



**United Republic of Tanzania
Ministry of Health**



**Standards for
Adolescent Friendly
Reproductive Health Services**

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Standards for Adolescent Friendly Reproductive Health Services

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Reproductive and Child Health Section

Directorate of Preventive Services

Ministry of Health

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Acronyms and Abbreviations

AIDS	-	Acquired Immune Deficiency Syndrome
ASRH	-	Adolescent Sexual and Reproductive Health
ARV	-	Antiretroviral
BCC	-	Behavior Change Communication
CBHW	-	Community Based Health Worker
CHMT	-	Council Health Management Team
CO	-	Clinical Officer
ACO	-	Assistant Clinical Officer
AMO	-	Assistant Medical Officer
DHMT	-	District Health Management Team
ICPD	-	International Conference on Population and Development
IEC	-	Information, Education and Communication
FBO	-	Faith Based Organization
FGD	-	Focus Group Discussion
HIV	-	Human Immunodeficiency Virus
MCHA	-	Mother and Child Health Assistant
MO	-	Medical Officer
NGO	-	Non-Governmental Organization
PMTCT	-	Prevention of Mother to Child Transmission
PSI	-	Population Services International
RH	-	Reproductive Health
SDP	-	Service Delivery Point
SRH	-	Sexual and Reproductive Health
STI	-	Sexually Transmitted Infection
VCT	-	Voluntary Counseling and Testing
WHO	-	World Health Organization

Foreword

The Government of Tanzania has long recognized that its young people are the nation's most valuable resource. National developmental goals have invariably been geared towards the improvement of the quality of life of the population in general and adolescents in particular. However, the welfare of young people continues to be threatened by a number of factors such as the high rate of teenage pregnancies, high rates of STI infection and the increasing rates of new HIV infection. Indeed, the high prevalence of unprotected sexual practices among the young people contributes significantly to the high morbidity and mortality rates in the country.

Access to high quality reproductive health services in the country is generally poor and young people; especially adolescents find it more difficult to access these services. A number of factors contribute to this situation including among others, the negative attitudes of service providers and the community at large to adolescent sexuality, unfriendly environment in the health care facilities and lack of privacy and confidentiality. There are some initiatives mostly by non-governmental organizations that provide youth friendly reproductive health services but most of these are in small-scale and with limited impact. In addition, there is no proper coordination and standardization of the individual initiatives.

This document outlines the minimum standards of care that should guide the delivery of quality adolescent friendly reproductive health services in the country. These service standards will serve as the benchmark for the assessment, guidance and provision of quality adolescent friendly reproductive health services.

We urge all health care providers, including their managers and supervisors, to study and diligently use these service standards.

It is our sincere hope that these standards will significantly contribute to improving the quality and coverage of adolescent reproductive health services in our country.

Dr. Gabriel L. Upunda
Chief Medical Officer
MINISTRY OF HEALTH

Acknowledgements

These Standards for Adolescent Reproductive Health Services have been developed by the Ministry of Health with the concerted efforts of different people and organizations interested in the promotion of adolescent friendly reproductive health services, who shared their views, experiences and perceptions.

The Ministry of Health extends its sincere thanks and appreciation to the following: Ministry of Defense and National Service, University of Dar es Salaam, Institute of Public Health of the University College of Health Sciences, Infectious Diseases Centre, National AIDS Control Programme, Safe Motherhood Programme – Zanzibar, Council Health Management Teams of Singida Rural and Manyoni, Ilala, Kinondoni, Temeke, Sekoutoure and Tarime hospitals and Iringa National Hospital.

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Lastly, we thank the Reproductive and Child Health Section (RCHS), particularly Dr. Catherine Sanga, Dr. Elizabeth Mapella and Ms. Agatha Haule for facilitating and coordinating the process.

Dr. A.A. Mzige
Director of Preventive Services
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Section 1

Background Information

INTRODUCTION

The estimated total population of the United Republic of Tanzania is 34,443,603 (2002 census). Adolescents constitute a significant proportion of the population estimated at about 31%. A high percentage of adolescents are sexually active and practice unsafe sex. Consequently, the majority of them are highly vulnerable to sexual and reproductive health problems that include adolescent pregnancy and child bearing, complications of unsafe abortion, sexually transmitted infections and HIV/AIDS (Adolescent Health and Development Strategy, 2004-2008).



These young girls and boys will soon need adolescent friendly services to cater for their specific sexual and reproductive health needs

Available reproductive services are adult-centered thus making them less accessible to adolescents. For that reason, adolescents especially those in rural areas, constitute an underserved group. In addition, there are many groups of adolescents who do not have access to proper information and

counseling services leading to poor decision-making on reproductive health choices and practices.

National policies and strategies are conducive but not widely disseminated and implemented. Service managers and providers continue to ignore the need of providing reproductive health services for adolescents. Existing socio-cultural and religious norms are a constraint to the promotion and provision of adolescent friendly services. Moreover, the few available services are of poor quality and not user-friendly.

The process of decision making and planning for improving service quality for adolescents is hampered by lack of correct data that is disaggregated by age and gender. The existing national HMIS does not capture data related to adolescent sexual and reproductive health. Additionally, information and data generated by various stakeholders is normally not shared and properly disseminated.

Within the country, a number of initiatives have been developed and are being implemented to promote and provide adolescent or youth friendly reproductive health services. These initiatives are mainly implemented by

Non-Governmental Organizations but they are small-scale and with limited impact. Additionally, there is no proper coordination and standardization of the individual initiatives. It is on this basis therefore, that the Ministry of Health has taken the appropriate lead role to develop service standards for adolescent reproductive health care. These standards will serve as benchmarks for assessing, guiding and providing quality adolescent friendly services.



The need to invest in adolescent reproductive health is emphasized given the fact that reproductive health needs are a basic human right and should be given high priority in all development plans. Healthy adolescents are more likely to safeguard the health of their own children in future and contribute more effectively in the processes of wealth creation for the nation and themselves.

HOW THE DOCUMENT WAS DEVELOPED: THE PROCESS

The Ministry of Health has the responsibility to provide technical guidance and direction in all issues related to health in the country. The Ministry adapted a participatory approach involving stakeholders serving adolescents from the public sector, faith based organizations (FBOs), national and international NGOs and the private sector. Information about on-going adolescent initiatives was collected through interviews and document reviews by a consultant. A one-week consensus-building workshop, involving youth representatives, was conducted to share experiences and agree on critical areas to be covered. This was followed by a one-week technical working group session that developed a detailed draft of the “Standards on Adolescent Friendly Reproductive Health Services”. A number of local and international documents were used as reference materials during workshops as indicated in the reference section of this document.

The Purpose

This document has two main purposes:

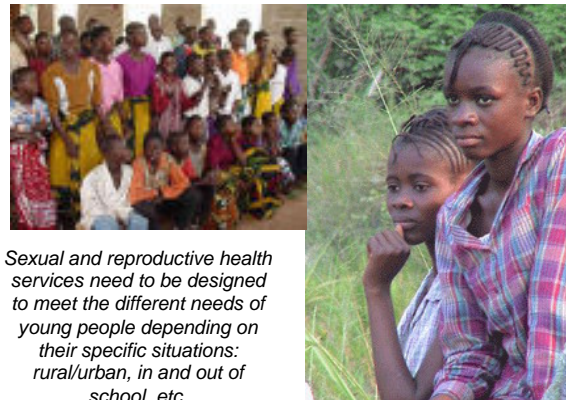
-  To provide guidance on “**what do to**” in the area of adolescent friendly reproductive health services which build on the existing health system in the country.
-  To provide guidance on “**how to do it**” using methods and tools that are user-friendly. Existing Ministry of Health service guidelines, protocols and manuals will be used concurrently to complement the provision of adolescent friendly health services.

The draft document was further shared and refined with inputs from various stakeholders at national and district levels. Thereafter, the document went through the normal process of approval and sanctioning by key Ministry of Health officials for dissemination and wider utilization.

