



NATIONAL OPERATIONAL GUIDELINES AND STANDARDS

FOR ADOLESCENT AND
YOUTH-FRIENDLY HEALTH SERVICES



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FOREWORD

The period of adolescence is characterised by rapid physical, cognitive and social changes including sexual and reproductive maturation as well as the gradual building up of the capacity to assume adult behaviours and roles. These developmental changes require new knowledge and skills. This period poses new challenges to health and development due to the relative vulnerability and pressure from society including peers to adopt risky health behaviours.

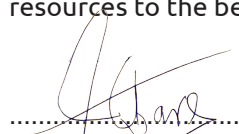
Developing an individual's identity and dealing with one's sexuality have been identified as some of the greatest challenges. However, this period also presents with a number of positive changes such as the capacity to learn rapidly, experience new and diverse situations, develop and use critical thinking.

Youth need age appropriate information, life and livelihood skills, access to youth-friendly services and counselling, safe and supportive physical, psychological as well as social environment and opportunities to participate in programmes that affect them.

In view of the above, there is the need for the health sector to promote the health and development of youth through the provision of quality adolescent and youth-friendly health care using vertical and horizontal integration of services and programmes. The health sector has to work with other related sectors in order to fulfil its mandate to provide health services tailored to suit the peculiar needs of youth.

The National Operational Guidelines and Standards documents the basic knowledge in the models and approaches the country is employing to reach youth with health services. It also has the benchmarks defining the elements of quality Adolescent and Youth-Friendly Health Services (AYFHS) adapted from the World Health Organisation's Global Standards for Quality Health-Care Services for Adolescents.

This document affords the country an opportunity to streamline health service provision and provide synergies between the private and public health sectors, thereby maximising use of available resources to the benefits of adolescents and youth and the nation as a whole.



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ACRONYMS AND ABBREVIATIONS

• ADHD	Adolescent Health and Development
• AIDS	Acquired Immune Deficiency Syndrome
• ALHIV	Adolescents living with HIV
• ANC	Ante Natal Care
• AYFHS	Adolescent and Youth-Friendly Health Services
• BMI	Body Mass Index
• CHOs	Community Health Officers
• CHPS	Community-based Health Planning & Services
• CSOs	Civil Society Organisations
• DHIMS	District Health Information Management System
• DHMT	District Health Management Team
• DHS	Demographic and Health Survey
• FBOs	Faith-based Organisations
• FHD	Family Health Division
• FP	Family Planning
• GES	Ghana Education Service
• GHS	Ghana Health Service
• HEADSS	Home, Education & Employment, Activities, Drugs, Safety, Suicide/ Depression
• HIV	Human Immunodeficiency Virus
• HMIS	Health Information Management System
• HPV	Human Papilloma Virus
• MOH	Ministry of Health
• NACP	National AIDS Control Programme
• NCDs	Non-Communicable Diseases
• NEET	Not in Education, Employment or Training
• NGOs	Non- Governmental Organisations
• PNC	Post Natal Care
• RHMT	Regional Health Management Team
• SBCC	Social and Behaviour Change Communication
• SDP	Service Delivery Point
• SGBV	Sexual and Gender-Based Violence
• SHEP	School Health Education Programme

- SRH Sexual and Reproductive Health
- STIs Sexually Transmitted Infections
- WASH Water, Sanitation and Hygiene World
- WHO Health Organisation
- YPWDs Youth People with disabilities

GLOSSARY/TERMS

Adolescent – WHO defines adolescents as people aged 10 - 19 years. Young adolescent refers to 10 - 14 year olds, while older adolescents refers to 15 – 19 year olds. For the purpose of this document, the terms ‘adolescent/youth’ and ‘youth’ shall be used interchangeably.

Assent – Refers to children’s and adolescents’ (younger than 18) participation in decision-making on health care and research intervention(s) by voluntarily giving an approval. In all cases, whether or not the consent of the parent/guardian is required, the voluntary, adequately informed, non-coerced and non-rushed assent of the adolescent or child should be obtained.

Attitude – A person’s judgement value about a thing, process or person that influences behaviour

Caregiver – Parent, family member or any other person who is responsible for taking care of an adolescent/youth

Community health worker/volunteer – Any health worker who voluntarily performs functions related to health care delivery at the community and household levels. Community health workers have received some training on the interventions and activities in which they are involved but have no formal professional or paraprofessional or tertiary education in health. They are usually community members who are selected by the communities in which they work and are answerable to the communities for their activities, and are supported by the formal health system.

Confidentiality – the right of an individual to privacy of personal information, including health care records. This means that access to personal data and information is restricted to individuals who have a reason and permission for such access. The requirement to maintain confidentiality governs not only how data and information are collected (e.g. a private space in which to conduct a consultation), but also how the data are stored (e.g. without names and other identifiers), and how, if at all, the data are shared.

Criterion (of a Standard) – a measurable element of a standard that defines a characteristic of the service that needs to be in place (input criterion) or implemented (process criterion) in order to achieve the defined standard (output criterion)

Equity – The absence of avoidable, unfair or remediable differences among groups of people, which may be defined socially, economically, demographically or geographically, or by other means of stratification. Health equity means that each one gets the health care services that she or he needs without regard to any form of discrimination – no one is left behind.

Evidence-based intervention – Interventions found to be effective through rigorous evaluation. The particular standards used to evaluate effectiveness may vary depending on many factors, including the type of health condition, intervention and available data.

Evolving capacity – the capacity of an adolescent/youth to understand matters affecting her/his life and health change with age and maturity. The more an adolescent/youth “knows, has experienced and understands, the more the parent, legal guardian or other persons legally responsible for her/him can transform direction and guidance into reminders and advice, and later into exchange on an equal footing.” In health care, it means that as the adolescent/youth matures, her/his views have increasing weight in choices regarding care. The fact that the adolescent/youth is very young or in a vulnerable situation (e.g. is pregnant, has a disability, belongs to a disadvantaged sub-population, is a migrant), does not deprive her/him of the right to express her/his views, nor does it reduce the weight given to the adolescent’s/youth’s views in determining her/his best interests, and, hence choices regarding aspects of care.

Gatekeeper(s) – adults that have influence over adolescents'/youths' access to and use of services. They could be local, political or traditional leaders. Examples are: parents/family members, legal guardians, teachers and community leaders

Health literacy – the cognitive and social skills that determine the motivation and ability of an adolescent/youth to gain access to, understand and use information in ways that provide and maintain good health.

Health professional or provider – A trained individual with knowledge and skills to provide preventive, promotive, curative, rehabilitative or palliative health care in a systematic way to youth. They include doctors, physician assistants, nurses, midwives, pharmacists and paramedical staff.

Informed choice – a choice made by an adolescent/youth regarding components of her/his care (e.g. treatment options, follow-up options, refusal of service for care), as the result of adequate, appropriate and clear information in order to understand the nature, risks, alternatives of a medical procedure or treatment and, their implications for health and other aspects of the adolescent's/youth's life. If there is more than one possible course of action for a health condition, or if the outcome of a treatment is uncertain, the advantages of all possible options must be weighed against all possible risks and side-effects. Additionally, the views of the adolescent/youth must be given due weight based on his or her age and maturity (refer also to evolving capacity).

Informed consent – a documented (usually written) agreement or permission accompanied by full and clear information on the nature, risks and alternatives of a medical procedure or treatment or intervention and their implications before the physician or other health care professional begins the procedure or treatment or intervention. After receiving this information, the adolescent/youth (or third party authorised to give informed consent) either consents to or refuses the procedure, treatment or intervention. The procedures, treatment and interventions requiring informed consent are stipulated in laws and regulations of countries. Many procedures, treatments and interventions do not require informed consent. However, they all require that the adolescent/youth is supported to make an informed choice and give assent if so desired (refer also to assent, informed choice and evolving capacity).

Key populations – refers to defined groups who, due to specific high-risk behaviours, are at increased risk of HIV irrespective of the epidemic type or local context. Additionally, they often have legal and social issues related to their behaviours that increase their vulnerability to HIV (refer to Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations. Geneva: WHO; 2014, <http://www.who.int/hiv/pub/guidelines/key-populations/en/>). Their engagement is critical to a successful HIV response; they are key to the endemic and key to the response. Key populations include: men who have sex with men, people in prisons and other closed settings, people who inject drugs, sex workers and transgender people. Adolescent/youth members of key populations are even more vulnerable than adults in the same groups, and people may be part of more than one key population. Other priority populations at high risk include the seronegative partners in serodiscordant relationships and the clients of sex workers. Additionally, there is a strong link between various kinds of mobility and heightened risk of HIV exposure, depending on the reason for mobility and the extent to which people are outside their social context and norms. Each country should define the specific populations at higher risk that are critical to their epidemic and response based on the epidemiological and social context (http://www.unaids.org/sites/default/files/media_asset/JC2118_terminology-guidelines_en_0.pdf p18).

Outreach (health care delivery) – any health related activity coordinated by the health system that takes place off-site (outside the confines of the health facility). Outreach activities can be performed by health care providers (e.g. community health nurses and officers who perform classroom social and behavioural change communication and physicians who undertake screening in public places),

or by community health workers/volunteers. The purpose of outreach activities in adolescent/youth health care is to improve access by bringing services closer to where adolescents/youth live

Outreach worker – refer to community health worker.

Peer education – the process whereby specially trained adolescents/youth undertake informal or organised educational activities with their peers (those similar to themselves in age, social background and/or interests). These activities, occurring over an extended period of time, are aimed at developing adolescent's/youth's knowledge, attitudes, beliefs and skills, and at enabling them to be responsible for and to protect their own health. Examples of such activities are: co-teaching or guest lecturing at a social and behavioural change communication session in schools, leading a group discussion in the waiting room of a health facility, engaging in educational outreach and referrals with 'street adolescents' in an urban setting, providing information on contraception and distributing condoms to adolescents/youths of key populations at higher risk of HIV exposure, and presenting a theatre piece or role play at a community event.

Peer educator – an adolescent/youth who was specially trained to undertake peer education.

Quality measure – a concise statement of a prioritised aspect of a standard that describes what is required to ensure measurable quality of care for youth.

Reward (intrinsic, extrinsic) – extrinsic rewards (financial or other) are tangible rewards given to employees by managers such as pay for performance, bonuses and benefits. They are called extrinsic because they are external to the work itself, and other people control their size and whether or not they are granted. In contrast, intrinsic rewards are psychological rewards that employees get from doing meaningful work and performing it well. Some examples are: the sense of expertise and competence (e.g. the feeling of being an expert on adolescent health care and providing high quality services), and the sense of professional progress (e.g. seeing convincing signs that changes in the process of care accomplish something, such as adolescents in the community being more satisfied with the care provided and having better health and development outcomes).

Risk factor – an attribute, characteristic or exposure that increases the likelihood of an individual/community suffering a negative health outcome immediately or in the future

Rights – adolescent/youth health-related rights include at least the following:

- Care that is considerate, respectful and non-judgemental of the adolescents'/youth's unique values and beliefs. Some values and beliefs are commonly held by all adolescents/youths or community members and are frequently cultural and religious in origin. Others are held by the adolescent/youth client alone. Strongly held values and beliefs can shape the care process and how adolescents respond to care. Thus, each health care provider must seek to provide care and services that respect the differing values and beliefs of adolescents/youths. Additionally, health care providers should be non-judgmental regarding adolescents'/youths' personal characteristics, life style choices or life circumstances.
- Care that is respectful of the adolescent's/youth's need for privacy during consultations, examination and treatments. Adolescent/youth privacy is important, especially during clinical examinations and procedures. Adolescents/youths may desire privacy from other staff, other patients and even family members and friends. Staff must learn their adolescent/youth clients' privacy needs and respect those needs.

