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MINISTRY OF HEALTH-ETHIOPIA

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HEALTHIER CITIZENS FOR PROSPEROUS NATION!

# ADOLESCENT AND YOUTH HEALTH STANDARDS, IMPLEMENTATION GUIDELINE AND MINIMUM SERVICE DELIVERY PACKAGE

November 2022

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# FOREWORD

Adolescence is a critical period of transition between childhood and adulthood development characterized by significant physical, psychological, and social changes. These transitions carry new risks but also come up with good opportunities to positively influence the immediate and future health outcomes of young people. It is recognized that the positive investments on adolescents and youth has triple dividends of benefits for adolescents now, for their future life and for the coming generation. These investments are critical to achieve the SDGs by 2030 and realize the concept of No one leave behind that the county committed. To realize these commitments, the Ministry of Health, Maternal and Child Health Directorate has been striving to improve the lives of children, women and adolescents and youth through developing several strategic documents, guidelines, protocols and jobs aids that support regions, health care providers and other stakeholders provide quality health services through the entire health service outlets.

Adolescents and youths are important segment of the population that require careful investment and response to aspire healthy generation to transform the country. In this regard, the Maternal and Child Health Directorate of the Ministry of Health has developed and launched the National Adolescents and Youth health strategy (2021-2025) in line with the second Health Sector Transformation Plan (HSTP-II).

The strategy entails four interlinked strategic objectives that lead to the achievements of the desired targets and outcomes by 2025 and the realization of the HSTP II goals. Under all the strategic objectives, a total of eight priority areas are identified where quality is one of the priority areas to ensure every young people receive the minimum health services packages that meet their need during facility visit. Furthermore, to ensure accountability of program implementation, better leadership and coordination is paramount to enhance the health and well-being of the young people.

All in all, we believe that the implementation of the quality standards and provision of the minimum service packages can be successful through the dedication of program managers, service providers and the collaboration effort of all stakeholders including the CSOs, development partners, donors and line ministries.

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# ACRONYMS

AA-HA	Accelerated Action For The Health Of Adolescent
AHSBA	Adolescent Health Service Barrier Assessment
ANC	Anti-Natal Care
ASRH	Adolescent Sexual Reproductive Health
ARF	Acute Rheumatic Fever
ARV	Antiretroviral
AY	Adolescent And Youth
AYH	Adolescent And Youth Health
AYHD	Adolescence And Youth Health and Development
BEMoNC	Basic Emergency Obstetric and Newborn Care
CAC	Comprehensive Abortion Care
CEMoNC	Comprehensive Emergency Obstetric and Newborn Care
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organization
DCP	Disease Control Priorities
EDHS	Ethiopian Demographic Health Survey
EMoNC	Emergency Obstetric and Newborn Care
FmoH	Federal Ministry of Health
GBV	Gender Based Violence
HEADASS	Home, Education/Employment, Activities/Eating, Drug, Sexual, Safety and Suicides
HEWs	Health Extension Workers
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HQ	Head Quarters
HTP	Harmful Traditional Practice
HPV	Human Papilloma virus
ICT	Information Communication Technology
IEC	Information Education Communication
MHM	Menstrual Hygiene Management
MISP	Minimum Initial Service Package
MoH	Ministry Of Health
MoWSA	Ministry Of Women And Social Affair
NGO	Non-Governmental Organization
NCDs	Non communicable Diseases
RHB	Regional Health Bureau
SBCC	Social Behavioral Change Communication
GBV	Gender based violence
SGBV	Sexual And Gender-Based Violence
SOP	Standard Operation Procedure
SRH	Sexual Reproductive Health
STI	Sexually Transmitted Infections
TB	Tuberculosis
TOR	Terms Of Reference
TOT	Training Of Trainer
TWG	Technical Working Group
VCT	Voluntary Counseling and Testing
WASH	Water, Sanitation and Hygiene Management
WHO	World Health Organization

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# INTRODUCTION

The World Health Organization (WHO) defines 'adolescence' as a transitional age between 10-19 years and 'youth' between ages 15-24 years. Globally, there are over 1.8 billion adolescents and youth aged 10-24 years, 90 percent of whom live in mostly low income countries. In Africa, 32% of the population belongs to the age group of 10-24 years [ref]. Adolescents and youth of the age group 10-24 years account for 33 percent of the Ethiopian population of which over three-quarters of them live in rural areas. As the single largest and yet most dynamic section of the population, adolescents and youth have the potential to contribute to the country's growth and development.

The Ministry of Health developed comprehensive National AY Health Strategy (2021 – 2025) with the full engagement and participation of development partners, stakeholders and the young people. The strategy, a continuation of the commitment to address wide range AY health needs, aims to improve health status of AY in Ethiopia and contribute towards the realization of the full potential of this group in national development.

Mainstreaming continuous quality improvement in health service delivery is one of the strategic priorities identified by the adolescent and youth health strategy. The Ministry of Health has developed this Adolescent and Youth Health Service Standards, Implementation Guideline and Minimum Service Delivery Package to support stakeholders to implement standards-driven health care delivery to improve access and utilization of adolescents and youth health services.

The development and revision of the different sections of the document is informed by the technical updates in global adolescent strategies including AA-HA and took into account the country context ensuring its alignment to various national frameworks.

The first part of the document is devoted to defining and identifying quality standards. The second section of the document focuses on the implementation guide to ensure that these quality standards are translated into action. The other component of the document identified the minimum service packages for adolescents and youth that are aligned to their delivery through various service delivery outlets. Quality standards needs to be monitored to ensure they are implemented and hence measurement tools are adapted to ensure that the healthcare delivery is providing quality adolescent and youth healthcare services. The quality and coverage measurement tools are annexed at the end of the document.

# OBJECTIVES OF GUIDELINE

The quality standard will assist policymakers and health service planners in improving the quality of health-care services so that it will make it easier to obtain the health services that they need. The implementation guide and the monitoring tools that accompany the standards in this document provide guidance on identifying what actions need to be taken to implement the standards and to assess whether the standards have been achieved. The ultimate purpose of implementing the standards is to increase adolescents' use of services and, thus, to contribute to better health outcomes. Additional benefits of the documents:

- guide planning of initiatives for implementing quality agenda
- Create shared understanding on the importance of adolescent quality standards
- Ensure quality measurements institutionalization

# EXPECTED OUTCOMES OF THE GUIDELINE

The expected outcomes of this document will be:

- Improved utilization of services rendered through youth- friendly facilities and adolescent responsive health systems,
- Improved adolescent and youth health quality driven by use of disaggregation of routine service data in all health care services
- A modifiable/adaptable service package delivery based on evidence on morbidity, mortality and determinants based on adolescent and youth health indicators will be developed,
- Adolescent and youth health services will be standard-based and quality at all levels of the health center, adolescents are engaged in program design and development engages adolescents in all states, monitoring and evaluation,
- Promotes adolescents engagement in all stages of program cycle
- Promotes multi-sectoral collaboration, working with Adolescent and youth development partners, donors, and other stakeholders to create and maximize synergistic efforts to address adolescence and youth health needs at all levels

# PROCESS AND DEVELOPMENT OF THE DOCUMENT

The guideline development process started through consultative meeting between AYH case team of the Maternal and Child Health Directorate at MOH and the WHO country office who together developed the scope of work and methodology. Then Terms of Reference (ToR) was drafted which was further enriched by the AYH technical working group. A lead facilitator was identified from the technical working group to facilitate the overall task. The facilitator presented a brief desk review of the existing service standards, implementation guidelines, Minimum Health Services Package and measuring tools document. The desk review is presented to the national AYH TWG during which inputs

were collected. The final outline was approved by the TWG. WHO country office and HQ also provided valuable technical support by orientation webinar on revised AA-HA & providing an updated version of AA-HA which was useful in development of the document.

# GUIDING PRINCIPLES

The implementation of adolescents and youth health quality standards is founded on a set of guiding principles which are:

**Right-based approach:** Every AY has the right to access a full range of AY healthcare information and services. The health system should ensure that health facilities provide healthcare services to all AY regardless of their ability to pay, age, sex, marital status, education level, ethnic origin, religion, and other characteristics.

**Access to affordable quality AY Healthcare:** health services to adolescents and youth should be given in a way that cost of should not be a barrier for adolescents and youth to access health services.

**Comprehensive and integrated services:** AY healthcare should be comprehensive enough to address the priority health needs of the AY and should be integrated within the existing primary and referral care system.

**Multi-sectorial collaboration:** AY healthcare should be comprehensive enough to address the priority health needs of the AY and should be integrated within the existing primary and referral care system.

**Equity:** “equity” refers to fairness and justice, Adolescent and youth need that they do not all start from the same place and must acknowledge and make adjustments to adress imbalances.

**Adolescent and Youth participation:** refers to ways of involving young people meaningfully in the process of design, planning, implementing, governing and evaluating health services provided to them..

**Respectful:** Costumer is king! Therefore, any service provider respects its clients. It requires being kind and courteous, polite, listening them and respecting differences in beliefs and opinions.

# INTENDED USER

Health managers, coordinators, and providers at federal and region levels are the main users of the document. They can also use the quality and tools to monitor health service quality and promote national, subnational (regional) or local learning platforms for quality. In addition, development partners, policy makers, donors, youth-led organizations will also benefit from the document. Institutions that also provide health services to adolescents and youth including youth centers, private health providers and university and higher institution clinics will benefit from the standards and accompanying documents while they organize health services. Finally, it is our belief that academic institutions and researchers will make use of this guideline for operational research and for health work force training.

# STANDARDS FOR QUALITY ADOLESCENT & YOUTH HEALTH-CARE SERVICES

## Background

In 2015, the WHO and UNAIDS developed Adolescent Health Services Standard through a process which involved need assessment including survey and literature review, analysis of standards from countries, consultation of TWG, peer review as well as field testing.

The standards are aimed to support planners and health facility managers to organize the health services for adolescents and youth in a

way that is responsive to the needs of AY. The standards are also meant to guide service delivery and quality improvement in primary health care facilities as well as in tertiary referral facilities. Ethiopia adopted 9 standards and added multispectral collaboration as the 9<sup>th</sup> standard to address the needs of adolescents and youth health services. Each of the standards and criteria reflects the inputs processes and outputs.

<b>Adolescents' health literacy</b>	<b>Standard 1.</b> The health facility implements systems to ensure that adolescents are knowledgeable about their own health, and they know where and when to obtain health services.
<b>Community Support</b>	<b>Standard 2.</b> The health facility implements systems to ensure those parents, guardians and other community members and community organizations recognize the value of providing health services to adolescents and support such provision and the utilization of services by adolescents.
<b>Comprehensive service packages</b>	<b>Standard 3.</b> The health facility provides a package of information, counseling, diagnostic, treatment and care and support services that fulfills the needs of all adolescents. Services are provided in the facility and through referral linkages and outreach <sup>1</sup> .
<b>Providers' competencies</b>	<b>Standard 4.</b> Health-care providers should be motivated, competent and compassionate to provide effective health services to adolescents. Both healthcare providers and support staff respect, protect and fulfill adolescents' rights to information, privacy, confidentiality, non-discrimination, non-judgmental attitude and respect.
<b>Facility characteristics</b>	<b>Standard 5.</b> The health facility has convenient operating hours, a welcoming and clean environment and maintains privacy and confidentiality. It has the equipment, medicines, supplies and technology needed to ensure effective service provision to adolescents
<b>Equity and nondiscrimination</b>	<b>Standard 6.</b> The health facility provides quality services to all adolescents irrespective of their ability to pay, age, sex, marital status, education level, disability, geographic, and ethnic origin or other characteristics.
<b>Data for decision making and quality improvement</b>	<b>Standard 7.</b> The health facility collects analyses and uses data on service utilization and quality of care, disaggregated by age and sex, to support quality improvement. Health facility staff is supported to participate in continuous quality improvement.
<b>Adolescent and Youth Participation/engagement</b>	<b>Standard 8.</b> Adolescents are involved in the design, planning, monitoring and evaluation of health services and in decisions regarding their own care, as well as in certain appropriate aspects of service provision.
<b>Inter-sectoral collaboration</b>	<b>Standard 9.</b> To achieve the Universal Health Coverage, the health and other sectors need to normalize attention to AY's needs in all aspects of their work. Health system should lead establishment of a national coordination group that would oversee efforts for AY health and wellbeing across sectors and government ministries to practice an approach of Adolescent Health in All Policies.

<sup>1</sup> Service provision in the facility should be linked, as relevant, with service provision in referral level health facilities, schools and other community

## Standard 1: Adolescent and Youth Health Literacy

Health literacy is critical to timely recognize the need for health or other services; ability to seek counselling or other services, including making appointments and navigate complicated system of services. This standard, stresses the importance of health education (within the facility and through outreach) and individual behaviour-oriented communication that will develop adolescents’ skills and knowledge, and their efficacy to act on their knowledge, in order to maintain good health

### Rationale:

- Adolescents and youth are not aware and don’t have access to, understand and use information and services in manner that promote and maintain good health
- AY don’t have accurate knowledge regarding health and diseases, behaviours, risks and protective factors

- Adolescents and youth value active listening of health care providers and getting clear information
- IEC/SBCC materials in the waiting room are not adolescent and youth-tailored and up-to-date
- Low awareness of the communities, religious & opinion leaders, families and care givers on AY health needs.

### Intent of standard 1

- Adolescents and youth receive health education in health facility and community in a language and format understandable to AY (of various ethnic and age groups) about the type of health services, health providers and facility working hours. Moreover, adolescents are informed about other services (e.g. social services) available in the community. Thus, the health facility maps the different public and NGOs that provides services to adolescents and network with them for referrals.

### Measurable Criteria for standard 1:

Input	Process	Output
<ol style="list-style-type: none"> <li>1. The health facility has a signboard that displays working hours</li> <li>2. The health facility has up-to-date IEC/SBCC and education materials which are</li> <li>3. Health providers are motivated, competent &amp; compassionate to do health education and communicate AY on health, social and other services</li> <li>4. Outreach workers are oriented to provide health education to adolescents &amp; youth in community</li> <li>5. The health facility has a plan to conduct outreach so that it increases delivery of tailored information &amp; counselling and use of services by adolescents in the community</li> </ol>	<ol style="list-style-type: none"> <li>6. Health-care providers provide age and developmentally appropriate health education and counselling to AY and inform them about the availability of health, social and other services.</li> <li>7. Outreach activities are carried out to promote health and use of services carried out according to health facility’s plan</li> </ol>	<ol style="list-style-type: none"> <li>8. AY are knowledgeable about AY health</li> <li>9. AY are aware of the health-care services are being provided, where and how to obtain them</li> </ol>

<sup>1</sup> This includes community health workers, health volunteers, peer educators.

## Standard 2: Community Support

Gatekeepers (Parents, guardians, family and community and religious leaders) play an important role in supporting AY to access and use services. Current AHSBA study shows that there are wide spread cultural and religious barriers for adolescents and youth to use even available and accessible services. This standard sets expectations for the level of support for adolescents and youth use of services from parents, guardians and other community members.

### Rationale for standard 2

- Without gatekeepers' support, adolescent health programs are not successful.
- In some settings, unmarried AYs have little support to access and use sexual and reproductive health services. This standard sets expectations for the level of support for AYs' use of services from parents, guardians and other community members.
- Adolescents and youth face cultural and religious barriers to access health services

### Intent of standard 2

- The health facility informs community members about the value of providing health services to AY either during visits to the facility or through outreach.
- However, merely informing community members about the importance of AY' 'use of health-care services is not enough.
- parents, guardians and other community members support all AY – married and unmarried, younger and older – to use the health services they need.
- The facility engage in partnerships with community members and organizations to develop health education and communication strategies and materials, to get their buy-in and to plan service provision.

## Measurable Criteria for standard 2

Under this standard there are 8 measurable criteria.

Input:	Process:	Output
<ol style="list-style-type: none"> <li>1. Health-care providers have competencies and support materials to communicate with parents, guardians and other community members and organizations about the value of providing health services to AY.</li> <li>2. The health facility has an updated list of community groups, local</li> </ol>	<ol style="list-style-type: none"> <li>4. The health facility engages in partnerships with AY gatekeepers and community organizations to develop health education and behavior-oriented communication strategies and materials and plan service provision.</li> <li>5. Health-care providers inform parents/guardians visiting the health facility about the value of providing health services</li> </ol>	<ol style="list-style-type: none"> <li>8. Gatekeepers and community organizations support the provision of health services to, and their utilization by, AY.</li> </ol>

Input:	Process:	Output
<p>administrative units, and organizations with which it partners to increase community support for adolescents' use of services.</p> <p>3. The health facility has a plan for outreach activities and/ or involvement of outreach workers/health extension workers and community health workers, volunteers in activities to increase gatekeepers' support for adolescents' use of services.</p>	<p>to AY.</p> <p>6. Health-care providers and (including outreach workers) inform parents/ guardians and teachers during school meetings about the value of providing health services to AY.</p> <p>7. Health-care providers and/or outreach workers inform AY and other community organizations about the value of providing health services to AY</p>	

### Standard 3: Comprehensive Service package

Comprehensive care – care that responds to the full range of health problems of an individual or in a given community – is widely recognized as key to the overall quality of care. Comprehensive services that cater for the health needs of the AY are available, accessible and well aligned with the minimum service package in this implementation guideline and other key AY implementation guideline.

#### Rationale for standard 3

- Evidence suggests that important causes of mortality and morbidity, and their risk factors, do not get sufficient attention in primary care nor in many initiatives labelled “youth-friendly”, which often focus on a limited range of issues, such as SRH (For example, mental health problems, which are the main cause of illness and disability among adolescents, are often neglected.
- Other problems that do not get sufficient attention relative to the burden of disease they cause include nutrition, substance use, intentional and unintentional injuries and chronic illness.

- In Ethiopia Sexual and reproductive health, including HIV in adolescents, remains a critical health concern. However, it is important that other contributors to the burden of disease are adequately addressed.
- Evidence shows that AY health services are often clinically oriented and opportunities for preventive interventions are frequently overlooked.
- There is a growing realization that adolescents often face disproportionate risks in humanitarian and fragile settings including poor physical and mental health, harassment, assault and rape.
- Therefore, adolescent-specific service package in humanitarian and fragile settings has to respond to the above health conditions.

#### Intent of Standard 3

- This standard stresses three important elements.
- First, health care for adolescents encompasses a range of services such as information, counseling, diagnosis, treatment and care.
- Second, the package of services offered in the facility reflects the health-care needs of adolescents in the community (ies).

- Third, adolescents need services in: mental health, sexual and reproductive health, HIV, nutrition and physical activity, injuries and violence, substance use, and immunization (refer data quality and adolescent participation).
- Health facility determines exactly what services are to be offered on-site and what services are to be made available through referral and outreach.

## Measurable Criteria for Standard 3

Input	Process	Output
<ol style="list-style-type: none"> <li>1. Policies, strategies, guidelines, service delivery standard that defines minimum service package are in place for development and humanitarian settings.</li> <li>2. Guidance in place as to which health services are provided in health facility and which in settings such as school</li> <li>3. Functional referral system (including procedure to services within and outside the health sector including provisions for transition care) put in place</li> </ol>	<ol style="list-style-type: none"> <li>4. Health-care providers offer the required tailored<sup>1</sup> package of health information, counselling, diagnostic, treatment and care services in the facility and/or in community settings at all service delivery points (SDPs as per the standards.</li> <li>5. Service providers refer AY to the appropriate service and level of care as per the standard.</li> </ol>	<ol style="list-style-type: none"> <li>6. Health facility (service delivery point) provides a tailored package of health services that fulfils the needs of all adolescents, in the facility and/ or through referral linkages and outreach.</li> </ol>

## Standard 4: Providers' competency

Health-care providers' attitudes, knowledge and skills are at the core of quality service provision. Guideline-driven care is central to adolescents' positive experience of care.

### Rationale for Standard 4:

- Many healthcare providers report insufficient knowledge of and technical competence<sup>1</sup> in adolescent and youth-specific aspects of health promotion, disease prevention and management.
- Many providers are not confident to

effectively communicate about issues such as domestic and school violence, family or intimate partner relationships, and nutrition or substance use.

- health-care providers attitudes and beliefs negatively affect AY from utilizing some services and often denied their right to information and services of certain services.
- Therefore, hand in hand with developing technical competencies in AY health care, there is a need to assess and, where needed, change providers' attitudes towards AY and their right to quality health care.

### Intent of Standard 4

- Standard 4 sets the expectations for the technical and attitudinal competencies required of providers for effective care, including competencies related to a human rights-based approach to AY health care. Support staff should also have the human rights-based competency needed.
- Besides competency in managing AY in specific clinical situations, health providers should demonstrate awareness of one's own attitudes, values and prejudices that may interfere with the ability to provide confidential, non-discriminatory, nonjudgmental and respectful care to AY.
- To ensure technical competence, the facility ensures that the number, qualifications and skill mix of staff is adequate to deliver the required package of AY care services
- To maintain acceptable staff performance, ensure up-to-date management of conditions, teach new skills or new aspects of equipment and procedures, the facility provides opportunities for in-service training and other education (seminars, supportive supervision, case reviews, and access to online information).
- Even when formal continuous professional education systems in AY health care do not exist, the facility uses flexible learning opportunities such as seminars, supportive supervision, case reviews, access to online information resources and distance learning to maintain staff performance.

<sup>1</sup> Core Competency in Adolescent Health and Development for primary care providers: Basic concepts in adolescent health and development, and effective communication; Laws, policies and quality standards; and Clinical care of adolescents with specific conditions.

## Measurable Criteria for Standard 4

Under this standard there are 12 measurable criteria.

Input	Process	Output
<ol style="list-style-type: none"> <li>1. Health-care providers and support staff of the required profile are in place.</li> <li>2. Health-care providers trained to have technical competence (skills, attitude and knowledge) necessary to provide the required package of services which addresses the needs and rights of adolescents and youth.</li> <li>3. Health-care providers have been trained/ sensitized on the importance of respecting the rights of AY to information, privacy, confidentiality, and of the health care that is provided in a respectful, non-judgmental and non-discriminatory manner.</li> <li>4. Providers' obligations and adolescents' rights are clearly displayed in the health facility.</li> <li>5. Up-to-date decision support tools (guidelines, protocols, algorithms, job aids) that cover topics of clinical care in line with the package of services are in place</li> <li>6. A system of supportive supervision is in place to improve health-care providers' performance.</li> <li>7. A system of continuous professional education that includes an adolescent health-care component is in place to ensure developmental learning.</li> </ol>	<ol style="list-style-type: none"> <li>8. Health-care providers follow evidence-based guidelines and protocols in delivering care to adolescents.</li> <li>9. Health-care providers and support staff relate to AY in a friendly manner, and respect their rights to information, privacy, confidentiality, non-discrimination, non-judgmental, unbiased attitude, and respectful care.</li> </ol>	<ol style="list-style-type: none"> <li>10. Adolescents receive effective<sup>1</sup> health services.</li> <li>11. AY receive services in a friendly, supportive, respectful, non-discriminatory and non-judgmental manner, and know their rights in health care.</li> <li>12. AY receive accurate, age appropriate and clear information to facilitate informed choice</li> </ol>

<sup>1</sup> Effectiveness is measured against evidence-based standards of care (e.g. criterion-based audit) using a combination of methods, such as an audit of medical records and observation. Tools to measure the effectiveness of care of selected conditions are currently being developed and are not part of this guide.

## **Standard 5: Health Facility Characteristics**

AY are involved in the design, planning, implementation, monitoring and evaluation of health care information and service provision and in decisions regarding their own care as well as in-all possible appropriate aspects of service provision.

### **Rationale for Standard 5**

- Evidence suggests that the process of care can be confusing and even overwhelming for an adolescent. Convenient operating hours (e.g. outside of school hours) and flexible appointment procedures (e.g. the possibility of a consultation without an appointment) are important for adolescents 'access to services.
- AY may not use services if they perceive facilities lack drugs, supplies and medical equipment.

### **Intent for Standard 5**

- Emphasizes the value of organizational and design features of the facility required to provide accessible, efficient, and safe clinical care in a secure and supportive environment.
- The standard emphasizes design settings including safety, cleanliness, convenience and accessibility to AY.
- Design features that ensure privacy, confidentiality and safety includes
  - examination rooms/office that ensure privacy during physical examination

- hand hygiene facility next to examination room,
- adequate seating in waiting room,
- Premises kept clean and in good repair and safe wastage disposal.
- To make the care process seamless for the adolescent, the facility takes actions to support an adolescent-focused process such as:
  - the operating hours are convenient for adolescents in the community(ies)
  - care may be provided on an appointment basis or a walk-in basis
  - the adolescent appointment and registration processes are respectful of the adolescent's time and are designed to minimize waiting times.
- The facility plans and procedures are to maintain confidentiality except obliged by legal requirements such as sexual assault, road traffic injuries etc. The procedures include:
  - registration: identity of adolescent and presenting complaint are kept in confidence
  - consultation: confidentiality & audio visual privacy is maintained throughout the consultation

## Measurable Criteria for standard 5

Under this standard there are 13 measurable criteria.

Input	Process	Output
<ol style="list-style-type: none"> <li>1. A policy/guidelines are available with responsibilities for health workers and support staff to ensure welcoming and clean environment<sup>1</sup>, minimize waiting time and ensure convenient working hours and flexible appointment procedures.</li> <li>2. The facility has basic amenities (electricity, water, sanitation and waste disposal system)</li> <li>3. A system in place to maintain confidentiality and privacy of AY</li> <li>4. A system of procurement and stock management of the medicines and supplies necessary to deliver the required minimum service package in place.</li> <li>5. A system of procurement, inventory, maintenance and safe use of the equipment necessary to deliver the required package of services is in place.</li> </ol>	<ol style="list-style-type: none"> <li>6. Health care providers offer consultations to AY during hours convenient in context of local communities (24/7) with or without an appointment.</li> <li>7. Health care providers and support staff follow policies and procedures to protect the privacy and confidentiality of AY.</li> <li>8. Medicines and supplies and essential are in adequate quantities without shortage/stock out and equitably used.</li> <li>9. The available equipment to provide the required package of services to AY are functional and equitably used.</li> </ol>	<ol style="list-style-type: none"> <li>10. Health facilities are with convenient working hours, appointment procedures and minimum waiting time.</li> <li>11. Health facilities which are clean and with welcoming environment</li> <li>12. AY receive private and confidential health services at all times during consultation process.</li> <li>13. The facility has the equipment, medicines, supplies and technology needed to ensure effective service provision to AY.</li> </ol>

<sup>1</sup> This includes a comfortable seating area, available drinking water, educational materials in local language(s) that are attractive to adolescents, clean surroundings, waiting area and toilets.