BENEFICIARIES

This document is intended for all adolescents in Tanzania. In principle all adolescents in Tanzania are either in school or out-of-school and constitute an underserved group in reproductive health programmes in comparison to their adult compatriots. Moreover, within this adolescent population segment there are some specific groups that need urgent attention and these groups include:

- Rural adolescents
- Orphans
- Street children
- Survival sex workers
- Adolescents with disabilities
- Younger adolescents; 10-14 years
- Adolescent girls
- Adolescents living in high STI/HIV transmission areas e.g. mining sites
- Adolescents living with HIV/AIDS



Sexual and reproductive health services need to be designed to meet the different needs of young people depending on their specific situations: rural/urban, in and out of school, etc.

INTENDED AUDIENCE

Various stakeholders can use this document, including:

- Policy/decision makers at all levels
- Programme managers, service providers and supervisors at all levels in the government, non-government, faith-based and private
- Members of regional and council health management teams
- Partners supporting health and development work in Tanzania

Guiding Principles

This document has been developed on the basis of the following 8 principles.

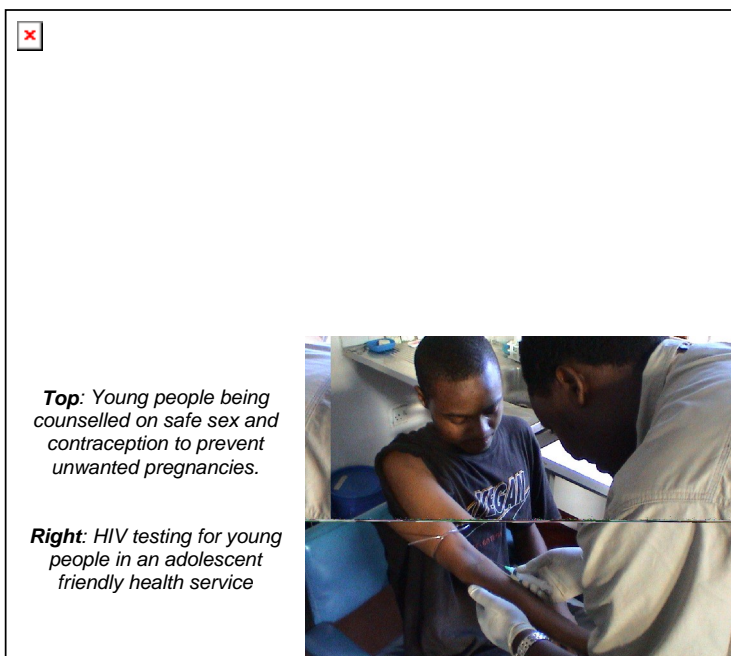
THAT:

- 1. Adolescents are a heterogeneous group with different needs for health information, education and services.**
- 2. Reproductive health services are a basic human right for all people including adolescents.**
- 3. The participation and involvement of adolescents in planning, implementation, monitoring and evaluation of programmes is of critical importance to ensure that their needs are fully addressed.**
- 4. Community involvement and parental support are crucial for sustainable adolescent reproductive health programmes.**
- 5. Adolescent reproductive health services should encompass promotive, preventive, curative and rehabilitative care.**
- 6. Adolescent reproductive health services must promote gender equality and equity.**
- 7. Effective and sustainable adolescent reproductive health services require human resource development, strategic leadership, knowledge management and dissemination of lessons learnt and institutional capacity building.**
- 8. Adolescent reproductive health needs are immense and to address them holistically, special mechanisms for networking and partnerships between various stakeholders are essential.**

ADOLESCENT REPRODUCTIVE HEALTH SERVICES TO BE PROVIDED

The proposed range of adolescent reproductive health services to be provided is in tandem with the “Essential Reproductive Health Package” of the Ministry of Health. The services should include prevention, promotion, curative and rehabilitation activities undertaken at different levels and settings within the health sector. The range of services should include the following:

- Information and counseling on reproductive health, sexuality and safe sex
- Testing services: VCT, STI and Pregnancy
- Management of: STIs, VCT+, PMTCT+, HIV/AIDS
- Focused Ante-Natal care
- Care during child birth
- Post Natal Care
- Post Abortion Care
- Contraception including emergency contraception
- Condom promotion and provision
- Other related health issues: substance abuse, violence, injuries, mental health, chronic diseases, etc.
- Referrals



SERVICE DELIVERY POINTS

Adolescents can be effectively reached with the range of services described above in a variety of settings and outlets. The majority of services will be provided through static facilities, which will invariably be linked to appropriate outreach activities. These include the following:

- Hospital: public, private, FBO and NGO
- Health center: public, private, FBO and NGO
- Dispensary: public, private, FBO and NGO
- Community outlet: youth centers, pharmacy, community outreach (peer education, para-professional counseling) and shops

Section 2

Standards and Criteria for Adolescent Friendly Reproductive Health Services

STANDARDS AND CRITERIA FOR ADOLESCENT FRIENDLY REPRODUCTIVE HEALTH SERVICES

Promoting adolescent health and development requires a shared vision with complementary actions by different players; actions that are aimed at fulfilling the basic rights of adolescents and address their special needs. The basic rights of adolescents and their special needs can be grouped into seven thematic areas. These are; information and advice, services, rights, providers' competence, policies and management systems, organization of service delivery points (SDPs), and community and parental support.

In the following parts of this section each of the standards is further elaborated by providing explanations to key words and phrases, giving a rationale for the standard and establishing criteria with structural implications, process indicators and outcomes. The standards refer to all facilities though at implementation level the actual situation on the ground will have to be considered appropriately. This is in recognition of the fact that a health centre or hospital may have a very different administrative, staffing structure and management systems depending on which organization manages it e.g. government, private, FBO or NGO.

7 Key Standards

- 1. All adolescents are able to obtain sexual and reproductive health information and advice relevant to their needs, circumstances and stage of development.**
- 2. All adolescents are able to obtain sexual and reproductive health services that include preventive, promotive, rehabilitative and curative services that are appropriate to their needs.**
- 3. All adolescents are informed of their rights on sexual and reproductive health information and services whereby these rights are observed by all service providers and significant others.**
- 4. Service providers in all delivery points have the required knowledge, skills and positive attitudes to provide sexual and reproductive health services to adolescents effectively and in a friendly manner.**
- 5. Policies and management systems are in place in all service delivery points in order to support the provision of adolescent friendly sexual and reproductive health services.**
- 6. All service delivery points are organized for the provision of adolescent friendly reproductive health services as perceived by adolescents themselves.**
- 7. Mechanisms to enhance community and parental support are in place to ensure adolescents have access to sexual and reproductive health services.**

STANDARD 1:

All adolescents are able to obtain sexual and reproductive health information and advice relevant to their needs, circumstances and stage of development.

EXPLANATION OF KEY WORDS:

- **Information:** A package of messages or ideas that can influence behaviour or actions.
- **Advice:** Information given so as to influence action. In this document advice will focus on promoting adolescent actions for behaviour change.
- **Circumstance:** A state/situation that someone finds himself/herself in and which can influence adolescent behaviour.
- **Development:** A process for positive change during which adolescents undergo physiological and psychological maturity that influence their behaviour

RATIONALE FOR THE STANDARD:

- Most of the adolescents obtain information on SRH from unreliable sources and hence make risky choices
- Most of the adolescents do not have access to appropriate information to prepare them cope with changes that take place in their bodies.
- Adolescents who are not sexually active do not get proper information to delay sexual debut
- Sexually active adolescents are not well informed on the importance of seeking health care and protecting themselves
- Service providers are not well oriented on the provision of adolescent SRH information/counselling
- Most of the service delivery points do not have IEC/BCC materials that are specific for adolescent SRH issues and needs.