- Protection from physical and verbal assault. This responsibility is particularly relevant to very young adolescents/youth and vulnerable adolescents/youths including the mentally ill and others unable to protect themselves or signal for help.
- Information that is confidential and protected from loss or misuse. The facility respects information as confidential and, has implemented policies and procedures that protect information from loss or misuse. Staff respect adolescent/youth confidentiality by not disclosing the information to a third party unless legally required, by not posting confidential information or holding client-related discussions in public places.
- Non-discrimination, which is the right of every adolescent/youth to the highest attainable standard of health and quality health care without discrimination of any kind, irrespective of the adolescent's/youth's or her or his parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.
- Adolescent participation in the care process. Unless the decision-making capacity is delegated by law to a third party, or the adolescent/youth lacks decision-making capacity as assessed by the relevant authority¹, the adolescent/youth decides about all aspects of care, including refusing care. The adolescent/youth also decides which family member and friends, if any, participate with her or him in the care process. Adolescents'/youths' involvement in care is respected irrespective of whether or not the adolescent/youth has a legal capacity for decision-making. An adult's judgement of an adolescent's/youth's best interests cannot override the obligation to respect all rights of the adolescent/youth as stipulated in the Convention of the Rights of the Child.² This includes the right of the adolescent/youth who is capable of forming her/his own views to express those views freely in all matters affecting her/him, and having those views given due weight in accordance with age and maturity³ (refer also to evolving capacities). The health facility supports and promotes adolescent/youth involvement in all aspects of care by developing and implementing related policies and procedures.

Standard – a general statement about what is expected to be provided to ensure high quality of care for adolescents and youth

Support staff – individuals who provide indirect patient care (for example receptionists, secretaries) or who are involved in maintaining certain quality standards (example cleaning or security staff).

Youth – refers to people aged 15 - 24 years.

Youth – refers to people aged 10 - 24 years.

In some countries, health care providers may have the authority to assess whether or not the adolescent/youth has decision-making capacity, in other countries this is not the case.

The General comment No.13 of the Convention of the Rights of the Child. http://www.chchr.org/english/nbodies/crc/docs/CRC.C.GC.13_en.pdf

1. Article 12 of the Convention of the Rights of the child. <http://www.chchr.org/en/profesional-interest/pages/crc.aspx>

CHAPTER ONE

INTRODUCTION

1.1. BACKGROUND

In 2010, the Ministry of Health (MOH) and its implementing agency the Ghana Health Service (GHS) developed standards and tools for establishing adolescent and youth-friendly health services as part of its efforts to implement its Adolescent Health and Development Programme for Ghana. For over a decade, provision of services for youth has been informed by these standards, however there are still challenges to be addressed to ensure that adolescents and youth get quality health services to meet their specific needs.

In response to the call by stakeholders to improve the quality of adolescent and youth-friendly health services, the GHS drafted guidelines based on field experiences and practices. This is to address the health and developmental needs of youth by both the private and public health sectors as well as the academia in 2017. It is expected that this document contributes to the improvement of service provision for youth in the country.

The development of the Global Standards for Quality Health-care Services for Adolescents by the World Health Organization (WHO), also presented an opportunity for the country to update its standards and align with current trends in the provision of health services for youth. In addition, many of the global goals that have been set have provided focus and structure for policies and programmes directed to adolescents and youth through governments and the private sector including Non-governmental Organisations (NGOs).

The development of the operational guidelines and revision of the National Standards is timely, especially at this period where there is an increased call for sustained national focus on the health of adolescents. This requires that provisions are made to ensure that youth have improved access to the following as outlined in the framework on Programming for Adolescent Health and Development recommended by the WHO:

- Accurate information to take informed decisions.
- Health services, including counselling and commodities, which are accessible, acceptable, equitable, affordable, appropriate, effective and available through a range of channels and delivered in ways that reach marginalized and vulnerable adolescents and youth.
- Opportunities to develop life skills that will help them avoid risky behaviours and improve and maintain their physical and mental health.
- Opportunities to develop other skills, for example, livelihood skills and financial literacy skills, and to have access to education, leisure activities and, when appropriate, work.
- Safe and protective policies and supportive environments in which to live, learn and develop.
- Involvement of adolescents and youth in programming health services.

These key elements have informed some of the approaches and models selected in the implementation guidelines for adolescent & youth-friendly health services provided in this document.

1.2 OBJECTIVE

This document has been developed to assist health service providers tailor services to meet the health and developmental needs of young people (10 to 24 years), and understand the benchmarks for promoting, protecting and improving quality of health services.

1.3 TARGET USERS

- Health managers in both public and private health sectors
- Focal Persons for Adolescent Health at all administrative levels
- Public and Private health service providers
- Educational institutions
- Professional bodies, Civil Society, Faith-based Organisations with interest in the health of adolescents and the youth

1.4 TARGET BENEFICIARIES

All adolescents and youth in Ghana including the underserved, vulnerable and those living with disabilities.

CHAPTER TWO

ADOLESCENT AND YOUTH-FRIENDLY HEALTH SERVICES (AYFHS)

2.1 WORKING DEFINITION OF AYFHS

According to the World Health Organization (WHO), some basic factors need to be considered for health services to be adolescent and youth-friendly. The health services should be accessible, acceptable, equitable, appropriate, and effective from the adolescent's, healthcare provider and health system's perspectives.

Accessible:

- Policies and procedures are in place that ensure health services are either free or affordable to all youth.
- Points of delivery have convenient working hours and location
- Youth are well-informed about the range of health services available and how to obtain them
- Community members understand the benefits that youth will gain by obtaining health services and support their service provision
- Outreach workers, selected community members and youth themselves are involved in reaching out with health services to youth in the community

Acceptable:

- Policies and procedures are in place that guarantee client confidentiality
- Health care providers:
 - ◇ Provide adequate information and support to enable each young person make free and informed choices that are relevant to his or her individual needs
 - ◇ Are motivated to work with youth
 - ◇ Are non-judgemental, considerate and easy to relate to
 - ◇ Are able to devote adequate time to their clients
 - ◇ Act in the best interests of their clients
- Support staff are motivated to work with youth and are non-judgemental, considerate and easy to relate to
- The point of delivery:
 - ◇ Ensures privacy (including discrete entrance)
 - ◇ Ensure consultations have short waiting times, with or without an appointment and where necessary swift referral
 - ◇ Lacks stigma
 - ◇ Has an appealing and clean environment
 - ◇ Has an environment that ensures physical safety
 - ◇ Provides information with a variety of methods
- Youth are actively involved in the assessment and provision of health services

Equitable:

- Policies and procedures are in place that do not restrict the provisions of health services in any terms.
- Health-care providers and support staff treat all clients with equal care and respect regardless of status.
- All adolescents, not just selected groups are able to obtain the health services that are available.

Appropriate:

- The health services required to fulfil the needs of all youth are provided either at the point of delivery or through referral linkages
- Health care providers deal with the presenting issue yet strive to go beyond it to address other issues that affect the health and development of adolescent clients

Effective:

- Health care providers have required competencies
- Health service provision is guided by technically sound protocols and guidelines
- Points of service delivery have necessary equipment, supplies and basic services to deliver health services

In Ghana, adolescents and youth are entitled to a full range of health services including sexual and reproductive health. These services are especially important as stigma and discrimination prohibit adolescents from accessing them in many settings. Abstinence is promoted as much as possible and appropriate contraceptive services are given to sexually active adolescents for protection against the consequences of unprotected sex.

2.2 QUALITIES OF THE AYFHS PROVIDER

Providers who see to the health needs of youth should among others:

- Be technically competent in adolescent/youth-specific areas, and offer health promotion, prevention, treatment and care relevant to each adolescent's/youth's maturation and social circumstances
- Have good interpersonal and communication skills including the use of new media tools
- Be self-motivated and innovative
- Be non-judgmental, respectful and trustworthy
- Be committed to addressing the health needs of adolescents/youth
- Be discrete with client's information

2.3 BASIC CHARACTERISTICS OF AN AYFHS FACILITY

- Convenient hours of operation for youth and short waiting times
- Location is convenient and easily accessible
- A minimum package of services is provided on-site or through referrals
- Services are affordable or free
- Privacy is guaranteed at service delivery points
- Creates opportunities for engaging youth in service delivery and planning of programmes to reach their peers

- Has a feedback system among youth for improving quality of health services.
- Has Social and Behaviour Change Communication (SBCC) materials for youth
- Service policies, guidelines and job aids for AYFHS are available
- Has context-specific demand creation strategies

2.4 PROPOSED APPROACHES AND MODELS FOR AYFHS IN GHANA

The choice of an approach and model should be informed by the local context and factors such as:

- Community acceptability
- Available resources
- Health facility and staff capacity
- Feasibility
- Characteristics and needs of the youth in the catchment area.

For an effective service delivery, any or a combination of the following approaches are to be used to deliver AYFHS:

- Static
- Outreach
- Virtual
- Complementary

Different models are employed within each approach to ensure that services reach all adolescents as much as possible as elaborated in the table below:

2.5. APPROACHES FOR DELIVERING AYFHS IN GHANA

Table 1

APPROACH	MODEL/STRATEGIES	DESCRIPTION	SERVICE COMPONENT	SERVICE DELIVERY PLATFORMS	PRIMARY SERVICE PROVIDERS
Static -routine services are delivered from fixed service delivery points	Stand-alone	The health facility is dedicated to serving only adolescents and youth with a full range of clinical services including SRH services and counselling.	<ul style="list-style-type: none"> - Clinical management of health conditions - Counselling - Social and Behaviour Change Communication - Risk factor screening - Vaccination - Rehabilitation - Referral 	<ul style="list-style-type: none"> - A Public Health Facilities (where infrastructure and resources allow) - Private Health Facilities run by NGOs and private providers 	Medical Officers, Physician Assistants, all category of Nurses including Midwives
	Separate Space	Adolescents and youth receive services from a room/space within a health facility which serves other sub-populations or a building which is used for other purposes. This model is commonly referred to as the "Adolescent Health Corner" in Ghana. Services are provided by a designated provider trained in AYFHS. Only adolescents and youth are attended to in the room/space	<ul style="list-style-type: none"> - Clinical management of health conditions - Counselling - Information, Education and Communication - Risk factor screening - Vaccination - Rehabilitation - Referral 	<ul style="list-style-type: none"> - All public health facilities - Private Health Facilities run by NGOs and private providers - School infirmaries/sick-bays - Youth Centres - Pharmacies - Shopping centres/ malls 	