## **Standard 6: Equity and Non-discrimination**

Equity is not only about use of services by all adolescents but by the level of respect, application of technical competence, use of medicine or technology in equitable manner. Some groups of adolescents within the community may fall outside the planning and service delivery system because they are less visible, are socially marginalized or stigmatized or do not have advocates. Thus, the health facility has to provide standard AY health service with discrimination.

### **Rationale for standard 6**

- Unmarried adolescents may be stigmatized if they seek SRH services like STI and HIV testing, safe abortion or contraceptive services.
- Service fee is one of the barriers for AY to access health services as many AY are dependent on parents or guardians lacking access to cash

### **Intent of standard 6**

- The standard gives emphasis on equitable service provision for all adolescents
- These standard stresses the importance of providing equitable care so that all adolescents, not just certain groups, are able to obtain the health services they need.
- The facility works collaboratively with other agencies and health-care providers to identify vulnerable group(s) of adolescents in their community(ies)
- The facility provides equitable care and treatment for adolescents with the same health problems and care needs.
- Health managerial leaders plan and coordinate policies and procedures to ensure equity, monitor that this equity is observed at all times and to take remedial actions when necessary
- Health facility ensures that there are policies and guides ensuring services are free or affordable to AY

## Measurable Criteria for standard 6

There are 10 criteria.

Input	Process	Output
<ol style="list-style-type: none"> <li>1. Policies and procedures are in place stating the obligation of facility staff to provide services to all AY irrespective of their ability to pay, age, disability status, sex, marital status, education, ethnicity, or other characteristic.</li> <li>2. Policies and procedures exist for services which are free at point of use or affordable</li> <li>3. Health providers and support staff are aware of the above policies and procedures and know how to implement them</li> <li>4. The policy commitment of the health facility to provide health services to all AY without discrimination, and to take remedial actions, when necessary, is displayed prominently in the health facility</li> <li>5. Health-care providers know who are the vulnerable group(s) of AY in their community (ies).</li> </ol>	<ol style="list-style-type: none"> <li>6. Health-care providers and support staff demonstrate the same friendly, non-judgemental and respectful attitude to all AY, regardless of age, sex, marital status, cultural background, ethnicity, disability or any other reason.</li> <li>7. Health-care providers provide services to all AY without discrimination, in line with the policies and guidelines.</li> <li>8. Health facilities engage vulnerable group(s) of AY in the planning, monitoring and evaluation of health services, as well as in certain aspects of health service provision.</li> </ol>	<ol style="list-style-type: none"> <li>9. All AY, irrespective of their ability to pay, age, disability status, sex, marital status, education, ethnic origin, creed or other socioeconomic characteristics are provided with and report similar experiences of quality health services<sup>1, 2</sup>.</li> <li>10. Vulnerable group(s) of AY are involved in the design, planning, monitoring and evaluation of health services, as well as in certain aspects of health service provision<sup>3</sup>.</li> </ol>

<sup>1</sup> This includes the experience of care alongside *all dimensions* of quality of care as outlined in these standards (e.g. access to information, staff attitude, communication, guideline-driven care).

<sup>2</sup> This criterion can be measured by comparing the experience of care in groups of adolescents with various socioeconomic characteristics.

<sup>3</sup> For example, as peer educators, counselors, trainers.

## Standard 7 – Data and quality improvement

Effective policy-making for AY health care and program design require strategic information on the health-related behaviours of AY and about available health services for them. For program design, data that come from routine facility data collection and facility assessments of services and service quality are extremely important.

### Rationale for standard 7

- Through facility-level registers DHIS-2 collect data that includes client information about age, sex, presenting problem, diagnosis and services provided. However, in most low- and middle-income countries when data are aggregated at the national level, it is difficult to identify the data on AY.
- Data is not collected for reporting purposes solely. It needs to be used at the point of collection as an input for decision-making.
- Data on quality of care even when they exist lacks focus on AY specific quality elements.
- Information communication technology, (ICT) is used nominally while it can complement the data management and use for decision making process.
- Countries that have made progress in measuring the quality of health services

for adolescents, based on nationally developed standards, have shown greater utilization of improved quality services.

### Intent of standard 7

- Actions to collect analyse and use data on cause-specific service utilization and quality of care, disaggregated by age and sex support quality improvement. Disaggregating data by other important characteristics such as school enrolment or marital status can also help in monitoring equity.
- The aggregation and analysis of data and information and planning of subsequent improvements frequently requires knowledge and skills that most staff do not have or do not use regularly. Thus, staff involved in these processes need to be provided with the training and tools to manage, display, and report data and information on adolescents in a useful and informative manner.
- Staff motivation to participate in quality improvement may depend on a number of factors, including factors outside the control of facility managers or health systems. However, actions such as supportive supervision or reward and recognition of highly performing staff will help drive a culture that engages in health improvement initiatives.

## Measurable Criteria for standard 7

There are 12 Criteria.

Input	Process	Output
<ol style="list-style-type: none"> <li>1. A system is in place to collect data including on service utilization that is disaggregated by age, sex and other socio-demographic characteristics as relevant.</li> <li>2. Staff are trained to collect and analyse data to inform quality improvement initiatives.</li> <li>3. Tools and mechanisms for self-assessment of the quality of health services for AY are in place.</li> <li>4. Mechanisms are in place to link supportive supervision to priorities for improvement as identified during the assessment of the implementation of standards.</li> <li>5. Mechanisms are in place for reward and recognition of highly performing health care providers and support staff.</li> </ol>	<ol style="list-style-type: none"> <li>6. The health facility (all service outlets) collect data on service utilization disaggregated by age and sex, and conducts regular self-assessments of quality of care.</li> <li>7. Health-care providers and support staff use data on service utilization and quality of care for planning and implementation of quality improvement initiatives.</li> <li>8. Health-care providers and support staff receive supportive supervision in areas identified during self-assessments.</li> <li>9. Good performance is recognized and rewarded</li> </ol>	<ol style="list-style-type: none"> <li>10. Facility's reports to Woreda include data on cause-specific utilization of services by AY that is disaggregated by age and sex.</li> <li>11. Facility's reports to Woreda on quality of care have a focus on adolescents.</li> <li>12. Health facility staff members feel supported by supervisors and motivated to comply with the standards.</li> </ol>

### Standard 8: Adolescent and Youth engagement (Participation)

The meaningful involvement (engagement) of adolescents is an integral component of effective adolescent health care. It is essential that their engagement is encouraged and supported by facility staff.

#### Rationale for standard 8

- AY have the right to participate in decisions that affect their lives.
- AY have important contributions to make in the policy-making, planning, implementation and monitoring of services provided in health facilities as well as the community.
- If given the opportunity and empowered and trained, AY could be effective peer educators, counselors, trainers and advocates.

- AY have the capacity to identify approaches or solutions that will best adapt a health-care solution or management option to their personal circumstances
- Upholding adolescents' participation in their own care supports the provision of sustainable, acceptable, locally appropriate and more effective solutions, which ensures that more AY will seek and remain engaged in care.

#### Intent of standard 8

- Important areas for and rights of adolescents' participation.
  - It highlights adolescents' participation (engagement) in the planning, monitoring and evaluation of health services.

- It stresses adolescents' participation (engagement) in decisions regarding their own care.
- It emphasizes adolescents' participation in certain aspects of service provision.
- Including adolescents in the governance structure of the facility is one way to understand their perceptions of its services. In addition, the perceptions of current and potential adolescent clients in the community are very important.
- Unless the adolescent lacks decision-making capacity, or the decision-making capacity is delegated by law to a third party, the adolescent can make decisions about all aspects of care, including refusing care.
- Engaging AY in certain aspects of service delivery such as peer education, counseling, training and advocacy. In order to participate in a meaningful way, adolescents should be empowered and trained to do so effectively.
  - The facility has policies and procedures on how to handle an informed consent, and makes sure the providers know and respect them.

## Measurable Criteria for standard 8

There are 9 criteria.

Input	Process	Output
1. The governance structure of the facility Includes AY (e.g., health care system including facility management board) 2. There is a policy/guide in-place to engage AY in-service planning, implementing, monitoring and evaluation. 3. Health-care providers are aware of laws and regulations that govern informed consent, and the consent processes are clearly defined at facility level policies/practices and procedures in line with laws and regulations.	4. The health facility carries out regular activities to identify AY's expectations about the services <sup>1</sup> and to assess their experience of care, and it involves AY in the planning, implementation, monitoring and evaluation of health services. 5. Health-care providers provide accurate and clear information on the medical condition and management/treatment options and explicitly take into account the adolescent's decision on the preferred ethical option and follow-up actions. 6. The health facility carries out activities to build adolescents' capacity in all possible aspects of health-service provision	7. AY are involved in planning, implementation, monitoring and evaluation of health Services. 8. AY are informed and involved in decisions regarding their own Care. 9. AY are involved in certain aspects of health service Provision like counselling, peer education.

<sup>1</sup> This may include adolescents' perceived health-care needs and adolescents' opinions on what services should be provided, as well as aspects of organization (e.g. working hours), provider-related aspects (e.g. strong preference for male or female provider)

## Standard 9: Inter-sectoral Collaboration

Defined as “a recognized relationship between part or parts of the health sector and part or parts of another sector, that has been formed to take action on an issue or to achieve health outcomes in a way that is more effective, efficient, or sustainable than could be achieved by the health sector working alone” – is necessary.

The levels of inter-sectoral action will range from information (information exchange), cooperation (incidental, casual or reactive cooperation led by the health sector) and coordination (a joint effort working towards the adjustment of the policies and programs of each sector for the purpose of greater efficiency and effectiveness) to integration. Even if the responsibility for implementation lies with other sectors, the health sector has an important role to play in raising awareness, mobilizing, and providing technical support to other sectors (**Adolescent Health in All Policies (AHiAP)**). Intersectoral programs can be focused on a single issue (e.g. adolescent pregnancy), or be broad-based (e.g. a school health service program, Case or a health-promoting school program)

### Rationale for Standard 9

- The health of adolescents and youth is influenced by multidimensional factors that can be impacted positively by engaging different sectors such as education, water, transport, construction, culture and tourism, Women & social affair, legal institutions etc.
- Interventions and policies by sectors other than health have a larger effect on A&Y health such as in education, environment, water and sanitation, nutrition, poverty reduction, transport and communication, etc. thus other sectors enable to include AY health influence/contribute in their plan, during programming the health sector has important role aiming to ensure that policies for each sector are formulated and implemented with due attention to the inclusion of evidence based intervention that will improve AY health.
- There are limited platforms that bring different sectors to align A&Y focused

interventions to synergize efforts and maximize outcomes.

- Significant proportion of AY are facing increasing pressure about sex and sexuality, including conflicting messages and norms due to lack of adequate information, skills and awareness on their rights, especially around sex and gender expectations and their own health.
- Absence of national age appropriate, culturally sound and legally sensitive health and wellbeing of AY embraced within school curriculum.

### Intent for Standard 9

- Strong leadership for AY health is needed to mandate collaboration between different departments and other sectors to ensure an AY health focus in key policies, including those related to financial protection, training and education of providers, quality improvement, health management and information systems, and infrastructure at all level including district level.
- Strengthen national and subnational (Regional, Zonal and district level) political and administrative capacity and leadership for AY health.
- Build AY-centered competencies in: data use for decision-making; essential skills in negotiation, budgeting, consensus building, planning, and program management; collaborating across sectors; coordinating multi-stakeholder action; mobilizing resources; and ensuring accountability
- Adolescent and youth health and development agenda is a national priority and MoH has to ensure that there is no sector that is not addressing AY in any form (**AHiAP**).
- Significant gains in the health of adolescents and youth result from interventions outside of the health sector.
- The health sector will lead initiatives, develop strategies and make compelling case for action, and disseminate evidence-based interventions and good practices through a forum.
- Synergistic action with other sectors and

stakeholders particularly education, youth organizations, Women & social affair, culture and tourism, legal institutions and media is crucial,

especially for reduction of risks and vulnerability and for improved care seeking.

## Measurable Criteria for Standard 9

There are 12 criteria.

Input	Process	Output
<ol style="list-style-type: none"> <li>1. Strong leadership for AY health at the inter-sectoral level</li> <li>2. TWG develop guideline for inter-sectoral collaboration</li> <li>3. Support other sectors to include AYH issues into their sectoral strategic plan (AHiAP).</li> <li>4. Communicate the rationale for providing health services to adolescents in the mass media and in meetings with national-level representatives of other sectors (e.g. education) and civil society institutions<sup>1</sup>.</li> </ol>	<ol style="list-style-type: none"> <li>5. Create a common understanding about the importance in investing in an AY among key players, such as the education and, Women and Social affair, culture and tourism, legal institutions etc.; Professional societies; associations of public Health, medical, nurses and midwives; and other civil society organizations.</li> <li>6. Advocate the rationale of providing health services to AY in mass media and in meetings with national-level representatives of other sectors and civil society institutions</li> <li>7. Create platforms for the ministry of health to engage with other sectors and civil society bodies to address health and development needs of AY, and to support them in using evidence-based approaches.</li> <li>8. Participatory approaches to adolescent education in life skills for health and wellbeing, and healthy behaviors (e.g. nutrition; physical activity; no tobacco, alcohol or drugs);</li> <li>9. Advocate Health-promoting schools initiatives, including promotion of a positive school ethics;</li> <li>10. Pre-service and in-service training for teachers and other professionals (e.g. police and community workers) working with adolescents;</li> </ol>	<ol style="list-style-type: none"> <li>11. Strong functional AY health focal points in the ministry of health and at different subnational levels</li> <li>12. Strong and functional collaboration between different sectors at national and subnational levels.</li> </ol>

<sup>1</sup> For example, nongovernmental organizations or religious bodies.

# IMPLEMENTATION GUIDE

The global adolescent health standards have also an implementation guide outlining key actions to be taken at national, districts and facility levels to implement standards driven approach to improve quality of health care for adolescents and youth. In this section of document, we have tried to adapt the key recommended actions at national, regional, zonal and woreda level which supports implementation of quality standards..

## **Management and coordination for Adolescent and youth health**

The health sector at federal, regional/city administration, zonal, woreda level takes the primary responsibility to lead and coordinate adolescents and youth health care delivery services. Each of the levels are responsible to ensure that all preventive, promotive and curative health services are standard driven, coordinated and responsive to the needs of adolescents and youth. The health governing bodies at various levels should meaningfully engage youth in the design and delivery of health care needs of adolescents; and ensure quality essential services packages that are free or affordable are provided through multiple service delivery including integrated outreach and mobile services to ensure that all adolescents access health services. Before we go to guidance on specific action to implement quality standards, let us briefly see the management and coordination of AYH at various administrative levels

### **National level**

The Ministry of Health through its relevant structure chief executive offices, desks, and case teams is responsible for leading the implementation of the national adolescent and youth health strategy (2021-2025) nationally.

The ministry working with relevant stakeholders will lead the development of guidelines, SoPs, training manuals or job aids as needed and support regions to

implement them after adaptation if needed. The Ministry will also work toward the

inclusion of adolescent and youth health indicators (disaggregated by age and sex) into health management information guides and tools and support regions to use them to inform decision making at all levels. MoH will also ensure that Minimum Service Packages for adolescents and youth are revised as needed and works toward reducing financial barriers so that adolescents and youth can access services either through pooled financing, reduced co-payment, or affordable service fee. The Ministry of Health will ensure that reports presented to the Joint Steering clearly includes reports on status of adolescent and youth health. To improve the quality of services delivery, the Ministry, working closely with relevant stakeholders, lead the development of strategic guides, SoPs, training manuals, job aids, e learning materials and e-health and m health solutions and support their implementation with adaptation as needed.

MoH also ensures health issues of adolescents and youth in humanitarian settings are addressed; health services are provided, and referrals facilitated. AYSRH services toolkits to youth in humanitarian settings are also developed/adapted. The Ministry of Health also leads the resource mobilization for adolescents and youth health and supports regions and providing support for the expansion of youth friendly services. Guided by national level service standards, health facilities are equipped with essential supplies and kits for self-care including HIV and pregnancy tests as well as equipment and technology. The MoH leads advocacy efforts including yearly National AYH forums.

The national adolescent and youth health technical working group will have clearly stipulated scope of work to provide technical advisory role on the national adolescent and youth health activities and meets regularly and its meeting and decisions formally documents. MoH will put efforts to work in closely with relevant sectors including education, women and Social Affairs and

others to ensure multisectoral coordination.

### **Regional Level/city administration**

The regional health bureau is responsible for giving strategic leadership for implementing the 2021-2025 AYH strategy in their respective region. The regional health bureau leads the annual planning exercise in the region ensuring that adolescent and youth health issues are included in the woreda-based planning. The RHB incorporate AYH activities in the region work plan and support accompanying micro plans and manage resources. Regional health bureaus operationalize the implementation of AYH plan through collaboration with implementing partners, ensuring implementation as planned. The regional health bureau working with MoH is responsible for communicating the AYH 2021-2025 strategy and orientation and capacity building on other guidelines and protocols in Adolescent and Youth Health. RHB makes use of regional media outlets also to outlets to promote the policies, guidelines and information and education related to AYH for the public at large.

The regional health bureau also leads multisectoral coordination mechanisms in adolescent and youth health to ensure that services provided to adolescents and youth are coordinated and responsive to the needs of adolescents and youth. The regional health bureau also organizes structure that coordinates adolescent and youth health in the region and recruit staff. RHB is primarily responsible for orienting zones and woredas on the HMIS & guides and protocols as needed and regularly organizes review meeting and supportive supervision to zones, woredas and health facilities. The RHB ensures that commodities and supplies are distributed to zones and woredas and ultimately to health facilities. RHB sets up regional TWG and ensures that adolescents and youth are represented in the TWG. RHB ensures provision of AYH services supporting youth centers, private health institutions, educational institutes, work places and development corridors. The regional bureau

leads capacity building efforts in the regions and conducts post training follow-ups. The health bureau at region also supports conducting operational research in collaboration with regional universities around priority local AYH issues.

### **Zonal level**

The zonal health departments in the regions are responsible for planning, coordinating implementing, monitoring and evaluating adolescent and youth health programme activities through assigned AYH focal persons. The zonal health departments operationalize and technically and financially support AY health-care activities in collaboration with Woreda health offices, health facilities, and communities. The department will be responsible and accountable for proper utilization of AYH program related resources such as finance, drugs, supplies and equipment. There should be a trained and competent focal person at the zonal office who is responsible for AYH program. The zonal health department are responsible for tracking and monitoring the implementation process, document, learn and ensure coverage and quality of service. Timely and quality report should be communicated with the relevant offices disaggregated by age and sex. The zonal departments with the regions should regularly organize and conduct training and orientation on data collection and reporting to improve the data quality generated at zonal and Woreda health offices. The zonal department should have an updated data base on trainers, trained personnel on AY Health-care and the types of training they received. The offices will work with the region on continuous education to service providers to improve competency in skill, attitude and practice. The zonal health departments with Woreda health offices will play major role in identifying relevant trainees, organize and conduct orientation workshops and trainings. The zonal health departments should work to ensure proper integration of services at grass root level so that AY can access quality information, services and supplies within the health facilities without discrimination. The zonal health offices should work with schools, TVETs, youth

centers, higher education institutions, workplaces and other spots to organize and conduct outreach AY health-care services. Functional referral linkages should be established among public and private health facilities, higher education institutions and youth centers to maximize the benefit of the AY in the utilization of available services. The zonal health department will be working with the Woreda health offices and regions on region specific social mobilization for behavioural change, organizing region/zone specific AY health forum and days, and preparation and dissemination of behavioural change communication materials.

### **Woreda level**

The woreda health office leads that AYH activities are included as part of the annual woreda based planning. The woreda health office works with the woreda administration conducts formal and informal lobbying and advocacy for increased budget allocation for adolescent and youth health activities. The woreda health office is concerned with coordinating AYHD activities through assigning a focal person which have also close working relationship with programs such as health extension program. The office coordinates multisectoral coordination activities working with sectors such as Labor & Skill , education, MoWSA and relevant sectors, private sector and NGOs. The woreda office also works toward ensuring health facilities have amenities such as water and electricity and facilities have uninterrupted supplies and essential medicines required for providing minimum health packages for adolescents and youth health. The woreda health office also leads the effort for supporting adolescents and

youth health are included in financial protection schemes such as Community Based Health Insurance and ensures that adolescents and youth are represented in health facility governing boards. The woreda health office also leads capacity building efforts in adolescent and youth health through catchment-based mentorship as well as through supportive supervision. The office also supports the roll out of HMIS system and collection and synthesis of adolescent and youth health report which is disaggregated by 5-year range and sex and also supports the implementation of standards driven service by conducting continuous quality improvement.

### **Kebele and Community Levels**

The health extension workers should be well oriented on AYH. They have to be well oriented on AY development, and methods of communication and counselling of AY. The HEWs should take the advantage of their closeness to the community to advocate for AY in accessing AY Health-care information, services and supplies. The HEWs should report on AY health activities to the next level on the reporting chains. Women development groups and other community level structures should be oriented on basics of AY health development, common AY health problems and their entitlements for basic health services and the support of community and parents. Health Extension Workers should work with community level volunteers, in-and-out of school peer educators, youth centers and clubs to educate, provide services and supplies, and facilitate referral

# ACTIONS AT NATIONAL LEVEL

## Governance

### Review, policies, guides, systems and procedures

- **Comprehensive package of services:**

(i) Define essential (minimal) package of services for adolescents and youth (ii) review guidelines and procedures and to enable minimum (essential) package of services for adolescents and youth

- **Financial protection:** Take measures that ensure adolescents' financial protection (e.g., waivers, vouchers, exemptions from or reduced co-payments) so that health services are free at the point of use or affordable to adolescents.

- **Confidentiality:** Advocate for revision of national laws and policies so that they have provisions on

(i) clearly indicates situations that permits breaching of confidentiality (e.g. disclosure of sexual abuse of a minor, significant suicidal thoughts or self-harm or homicidal intent), with whom, and for what reasons; (ii) (SOPs) in situations when confidentiality might be breached due to legal requirements; (iii) in other situations, health facility managers, service providers and support staff are to keep the confidentiality of their adolescent and youth clients; (iv) indicates clearly a consultation with an adolescent client accompanied by parents/guardians to routinely include time alone with the adolescents and youth ; (iv) clear procedures to be followed in the facility to ensure that information about clients is not disclosed to third parties, and that personal information including client records are held securely; and (v) it is necessary that physical space of the facility and steps to

ensure visual and auditory privacy during registration and consultation with a service provider.

•**Age of consent:** revise policies and guides for age of consent to:

(i) align with the current WHO recommendations; (ii) clearly indicates situations for asking informed consent, the legal age of adolescents' consent for major clinical situations and procedures, and from whom the consent should be obtained if the adolescent is below the legal age of consent for a given situation/procedure; (iii) adopt flexible policies to allow adolescents in specific groups or circumstances to be considered "mature minors";(iv) SOPs for obtaining informed consent; (v) emphasize that in all cases, regardless of requirement of parent or guardian consent, the need for securing voluntary, adequately informed, non-forced and non-rushed assent of the adolescent ; and (vi) communicate that in all situations, whether or not consent from adolescents and youth is required, adolescents & youth to be provided full, unbiased and clear information on the nature, risks and alternatives of a medical procedure or treatment and their implications to ensure adolescents' and youth participation in their own care and the communicate their choices.

**Equity:** advocate for and review laws and guidelines to ensure that they do not restrict the provision of health services to adolescents; policies clearly indicate the obligation of facility staff to provide services to all adolescents irrespective of their ability to pay, age, sex, marital status, schooling, race/ethnicity, or other characteristics.

**Engagement:** Review laws and policies and support their implementation to ensure that adolescents and youth are involved in designing, planning, monitoring, evaluation and provision of services; advocate to

ensure that adolescents and youth are members of health facility governance structure (e.g. health center board).

- **Welcoming services:**

Review existing policies to include to (i) ensure convenient operating hours for adolescent & youth and measures for reducing waiting time; (ii) ensure friendly and clean environment (seating area is comfortable and clean, drinking water is available, educational materials are available, toilets are clean and functioning, surrounding area is clean); and (iii) ensuring privacy at all stages of the process of care.

- **Health management information system (HMIS):**

Review the HMIS, data collection and reporting forms and reporting requirements to ensure all data adolescents and youth are disaggregated by sex and 5-year age groups, and data remain disaggregated when synthesized nationally.

**Communicate systems, policies and guides (including revised ones), and other relevant documents, to regional health bureau**

- Communicate revised policies and guides on (i) equitable service provision to adolescents and youth, financial protection measures; (ii) the age of consent; and confidentiality; (iii) adolescents' participation in planning, monitoring, evaluation and provision of services; and (iv) the organization of welcoming services (e.g. optimizing operating hours and waiting time, ensuring privacy, maintaining a clean environment), and request the development of local procedures to implement the policies.

- Inform regional health bureaus about the latest requirements for reporting and send updated

data collection and reporting forms.

- Give orientation (communicate) regions on updated AYH data collection and reporting forms
- support regional health bureaus so that they support make display boards on equitable service including free or affordable service and distribute display boards to facilities.
- Orient regional health bureaus about the minimum package of health services to be available for adolescents and youth.

**Advocate with regional health bureaus to secure ownership and support for key policies and guides**

- Orient regions on (i) rights-based approach in the health-care of all adolescents and youth, (ii) adolescents and youth participation in design and assessment of their health care; Confidentiality and informing them about confidentiality and applying procedures to maintain it; (iv) respecting privacy at all stages, and privacy.
- Support regional health bureaus so that zone, woreda and health facility managers take actions to help inform adolescents and youth about the range of health services provided in the facility.
- Support regions on taking steps such as (modifying operating hours to meet the needs of specific groups of adolescents) to make services welcoming and accessible.
- Support regions to orient zones and woredas to engage with local community organizations to increase community support for adolescent use of services.
- Support regional health bureaus so that they support zones, woredas and health facility managers to have a plan for outreach activities that: (i) create a shared understanding with schools, youth and other community based around outreach; (ii) provide hard-to-

reach and vulnerable groups with information and services by outreach workers who are oriented or trained on AYH ;

- Support regional health bureaus to help zone and woredas institutionalize involving adolescents, in the planning, monitoring and evaluation of health services, as well as in certain aspects of health-service provision (e.g. outreach health education, counselling and training).
- Support regions to work with zones and woreda to organize routine health information on cause-specific utilization of services by adolescents and youth and establish shared understanding of an adolescent and youth health focus in district and facility-based registers.
- Create a shared understanding on importance of routine assessment of quality of AY health services at health facility- level and regular review of quality at zones and woreda levels

### **Advocate with other sectors and wider society to ensure their support for key policies**

- Conduct sensitization and advocacy on providing adolescents and youth health services in the mass media and in meetings with national level sector representatives and civil society institutions.
- Conduct awareness raising and advocacy in meetings and mass media on national policies on adolescents' and youth financial protection and related documents other documents aimed at protecting adolescents' rights to quality services regardless of their ability to pay or other sociodemographic characteristics.
- Advocate on the right to confidentiality Communicate about adolescents' rights to confidentiality and privacy in mass media and in meetings with sector representatives and NGOs/CSOs at federal level.