SERVICE DELIVERY POINTS:

- ☞ Dispensary
- ☞ Health Centre
- ☞ Pharmacy, Hospital
- ☞ Community outlets

CRITERIA AND MEANS OF VERIFICATION

Criteria	Verifiable Indicators	Means of Verification
<p>Structure:</p> <p>1. Service providers to be oriented on the planning & provision of information, counselling & advice on sexual and reproductive health to adolescents</p>	<ul style="list-style-type: none"> ◆ Number of service providers oriented on the planning and provision of information, counselling and advice on ASRH per SDP ◆ Number of oriented service providers actively providing information, counselling and advice on ASRH per SDP ◆ Number of SDPs with plans on provision of information and advice on AFSRH services. 	<ul style="list-style-type: none"> ◆ Review of CHMT reports ◆ Interview with SDP managers ◆ Interviews with service providers
<p>2. Linkages established between SDP and other organizations for the provision of information, counselling and advice</p>	<ul style="list-style-type: none"> ◆ Number of adolescent clients referred to other SDPs ◆ Number of adolescent clients referred from other SDPs ◆ Number of meetings conducted by SDP and other organizations linked in the network ◆ Number of SDPs and other organizations linked and networked 	<ul style="list-style-type: none"> ◆ Review of reports of SDPs ◆ Interview with SDP managers ◆ Meetings minutes ◆ FGDs with adolescents in the community ◆ Interview with organization managers ◆ Review of memorandum of understanding
<p>3. Relevant informational/ educational materials are displayed and/or distributed to adolescents.</p>	<ul style="list-style-type: none"> ◆ Number of ASRH IEC materials available at the SDP by type ◆ Number of ASRH IEC materials displayed (on walls, doors, table) at the SDP by types ◆ Number of ASRH IEC materials distributed to adolescents by type 	<ul style="list-style-type: none"> ◆ Interview with SDP managers ◆ Observation of the SDP ◆ Mystery client ◆ Exit interview with clients

CRITERIA AND MEANS OF VERIFICATION CONT'D

Criteria	Verifiable Indicators	Means of Verification
<p>Process:</p> <p>Adolescents are provided with appropriate information, counselling and advice on sexual and reproductive health.</p>	<ul style="list-style-type: none"> ◆ Number of adolescents informed/ reached by age and sex ◆ Number of adolescents counselled by age and sex 	<ul style="list-style-type: none"> ◆ Review of SDP report ◆ Interview with SDP in-charge ◆ Exit interview with clients ◆ FGDs with adolescents in the community
<p>Outcome:</p> <p>Adolescents appreciate that they are receiving appropriate information, counselling and advice on sexual and reproductive health.</p>	<ul style="list-style-type: none"> ◆ Number of new ASRH clients' per SDP ◆ Number of revisit ASRH clients' per SDP 	<ul style="list-style-type: none"> ◆ Review of SDP report ◆ Review of service statistics ◆ Interview with SDP in-charge ◆ Exit interview with clients ◆ FGDs with adolescents in the community ◆ Clients daily attendance register ◆ Community survey

STANDARD 2:

All adolescents are able to obtain sexual and reproductive health services that include preventive, promotive, curative and rehabilitative services that are appropriate to their needs.

EXPLANATION OF KEY WORDS:

- **Appropriate:** Relevant services provided as per specific needs and circumstances of adolescents based on age, sex, marital status and socio-economic situation.
- **Promotive health services:** All actions that will enable and empower individuals to maintain good health
- **Preventive health services:** All measures that are undertaken to attain good health and inhibit occurrence of diseases
- **Curative health services:** Measures that are undertaken to correct conditions or diseases
- **Rehabilitative services:** Corrective measures of disabilities and conditions in order to restore better health

RATIONALE FOR THE STANDARD:

- Adolescents engage in risky behaviours that negatively affect their health.
- Risky behaviours of adolescents often result into SRH problems, disease and even death
- Investing in improving the ASRH status reduces public health problems and the burden of disease in later life
- Existing SRH services are not accessible, acceptable and appropriate to adolescents
- Adolescents health services need to be tailored according to local needs
- The systems of referral and networking between service providers are weak. Consequently adolescents requiring services that are not provided at one service delivery point will not receive the necessary services at all.

SERVICE DELIVERY POINTS:

- ☞ Dispensary
- ☞ Health Centre
- ☞ Pharmacy
- ☞ Hospital
- ☞ Community outlets

CRITERIA AND MEANS OF VERIFICATION CONT'D

Criteria	Verifiable Indicators	Means of Verification
Structure: 1. Skilled health workers are deployed to the SDP as per the stipulated staffing levels	<ul style="list-style-type: none"> ◆ Number of staff deployed by cadre by SDP 	<ul style="list-style-type: none"> ◆ CHMT reports ◆ Interview with SDP managers ◆ Observation of SDP ◆ Health facility records
2. Job aids/protocols and guidelines that address ASRH are in place	<ul style="list-style-type: none"> ◆ Number of job aids/ protocols and guidelines available ◆ Type of job aids/ protocols and guidelines available per service 	<ul style="list-style-type: none"> ◆ Observation ◆ Inventory report ◆ Interview with Service Providers
3. Service providers are trained and retrained	<ul style="list-style-type: none"> ◆ Number of service providers trained by type of service ◆ Number of service providers retrained by type of service 	<ul style="list-style-type: none"> ◆ Interview with Service Providers ◆ Interview with SDP managers ◆ CHMT reports ◆ Activity reports
4. Equipment, supplies and medicines are constantly available	<ul style="list-style-type: none"> ◆ Number and type of equipment, supplies and medicines available 	<ul style="list-style-type: none"> ◆ Observation of SDP ◆ Interview with Service Providers ◆ Interview with SDP manager ◆ DHMT report ◆ Clinic records

Criteria	Verifiable Indicators	Means of Verification
<p>Structure cont'd:</p> <p>5. Linkages with other SDPs in the area are established and functional</p>	<ul style="list-style-type: none"> ◆ Number of clients referred by type of service ◆ Number of SDPs with referral and networking mechanisms ◆ Number of linkage meetings conducted 	<ul style="list-style-type: none"> ◆ Interview with Service Providers ◆ Interview with SDP manager ◆ Clinic records ◆ Interview with Service Providers in other SDPs
<p>Process:</p> <p>1. Adolescents obtain a range of services according to their needs</p>	<ul style="list-style-type: none"> ◆ Type of services available for adolescents ◆ Number of adolescents receiving services by age and type of service 	<ul style="list-style-type: none"> ◆ Clinic records ◆ Observation of Provider-Adolescent client interaction ◆ Interview with Service Providers ◆ Mystery Client Exit interviews
<p>2. Safety measures are undertaken to protect clients and service providers from infection</p>	<ul style="list-style-type: none"> ◆ Type of safety measures available to avoid infections 	<ul style="list-style-type: none"> ◆ Clinic records ◆ Observation of clinical procedures and safety measures ◆ Interview with Service Providers ◆ Mystery Client Exit interviews
<p>3. Adolescents receive accurate diagnosis and treatment as specified in the job aids</p>	<ul style="list-style-type: none"> ◆ Number and type of job aids available ◆ Number of clients satisfied with the services 	<ul style="list-style-type: none"> ◆ Clinic records ◆ Observation of Provider-Adolescent client interaction ◆ Interview with Service Providers ◆ Mystery Client Exit interviews

Criteria	Verifiable Indicators	Means of Verification
<p>Process cont'd:</p> <p>4. Adolescents are referred to other SDPs when necessary</p>	<ul style="list-style-type: none"> ◆ Number, age and type of referral (in/out) made per service 	<ul style="list-style-type: none"> ◆ Clinic records ◆ Interview with Service Providers ◆ Interview with SDP manager ◆ Interview with Service Providers in other SDPs
<p>5. Mechanisms for self-assessment, peer assessment, supervisor assessment and supportive supervision are operating as laid out</p>	<ul style="list-style-type: none"> ◆ Type of assessments conducted ◆ Number of supervisory visits made 	<ul style="list-style-type: none"> ◆ Interview with Service Providers ◆ Interview with SDP manager ◆ Clinic records ◆ Supervisory reports
<p>Outcome:</p> <p>1. Adolescents are satisfied that their needs are being met at the SDP</p>	<ul style="list-style-type: none"> ◆ Increasing number of adolescents utilizing the available services 	<ul style="list-style-type: none"> ◆ Exit interview with adolescent clients ◆ Focus Group Discussions (FGDs) with adolescents in the community ◆ Service statistics
<p>2. Health facility staff are motivated in rendering services to adolescents</p>	<ul style="list-style-type: none"> ◆ Amount of time spent with an adolescent per day ◆ Proportion of Service Providers working in this area of expertise 	<ul style="list-style-type: none"> ◆ Interview with Service Providers ◆ Observation of SDP ◆ Interview with SDP manager

STANDARD 3:

All adolescents are informed of their sexual and reproductive health rights and services whereby these rights are observed by all service providers and significant others.

