

## **Adolescent Friendly Health Services Supervisory / Self-Assessment Checklist: User's Guide**

### **I. INTRODUCTION**

#### *What is Supervisory/Self-Assessment Checklist for Adolescent Friendly Health Services?*

This supervisory checklist is a simple form to assist the supervisors and health facility in-charges to carry out a periodic supervision or service providers in self-assessment for monitoring quality and utilization of adolescent friendly health services in a health centre. This checklist allows recording of the status of selected input and process criteria (indicators) related to the specific national standards of adolescent friendly health services (AFHS). For this checklist such criteria of measurement have been selected by consultation to understand the priority areas for monitoring and feasibility of doing it in routine supervisory visits and self-assessment. Hence, the checklist does not cover the entire list of criteria related to all national standards of AFHS.

Once the health facilities in an area have achieved and sustained a reasonable compliance to these selected criteria (related to the specific standards) over a period of time, the authorities could consider revising the checklist by replacing these criteria with another set of criteria related to same or other standards of AFHS.

#### *What is the purpose of the checklist?*

A checklist will assist the supervisors and service providers in assessing whether the delivery of health services in a health centre is taking place in keeping with the national standards on adolescent friendly health services (AFHS). It will help to verify the availability of services, identify possible deficiencies, and provide clear directions for corrective measures to ensure sustained provision of good quality services to adolescent clients.

#### *Who can use this checklist?*

Facility in-charge and the service providers are encouraged to use this checklist as a self-monitoring tool to assess the quality of health services that they provide to the adolescent clients and initiate necessary actions to improve the quality every time. While some corrective measures would be possible at their level, they should notify their district management for further support on those interventions requiring decisions from higher authority.

Supervisors would use the checklist to monitor the availability and quality of adolescent friendly health services at a health centre during their scheduled supervisory visit to the facility. Based on the interactions and observations during the assessment, the supervisors and facility in-charge / service providers need to discuss the gaps and jointly chart out the necessary remedial actions to address the identified gaps and sustain the positive observations.

*What is the frequency of assessment and supervision/monitoring?*

Facility in-charge / service provider should do a self-assessment periodically and identify any significant gaps and, wherever possible, rectify them. If some of the required corrective actions are beyond their capacity and authority, the same should be conveyed to their supervisors or the district management, as necessary.

Supervisors would assess the status of adolescent friendly health services during one of their scheduled visits to the health centre, at least once in 3 months.

*What is the expected outcome of such an exercise?*

Such periodic assessment would assess the extent to which the selected national standards for AFHS are being implemented in the health center / facility. This is expected to subsequently result in corrective actions as may be required, and thus assure quality of services being offered to the adolescent clients.

The periodic self-assessment would set in the process of ongoing quality improvement and this will be supplemented and supported by regular supervisory process.

**II. EXPLANATIONS FOR SECTIONS A - F**

The information to be collected during each assessment is arranged in the checklist in sections A to F. These items represent input and process criteria related to the National Standards for AFHS.

The following tables provide brief explanations for each item in the checklist:

**The National Standards require that a health facility provides the specified package of promotive, preventive, curative and referral health services and there are adequate supplies.**

<b><i>A - Provision of Services</i></b>
<p><i>Information/advice on sexual and reproductive health concerns is provided: It could include one or more of the following for each client</i></p> <ul style="list-style-type: none"> <li>• Information and counseling for sexual concerns of adolescents</li> <li>• Information and counseling for menstrual disorders</li> <li>• Care during pregnancy, childbirth and postpartum</li> <li>• Information on prevention of unwanted pregnancy and contraceptives</li> <li>• Advice on early and safe termination of pregnancy and management of post abortion complications</li> <li>• Preventive counseling on safe sex</li> </ul>
<p><i>STIs/RTIs treatment: It includes</i></p> <ul style="list-style-type: none"> <li>• Provision of medicines for treatment of common STIs/RTIs as per the national protocols</li> </ul>

<ul style="list-style-type: none"> <li>• Voluntary counseling and testing for HIV (on site or through referral), if indicated</li> <li>• Information on safe sex</li> </ul>
<p><i>Provision of condoms free of cost:</i></p> <ul style="list-style-type: none"> <li>• Provision of condoms to adolescents free of cost irrespective of their marital status</li> <li>• Information provision on correct use of a condom</li> <li>• No stock outs of condoms</li> </ul>
<p><i>Provision of contraceptives including emergency contraceptive pills free of cost:</i></p> <ul style="list-style-type: none"> <li>• Contraceptive counseling for married adolescents and for unmarried adolescents who are sexually active.</li> <li>• Provision of contraceptives and emergency contraceptive pills free of cost</li> <li>• No stock outs of contraceptives</li> </ul>
<p><i>Provision of iron folic acid (IFA) tablets:</i></p> <ul style="list-style-type: none"> <li>• Distribution of IFA tablets to adolescent boys and girls free of cost</li> <li>• No stock out of IFA tablets</li> </ul>
<p><i>Provision of referral services:</i></p> <ul style="list-style-type: none"> <li>• Referral for STI management</li> <li>• Referral for VCTC</li> <li>• Referral for PMTCT</li> <li>• Referral for termination of pregnancy and post abortion complications</li> <li>• Referral linkages are in place</li> </ul>
<p><i>Adolescent health services through outreach activities:</i></p> <ul style="list-style-type: none"> <li>• Periodic health check-ups and camps in schools and communities</li> <li>• Provision of IFA tablets, deworming tablets, condoms, contraceptives, and educational materials during outreach service</li> <li>• Periodic health education activities on SRH</li> <li>• Identification and facilitation of referral of adolescent clients to an adolescent friendly health center</li> </ul>