- Raise community awareness on Minimum package of health-care services that should be made available to adolescents.

### **Develop or review, as appropriate, norms, standards and SoPs and make them known and available in the regions**

- Provide orientation and support to regions on national standards for quality health-care services for adolescents and youth so that they cascade it to zones and woredas.
- Introduce the Minimal Package of Health Services that should be provided to adolescents and youth within the health facility and in the community and develop guidelines/SoPs to implement the packages.
- list the services to be provided at various level primary, secondary as well as referral level and develop and orient them on referral protocols to ensure compliance at health facilities.

### **Develop or review, information and training materials, practice guidelines and other (decision support) tools in adolescent and youth health care**

- Lead the development or adaptation of information & education for adolescents, parents, guardians and community on benefit of provision of health services to adolescents and youth. Partner with (NGOs) working on adolescent and youth health on its dissemination to woredas.
- Develop or adapt age-appropriate visual and audio aids on management and treatment options of key medical conditions of adolescent and youth and send them to regions for distribution

to woredas (after adaptation, if needed). Partner with NGOs working on adolescent and youth health to disseminate them to woredas.

- Develop or adapt decision support tools (guidelines, protocols, algorithms, job aids) for adolescent and youth health conditions and situations as required by the defined package of services.
- Ensure that these decision support tools are included in teaching/learning materials and activities.
- Develop or adapt tools and checklists for supportive supervision and work with regional health bureaus to distribute them to regions, zones, woredas and facility managers.

### **Ensure an adolescent and youth health focus in national reports**

- Ensure that national reports on cause-specific utilization of services include a focus on adolescents and youth.
- Ensure that other national reports (e.g. EDHS, and other national Surveys, quality of care evaluations) have a focus on adolescents and youth.

### **Conduct data monitoring, evaluation and data synthesis at the national level and use of national data to stimulate local actions**

- Support regions on (i) use of data for planning and decision and implementing quality improvement initiatives (ii) requirement in monitoring and evaluating implementation of standards (e.g., and periodic woreda level facility visit and woreda evaluation).

- Communicate regions on vulnerable AY in each woreda /support regions to cascade identifying vulnerable adolescents in each woreda based on national data and promote woredas based analysis of vulnerable groups.
- Issue a guide for (i) routine self-assessments of the quality of care for adolescents and youth health indicating frequency, roles and responsibilities; (ii) put a provision on involvement of adolescent's and youth's expectation about the service and their assessment of their experience of care are part of the self-assessment.
- Develop and adapt tools to monitor the implementation of national standards for quality healthcare for adolescents & youth.
- Conduct periodic national evaluations of the implementation of standards: (i) analyze national data on adolescents' & youth experience of care; (ii) analyze national data on vulnerable adolescents' experience of care; (iii) assess compliance to guidelines and protocols and its effect on adolescent and youth health. Provide feedback to regions (zones and woredas) in each of these areas and support them in developing action plan to correct them and its implementation.
- support regular evaluations of equity in adolescent & youth health care in regions, provide feedback to regions (zones and woredas) and support RHBs to roll out equity assessment in zones, woredas and facilities, and implement action plan to increase equity.
- Work with regional health bureaus to set up a system to recognize performing woredas,

facilities, health-care providers and support staff. Support regions sensitize woreda officials on merits of recognizing and rewarding high-performing facilities and staff.

## **Workforce capacity**

### **Define core competencies in adolescent and youth health and development and develop and implement competency-based training programmes in pre-service and continuous professional education**

- Define the core competencies required by the service providers in adolescent and youth health and development in key areas.
- Establish/strengthen continuous professional education in adolescent and youth health care providers including a combination of traditional learning methods with innovative ways to access teaching expertise and materials (e.g. e-learning, self-learning by accessing electronic databases).
- Develop and implement competency-based in-service training programmes in adolescent health and development in pre-service and continuous professional education in adolescent and youth health information, counselling, diagnostic, treatment and care for priority conditions.
- Support a human rights-based approach to adolescent and youth health care, including preventing discrimination, is incorporated in both pre-service and continuous professional education training, handbooks

- and training materials.
- ensure that regions regularly conduct training needs assessment in core competencies in adolescent and youth health at the zone and woreda level and conduct in-service trainings in adolescent health.
- Ensure that training and orientation materials on adolescent and youth health and a human rights-based approach to adolescent health care are available in the regions and access by zones and woredas.
- Support regions so that training and orientation on data collection and analysis to inform quality improvement are cascaded to woreda level.

### **Establish/strengthen supportive supervision system in adolescent and youth health care**

- Set up a system for supportive supervision in adolescent health-care. Ensure that supportive supervision is linked to action plan for improvement as identified during the monitoring of the implementation of standards and provide onsite feedback to staff.
- Ensure that the system of supportive supervision is extended to health extension workers and outreach workers that provides AYH services.

### **Ensure an adolescent health focus in job descriptions and policies on skill mix**

- Ensure that job descriptions include core competencies in adolescent and youth health

and development as, and ensure that objectives, responsibilities, authority and lines of accountability within job descriptions include a focus on adolescents and youth.

- Define the skill mix in adolescent health care of teams at different levels of the health-care system, identify region, zone and woreda staffing needs, and deploy staff to facilities to ensure the necessary skill mix.

## Financing

### **Negotiate allocation of funds from the national budget to ensure the provision of a comprehensive package of services to adolescents**

- Work with the ministry of finance so that budget allocations are adequate to enable the provision of the defined package of adolescent health-care services.
- Make the national Minimum Service package of adolescent health services an instrument to guide purchasing decisions and benefit packages, with due attention to preventive services.

### **Finance continuous professional education activities**

- Allocate funds to ensure continuous professional education activities in adolescent health and development at the regions.
- Allocate funds for capacity building, as part of the continuous professional education of facility managers and health-care providers, in using decision support tools for various adolescent health-care conditions and situations as required by the defined package of services.
- Allocate funds to support the activities necessary to implement the system for

supportive supervision in adolescent health and youth health care (e.g. ToT, travels).

- Allocate funds for printing and other dissemination mechanism of decision support tools.

### **Finance quality improvement initiatives in adolescent health care**

- Allocate funds to implement national quality standards, and to implement reward and recognition actions of highly performing woredas.
- Make funds (support regions) to make available to enable woredas to support health-care facilities in implementing actions to improve the quality of health care of adolescents and youth, based on findings of self-assessments.

### **Finance the production of information and education materials for adolescents and community members**

- Communicate with regions to identify their needs for information and education materials (IEC/SBCC) for adolescents and youth and community members and allocate/mobilize sufficient funds for their production.

## Drugs, supplies and technology

### **Develop or review, as appropriate, checklists for basic amenities, drugs, supplies and technology**

- develop, and send to regions, a checklist for basic amenities such as electricity, water, sanitation and waste disposal that should be available in the facility to enable the provision of the defined package of services.

- Prepare lists, and send to regions, of essential medicines and supplies that facilities need in order to provide the defined minimum package of services.
- Prepare lists, and send to regions, of equipment that facilities need to have in order to provide the defined package of health services, and specify requirements for maintenance and safe use.

**Work with regions to determine needs in drugs, supplies and technology, and ensure the needs are met**

- Work with regions to determine gaps in the availability of basic amenities, and support regions in addressing those deficiencies in a timely manner.
- Work with regions to determine shortages in the stocks of essential medicines and supplies that are needed to provide the defined package of health services, and ensure timely resupply.
- Work with regions to determine gaps in the availability of the equipment required

to provide the defined minimum package of health services, and ensure timely supply and maintenance.

**Advocate with regions to ensure the equitable use of the drugs, supplies and technologies in the care of adolescents and youth**

- Orient regions on equitable provision of medicines and supplies, with special regard to adolescent and youth clients, and taking corrective actions in the event of inequitable use (e.g. denying adolescents certain methods of contraception).
- Orient regions on equitable use of medical equipment and technology, with special regard to adolescent clients, and the importance of taking corrective actions in the event of inequitable use (e.g. denying adolescents access to some equipment).

# ACTIONS AT THE WOREDAs LEVEL

## Governance

### Communicate national laws and policies, and latest revisions, to facility managers, and encourage facility-level actions

- Give orientation to facility managers policies and guidelines including the latest revisions, on (i) equity in service provision to adolescents and youth and financial protection measures; (ii) the age of consent and confidentiality; (iii) adolescents' meaningful engagement in planning, monitoring, evaluation and provision of services; and (iv) the rendering of welcoming services (e.g. optimizing operating hours and reduced waiting time, ensuring privacy, maintaining a clean environment); and develop of local procedures to implement the policies and guidelines.
- Orient facility managers about the defined package of health services for adolescents and youth.
- Ensure facility managers receive the guidelines/SOPs on health services provided to adolescents and youth in health facility and those in the community.
- Ensure that facility managers receive guides about referral policies within and outside the health sector and the SOPs to implement them.
- Orient facility managers about mandatory requirement of visible display of adolescents' rights in the health-care facility.
- Orient woredas on updated HMIS and send updated data collection and reporting forms.
- Ensure that facility managers are aware of the provision in the national policies for the inclusion of adolescents in the governance structure of the health-care facility (when

endorsed) and communicate the importance of doing so.

### Advocate with facility managers to ensure their ownership and support for key policies

- Communicate to facility managers and staff the importance of (i) That all adolescents' are have rights to quality services (ii) involving adolescents in designing and assessing health services; (iii) the positive link between confidentiality and use of services, and communicating adolescents about confidentiality and using facility procedures to maintain it; (iv) maintain privacy at all stages of the adolescents' and youth health care, following facility procedures to assure privacy.
- Orient facility managers about taking steps to inform adolescents and youth about the range of health services available (e.g. putting up a notice board) and make service to be welcoming (e.g. through modifying working hours).
- Orient facility managers on conducting outreach activities that: (i) engage schools, youth and other community organizations on outreach to;
- reach vulnerable groups with information and services by oriented or trained outreach workers;
- working with NGOs so that they engage selected adults or adolescents and youth to provide health services and commodities to adolescents and youth in the community.
- Give orientation routine information from health facilities on cause- specific

utilization of services by adolescents, and the use of an adolescent and youth health focus in facility-based registers.

- Give orientation to facility managers on benefits of routine facility-level quality of service assessment for adolescents and youth.

### **Advocate with other sectors and wider society to ensure their ownership and support for key policies**

- Organize advocacy event on providing health services to adolescents with district-level Woreda level sector offices representatives of civil society institutions.
- Provide information on the health services are provided, where and when, and how much they cost: (i) in the mass media (where possible); (ii) in meetings with representatives of sectors, NGOs and stakeholders.
- Conduct awareness raising events in the media on national guidelines about adolescents' and youth financial protection and other guides on the right to quality health services by all adolescents and youth.
- Give orientation on adolescents' and youth' rights to confidentiality and privacy in local mass media (when possible), and during meetings with Woreda level sectors, NGO representatives and stakeholders.

### **Support facility managers to implement key policies/guides and to translate them into facility SOPs**

- Work with facility managers to map which groups of adolescents to reach with services in the community, where to reach them, and what health services and commodities to reach them with.
- Support facility managers to increase compliance to SOPs for referrals (e.g. facilitate access through referral linkages to services that are not available locally).
- Support facility managers implementation of national guides and SoPs on equity and financial protection.
- Support facility managers in the implementation of guides/ SoPs on

confidentiality and privacy.

- Support facility managers in translating the policy on informed consent into local SOPs.
- Ensure that display boards with guides and procedures on equitable (including free or affordable) service provision for adolescents and youth are prepared (in local language when possible) and distributed to facilities.
- Support facility managers to set up a mechanism for engaging adolescents and youth in designing, assessing and providing health services, and to have a plan on engaging adolescents and youth.

### **Ensure the availability of information and educational materials at the Woreda level**

- Distribute IEC/SBCC materials secured from region or NGOs to facilities, together with NGOs working in the Woreda.
- distribute of information materials and their management options on key conditions from federal/regional officials or NGOs to facilities, and/or liaise with NGOs in the Woredas that work on adolescents and youth health to disseminate the materials to the facilities.

### **Ensure an adolescent health focus in district reports**

- Woredas reports on cause-specific utilization of services and quality of care with a focus on adolescents and youth including very young adolescents.<sup>1</sup>

### **Conduct monitoring, evaluation and data synthesis at the Woreda level and use national and Woreda level data to stimulate local actions**

- Orient facility managers on national guide for self-assessment of the quality of adolescent and youth health and communicate to facility managers the on benefit of use of data for planning and taking action for quality improvement initiatives.
- Orient facility managers on collecting adolescents' expectations about the service and assessing their experience of care as part of facility self-assessment.

- Give orientation to facility managers/staff on self-assessment tools, including tools for assessing adolescents' expectations about the service and their experience of care, and ensure they are available in facilities.
- Monitor the implementation of policies and guides on the provision of the Minimum service packages for adolescents and youth within the health facility and compliance with SOPs.
- Monitor the implementation of referral policies/guides at the Woreda level and compliance with SOPs.
- Analyse district data to assess equity in adolescent health care, provide feedback to facility managers and support them in taking corrective actions.
- Conduct periodic supportive supervision to facilities to monitor the implementation of measures for financial protection of adolescents as indicated in national laws, policies and guides.
- Conduct periodic assessment of the implementation of standards: (i) analyse Woreda data on adolescents' experience of care, including vulnerable groups, provide feedback to facilities and support them in taking corrective actions; (ii) assess compliance with guidelines and protocols, provide feedback to facility managers and health-care providers and support them in taking corrective actions.
- Conduct assessment of outreach in the Woreda and support facility managers in taking corrective actions.
- Analyze identification of vulnerable groups of adolescents and youth, share this information with facility managers and support local analysis.
- Map and share with facility managers list of organizations working with adolescents and youth in the Woreda and catchment areas of the district's health facilities.
- Take Woreda-level actions to implement the system for recognition (if possible, reward) of highly performing facilities, communicate to facility managers the importance of recognition.

## Workforce capacity

### Plan capacity-building activities at woreda level

- Orient facility managers and staff about national guides on adolescent and youth health and development training.
- In consultation with facility managers, identify training needs and develop a Woreda plan for health-care provider training in adolescent and youth health.
- In consultation with facility managers, develop a woreda plan for health-care provider training in human-rights based approaches to adolescent health care.
- Communicate facility managers and staff about the availability of trainings in key areas of adolescent health and development and their schedule.

### Conduct capacity-building activities in adolescent health care and support facility managers

- Organize trainings in key areas of adolescent health and development as part of continuous professional education.
- Ensure that training and orientation materials on human rights-based approaches to adolescent and youth health are available to facility managers.
- Conduct training/orientation for facility managers on quality improvement in adolescent and youth health, including HMIS (data collection tools, data analysis and action planning).
- Orient facility managers on new forms and reporting.
- Support facility managers by allocating funds for trainings, training materials to train outreach workers in adolescent and youth health.
- Sensitize facility managers so that they support health-care providers and support staff to respect the rights of adolescents to information, privacy, confidentiality, and on respectful, non-judgmental and non-discriminatory health care.

## **Implement system of supportive supervision in adolescent health care at woreda level**

- Support facility managers to conduct supportive supervision in the health-care facility.
- support facility managers to prioritize supportive supervision based on the findings from the self-assessments of quality of health-care services in the facilities.
- Distribute tools for supportive supervision to facility managers.

## **Ensure that decision support tools (guidelines, protocols, job aids etc) are available in health-care facilities and providers know how to use them**

- Work with facility managers to conduct periodic assessments of health-care providers' needs for decision support tools and inform regions about priority areas.
- Distribute decision guidelines, protocols, algorithms, job aids etc to health facilities, and organize trainings.

## **Financing**

### **Allocate budget for the provision of a comprehensive package of services in adolescent health care**

- Allocate, or use budget allocated (nationally or from regions), to enable woreda facilities to provide the defined package of minimum health-care services to adolescents and youth.

### **Finance continuous professional education activities**

- Allocate funds, or use funds allocated at the national level, to conduct trainings and other continuous professional education activities in adolescent and youth health and development at woreda

level.

- Allocate funds, or use funds allocated at the national level, for printing and other dissemination means of decision support tools to facilities.
- Allocate funds, or use funds allocated at the national level, for in-service training of health-care providers in using guidelines, protocols, job aids for various adolescent and youth health conditions and situations as required by the defined package of services.
- Allocate funds or use funds allocated nationally, to conduct trainings of facility managers on how to provide supportive supervision in adolescent and youth health to health-care providers and support staff.

### **Finance quality improvement initiatives in adolescent health care**

- Allocate funds, or use funds allocated at the national level, to support facilities to implement actions to improve the quality of health care to adolescents based on findings of self-assessments or external assessments.
- Allocate funds, or use funds allocated at the national level, recognize (if possible, reward) highly performing facilities, health providers and support staff.

### **Allocate budget for of information and educational materials/SBCC for adolescents and community members**

- Communicate with facilities to identify their needs for information and education/SBCC materials for adolescents and community members and allocate/mobilize sufficient budget to distribute.

## Drugs, supplies and technology

### Send checklists for basic amenities, drugs, supplies and technology to facility managers

- Give facility managers the list of basic amenities that facilities need to provide the defined minimum package of health services.
- Give facility managers the list of medicines and supplies that facilities need to have to provide the defined package of health services.
- Give facility managers the list of equipment, with maintenance and safe use requirements, that the facility need to have to provide the defined package of health services.

### Work with facility managers to determine the facility's needs in drugs, supplies and technology and ensure that the needs are met

- Work with facility managers to determine what basic amenities are required
- Work with facility managers to determine to quantify medicines and supplies are required on a monthly/quarterly basis.
- Work with facility managers to determine what equipment and

maintenance are required on a monthly/quarterly basis.

- Work with region to obtain the equipment and maintenance services required by the woreda in a timely manner.
- Work with region to get medicines and supplies required by the woreda timely.
- Work with region/federal officials to estimate the basic amenities required by the district and ensure that they are put in place in a timely manner.

### Advocate with facility managers to ensure the equitable use of the drugs, supplies and technologies in the care of adolescents

- Orient facility managers on equitable use of medicines and supplies with special regards for adolescent and youth clients, and the on taking corrective actions in the case of inequitable use (e.g. denying FP or SRH services).
- Orient facility managers on equitable use of medical equipment and technology, with special regards for adolescent and youth clients, and the importance of taking corrective actions in the case of inequitable use.

# ACTIONS AT FACILITY LEVEL

## Governance

### communicating national laws and policies, standard operating procedures, and latest revisions, to facility staff

- Managers give orientation to facility staff on revised guidelines and procedures on (i) equitable service provision to adolescents and youth and financial protection measures; (ii) informed consent; (iii) confidentiality and privacy; (iv) adolescents' participation in planning, monitoring, evaluation and provision of services; and (v) setting up welcoming services (e.g. optimizing operating hours and reduced waiting time, privacy and maintaining a clean environment); (vi) the planned transition from child-centred to adult-centred health care for adolescents with chronic conditions.
- Managers ensure that facility have printed copies of national guidelines and documents on adolescents' and youth's financial protection and equitable service provision.
- Managers organize orientation for staff on guidelines/SOPs regarding which health services are provided in the health facility.
- Managers orient service providers and support staff on the referral policy within and outside the health sector and the SOPs to implement it.

### Identify community resources and build partnerships for advocacy and service provision for adolescents

- Facility managers map community organizations in the catchment area, and partner with them to solicit their support for adolescent and youth use of services, to conduct health

education and develop or adapt health communication strategies and materials and to plan service provision.

- Managers identify and share with facility staff the list of key partner organizations to increase community support for adolescent and youth use of services.
- Manager and staff identify NGOs to work with selected adults, adolescents and youth to provide health services and commodities to adolescents and youth in the community
- Managers work with health-care providers and local institutions within and outside the health sector to develop/adapt referral protocols.
- Managers work with staff, community and community organizations to map vulnerable adolescents in their communities, and orient facility staff about these groups.
- Managers work with service providers and support staff to develop a plan to engage adolescents and youth in the planning, monitoring and evaluation of facility services, and service provision.
- Managers work with woreda health office, community and facility staff, to include adolescents and youth in the governance structure of the facility.
- Managers work with service providers and support staff to identify and involve adolescents and youth working in youth-led organizations or volunteers from the community in planning, monitoring and evaluation of facility services and service provision.
- Managers and health-care providers

work with adolescents and youth from youth-led organizations or volunteers from the community to collect their ideas and suggestions for designing health service provision and involve them in assessing and providing health services.

### **Advocate with facility staff, other sectors' services and the wider community to ensure their ownership and support for the implementation of key policies**

- Managers orient staff on the need of providing information to adult visitors on the value of providing health services to adolescents and youth, and monitor these during supportive supervision and self-assessments.
- Managers orient health providers and support staff respect the rights of adolescents and youth to information, privacy, confidentiality, participation, and health that given in a respectful, non-judgemental and non-discriminatory way.
- Health-care providers encourage adolescents to read information on their rights and communicate to them about their rights to confidentiality and privacy.
- Managers orient health-care providers and support staff on providing services to all adolescents without discrimination. Managers and facility staff raise adolescents' awareness on financial protection and other policies/guides that help adolescents' and youths' rights to quality services without discrimination.
- Managers orient health providers on routine health information collection in the facility on cause-specific utilization of services by adolescents and youth and the on adolescent health focus in facility-based registers.
- Managers lead orientation of facility staff on data on adolescent and youth health for planning and implementing quality

improvement initiatives.

### **Develop or adapt, as appropriate, local standard operating procedures (SoPs) to implement key policies**

- Managers ensure the display of boards in the facility about (i) adolescents' rights; and (ii) policies and procedures on equitable (including free or affordable) service provision for adolescents.
- Managers together with woreda health office, service providers and support staff develop local SOPs to apply policies/guides on (i) the financial protection of adolescents; (ii) confidentiality; (iii) informed consent; and (iv) planned transition from child-centred to adult-centred health care for adolescents with chronic conditions.
- Managers work with service providers and support staff to develop SOPs to implement equitable provision of services to adolescents and youth and orient service providers and support staff on their responsibilities and know the SOPs (e.g. newly employed personnel receive orientation).
- Managers with service providers and support staff lead the development of SOPs, with assigned responsibilities to ensure a welcoming and clean environment and to reduce waiting times.
- Managers, with woreda health office, service providers and support staff to work on modifying working hours considering the needs of specific groups of adolescents and youth.
- Managers work with service providers and support staff ensures optimization of the physical space of the facility to ensure visual and auditory privacy.
- Managers work with health-care providers to identify ways to engage adolescents, including vulnerable group(s), in the planning, monitoring and evaluation of health services.

### **Supply facility staff with information and training materials, practice guidelines and other decision support tools**

- Managers work with health-care providers to ensure materials are displayed for information and education for adolescents, parents and other community members.
- Managers ensure that information on key medical conditions and their management/ treatment options for adolescents are available to health-care providers and used to support adolescents' decisions on the preferred options and follow-up actions.

### **Ensure an adolescent health focus in facility reports**

- Health care providers collect data including adolescents' and youths' age, sex, presenting problem, diagnosis and services provided through facility-level registers.
- Managers organize facility data in reports to be reported in age- and sex-disaggregated way, including for very young adolescents.

### **Monitor the implementation of quality standards in the facility and use data to stimulate local actions**

- Managers monitor and evaluate the health education and counselling provided by facility staff (e.g. during supportive supervision visits and self-assessment).
- Managers monitor the implementation outreach activities and take corrective actions as needed.
- Managers monitor compliance with referral protocols and take corrective action as necessary.
- Managers monitor the provision of the

minimum essential package of defined services within the health facility.

- As part of self-assessment of the quality of care in the facility, managers lead the collection of facility and community data on compliance with quality standards, provide feedback to facility staff and take corrective actions as necessary, e.g. on aspects such as (i) adolescent clients' expectations and experience of care with regard to confidentiality, privacy, friendly and non-judgemental attitude of providers, convenience of working hours and appointment procedures;
  - (ii) equity, including from vulnerable adolescents and youth
  - (iii) compliance of facility practices with guidelines and protocols; and
  - (iii) community awareness of, and support for, services.
- As part of self-assessment on the implementation of standards, managers monitor if
  - (i) medicine and supplies are equitably used
  - (ii) medical equipment and technology are equitably used; and take corrective actions should such events occur.
- Managers orient facility staff on tools for self-assessment, including for assessing adolescents' expectations about the service and their experience of care, ensuring their availability in the facility, and utilized.
- In collaboration with facility health providers and support staff, facility managers support the development of findings of self-assessments into an action plan for quality improvement.
- Managers assign roles and responsibilities of staff for the implementation of proposed actions and monitor implementation.
- Managers implement actions at facility for reward and recognition of highly performing staff.

## **Workforce capacity**

### **Plan capacity-building activities for facility staff**

- Managers identify staff training needs in key areas
- Managers inform woredas/districts about the training needs of staff in the facility and coordinate with district authorities to organize need based training.
- Managers ensure that staff are trained in the safe use of equipment.

### **Ensure staff participation in continuous professional education in adolescent health care and in supportive supervision**

- Managers lead supportive supervision to be conducted regularly and are informed by the findings of facility self-assessments of quality of care services in the facility.
- Managers communicate to staff aim of supportive supervision is educational and problem-solving.
- Managers ensure that supportive supervision is extended to supporting health extension workers (at health posts) and outreach workers that provide information and services to adolescents and youth.
- Managers ensure that reports from supportive supervision is used for needs assessment for improvement.
- With woreda officials, managers ensure that staff access continuous professional education activities that include a combination of traditional learning methods and innovative ways.

### **Ensure that decision support tools are available in health-care facilities**

- Managers ensure that service providers have decision support tools (guidelines, protocols, algorithms) for clinical care related to package of services provided in the facility.

- Health-care providers inform managers of their need for guideline, protocols and algorithms to help them in decision.