EXPLANATION OF KEY WORDS:

- **Rights:** Something that an individual or a population deserves, which they can legally and justly claim.
- **Rights on Sexual and Reproductive Health:** These are rights specific to personal decision making and behaviour on reproduction including: access to Reproductive Health Information, Privacy, Guidance from trained personnel and obtaining Reproductive Health services free of discrimination, coercion or violence in their sexual life.
- **Right are observed:** This is when the service providers and significant others conform to the rights of adolescents to get information, services, or both in relation to reproductive health.
- **Significant others:** Refers to critically important groups of people or individuals who directly or indirectly influence decision making of adolescents to access or not have access to reproductive health services. These include: parents, government bureaucrats, politicians, supervisors, managers, community leaders, religious leaders, teachers and other influential people in the communities.

RATIONALE FOR THE STANDARD:

Most people including adolescents are not aware of their reproductive rights, rights to information and services as stipulated in various international conventions, specifically those relating to the Cairo and Beijing conferences, which Tanzania has endorsed. Factors contributing to this include:

- i) The prevailing socio-cultural environmental perception of adolescent sexuality is an impediment to the rights of adolescents.
- ii) The rights have not been interpreted nationally to be implemented at service delivery points

In this regard, there is a need for adolescents themselves, service providers and significant others to be informed and oriented to these rights in order to better meet adolescents' sexual and reproductive health needs.

It is expected that once these rights are known, adolescents will seek and demand for services, providers will render the services effectively, and significant others will support and facilitate the availability and access to these services.

SERVICE DELIVERY POINTS:

- ☞ Dispensary
- ☞ Health Centre
- ☞ Pharmacy
- ☞ Hospital
- ☞ Community outlets

CRITERIA AND MEANS OF VERIFICATION CONT'D

Criteria	Verifiable Indicators	Means of Verification
Structure: 1. Adolescents, all health care facility staff and significant others are informed and oriented on adolescent sexual and reproductive rights	<ul style="list-style-type: none"> ◆ Number of Service Providers and support staff oriented on ASRH rights ◆ Number of Adolescents reached with information on SRH rights ◆ Number of significant others aware of ASRH rights 	<ul style="list-style-type: none"> ◆ SDP reports ◆ Exit interview with adolescent clients ◆ FGD with adolescents in the community ◆ In-depth interview with Service Providers, manager/ service in-charges ◆ FGD with significant others
2. SDP has guidelines, job aids and informational/ educational materials and messages that address adolescent sexual and reproductive rights	<ul style="list-style-type: none"> ◆ Number of SDPs with at least one type of IEC materials on ASRH rights 	<ul style="list-style-type: none"> ◆ Interview with SDP manager ◆ Observation ◆ Interview with Service Providers

Criteria	Verifiable Indicators	Means of Verification
<p>Process:</p> <p>1. Adolescents are able to obtain services without any restriction, regardless of their status (i.e. age, sex, education, marital, economic, etc.)</p>	<p>Number of adolescents receiving services by age and type of service</p>	<ul style="list-style-type: none"> ◆ Service delivery statistics ◆ Observation of client-provider interaction ◆ Exit interview with adolescent clients ◆ Mystery Adolescent Client Exit interview ◆ Survey reports
<p>2. Providers guarantee privacy, confidentiality and respect while providing services to adolescents</p>	<ul style="list-style-type: none"> ◆ Number of SDPs with secluded waiting and counselling rooms for adolescents 	<ul style="list-style-type: none"> ◆ Observation of client/provider interaction ◆ Observation of SDP clients' record keeping ◆ Exit interview with adolescent clients ◆ Mystery Adolescent Client exit interview
<p>Outcome:</p> <p>1. Adolescents have adequate knowledge about their rights</p> <p>2. Adolescents are able to obtain services of their choice that are appropriate for their individual needs</p>	<ul style="list-style-type: none"> ◆ Number of adolescents with correct Knowledge, Attitude and Practices (KAP) on SRH rights ◆ Number of adolescents receiving ASRH information and services according to their needs 	<ul style="list-style-type: none"> ◆ Exit interview with adolescent clients ◆ FGD with adolescents in the community ◆ HMIS/SDP service statistics ◆ KAP survey report

STANDARD 4:

Service providers in all delivery points have the required knowledge, skills and positive attitudes to effectively provide adolescent friendly sexual and reproductive health services.

EXPLANATION OF KEY WORDS:

- **Required knowledge and skills:** Both theoretical and practical technical aspects of promotive, preventive, curative and rehabilitative health that relate to adolescents. This includes interpersonal communication skills.
- **Required positive attitudes:** Correct perception towards provision of sexual and reproductive health information and services to an adolescent as an individual, empathy for the situation s/he is in, and not being judgmental about the words and actions of the adolescent.

RATIONALE FOR THE STANDARD:

- Health service providers are not making adequate contributions as they are supposed to, in:
 - Promoting healthy development among adolescents,
 - Preventing adolescent sexual and reproductive health problems
 - Responding to adolescent sexual and reproductive health problems and needs
- Factors contributing to this include: inadequate knowledge and skills that service providers need to serve/work with adolescents effectively in a respectful and sensitive manner
- Many studies point to the fact that adolescents are reluctant to use available health services because, among other issues, of the judgmental and disrespectful attitudes and behaviour of service providers.

SERVICE DELIVERY POINTS:

- ☞ Dispensary
- ☞ Health Centre
- ☞ Pharmacy
- ☞ Hospital
- ☞ Community outlets

CRITERIA AND MEANS OF VERIFICATION:

Criteria	Verifiable Indicators	Means of Verification
<p>Structure:</p> <p>1. Service Providers have undergone orientation and training in adolescent friendly sexual and reproductive health</p>	<ul style="list-style-type: none"> ◆ Number of Service Providers trained per SDP ◆ Number of Service Providers oriented per SDP 	<ul style="list-style-type: none"> ◆ CHMT reports ◆ SDP reports ◆ Interview with SDP in-charge ◆ Interview with Service Providers
<p>2. Service Providers to have job aids to manage conditions appropriately and to refer clients to next level according to need</p>	<ul style="list-style-type: none"> ◆ Number of job aids available at the SDP by type ◆ Number of job aids for use by providers at the SDP by type 	<ul style="list-style-type: none"> ◆ Observation at the SDP ◆ Interview with Service Providers ◆ Inventory records
<p>3. Service Providers have standard operating procedures to guide their action at the SDP</p>	<ul style="list-style-type: none"> ◆ Number of standard documents available at the SDP by type ◆ Number of standard documents accessible for use by Service Providers by type 	<ul style="list-style-type: none"> ◆ Observation at the SDP ◆ Interview with Service Providers ◆ Inventory records
<p>Process:</p> <p>1. Adolescents who seek help are effectively attended at the SDP or referred appropriately for further management</p>	<ul style="list-style-type: none"> ◆ Number of adolescents attended by sex and age ◆ Number of adolescents referred by sex and age ◆ Number of adolescent referrals received by sex and age 	<ul style="list-style-type: none"> ◆ Service delivery statistics ◆ Interview with Service Providers ◆ Attendance records ◆ FGDs with adolescents in the community ◆ Provider skills observation

Criteria	Verifiable Indicators	Means of Verification
<p>Outcome:</p> <ol style="list-style-type: none"> 1. Service Providers have attained required competencies in adolescent SRH 2. Adolescents are satisfied with the services provided 	<ul style="list-style-type: none"> ◆ Proportion of adolescents who indicate to be satisfied with the ASRH services provided ◆ Number of Service Providers able to respond to adolescents' needs and problems 	<ul style="list-style-type: none"> ◆ Community survey ◆ Client exit interviews ◆ Provider skills observation ◆ Mystery adolescent client exit interviews ◆ FGDs with adolescents in the community

STANDARD 5:

Policies and management systems are in place in all service delivery points in order to support the provision of adolescent friendly sexual and reproductive health services.