**The National Standard requires that a health facility creates conducive environment ensuring easy and comfortable access for adolescent clients to the services.**

<b><i>B - Facility Check</i></b>
<p><i>Signboard with clinic information and policy on confidentiality on display:</i></p> <ul style="list-style-type: none"> <li>• A signboard is in place welcoming adolescents, informing about the AFHS and issues related to privacy and confidentiality</li> <li>• It is put up at a prominent place like the entrance of the facility</li> </ul>
<p><i>Consultation/examination room ensures privacy:</i></p> <ul style="list-style-type: none"> <li>• Audio and visual privacy is ensured during consultation</li> </ul>
<p><i>Records of adolescent clients kept under lock and key:</i></p> <ul style="list-style-type: none"> <li>• Records of adolescent clients who visit the health centre are kept under lock</li> </ul>

<p>and key</p> <ul style="list-style-type: none"> <li>No information on adolescent's health conditions or treatment is shared with parents or others without consent of the adolescent client</li> </ul>
<p><i>Clean and functional toilets available:</i></p> <ul style="list-style-type: none"> <li>There is a toilet at the health centre that is clean, and functioning</li> </ul>

**The National Standards require that the service providers in a health facility are technically competent and motivated to provide services to adolescent clients.**

<b><i>C - Capacity of Service Providers</i></b>
<p><i>Received trainings on AFHS/ASRH:</i></p> <ul style="list-style-type: none"> <li>Service providers (MO, Nurse, Counsellor) have received standard training</li> </ul>
<p><i>Have confidence in dealing with adolescent clients:</i></p> <ul style="list-style-type: none"> <li>Service providers feel confident after the training to provide health services to adolescent clients</li> </ul>

**The National Standards require that the adolescents and community are aware of the value of providing sexual and reproductive health services to adolescents and enabling environment in the community is created for adolescents to seek services.**

<b><i>D - Demand Creation for Services</i></b>
<p><i>Availability of IEC materials on AFHS/ASRH at the facility:</i></p> <ul style="list-style-type: none"> <li>Educational materials on ASRH are displayed and available for adolescents either to read or take home</li> <li>No stock outs of IEC materials</li> </ul>
<p><i>Provision of AFHS/ASRH information in schools:</i></p> <ul style="list-style-type: none"> <li>Service providers periodically visit schools and disseminate educational materials on ASRH and inform about the availability of AFHS in their health centers.</li> </ul>
<p><i>Dissemination of AFHS/ASRH information to community members:</i></p> <ul style="list-style-type: none"> <li>Service providers periodically visit community to inform about availability of AFHS and the value of promoting use of AFHS by their adolescents.</li> </ul>
<p><i>Dissemination of AFHS/ASRH information to adolescents in community:</i></p> <ul style="list-style-type: none"> <li>Service providers periodically visit adolescents in community disseminate educational materials on ASRH and inform them about the availability of AFHS</li> </ul>

The service utilization is directly proportional to the level of satisfaction that adolescent clients derived from the services they received. The extent of satisfaction will reflect the poor or high quality of services in a facility as perceived by the adolescents.

<b><i>E - Feedback from Adolescent Clients</i></b>
<p><i>Did the staff here treat you with warmth and friendly attitude?</i></p>

<ul style="list-style-type: none"> <li>• Service providers were friendly, respectful and non-judgmental towards the adolescent clients</li> </ul>
<p><i>Are you satisfied with the services that you received here today?</i></p> <ul style="list-style-type: none"> <li>• Services received met the expectation of the adolescent clients</li> <li>• Services were of good quality in their perception</li> </ul>

In order to keep track of all activities related to adolescent health services, it is imperative for a health facility to ensure recording information on facility visits by adolescent clients, and client's profile (routine OPD register in which age and sex of the clients is recorded, or a separate register of the special adolescent clinic) and those adolescents reached by outreach sessions.