### **Conduct capacity-building activities**

- Managers orient staff on using new/revised HMIS forms and reporting.
- Managers orient facility staff on the national guide for quality of adolescent and youth health self-assessment and conduct training/orientation for facility staff on quality improvement in adolescent health care, including using data collection tools, data analysis and action planning.
- Managers and health-care providers identify and train outreach workers on conduct health education for adolescents in the community.
- Health providers train adolescents, including vulnerable adolescents, to do outreach health education, counselling, training.

### **Plan staff profile and manage staff time to enable the implementation of key policies**

- Managers provide job descriptions or scope of work for health providers and support staff on objectives, responsibilities, authority and lines of accountability in relation to adolescent and youth health .
- Based on the needs of the local adolescent and youth population, managers identify the skill mix in adolescent and youth health care required in the facility's health team, and work with woreda to deploy staff with the skill mix.
- Managers plan with selected staff to be involved for outreach work.
- Managers plan for training/orientation of outreach workers.

## **Financing**

### **Inform district officials about facility needs to enable allocation of funds for key activities**

- Managers inform Woreda officials about the financial or other support that the facility requires from the Woreda to implement selected adolescent and youth actions and use allocated funds to implement them.

## **Drugs, supplies and technology**

### **Ensure that basic amenities in health facilities are in place and functioning**

- Managers have (nationally approved, whenever possible) lists of basic amenities needed to provide the minimum package of health services.
- Managers hold responsible health-care providers and support staff to review the basic amenities in line with SOPs, and ensure that they are in good order.
- Managers organize regular servicing/repairs of basic amenities.

### **Put in place a system of procurement and stock management of the medicines and supplies necessary to deliver the required package of services**

- Managers have essential medicines and supplies needed for giving package of health services.
- Managers work with health providers and support staff to put in place a system to ensure that stocks of medicines and supplies are adequate at all times.
- Managers organize regular replenishment of medicines and supplies.

### **Put in place a system of procurement, inventory, maintenance and safe use of the equipment necessary to deliver the required package of services**

- Managers have lists of equipment, with maintenance and safe use requirements, needed to provide the minimum package of health services.
- Managers work with service providers and support staff to put in place an inventory system to review the availability and state of equipment
- Managers organize regular servicing/repairs of equipment.

### **Advocate with facility staff to ensure the equitable use of the drugs, supplies and technologies in the care of adolescents**

- Facility managers communicate staff the importance of the equitable use of medicines and supplies with special regard to adolescent and youth clients.
- Facility managers communicate staff the importance of equitable use of medical equipment and technology with special regard to adolescent and youth clients.

# MINIMUM SERVICE PACKAGE OF ADOLESCENT AND YOUTH RESPONSIVE HEALTH SYSTEM

- The AYH Strategy (2021-2025) identifies health promotion and disease prevention, diagnosis, and management services that are organized through facility-based and community-based service delivery channels. The facility-based service delivery channel includes public primary, secondary, and tertiary level health facilities, as well as facilities owned by non-governmental organizations (NGOs) and private owners. Outreach programs, school-based services, worksite interventions, pharmacies and drug stores, communication interventions (hotline and internet services), and youth centers are all examples of Community Based Service delivery channels.
- Primary preventative and curative interventions are the focus of school based AYH care. General health and nutritional screening, counseling and referrals, immunization services, deworming, weekly folic acid supplements, and health education counseling and referral are service that should be available.

Additional Service Delivery outlets include:

- I. Worksite interventions include Health Education and Counseling, First Aid, health and nutritional screening,

counseling and referral, condom distribution, immunization, deworming, weekly folic acid supplementation, mental health and substance use, SRH services, HIV-testing, ITN distributions, and health hazards follow-up.

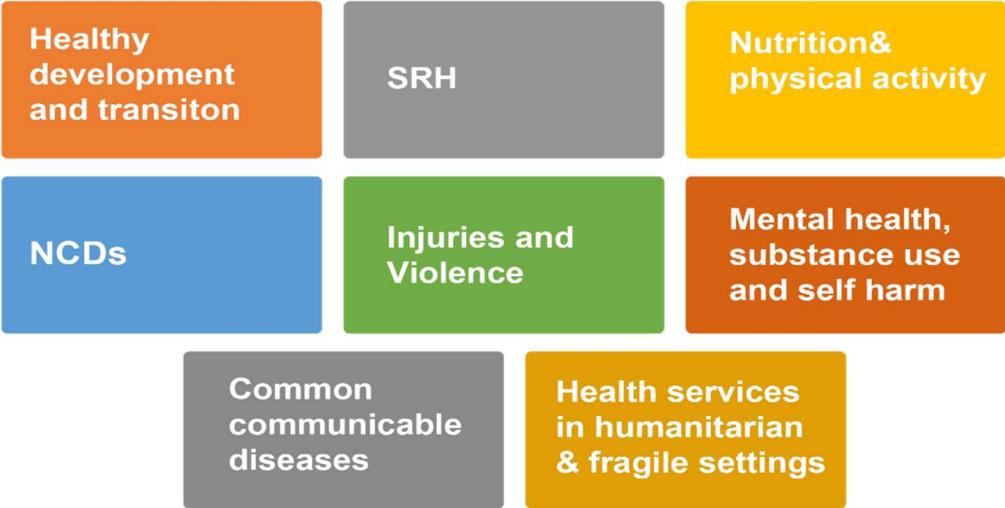
- II. Pharmacy and drug stores sell health products such as condoms and contraceptives, as well as give health education, counseling, and referral.
  - III. The primary focus of hotline and online services is on communication interventions such as information, counseling, behavioral change communication, and referral.
  - IV. Youth centers include physical and recreational activities, health education, screening and counseling for health and nutrition, condom distribution, SRH counseling services, and referral.
- The minimum service delivery package for adolescent and youth healthcare is a standard-driven package based on existing evidence of diseases and events occurrence & distribution, mortality, health related behaviours, risk & protective factors and social determinants affecting the AY health status. There are 9 principles followed by countries which systematic priority setting for selecting of essential health package (WHO 2021) which are adapted for AY essential health package for AY (see the table below).

Adolescent-specific application of criteria for essential health benefit package decision making adapted from revised AA-HA draft document

<b>Burden of disease</b>	The levels of morbidity, mortality and disability in adolescence due to preventable causes and amenable to timely health care services and interventions (e.g. HIV, maternal mortality, malnutrition, mental health problems)
<b>Balance of benefits and harms</b>	The balance of health benefits and harms of key interventions, the cost of inaction
<b>Cost-effectiveness of interventions</b>	The value-for-money of the intervention (usually expressed as a ratio of the costs of the intervention to its benefits).
<b>Equity and priority to the worse off</b>	The ability of proposed services and interventions to address the needs of the most vulnerable adolescents (e.g. out of school, orphans)
<b>Financial risk protection</b>	The extent to which adolescents are disproportionately affected by out-of-pocket payments and cannot afford the cost of the intervention in private sector due to lack of independent income
<b>Budget impact and sustainability</b>	Data of costing required services and interventions, especially data on additional costs so that the overall financial implications of implementing the intervention for the available national health budget are clear
<b>Feasibility</b>	The extent to which the intervention can be delivered through the existing health system taking into account available human resources, infrastructure and other resources and whether it is socio-culturally acceptable to the public
<b>Social and economic impact</b>	The societal consequences resulting from the investment in the health of adolescents of lack of thereof, the triple dividend argument of benefits now, into future adult life and for the next generation of children, and human capital argument, the contribution of healthy adolescents to the national development and poverty reduction goals.
<b>Political acceptability</b>	Political dividends associated with supporting investments in adolescent health (e.g. buy in from parents, social cohesion, leverage on the power of voting adolescents)

- Aligned with the AYH Strategy 2021-2025 and the Ethiopian Essential Health Package 2019 the minimum health service delivery packages draw its recommendations from evidence-based interventions and key publications.
- This package comprised of health promotion and preventions, counselling, screening & diagnostic, treatment, care/rehabilitation, and referral services. The figure below illustrates the minimum service
- packages.

Minimum service package thematic areas



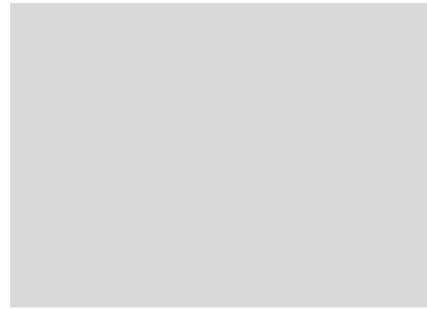
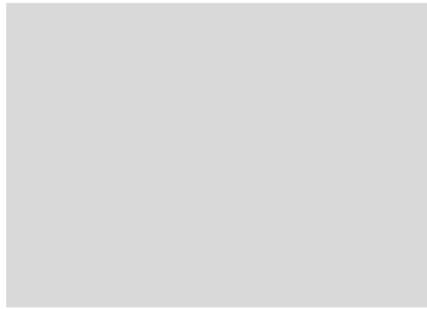
## 1. Healthy development and transition

Thematic area	Description of aim of the packages	Hospital- based (all)	HC based	HP based	Outreach
Healthy physical, cognitive, psycho-social development/healthy transition	<ul style="list-style-type: none"> <li>Promote healthy adolescent development through provision of education and counselling on growth and development (focusing on puberty and other issues)</li> <li>Reduce unhealthy effects &amp; social consequences of developmental problems</li> </ul>	<ul style="list-style-type: none"> <li>Health education and counselling on physical, psycho-social and cognitive developments</li> <li>Management of menstrual disorders</li> <li>Nutritional assessment, counseling, and management</li> </ul>	<ul style="list-style-type: none"> <li>Health education, promotion, and counselling on puberty</li> <li>Management of menstrual disorders</li> <li>Anthropometric assessment, counseling and management</li> <li>Referral</li> </ul>	<ul style="list-style-type: none"> <li>HE on developmental changes</li> <li>HE on menstruation</li> <li>Anthropometric assessment, counseling and referral</li> <li>Referral</li> </ul>	<ul style="list-style-type: none"> <li>HE on developmental changes</li> <li>HE on menstruation</li> <li>Referral of adolescent and youth with puberty concerns and menstrual problems that need clinical care</li> <li>Nutritional Assessment, counseling and Referral</li> <li>Information about the available services and its locations</li> </ul>

## 2. Sexual and reproductive health information and services

### 2.1 early pregnancy prevention

Descriptions	Aim of the packages	Hospital- based (all)	HC based	HP based	Outreach
Early pregnancy prevention	<p>Un intended, early or too frequent pregnancy prevention:</p> <ul style="list-style-type: none"> <li>Prevent early and unintended pregnancy</li> <li>Reduce mortality and morbidity due to teenage pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>SRH education including IEC on safe sex and sexual abstinence</li> <li>Information, counselling and contraception services including emergency contraception</li> </ul>	<ul style="list-style-type: none"> <li>SRH education including IEC on safe sex including sexual abstinence</li> <li>Information, counselling and contraception services including emergency contraception</li> <li>IEC on prevention of early and forced marriage</li> <li>Post abortion counselling</li> </ul>	<ul style="list-style-type: none"> <li>SRH education including IEC on safe sex and sexual abstinence</li> <li>Information, counselling and contraception services including emergency contraception</li> <li>IEC on prevention of early and forced marriage</li> <li>services</li> </ul>	<ul style="list-style-type: none"> <li>SRH education including IEC on safe sex</li> <li>Information, counselling and contraception services</li> <li>IEC on prevention early and forced marriage</li> <li>Referral for some FP services</li> <li>Information on YFS</li> </ul>



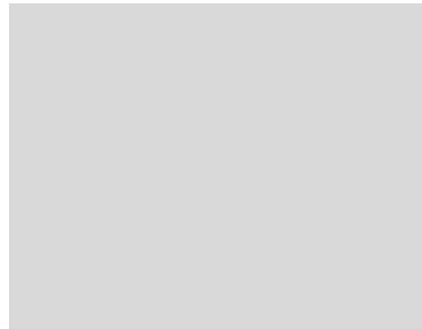
and FP services

- Post abortion counselling and FP services
- Referral

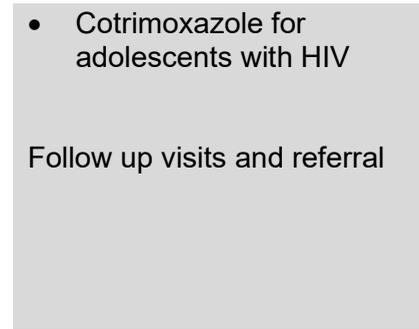
- Referral

## 2.2 HIV and other STIs

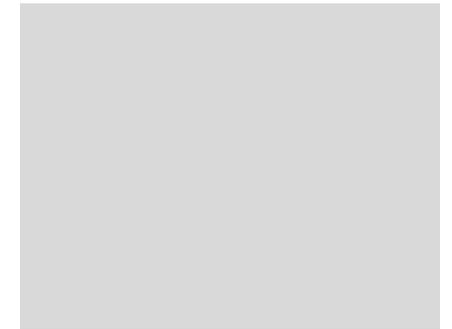
Thematic area	Description of aim of the packages	Hospital- based (all)	HC based	HP based	Outreach
Prevention, detection and treatment of HIV, sexually transmitted and reproductive tract infections,	<ul style="list-style-type: none"> <li>• Prevent incidence of HIV and sexually transmitted infections</li> <li>• Reduce medical and social consequences of HIV and other sexually transmitted infections</li> <li>• Sexual Partner management/contact tracing</li> <li>• Nutritional Assessment, Counseling and Support (NACS)</li> <li>• Follow up visit</li> </ul>	<ul style="list-style-type: none"> <li>• IEC on abstinence &amp; safe sex</li> <li>• Prevention, detection and treatment of HIV and other STIs/Syndromic management of STI</li> <li>• Condom promotion</li> <li>• VCT/HTC/PITC</li> <li>• Promotion of VMC (as per the national direction)</li> <li>• Comprehensive care of AY including those living with or exposed to HIV</li> <li>• ARV adherence counselling</li> <li>• IEC on HTP</li> <li>• Post exposure prophylaxis for GBV survivors</li> </ul>	<ul style="list-style-type: none"> <li>• IEC on abstinence &amp; safe sex</li> <li>• Prevention, detection and treatment of STIs/Syndromic management of STI</li> <li>• Condom promotion</li> <li>• HTC/PITC, VCT</li> <li>• Promotion of VMC (as per the national direction)</li> <li>• Comprehensive care of AY including those living with or exposed to HIV</li> <li>• ARV adherence counselling</li> <li>• IEC on HTP</li> <li>• Post exposure prophylaxis for GBV survivors</li> </ul>	<ul style="list-style-type: none"> <li>• IEC on safe sex</li> <li>• Prevention, detection and treatment of HIV and other STIs/Syndromic management of STI</li> <li>• Condom promotion</li> <li>• Referral for HIV and other STI screening tests &amp; additional clinical care</li> <li>• Promotion of VMC as per the national standard</li> <li>• IEC on HTP</li> <li>• Sexual Partner management</li> <li>• Nutritional Assessment, Counseling and Support (NACS)</li> <li>• Follow up visit and referral</li> </ul>	<ul style="list-style-type: none"> <li>• IEC on abstinence &amp; safe sex</li> <li>• Syndromic management of STI</li> <li>• Condom promotion</li> <li>• Referral for HIV and other STI screening tests</li> <li>• Promotion of VMC</li> <li>• IEC on HTP</li> <li>• Referral for those that need clinical care</li> </ul>



- Cotrimoxazole for adolescents with HIV
  - Sexual Partner management
  - Nutritional Assessment, Counseling and Support (NACS)
- Follow up visit and referral



- Cotrimoxazole for adolescents with HIV
- Follow up visits and referral



### 2.3 Maternal (ANC, delivery, postnatal)

Thematic area	Description of aim of the packages	Hospital- based (all)	HC based	HP based	Outreach
<b>Antenatal care</b>	<ul style="list-style-type: none"> <li>• Promote healthy pregnancy and birth preparedness</li> <li>• detection and management of pregnancy complications</li> <li>• Reduce mortality and morbidity during pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>• Health education about early initiation of ANC before 12 weeks of gestation, skilled delivery, post-partum care, family planning, additional meal availability and benefits of maternity waiting area, pregnant conference, birth preparedness and complication readiness</li> <li>• Counselling on danger signs</li> <li>• Counselling on birth preparedness and complication readiness</li> </ul>	<ul style="list-style-type: none"> <li>• Health education about early initiation of ANC before 12 weeks of gestation, skilled delivery, post-partum care, family planning, nutrition, availability and benefits of maternity waiting area, pregnant conference, birth preparedness and complication readiness</li> <li>• Counseling on danger sign</li> <li>• Counseling on birth preparedness and</li> </ul>	<ul style="list-style-type: none"> <li>• health education about early initiation of ANC before 12 weeks of gestation, skilled delivery, post-partum care, family planning, nutrition, availability and benefits of maternity waiting area, pregnant conference, birth preparedness and complication readiness</li> <li>• Counseling on danger sign</li> </ul>	<ul style="list-style-type: none"> <li>• Health education about early ANC, skilled delivery, post-partum care, family planning, nutrition, maternity waiting area, birth &amp; emergency preparedness</li> <li>• Early and appropriate antenatal care (8),</li> <li>• Screening for hypertensive disorders</li> <li>• Tetanus</li> </ul>

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| <ul style="list-style-type: none"> <li>• Early and appropriate antenatal care (8 Contacts),</li> <li>• Identification and management of danger signs</li> <li>• Identification and management of GBV</li> <li>• Accurate determination of gestational age (U/S to detect fetal growth restriction)</li> <li>• Iron and folic acid supplementation</li> <li>• Tetanus immunization</li> <li>• Prevention of mother-to-child transmission of HIV, including with antiretrovirals</li> <li>• Screening for and prevention and management of sexually transmitted infections (syphilis and hepatitis B)</li> <li>• Management of eclampsia</li> <li>• Hypertensive disorder case management</li> <li>• Antenatal corticosteroids for preterm labour</li> <li>• Gestational diabetes case management</li> <li>• Antibiotics for pre-mature rupture of membrane (PRoM)</li> <li>• Weight gain monitoring, nutritional screening, counseling and management</li> </ul> | <p>complication readiness</p> <ul style="list-style-type: none"> <li>• Early and appropriate antenatal care (8 contacts),</li> <li>• identification and management of gender-based violence</li> <li>• Accurate determination of gestational age (U/S to detect fetal growth restriction)</li> <li>• Iron and folic acid supplementation</li> <li>• Tetanus immunization</li> <li>• Prevention of mother-to-child transmission of HIV, including with antiretrovirals</li> <li>• Screening for and prevention and management of sexually transmitted infections (syphilis and hepatitis B)</li> <li>• Antenatal corticosteroids for preterm labour</li> <li>• Antibiotics for pre-mature rupture of membrane (PRoM)</li> <li>• Weight gain monitoring, nutritional screening, counseling and management</li> </ul> | <ul style="list-style-type: none"> <li>• Counseling on birth preparedness and complication readiness</li> <li>• Early and appropriate antenatal care (8 contacts)</li> <li>• including identification and management of gender-based violence</li> <li>• determination of gestational age</li> <li>• Iron and folic acid supplementation</li> <li>• Tetanus immunization</li> <li>• Referral for those that need additional diagnosis and clinical care</li> <li>• Pre-referral management of complications</li> <li>• Weight gain monitoring, nutritional screening, counseling and management</li> </ul> | <p>immunization</p> <ul style="list-style-type: none"> <li>• Counselling on family planning, birth and emergency preparedness</li> <li>• Referral for those needing further diagnostic and care</li> </ul> |
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## Childbirth services

- Labour and delivery management
  - Labour induction for pregnancies lasting 42 completed weeks
  - Active management of 3<sup>rd</sup> stage of labour
  - Screening for HIV (if not already tested) and prevention of mother to child transmission
  - CEMoNC
  - Essential New Born Care
  - Skin to skin contact and early initiation of breast feeding
- Labour and delivery management
  - Active management of 3<sup>rd</sup> stage of labour
  - Screening for HIV (if not already tested) and prevention of mother to child transmission
  - BEMoNC
  - CEMoNC
  - Pre referral management of complications
  - Essential Newborn Care
- Basic initial assessment and management at scene and during transport of labour, precipitous childbirth and complications of pregnancy and childbirth
  - Pre referral management of complications
- IEC on birth preparedness and complication preparedness
  - Promotion of men's involvement in maternal and neonatal health
  - Promotion of sexual and reproductive rights and the right to access quality skilled care
  - nutritional counselling and supplementation
  - referral of pregnant women that need institutional care

## Post-natal

- Clean post-natal practices
  - Education and counseling on basic post-natal period (cleanness, nutrition (breast feeding) maternal, prevention, family planning, immunization, follow-up)
  - To promote maternal waiting at health facility at least for 24 hours after delivery
  - Maternal sepsis case management
  - Mastitis management
  - Early identification of danger signs (Maternal and newborn)
  - Perineal and wound care
- Clean post-natal practices
  - Education and counseling on basic post-natal period (cleanness, nutrition (breast feeding) maternal, prevention, family planning, immunization, follow-up )
  - To promote maternal waiting at health facility at least for 24 hours after delivery
  - Maternal sepsis case management
  - Mastitis management
  - Early identification of danger signs (Maternal
- Provide postnatal counselling to create awareness on postnatal danger signs
  - Counselling and services for post-partum family planning nutrition (breastfeeding and maternal), hygiene (neonatal and maternal), immunization, sunlight exposure, and follow-up)
  - Practice 3<sup>rd</sup> and 7<sup>th</sup> day PNC
- Education on breast feeding
  - Education/ services on post-partum family planning
  - Counselling and services for post-partum family planning, nutrition (breastfeeding and maternal), hygiene (neonatal and maternal), immunization, sunlight exposure, and follow-up)
  - Practice 3<sup>rd</sup> & 7<sup>th</sup> day

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| <ul style="list-style-type: none"> <li>(episiotomy and post-cesarean)</li> <li>• Chlorohexidine application to the cord</li> <li>• Counselling and services post-partum family planning</li> <li>• Breast feeding, positioning and attachment</li> <li>• Nutritional screening, counseling and management</li> </ul> | <ul style="list-style-type: none"> <li>and Child)</li> <li>• Perineal and wound care (episiotomy and post-cesarean) Chlorohexidine application to the cord</li> <li>• Counselling and services post-partum family planning</li> <li>• Breast feeding, positioning and attachment</li> <li>• Nutritional screening, counseling and management</li> </ul> | <ul style="list-style-type: none"> <li>• Pre referral management of complications</li> <li>• Health education on breast feeding</li> <li>• nutritional screening, counseling and management</li> </ul> | <p>Postnatal care</p> |
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Note: Please refer the national ANC guideline (2022) and obstetrics management protocol (2021)) for proper management of adolescent and youth.