EXPLANATION OF KEY WORDS:

- **Policies:** Guiding principles on how an organization should operate by focusing on its vision and mission.
- **Management:** Is a science and art, which uses various methods and tools to improve the performance of a system.
- **System:** Consists of sets or units organized in such a way that, they work together effectively and efficiently to perform a specific function or functions.
- **Management System:** Is the organization of a set of units to perform a specific function (or functions) effectively and efficiently to achieve a desired outcome.
- **Support the Provision:** Be able to assist service providers in provision of adolescent sexual reproductive health services by giving guidance, advice, financial, materials and human support that they need.

RATIONALE FOR THE STANDARD:

The current health management system does not adequately address management issues that affect the requirements for the provision of adolescent sexual and reproductive health services in the following areas:

- There are no clear policies governing how service providers should serve adolescents (in order to meet their reproductive health needs).
- Existing protocols do not clearly stipulate how adolescent rights, confidentiality and privacy should be ensured.
- The Health Information System, record and reporting mechanisms at all levels do not have adequate provision for gathering age and sex disaggregated data hence it is impossible to track users of services who are above five years and in particular adolescents.
- The supervision mechanism at all levels is weak; service provision to adolescents is one of the areas that are not addressed.

- Existing monitoring systems are mainly project or programme oriented with no national coverage.
- Referral mechanisms from one level to another level of service provision for adolescent reproductive health services are weak and networking between institutions poor and uncoordinated.

A key factor contributing to these weaknesses is that adolescent reproductive health was not a priority issue during the design of the current health information and supervisory system. Improvements in the health management system will benefit adolescents as well as other groups in the population.

SERVICE DELIVERY POINTS:

- ☞ Dispensary
- ☞ Health Centre
- ☞ Pharmacy
- ☞ Hospital
- ☞ Community outlets

CRITERIA AND MEANS OF VERIFICATION:

Criteria	Verifiable Indicators	Means of Verification
<p>Structure:</p> <p>1. The SDP has clear policies and management procedures for serving adolescents</p>	<ul style="list-style-type: none"> ◆ Number and type of documents with policies, guidelines and management procedures available ◆ Type of documents with policies and guidelines displayed 	<ul style="list-style-type: none"> ◆ Interview with SDP manager ◆ Interview with Service Providers ◆ Observation ◆ Clinic policies and procedures ◆ Client interviews
<p>2. Service Providers receive supportive supervision on a regular basis using a checklist with ASRH indicators</p>	<ul style="list-style-type: none"> ◆ Number of supervisory visits 	<ul style="list-style-type: none"> ◆ Interview with SDP manager ◆ Interview with Service Providers ◆ Supervision reports

Criteria	Verifiable Indicators	Means of Verification
<p>Structure cont'd:</p> <p>3. A data collection and management mechanism is established to capture key demographic and SRH indicators of adolescent clients</p>	<ul style="list-style-type: none"> ◆ Number and type of data collecting tools available ◆ Type of packages used for data analysis 	<ul style="list-style-type: none"> ◆ Interview with SDP manager ◆ Interview with Service Providers ◆ SDP records ◆ CHMT reports
<p>4. Demographic and ASRH data sharing and utilization system in place</p>	<ul style="list-style-type: none"> ◆ Type of channels used for disseminating information ◆ Number of SDPs and partners utilizing data 	<ul style="list-style-type: none"> ◆ CHMT reports ◆ SDP reports
<p>5. A system for follow up and referral of adolescent clients in place</p>	<ul style="list-style-type: none"> ◆ Number of re-attendance to the SDP ◆ Number of referrals (in/out) made 	<ul style="list-style-type: none"> ◆ Interview with SDP manager ◆ Interview with Service Providers ◆ Record review
<p>Process:</p> <p>1. CHMT provides technical guidance, financial, material and human support for the efficient functioning of the SDP</p>	<ul style="list-style-type: none"> ◆ Number of supportive supervision visits ◆ Number, type and size of essential equipment and supplies 	<ul style="list-style-type: none"> ◆ Record review ◆ Interviews with Service Providers ◆ Interview with SDP manager ◆ Supervision reports ◆ Inventory registers
<p>2. CHMT ensures that appropriate policies and management procedures are in place in all SDPs</p>	<ul style="list-style-type: none"> ◆ Type of management procedures in place ◆ Number of referrals (in/out) made 	<ul style="list-style-type: none"> ◆ Observation ◆ Interview with Service Providers ◆ Interview with SDP manager

Criteria	Verifiable Indicators	Means of Verification
<p>Outcome:</p> <p>1. Service Providers and managers of SDP acknowledge receiving the support they need to provide adolescent friendly SRH services</p> <p>2. National HMIS strengthened to include adolescent SRH related data and indicators</p>	<ul style="list-style-type: none"> ◆ Number of supportive supervision visits conducted ◆ Number of ASRH training conducted ◆ Number of ASRH refresher training conducted ◆ Availability of a copy of HMIS with adolescent data 	<ul style="list-style-type: none"> ◆ Interviews with Service Providers ◆ Interview with SDP manager ◆ Observation

STANDARD 6

All service delivery points are organized for the provision of adolescent friendly reproductive health services as perceived by adolescents themselves.

EXPLANATION OF KEY WORDS:

- **Organized:** Put things in order.
- **Perceived:** How felt by the respective adolescent or individual

RATIONALE FOR THE STANDARD:

- Most service delivery points currently providing sexual and reproductive health services are not organized to meet the needs of adolescents.
- Services are limited in terms of accessibility and acceptability.
- Frequent shortages of required equipment and supplies.
- Adolescents need more time than adults to open up and reveal their personal concerns. They usually come to a health facility with considerable anxiety, and often with worries about body image and development, relationships and sex. Hence facilities need to be re-organized in such a way that adolescents will be able to come for services they need.
- In collaboration with significant others and adolescents, service providers can make SDP welcoming and friendly.