	Integrated	Adolescents and youth receive services as part of the general public, but special arrangements are made to make the services more acceptable to them and all service providers are sensitised on adapting service delivery to adolescents' and youth needs as part of their definition of quality care. This approach can be adapted at any level of health service delivery	<ul style="list-style-type: none"> -Counselling -Information Communication -Risk factor screening -Vaccination -Rehabilitation -Referral 	<ul style="list-style-type: none"> - Private Health Facilities run by NGOs and private providers - School infirmaries/ sick-bays 	Medical Officers, Physician Assistants, all category of Nurses including midwives
Mobile Services are offered in strategic locations (non-health settings) closer to youth	Targeted "hotspots"	"Hotspots" here refers to environments that create opportunities for gathering of youth. Outreach services to these venues may be carried out as a routine activity where days are set aside to run clinics or may be done as a non-routine activity to commemorate an event or a special day.	<ul style="list-style-type: none"> -Counselling -Information Education and Communication -Risk factor screening -Vaccination -Referral 	convenient and easily accessible location closer to the "hotspot" (e.g. markets, mining or fishing sites, festivals, drinking pubs, recreation centres etc.)	Medical Officers, Physician Assistants, all category of Nurses including midwives
	Home Visits	Home visits are to be done for adolescents with special needs or who need follow-up care as part of routine services (e.g. pregnant adolescents, adolescents living with disabilities or	<ul style="list-style-type: none"> - Counselling -Information, Education and Communication support -Psychosocial support -Rehabilitation -Referral 	The home of the client	Medical Officers, Physician Assistants, all category of Nurses including midwives

		chronic ailments- Diabetes, HIV and AIDS).				
Virtual Providing information and services online	Use of social media platforms, websites and mobile applications	Employing new media technology to reach youth with health information and services.	- Counselling -Information, Education and Communication - Referral	Computers, mobile phones and tablets	Medical Officers, Physician Assistants, all category of Nurses including Midwives	
Complementary	Adolescent Clubs	Service providers are encouraged to liaise with existing youth clubs or groups in schools or communities to undertake health promoting activities. Where applicable the service provider may form an adolescent club to engage adolescents on a regular basis.	- Counselling -Information, Education and Communication	Schools and communities	Service provider assigned for AYFHS in the community or school, School Counsellors	
	Peer Mentors, Lay Counsellors and Providers	Service providers should train youth as peer mentors to offer basic counselling and referral services to their peers. Community health volunteers may also be trained as lay counsellors and supported to provide basic non-clinical services to adolescents and youth.	- Counselling - Information - Education - Communication	-All public health facilities - Private Health Facilities run by NGOs and private providers - School infirmaries/ sick bays - Youth Centres -Pharmacies - Shopping centres/ malls - Work places		

	Support Groups	This seeks to provide a safe environment where adolescents and youth with similar needs interact on issues of common interest.	<ul style="list-style-type: none"> - Counselling - Information - Education - Communication - Psychosocial support - Rehabilitation - Referral 	A convenient and easily accessible location chosen in consultation with members	Medical Officers, Physician Assistants, all category of Nurses including midwives
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2.6. ESTABLISHING AYFHS

2.6.1 Steps in establishing AYFHS

A. DATA COLLECTION

- Adapt tools to produce a guide for situation analysis
- Plan and coordinate trainings for service providers on data collection for situation analysis
- Conduct situation analysis on AYFHS
- Compile assessment findings
- Analyse and produce a report

B. CONSULTATION WITH KEY STAKEHOLDERS

- Map stakeholders
- Share and disseminate assessment findings
- Determine desired health/behavioural outcomes and which sub-populations of youth the service should reach
- Determine the minimum package of services and interventions
- Determine available resources
- Determine desired level of coverage
- Create a community resource file/database
- Develop an action plan

C. SELECT APPROACHES, MODELS AND STRATEGIES

- Consider the local context, target population, desired behavioural and health outcomes and services to be offered
- Select and implement interventions using appropriate models and approaches based on findings, available resources and desired level of coverage
- Set objectives for scalability and sustainability

D. BUILDING CAPACITY

- Train service providers and, adolescents and youth as health ambassadors
- Improve infrastructure
- Provide required logistics and equipment

E. MONITOR

- Collect routine data on health information and services using appropriate data collection tools
- Establish feedback systems
- Quarterly monitoring of standards
- Identify services, interventions, and models that require modifications.

2.7 ADOLESCENT AND YOUTH INVOLVEMENT

Opportunities must be created for meaningful participation in the promotion of health and development of adolescents and youth. Health managers and service providers should:

- Create the platform for adolescents and youth to play governance and coordinating roles in programme management through establishment of National and Regional Youth Advisory Committees
- Build their capacity as National, Regional and District Health Ambassadors to support the following:
 - ◊ Conduct small-scale projects to address health and development issues affecting adolescents and youth
 - ◊ Monitor quality of service delivery
 - ◊ Support provision of services as peer providers and mentors
 - ◊ Advocate increased investment and the protection of the rights of youth to health

2.8. PARENTS AND COMMUNITY INVOLVEMENT IN PROVISION OF AYFHS

The involvement of parents and community members in the provision of AYFHS is critical to sustained support and ensuring continuum of care for better health outcomes. Service providers should work together with adolescents and youth, parents and guardians as well as community members in the provision of AYFHS through engagements with groups such as Parent-Teacher Associations, Community and Religious Groups and Organisations.

2.9. DOCUMENTATION OF AYFHS

Disaggregated data (by age and sex) on services provided should be collected using the National Adolescent Health Register for subsequent input to the District Health Information Management System (DHIMS II) and analysed. Graphical representation of monthly reports should be visibly displayed in addition to action plans and quality improvement initiatives based on data extracted.

2.10. REFERRALS

All referrals should be done in line with laid down procedures and protocols. Adolescents referred should be provided with the name of the facility and where possible the name of the service provider being referred to. A referral note, detailing the health condition, the working hours of the referral facility and the cost of services must be provided.

CHAPTER THREE

MINIMUM PACKAGE OF SERVICES

The package of health services provided by trained service providers generally include:

- Provision of information, counselling and clinical services aimed at promoting health and preventing health problems and risky behaviours
- Diagnosis, detection and management of health problems and risky behaviours
- Referral to other health and social service providers, when necessary

These services which are designed to respond to the prevailing issues of adolescents in the country are outlined as follows:

3.1. General health education

- ◇ Personal and environmental hygiene – water, sanitation and hygiene (WASH) (including menstrual hygiene management)
- ◇ Importance of adequate sleep
- ◇ Drug and substance abuse
- ◇ Good nutrition and regular exercise
- ◇ Prevention of injuries and first aid
- ◇ Emerging and re-emerging infectious diseases
- ◇ Psycho-social support for disadvantaged sub-populations – young people with disabilities (YPWDs), adolescents not in employment, education or training
- ◇ Teaching of counselling, peer education and community mobilisation skills

3.2. Addressing adolescent developmental problems

- ◇ SBCC on puberty and changes during adolescence
- ◇ HEADSS Assessment
- ◇ General physical examination
- ◇ Case management
- ◇ Referral for further assessment

3.3. Nutrition services

- ◇ SBCC on good nutrition and regular exercise
- ◇ Assessment of nutritional status including screening for anaemia
- ◇ Provision of Iron-Folic Acid supplements for menstruating girls
- ◇ Nutrition counselling
- ◇ Referral to nutrition clinic or dietician

3.4. Pre-conception care

- ◇ Sexual and Reproductive Health Assessment (refer to job aids)
- ◇ Guidance for development of reproductive health plans

- ◇ SBCC on good nutrition and regular exercise
- ◇ Provision of Iron-Folic Acid supplements for girls
- ◇ Referral for further assessment and management where needed

3.5. Maternal Health Services

- ◇ Test for pregnancy
- ◇ Psychosocial support for pregnant adolescents, including screening for maternal depression
- ◇ Home visits for pregnant adolescents
- ◇ Education on the importance of antenatal care, skilled delivery, postnatal care services, postpartum family planning and child welfare clinics
- ◇ Maternal nutrition
- ◇ Referral for antenatal, delivery, postnatal care and family planning
- ◇ Referral for comprehensive abortion care services
- ◇ Referral for social services where needed

3.6. Sexual and Reproductive Health Services

- ◇ Sexual and Reproductive Health Assessment
- ◇ Guidance for development of reproductive health plans
- ◇ Education on Sexual and Reproductive Health
- ◇ Family Planning (FP) services for the sexually active
- ◇ Postpartum FP services for adolescent mothers
- ◇ Emergency contraception
- ◇ HIV services
 - SBCC on prevention of HIV and other Sexually Transmitted Infections
 - HIV testing and counselling
 - Referral as appropriate
 - Treatment and Care
 - Psychosocial support for adolescents living with HIV (ALHIV)
 - Nutrition support for ALHIV
- ◇ Care and support for the sexually-abused adolescents
- ◇ Breast examination /breast self-examination
- ◇ Testicular examination
- ◇ Referral for further assessment and management

3.7. Non-Communicable Diseases (NCDs) Services

- ◇ SBCC on NCDs
- ◇ Risk factor screening and counselling on NCDs
- ◇ Human Papilloma Virus (HPV) vaccination
- ◇ Psychosocial support for adolescents living with chronic illnesses

- ◇ Referral for further assessment and management

3.8. Mental Health Services

- ◇ Basic mental status examination
- ◇ Teaching of coping strategies and mechanisms
- ◇ Teaching of life skills
- ◇ Psychosocial support for drug and substance abuse, sexual and gender- based violence (SGBV), suicidal tendencies, depression and other mental health conditions
- ◇ Management (including psychosocial support) of :
 - o drug and substance abuse
 - o conditions especially related to stress
 - o emotional disorders
 - o behavioural disorders
 - o developmental disorders
 - o self-harm/suicide
- ◇ Referral for further assessment and management

3.9. Prevention of Injuries

- ◇ SBCC on prevention of road traffic accidents, domestic accidents and, domestic and all other forms of violence
- ◇ Assessment and management of adolescents that present with unintentional injuries
- ◇ SBCC on intimate partner violence
- ◇ Care for survivors of intimate partner violence
- ◇ Teaching and provision of first aid
- ◇ Referral for further assessment and management

3.10. Sexual and gender-based violence (SGBV)

- ◇ Life skills training and mentoring sessions
- ◇ SBCC on prevention of SGBV
- ◇ Counselling services
- ◇ Clinical care for survivors of sexual assault
- ◇ Referrals to additional multi-sectoral response services

CHAPTER FOUR CROSSCUTTING ELEMENTS

4.1. ORGANISATION OF SERVICES

Adolescent health service provision may vary in location and model. This may include: stand-alone, separate space (Adolescent Health Corner), or mainstreamed into general health care service provision. Irrespective of the model adapted for service provision, service providers must ensure that health services are tailored to meet the specific health and developmental needs of the young person and pragmatic measures are taken to ensure continuum of care.