## 2.4 SGBV

Thematic area	Description of aim of the packages	Hospital- based (all)	HC based	HP based	Outreach
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Gender based violence prevention and response

- Prevent and manage SGBV
- Reduce health and psychosocial consequences
- Health education about GBV
- Investigation, diagnosis and reporting of GBV
- Pregnancy test for GBV survivors
- Tetanus anti Toxoid for GBV survivors
- Screening for HIV and other STIs
- Psychiatric treatment
- Psychosocial support for GBV
- Post exposure prophylaxis for rape victims (HIV, FP, HPV vaccine)
- CAC as per the 2014 MoH guideline
- Referral of survivors for Legal and social support
- Health education about GBV
- Investigation, diagnosis and reporting of GBV
- Pregnancy test for GBV survivors
- Tetanus anti Toxoid for GBV survivors
- Screening for HIV and other STIs
- Post exposure prophylaxis for rape victims (HIV, FP, HPV VACCINE)
- Referral for those needing further diagnosis and care
- CAC as per the 2014 guideline
- Referral of survivors for Legal and social support
- IEC on health consequence of gender-based violence
- Create awareness on health and social consequence of HTP
- Psychosocial support to victims of HTPs
- Promote life skill for prevention of SGBV/HTP
- Referral
- Awareness creation on GBV
- Referral

### 3. Nutrition and physical activity

Thematic area	Description of aim of the packages	Hospital- based (all)	HC based	HP based	Outreach
Nutrition and physical activity	<ul style="list-style-type: none"> <li>• Promote healthy nutrition and lifestyle</li> <li>• Prevent malnutrition and its consequences including intergenerational consequences</li> </ul>	<ul style="list-style-type: none"> <li>• Intermittent weekly iron-folic acid supplementation</li> <li>• Nutritional assessment, counseling and management</li> <li>• Nutrition care and support for AY with HIV/AIDS and/or TB</li> </ul>	<ul style="list-style-type: none"> <li>• Intermittent weekly iron-folic acid supplementation in HFs and schools</li> <li>• Nutritional assessment, counseling, and management</li> <li>• Nutrition care and support for AY with HIV/AIDS and/or TB</li> </ul>	<ul style="list-style-type: none"> <li>• Intermittent weekly iron-folic acid supplementation in HFs and schools</li> <li>• Nutritional assessment, counseling and management</li> <li>• Nutrition care and support for AY with HIV/AIDS and/or TB</li> <li>• school screening for eating</li> </ul>	<ul style="list-style-type: none"> <li>• Promote proper utilization of fortified foods e.g. Iodized salt</li> <li>• Promoting healthy diet and healthy eating behavior</li> <li>• Promote and</li> </ul>

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| <ul style="list-style-type: none"> <li>• Support school screening for eating disorder</li> <li>• Support School Feeding program</li> <li>• Promote proper utilization and consumption of fortified foods e.g., Iodized salt</li> <li>• Support de-worming for in school and out of school AY</li> <li>• Promotion of health diet and healthy eating behavior,</li> <li>• Promote health life through physical exercise, reducing alcohol, avoiding smoking and other harmful substances and healthy eating in</li> <li>• Socio-behavioral change communication to prevent HTP (food taboos, diversified food intake,)</li> <li>• Nutrition for adolescent girls in special situation (HIV, emergency, obesity, eating disorder, pregnancy substance abuse and DM)</li> <li>• Promote establishment of nutrition clubs in schools</li> <li>• Prevention of early marriage and teenage pregnancy</li> <li>• Promote establishment of school gardening program</li> <li>• Promote school nutrition demonstration program</li> </ul> | <ul style="list-style-type: none"> <li>• school screening for eating disorder</li> <li>• Support School Feeding Programs Promote proper utilization and consumption of fortified foods eg. Iodized salt</li> <li>• De-worming for in-school and out-of-school AY</li> <li>• Promotion of healthy diet and healthy eating behavior,</li> <li>• Promotion of iodized salt use</li> <li>• Promote healthy life through physical exercise reducing alcohol, avoiding smoking and other harmful substances</li> <li>• Socio-behavioral change communication to prevent HTP (food taboos, diversified food intake,)</li> <li>• Nutrition for adolescent girls in the specific situation (HIV, emergency, obesity, eating disorder)</li> <li>• Promote the establishment of nutrition clubs in schools</li> <li>• Promote the prevention of child marriage and teenage pregnancy</li> <li>• Promote the establishment of a school gardening program</li> <li>• Promote the school nutrition demonstration program</li> <li>• Prevent child marriage and teenage pregnancy</li> </ul> | <p>disorder</p> <ul style="list-style-type: none"> <li>• Support School Feeding program</li> <li>• Promote proper utilization and consumption of fortified foods e.g. Iodized salt</li> <li>• De-worming for school and out of school AY</li> <li>• Promotion of health diet and healthy eating behavior,</li> <li>• Promotion of iodized salt use</li> <li>• Promote health life through physical exercise reducing alcohol, avoiding smoking and other harmful substances</li> <li>• Socio-behavioral change communication to prevent HTP (food taboos, diversified food intake,)</li> <li>• Nutrition for adolescent girls in special situation (HIV, emergency, obesity, eating disorder, pregnancy. substance abuse and DM)</li> <li>• Promote establishment of nutrition clubs in schools</li> <li>• Promote the prevention of child marriage</li> <li>• Promote the establishment of a school gardening's program</li> <li>• Promote the school nutrition demonstration program</li> <li>• Prevent child marriage and teenage pregnancy</li> </ul> | <p>provide public awareness programs on physical activity on AY friendly way (game)</p> <ul style="list-style-type: none"> <li>• Promote to limit the amount of time spent being sedentary, particularly the amount of recreational screen time</li> <li>• Promote healthy and hygienic feeding practices</li> <li>• Promote and implement school gardening for fruits, vegetables, and crops</li> <li>• Promote prevention and control of Harmful traditional practices/food taboos,</li> <li>• Support school feeding programs</li> <li>• Prevent child marriage and teenage pregnancy</li> </ul> |
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#### 4. NCDs

Thematic area	Description of aim of the packages	Hospital- based (all)	HC based	HP based	Outreach
NCD	Prevent and manage major NCDs such as DM, Hypertension, cervical, breast and renal problems Prevent morbidity and premature mortality from major NCDs	<ul style="list-style-type: none"> <li>• Treatment of acute suspected bacterial tonsillopharyngitis to prevent rheumatic fever, management of acute rheumatic fever (ARF) and rheumatic heart disease</li> <li>• Prevention and management of DM, hypertension, and renal problem.</li> <li>• Prevention, screening, diagnosis, and management of Cervical cancer (cervical cancer screening is eligible for AY above age of 16 years with known HIV positive status)</li> <li>• Education on salt reduction less than 1 teaspoon(5mg)/day</li> <li>• Education to restrict free sugar intake</li> <li>• HPV vaccination</li> <li>• Visual screening and management of common eye diseases</li> <li>• Promotion of healthy behavior (e.g., nutrition, physical activity, no tobacco, alcohol, or drugs)</li> <li>• Counsel on breast self-examination</li> </ul>	<ul style="list-style-type: none"> <li>• Treatment of acute suspected bacterial tonsillopharyngitis to prevent rheumatic fever, referral of cases to hospitals</li> <li>• Risk assessment, Prevention and management of DM and hypertension.</li> <li>• Health education, early screening and diagnosis of Cervical cancer (cervical cancer screening is eligible for AY above age of 16 years with known HIV positive status)</li> <li>• Education on salt reduction less than 1 teaspoon (5 gram)/day</li> <li>• Education to restrict free sugar intake</li> <li>• HPV vaccination</li> <li>• Visual screening and management of common eye diseases</li> <li>• Promotion of healthy behavior (e.g. nutrition, physical activity, no tobacco, alcohol or drugs)</li> <li>• Counsel on breast self-</li> </ul>	<ul style="list-style-type: none"> <li>• Treatment of acute suspected bacterial tonsillopharyngitis to prevent rheumatic fever, referral of cases to hospitals</li> <li>• Risk assessment and Prevention of DM and hypertension</li> <li>• Education on salt reduction less than 1 teaspoon (5 gram)/day</li> <li>• Education to restrict free sugar intake</li> <li>• HPV vaccination</li> <li>• Visual screening</li> <li>• Promotion of healthy behavior (e.g., nutrition, physical activity, no tobacco, alcohol or harmful drugs)</li> <li>• Nutrition literacy campaigns</li> <li>• Referral of cases needing further diagnosis and management</li> <li>• Counsel on breast self-examination</li> </ul>	<ul style="list-style-type: none"> <li>• Promotion of healthy behavior (e.g. nutrition, physical activity, no tobacco, alcohol or drugs)</li> <li>• Education on salt reduction less than 1 teaspoon (5 gram)/day</li> <li>• Education to restrict free sugar intake</li> <li>• Education on HPV vaccines</li> <li>• Referral</li> </ul>

- examination
- Referral

## 5. Injuries and violence

Thematic area	Description of aim of the packages	Hospital- based (all)	HC based	HP based	Outreach
Interpersonal violence and injury	<ul style="list-style-type: none"> <li>• Reduce injuries and violence</li> <li>• Prevent/reduce morbidity and psychosocial consequences when violence and injuries occur</li> </ul>	<ul style="list-style-type: none"> <li>• IEC and counseling on prevention of injuries (Promote proper use of PPE)</li> <li>• Assessment and management of AY who present with unintentional injury, including alcohol-related injury</li> <li>• Assessment of AY who presents with injury for mental health</li> <li>• Management of common injuries and trauma (ABC of life, care for fractures, Irrigation and debridement of open fractures, trauma laparotomy)</li> </ul>	<ul style="list-style-type: none"> <li>• IEC and counseling on prevention of injury (Promote proper use of PPE)</li> <li>• Assessment and management of AY who present with unintentional injury, including alcohol-related injury</li> <li>• assessment of AY who presents with injury for mental health</li> <li>• Management of common injuries and trauma (ABC of life, care for fractures, Irrigation and debridement of open fractures, trauma laparotomy)</li> <li>• treatment of common injuries</li> <li>• referral of cases that need</li> </ul>	<ul style="list-style-type: none"> <li>• IEC and counseling on prevention of injury (Promote proper use of PPE)</li> <li>• Assessment and management of adolescents who present with unintentional injury, including alcohol-related injury</li> <li>• assessment of AY who presents with injury for mental health</li> <li>• treatment of minor injuries</li> <li>• prereferral care</li> </ul>	<ul style="list-style-type: none"> <li>• IEC on prevention of injury and proper use of PPE</li> <li>• Referral for cases needing further care</li> </ul>

further management

## 6. Mental health, substance use and self-harm

Thematic area	Description of aim of the packages	Hospital- based (all)	HC based	HP based	Outreach
	<ul style="list-style-type: none"> <li>• Improve mental health and well being</li> <li>• Reduce mental health problems</li> <li>• Reduce the health and social consequences when mental health problems occur</li> </ul>	<ul style="list-style-type: none"> <li>• IEC on mental health and well being</li> <li>• HEADASS assessment for every adolescent</li> <li>• Counselling not to use harmful substances (tobacco, Chat, cannabis, glue, alcohol, psychotropic drugs etc)</li> <li>• Parental program for managing behavioral disorder</li> <li>• Promote parenting skill for positive emotional connection</li> <li>• Prevention of suicide and management of self-harm/ suicide risks</li> <li>• Antidepressants among adolescents with moderate-severe depressive disorder for whom psychosocial</li> </ul>	<ul style="list-style-type: none"> <li>• IEC on mental health and well being</li> <li>• HEADASS assessment for every adolescent</li> <li>• Counselling not to use harmful substances (tobacco, Chat, cannabis, glue, alcohol, psychotropic drugs etc)</li> <li>• Parental program for managing behavioral disorder</li> <li>• Promote parenting skill for positive emotional connection</li> <li>• Prevention of suicide and management of self-harm/ suicide risks</li> <li>• Psychosocial interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Promote social skill/life skill</li> <li>• HEADASS assessment for every adolescent</li> <li>• In-school mental health awareness</li> <li>• Health education not to use harmful substances (tobacco, Chat, cannabis, glue alcohol, psychotropic drugs etc)</li> <li>• Promote Safer storage of pesticides in the community and farming households</li> <li>• Referral of cases</li> </ul>	<ul style="list-style-type: none"> <li>• In-school and community level mental health awareness</li> <li>• Health education not to use harmful substances (tobacco, Chat, cannabis, glue, alcohol, psychotropic drugs etc)</li> <li>• Promote Safer storage of pesticides in the community and farming households</li> </ul>

interventions have proven ineffective

for treatment of behavioral disorders

- Management of mild mental health problems
- Referral for treatment of moderate or severe mental health

## 7. Communicable disease (lower respiratory infections, diarrheal diseases, meningitis, malaria, Tuberculosis)

Thematic area	Description of aim of the packages	Hospital- based (all)	HC based	HP based	Outreach
lower respiratory infections, diarrheal diseases, meningitis, malaria, Tuberculosis	Prevent morbidity and mortality from common communicable diseases	<ul style="list-style-type: none"> <li>• Prevention, Diagnosis &amp; Management of malaria including treatment of severe malaria</li> <li>• Prevention, Diagnosis and treatment of tuberculous including complicated/disseminated TB</li> <li>• Diagnosis and Treatment of severe dehydration</li> <li>• Diagnosis and treatment of meningitis</li> <li>• Diagnosis and treatment of pneumonia including sever pneumonia</li> </ul>	<ul style="list-style-type: none"> <li>• Prevention, Diagnosis &amp; Management of malaria</li> <li>• Prevention, Diagnosis and treatment of tuberculous</li> <li>• Diagnosis and treatment of severe dehydration</li> <li>• Diagnosis and treatment of meningitis</li> <li>• treatment of pneumonia including sever pneumonia</li> </ul>	<ul style="list-style-type: none"> <li>• Prevention, Diagnosis &amp; Management of uncomplicated malaria</li> <li>• Diagnosis and treatment of pneumonia</li> <li>• health education on TB, malaria, diarrhea</li> <li>• referral for those needing clinical care</li> </ul>	<ul style="list-style-type: none"> <li>• health education on malaria including malaria in pregnant women</li> <li>• health education on Tuberculous prevention and treatment</li> <li>• health education on environmental hygiene and prevention of diarrhea</li> </ul>

## 8. Essential Health Packages for adolescent and youth Health in humanitarian setting

Adolescent and youth health services in humanitarian and fragile settings has distinct features than other AYH services. The services should be coordinated with other non-health services considering the multifaceted needs that adolescent and youth face in such settings. The services comprise prevention, responses and rehabilitation services. The health services are adolescent and youth -responsive and they are provided through delivery outlets flexible and integrated adolescent-friendly health services, temporary health facilities which are community-based and mobile, comprehensive sexual and reproductive health services for adolescents and

youth at a one-stop center, home-based care by trained service providers, education and outreach through non-health facilities, safe spaces. Whenever possible, innovative information and services should enhance capacities of existing services delivery. The innovative delivery mechanisms include use of social media to promote access to quality information and services and flexible outreach for those in hard-to-reach areas. It is also important to ensure availability of supplies including Ensure the availability and provision of menstrual hygiene kits (dignity kits), post-rape kits, sexually transmitted infection kits, contraception kits. Below is the essential package of preventive, promotive and treatment health services (though the list is not exhaustive).

Key services	Packages
<b>SRH</b>	The quality SRH service packages include availability and provision of contraception including condom and emergency contraception, IEC and counseling services, ; , life skills, maternal health care including family planning counselling, ANC, post-partum care; voluntary counselling, STI screening, diagnosis and treatment, CAC; EMoNC; testing for HIV, treatment of obstetric complications and new born care (please refer AYSRH in humanitarian settings guideline of FMoH, MISP guideline, the national ANC guide line(2022) and obstetrics management protocol(2021))
<b>Nutrition</b>	Nutritional assessment counseling and management; iron and folic acid supplementation; treatment of worm infections (De-worming)
<b>SGBV</b>	Prevention of SGBV & Clinical care for SGBV survivors; post exposure prophylaxis, emergency contraception, clinical management, community based psychosocial and legal support for survivors of SGBV
<b>Injuries &amp; violence</b>	Prevention of injuries and care of wound
<b>Common communicable diseases</b>	WASH intervention; promotion of hand hygiene; MHM services, screening, diagnosis and management of respiratory diseases, immunization services (e.g. TD, HPV, covid-19 vaccines)
<b>Mental health, substance use and self-harm</b>	Recreational activities: first-line management of adolescent mental, neurological and substance-use conditions by non-specialist health-care providers, follow the mhGAP Humanitarian Intervention Guide; manage post-natal depression

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# FEDERAL MINISTRY OF HEALTH

MATERNAL, ADOLESCENT AND CHILD  
HEALTH DIRECTORATE

Coverage and Quality Measurement Tool for AY Health



**ጤና ሚኒስቴር - ኢትዮጵያ**  
**MINISTRY OF HEALTH-ETHIOPIA**

**የዜጎች ጤና ለሃገር ብልጽግና!**  
HEALTHIER CITIZENS FOR PROSPEROUS NATION!

# QUALITY & COVERAGE MEASUREMENT TOOLS ON ADOLESCENTS AND YOUTH HEALTH

## Introduction

The tools we used to conduct quality and coverage measurement is based on the global and national standards to ensure whether the implementation of the standards has been achieved. These tools can used at different level of the health systems from Health facilities to FMOH level. The tools will measure the 9 standards using 79 criteria.

The tools are divided in to two as quality measuring tool and coverage measuring tools.

- **Quality measurement tools**
  1. AY Client Exit Interview Tool
  2. Health Facility Manager Interview Tool
  3. Observation and Checklists for Facility Inventory and Record Review Tool
  4. Client-Provider Interaction Observation Tool
  5. Health-Care Provider Interview Tool
  6. Support staff interview tool
  7. Adult clients exit interview tool
  8. Interview Tools for Regional, Zonal & Woreda Health Officials
- **Coverage measurement tools**
  1. Adult community member interview tool
  2. AY in the community interview tool

Facilities who provide AYH services are expected to regularly assess their own facility (self-assessment) semiannually using the AYH quality measurement tool. The respective Offices (RHB, ZHD, WoHo) who directly supervise each facility will conduct AYH assessment annually using coverage measurement tool at the respective catchment population. All facilities are required to conduct baseline assessment. The AYH assessment will be linked with the QI unit/department of each facility during implementation. Electronic data collection and monitoring performance using a dashboard on real time basses will applied.

Based on the gaps identified during the assessments, quality improvement projects should be designed, implemented, and monitored being led by the quality improvement unit/directorate of the respective health facilities, regional and subregional health bureaus in accordance with the national health center & hospital clinical audit guides and tools and any other relevant documents with intersectoral and multisectoral collaboration with partners.



# INTRODUCTION AND CONSENT

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

Hello,

My name is \_\_\_\_\_  
and I work for the \_\_\_\_\_. We are conducting an  
assessment on the quality of care provided to AY 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 AYs'. 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:

\_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Signature of Interviewer:

\_\_\_\_\_

# CONSENT FORM FOR AY CLIENT

My name is \_\_\_\_\_  
and I work for the \_\_\_\_\_. We are conducting an  
assessment of the quality of care provided to AY in this facility on behalf of

\_\_\_\_\_.  
I am interested in your opinions, and I would like to talk to you about your experience of  
using this health facility. For this I would like to ask you few questions. This information  
will help to improve health services for AYs'. This interview will take about 20 to 30  
minutes. I will not write down your name and all the information you provide will be kept  
strictly confidential and not be shared with anyone else.

Your participation in this survey totally depends on you (and your parent/guardian, if  
relevant). If you wish, you may refuse to participate. If you choose not to participate, it  
will not affect your access to services at this health facility in any way. If you do choose  
to be interviewed, you do not have to answer every question I ask you.

Do you have any questions?

May we begin?

The interviewee has agreed to answer                    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 AY client :

\_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
          D   D      M   M      Y   Y   Y   Y

Signature of Interviewer: \_\_\_\_\_

## AY Client Exit Interview Tool

Question No.	Criterion No.	Questions for the AY client exit interview	Response & Code	Remarks
1	-	Is this your first visit to this facility?	First 2 Repeat 3	
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) F	If A, Skip to Q 5
4	42, 47	If you came accompanied by another person, did you have some time alone with the health-care provider?	Yes 1 No 0	
5	17	Does your guardian (parent/spouse/in-laws/other) support your using this health facility?	Yes 1 No 0 Don't know 8	
6	-	Today, what services did you come to this facility for?	_____	
7	23	Today, did you get the services that you came for?	Yes 1 No 0	
8	6	Did anybody tell you, today or in other occasions, what other services you can obtain in this facility?	Yes 1 No 0	If 0, Skip to Q 10
9	9	Could you tell me what (other) services are provided to AYs' in this facility? (Probe to see if he/she can mention some services.)	Yes 1 No 0 Physical and pubertal development A Menstrual hygiene/problems B Nutrition C Anemia 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 Safe abortion Q	Code "yes" if at least 2 other services are named apart from the service he/she came for.

				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) ZZZ	
10		9	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	Did you see informational materials for AYs', including video or TV, in the waiting area?	Yes 1 No 0	If 0, Skip to Q 12
	b)	2	Did you like the informational materials?	Yes 1 No 0 Don't know 8	
12			<b>Today, when you visited the facility, did you find that it has:</b>		
	a)	45	Working hours that are convenient for you?	Yes 1 No 0	
	b)	45	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)	42, 47	Curtains in doors and on windows so that nobody can see you during the examination?	Yes 1 No 0	
	d)	46	Comfortable seating in the waiting area?	Yes 1 No 0	
	e)	46	Drinking water available?	Yes 1 No 0	
13	a)		<b>Were the following sufficiently clean:</b>		
	b)	46	Surroundings?	Yes 1 No 0	
	c)	46	Consultation areas?	Yes 1 No 0	
		46	Toilets, which were functional?	Yes 1 No 0	
14	a)	27	Have you seen a display with your rights?	Yes 1 No 0	
	b)	34	Can you tell me what your rights are?	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 Confidentiality of information D Non-discrimination E Participation F Adequate and clear information G	Code "yes" if at least 3 mentioned from the list provided.
15		27, 52	Have you seen a display which mentions that services will be provided to all AYs' without discrimination?	Yes 1 No 0	
16		27	Have you seen a display of the confidentiality policy?	Yes 1 No 0	
17			<b>Today, during your consultation or counselling session:</b>		
	a)	6	Did any service provider talk to you about how to prevent diseases and what to do to stay healthy?	Yes 1 No 0	

	b)	6	Did the service provider inform you about the services available?	Yes No	1 0	
	c)	31	Did the service provider ask you questions about your home and your relationships with adults?	Yes No	1 0	
	d)	31	Did the service provider ask you questions about school?	Yes No	1 0	
	e)	31	Did the service provider ask you questions about your eating habits?	Yes No	1 0	
	f)	31	Did the service provider ask you questions about sports or other physical activity?	Yes No	1 0	
	g)	31	Did the service provider ask you questions about sexual relationships? <i>(Ask this question only to AYPs of age &gt;15 years)</i>	Yes No	1 0	
	h)	31	Did the service provider ask you questions about smoking, alcohol, or other substances?	Yes No	1 0	
	i)	31	Did the service provider ask you questions about how happy you feel, or other questions about your mood or mental health?	Yes No	1 0	
	j)	32, 34	Did the service provider treat you in a friendly manner?	Yes No	1 0	
	k)	32, 34	Was the service provider respectful of your needs?	Yes No	1 0	
	l)	47	Did anyone else enter the room during your consultation?	Yes No	1 0	
	m)	42	Did the service provider assure you at the beginning of the consultation that your information will not be shared with anyone without your consent?	Yes No	1 0	
	n)	47	Do you feel confident that the information you shared with service provider today will not be disclosed to anyone else without your consent?	Yes No	1 0	
	o)	35, 75	Do you feel that the health information provided during the consultation was clear and that you understood it well?	Yes No	1 0	
	p)	75	Did the provider ask you if you agree with the treatment/procedure/solution that was proposed?	Yes No	1 0	
	q)	78	Overall, did you feel that you were involved in the decisions regarding your care? For example, you had a chance to express your opinion or preference for the care provided, and your opinion was listened to, and heard?	Yes No Don't know	1 0 8	
18	a)		Today, did you have any contact with anyone from support staff (receptionist, cleaning staff, or security staff)?	Yes No	1 0	If 0, Skip to Q 19
	b)	32, 34	Did you feel that support staff were friendly and treated you with respect?	Yes No	1 0	
19		43, 48	Today, did you not get the services you wanted because of a lack of medicines or other materials?	Yes No	0 1	
20		44, 48	Today, did you not get the services you wanted because of a lack of equipment, or because the equipment was not functioning?	Yes No	0 1	

21	a)	57	Today, were you denied necessary services at this health facility?	Yes 0 No 1	If 0, Skip to Q 22
	b)	57	If yes, what do you think was the reason for the denial?	Age below 18 A Unmarried B Not in school C Inability to pay D Unavailable in the facility E The condition needs referral F Other (please specify) G	
	c)	57	Which services were denied?	Nutritional B anemia C Immunization D Menstrual hygiene / problems E STI F HIV G Oral contraceptive pills. H Condom I IUD J Emergency contraceptive pills K Implants K Injectables K Medical abortion/ surgical abortion L Post-abortion care M Antenatal care O Postnatal care Q Dermatological R Mental health S Substance use T Sexual violence U Other (please specify) V	
22	a)	-	Today, has any service provider referred you to another health facility for services not provided here?	Yes 1 No 0	If 0, Skip to Q 23
	b)	22	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	a)	79	Today, or in other occasions, were you or your friends approached to help staff in working with AYS' in this AY clinic/ health facility?	Yes 1 No 0	
	b)	77	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	
24		21	Have you ever received information, counselling, or health services in the community setting (for example in school, clubs, community meetings, or any other?)	Yes 1 No 0	
25	a)	8	What do you know about anemia?	Nothing 0 Satisfactory answer (yes) 1 Less hemoglobin/ blood A It leads to Weakness/tiredness B Loss of appetite C Repeated illness D Slow growth and stunting E Other (please specify) F	Code "yes" if at least 2 items from the list were named.

	b)	8	Do you know how to prevent anemia?	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)	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 STI <sup>1</sup> C Other (please specify) D	Code "yes" if at least 2 items from the list were named.
	b)	8	Can you name any health consequences of having a baby at a young age?	Yes 1 No 0 anemia A Babies with LBW <sup>2</sup> 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)	8	Do you know what is the minimum number of check-ups that a pregnant woman should get? (Ask AY with the age >15 years)	Correct answer 1 Doesn't know or incorrect answer 0	Correct answer, if the response is at least 4 <sup>3</sup>
	b)	9	Do you know where an AY girl can go for such check-ups? (Ask AYs' with age >15 years.)	Correct answer 1 Doesn't know or incorrect answer 0 Possible answers: Government hospital A AY clinic B Health Centre C Private facilities E Other (please specify) F	Code "correct answer" if at least 1 type of facility is mentioned.

<sup>1</sup> STI- Sexually transmitted infections

<sup>2</sup> LBW -low birth weight

<sup>3</sup> The current recommendation for ANC: every pregnant mother is expected to visit the health facility every month ever since she is aware of her pregnancy

Question number	Criterion number	Questions for the AY client exit interview	Response & Code	Remarks
28	a)	8 Can you name any methods of contraception? (Ask AYS' with age >15 years.)	No 0 Yes 1 Condom A Oral contraceptive pills B Emergency contraceptive pills C IUD D Injectables E Implants E Abstinence F LAM G Standard Days Method H Withdrawal I Others (please specify) J	If 0, Skip to Q 29  Code "yes" if at least 3 methods from the list, with at least 2 modern contraceptives, were named.
	b)	9 Do you think you could get one if you needed it? (Ask AYS' with age >15 years.)	Yes 1 No 0	
	c)	8 Have you heard about emergency contraceptive pills? (Ask AYS' with age >15 years.)	Yes 1 No 0	If 0, Skip to Q 29
	d)	8 Do you know what they are used for? (Ask AYS' with age >15 years.) (Probe for how they are used.)	Yes 1 No 0 Stopping a pregnancy from happening 1 Other (please specify) .10	
	e)	9 Do you think you could get them if you needed them? (Ask AYS' with age >15 years.)	Yes 1 No 0	
29	a)	8 Have you heard about condoms? (Ask AYS' with age >15 years.)	Yes 1 No 0	Of 0. Skip to Q 30
	b)	8 Could you tell me why a condom is used? (Ask AYS' with age >15 years.)	Yes 1 No 0 For contraception/preventing pregnancy A Preventing HIV or STI B Other (please specify) C	Code "yes" if both pregnancy and STI prevention is mentioned.
	c)	9 If you or your friends would need a condom, can you tell me where to get one? (Ask AYS' with age >15 years.)	Yes 1 No 0 Shop A Pharmacy B Government hospital/clinic/FP center C AYC clinic D Private hospital/clinic/family planning center E Community volunteer F Auxiliary nurse midwife G Other (please specify) H	Code "yes" if at least one place is mentioned.
	d)	21 Do you feel you could get a condom if you needed one? (Ask AYS' with age >15 years.)	Yes 1 No 0 Don't know 8	
30	a)	8 Have you heard of HIV?	Yes 1 No 0	If 0, Skip to Q 31

	b)	8	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 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	Code "yes" if all five questions are answered correctly.
	c)	9	If you would want to get tested for HIV, would you be able to get tested?	Yes 1 No 0	
31		9	If an AY in your locality had an unwanted pregnancy, would they know where to go for medical advice?	Yes 1 No 0	
32			Do you know what care to take each month during the menstrual cycle? (Ask girls only.)	Yes 1 No 0 Daily shower A Use soft and clean cloth B Wash cloth with soap and water C Dry cloth in sunlight D Store cloth in clean place E Use sanitary napkins F How to dispose of sanitary napkins G Other (please specify) H	
33	a		Have you ever heard of diseases that can be transmitted through sexual intercourse? (Ask AYs' with age >15 years.)	Yes 1 No 0 Don't know 8	If 0&8, skip to Q34
	b		Do you know any symptoms of sexually transmitted infections? (Ask AYs' with age >15 years.)	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	
	c		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 AY clinic C Government facility D Private hospital/clinic F Other (please specify) G	
34	a		Do you have any ideas for how AYs' could get more involved in planning, designing, and implementing good quality health care in this community.	Yes 1 No 0	If 0, End the interview with thanks
	b		Can you please share your ideas with us?		