SERVICE DELIVERY POINTS:

- ☞ Dispensary
- ☞ Health Centre
- ☞ Hospital
- ☞ Community outlets
- ☞ Pharmacy

CRITERIA AND MEANS OF VERIFICATION:

Criteria	Verifiable Indicators	Means of Verification
<p>Structure:</p> <p>1. The SDP provides a safe and clean environment (including sanitary facilities)</p>	<ul style="list-style-type: none"> ◆ Number of SDPs with safe and appealing environment for the provision of ASRH services 	<ul style="list-style-type: none"> ◆ Observation of SDP ◆ Exit interview with adolescent client ◆ FGD with adolescents in the community ◆ Mystery client survey
<p>2. The SDP provides a comfortable and attractive environment with adequate privacy for adolescents in the waiting and consulting areas</p>	<ul style="list-style-type: none"> ◆ Number of SDPs with secluded waiting and counselling rooms for adolescents 	<ul style="list-style-type: none"> ◆ Observation of SDP ◆ Exit interview with adolescent client ◆ FGD with adolescents in the community ◆ Mystery client survey
<p>3. The SDP provides clear information (e.g. on a notice board, logo, leaflets, signboards, etc.) on the types of services offered, where and when they are offered</p>	<ul style="list-style-type: none"> ◆ Number of SDPs with information on types of ASRH services offered and operating hours 	<ul style="list-style-type: none"> ◆ Observation of SDP ◆ Exit interview with adolescent client ◆ FGD with adolescents in the community ◆ Mystery client survey

Criteria	Verifiable Indicators	Means of Verification
<p>Process:</p> <p>1. The SDP is organized to ensure privacy, safety, cleanliness and friendliness</p>	<ul style="list-style-type: none"> ◆ Number of quality improvement plans 	<ul style="list-style-type: none"> ◆ Exit interviews with adolescent clients ◆ SDP reports ◆ FGDs with adolescents in the community ◆ Mystery client survey ◆ Observation of SDP environment
<p>2. Service Providers act in a manner that helps to ensure a friendly and welcoming atmosphere</p>	<ul style="list-style-type: none"> ◆ Number of Service Providers with positive client/provider interactions 	<ul style="list-style-type: none"> ◆ Exit interviews with adolescent clients ◆ FGDs with adolescents in the community ◆ Mystery client survey
<p>Outcome:</p> <p>Adolescents perceive that:</p> <ul style="list-style-type: none"> ▪ The SDP is friendly and welcoming ▪ They are treated in a friendly and respectful manner ▪ They are able to obtain the services they need 	<ul style="list-style-type: none"> ◆ % of adolescents satisfied with SRH services obtained at the SDP 	<ul style="list-style-type: none"> ◆ Exit interviews with adolescent clients ◆ Mystery client survey ◆ Observation of SDP (service delivery environment, client-provider interaction, record keeping, etc.) ◆ Supervision reports

STANDARD 7:

Mechanisms to involve adolescents themselves, parents and the community are in place to ensure that adolescents have access to ASRH services

EXPLANATION OF KEY WORDS:

- **Adolescent involvement:** A situation where adolescents themselves are involved at all levels of decisions on their health issues.
- **Community Support:** A situation whereby people living together in a given locality take part in/contribute to actions aimed at facilitating adolescents to obtain sexual and reproductive health services.
- **Parental support:** assistance given by fathers, mothers, guardians or other household members to enable adolescents have access to appropriate SRH services.
- **Gatekeepers in the community:** Political and administrative leaders, religious leaders, youth association leaders, women leaders, teachers, social workers and any others specific in that community.

RATIONALE FOR THE STANDARD:

- Parents and communities are not adequately equipped to prepare their children for adult living; due to changes in traditional systems of socializing young people for adult hood.
- Communities and parents have limited access to information on new and emerging sexual and reproductive health issues concerning adolescents.
- Communities and parents can be barriers to service utilization by adolescents unless they are oriented and empowered.
- Inadequate adult/child communication on sexual and reproductive health
- Adolescents are not usually involved in decision making on their health issues

SERVICE DELIVERY POINTS:

- 📍 Dispensary
- 📍 Health Centre
- 📍 Hospital
- 📍 Community outlets
- 📍 Pharmacy

CRITERIA AND MEANS OF VERIFICATION:

Criteria	Verifiable Indicators	Means of Verification
<p>Structure:</p> <p>1. The SDP has established a link with community groups/members including parents</p>	<ul style="list-style-type: none"> ◆ Number and frequency of meetings between SDPs and community members ◆ Number of community groups linking with the SDP 	<ul style="list-style-type: none"> ◆ Interview with SDP manager ◆ SDP reports ◆ Interview with Service Providers ◆ Community surveys
<p>2. Community members including parents have formed support groups (e.g. Para-professional counsellors, Peer educators) for sexual and reproductive health service provision to adolescents in the community</p>	<ul style="list-style-type: none"> ◆ Number and types of support groups formed ◆ Number of members participating/ attending group sessions ◆ Percentage of community members and parent that support the provision of ASRH services 	<ul style="list-style-type: none"> ◆ Interview with SDP manager ◆ SDP reports ◆ Interview with support group members ◆ Type of support provided
<p>3. Service Providers offer guidance to support groups and community-based health workers in the provision of sexual and reproductive health services to adolescents in the community</p>	<ul style="list-style-type: none"> ◆ Number and frequency of supportive supervision sessions held by Service Providers to community-based health workers and support groups 	<ul style="list-style-type: none"> ◆ Interview with SDP manager ◆ SDP reports ◆ Interview with Service Providers ◆ FGD with community members or support groups
<p>4. Young people's organizations are mobilized on the main health issues</p>	<ul style="list-style-type: none"> ◆ Number of in-school young people's organizations involved 	

Criteria	Verifiable Indicators	Means of Verification
<p>Process:</p> <p>1. Community members including parents are networking with the SDP in the provision of sexual and reproductive health services to adolescents</p>	<ul style="list-style-type: none"> ◆ Number and frequency of meetings between Service Providers and community members ◆ Number of adolescents referred to SDP from community 	<ul style="list-style-type: none"> ◆ Interview with SDP manager ◆ SDP reports ◆ Interview with Service Providers
<p>2. Community members have formed/ engaged support groups that are providing sexual and reproductive health services to adolescents</p>	<ul style="list-style-type: none"> ◆ Number of support groups formed ◆ Type of support groups in place 	<ul style="list-style-type: none"> ◆ SDP reports ◆ Discussion with members of support groups
<p>Outcome:</p> <p>1. Adolescents acknowledge that they can obtain sexual and reproductive health services from the SDP, support groups and community-based health workers</p>	<ul style="list-style-type: none"> ◆ Number of adolescents seeking services by type 	<ul style="list-style-type: none"> ◆ FGD with adolescents in the community ◆ Service statistics ◆ SDP reports ◆ Exit interviews
<p>2. Communities demonstrate that they have a role and responsibility to support adolescent friendly SRH services</p>	<ul style="list-style-type: none"> ◆ Frequency and type of support provided by community members ◆ Type and volume/value of material and financial support provided by the communities 	<ul style="list-style-type: none"> ◆ SDP reports ◆ Interview with community members

Section 3

Implications for action at National and District levels

IMPLICATIONS FOR ACTION AT NATIONAL AND DISTRICT LEVEL

This section provides a brief insight of the required actions that should take place to ensure that the stated standards are satisfactorily implemented at the various operational levels. Taking into consideration the Health Sector reforms and on-going decentralization processes, only two levels are described in some detail: the national and district levels.

NATIONAL LEVEL:

Actions to improve quality at the national level have been placed in four categories. These actions relate to the issues raised in the sections in the proceeding matrixes in section two of this document. The assumption made is that there is both the capacity and the motivation to carry out these tasks. The Regional Health Management Teams will play their strategic roles as per existing administrative and operational guidelines. The key roles are orienting, disseminating, monitoring and supervising the Council health Management Teams (CHMTs) to perform their roles of providing AFSRH services effectively and efficiently. The four category areas are: -

1. Providing direction

Standards and guidelines stipulate a clear policy on provision of ASRH information and services and disseminate this information to all levels. In addition, a national logo will be developed to identify facilities, institutions and individuals who provide and promote the concepts of adolescent friendly reproductive health services.

2. Capacity Building

At national level a number of capacity building efforts will be undertaken. Documents will have to be developed, disseminated and regularly distributed to the districts for effective implementation of ASRH. These efforts will include:

- Orientation/training materials including job aids
- Training of Trainer Curriculum and Manuals.
- Standard Operating Procedures
- Management procedures
- Tools and methods for supportive supervision
- Revised data collection tools
- Educational materials (for adolescents)
- Training of trainers
- Deployment of staff
- Procure and make available equipment, supplies and medicines as needed

3. Coordination, Monitoring and Evaluation

Multi-disciplinary coordinating board for adolescent friendly sexual and reproductive health services will be established to support implementation at all levels. The standardized tool for monitoring and evaluation will be disseminated and used at all levels.

4. Sharing information and best practices

Gather, synthesize and disseminate experiences on AFSRH services in different fora.