4.1.1. STATIC POINTS

Service provision at static points should take into consideration the following:

A. FIRST CONTACT WITH THE YOUNG CLIENT

- Take a history of any present complain
- Conduct a HEADSS assessment on the young client
- Give counselling based on issues identified from the assessment
- Discuss with client his/her reproductive health goals and support to develop plan to achieve the goal(s)
- Select and implement the minimum package of service which addresses the health needs of the adolescent
- Discuss and agree on the next visit with the young client
- Document all services and reproductive health plans in the client's folder
- Enter client's details and record services rendered as appropriate in the National Adolescent Health register
- Refer for further assessment and management if needed
- Follow –up and feed back

B. SUBSEQUENT VISIT

- Review records on last visit
- Discuss actions taken after the last visit and review progress
- Counsel as appropriate
- Offer services based on presenting health need
- Discuss and agree on the next visit with the young client
- Document all services rendered in the client's folder
- Enter client's details and record services rendered as appropriate in the National Adolescent Health register
- Refer for further assessment and management if needed
- Follow-up and feed back

C. SUPPORT GROUP MEETINGS

Service providers should facilitate the formation of groups that can complement the main health services provided to adolescents and youth. They can refer to or organise the following on agreed dates with young clients concerned at agreed venue and time:

- Support group for pregnant girls
- Support group for youth living with disabilities and chronic ailments such as diabetes and HIV /AIDS
- Support group for youth recovering from drug or substance use, and other forms of abuse or mental health conditions

4.1.2. MOBILE SERVICES

Service providers should include community outreaches in their service delivery plans to increase access to health services for youth. The choice of services rendered on outreaches must take into consideration the prevailing health needs of the youth in the catchment area.

Home visits as an outreach service should be conducted for the following categories of clients:

- Adolescent girls during pregnancy and after child birth
- Youth living with disabilities and chronic ailments including Diabetes, sickle cell disease and HIV /AIDS
- Youth recovering from drug or substance use or a mental health condition

4.2. TRAINING IN ADOLESCENT / YOUTH-FRIENDLY HEALTH SERVICE

Training programme for service providers should address provider attitudes and beliefs and improve knowledge of adolescent development and skills for interacting with adolescent clients including counselling. Health service providers should receive both pre- and in-service training on competencies in the following areas among others:

- adolescent Development
- concept and Principles of AYFHS
- counselling
- effective Communication
- laws, Policies and Standards for AYFHS
- minimum Package of Services for Youth
- clinical Care of Adolescents with Specific Conditions
- data Management and Quality Improvement

4.3. DESIGN OF INFRASTRUCTURE FOR AYFHS

Irrespective of the model employed, the place for addressing the health needs of adolescents should offer both auditory and visual privacy and make provisions for the following among others:

- Waiting area
- Consultation area
- Examination area

4.3.1. LIST OF BASIC EQUIPMENT AND SUPPLIES FOR AYFHS

Equipment and supplies that should be available at service delivery points include the following but not limited to:

- Social and Behaviour Change Communication Materials
- Policies, Protocols, Standards and Guidelines
- Computer (s) and Accessories
- Anatomic Models (Including Penile and Vagina Models)
- Furniture (Book Shelves, Tables And Chairs)
- Cabinet (s) for Storage
- Weighing Scales
- Height Measures
- Sphygmomanometer/ Blood Pressure Apparatus
- Thermometer
- First Aid Kit
- Post Rape Care Kit
- Screening Kit (Hiv, Pregnancy, Malaria)
- Family Planning Commodities
- Supplies and Medicines for Treating Sexually Transmitted Infections
- Iron-Folate Tablets
- Anti-Retroviral Drugs
- Haemoglobinometers
- Examination Couch
- Screens for Ensuring Privacy
- Hand Washing Facilities
- Tools for Record Keeping (Registers, FP Client Records Books, Referral Forms and Books)
- Examination Light
- Refrigerator
- Bmi Growth Charts for Adolescents
- Ophthalmoscope
- Otoscope
- Latex Gloves
- Disposable Syringes
- Soap or Alcohol-Based Hand Rub for Hand Hygiene
- Communication Equipment

4.3.2. SIGNAGE

All service delivery points should ensure that services are advertised for the general public. It is mandatory. Information on adverts or signboards should include the following:

- Name and location
- Package of services available
- Days and time of operation

CHAPTER FIVE

STANDARDS FOR ADOLESCENT AND YOUTH-FRIENDLY HEALTH SERVICES

In line with the global standards, eight (8) national standards have been formulated to ensure that all adolescents and the youth receive quality health care services – to achieve this, all eight (8) standards must be met. The national AYFHS standards represent basic procedures that need to be followed, and should be used in conjunction with other service protocols and guidelines.

Each standard has clear input, process and output criteria that indicate broadly what goes into achieving the standard, how it should be done and what can be expected out of it. Additionally, the process of verification or how to assess the attainment of the standard has been provided. Assessment tools (questionnaires), to conduct quality and coverage measurement studies to determine compliance with the standards, have been provided in Chapter 7.

Service providers and managers are expected to regularly assess these standards to ascertain the quality levels of services offered to adolescents/youth in health facilities with the view to identify strengths and weaknesses, and to develop systems to consolidate strengths and address weaknesses. The assessment should be done at two levels: internal and external assessments.

For an internal assessment, the tools may be used for quality assurance or quality management, whereby service providers will, on an agreed schedule, periodically review their performances based on the specific standards and targets set for units, departments and the facility. The external assessment will be conducted by supervisors from higher levels: sub-district to health centres and Community-based Health Planning and Services (CHPS) compounds, district to sub-district, region to district and national to region.

By extension, these standards and monitoring tools for adolescent and youth-friendly health services are to be used at all levels of health care services provision in Ghana. They are to be used by service providers, supervisors, programme, health facility managers, and policy makers.

The Ghana Health Service and its implementing partners must ensure adherence to the following standards for adolescent and youth-friendly health services in Ghana (Table 5.1):

Table 5.1: Standards for adolescent and youth-friendly health services in Ghana

1. Adolescent/youth health literacy	Adolescents and the youth are able to obtain correct health information, education and counselling relevant to their needs, circumstances and stage of development and, that they know where, how and when to access health services.
2. Provider competence	Health care providers and support staff exhibit the required knowledge, technical skills and attitudes in the provision of health services to adolescents/youth in a manner that is non-judgmental, respectful, private and above all friendly.

3. Health facility characteristics	Health facilities provide a specified package of health services within convenient operating hours, an appropriate environment, and with the right equipment, medicines, supplies and technology that guarantee effective provision of services.
4. Community support	Promote strong partnerships between parents, guardians/ caregivers, other community actors, youth and health institutions at the family and community levels. Parents and other relevant actors support adolescent and youth-friendly health services provision, and the utilisation of these services by youth.
5. Health services package	The package of adolescent and youth-friendly services available at the health facility robustly responds to the needs of youth. Ambulatory and static approaches are used to provide a comprehensive package of care services that are linked with referrals.
6. Adolescent/youth involvement	The youth and adolescents are equipped to participate fully in the planning, delivery, monitoring and evaluation of adolescent and youth-friendly health services in a manner that promotes good governance.
7. Data and quality improvement	Health facilities collect quality data that are used to inform quality service provision. Health facilities are supported to engrave the cycle of continuous quality improvement in service provision.
8. Equity and non-discrimination	The youth and adolescents in Ghana receive health services in an equitable manner devoid of coercion, violence, wealth status, sexual orientation, religion, marital status, education level, age, ethnicity, political affiliation, disability or any other discriminatory characteristics.

Standard 1 – adolescent/youth health literacy - seeks to ensure that adolescents and the youth have the cognitive and social skills they require to gain access to, understand, and use health information in ways that emphasize promotive, preventive, curative, rehabilitative and palliative health.

Studies show that youth lag behind when it comes to health-related literacy levels required to grant them easy access to and, understand and effectively use health information in ways that promote and sustain good health. Adolescent/youth health information and services that will reach the different sub-populations of youth will ensure that they are motivated and encouraged to change risky and unhealthy health behaviours.

In order to utilise health services that target adolescents and youth, they must know the health and other social services available, where these can be found and, how and when to access them without any barriers.

Standard 1 emphasises the need for quality health education and promotion (within the facility and through outreach), and individual behaviour-oriented communication that will equip youth to take appropriate action on their health to live a fulfilled life.

The intent of Standard 1 is that health facilities promote the utilisation of adolescent and youth-friendly health services through materials and messages that are crafted in formats and languages acceptable to adolescents/youth. The information provided captures the range of services available, operating days/hours and provider type – the facility effectively communicates with adolescents and the youth through a network of services and partnerships with other care providers, NGOs and community agencies that target youth.

Table 5.2: Measurable criteria for Standard 1

Input criteria	Process criteria	Output criteria
<ol style="list-style-type: none"> 1. Sign posts at health facilities provide details on times and days of service provision¹ 2. Adolescent and youth-specific behaviour change communication materials clearly displayed in waiting areas of health facilities. 3. Service providers demonstrate attitudes and competencies in adolescent and youth-targeted behaviour change communication, and communicate effectively about health² and, adolescent and youth friendly health and social services³ and, where, how and when. 	<ol style="list-style-type: none"> 6. Service providers target adolescents and youth with adolescent and youth-friendly promotive and preventive interventions, and educate them about the social and health services on offer. 7. Work plan, that uses outreach activities to facilitate adolescent and youth access to available services, is carried out . 	<ol style="list-style-type: none"> 8. Awareness of adolescent and youth-friendly services is heightened among youth, and they are conscious of where, when and how to access these services. 9. Adolescents/youth demonstrate good knowledge about health.

<p>they can be accessed.</p> <p>4. Providers⁴ who go on outreach services are equipped to undertake social and behaviour change communication for adolescents and youth in the catchment area.</p> <p>5. Openly displayed work plan for outreach activities to promote adolescent and youth utilisation of available AYSRH services.</p>		
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¹ If there are special days and/or hours for adolescent and youth-friendly services, these should be clearly stated.

² This is not limited to knowledge about a young person's own health status but includes knowledge about healthy lifestyles, risk and protective factors, and health determinants

³ May include shelters, recreational services and areas, vocational training and apprenticeship services or services provided by agencies that finance health care.

⁴ Includes community health workers, health volunteers and peer educators.

Standard 2 – provider competence - seeks to ensure that the health care providers are equipped with the requisite competencies and attitudes to effectively provide adolescent and youth-friendly health services.

Provider competence is a crucial issue from the supply side of the health services equation. The quality of health care and service provision is influenced strongly by provider skill, attitudes and knowledge. When providers adhere to guidelines, protocols, technology and show evidence of best practices, youth can be assured of high quality health services.

Very often, provider attitudes, beliefs and practices discourage use of certain services (for example family planning) by adolescents/youth. Additionally, these factors may inhibit providers from offering certain services, such as comprehensive abortion care, to youth. Consequently, alongside technical competence development among providers, there is the need to develop provider soft skills – interpersonal relationship, counselling – in service provision.

Standard 2 uses the human rights-based approach to service delivery to scope the technical and soft competencies expected of providers and other health staff – health workers should not only manage clinical issues competently but must also manage personal prejudices that may inhibit the provision of confidential, non-judgmental, and respectful care that is also free of discrimination of any sort. The right mix of skills and numbers of qualified personnel, who have the appropriate equipment that functions, and are supportively supervised with access to training and online training materials, ensures technical competence of the providers.