End the interview with thanks

# HEALTH FACILITY MANAGER INTERVIEW TOOL

## Cover Page

Interviewee Code \_\_\_\_\_

Name of the Person: \_\_\_\_\_

Sex: Male.....1 Female.....2 AGE: \_\_\_\_\_

Duration of service as manager/head of the facility: \_\_\_\_\_(years), \_\_\_\_\_  
\_\_\_\_\_(months)

Experience or service in the health sector: \_\_\_\_\_years

Name of the Facility: \_\_\_\_\_ Code: \_\_\_\_\_

Type/Ownership of Health Facility \_\_\_\_\_

Address of Facility:

Region: \_\_\_\_\_

Zone: \_\_\_\_\_

Wereda: \_\_\_\_\_

Kebele: \_\_\_\_\_

DATE OF INTERVIEW: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
D D M M Y Y Y Y

RESULTS OF INTERVIEW:

Completed: 1

Partially completed: 2

Refused: 4

INTERVIEWED BY:

TIME INTERVIEW BEGAN: \_\_\_\_\_ : \_\_\_\_\_ TIME INTERVIEW ENDED \_\_\_\_\_  
: \_\_\_\_\_  
HOUR MINUTE HOUR MINUTE

Name and signature of supervisor

\_\_\_\_\_  
DATE CHECKED: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Ethiopian  
Calendar)  
D D M M Y Y Y Y

# INTRODUCTION AND CONSENT

## Consent form for the health facility manager

Hello,

My name is \_\_\_\_\_  
and I work for the \_\_\_\_\_. We are conducting an  
assessment of the quality of care provided to AY 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. At the end I would like to be present during at least one AY client-provider interaction. All this information will help to improve the quality of health care for AY in (the district, country) \_\_\_\_\_. 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/thumb impression/verbal consent of the interviewee:  
\_\_\_\_\_  
\_\_\_\_\_

## Health Facility Manager Interview Tool

Question No.	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 AYs' specifically?	a) Available Gynecologists _____ Pediatrician _____ IESO _____ GP _____ Health officer _____ Nurse _____ Midwife _____ Counsellor _____ HEW _____ Support staff (specify) _____	b) Trained in the provision of health-care services to AYH specifically Gynecologists _____ Pediatrician _____ IESO _____ GP _____ Health officer _____ Nurse _____ Midwife _____ Counsellor _____ HEW _____ Support staff (specify) _____	
3		Could you tell me which of these components were covered by the training in AY & youth health?			
	a)	3      Communication skills to talk to AYH	Yes    1 No     0 Don't know    8		
	b)	10      Communication skills to talk to adult visitors/community members	Yes    1 No     0 Don't know    8		
	c)	26      The policy on privacy and confidentiality	Yes    1 No     0 Don't know    8		
	d)	25      Clinical case management	Yes    1 No     0 Don't know    8		
	e)	26      Orientation on the importance of respecting the rights of AYs' to information and health care that is provided in a respectful, non-judgmental and non-discriminatory manner	Yes    1 No     0 Don't know    8		
	f)	51      Policies and procedures to ensure free or affordable service provision	Yes    1 No     0 Don't know    8		
	g)	60      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 facility manager?			
	a)	25, 26      Orientation in AYH health care	Yes    1 No     0		
	b)	60      Training in quality improvement for AY health care	Yes    1 No     0		
	c)	62      Training in supportive supervision for AY health care	Yes    1 No     0		
5	24	Do you have job descriptions for each category of staff employed in your facility?	Yes    1 No     0 Don't know    8	If 0 or 8, Skip to Q 7	
6		Do the job descriptions of your staff include a focus on AYH care?			
	a)	24      Doctors including Gynecologists & pediatricians	Yes    1 No     0 Don't know    8		
	b)	24      Nurse	Yes    1 No     0 Don't know    8		
	c)	24      Midwife	Yes    1 No     0 Don't know    8		
	d)	24      HEW	Yes    1 No     0 Don't know    8		

	e)	24	Counsellor	Yes 1 No 0 Don't know 8	
	f)	24	Other (please specify) _____	Yes 1 No 0 Don't know 8	
7			Do you have any of the following guidelines/SOPs in your facility?		
	a)	28	Clinical case management guidelines or job aids/algorithms for AYH health care	Yes 1 No 0	
	b)	19	SOPs for which services should be provided in the facility and which in the community	Yes 1 No 0	
	c)	20	Referral guidelines	Yes 1 No 0	
	d)	20	Policy/SOPs for a planned transition from pediatric to adult care	Yes 1 No 0	
	e)	38	Guidelines/SOPs on protecting the privacy and confidentiality of AY	Yes 1 No 0	
	f)	73	Guidelines/SOPs on informed consent	Yes 1 No 0	
	g)	36	Guidelines/SOPs with staff responsibilities on making the health facility welcoming, convenient and clean	Yes 1 No 0	
	h)	36	SOPs on how to minimize the waiting time for AY clients	Yes 1 No 0	
	i)	36	SOPs on how to provide services to AY with, or without, an appointment	Yes 1 No 0	
	j)	50	Guidelines/SOPs on how to provide free, or affordable, services to AYs'	Yes 1 No 0	
	k)	49	Guidelines/SOPs on how to provide equitable services to all AY irrespective of their ability to pay, age, sex, marital status and other characteristics	Yes 1 No 0	
	l)	61	Guidelines/SOPs on self-monitoring of the quality of care provided to AY	Yes 1 No 0	
	m)	72	SOPs on how to involve AYs in the planning, monitoring and evaluation of health services and service provision	Yes 1 No 0	
	n)	72	SOPs on how to involve vulnerable groups of AY in the planning, monitoring and evaluation of health services and service provision	Yes 1 No 0	
	o)	63	Guidelines/SOPs on how to reward and recognize highly performing staff	Yes 1 No 0	
	p)	29	Guidelines/SOPs on supportive supervision in AY health care	Yes 1 No 0	
	q)	29	Tools for supportive supervision in AY health care	Yes 1 No 0	
8			Do you regularly conduct supportive supervision visits with a focus on AY health care:		
	a)	66	To facility health-care providers?	Yes 1 No 0	
	b)	66	To support staff?	Yes 1 No 0	
	c)	66	To HEW?	Yes 1 No 0	
9			Does your facility regularly conduct self-assessments:		
	a)	74	To identify AYs' expectations about the services in the facility?	Yes 1 No 0	
	b)	74	To find out about AYs' experience of care?	Yes 1 No 0	
	c)	64	To assess the quality of health-care services?	Yes 1 No 0	
	d)	65	To establish action plans for improvements?	Yes 1 No 0	
	e)	62	To inform priorities for supportive supervision?	Yes 1 No 0	

10			Do you have the following information items displayed in the facility?	
	a)	27	The rights of AYs' to information, non-judgmental, attitude and respectful care	Yes 1 No 0
	b)	27, 49	The policy commitment of the health facility to provide health services to all AYs' without discrimination and to take remedial actions, if necessary	Yes 1 No 0
	c)	27	The policy on confidentiality and privacy	Yes 1 No 0
	d)	27, 50	The policy on free or affordable service provision for AY	Yes 1 No 0
11			In your facility, are the following procedures established to ensure privacy, confidentiality, and the security of medical information?	
	a)	38	Information on the identity of the AY and the presenting issue are gathered in confidence during the registration.	Yes 1 No 0
	b)	38	Staff do not disclose any information given to or received from AY to third parties, such as family members, school teachers or employers, without the AY's consent.	Yes 1 No 0
	c)	38	Case records are kept in a secure place, accessible only to authorized personnel.	Yes 1 No 0
	d)	38	Measures are implemented to prevent unauthorized access to electronically stored information.	Yes 1 No 0
	e)	38	To maintain privacy during the consultation, there are curtains in windows and doors and a screen separating the consultation area from the examination area.	Yes 1 No 0
12		59	Is there a system in place in the facility to collect data on cause-specific service utilization by AYs' that is disaggregated by age and sex?	Yes 1 No 0
13		68	Do facility reports to the district include data on cause-specific service utilization by AYs' that is disaggregated by age and sex?	Yes 1 No 0
14		69	Do facility reports to the district on quality of care have a focus on AY?	Yes 1 No 0
15			Do you ensure that there are systems in place for:	
	a)	39	Procurement and stock management of the medicines and supplies necessary to deliver the required package of services to AY?	Yes 1 No 0
	b)	40	Procurement, inventory, maintenance and safe use of the equipment necessary to deliver the required package of services to AYs'?	Yes 1 No 0
	c)	37	Basic amenities (electricity, water, sanitation and waste disposal)?	Yes 1 No 0
16			Does the facility have a documented plan:	
	a)	12	To inform adults, when they visit the health facility, during community meetings and through community organizations, about the value of providing services to AYs'?	Yes 1 No 0
	b)	5	To inform AYs' in the community (in schools, clubs, community meetings) about their health and the services available?	Yes 1 No 0
	c)	19	For provision of health services to AYs' in community settings?	Yes 1 No 0

	d)	65	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 budget to ensure:		
	a)	30	Continuous professional education activities in AYH care for facility staff?	Yes 1 No 0	
	b)	30	Training of outreach workers/HEW in AY health care?	Yes 1 No 0	
	c)	76	Training of AYs' in providing certain services (e.g. health education for peers, counselling)?	Yes 1 No 0	
	d)	37	Maintaining basic amenities of the facility in good condition?	Yes 1 No 0	
	e)	36	Keeping the facility welcoming and clean?	Yes 1 No 0	
	f)	63	Rewarding highly performing staff?	Yes 1 No 0	
18			Do you have at hand updated lists of:		
	a)	11	Agencies and organizations the facility partners with to increase community support for AY use of services?	Yes 1 No 0	
	b)	20	Organizations from the health and other sectors, for example, social, recreational, legal sectors, that provide services to AY in the catchment area?	Yes 1 No 0	
	c)	39, 40	Medicine, supplies and necessary equipment?	Yes 1 No 0	
	d)	18	Services included in the package of information, counselling, treatment and care services that are to be provided to AYs'?	Yes 1 No 0	
19	a)	-	Does your facility have a governance structure/board that includes members of the community to advise you on how to plan services and make them better?	Yes 1 No 0 Don't know 8	If 0 or 8, End the interview with thanks.
	b)	71	Does this structure/board include AYs'?	Yes 1 No 0 Don't know 8	

*End the interview with thanks.*



Observation and Checklists for Facility Inventory and Record Review Tool

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

Question No.	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 0, Skip to Q 2
	b)	1	Is it clearly visible?	Yes 1 No 0	
	c)	1	Does it mention hours for AY health clinics?	Yes 1 No 0	
2			Does the waiting area:		
	a)	36	Have adequate and comfortable seating?	Yes 1 No 0	
	b)	2	Have information, education and communication materials specifically developed for AYs'?	Yes 1 No 0	
	c)	36	Have drinking water?	Yes 1 No 0	
	d)	36	Seem welcoming overall?	Yes 1 No 0	
	e)	36	Seem clean overall?	Yes 1 No 0	
3			Check for basic amenities.		
	a)	37	Is there a functional toilet?	Yes 1 No 0	
	b)	37	Does the toilet have functioning hand hygiene facilities?	Yes 1 No 0	
	c)	37	Is the toilet clean?	Yes 1 No 0	
	d)	37	Does the toilet have a disposal bin?	Yes 1 No 0	
	e)	37	Does the facility have permanent electricity during working hours?	Yes 1 No 0	
	f)	37	Does the facility have general waste disposal?	Yes 1 No 0	
	g)	37	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	
	h)	37	Does the facility have safe storage and disposal of sharps?	Yes 1 No 0	
	i)	37	Does the facility have adequate hand hygiene facilities that are located in or adjacent to the office/examination room?	Yes 1 No 0	
4		36	Are the surroundings of the facility clean?	Yes 1 No 0	
5			Does the facility furniture seem adequate:		
	a)	36	Regarding quantity?	Yes 1 No 0	
	b)	36	Regarding the state of repair?	Yes 1 No 0	
6			Does the facility have the following equipment/material/ supplies:1		
	a)	44	Blood pressure measurement machine	Yes 1 No 0	
	b)	44	Binaural adult stethoscope	Yes 1 No 0	
	c)	44	Monaural fetal stethoscope	Yes 1 No 0	
	d)	44	Pregnancy test strips	Yes 1 No 0	
	e)	44	Clinical thermometer	Yes 1 No 0	

	f)	44	Adult weighing scales	Yes 1 No 0	
	g)	44	Measuring tape	Yes 1 No 0	
	h)	44	Light source, for example a torch	Yes 1 No 0	
	i)	44	Refrigerator	Yes 1 No 0	
	j)	44	Haemoglobinometer	Yes 1 No 0	
	k)	44	Test strips for urine, 10 parameter	Yes 1 No 0	
	l)	28	BMI growth charts for AYs'	Yes 1 No 0	
	m)	44	Height meter	Yes 1 No 0	
	n)	44	Ophthalmoscope set	Yes 1 No 0	
	o)	44	Otoscope set	Yes 1 No 0	
	p)	43	Latex gloves	Yes 1 No 0	
	q)	43	Single-use standard disposable or auto-disposable syringes	Yes 1 No 0	
	r)	43	Soap or alcohol-based hand rub for hand hygiene	Yes 1 No 0	
	s)	44	Communication equipment (phone or short- wave radio)	Yes 1 No 0	
	t)	44	Computer with email/internet access	Yes 1 No 0	
7			Check the minimum levels of stock for the following medicines and supplies in the facility <sup>4</sup>		
	a)	43	Condoms	Yes 1 No 0	
	b)	43	Oral contraceptive pills	Yes 1 No 0	
	c)	43	Emergency contraceptive pills	Yes 1 No 0	
	d)	43	Injectable contraceptives	Yes 1 No 0	
	e)	43	Contraceptive implants	Yes 1 No 0	
	f)	43	Intravenous fluids	Yes 1 No 0	
	g)	43	Paracetamol	Yes 1 No 0	
	h)	43	Amoxicillin	Yes 1 No 0	
	i)	43	Atenolol	Yes 1 No 0	
	j)	43	Ceftriaxone	Yes 1 No 0	
	k)	43	Ciprofloxacin	Yes 1 No 0	
	l)	43	Cotrimoxazole suspension	Yes 1 No 0	
	m)	43	Diclofenac	Yes 1 No 0	
	n)	43	Glibenclamide	Yes 1 No 0	
	o)	43	Omeprazole	Yes 1 No 0	
	p)	43	Salbutamol	Yes 1 No 0	
	q)	43	Diazepam	Yes 1 No 0	

<sup>4</sup> 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.

	r)	43	Magnesium sulfate	Yes 1 No 0	
	s)	43	Vaccines (HPV & TD)	Yes 1 No 0	
8			Check for visual and auditory privacy features.		
	a)	38	There are curtains on the doors and windows.	Yes 1 No 0	
	b)	38	Communication between reception staff and visitors is private and cannot be overheard, including from the waiting room.	Yes 1 No 0	
	c)	38	In the offices/examining rooms, there is a screen to separate the examination area from the consultation area.	Yes 1 No 0	
	d)	38	No one can see or hear an AY client from the outside during the consultation or counselling.	Yes 1 No 0	
9			Check to see the following registers, tools and records.		
	a)	59	The register on service utilization has data disaggregated by age and sex so that cause-specific service utilization by AY boys and girls can be extracted.	Yes 1 No 0	
	b)	59	The reporting forms have a format that allows the presentation of data disaggregated by age and sex.	Yes 1 No 0	
	c)	39	Stock of medicines and supplies register	Yes 1 No 0	
	d)	20	Referral register	Yes 1 No 0	
	e)	7	Register/records of accomplished outreach activities to inform AYs' in community settings	Yes 1 No 0	
	f)	16	Register/records of accomplished outreach activities to inform youth and other community organizations about the value of providing health services to AYs'	Yes 1 No 0	
	g)	15	Register/records of accomplished outreach activities to inform parents/guardians and teachers during school meetings about the value of providing health services to AYs'	Yes 1 No 0	
	h)	13	Record(s) of formal agreements/partnerships with community organizations to develop health education and behavior-oriented communications strategies and materials, and plan service provision	Yes 1 No 0	
	i)	61	Tools for facility self-assessment of the quality of AY health care	Yes 1 No 0	
	j)	29	Tools for supportive supervision in AY health care	Yes 1 No 0	
	k)	64	Records/reports on accomplished self-assessments of the quality of AY health care	Yes 1 No 0	
	l)	66	Records of accomplished supportive supervision visits focused on AY health care	Yes 1 No 0	
	m)	68	Reports to the district on cause-specific service utilization by AYs' that include data disaggregated by age and sex	Yes 1 No 0	
	n)	69	Reports to the district on quality of care that have a focus on AYs'	Yes 1 No 0	
10			Check for confidentiality procedures and their application in practice.		

	a)	42	Information on the identity of the AY and the presenting issue are gathered in confidence during registration.	Yes No	1 0		
	b)	38, 42	AY clients are offered anonymous registration if they wish.	Yes No	1 0		
	c)	38, 42	The registration register has the name and code, but the service register has only the code (if anonymous registration is asked for).	Yes No	1 0		
	d)	38, 42	The information in laboratory registers (if applicable) is registered using codes.	Yes No	1 0		
	e)	38, 42	Case records are kept in a secure place, accessible only to authorized personnel.	Yes No	1 0		
	f)	38, 42	The registers are kept under lock and key outside operating hours.	Yes No	1 0		
	g)	38, 42	For electronically stored information, measures are applied to prevent unauthorized access.	Yes No	1 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:	Informatio	Counsell	Clinical	
	a)	28	Normal growth and pubertal development	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	b)	28	Pubertal delay	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	c)	28	Precocious puberty	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	d)	28	Mental health and mental health problems	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	e)	28	Nutrition (including anaemia)	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	f)	28	Physical activity	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	g)	28	AY-specific immunization	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	h)	28	Menstrual hygiene and health	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	i)	28	Family planning and contraception – oral contraceptive pills, IUDs, condoms, emergency contraceptive pills, implants, injectable contraceptives	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	j)	28	Safe abortion (where legal), and post-abortion care	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	k)	28	Antenatal care and emergency preparedness, delivery and postnatal care	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	l)	28	Reproductive tract infections/sexually transmitted infections	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	m)	28	HIV	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	n)	28	Sexual violence	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	o)	28	Family violence	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	p)	28	Bullying and school violence	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	q)	28	Substance use and substance use disorders	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	r)	28	Injuries	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	s)	28	Skin problems	Y-1 N-0	Y-1 N-0	Y-1 N-0	

	t)	28	Chronic conditions and disabilities	Y-1 N-0	Y-1 N-0	Y-1 N-0		
	u)	28	Endemic diseases	Y-1 N-0	Y-1 N-0	Y-1 N-0		
	v)	28	Common conditions during adolescence (fatigue, abdominal pain, diarrhea, headache)	Y-1 N-0	Y-1 N-0	Y-1 N-0		
12			Check if the following information items are displayed in the facility.					
	a)	27	The rights of AYs' to information, non-judgmental attitude and respectful care	Yes No	1 0			
	b)	27, 52	The policy commitment of the health facility to provide health services to all AYs' without discrimination and to take remedial actions if necessary	Yes No	1 0			
	c)	27	The policy on confidentiality and privacy	Yes No	1 0			
	d)	27, 50	The policy on free or affordable service provision for AYs'	Yes No	1 0			
13			Check to see training records/reports for the following topics.					
	a)	3	Communication skills to talk to AYs'	Yes No	1 0			
	b)	10	Communication skills to talk to adult visitors and community members	Yes No	1 0			
	c)	26	The policy on privacy and confidentiality	Yes No	1 0			
	d)	25	Clinical case management of AY health conditions	Yes No	1 0			
	e)	26	Orientation on the importance of respecting the rights of AYs' to information and health care that is provided in a respectful, non-judgmental and non-discriminatory manner	Yes No	1 0			
	f)	50	Policies and procedures to ensure free or affordable service provision	Yes No	1 0			
	g)	60	Data collection, analysis and use for quality improvement in AY health care	Yes No	1 0			
	h)	4	Training of outreach workers in AY health care	Yes No	1 0			
	i)	76	Training of AYs' in providing certain services (for example, health education for peers, counselling)	Yes No	1 0			
14			Check to see if there are the following guidelines/SOPs:					
	a)	19	SOPs for which services should be provided in the facility and which in the community	Yes No	1 0			
	b)	20	Referral guidelines	Yes No	1 0			
	c)	20	Policy/SOPs for a planned transition from pediatric to adult care.	Yes No	1 0			
	d)	38	Guidelines/SOPs on protecting the privacy and confidentiality of AYs'	Yes No	1 0			
	e)	73	Guidelines/SOPs on informed consent	Yes No	1 0			
	f)	36	Guidelines/SOPs including staff responsibilities for making the health facility welcoming, convenient and clean	Yes No	1 0			
	g)	36	SOPs on how to minimize waiting time	Yes No	1 0			
	h)	36	SOPs on how to provide services to AYs' with or without an appointment	Yes No	1 0			
	i)	50	Guidelines/SOPs on applying policies for free, or affordable, service provision to AYs'	Yes No	1 0			

	j)	49	Guidelines/SOPs on equitable service provision to all AYs' irrespective of their ability to pay, age, sex, marital status or other characteristics	Yes No	1 0	
	k)	61	Guidelines/SOPs for self-monitoring of the quality of care provided to AYs'	Yes No	1 0	
	l)	72	SOPs on how to involve AYs' in the planning, monitoring and evaluation of health services and service provision	Yes No	1 0	
	m)	72	SOPs on how to involve vulnerable groups of AYs' in the planning, monitoring and evaluation of health services and service provision	Yes No	1 0	
	n)	63	Guidelines/SOPs on the reward for and recognition of highly performing staff	Yes No	1 0	
	o)	29	Guidelines/SOPs on supportive supervision in AY health care	Yes No	1 0	
	p)	29	Tools for supportive supervision in AY health care	Yes No	1 0	
15			Check the availability of the following lists.			
	a)	11	Updated list of agencies and organizations with which the facility partners to increase community support for AY use of services	Yes No	1 0	
	b)	20	Organizations from the health and other sectors (social, recreational, legal, etc.) providing services to AYs' in the catchment area	Yes No	1 0	
	c)	39, 40	Medicines, supplies and necessary equipment	Yes No	1 0	
	d)	18	Services included in the package of information, counselling, treatment and care services to be provided to AYs'	Yes No	1 0	
16			Check if the job description of the following personnel is available AND has a focus on AY health care.			
	a)	24	Doctors including Gynecologists & pediatricians	Yes No	1 0	
	b)	24	Nurse	Yes No	1 0	
	c)	24	Midwife	Yes No	1 0	
	d)	24	HEWs/Outreach worker	Yes No	1 0	
	e)	24	Counsellor	Yes No	1 0	
	f)	24	Other (please specify)	Yes No	1 0	

## Client -provider interaction observation tool

# INTRODUCTION AND CONSENT

Hello,

My name is \_\_\_\_\_ and I work for the \_\_\_\_\_. We are conducting an assessment of the quality of care provided to AYin this facility on behalf of \_\_\_\_\_.

I have already examined the environment of the facility, and now would like to observe the consultation process with your client. All the information that I will hear during the consultation will be kept strictly confidential, and I will not share it with anyone else. I will not write down your names, and my notes will not be seen by anyone not involved in the survey analysis.

This observation will assist the process of improving the quality of health services for AYs'. Your participation in this review process is voluntary. I would like to both of your permission to be present during the consultation.

Do you have any questions?

May we begin?