DISTRICT LEVEL :

Actions to improve quality at the district level have also been placed in four categories as follows:

1. Acting as a bridge between the national level and the communities:

- Liaise with relevant bodies in deploying service providers as per stipulated staffing levels in terms of qualifications and numbers.
- Request and receive materials from the national level and deliver them to the service delivery points
- Provide feedback on implementation of AFSRH services to lower and higher levels.

2. Playing a facilitating role within the district:

- Establish the district referral framework for ASRH services.
- Facilitate linkages and referral within the district and beyond.
- Coordinate AFSRH activities in the district.
- Documentation and sharing of information.

3. Supporting service delivery points:

- Conduct orientation/training programmes and dissemination.
- Provide regular supportive supervision
- Ensure that data is collected as per the new requirements and support compilation for use at the SDP levels and reporting to the national level.
- Provide financial and technical support for actions at SDP.
- Develop a comprehensive district health plan that includes AFSRH.

4. Supporting community action:

- Assist communities in the formation of support groups
- Distribute commodities and supplies to support groups
- Provide financial and technical support for actions in the communities

Section 4

Matrixes for Action to Improve the Quality of Adolescent Friendly Sexual and Reproductive Health Services

MATRIX FOR ACTION TO IMPROVE QUALITY OF ADOLESCENT FRIENDLY SEXUAL AND REPRODUCTIVE HEALTH SERVICES

Standard 1: All adolescents are able to obtain sexual and reproductive health information and advice relevant to their needs, circumstances and stage of development.

ACTIONS TO IMPROVE QUALITY				ACTIONS TO VERIFY IMPROVEMENTS IN QUALITY										
CRITERIA	POINT OF DELIVERY	DISTRICT LEVEL	NATIONAL LEVEL	Record review	Observation of SDP	Observation of SP-adolescent interaction	Interview with SP	Interview with SDP manager	Exit interview with adolescent patients	Mystery Client	FGD with adolescents in the community	FGD with significant others	Interviews with SP in other SDP	Report of CHMT
				Structure 1. Service providers are oriented on the planning and provision of information counseling and advice on sexual and reproductive health to adolescents	-	Conduct orientation/training programme.	Develop orientation/training tools Develop TOT programme.	X	X	-	X	-	-	-
2. Linkages established between SDP and other organizations for the provision of information, counseling and advice	Establish linkages and partnerships	Facilitate the establishment of linkages and partnerships.	-	X	-	-	-	X	-	-	X	X	-	-
3. Relevant informational/educational materials are displayed and/or distributed to adolescents.	Display and distribute informational/educational materials	Collect materials from the national level & deliver to SDP	Develop materials and deliver to district health management teams (CHMT)	X	-	-	X	-	X	-	-	-	-	

MATRIX FOR ACTION TO IMPROVE QUALITY OF ADOLESCENT FRIENDLY SEXUAL AND REPRODUCTIVE HEALTH SERVICES

STANDARD 2: All adolescents are able to obtain sexual and reproductive health services which include preventive, promotive, curative and rehabilitative that are appropriate to their needs.

ACTIONS TO IMPROVE QUALITY				ACTIONS TO VERIFY IMPROVEMENTS IN QUALITY										
CRITERIA	POINT OF DELIVERY	DISTRICT LEVEL	NATIONAL LEVEL	Record review	Observation of SDP	Observation of SP-adolescent interaction	Interview with SP	Interview with SDP manager	Exit interview with adolescent patients	Mystery Client	FGD with adolescents in the community	FGD with significant others	Interviews with SP in other SDP	Report of CHMT
				Structure 1. Skilled health workers are deployed to the SDP as per the stipulated staffing levels.	-	Request national authorities to deploy service providers at SDPs as per stipulated levels.	Deploy service providers at SDP as per stipulated levels.	X	X	-	X	X	-	-
2. Job aids, protocols and guidelines are in place.	Ensure that job aids and guidelines are in place	Request and receive materials from the national level and distribute them to SDPs.	Develop and distribute job aids and guidelines to CHMT	X	X	-	X	X	-	-	-	-	-	-
3. Service providers are trained and retrained.	-	Conduct training/retraining programmes.	Develop training tools Develop TOT programme	X	-	-	X	X	-	-	-	-	-	X

MATRIX FOR ACTION TO IMPROVE QUALITY OF ADOLESCENT FRIENDLY SEXUAL AND REPRODUCTIVE HEALTH SERVICES

STANDARD 2: All adolescents are able to obtain sexual and reproductive health services which include preventive, promotive, curative and rehabilitative that are appropriate to their needs.

ACTIONS TO IMPROVE QUALITY				ACTIONS TO VERIFY IMPROVEMENTS IN QUALITY										
CRITERIA	POINT OF DELIVERY	DISTRICT LEVEL	NATIONAL LEVEL	Record review	Observation of SDP	Observation of SP-adolescent interaction	Interview with SP	Interview with SDP manager	Exit interview with adolescent patients	Mystery Client	FGD with adolescents in the community	FGD with significant others	Interviews with SP in other SDP	Report of CHMT
				4. Equipment, supplies and medicines are constantly available.	Request for equipment, supplies and medicines	Purchase and supply to SDPs	Procure and distribute to councils	-	X	-	X	X	-	-
5. Linkages with other SDP in the area are established and functional.	Establish linkage and referral systems	Facilitate the establishment of linkages and referral systems	-	X	X	-	X	X	-	-	-	-	X	-

MATRIX FOR ACTION TO IMPROVE QUALITY OF ADOLESCENT FRIENDLY SEXUAL AND REPRODUCTIVE HEALTH SERVICES

STANDARD 3: All adolescents are informed of their sexual and reproductive health rights and services whereby these rights are observed by all service providers and significant others.

CRITERIA	ACTIONS TO IMPROVE QUALITY			ACTIONS TO VERIFY IMPROVEMENTS IN QUALITY									
	POINT OF DELIVERY	DISTRICT LEVEL	NATIONAL LEVEL	Record review	Observation of SDP	Observation of SP-adolescent interaction	Interview with SP	Interview with SDP manager	Exit interview with adolescent patients	Mystery Client	FGD with adolescents in the community	FGD with significant others	Interviews with SP in other SDP
Structure 1. Adolescents all health care facility staff and significant others are informed and oriented on adolescent sexual and reproductive rights.	-	Conduct orientation/training programme.	Stipulate a clear policy & disseminate information about it; develop orientation/training tool; develop TOT.	-	-	-	X	X	X	-	X	X	-
2. SDP have guidelines, job aids and informational/ educational materials that address adolescent sexual and reproductive rights	Ensure that job aids, educational materials and guidelines are in place	Request and receive materials from the national level and distribute to SDPs.	Develop and distribute materials to DHMT.	X	X	-	X	-	-	X	-	-	X

MATRIX FOR ACTION TO IMPROVE QUALITY OF ADOLESCENT FRIENDLY SEXUAL AND REPRODUCTIVE HEALTH SERVICES

STANDARD 4: The service providers in all delivery points have the required knowledge, skills and positive attitudes to effectively provide adolescent friendly sexual and reproductive health services

ACTIONS TO IMPROVE QUALITY				ACTIONS TO VERIFY IMPROVEMENTS IN QUALITY										
CRITERIA	POINT OF DELIVERY	DISTRICT LEVEL	NATIONAL LEVEL	Record review	Observation of SDP	Observation of SP-adolescent interaction	Interview with SP	Interview with SDP manager	Exit interview with adolescent patients	Mystery Client	FGD with adolescents in the community	FGD with significant others	Interviews with SP in other SDP	Report of CHMT
				Structure 1. Service providers to undergo orientation and training in adolescent friendly sexual and reproductive health	-	Conduct orientation/training programme.	Develop orientation/training curriculum and manuals	X	-	-	X	X	-	-
2. Service providers to have job aids to manage conditions appropriately and to refer to the clients to next level according to need	Ensure that job aids are in place and in use	Request and receive job aids from National level and distribute to SDPs	Develop job aids and distribute to Councils	X	-	X	-	-	-	-	-	-	-	-
3. Service providers to have standard-operating procedures to guide their actions at the SDP	Request for standard procedures and ensure that they are in use	Request and receive standard operating procedures from National level and disseminate at SDP	Develop standard operating procedures	X	-	-	X	-	-	-	-	X	-	-

MATRIX FOR ACTION TO IMPROVE QUALITY OF ADOLESCENT FRIENDLY SEXUAL AND REPRODUCTIVE HEALTH SERVICES

STANDARD STATEMENT 5: Policies and management systems are in place in all service delivery points in order to support the provision of adolescent friendly sexual and reproductive health services.