Table 5.3: Measurable criteria for Standard 2

Input criteria	Process criteria	Output criteria
<p>10. Qualified¹ service providers are employed and equitably distributed across the country</p> <p>11. A system of continuous professional education and development with a focus on adolescent and youth-friendly health care is in place for service providers to ensure lifelong learning</p> <p>12. Service providers demonstrate the technical competencies² and attitudes required to provide the requisite package of adolescent and youth-friendly services</p> <p>13. Open display of current standards, guidelines and protocols that cover clinical care in line with the package of adolescent and youth-friendly health services</p> <p>14. Service provider training that emphasises the human rights-based approach to service delivery, adolescent rights to information, privacy and confidentiality, and health care provision that is devoid of discrimination of any sort</p> <p>15. Open display of the adolescent's rights³ and the service provider's commitments</p> <p>16. Mentoring and supportive supervision systems established to improve the service provider's output</p>	<p>17. Service and support staff relate to adolescents/ youth, and provide services in a friendly, respectful, non-discriminatory and non-judgmental manner with a human rights-based approach to service delivery.</p> <p>18. Service providers use standards, protocols and guidelines to deliver adolescent and youth-friendly health services</p>	<p>19. Adolescents/youth get a friendly, supportive, respectful, non-discriminatory and non-judgmental package of quality adolescent health services, and know their rights in health care</p> <p>20. Adolescents/youth get health services that are effective⁴ and efficient</p> <p>21. Accurate and age-relevant information that is easy to understand, and informs decisions, reaches the adolescents and youth</p>

¹The required competencies of staff should be clear in their job descriptions² Competencies should include all areas of the health service package (mental health, sexual and

reproductive health, maternal health, nutrition, developmental problems, violence prevention and management, and non-communicable diseases), as well as the entire service range as described in Standard 5 (information, counselling, education, promotive, preventive, diagnostic and treatment with referral as an option).

³ This includes rights to information, privacy, confidentiality, non-discrimination, non-judgemental attitude, respectful care and a human rights-based approach to service delivery.

⁴ Effectiveness is measured against evidence-based standards (criterion-based audit), that uses a method-mix, such as an audit of medical records and observation. (Refer to Chapter 7).

Standard 3 – health facility characteristics - recognises that the health facility offers a great window of opportunity to promote and provide adolescent and youth-friendly health services in a manner that is acceptable to adolescents/youth.

Youth could face important access and utilisation barriers linked to health facility characteristics such as: operating hours, consultation requirements, sanitation, design features of the facility, equipment and provider-specific characteristics including soft skills and technical competency.

The standard has three key elements that are closely linked and supportive of each other: flexible working hours and appointment system, the physical design and systems to protect privacy and confidentiality, and the availability of equipment, medications, supplies and logistics.

In order to address the working hours and appointment system-related barriers, health facilities should do the following: operate flexible working hours that are convenient to adolescents and the youth, provide an open-door appointment system such that adolescents/youth may choose whether or not to book an appointment and, ensure that the registration and appointment processes minimise waiting times.

To minimise the impediments associated with physical design/environment, privacy and confidentiality, health facilities are encouraged to:

- have a clean environment with washrooms and personal hygiene facilities that are well-distributed, easily accessible and properly maintained
- operate an infection control system that protects both providers and clients
- safely store and dispose-off clinical waste
- have adequate seating in waiting areas and examination rooms to facilitate client flow and privacy of communication with reception and clinical staff
- provide security for the safety of examination rooms/offices, the premises and the environment
- have structures that support access and utilisation by youth with disabilities
- operate systems that ensure confidentiality and privacy at registration, consultation and care – confidentiality should be maintained at all times except when obliged by legal requirements to provide information in cases such as sexual assault and severe wounds resulting from gunshots and/or other assault objects. Providers, without the adolescent's/youth's unequivocal consent, should not disclose any information given to or received from the adolescent/youth, to third parties such as: parents, school teachers, friends, relatives and/or employers.

The facility must have in place systems for equipment testing, maintenance and replacement. Additionally, it must operate a procurement and stock management system to ensure the right mix, quantities and quality of medications, supplies and logistics to provide the intended package of adolescent and youth-friendly health services.

Standard 3 emphasises the need to have organisational and physical features that facilitate the provision of accessible, efficient and safe health care in a friendly and conducive environment for youth.

Table 5.4: Measurable criteria for Standard 3

Input criteria	Process criteria	Output criteria
<p>22. Health policies and management systems are in place, including assigned staff responsibilities at all levels. Support the provision of services in a friendly, and clean environment¹ with flexible operating and appointment hours, and adolescent-sensitive waiting times.</p> <p>23. Stock management and procurement systems in place to ensure continuous supply of medicines and supplies needed to deliver the required package of services.</p> <p>24. Basic amenities (water, sanitation, waste disposal, electricity) are available at all times at the health facility.</p> <p>25. Procurement systems, maintenance schedules, stocks management, and safety guidelines for equipment necessary to deliver the required package of services in place.</p> <p>26. Policies and guidelines to protect privacy and, to ensure confidentiality and safety of adolescents/ youth are in place, and staff know these policies and guidelines as well their own responsibilities and roles in that regard.</p>	<p>27. The health facility runs consultation and operating hours that meet adolescent and youth needs with or without a prior appointment.</p> <p>28. Zero stock out of medicines and supplies, and equitable use of these items.</p> <p>29. Functional essential equipment required to provide the minimum package of services to youth and adolescents is available, and used prudently.</p> <p>30. Health staff adhere to policies and guidelines to protect privacy and, ensure confidentiality and safety of youths and adolescents.</p>	<p>31. Waiting times, operating hours, and appointments are acceptable to youths and adolescents.</p> <p>32. The health facility, at all times, has the technology, equipment, supplies and medicines in the quantities, and of the quality needed, to effectively address the health service needs of adolescents and youths.</p> <p>33. Clients (adolescents/ youths/parents/ caregivers) receive private and confidential health services at all times.</p> <p>34. The health facility presents a clean and user-friendly environment for all, including youth with disabilities.</p>

¹ Includes but not limited to: comfortable seating, safe drinking water availability, social and behaviour change communication materials in local language(s) that are adolescent/youth-friendly, clean environment and toilets.

Standard 4 – community support - in recognition of the essential role the community play in the utilisation by, and provision of health services to adolescents and the youth, Standard 4 seeks to address this by engaging the community in adolescent and youth services provision and utilisation. Community-directed stigma could prove disastrous for the provision and utilisation of adolescent and youth-friendly health services.

Without community support and that of community gatekeepers in particular, health and social interventions are unlikely to be successful in many countries. Standard 4, describes the scope within which community support for adolescent and youth-friendly health services can enhance access and utilisation of these services by the targeted population.

Strong community engagement by the health facility to achieve community buy-in, as evidenced by community involvement in the development of adolescent and youth-friendly health services that take community contexts into account, will ensure that gatekeepers (leaders and influential people), parents/caregivers and, the adolescents/youths themselves, support and encourage all youth to access and utilise the adolescent and youth-friendly services on offer at the facility. Standard 4 is closely linked with Standards 1 and 6.

Table 5.5: Measurable criteria for Standard 4

Input criteria	Process criteria	Output criteria
<p>35. A current list of locally-based agencies, organisations, departments and organised bodies with which the GHS partners to mobilise community support for, and participation in adolescent and youth utilisation of health services.</p> <p>36. The GHS has an outreach/mobile services plan, and/or engages outreach workers/volunteers in service delivery approaches to encourage gatekeepers to support adolescent and youth utilisation of health services.</p> <p>37. Health service providers have the attitudes, competencies and support materials to effectively communicate with parents, caregivers and other relevant community members and organised bodies, about</p>	<p>38. The GHS actively engages adolescents and youths, community elders and gatekeepers, and locally-based organisations in the development of adolescent and youth-friendly social and behaviour change communication materials and strategies, and in-service provision approaches.</p> <p>39. Health service providers and/or outreach workers communicate effectively with parents/caregivers at every opportunity about the value of health services provision to adolescents/youth, and the utilisation by youth.</p> <p>40. Health service providers and / or outreach workers (including volunteers), use every opportunity to communicate effectively with locally-based</p>	<p>42. Gatekeepers and locally-based organisations support the provision and utilisation of adolescent and youth-friendly health services.</p>

Input criteria	Process criteria	Output criteria
utilisation of adolescent and youth-friendly health services.	<p>the value of the provision and organisations and youth, about the importance of health services provision to, and utilisation by adolescents/youths.</p> <p>41. Health service providers and/or outreach workers use school meetings to communicate effectively with parents/caregivers and teachers about the need to provide health services to adolescents/youths, and the need for them to utilise the services.</p>	42. Gatekeepers and locally-based organisations support the provision and utilisation of adolescent and youth-friendly health services.

Standard 5 – health services package - the package of health services for any sub-population, has to meet the expectations, aspirations and needs of that sub-population, if the services are to be utilised to benefit the entire population.

Comprehensive care – care that responds to the total health needs of an individual or a given community – is acknowledged as crucial to the overall quality of care. Comprehensive care must be complemented with coherence so that care has all the full complement of counselling, promotive, preventive, and diagnostic as well as treatment or referral services – services tend to be clinically-biased, with inadequate attention to promotive and preventive interventions.

The literature suggests that, other contributors to the burden of disease among adolescents and the youth, such as mental health issues, substance abuse, disability, injury, immunisation, nutrition and chronic illnesses, do not get as much attention in primary health care or in adolescent and youth-friendly initiatives when compared with sexual and reproductive health.

Standard 5 focuses on three crucial components:

- Adolescent and youth-friendly health services should have the full complement of information, counselling, promotive, preventive, curative, rehabilitative and palliative health services with referral as an option.
- The health care needs of the adolescent/youth in the coverage area of the facility must shape the package of health services on offer at the facility.
- The health facility should define clearly, the types of services offered on static basis (on-site), and the types on offer through outreach (ambulatory). Strong links between the facility and higher levels of care, the community (ies) served, social services, NGOs and relevant services outside the health sector are important for successful health care delivery.

Table 5.6: Measurable criteria for Standard 5

Input criteria	Process criteria	Output criteria
<p>43. The GHS has policies, standard operating guidelines, job aids and check lists that clearly define the requisite comprehensive package of services, and enhance service provision to adolescents and the youth.</p> <p>44. The GHS has policies and standards that define the package of health services to be provided at each level of service delivery, and the package in community settings and institutions.</p> <p>45. The GHS has referral policies and procedures that facilitate referrals within and outside the health sector, and make provision for transitional care for the adolescent/youth with chronic conditions and/or diseases.</p>	<p>46. Health service providers adhere to the requisite comprehensive package of treatment and care services in health facilities and/or in communities, in line with policies and procedures.</p> <p>47. Health service providers follow laid down referral and transition care procedures and policies when referring youth and/or when providing transitional care.</p>	<p>48. Adolescents/youths receive a package of health services that meets their needs at the facility, through outreach and/or through referral.</p>

Standard 6 – adolescent/youth involvement - in order to ensure health service utilisation by youth, service providers must fully involve adolescents/youth in the planning, provision, monitoring and evaluation of the health services.

Even though efforts to involve adolescents/youth in issues related to their health have increased, the current trend still does not match the need. More needs to be done to get health care providers and other staff at the health facility to actively involve youth in the planning, delivery, monitoring and evaluation of adolescent and youth-friendly health services – nobody knows the adolescent/youth better than themselves. If properly trained and mentored, adolescents/youth could be very effective peer educators, health champions, counsellors, trainers and advocates. When the health facility uses service demand generation techniques that are acceptable to youth, we can expect an increase in the demand for, and use of quality health services by adolescents/youths. Disregard for youth-centred approaches will lead to disengagement, loss to follow-up and outright non-use or use of inappropriate informal services including self-management.

The health facility should actively engage the adolescent/youth in the co-generation of innovative social and behaviour change communication activities/interventions and materials. Testing of new service delivery initiatives outside traditional health care, use of innovative communication approaches including social media and videos are additional options to be explored by the health facility.

