3.8.**
CLIENT EXIT INTERVIEW → *Ask the adolescent client*						
1	Today, were you denied necessary services at this health facility?				**Yes:** ☐ **No:** ☐	**8.5.**
2	Today, when you visited the facility, did you find that it has: Curtains in doors and on windows so that nobody can see you during the examination? (Q 12 c).				**Yes:** ☐ **No:** ☐ **Partially:** ☐ ☐	**2.19.**
3	Today, during your consultation or counselling session: Did anyone else enter the room during your consultation? (Q 17 l) Did the service provider assure you at the beginning of the consultation that your information would not be shared with anyone without your consent? (Q 17 m) Do you feel confident that the information you shared with service provider today will not be disclosed to anyone else without your consent? (Q 17 n)				**Yes:** ☐ **No:** ☐	**2.19**
4	Did the service provider treat you in a friendly manner? Was the service provider respectful of your needs?				**Yes:** ☐ **No:** ☐ **Partially:** ☐	**3.7.**
5	Today, has any service provider referred you to another health facility/provider for services not provided here? (Q 22a)				**Yes:** ☐ **No:** ☐	**4.8**
6	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? (Q 24)				**Yes:** ☐ **No:** ☐	**7.4.**
7	Did the provider ask you if you agree with the treatment/procedure that was proposed? (Q 17p) 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?) (Q 17 Q)				**Yes:** ☐ **No:** ☐ **Partially:** ☐	**7.5**

Annex 03:Summary sheet

(2-3 selected CRITERIA to represent the essence of each Standard)

Name of Facility----------District----------MOH area----------Date----------

	*Means of Verification	**Abbreviated Criteria Statement** (see complete statement in **Annex 1** below)		Criteria
		STANDARD 1: Health empowerment of adolescents and youth		
1	(M) (P)	Staff trained on providing healthcare services to adolescents and youth.	**Yes: ☐ No: ☐ Partially: ☐**	**1.1.**
2	(P) (O)	Awareness creation in adolescents and youths with group communication programmes in different settings.	**Yes: ☐ No: ☐ Partially: ☐**	**1.5.**
		STANDARD 2: AYFHS facility characteristics		
3	(O) (C)	Privacy and confidentiality are ensured.	**Yes: ☐ No: ☐ Partially: ☐**	**2.19**
4	(P) (O)	Availability of the equipment for effective service provision.	**Yes: ☐ No: ☐ Partially: ☐**	**2.22.**
5	(P) (O)	Medicines and supplies are utilized equitably.	**Yes: ☐ No: ☐ Partially: ☐**	**2.23.**
		STANDARD 3: Competencies and characteristics of service providers and supportive staff		
7	(P) (C)	Staffs relate to adolescents and youths in a friendly manner and respect their rights.	Yes: ☐ No: ☐ Partially: ☐	3.7.
6	(O) (P)	Case management follows evidence-based guidelines.	Yes: ☐ No: ☐ Partially: ☐	3.8.
		STANDARD 4: Appropriate package of services		
8	(P)	Provision of the full package of services.	**Yes: ☐ No: ☐ Partially: ☐**	**4.7**

<table>
<tr><td>9</td><td>(P) (C)</td><td colspan="4">Provision of referral services.</td><td>Yes: ☐ No: ☐ Partially: ☐</td><td>4.8</td></tr>
<tr><td colspan="8">STANDARD 5: Information system and quality improvement</td></tr>
<tr><td rowspan="3">10</td><td rowspan="3">(M)
(O)
(P)</td><td colspan="4">Register on service utilization has age, sex and cause specific data.</td><td rowspan="3">Yes: ☐ No: ☐ Partially: ☐</td><td rowspan="3">5.1</td></tr>
<tr><td>LAST QUARTER
10-14 yrs. male</td><td>LAST QUARTER
10-14 female</td><td>LAST QUARTER
15-19 male</td><td>LAST QUARTER
15-19 female</td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td>11</td><td>(M) (P)</td><td colspan="4">Regular reviews, quality of care self-assessments, clinical audits, conducted.</td><td>Yes: ☐ No: ☐ Partially: ☐</td><td>5.13</td></tr>
<tr><td colspan="8">STANDARD 6: Community support</td></tr>
<tr><td>12</td><td>(M) (P)</td><td colspan="4">Awareness raising of parents/ guardians and teachers, by healthcare providers/outreach workers, on the value of providing health services to adolescents and youths.</td><td>Yes: ☐ No: ☐ Partially: ☐</td><td>6.6</td></tr>
<tr><td>13</td><td>(O) (P)</td><td colspan="4">Partnerships with adolescents, youths, gatekeepers and community organizations to develop health education and behaviour-oriented communication strategies to plan service provision.</td><td>Yes: ☐ No: ☐ Partially: ☐</td><td>6.7.</td></tr>
<tr><td colspan="8">STANDARD 7: Participation of adolescents and youth</td></tr>
<tr><td>14</td><td>(P) (C)</td><td colspan="4">Capacity building of adolescents and youths on health education and the planning, monitoring and evaluation of health services.</td><td>Yes: ☐ No: ☐ Partially: ☐</td><td>7.4</td></tr>
<tr><td>15</td><td>(P) (C)</td><td colspan="4">Informed consent from young persons, respecting their decision on the preferred option.</td><td>Yes: ☐ No: ☐ Partially: ☐</td><td>7.5</td></tr>
<tr><td colspan="8">STANDARD 8 Equity and Non-Discrimination</td></tr>
<tr><td>16</td><td>(P) (C)</td><td colspan="4">Services provided to all adolescents and youths regardless of sex, age, marital status</td><td>Yes: ☐ No: ☐ Partially: ☐</td><td>8.5.</td></tr>
</table>

17	(M) (P) (O)	Vulnerable groups of adolescents and youths involved in planning, monitoring and evaluating health services.	**Yes: ☐ No: ☐ Partially: ☐**	**8.6.**

*Means of Verification:

Manager interview (M), Observation (O), Provider interview (P), Client exit interview (C)

Annex 4

Scoring of these selected criteria as proxy measures, per standard

Proposed scoring of findings per Standard*	Number of **criteria in place**	Number of **criteria partially in place**	Number of **criteria not in place**
Standard met → Good quality of care according to international standards	2	0	0
Standard partially met → Need for some improvement	1	1	0
	0	2	0
Standard partially met → Need for substantial improvement to reach standard	1	0	1
	0	1	1
Standard not met → Need for very substantial improvements	0	0	2

Annex 05 –Status of the standards

Standard	Number of criteria in place	Number of criteria Partially in place	Number of criteria not in place	Standard status
1. Health empowerment of adolescents and youth				
2. AYFHS facility characteristics				
3. Competencies and characteristics of service providers and supportive staff				
4. Appropriate package of services				
5. Information system & quality improvement				
6. Community Support				
7. Participation of adolescents and youth				
8. Equity and Non-Discrimination				

Annex 6

Summary of findings

Name of Facility----------District----------State----------Date----------

Standard	Finding*	Weaknesses identified	Action to be taken	Level where action is required			Deadline	Responsible
				Facility	District	National		
1 Health empowerment								
2 AYFHS Centre								
3 Service Providers & Support Staff								
4 Service Package								
5 Information System & QI								
6 Community Support								
7 Young persons' Participation								
8 Equity and Non-Discrimination								

Supervisor Name: Signature:	Health Facility Manager Name: Signature:

* From annex 05

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