ACTIONS TO IMPROVE QUALITY				ACTIONS TO VERIFY IMPROVEMENTS IN QUALITY										
CRITERIA	POINT OF DELIVERY	DISTRICT LEVEL	NATIONAL LEVEL	Report	Self Assessment	interview with service providers	Interview with other Service Providers	FGDs with other Significant others	FGDs with Adolescents	Exit Interview adolescents	Observation	Mystery Client	Record review	Peer Assessment
				Structure 1. The SDP has clear management procedures for serving adolescents. 2. Service providers receive supportive supervision on a regular basis using a checklist with ASRH indicators.	Ensure that guidelines and management procedures in place and in use	Request and receive management procedures and distribute to SDPs	Develop guidelines and management procedures	X	-	X	-	-	-	-
3. A data collection and management mechanism to be established to capture key demographic and SRH indicators of adolescent clients.	Collect, compile and report service statistics	Compile and report to the national level and give feedback to SDP	Develop data collection tools and disseminate to councils	X	-	-	-	-	-	-	-	X	-	-
4. A system for follow up and referral of adolescent clients to be in place.	Use referral system in place	Establish district referral framework	Develop guidelines for strengthening referral systems and disseminate to councils	X	-	-	-	-	-	-	-	-	X	-

MATRIX FOR ACTION TO IMPROVE QUALITY OF ADOLESCENT FRIENDLY SEXUAL AND REPRODUCTIVE HEALTH SERVICES

STANDARD STATEMENT 6: All service delivery points are organized for the provision of adolescent friendly reproductive health services as perceived by adolescents themselves.

ACTIONS TO IMPROVE QUALITY				ACTIONS TO VERIFY IMPROVEMENTS IN QUALITY										
CRITERIA	POINT OF DELIVERY	DISTRICT LEVEL	NATIONAL LEVEL	Report	Self Assessment	interview with service providers	Interview with other Service Providers	FGDs with other Significant others	FGDs with Adolescents	Exit Interview adolescents	Observation	Mystery Client	Record review	Peer Assessment
				Structure 1. The SDP provides a safe and clean environment (including sanitary facilities).	Ensure safety and maintain cleanliness.	Enforce and reinforce the use of safety measures	Enforce and reinforce the use of safety measures	-	X	-	-	-	X	-
2. The SDP provides a comfortable and attractive environment with adequate privacy in the waiting and consulting areas for adolescents	Actions taken to ensure privacy and attractiveness.	Enforce and reinforce practices that enhance privacy and confidentiality	Enforce and reinforce practices that enhance privacy and confidentiality	-	X	-	-	-	X	-	X	-	-	-
3. The SDP provides clear information (e.g. on a notice board, logo, leaflets, signboards) on the types of services offered, where and when they are offered within the SDP.	Place notices on types of services provided, where and when they are provided	Disseminate national logo	Develop and disseminate national logo.	-	X	-	-	-	X	-	X	-	-	-
Structure 1. The SDP provides a safe and clean environment (including sanitary facilities).	Ensure safety and maintain cleanliness.	Enforce and reinforce the use of safety measures	Enforce and reinforce the use of safety measures	-	X	-	-	-	X	-	X	-	-	-

MATRIX FOR ACTION TO IMPROVE QUALITY OF ADOLESCENT FRIENDLY SEXUAL AND REPRODUCTIVE HEALTH SERVICES

STATEMENT OF STANDARD 7: *Mechanisms to enhance community and parental support are in place to ensure adolescents have access to ASRH services*

CRITERIA	ACTIONS TO IMPROVE QUALITY			ACTIONS TO VERIFY IMPROVEMENTS IN QUALITY										
	POINT OF DELIVERY	DISTRICT LEVEL	NATIONAL LEVEL	Report	Self Assessment	Interview with service providers	Interview with other Service Providers	FGDs with other Significant others	FGDs with Adolescents	Exit Interview adolescents	Observation	Mystery Client	Record review	Peer Assessment
Structure 1. SDP to have established a link with community groups/members including parents	Establish linkage between SDP and community.	Facilitate linkages.	-	-	-	-	X	X	-	-	-	X	-	X
2. SDP to have established a link with community groups/members including parents.	Facilitate the formation of support groups.	Support communities in the formation of support groups	-	-	-	X	X	-	-	-	X	-	-	X
3. Community members and parents support the provision of relevant services and supplies to adolescents, in the SDP and through support groups.	Facilitate the distribution of relevant commodities and supplies to support groups	Distribute relevant commodities and supplies to the service delivery points	-	-	-	X	X	-	-	-	X	-	-	X
4. Service providers offer guidance to support groups and community-based health workers in the provision of sexual and reproductive health services to adolescents in the community.	Guide support groups and community-based health workers in the provision of health services.	Provide technical guidance to support groups	-	-	-	X	X	-	-	-	X	-	-	X

Glossary of Terms

Access: The extent to which a person can obtain appropriate services at a cost and effort that is both acceptable to them personally and within the means of a large majority in a given population.

Adolescents: Young men and women aged 10-19 years. These are persons who are in transition from childhood to adulthood during which they experience physiological and psychological development and changes that significantly influence their behaviour. They are generally dependent upon others for guidance and support. This group is recognized to be heterogeneous and that different strategies are required to meet the specific needs of different adolescents e.g. rural and urban adolescents, in school and out-of-school, sexually experienced ones and those without sexual experiences, married and unmarried etc.

Adolescent Friendly Reproductive Health Services: Services which adolescents identify with because they meet their expectations and needs. In a broader context AFHS are services that:

- Are available and accessible
- Meet the needs of adolescents in a holistic manner
- Adolescents feel welcome in obtaining them
- Are provided by competent service providers
- Ensure client comfort, privacy, confidentiality and respect
- Are provided in a safe and clean environment
- Are provided efficiently and without any discrimination
- Have social, parental and community support
- Adolescents are actively involved in planning for and implementing

Availability: Can be obtained within the health system and includes different modes of provision and extent to which these services meet known and unmet needs of the adolescent population.

Criteria: Things that need to happen/be in place for a standard to be complied with. In this context, criteria are described in terms of processes, structures and outcomes.

Efficiency: High quality care that is provided at the lowest possible cost.

Holistic: Health care provision that covers all aspects of disease management from prevention to rehabilitation, including psychosocial aspects of care.

Outcome: Results of the inputs and the processes as they affect the beneficiaries.

Process: What takes place (course of action) after all inputs are in place.

Reproductive health: A state of complete physical, mental and social well being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases. (ICPD, Para 7.2)

Service Delivery Points: Settings or outlets where adolescents can obtain a range of sexual and reproductive health services.

Service Provider: A skilled health worker who can offer services on the basis of health needs of adolescents. In this context non-health workers within settings and outlets who provide health services to adolescents will need to be oriented on AFRHS.

Structure: Inputs (human, financial and material) necessary for the processes to take place.

Standards: Minimum accepted levels of practices on performance, based on environmental situation, knowledge, resources and statements of expected quality. Standards assist in guiding the development, implementation, monitoring and evaluation of services.

Support groups: Community based organizations that have incorporated ARH issues in their activities. These include individuals who are actively working together to enhance ASRH activities in their communities.

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