This standard, stresses three areas that are crucial for adolescent/youth involvement:

1. Involvement in the planning, delivery, monitoring and evaluation of health services
2. Involvement in decisions regarding their health care
3. Involvement in the provision of aspects of health services

The involvement of adolescents/youths should be at the core of health services provision. The adolescent/youth should be involved right from the beginning (problem identification) through to the evaluation of any services or interventions. According to the WHO, governance is one of the six building blocks for successful health systems, adolescent/youth inclusion in the governance structure of the health facility would be an important first step to involve youth in service provision. Links with other local agencies, organisations and NGOs would provide the health facility with the context-specific perceptions and views of adolescents/youth regarding health services (refer to Standard 4). Regular small-scale operations research and surveys will contribute meaningfully to the information required to shape programmes and services at the health facility.

When adolescents/youth have access to health information that is tailored to meet their needs, and in a format, that meets their preferences, the adolescent/youth is able to understand the nature, risks and options available for treatment, care and/or referral (refer to Standard 2). Social media and other modern communication systems that are patronised by youth offer a great opportunity for information sharing. Informed consent and assent are issues that the health facility should respect and observe as and when required.

Youth can be trained and engaged to provide certain aspects of health services such as counselling, training, advocacy, community mobilisation and peer education.

Table 5.7: Measurable criteria for Standard 6

Input criteria	Process criteria	Output criteria
<p>49. The GHS includes adolescents and the youth in the governance of health facilities.</p> <p>50. Health service providers know the laws and regulations that govern informed consent and assent. Policies and procedures clearly define the consent and assent seeking processes at the facility level.</p> <p>51. The GHS has a policy that defines adolescent and youth involvement in the planning, implementation, monitoring and evaluation of adolescent and youth-friendly health services.</p>	<p>52. The GHS involves the youth and adolescents in the planning, implementation, monitoring and evaluation of health services. On a regular basis, the GHS undertakes activities to ascertain adolescent/youth expectations of the health services¹, and to assess adolescent/youth experience of care provided.</p> <p>53. The GHS develops the adolescent's/youth's capacity to provide aspects of adolescent and youth-friendly health services³.</p> <p>54. Health service providers churn out accurate and clear information regarding.</p>	<p>55. Youth are involved in the planning, implementation, monitoring and evaluation of health services.</p> <p>56. Adolescents/youth are involved in aspects of health service provision.</p> <p>57. Youth are involved in decisions about their health care.</p>

	conditions/diseases, and management/treatment options, and respect the preferred treatment/care options ² and follow-up actions of youth.	
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¹ This may include adolescent/youth perceived health care needs, and their opinions on which, how, where and when services should be provided, and other aspects.

² For each option, provide evidence-based information on advantages, disadvantages and consequences; communicate in a language and manner acceptable to the adolescent/youth.

³ For example, community mobilisation, peer education, counselling.

Standard 7 – data and quality improvement - effective decisions can be made based only on evidence supported by data. Good quality data support continuous quality improvement that benefits clients and encourages providers.

Even though routine data at the facility level capture aggregated data on sex, age, history, diagnosis and services provided, little importance is attached to disaggregating the data to reflect adolescent/youth-specific data; health systems in low- and middle-income countries tend to focus on indicators for maternal and child health - children under-five and women of child bearing age (15-49 years). Little attention is paid to adolescent (10-19 years) data, and to expect further disaggregation by sub-groups of 10-14, 15-16 and 17-19 years is even more unlikely. In order to improve the access to, and utilisation of quality health services for youth as has been achieved in some countries, Ghana would have to continuously assess the quality of adolescent and youth-friendly health services based on nationally developed standards, and use the study results to inform quality improvement efforts.

This standard emphasises the need for the health facility to collect, collate, analyse and interpret cause-specific service utilisation and quality of care data, disaggregated by sex and age, in order to use the evidence to inform quality improvement actions (refer to Standard 6). To address equity issues, data disaggregation by marital status or other characteristics might be important but the health facility must seriously consider the local context in the decision on which socio-demographic characteristics are to be used for data disaggregation in order not to disenfranchise any individual or sub-group(s) (refer to Standard 8). Longitudinal data, collected over periods of time, for example five (5) years, provide valuable trend indicators for the health facility and, improvements over time and the practices used to achieve them together with the lessons learnt, can be shared with other facilities at annual review meetings at all levels of service delivery.

Health information officers who handle data, must receive the training and feedback on data they collect, in order to ensure that these staff appreciate the importance and worth of good quality data for continuous quality improvement in the health facility. In addition, the appropriate technological support must be provided. Furthermore, health providers and support staff must be supported to enable them use the data for action planning, implementation, monitoring and evaluation. Supportive supervisory actions, mentorship programmes, rewards and other recognition schemes, are some of the methods that can be used to create an enabling environment and culture for continuous quality improvement in the health facility.

Table 5.8: Measurable criteria for Standard 7

Input criteria	Process criteria	Output criteria
<p>58. The GHS operates a data collection system that disaggregates service utilisation indicators by age, sex, education level, wealth, residence and other relevant socio-demographic characteristics.</p> <p>59. Health service providers are trained to collect and analyse data to inform continuous quality improvement interventions.</p> <p>60. The GHS defines monitoring tools and mechanisms for self-monitoring of the quality of adolescent and youth-friendly health services.</p> <p>61. The GHS has systems that link supportive supervision to improvement priorities identified during the monitoring of the implementation of standards for adolescent and youth-friendly health services.</p> <p>62. The GHS has a reward system that recognises high-performing health service providers and support staff.</p>	<p>63. The GHS undertakes periodic self-assessments of the quality of care¹, and collects service utilisation data disaggregated by age, sex, education level, residence and wealth.</p> <p>64. Health service providers and support staff base their action planning and implementation of quality improvement interventions on evidence generated by the service utilisation data.</p> <p>65. The GHS provides supportive supervision and mentoring that address gaps identified during self-assessments.</p> <p>66. The GHS recognises and rewards good performance.</p>	<p>67. Quality of care reports from the various health service delivery levels emphasise adolescent and youth-friendly services (sub-district to district, district to region and region to national).</p> <p>68. Routine reports across the various levels of health service delivery, capture adolescent/ youth cause-specific utilisation data disaggregated by age, sex, education level, residence and wealth.</p> <p>69. Health service providers and support staff acknowledge supportive supervision from higher levels and are motivated to comply with the standards for adolescent and youth-friendly health services.</p>

¹ Includes adolescent/youth experience of contact with service provision

Standard 8 – equity and non-discrimination – the human-rights based approach to health service delivery emphasises the need to ensure that health services are provided equitably without regard to age, race, colour, ethnicity, sexual orientation, disability, religion, political affiliation, marital status or any other characteristic so that each client receives quality services according to the person's needs in the spirit of universal health coverage. Those not in employment, education or training (NEET), and those with disability are usually unseen and unnoticed. Health services might be available, accessible, and acceptable but not necessarily equitable.

Due to stigma, social marginalisation, poor visibility, inadequate advocacy and challenges of various dimensions, some sub-populations of youth in the community fall through the cracks in terms of health services – they are unable to access and utilise the full range of services on offer or the package of services on offer do not meet their specific needs. For example, adolescents and youth who have challenges with substance use, may find that the health facility that serves them, has no services to meet their needs. Youth with physical disabilities may be unable to utilise health services on offer due to physical access challenges.

The emphasis of this standard is on equity in health care services for youth so that no adolescent/youth is left behind due to sexual orientation, age, marital status, education level, political affiliation, residence, disability or any other discriminatory characteristic – each adolescent/youth receives the full complement of services and care as the person needs. Equity should guide all aspects of service provision including but not limited to technical competence applications, medications, technologies, involvement in the care processes and its planning and, monitoring and evaluation – client-centred and human rights-based approaches to service delivery.

Health facilities, health care providers, NGOs and other relevant local agencies should work closely together to identify marginalized sub-populations of youth in the catchment area including those not in employment, education or training (NEET) and those with disabilities. These sub-populations should be involved in the needs identification process, and in the planning, delivery, monitoring and evaluation of health services that target these sub-populations (refer to Standards 4 and 6). The operational guidelines, standards and protocols set out by the Ghana Health Service should guide health facilities to offer equitable care and treatment to each adolescent/youth according to her/his needs. Immediate remedial and decisive action should be taken by management whenever this is not observed.

Table 5.9: Measurable criteria for Standard 8

Input criteria	Process criteria	Output criteria
<p>70. The GHS has policies and operating guidelines that obligate health staff to provide care and services to all adolescents/youth regardless of age, sex, marital status, wealth status, education level, political affiliation, residence or any other characteristics.</p> <p>71. Open display of the policy committing health facilities to provide human rights-based adolescent and youth-friendly health services devoid of any form of discrimination, and to take remedial action when it occurs.</p>	<p>75. Health service providers offer services and care to all adolescents/youth, devoid of any form of discrimination as enshrined in the policies and guidelines.</p> <p>76. Health staff demonstrate friendly, respectful and non-judgmental attitude to all youth at all times.</p> <p>77. The GHS involves vulnerable adolescent/youth groups and individuals in the planning, implementation, monitoring and evaluation of health services, including the provision of aspects of health services.</p>	<p>78. All youth, regardless of ethnicity, age, marital status, sexual orientation, education level, residence, wealth status, disability or any other characteristics, report similar experiences of health care¹.</p> <p>79. Vulnerable individuals and groups of adolescents/youth are actively involved in the planning, implementation, monitoring and evaluation of health services including.</p>

<p>72. The GHS has policies and operating guidelines that cover the provision of free services at the point of use or services that are affordable.</p> <p>73. Health staff are aware of the policies stated in 70, 71 and 72, and know how to implement them.</p> <p>74. Service providers are able to identify vulnerable adolescents/youth at the community level.</p>		<p>aspects of service provision².</p>
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¹ Includes experience of care and other quality of care dimensions such as access to information, staff attitudes and others.

² For example in community mobilisation, social and behaviour change communication, counselling.

CHAPTER SIX

IMPLEMENTATION FRAMEWORK

The actions to be undertaken to meet the standards of quality health services for youth are embedded in the health sector's response in strengthening all six (6) pillars of the health system which include: **governance, financing, workforce capacity as well as medicines, supplies and technology**.

Specific actions are to be undertaken in each of the health system pillars (**governance, financing, workforce capacity as well as medicines, supplies and technology**) at the facility, district, regional and national levels to ensure that critical elements of quality in service provision are met.

6.1 Implementation Actions

6.1.1. Actions at Administrative and Implementation Levels

GOVERNANCE

Level: National

Key Action 1: Review laws, policies and systems, and modify existing ones if necessary

1. Define the required package of information, counselling, promotive, preventive, curative, rehabilitative and palliative health services for adolescents/youths based on relevant data.
2. Review policies and modify them as necessary to ensure planned transition from child-centred to adult-centred health care for adolescents/youths with chronic conditions that mandates coordination and joint planning between primary care providers and specialists (e.g. between paediatrician and general practitioner).
3. Design and implement measures of financial protection in health care for youth (e.g. waivers, vouchers, exemptions from or reduced co-payments) so that health services are free at the point of use or affordable to the adolescent/youth.
4. Develop/Review national laws, policies and standard protocols to include provisions on confidentiality in all circumstances, age for consent, procedures for disclosure and arrangements which ensure visual and auditory privacy during registration and during consultation with a service provider.
5. Review national laws and policies and modify them as necessary to ensure that:
 - i. they do not restrict the provision of health services to adolescents/youths
 - ii. make sure that policies state the obligation of facility staff to provide services to all adolescents/youths irrespective of their ability to pay, age, sex, marital status, schooling, race/ethnicity, sexual orientation, disability or other characteristics.