<b><i>F - Data on Client visits and outreach services in the last quarter</i></b>
<p><i>Number of adolescents attended routine clinics/OPD:</i></p> <ul style="list-style-type: none"> <li>• Total number of male and female adolescents who attended routine clinics/OPD at the health centre in the last three months</li> </ul>
<p><i>Number of adolescents attended fixed day clinics:</i></p> <ul style="list-style-type: none"> <li>• Total number of male and female adolescents who attended fixed day clinic at the health centre in the last three months</li> </ul>
<p><i>Number of adolescents attended outreach sessions:</i></p> <ul style="list-style-type: none"> <li>• Total number of male and female adolescents who attended outreach sessions in the last three months</li> </ul>
<p><i>Number of schools visited:</i></p> <ul style="list-style-type: none"> <li>• Number of times the service providers visited the schools in the last three months</li> </ul>
<p><i>Number of community outreach sessions conducted:</i></p> <ul style="list-style-type: none"> <li>• Number of community outreach sessions the service providers conducted in the last three months for providing information, counseling and services including distribution of IFA tablets, IEC materials and contraceptives.</li> </ul>

### III. DIRECTIONS FOR USING THE CHECKLIST

#### **Collecting the required information:**

The required information is collected by asking specific questions to relevant persons/s, checking the records (registers) and by observation of the physical infrastructure of the adolescent clinic / health facility.

The Supervisor is expected to ask specific questions to the relevant persons:

1. Section A: Facility in-charge or the service provider
2. Section C: Service Provider
3. Section E: Adolescent client in the health center

In case of assessment by the facility in-charge, he / she would ask these questions to the service provider/s and in case of self-assessment by the service provider, he / she would fill in the responses himself/herself.

#### **Filling up the supervisory checklist:**

The checklist mainly consists of three columns, from left to right – i) Items, ii) Tick column and iii) Means of Verification.

The **'Items'** column has six sections (A, B, C, D, E, F). Each section has items requiring either to tick 'Yes/No' or simply write down the 'numbers'. There are, in total, twenty-four items distributed over six sections:

<b>A</b> - Provision of Services - <i>seven items</i>	Yes or No
<b>B</b> - Facility Check - <i>four items</i>	Yes or No
<b>C</b> - Capacity of Service Providers - <i>two items</i>	Yes or No
<b>D</b> - Demand Creation for Services - <i>four items</i>	Yes or No
<b>E</b> - Feedback from Adolescent Clients - <i>two items</i>	Yes. or No, or Can't say
<b>F</b> - Data on client visits and outreach services - <i>five items</i>	Numbers

The **'Tick column'** has four sub-columns. Each sub-column represents one quarter of a year. The supervisory visits and self-assessment are expected to be once in a quarter of the year. The cells need to be filled either with  $\checkmark$  or X. The supervisor must mark  $\checkmark$  for 'Yes' and X for 'No'. For example:

A - Provision of Services	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
<i>Provision of condoms</i>	$\checkmark$	X	X	$\checkmark$
<i>Provision of emergency contraceptive pills</i>	X	X	$\checkmark$	$\checkmark$

Please note that 'Yes' and 'No' labels do not indicate whether the interview or verification was carried out. In fact, these represent affirmative or negative response to each item (question or observation).

For the items, in which means of verification include both interview (asking a question) and checking of the records or registers the finding from the records / registers would be taken as more definitive than the interview. That means if the records do not confirm what the providers report, the item will be recorded as 'X'. For instance, service provider may inform that condoms are provided to adolescent clients but checking of the records / registers at the center does not indicate that condoms were provided, the item will be recorded as 'X' (meaning 'No').

*Section E.* is about the client's satisfaction. The supervisor can ask at least one adolescent client (who happens to be there at the time of the supervisory visit) to express his/her views on the satisfaction of using services at the health centre. There are two questions on client's satisfaction. The first question is on the adolescent client's perception about service provider's and staff's attitude and friendliness, and it requires marking (encircling) either 'Yes' and 'No'. The second question pertains to whether the client feels satisfied the services he/she received, which has three options for marking (encircling) 'Yes', 'Can't say', or 'No'.

In the *Section F* one needs to write down the numbers of client visits and outreach services. The information on number of adolescent clients is to be filled as disaggregated by sex in each quarter.

#### IV. SCORING METHOD

##### **Total score of observations**

Only sections A, B, C and D are used for scoring. The section E provides qualitative information while section F records the absolute numbers. These two sections are not scored.

An item with 'Yes' (or  $\surd$ ) gets one point and every 'No' (or X) gets zero point. There are all together seventeen items to be scored, and thus, the maximum possible score is 17. After the assessment, points from all sections are added up and measured against the maximum score (17) during each assessment.

A sample of calculated scores in each quarter of a year is as below:

预览已结束，完整报告链接和二维码如下：

[https://www.yunbaogao.cn/report/index/报告?reportId=5\\_24435](https://www.yunbaogao.cn/report/index/报告?reportId=5_24435)