Has the service provider given permission? Yes.....1  
No.....2  
Has the client given permission? Yes.....1  
No.....2

Signature of interviewee(s)/verbal consent:

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## Client-Provider Interaction Observation Tool

Question No.	Criterion No.	Quality assessment questions	Observation & Code	Remarks
1	-	What was the reason for the consultation?	Physical and pubertal development. A Menstrual hygiene/problems B Nutrition C Anemia D Immunization E STIs F HIV G OCPs H Condom I IUD J Emergency pills K implant L Injectables M Antenatal care N Safe delivery O Postpartum care P Safe abortion 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) ZZZ	
2	42	Do you think that during the consultation the provider and the client could be seen from the outside?	Yes 0 No 1	
3	42	Is it possible to overhear the conversation between service provider and the client from the outside?	Yes 0 No 1	
4	42	Apart from the service providers that were concerned with the consultation (doctor or/and nurse), was anyone else present in the room at the time of consultation? (This includes health-care providers that are not concerned directly with this particular consultation.)	Yes 0 No 1	
5		At the beginning of the consultation did the health-care provider:		
	a)	32	Seat the AY in the prime position that facilitated communication most easily?	Yes 1 No 0
	b)	32	Introduce himself/herself first to the AY?	Yes 1 No 0
	c)	32	Ask the AY what he/ she would like to be called?	Yes 1 No 0
	d)	32	Ask the AY who he/ she has brought with him/her to the consultation?	Yes 1 No 0
	e)	32	Show interest in the AY and spend some time getting to know him/ her before focusing on the medical problems (problem- free talk)?	Yes 1 No 0
6			Was the AY accompanied by someone else (for example, parent/guardian, sister)?	Yes 1 No 0 If 0, Skip to Q 7

	a)	42	The provider explained to the AY that they routinely spend some time alone with the AY towards the end of the consultation.	Yes 1 No 0	
	b)	32	The provider asked questions first to the AY and then to the accompanying person(s).	Yes 1 No 0	
	c)	32	The provider asked the AY's permission to ask the accompanying person(s) their opinions/ observations.	Yes 1 No 0	
7		42	Did anyone else enter the room during the consultation?	Yes 0 No 1	
8		32	Did the service provider listen with attention to what the client had to say?	Yes 1 No 0	
9		32, 42	Did the service provider assure the client that no information will be disclosed to anyone (parents/other) without their permission?	Yes 1 No 0	
10		32, 42	Did the service provider explain to the client the conditions when the provider might need to disclose information, such as in situations required by law,1 and if that is the case the client will be informed of the intention to disclose unless doing so would place them at further risk of harm?	Yes 1 No 0	
11		57	Did the service provider deny any services to this AY/young client?	Yes 0 No 1	If 0, Skip to Q 13
12		57	Why did the service provider deny services?	Age below 18 A Unmarried B Not in school C Inability to pay D Unavailable in the facility. E The condition needs referral F The reason is not clear G Other (please specify) H	
13			During the consultation did the service provider take any psychosocial history, such as:		
	a)	31	Asked the AY questions about home and relationships with adults?	Yes 1 No 0	
	b)	31	Asked the AY questions about school?	Yes 1 No 0	
	c)	31	Asked the AY questions about his/her eating habits?	Yes 1 No 0	
	d)	31	Asked the AY questions about sports or other physical activity?	Yes 1 No 0	
	e)	31	Asked the AY questions about sexual relationships? <i>(This question should only be asked to AYs of &gt;15)</i>	Yes 1 No 0	
	f)	31	Asked the AY questions about smoking, alcohol or other substances?	Yes 1 No 0	
	g)	31	Asked the AY questions about how happy he/she feels, or other questions about his/her mood or mental health?	Yes 1 No 0	

14	75	If an informed consent from a third party was required, was AY assent to the service/procedure also obtained?	Yes 1 No 0 Not relevant 6	
15	42	If the AY was accompanied by someone else (for example, parent/guardian, sister) did the provider spend some time alone with the AY towards the end of the consultation?	Yes 1 No 0 Not relevant 6	
16		During the consultation did the service provider do the following:		
a)	21	Provide sufficient time for counselling or consultation as required for the problem?	Yes 1 No 0	
b)	6	Talk about how to prevent diseases, and what to do to stay healthy?	Yes 1 No 0	
c)	6	Inform the AY client about the services available for him/her?	Yes 1 No 0	
d)	75	Provide accurate and clear information on the medical condition?	Yes 1 No 0	
e)	75	Provide accurate and clear information on the management/treatment options?	Yes 1 No 0	
f)	75	Ask the AY client what his/her preferences for the management/treatment options are?	Yes 1 No 0	
g)	75	Provide accurate and clear information on follow-up actions?	Yes 1 No 0	
h)	75	Ask the AY client what are his/her preferences for the follow-up actions?	Yes 1 No 0	
i)	75	Ask the AY client whether he/she has any problem understanding the treatment that is being provided?	Yes 1 No 0	
j	75	Check the AY client's understanding of the information provided by asking probing questions?	Yes 1 No 0	
K	75	Use audio-visual material to explain anatomy, disease, or other, as relevant to the topic of the consultation?	Yes 1 No 0	
l	32	Ask the AY client's permission before performing the examination/procedure/	Yes 1 No 0 Not relevant 6	
m	32,75	Explain the results of the physical examination to the client?	Yes 1 No 0 Not relevant 6	
a	22	Did the service provider refer the AY client to another health facility?	Yes 1 No 0 Not relevant 6	"No" if a referral was necessary but not proposed. If a referral was not necessary and not proposed code "Not relevant". End the observation with thanks
b	22	When the service provider referred the AY client to another health facility, did he/she give a referral note mentioning the condition referred for, where to go (address), timing? End the observation with thanks	Yes 1 No 0	

# HEALTH-CARE PROVIDER INTERVIEW TOOL

## COVER PAGE

Interviewee Code \_\_\_\_\_  
Name of the Person: \_\_\_\_\_  
Sex: Male 1 Female 2 AGE: \_\_\_\_\_  
Designation/ Position: \_\_\_\_\_  
Name of the Facility: \_\_\_\_\_ Code: \_\_\_\_\_  
Type/Ownership of Health Facility: Government.... 1 , Private....2 CSO...3  
Other (Specify): \_\_\_\_\_  
Address of Facility: \_\_\_\_\_  
Region: \_\_\_\_\_  
Zone: \_\_\_\_\_  
Wereda: \_\_\_\_\_  
Kebele: \_\_\_\_\_  
DATE OF INTERVIEW: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
D D M M Y Y Y Y

RESULTS OF INTERVIEW:  
Completed.....1  
Partially completed.....2  
Refused.....4

INTERVIEWED BY:

TIME INTERVIEW BEGAN: \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ TIME INTERVIEW ENDED \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_ HOUR MINUTE \_\_\_\_\_ HOUR MINUTE

Name and signature of supervisor

DATE CHECKED: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ -Ethiopian Calendar)  
D D M M Y Y Y Y



## Health-Care Provider Interview Tool

Question number	Criterion number	Questions for the health-care provider	Response & Code				Remarks
1	-	For how long have you been working at this health facility?					
			Years		Months		
2	24	Has the facility manager discussed your job description and your roles and responsibilities with you?	Yes	1			
			No	0			
3	21	When an AY client comes to your clinic, do you provide services for any of the following conditions or needs?					
			Information	Counseling	Clinical management	Referral	
	a)	21 Normal growth and pubertal development	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	b)	21 Pubertal delay	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	c)	21 Precocious puberty	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	d)	21 Mental health and mental health problems	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	e)	21 Nutrition, including anaemia	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	f)	21 Physical activity	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	g)	21 AY-specific immunization	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	h)	21 Menstrual hygiene and health	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	i)	21 Family planning and contraception –oral contraceptive pills, IUDs, condoms, emergency contraceptive pills, implants, injectable contraceptives	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	j)	21 Safe abortion (where legal), and post-abortion care	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	k)	21 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)	21 Reproductive tract infections/sexually transmitted infections	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	m)	21 HIV	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	n)	21 Sexual violence	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	o)	21 Family violence	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	p)	21 Bullying and school violence	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	q)	21 Substance use and substance use disorders	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	r)	21 Injuries	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	

	s)	21	Skin problems	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	t)	21	Chronic conditions and disabilities	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	u)	21	Endemic diseases	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	v)	21	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	
4			Have you received the following training in AY health care:					
	a)	3	Communication skills to talk to AYs'?	Yes 1 No 0				
	b)	10	Communication skills to talk to adult visitors/community members?	Yes 1 No 0				
	c)	26	The policy on privacy and confidentiality?	Yes 1 No 0				
	d)	25	Clinical case management of AY patients?	Yes 1 No 0				
	e)	26	Orientation on the importance of respecting the rights of AYs' to information and health care that is provided in a respectful, non- judgemental and non-discriminatory manner?	Yes 1 No 0				
	f)	51	Policies and procedures to ensure free or affordable service provision?	Yes 1 No 0				
	g)	60	Data collection, analysis and use for quality improvement?	Yes 1 No 0				
5		30	Is there a system so that you can regularly (at least once every 5 years) attend continuous professional education training in AY health care?	Yes 1 No 0				
6		18	Are you aware of services included in the package of information, counselling, treatment and care services to be provided to AYs'?	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:					
				Information	Counselling	Clinical management		
	a)	31	Normal growth and pubertal development	Y-1 N-0	Y-1 N-0	Y-1 N-0		
	b)	31	Pubertal delay	Y-1 N-0	Y-1 N-0	Y-1 N-0		
	c)	31	Precocious puberty	Y-1 N-0	Y-1 N-0	Y-1 N-0		
	d)	31	Mental health and mental health problems	Y-1 N-0	Y-1 N-0	Y-1 N-0		
	e)	31	Nutrition (including anaemia)	Y-1 N-0	Y-1 N-0	Y-1 N-0		
	f)	31	Physical activity	Y-1 N-0	Y-1 N-0	Y-1 N-0		

	g)	31	AY-specific immunization	Y-1 N-0	Y-1 N-0	Y-1 N-0		
	h)	31	Menstrual hygiene and health	Y-1 N-0	Y-1 N-0	Y-1 N-0		
	i)	31	Family planning and contraception – oral contraceptive pills, IUDs, condoms, emergency contraceptive pills, implants, injectable contraceptives	Y-1 N-0	Y-1 N-0	Y-1 N-0		
	j)	31	Safe abortion (where legal), and post-abortion care	Y-1 N-0	Y-1 N-0	Y-1 N-0		
	k)	31	Antenatal care and emergency preparedness, delivery and postnatal care	Y-1 N-0	Y-1 N-0	Y-1 N-0		
	l)	31	Reproductive tract infections/sexually transmitted infections	Y-1 N-0	Y-1 N-0	Y-1 N-0		
	m)	31	HIV	Y-1 N-0	Y-1 N-0	Y-1 N-0		
	n)	31	Sexual violence	Y-1 N-0	Y-1 N-0	Y-1 N-0		
	o)	31	Family violence	Y-1 N-0	Y-1 N-0	Y-1 N-0		
	p)	31	Bullying and school violence	Y-1 N-0	Y-1 N-0	Y-1 N-0		
	q)	31	Substance use and substance use disorders	Y-1 N-0	Y-1 N-0	Y-1 N-0		
	r)	31	Injuries	Y-1 N-0	Y-1 N-0	Y-1 N-0		
	s)	31	Skin problems	Y-1 N-0	Y-1 N-0	Y-1 N-0		
	t)	31	Chronic conditions and disabilities	Y-1 N-0	Y-1 N-0	Y-1 N-0		
	u)	31	Endemic diseases	Y-1 N-0	Y-1 N-0	Y-1 N-0		
	v)	31	Common conditions during adolescence (fatigue, abdominal pain, diarrhoea, headache)	Y-1 N-0	Y-1 N-0	Y-1 N-0		
8			Are you aware of the following SOPs/guidelines:					
	a)	19	SOPs for which services should be provided in the facility and which in the community?	Yes No	1 0			
	b)	20	Referral guidelines/SOPs?	Yes No	1 0			
	c)	20	Policy/SOPs for a planned transition from paediatric to adult care?	Yes No	1 0			
	d)	73	Guidelines/SOPs on informed consent?	Yes No	1 0			
	e)	49	Guidelines/SOPs on providing services to all AYs' irrespective of their ability to pay, age, sex, marital status or other characteristics?	Yes No	1 0			
	f)	50	Guidelines/SOPs on providing free, or affordable, services to AYs'?	Yes No	1 0			
	g)	38	Guidelines/SOP on measures to protect the privacy and confidentiality of AYs'?	Yes No	1 0			

9		38	Can you please name any measures to protect the privacy and confidentiality of AYs'? (Probe for measures in the list provided.)	Yes 1 No 0 1. Staff do not disclose any information given to or received from an AY to third parties, such as family members, school teacher or employers, without the AY's consent. 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 AY and the presenting issue are gathered in confidence during client registration.	Code "yes" if at least the first 3 items from the list were mentioned.
10		53	Do you know any groups of AYs' in your community that are vulnerable regarding health issues?	Yes 1 No 0 Don't know 8	
11			Have you ever discussed with your manager and your colleagues, and undertaken actions in order to:		
	a)	36	Make working hours convenient for AYs'?	Yes 1 No 0	
	b)	36	Minimize waiting time?	Yes 1 No 0	
	c)	36	Provide services to AYs' with, or without an appointment?	Yes 1 No 0	
12		64	Did you ever participate in a facility self-assessment of the quality of care provided to AYs'?	Yes 1 No 0	
13		41	Do you think the working hours in this facility are convenient for AYs'?	Yes 1 No 0 Don't know 8	
14		41	Can AYs' have a consultation without an appointment?	Yes 1 No 0 Don't know 8	
15			Have you ever trained any of the following groups in these areas:		
	a)	4	HEW/Outreach workers in AY health care?	Yes 1 No 0	
	b)	76	AYs' 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)	74	AYs' in the planning, monitoring and evaluation of health services?	Yes 1 No 0	
	b)	79	AYs' in any aspects of service provision?	Yes 1 No 0	
	c)	56	Vulnerable groups of AYs' in the planning, monitoring and evaluation of health services and service provision?	Yes 1 No 0	
17			Have you ever worked with:		

	a)	13	Agencies and organizations in the community to develop health education and behavior- oriented communication strategies and materials and plan service provision?	Yes 1 No 0	
	b)	21	Organizations from health and other sectors (for example social, recreational, legal) to establish referral networks for AY clients?	Yes 1 No 0	
18		14	Do you inform adults visiting the health facility about services available for AYs', and why it is important that AYs' use the services?	Yes 1 No 0	
19		10	Do you have support materials to communicate with parents, guardians, and other community members and organizations about the value of providing health services to AYs'?	Yes 1 No 0	
20		6	Do you inform AYs' about the availability of health, social services and other services available?	Yes 1 No 0	
21			When you see an AY client for services or counselling do you:		
	a)	32	Introduce yourself first to the AY?	Yes 1 No 0	
	b)	32	Ask the AY what he/she likes to be called?	Yes 1 No 0	
	c)	32	Ask the AY who he/she has brought with him/her to the consultation?	Yes 1 No 0	
	d)	42	Explain to AYs' that are accompanied that you routinely spend some time alone with the AY towards the end of the consultation?	Yes 1 No 0	
	e)	32	Ask the AY permission to ask the accompanying person(s) their opinions/observations?	Yes 1 No 0	
	f)	75	Obtain, in cases when an informed consent from a third party is required, the AY's assent to the service/procedure?	Yes 1 No 0	
	g)	42	Ensure that no one can see or hear the AY client from outside during the consultation or counselling?	Yes 1 No 0	
	h)	42	Ensure that there is a screen between the consultation and examination area?	Yes 1 No 0	
	i)	42	Assure the AY client that no information will be disclosed to any one (parents/other) without his/her permission?	Yes 1 No 0	
	j)	42	Explain to the AY client the conditions when you might need to disclose information, such as in situations required by law, <sup>1</sup> and if that is the case you will inform him/her of the intention to disclose unless doing so would	Yes 1 No 0	

			place them at further risk of harm?		
	k)	42	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 AY client, do you routinely take a psychosocial history such as:		
	a)	31	Asking the AY questions about home and relationships with adults?	Yes 1 No 0	
	b)	31	Asking the AY questions about school?	Yes 1 No 0	
	c)	31	Asking the AY questions about his/her eating habits?	Yes 1 No 0	
	d)	31	Asking the AY questions about sports or other physical activity?	Yes 1 No 0	
	e)	31	Asking the AY questions about sexual relationships? (Only AYS >15)	Yes 1 No 0	
	f)	31	Asking the AY questions about smoking, alcohol, or other substances?	Yes 1 No 0	
	g)	31	Asking the AY 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 AYS' regardless of sex, age, marital status or ability to pay?		
	a)	55	1. Hormonal contraceptives	Yes 1 No 0	
	b)	55	2. Condoms	Yes 1 No 0	
	c)	55	2. STI treatment	Yes 1 No 0	
	d)	55	3. HIV testing and counselling	Yes 1 No 0	
	e)	55	4. Medical termination of pregnancy/abortion as per TPGL <sup>5</sup>	Yes 1 No 0	
24		27	How confident do you feel about your knowledge of how to provide care to AYS'?	Confident 1 Somewhat/not confident 0	
25		3	How comfortable do you feel in your ability to relate to AYS' and answer their questions?	Confident 1 Somewhat/not confident 0	
26	a)	66	Did your mentor/supervisor ever observe a consultation by you with an AY client to help you to improve the quality of care?	Yes 1 No 0	
	b)	66	Did your mentor/supervisor ever advise you how to improve the quality of care for AY clients?	Yes 1 No 0	
27		36	Do you have a clear designation of responsibilities within the facility to ensure a welcoming and clean environment?	Yes 1 No 0	

<sup>5</sup> Technical and procedural guideline for safe abortion care in Ethiopia

28			Has any AY been denied services within last 12 months because of:		
	a)	43	Recent stock-outs?	Yes 1 No 0	
	b)	44	Malfunctioning/unavailable equipment?	Yes 1 No 0	
29	a)	59	Is it possible to extract from your registers data on cause-specific service utilization by AYs', along with the sex of AYs'?	Yes 1 No 0	If 0, Skip to Q 30
	b)	68	Do you report data on service utilization by AYs', along with the sex of AYs'?	Yes 1 No 0	
30	a)	61	Are you aware of any tools for self- monitoring of the quality of care in the facility?	Yes 1 No 0	If 0, Skip to Q 31
	b)	64	Do you use these tools for self- monitoring of quality for AY health services?	Yes 1 No 0	
31	a)	65	Did you ever participate in facility meetings to analyze the results of the self-assessments and to plan actions for improvement of AY health care?	Yes 1 No 0	
	b)	70	Do you feel you have enough support from your supervisor to improve the quality of care for AYs'?	Yes 1 No 0	
	c)	70	Do you feel you have the motivation to improve the quality of care for AYs', and to comply with quality standards?	Yes 1 No 0	
32	a)	67	Have you, or any of your colleagues, ever been rewarded for high performance?	Yes 1 No 0	If 0, Skip to Q 33
	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 (please specify)    D	
33		-	Do you do outreach work?	Yes 1 No 0	If 1, Continue with the Q 34 If 0, End the interview with thanks.
Questionnaire for the service provider who does outreach work					
34		5	Do you have a plan for outreach activities?	Yes 1 No 0	
35			During the last 12 months, have you:		
	a)	15	Participated in school meetings to inform parents/guardians and teachers about the health services available for AYs', and why it is important that they use the services?	Yes 1 No 0	
	b)	16	Participated in meetings with youth and other community organizations to inform them about the health services available for AYs' and why it is important that AYs' use the services?	Yes 1 No 0	
	c)	7	Conducted any outreach sessions with AYs' to inform them about the services available?	Yes 1 No 0	

	d)	7	Conducted any outreach sessions with AYS' on health education about various topics?	Yes 1 No 0	If 0, <i>End the interview with thanks.</i>
	e)	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	
<i>End the interview with thanks.</i>					

# SUPPORT STAFF INTERVIEW TOOL

## COVER PAGE

Name of the facility: \_\_\_\_\_ Interviewee code: \_\_\_\_\_

Address of facility:

Region \_\_\_\_\_

Zone \_\_\_\_\_

Woreda \_\_\_\_\_

Kebele \_\_\_\_\_

Date of interview: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DD MM YYYY

Name of the person: \_\_\_\_\_

Position: \_\_\_\_\_

Sex: Male.....1

Female.....2

Results of interview:

Completed.....1

Partially completed.....2

Refused.....3

Interviewed by:

\_\_\_\_\_

Time interview began: \_\_\_\_\_ : \_\_\_\_\_ Time interview ended \_\_\_\_\_ : \_\_\_\_\_  
HOUR MINUTE HOUR MINUTE

Name and signature of supervisor

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date checked: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DD MM YYYY

# 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 AY 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 AY in the district Woreda.

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

Question number	Criterion number	Questions for support staff	Response & Code	Remarks								
1	-	For how long have you been working in this health facility?	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Years</td> <td colspan="2">Months</td> </tr> </table>					Years		Months		
Years		Months										
2	-	What are you responsible for in this facility?	A Receptionist B Secretary C Cleaning staff D Security E Other (please specify) .....									
3	-	For how long have you been working in this position?	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Years</td> <td colspan="2">Months</td> </tr> </table>					Years		Months		
Years		Months										
4	-	Are health services for AYs'/youth being provided in this health facility?	Yes 1 No 0 Don't know 8									
5	26	Have you received any training in providing services to AYs'?	Yes 1 No 0									
6		Have you received any training/orientation on the following topics:										
	a) 3	How to communicate effectively with AY clients?	Yes 1 No 0									
	b) 26	What are the special needs of AY clients?	Yes 1 No 0									
	c) 26	The importance of having the same friendly attitude towards all AYs' irrespective of their ability to pay, age, sex, marital status, schooling, race/ethnicity, sexual orientation or other?	Yes 1 No 0									
	d) 26	The importance of respecting the rights of AYs' to information, privacy, confidentiality, and respectful care?	Yes 1 No 0									
7	29	Does your supervisor ever discuss your roles and responsibilities with you?	Yes 1 No 0									
8	29	Does your supervisor regularly provide supportive supervision to you for your work?	Yes 1 No 0									
9	65	Did you ever participate in facility meetings to discuss the quality of the services to AYs' and plan actions for improvement?	Yes 1 No 0									
10		Have you ever participated in meetings where you discussed with your manager and colleagues:										
	a) 36	How to make operating hours convenient for AYs'?	Yes 1 No 0									
	b) 36	How to minimize waiting time?	Yes 1 No 0									
	c) 36	How to keep the facility welcoming and clean?	Yes 1 No 0									
	d) 36	How to provide services to AYs' with or without an appointment?	Yes 1 No 0									

11	a)	64	Did you ever participate in a facility self-assessment of the quality of care provided to AYs'?	Yes 1 No 0	
	b)	70	Do you feel you have enough support from your supervisor to improve the quality of care for AYs'?	Yes 1 No 0	
	c)	70	Do you feel you have the motivation to improve the quality of care for AYs', and to comply with quality standards?	Yes 1 No 0	
12	a)	67	Have you, or any of your colleagues, ever been rewarded for high performance?	Yes 1 No 0	If 0, Skip to Q 13 if the interviewee is a receptionist. <i>If not, end the interview with thanks.</i>
	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 (please specify) D	End interview if the person is not a receptionist. Continue with Q 13 if the interviewee is a receptionist.
<b>Questions for the receptionist</b>					
1		41	Can AYs' have a consultation without an appointment?	Yes 0 No 1 Don't know 8	
14		59	Is there a separate register for the registration of AYs'?	Yes 1 No 0 Don't know 8	
15		59	Are there separate columns for registering AYs'/youth in the common register?	Yes 0 No 1 Don't know 8	
16		42	During the registration of AYs'/youth, can anyone else overhear your conversation?	Yes 0 No 1 Don't know 8	
17		38	Do you think it is OK to tell the parents or teachers of an AY client about the problem he/she came to the facility with, without the AY knowing?	Yes 0 No 1 Don't know 8	
			End the interview with thanks.		

# ADULT CLIENT EXIT INTERVIEW TOOL

## COVER PAGE

Name of the facility: \_\_\_\_\_ Interviewee code: \_\_\_\_\_

Address of facility:

Region \_\_\_\_\_

Zone \_\_\_\_\_

Woreda \_\_\_\_\_

Kebele \_\_\_\_\_

Date of interview: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YYYY

Name of the person: \_\_\_\_\_

Position: \_\_\_\_\_

Sex: Male.....1

Female.....2

Results of interview:

Completed.....1

Partially completed.....2

Refused.....3

Interviewed by:

\_\_\_\_\_

Time interview began: \_\_\_\_ : \_\_\_\_ : \_\_\_\_ Time interview ended \_\_\_\_ : \_\_\_\_ : \_\_\_\_  
HOUR MINUTE HOUR MINUTE

Name and signature of supervisor

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date checked: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YYYY

# INTRODUCTION AND CONSENT

## Consent form for adult client exit interview

Hello,

My name is \_\_\_\_\_  
and I work for the \_\_\_\_\_. We are conducting an  
assessment of the quality of care provided to AY 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 AY in the district Woreda.

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:

## Adult Client Exit Interview Tool

Question No.	Criterion No.	Questions for the adult client	Response & Code	Remarks
1	-	Why have you come to this health facility today?	To obtain services for my own health problem 1 I am accompanying another adult who is obtaining services 2 I am accompanying an AY who is obtaining services 3	
2	a)	Do you know if this facility provides services to AYs' and youth?	Yes 1 No 0 Don't know 8	If 0 or 8, skip to Q 3
	b)	Can you name some health services that are provided in this facility to AYs' and youth? (More than one answer is acceptable.)	Services related to : Physical and pubertal development A Menstrual hygiene/problems B Nutrition C Anaemia D Immunization E STIs F HIV G Family planning/contraception H Antenatal care I Safe delivery J Postpartum care K Safe abortion L Post-abortion care M Dermatological N Mental health O Substance use P Violence Q Injuries R Fever S Diarrhea T Malaria U Tuberculosis V Other (please specify) W	
3	a)	14 Has any service provider ever discussed with you the services available for AYs' and why it is important that AYs' use the services?	Yes 1 No 0 Can't remember 7	If 0 or 7, Skip to Q 4
	b)	14 During this discussion did the service provider give you any leaflets or other educational materials?	Yes 1 No 0 Can't remember 7	
	c)	14 Did you find these materials informative or useful?	Yes 1 No 0 Can't remember 7	
4	a)	15 Have you ever attended any community or school meetings where the value of providing health services to AYs' or youth was discussed?	Yes 1 No 0 Don't know 8	If 0 or 8, Skip to Q 5
	b)	15 Were any leaflets or other educational materials distributed in this meeting?	Yes 1 No 0 Don't know 8	If 0 or 8, Skip to Q 5
	c)	15 Did you find these materials informative or useful?	Yes 1 No 0 Can't remember 7	
5	a)	17 Do you know why it is important to provide services to AYs', and that they use the services?	Yes 1 No 0 Can't remember 7	Code "yes" if at least 3 reasons (1) listed in 5b are mentioned. If 0 or 7, Skip to Q 6

	b)	-	Can you tell me why?	Prevention of STIs and HIV A Common conditions such as skin problems, headache, menstrual concerns, fatigue, scrotal pain or other B Chronic conditions (HIV, mental health, diabetes, asthma) that need care and support C Contraceptive services D High rate of AY pregnancies and births, and AYs' need access to ante-, intra- and postnatal care E AYs' are at risk of unsafe abortion, and need access to safe abortion services and post-abortion care F Substance use prevention, treatment and care G Nutrition problems (obesity, malnutrition, micronutrient deficiencies H Cervical cancer prevention (HPV vaccine) . I Timely recognizing signs of depression and other mental health problems J Other (please specify) _	
6			Do you agree that following services should be provided to all AYs' regardless of sex, age or marital status?		
	a)	17	1. Hormonal contraceptives?	Yes 1 No 0 Don't know 8	
	b)	17	2. Condoms?	Yes 1 No 0 Don't know 8	
	c)	17	2. STI treatment?	Yes 1 No 0 Don't know 8	
	d)	17	3. HIV testing and counselling?	Yes 1 No 0 Don't know 8	
	e)	17	4. Medical termination of pregnancy/abortion?	Yes 1 No 0 Don't know 8	
	f)	17	5. Mental health services	Yes 1 No 0 Don't know 8	
	g)	17	6. Services in case of disclosure of violence?	Yes 1 No 0 Don't know 8	
	h)	17	7. Nutrition services, for example anaemia treatment?	Yes 1 No 0 Don't know 8	
7	a)	-	Has any AY or young person from your family ever used health services from this health facility (including today)?	Yes 1 No 0 Don't know 8 Not relevant (no AY in the family) 6	If 0,8,6 <i>End the interview with thanks.</i>
	b)		Did any service provider in this health facility ever share any health information about that AY with you?	Yes 1 No 0 Don't know 8	
	c)	42	Did the health service provider get permission from that AY before disclosing this information to you?	Yes 1 No 0 Don't know 8	
8	a)	-	Have you been present during the consultation with the AY today, or the last time the AY or young person from your family came here?	Yes 1 No 0 Don't know 8 Not relevant 6	If 0,8,6 <i>End the interview with thanks.</i>

	b)	42	Did the provider spent time alone with the AY towards the end of the consultation?	Yes 1 No 0 Don't know 8	
		<i>End the interview with thanks.</i>			



# INTRODUCTION WITH CONCERNED OFFICIAL

Hello,

My name is \_\_\_\_\_  
and I work for the \_\_\_\_\_. We are conducting an  
assessment on the quality of health care provided to AY in this [Region/ Zone/ Wereda]  
on behalf of \_\_\_\_\_.