- iii. Adolescents/youths are involved in planning, provision, monitoring, and evaluation of services
 - iv. national directive(s) that establish the policy for the governance of health-care facilities make provisions for the inclusion of adolescents/youths in the governance structure
6. Review existing policies to include provisions on:
- i. ensuring convenient operating hours/days for the local adolescent/youth population and reducing waiting time
 - ii. ensuring a welcoming 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)
 - iii. ensuring privacy at all stages of the process of care.
7. Review the HMIS, including data collection and reporting forms and reporting requirements to ensure that all data (e.g. presenting problem, diagnosis and services provided) on the first 20 years of life are disaggregated by sex and 5-year age groups, and that these data remain disaggregated when they are synthesised at the national level.

GOVERNANCE			
Key action 2	Communicate national laws and policies, and latest revisions, to managers and request local-level actions		
National and Regional	District	Facility	
Communicate laws and policies, including the latest revisions on:	Communicate laws and policies, including the latest revisions on:	Managers communicate to facility staff laws and policies, their latest revisions, and recommended procedures on:	
Equitable service provision to adolescents and financial protection measures.	equitable service provision to adolescents/youth and financial protection measures.	equitable service provision to adolescents/youths and financial protection measures	
the age of consent.	the age of consent.	informed consent	
Confidentiality.	Confidentiality	Confidentiality and privacy	
adolescent/youth participation in planning, monitoring, evaluation and provision of services.	adolescent/youth participation in planning, monitoring, evaluation and provision of services.	Adolescent/youth participation in planning, monitoring, evaluation and provision of services	
the organisation of welcoming services (e.g. optimizing operating hours and waiting time, ensuring privacy, maintaining a clean environment, training of youth-friendly staff), and request the development of local procedures to implement the policies.	the organisation of welcoming services (e.g. optimising operating hours and waiting time, ensuring privacy, maintaining a clean environment), and encourage the development of local procedures to implement the policies.	the organisation of welcoming services (e.g. optimising operating hours and waiting time, ensuring privacy and maintaining a clean environment, have youth-friendly staff the planned transition from child-centred to adult-centred health care for adolescents/youths with chronic conditions	
3. Make available printed copies of national policies, guidelines and standards concerning adolescent/youth	3. Ensure that facility managers receive the guidelines/SOPs regarding which health services are to be provided to adolescents/youths within the health facility and which in the community.	3. Managers ensure that the guidelines/SOPs regarding which health services are provided in the health facility and/or in community settings are in place and known to staff.	

Key Action 3		
National and Regional	District	Facility
Advocate with other sectors and wider society to ensure their support for key policies		
1. Communicate the rationale for providing health services to youth in the mass media and in meetings with national-level representatives of other sectors (e.g. education) and civil society institutions.	1. Communicate the rationale for providing health services to youth in meetings with district-level representatives of other sectors (e.g. education) and civil society institutions.	1. Managers communicate to staff the importance of providing evidence-based information to adult visitors about the value of providing health services to youth, and monitor these activities as part of supportive supervision and self-assessments
2. Raise awareness at national meetings and in the mass media about national policies on financial protection for youth and other policies that protect adolescent/youth rights to receive quality services irrespective of their ability to pay, age, sex, marital status, schooling, race/ethnicity, sexual orientation or other characteristics.	2. Communicate what health services are provided, where and when they are provided, and how much they cost: (a) in the mass media (where possible); (b) in meetings with representatives of other sectors (e.g. education) and civil society institutions.	2. Managers communicate the importance of, and orient health care providers and support staff in, respecting the rights of youth to information, privacy, confidentiality, participation, and health care that is provided in a respectful, non-judgmental and non-discriminatory manner.
3. Communicate about adolescent/youth rights to confidentiality and privacy in the mass media and in meetings with national-level representatives of other sectors (e.g. education) and civil society institutions	3. Raise awareness in the media about national policies on financial protection for youth and other policies that protect adolescents' rights to receive quality services irrespective of their ability to pay, age, sex, marital status, schooling, race/ethnicity, sexual orientation or other characteristics	3. Health care providers encourage adolescents/youths to read information on their rights and communicate to them about their rights to confidentiality and privacy
4. Inform the wider community about the package of health-care services that should be made available to youth	4. Communicate about adolescent/youth rights to confidentiality and privacy in mass media, and in meetings with district-level representatives of other sectors (e.g. education) and civil society institutions.	4. Managers communicate to health-care providers and support staff the importance of providing services to all youth without discrimination. Managers work together with facility staff to raise adolescent/youth awareness of financial protection measures and other policies that protect adolescent/youth rights to receive quality services without discrimination

Key Action 4	Develop, adapt or review, as appropriate, norms, standards and standard operating procedures (SOPs) and support implementation		
	National and Regional	District	Facility
	1. Adopt national standards for quality health-care services for youth.	1. Work with facility managers to identify which groups of adolescents/youths to reach with services in the community, how and where to reach them, and what health services and commodities to reach them with.	1. Managers ensure the display of boards in the facility about: Adolescent/youth rights. 2. Policies and procedures on equitable (including free or affordable) service provision for youth.
	2. List the health services from the defined package that are to be provided to youth within the health facility and in the community, and develop guidelines/SOPs on how to implement the package.	2. Support facility managers to increase compliance to SOPs for referrals (e.g. facilitate access through referral linkages to services that are not available locally).	3. Managers work with service providers and support staff to develop local SOPs including the designation of responsibilities among staff in applying policies on: <ul style="list-style-type: none">the financial protection of youthconfidentialityinformed consentplanned transition from child-centred to adult-centred health care for adolescents/youths with chronic conditions.
Key Action 5	Develop or review, as appropriate, SBCC materials, practice guidelines and other decision support tools in adolescent health care		
	National and Regional	District	Facility
	1. Develop or adapt local or international SBCC materials for youth, parents, guardians and other community members and organisations to inform them about the value of provision and uptake of health services to adolescents.	1. Arrange for the delivery of SBCC materials obtained from regional health directorate for distribution to facilities.	Managers work with healthcare providers to ensure that SBCC materials and appropriate clippings from newspapers and magazines, and handmade materials are displayed for information and education for youth, parents and other community members.

Key Action 6	Ensure an adolescent health focus in national reports	
	National and Regional	District
1. Ensure that national reports on cause-specific utilisation of services include a focus on adolescents.		1. Ensure that district reports on cause-specific utilization of services and quality of care include a focus on adolescents/youths
2. Ensure that other national reports (e.g. Demographic and Health Surveys, Behaviour Surveillance Surveys, quality of care evaluations) have a focus on adolescents.		
Key Action 7	Conduct data synthesis, monitoring and evaluation activities at the national level and use data to stimulate local actions	
	National and Regional	District
1. Develop/Adapt and endorse tools to monitor the implementation of national standards for quality health-care for adolescents. (iii) evaluate compliance with evidence-based guidelines and protocols and the impact on adolescent and youth health. (iv) Provide feedback to districts in each of these areas and support them in taking corrective actions.		1. Make sure tools for self-assessment, including tools to assess adolescent/youth expectations about the service and their experience of care, are known to facility managers, and available in facilities.
	Facility	
		1. Health care providers collect data that includes information about adolescent/youth age, sex, presenting problem, diagnosis and services provided through facility-level registers. 2. Managers collate facility data in reports to districts in a way that preserves age and sex disaggregated data, including for very young adolescents/youths.
	Facility	
		1. Managers monitor the provision of the package of defined services within the health facility using national tools. i. adolescent/youth clients' expectations and experience of care with regard to confidentiality, privacy, friendly and non-judgmental attitude of providers, convenience of working hours and appointment procedures. ii. equity in adolescent and youth-friendly health care, including the expectations and experience of care in subgroups of youth (e.g. in vulnerable groups).

2. As part of periodic nationwide evaluations of the implementation of standards: (i) analyse national data on adolescent/youth experience of care (ii) analyse national data on vulnerable adolescents'/youths' experience of care.	2. Monitor the implementation of policies regarding the provision of the defined package of services for youth within the health facility and in community settings and the compliance with SOPs.	2. As part of self-assessment of the quality of care provided in the facility, managers collect 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: iii. compliance of facility practices with evidence-based guidelines and protocols. iv. community awareness of, and support for, services provided in the facility.
3. Set up a system to reward and recognise highly performing districts, facilities, health-care providers and support staff, and inform districts.	3. Take district-level actions to implement the system for reward and recognition of highly performing facilities, communicate to facility managers the importance of recognising and rewarding well-performing health-care providers and support staff, and do so using a combination of extrinsic (e.g. financial rewards), and intrinsic rewards (e.g. professional education activities).	3. Managers ensure that tools for self-assessment, including tools to assess adolescent/youth expectations about the service and their experience of care, are known to facility staff, available in the facility, and used for monitoring of the quality of health care for youth.
4. Conduct periodic visits to regions and districts to monitor the implementation of standards and measures taken to improve quality.	4. Conduct periodic visits to facilities to monitor the implementation of standards and quality improvement initiatives.	5. In collaboration with facility health-care providers and support staff, facility managers establish a local process to translate the findings of self-assessments into an action plan for quality improvement.
WORKFORCE CAPACITY		
Key Action 1	Define core competencies in adolescent health and development and develop and implement competency-based training programmes in pre-service and continuous professional education	

National and Regional	District	Facility
1. Define the core competencies required by the service providers in adolescent/youth health and development in key areas (communication, basic concepts in adolescent health and development, laws and policies that affect adolescent health-care provision, quality standards for health-care services, technical competencies regarding clinical care in specific clinical situations).	1. Inform facility managers and staff about national policies concerning training in adolescent/youth health and development.	1. Managers identify training needs of facility staff in key areas (e.g. communication for adolescent/youth health, adolescent/youth health information, counselling, diagnostic, treatment and care; using decision support tools such as guidelines and protocols for various adolescent health-care conditions and situations; and a human rights-based approach to adolescent/youth health care).
2. Develop and implement competency-based training programmes in adolescent health and development in pre-service and continuous professional education in adolescent/youth using a combination of traditional learning methods (e.g. face-to-face trainings, seminars, case reviews, participation in conferences) with innovative ways to access teaching expertise and materials (e.g. e-learning, self-learning by accessing electronic databases).	2. In consultation with facility managers, identify training needs and develop a district plan for health-care provider training in adolescent health information, counselling, diagnostic, treatment and care services.	2. Managers inform districts about the training needs of staff in the facility and coordinate with district authorities to ensure that service providers are trained according to their needs.
FINANCING		
Key Action 1	Negotiate allocation of funds from the national budget to ensure the provision of a comprehensive package of services to adolescents	
National and Regional	District	Facility
1. Work with the Ministry of Finance and Economic Planning so that budget allocations are adequate to enable the provision of the defined package of adolescent/youth health care services.	1. Allocate, or use funds allocated at the national level, to enable district facilities to provide the defined package of health care services to youth.	1. Managers inform district officials about the financial or other support that the facility requires from the district to implement selected actions and use allocated funds to implement them.