I would like to ask your kind office some questions. Then, I would like to inform and kindly request for your collaboration and the required support at all levels in the health care system as deemed necessary. This assessment is undertaken as per the national AYH strategy and standard, whereby the input at all levels and the findings will be crucially valuable to improve the AYH service delivery and thereby address the demand of young people as expected.

The information collected from your respective office will help to properly understand progress of strategic interventions at the levels of the health care management systems among others. More importantly, this assessment is conducted to improve the quality of health care for AY in (the Region/Zone/Wereda) \_\_\_\_\_.  
The interview session will require about 35–40 minutes.

Please also be informed that all the information that you and your staff at all levels provide in will be kept confidential and will not be shared with anyone else. Thus, the assessment is anonymous and the questionnaire will not be seen by anyone not involved in the analysis.

Do you have any questions?

May we begin?

## Interview Tool For The Concerned Official

Q(?) No.	Criterion No.	Questions for the Concerned Official	Response & Code	Remarks
1		AYH service integration at health facilities		
	a	# Of hospitals providing AYH Service		
	b	# Of Health Centres providing AYFH Service		
	c	# Of AY Centres providing AYFH Service		
	d	# Of health posts providing AYFH Service		
	e	# Of special clinics [private/CSOs] providing AYFH Service		
	e	Others (Specify): _____	_____ _____	
2		Disseminated policy and strategy documents pursuant to AYH service at Regional/Zonal/Wereda levels		
	a	National health policy/ HSTP, 2021-2025	Yes ..... 1 No ..... 0	
	b	National AYH Strategy,2021-2025	Yes ..... 1 No ..... 0	
	c	National AYH Service Standard, implementation guideline, minimum service delivery package	Yes ..... 1 No ..... 0	
	d	National AYH Service Quality Measurement tool	Yes ..... 1 No ..... 0	
		National AY engagement guideline 2018-2025		
3		Status of Progress on the Key Roles and Responsibilities at the level of regional level as indicated by the National AYH Strategy [ 2021-2025]		
	a	National AYH strategy sensitized with related other national policy initiatives to decision makers & stakeholders (eg. the administrative council, other government sectors, CSOs, representatives of AYs', AY and local communities )	Yes ..... 1 No ..... 0 Partially ..... 7	
	b	Coordination of the planning, implementation, monitoring and evaluation of AYH programs	Yes ..... 1 No ..... 0 Partially ..... 7	
	c	Development of sound annual operational plans for AYH in the health sector plan	Yes ..... 1 No ..... 0	
	d	Dissemination of technical and managerial guidelines on AY health	yes ..... 1 No ..... 0	
	e	Facilitation of capacity building/ trainings of health staff on AYH and appropriate staffing of health facilities through equitable deployment	yes ..... 1 No ..... 0 Partially ..... 7	
	f	Developed approaches to meet the AY health needs of special population groups	yes ..... 1 No ..... 0	
4		Status of Progress on the Key Roles and Responsibilities at Wereda level as indicated by the National AYH Strategy 2021-2025]		
	a	Focal person for AY health is assigned in the office	yes ..... 1 No ..... 0	
	b	AY health interventions are incorporated in the annual operational plans of the Woreda	yes ..... 1 No ..... 0	
	c	Coordination of partners, CSOs, and FBOs in the Woreda for AYH interventions	yes ..... 1 No ..... 0	
	d	AYH intervention institutionalized up to the community level structures and	yes ..... 1 No ..... 0	

		networks [eg. Health Development Army]	Partially ..... 7	
	e	Established linkage with other Woreda sector offices (education, women and children affairs, AY affairs and sports) on AY health and development	yes ..... 1 No ..... 0	
	f	Conducted supportive supervisions to health facilities and outreach interventions on AYH	yes ..... 1 No ..... 0	
	g	Adequate and trained health workers deployed at health facilities for AYH	yes ..... 1 No ..... 0 Partially ..... 7	
	h	Ensured availability of spaces and stocks of essential supplies and equipment for AYFS provision in health facilities	yes ..... 1 No ..... 0 Partially ..... 7	
	i	Regularly reviewed wereda AYH intervention, including data management, periodic progress and problem solving	yes ..... 1 No ..... 0 Partially ..... 7	
5		Meaningful involvement of AY& AY (10-24 years) on health planning, implementation and progress monitoring		
	a	Established a structured involvement of AY (10-24 years) on health planning, implementation, and progress monitoring at Woreda level	yes ..... 1 No ..... 0	
	b	There is an organized structure for AY (10-24 years) with diverse groups of young people (including disabilities & vulnerable) involving on planning, implementation and progress monitoring sessions at health facilities	yes ..... 1 No ..... 0 Partially ..... 7	
6		The status <sup>6</sup> as to the collection, analysis, and utilization of age and sex disaggregated data for improvement of AYs <sup>7</sup> and AY health:		
	a	At the level of leadership and governance of the health sector (Region/zone/Woreda)	Strong .....1 Medium .....2 Minimal .....3	
	b	At the level of hospitals	Strong .....1 Medium .....2 Minimal .....3	
	c	At the level of health centres	Strong .....1 Medium .....2 Minimal .....3	
	d	At the level of private health facilities	Strong .....1 Medium .....2 Minimal .....3	
	e	At the level of health facilities in HEIs <sup>7</sup>	Strong .....1 Medium .....2 Minimal .....3	
	f	At the level of health facilities at work places/ mega project sites	Strong .....1 Medium .....2 Minimal .....3	
	g	At the level of AY centers	Strong .....1 Medium .....2	

<sup>6</sup> The opinion on status as to data demand and use on AYH would be “strong” for regular age & sex disaggregated data collection, analysis, and usage for decision making, whereas “medium” status refers to periodic or irregular practice, while “partial” indicates at least data collection.

<sup>7</sup> HEIs refers to Higher Educational Institutions such as universities and colleges.

				Minimal .....3	
	h		At the level of health posts	Strong .....1 Medium .....2 Minimal .....3	
	i		If other, specify: _____ _____ _____ _____	_____ _____ _____ _____	

## UNSTRUCTURED INTERVIEW TOOL FOR THE CONCERNED OFFICIAL

In cases where progress has been achieved during the fiscal year/ in nine months/ six months as compared to the target set and the performance of similar period in the last year, what are the key contributing factors to this effect?

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Are there any promising/best practices and lessons documented and shared at [Regional/ Zonal/ Wereda/ level?

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In cases where expected level of progress was not achieved as compared to the expected targets set:

What are the main constraints and/or challenges encountered?

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What possible action points or measures taken and/or planned for intervention?

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What are top priority issues identified (if any) on AY & AY Health for the attention of higher level decision making body?

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If you have any other idea:

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# ADULT COMMUNITY MEMBER INTERVIEW TOOL

## COVER PAGE

Interviewee Code: \_\_\_\_\_  
Name of the Person: \_\_\_\_\_  
Sex: Male 1      Female                      2                      AGE: \_\_\_\_\_  
Responsibility: \_\_\_\_\_  
Region/Zone/Wereda: \_\_\_\_\_

Date of Interview: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
D D    M M    Y Y    /    Y Y

Results of Interview:  
Completed                      1  
Partially completed        2  
Refused                              4

Interviewed By: \_\_\_\_\_

Time Interview Began: \_\_\_\_\_ : \_\_\_\_\_    Time Interview Ended \_\_\_\_\_ : \_\_\_\_\_  
Hour                      Minute                                      Hour                      Minute

Name and signature of supervisor  
\_\_\_\_\_  
\_\_\_\_\_

DATE CHECKED : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Ethiopian  
Calendar)  
D D    M M    Y Y    Y Y

# INTRODUCTION AND CONSENT

Consent form for adult community member

Hello,

My name is \_\_\_\_\_ and I work for the \_\_\_\_\_ We are conducting an assessment of the quality of care provided to AYS' 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 AYS' in (the district, country)\_\_\_\_\_. The interview will require about 10–15 minutes. All the information that you 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 answer      Yes      1  
No..... 2

Signature/thumb impression/verbal consent of the interviewee:

\_\_\_\_\_

Name and signature of supervisor

\_\_\_\_\_  
\_\_\_\_\_

Date checked: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD                    MM                    YYYY

question number	Criterion number	Questions for the adult community member	Response & code	Remarks	
1	a)	17	Do you know why it is important to provide services to AYS', and why it is important that AYS' use the services?	Yes 1 No 0 Can't remember 7	Code "yes" if at least 3 reasons listed in 1b are mentioned. O 0r 7, Skip to Q 2
	b)	17	Can you tell me why?	Prevention of STIs and HIV A Common conditions such as skin problems, headache, menstrual concerns, fatigue, scrotal pain or other B Chronic conditions (HIV, mental health, diabetes, asthma) that need care and support C Contraceptive services D High rate of AY pregnancies and births, and AYS' need access to ante-, intra- and postnatal care E AYS' are at risk of unsafe abortion, and need access to safe abortion services <sup>2</sup> and post-abortion care F Substance use prevention, treatment and care G Nutrition problems (obesity, malnutrition, micronutrient deficiencies H Cervical cancer prevention (HPV vaccine I Timely recognizing signs of depression and other mental health problems J Other (please specify)	
2	a)	17	Do you know where AY in this community can get health services?  (Probe for mention of services in the list.)	Correct answer 1 Doesn't know or incorrect answer 0 Shop A Pharmacy B Government hospital/clinic/family planning centre C AY clinic D Private hospital/clinic/family planning centre E Community volunteer F Other (please specify) H	Code "correct answer" if at least 1 type of facility was named.
3	a)	14	Has any service provider ever discussed with you the services available for AYS' and why it is important that AYS' use the services?	Yes 1 No 0 Can't remember 7	If 0 or 7, Skip to Q 4
	b)	14	During this discussion did the service provider give you any leaflets or other educational materials?	Yes 1 No 0 Can't remember 7	
4	a)	15	Have you ever attended any community or school meetings where the value of providing health service to AYS' was discussed?	Yes 1 No 0 Can't remember 7	If 0 or 7, Skip to Q 5
	b)	15	Were any leaflets or other educational materials distributed in this meeting?	Yes 1 No..... 0 Don't know 8	If 0 or 8, Skip to Q 5

	c)	15	Did you find these materials informative or useful?	Yes 1 No..... 0 Can't remember 7	
5			Do you agree that the following services should be provided to AYs' irrespective of age or marital status?		
	a)	17	1. Hormonal contraceptives?	Yes 1 NO 0 Don't know 8	
	b)	17	2. Condoms?	Yes 1 No 0 Don't know 8	
	c)	17	2. Treatment for sexually transmitted diseases?	Yes 1 No 0 Don't know 8	
	d)	17	3. HIV testing and counselling?	Yes 1 No 0 Don't know 8	
	e)	17	4. Medical termination of pregnancy/abortion (where legal)?	Yes 1 No 0 Don't know 8	
	f)	17	5. Mental health services?	Yes 1 No 0 Don't know 8	
	g)	17	6. Services in case of dis- closure of violence?	Yes 1 No 0 Don't know 8	
	h)	17	7. Nutrition services, for example, anaemia treatment?	Yes 1 No 0 Don't know 8	
<i>End the interview with thanks.</i>					



# INTRODUCTION AND CONSENT

Consent form for parent(s)/guardian(s)/spouse accompanying an AY below the legal age of consent

Hello,

My name is \_\_\_\_\_ and I work for the \_\_\_\_\_. We are conducting an assessment of the quality of care provided to AY 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 of using health-care services. For this I would like to ask him/ her a few questions. This information will help to improve health services for AYs'.

This interview will take about 25–30 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 depends totally on you and him/her. If you wish you may refuse to give us permission to interview your son/daughter or ward. If you decide your son/ daughter/ward should not participate, it will not affect his/her access to services 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 interviewee:

\_\_\_\_\_

Name and signature of supervisor

\_\_\_\_\_  
\_\_\_\_\_

Date checked \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YYYY

## AY in the community interview tool

### Section 1: Demographic Information

S.N	Demographic Questions	Response & Code	Remarks
1	How old are you?	Age in completed years  _____	
2	Sex	Male 1 Female 2	
3	What is your religion?	Orthodox 1 Muslim 2 Protestant 3 Catholic 4 Other (please specify) 10	
4	What is your present marital status?	Unmarried 1 Married 2 Cohabiting 3 Widow/widower 4 Divorced 5 Separated 6 Other (please specify) 10	
5	What is the highest level of education that you have attained so far?	No education 0 Primary completed 1 Secondary completed 3 College/university 4 Vocational 8 Other (please specify) 10	
6	What do you currently do?	Student 1 Housewife 2 Service 3 Business 4 Farming 5 Other (please specify) 10	
7	At present, whom do you live with?	Alone 1 With family/parents 2 With husband 3 With friends 4 Other (please specify) 10	

## AY in the community interview tool

### Section 2: Knowledge and Perceptions about AY Health-Care Services

Question No.	Criterion No.	Questions for the AY in the community	Response & code	Remarks
1	-	In the past 6 months, have you visited any health facility or provider for health problems?	Yes 1 No 0 Don't know 8	0 or 8, Skip to Q 23
2	-	Which type of health-care facility did you visit?	Government facility A Private facility B Private NGO/Charity facility C Other D (Please specify)	
3	-	Which type of provider did you visit?	General practitioner/family doctor A Pediatrician B Gynecologist C Nurse D Midwife E HEW F Pharmacist G Other H (Please specify)	
4	-	Which type of service did you go for?	Physical and pubertal development... A Menstrual hygiene / problems... B Nutrition C Anaemia D Immunization E STIs F HIV G Oral contraceptive pills H Condom I IUD J Emergency contraceptive pills K Contraceptive implant L Injectable contraception... M Antenatal care N Safe delivery O Postpartum care P Safe abortion 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 Others ZZZ (please specify)	
5	a	Did you tell your guardian (parent/spouse/in-laws/other) about your visit?	Yes 1 No 0 Can't remember 7	If O, skip to 5c If 7, skip Q6
	B	17 Did your guardian (parent/spouse/ in-laws/other) agree that you should attend?	Yes..... 1 No.....0 Can't remember.... 7	
	C	Why didn't you tell?	For no particular reason.... A Fear of not being allowed to attend..... B Wanted to keep it confidential....C Didn't want to tell.... D Other.... E (please specify)	

6	a	-	If somebody accompanied you to the health facility, please state who it was.	Parents/guardian 1 Friend 2 Spouse 3 Mother-in-law 4 Went alone 5 Other 10 (please specify)	
	b)	42, 47	If you were accompanied by another person, did you have some time alone with the health-care provider?	Yes 1 No 0	
7			Was your visit to the nearby facility? (The nearby facility is the facility where the quality assessment is being conducted.)	Yes 1 No 0 Don't know 8	0 or 8, Skip to Q 23
8			From whom did you hear about that health facility? (More than one answer is acceptable.)	Peer/friend A Parents/relatives B School C Community volunteer D Community health worker ... E Auxiliary nurse midwife.... F Doctor/medical officer G Other H (please specify)	
9		1	Did you notice any signboard in a language you understand that mentions the facility operating hours?	Yes 1 No 0 Can't remember 7	
10		23	Did you receive the health-care services that you went for?	Yes 1 No 0 Can't remember 7	
11	a)	2	Did you see informational materials for AYS', including video or TV, in the waiting area?	Yes 1 No 0 Can't remember 7	0 or 7, Skip to Q 12
	b)	2	Did you like the informational materials?	Yes 1 No 0 Don't know 8	
12			The last time you visited the nearby facility, did you find it had:		
	a)	45	Working hours that were convenient for you?	Yes 1 No 0 Can't remember 7	
	b)	45	A reasonably short waiting time? (Ask how long the client waited.)	Yes 1 No 0 Can't remember 7	Code "yes" if the waiting time was 30 minutes or less.
	c)	42, 47	Curtains in doors and on windows so that nobody could see you during the examinations?	Yes 1 No 0 Can't remember 7	
	d)	46	Comfortable seating in the waiting area?	Yes 1 No 0 Can't remember 7	
	e)	46	Drinking water available?	Yes 1 No 0 Can't remember 7	
13			Were the following sufficiently clean:		
	a)	46	The surroundings?	Yes 1 No 0 Can't remember 7	
	b)	46	The consultation areas?	Yes 1 No 0 Can't remember 7	
	c)	46	Toilets, which were functional?	Yes 1 No 0 Can't remember 7	
14	a)	52	Did you see a display which mentions that services will be provided to all AYS' without discrimination?	Yes 1 No 0 Can't remember 7	
	b)	27	Did you see a display with your rights?	Yes 1 No 0 Can't remember 7	

	c)	34	Can you tell me what your rights are?	Yes 1 No 0 Can't remember 7 Considerate, respectful, and non-judgmental attitude A Respect for privacy during consultations, examinations, and treatments B Protection from physical and verbal assault C Confidentiality of information D Non-discrimination E Participation F Adequate and clear information G	Code "yes" if at least 3 mentioned from the list provided
15		27	Did you see a display of the confidentiality policy?	Yes 1 No 0 Can't remember 7	
16		32, 34	Was the service provider friendly to you?	Yes 1 No 0 Can't remember 7	
17	a)	32, 34	Was the service provider respectful of what you needed?	Yes 1 No 0 Can't remember 7	
	b)	42	Did anyone else enter the room during your consultation?	Yes 1 No 0 Can't remember 7	
18	a)	42	At the beginning of the consultation, did the service provider assure you that your information would not be shared with anyone without your consent?	Yes 1 No 0 Can't remember 7	
	b)	47	Did you feel confident that the information you shared with the service provider would not be shared with anyone else without your consent?	Yes 1 No 0 Can't remember 7	
19		35, 75	Did you feel the information provided during the consultation was clear and that you understood it well?	Yes 1 No 0 Can't remember 7	
20	a)	75	Did the provider ask you if you agreed with the treatment, procedure or solution that was proposed?	Yes 1 No 0 Can't remember 7	
	b)	78	Overall, did you feel that you were involved in the decision regarding your care – for example, did you have a chance to express your opinions or preferences for the care provided, and did you feel that your opinion was listened to, and heard?	Yes 1 No 0 Don't know 8	
21	a)	-	While you were at the facility, did you have any contact with anyone from support staff, such as the receptionist, cleaning staff or security staff?	Yes 1 No 0 Can't remember 7	0 or 7, Skip to Q 22
	b)	32, 34	Did you feel that the support staff was friendly and treated you with respect?	Yes 1 No 0 Can't remember 7	
22	a)	-	Did the service provider refer you to another health facility for services they did not provide there?	Yes 1 No 0 Can't remember 7	0 or 7, Skip to Q 23
	b)	22, 23	Did he/she give you a detailed referral note, stating the condition, address for referral, operating hours and cost of services?	Yes 1 No 0 Can't remember 7	
23	a)	57	Were you ever denied necessary services at the nearby facility?	Yes 0 No 1 Not relevant 6	1 or 6, Skip to Q 24

	b)	57	If yes, what do you think was the reason for being denied the services?	Age below 18 A Unmarried B Not in school C Unable to pay D Unavailable in the facility .. E The condition needs referral F Other G (please specify)	
	c)	57	Which services were denied?	Physical and pubertal development A Nutritional B anemia C Immunization D Menstrual hygiene/ problems E RTI and STI F HIV G Oral contraceptive pills H Condom I IUD J Emergency contraceptive pills K Implants L Injectable contraception M Medical abortion/menstrual regulation/surgical abortion N Post-abortion care O Antenatal care P Postnatal care Q Dermatological R Mental health S Substance use T Sexual violence U Other V (please specify)	
24		43, 48	Were you ever refused health- care services in the nearby facility because of lack of medicines or other materials?	Yes 0 No 1 Don't know 8	
25		44, 48	Were you ever refused health- care services in the nearby facility because lack of equipment, or because the equipment was not functioning?	Yes 0 No 1 Don't know 8	
26	a)	6	Did anybody tell you, that time or on other occasions, what other services you can obtain in the nearby facility?	Yes 1 No 0 Can't remember 7	0 or 7, Skip to Q 27
	b)	6	Could you tell me what (other) services are provided to AYs' in the nearby facility? (Probe for mention of services in the list.)	Yes 1 No 0  Puberty and growth A Nutritional problems B anemia C Immunization D Menstrual hygiene / problems. E RTI and STI F HIV G Oral contraceptive pills H Condom I IUD J Contraceptive implants K Injectable contraceptives L Emergency contraceptive pills M Safe abortion N Post-abortion care O Antenatal care P Postnatal care Q Skin diseases R Mental health S Substance use T Sexual violence U Other V (please specify)	Code "yes" if at least 2 (other) services are named apart from the service he/she came for.

27		9	If one day you need services that are not provided in the nearby facility, do you know where to go, or whom to ask?	Yes 1 No 0	
28	a)	79	Have you or your friends ever been approached to help staff in working with AYS' in the nearby facility?	Yes 1 No 0	
	b)	77	Have you or your friends ever been approached to help facility staff in planning health services, or any activity to improve the quality of services such as surveys, or participating in meetings to discuss the quality of care?	Yes 1 No 0	
29		21, 23	Have you ever received information, counselling or health services in the community setting, for example in schools, clubs, community meetings?	Yes 1 No 0 Can't remember 7	
30		7	Did you ever participate in any community sessions on health education organized by a community health worker or volunteer?	Yes 1 No 0 Can't remember 7	
31	a)	8	What do you know about anaemia?	Nothing 0 Satisfactory answer (yes) 1 Less hemoglobin/ blood A It leads to: Weakness/tiredness B Loss of appetite C Repeated illness D Slow growth and stunting E Other F (please specify)	If 0, Skip to Q 32 Code "yes" if at least 2 items from the list were named.
	b)	8	Do you know 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 H (please specify)	Code "yes" if at least 2 methods from the list were named.
32		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 D	Code "yes" if at least 2 consequences from the list were named.
33	a)	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 Maternal death C Difficult labour D Pre-term birth E Newborn death F Other G (please specify)	Code "yes" if named at least 2 consequences from the list provided.
	b)	8	Do you know what is the minimum number of check-ups a pregnant woman should have? (Ask AYS' with age >15 years.)	Correct answer 1 Doesn't know or incorrect answer 0	Correct answer if the response is at least 4

34	c)	9	Do you know where an AY girl can go for such check-ups? (Ask AYS' with age >15 years.)	Correct answer 1 Doesn't know or incorrect answer 0 Possible answers Government hospital A AY clinic B Health centre/offices C Private NGO D Private hospital/clinic E Other F (please specify)	Code "correct answer" if at least 1 type of facility was named
	a)	8	Can you name any methods of contraception or family planning? (Ask AYS' with age >15 years.)	Yes 1 No 0 Condom A Oral contraceptive pills .. B Emergency contraceptive pills C IUD D Injectables E Implants E Abstinence F LAM G Standard Days Method . H Withdrawal I Others (please specify)... J	If 0, Skip to Q 35 Code "yes" if at least 3 methods from the list below were named, with at least 2 modern methods.
	b)	9	Do you think you could obtain a method if you needed one? (Ask AYS' with age >15 years.)	Yes 1 No 0	
	c)	8	Have you heard about emergency contraceptive pills? (Ask AYS' with age >15 years.)	Yes 1 No 0	If 0, Skip to Q 35
	d)	8	Do you know what they are used for? (Ask AYS' with age >15 years.)	Stopping a pregnancy from happening 1 No 0	
			(Probe for what they are used for.)	Other 10 (please specify)	
	e)	9	Do you think you could obtain them if you needed them? (Ask AYS' with age >15 years.)	Yes 1 No 0	
35	a)	8	Have you heard about condoms? (Ask AYS' with age >15 years.)	Yes 1 No 0	If 0, Skip to Q 36
	b)	8	Could you tell me why a condom is used? (Ask AYS' with age >15 years.) (Probe for what they are used for.)	Yes 1 No 0 Don't know 8 For contraception/ preventing pregnancy A Preventing HIV B Other C (please specify)	Code "yes" if both pregnancy and STIs prevention is mentioned
	c)	9	If you or your friends needed a condom, do you know where to get them? (Ask AYS' with age >15 years.) (Probe for where to get condoms.)	Yes 1 No 0 Shop A Pharmacy B Government hospital / clinic/family planning centre C AY clinic D Private hospital/clinic/ family planning centre E Community volunteer F Private NGO G Other H (please specify)	Code "yes" if at least one place is mentioned
	d)	21	Do you feel you could get a condom if you needed one? (Ask AYS' with age >15 years.)	Yes 1 No 0 Don't know 8	
36	a)	8	Have you heard of HIV?	Yes 1 No 0	0, Skip to Q 37

	b)	8	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 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 some- one who is infected? E	Code "yes" if all five questions are answered correctly.
	c)	9	If you would want to get tested for HIV, do you know where you can readily get an HIV test?	Yes 1 No 0	
37		9	If an AY in your locality had an unwanted pregnancy, would they know where to go for medical advice?	Yes 1 No 0 Don't know 8	
38		8	Do you know what care to take each month during the menstrual cycle? (Ask this question to girls only.)	Yes 1 No 0 Daily shower A Use soft and clean cloth B Wash cloth with soap and water C Dry cloth in sunlight D Store cloth in clean place E Use sanitary napkins F How to dispose of sanitary napkins G Other H (please specify)	Code "yes" if at least two items from the list were named.
39	a)	8	Have you ever heard of diseases that can be transmitted through sexual intercourse? (Ask 15–19-year old's only.)	Yes 1 No 0 Don't know 8	If 0 or 8, Skip to Q 40
	b)	8	Do you know any symptoms of sexually transmitted infections? (Ask AYs' with age >15 years.)	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 Swellings in groin area F Other G (please specify)	Code "yes" if at least one correct symptom is named.
	c)	9	If you or someone of your age had these problems, would you know where to go for a check-up and treatment? (Probe for where to go for check- up and treatment.)	Yes 1 No 0 Self-treat A Traditional healer B AY clinic C Government facility D Private NGOs E Private clinic F Other G (please specify)	Code "yes" if at least one health-care facility is named.
40	a	-	Do you have some ideas for how AYs' can get more involved in planning designing and implementing good quality health care in this community?	Yes 1 No 0	If 0, End the interview with thanks.
	b	-	Can you please share your ideas with us?		