Key Action 2 National and Regional	Finance continuous professional education activities	
	District	Facility
	1. Allocate funds, or use funds allocated at the national level, to conduct competency-based trainings and other continuous professional education activities in adolescent/youth health and development at district level.	1. Facility managers put in a system to ensure service providers participate in continuous professional education activities.
Key Action 3 National and Regional	Finance quality improvement initiatives in adolescent health care.	
	District	Facility
	1. 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. 2. Allocate funds or use funds allocated at the national level, to reward and recognize highly performing facilities, health care providers and support staff.	1. Managers ensure provision of quality health services for all adolescents including those living with disabilities. 2. Ensure availability of action plans on quality improvement initiatives.
Key Action 4 National and Regional	Finance the production of SBCC materials for youth and community members	
	District	Facility
	1. Communicate with facilities to identify their needs for information and education materials for youth and community members, and allocate sufficient funds, or use funds allocated at the national level, for their production.	1. Compile information on needs for SBCC and submit to district.

MEDICINESE, SUPPLIES AND TECHNOLOGY			
Key Action 1	Develop or review, as appropriate, checklists for basic amenities, medicines, supplies and technology		
	National and Regional	District	Facility
	1. Endorse, and send to districts, 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.	1. Give facility managers the list of basic amenities that facilities need to have to provide the defined package of health services.	1. Managers have nationally-approved lists of basic amenities that are needed to provide the defined package of health services
	2. Prepare lists, and send to districts, of medicines and supplies that facilities need in order to provide the defined package of services.	2. Give facility managers the list of medicines and supplies that facilities need to have to provide the defined package of health services.	2. Managers allot responsibility to health-care providers and support staff to review the basic amenities in line with SOPs, and ensure that they are in good order
Key Action 2	3. Prepare lists, and send to districts, of equipment that facilities need to have in order to provide the defined package of health services, and stipulate requirements for maintenance and safe use.		
	Determine needs in medicines, supplies and technology, and ensure the needs are met		
	National and Regional	District	Facility
	1. Work with district officials to determine deficiencies in the availability of basic amenities, and support districts in addressing those deficiencies in a timely manner.	1. Work with facility managers to determine what basic amenities are required (one time or recurring).	1. Managers have nationally-approved lists of medicines and supplies that are needed to provide the defined package of health services.
	2. Work with district officials to determine shortages in the stocks of medicines and supplies that are required to provide the defined package of health services, and ensure timely resupply.	2. Work with facility managers to determine what quantities of medicines and supplies are required on a monthly/quarterly basis.	2. Managers work with health-care providers and support staff to put in place a system to ensure that stocks of medicines and supplies are adequate at all times.

3. Work with district officials to determine gaps in the availability of the equipment required to provide the defined package of health services, and ensure timely supply and maintenance.	3. Work with facility managers to determine what equipment and maintenance are required on a monthly/quarterly basis as well as medicines and supplies required by the district in a timely manner.	3. Managers organise regular replenishment of medicines and supplies.
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CHAPTER SEVEN

MONITORING THE NATIONAL STANDARDS

A sound monitoring system is required to track progress and performance with regards to health services for adolescents and the youth in Ghana. Decision makers at the policy and implementation levels will need evidence to evaluate impact and ensure accountability at all levels of service delivery. Information is required to monitor how the health system in Ghana responds to the current national operational guidelines for the delivery of adolescent and youth-friendly services to people aged 10-24 in the country. This means there is a need to generate indicators of health system performance, and tools to generate the required data in order to conduct quality and coverage assessments. The tools can be used at the facility level or by external supervisors from the district, regional and national levels or in nationally representative surveys. The tools can be used to collect data on quality of care (as measured by the criteria of the standards), and coverage in terms of the numbers that the adolescent and youth-friendly services reach. Additionally, monitoring and supervision tools such as checklists can be developed from the tools. The data collection tools can be used to undertake quality of care assessments from various perspectives such as the client, the provider, assessor (in the case of direct observation), and the community.

The tools included in this chapter comprise seven tools to collect data on quality of care (as depicted by the criteria of the standards), and two tools to collect coverage-related information. The questions/items in the tools are meant to provide information about the criteria of the eight (8) national standards, and whether facility-level actions are being effected as detailed in the implementation guide section.

AYE- (Adolescent & Youth Exit) **FM-** (Facility Manager) **OT-** (Observation Tool)
CPI- (Client Provider Interaction) **HCP-** (Health Care Provider) **SS-** (Stock Status)
Adult E- (Adult Exit) **Adult C-** (Adult Client) **AYC-** (Adolescent & Youth Client)

Table 7.1 provides a summary of the various questions in the data collection tools as they relate to the standards and criteria.

Table 7.1: Questions in the data collection tools as they relate to each of the standards and criteria

Criterion number	AYE	FM	OT	CPI	HCP	SS	Adult E	Adult C	AYC
1	2	-	1a-c	-	-	-	-	-	9
2	11a-b	-	2b	-	-	-	-	-	11a-b
3	-	3a	13a	-	4a, 25	6a	-	-	-
4	-	-	13h	-	15a	-	-	-	-
5	-	-	-	-	34	-	-	-	-
6	8, 17a-b	-	-	16b-c, -	20	-	-	-	26a-b
7	-	-	-	-	35c-e	-	-	-	30
8	9, 10, 27b, 28b, 28e, 29c, 30c, 31, 33c	-	-	-	-	-	-	-	27, 33c, 34b, 34e, 35c-d, 36c, 37, 39c

9	25a-b, 26a-b 27a, 28a, 28c-d, 29a-b, 30a-b, 32, 33a-b	-	-	-	-	-	-	-	31a-b, 32, 33a-b, 34a, 34c-d, 35a-b, 36a-b, 38, 39a-b
10	-	5, 6a-f, 6a-g	16a-f 16a-g	-	2	-	-	-	-
11	-	17a-b	-	-	5	-	-	-	-
12	-	3d, 4a	13d	-	4d, 24	-	-	-	-
13	-	7a	6l, 11a-v	-	-	-	-	-	-
14	-	3c, 3e 4a	13c, 13e	-	4c, 4e	5, 6b-d	-	-	-
15	14a, 15 16	10a-d	12a-d	-	24	-	-	-	14b, 15
16	-	7p-q	9j, 14o-p	-	-	7, 8	-	-	-
17	17j-k, 18b	-	-	5a-e, 6b-c, 8 9, 10	21a-c, 21e	-	-	-	16, 17a 21b
18	17c-i	-	-	13a-g	7a-v, 22a-g	-	-	-	-
19		-	-	-	-	-	-	-	14c, 16, 17a 21b
20	-	-	-	-	-	-	-	-	-
21	17o	-	-	-	-	-	-	-	19
22	-	7g-i, 17e	2a, 2d-e, 2c 4, 5a-b, 14f-h	-	11a-c	10a-d	-	-	-
23	-	15a, 18c	9c, 15c	-	-	-	-	-	-
24	-	15c, 17d	3a-i	-	-	-	-	-	12d
25	-	15b, 18c	15c	-	-	-	-	-	-
26	-	7e, 11a-e	8a-d, 10b-g,	-	8g, 9	17	-	-	-

27	-	-	-	-	13, 14	13	-	-	-
28	19	-	6p-r 7a-t 7a-s	-	28a	-	-	-	24
29	20	-	6a-k 6m-o 6s-t 6a-o 6s-t	-	28b	-	-	-	25
30	4, 12c, 17m	-	10a-g	2, 3, 4 6a, 7, 9 10, 15	21d, 21g-k	16	7c, 8b	-	6b, 12c 17b, 18a
31	12a-b	-	-	-	-	-	-	-	12a-b
32	19, 20	-	-	-	-	-	-	-	24, 25
33	4, 12c, 17l, 17n	-	-	-	-	-	-	-	6b, 12c 18b
34	12d-e, 13a-c	-	-	-	-	-	-	-	12d-e 12d 13a-c
35	12d-e, 13a-c	18a 18b	15a	-	-	-	-	-	-
36	-	16a	-	-	-	-	-	-	-
37	-	3b	13b	-	4b, 19	-	-	-	-
38	-	-	9h	-	17a	-	-	-	-
39	-	-	-	-	18	-	3a-c	3a-b	-
40	-	-	9f	-	35b	-	-	-	-
41	-	-	9g	-	35a	-	4a-c	4a-c	-
42	5	-	-	-	-	-	5a, 6a-h 6a-i	1b, 2a, 5a-h 5a-i	5b
43	-	18d	15d	-	6	-	-	-	-
44	-	7b, 16c	14a	-	8a	-	-	-	-
45	-	7c-d 18b	9d, 14b-c, 15b	-	8b-c	-	-	-	-
46	24, 8 29d	-	-	16a	3a-v 3a-w	-	-	-	29, 35d
47	22b	-	-	17a-b	-	-	-	-	22b
48	7	-	-	-	-	-	-	-	10, 22b 29
49	-	19b	-	-	-	-	-	-	-

50	-	7f	14e	-	8d	-	-	-	-
51	-	7m-n	14l-m	-	-	-	-	-	-
52	-	9a-b	-	-	16a	-	-	-	-
53	-	17c	13i	-	15b	-	-	-	-
54	17o-p	-	-	14, 16d-k,	21f	-	-	-	19, 20a
55	23b	-	-	-	-	-	-	-	28b
56	23a	-	-	-	16b	-	-	-	28a
57	17q	-	-	-	-	-	-	-	20b
58	-	12	9a-b	-	29a	14, 15	-	-	-
59	-	3g, 4b	13g	-	4g	-	-	-	-
60	-	7l	9i, 14k	-	30a	-	-	-	-
61	-	4c, 9e	-	-	-	-	-	-	-
62	-	7o, 17f	14n	-	-	-	-	-	-
63	-	9c	9k	-	12, 30b	11a	-	-	-
64	-	9d, 16d	-	-	31a	9	-	-	-
65	-	8a-c	9l	-	26a-b	-	-	-	-
66	-	-	-	-	32a	12a	-	-	-
67	-	14	9n	-	-	-	-	-	-
68	-	13	9m	-	29b	-	-	-	-
69	-	-	-	-	31b-c	11b-c	-	-	-
70	-	7k, 10b	14j	-	8e	-	-	-	-
71	15	-	12b	-	-	-	-	-	14a
72	-	7j, 10d	12d, 13f, 14i	-	8f	-	-	-	-
73	-	3f	-	-	4f	-	-	-	-
74	-	-	-	-	10	-	-	-	-
75	-	-	-	-	23a-e 23a-f	-	-	-	-
76	-	-	-	-	-	-	-	-	-
77	-	-	-	-	16c	-	-	-	-
78	21a-c 21a	-	-	11, 12	-	-	-	-	23a
79	-	-	-	-	-	-	-	-	-
Criterion number	AYE	FM	OT	CPI	HCP	SS	Adult E	Adult C	AYC
1	2	-	1a-c	-	-	-	-	-	9
2	11a-b	-	2b	-	-	-	-	-	11a-b
3	-	3a	13a	-	4a, 25	6a	-	-	-
4	-	-	13h	-	15a	-	-	-	-
5	-	-	-	-	34	-	-	-	-
6	8, 17a-b	-	-	16b-c, -	20	-	-	-	26a-b

7	-	-	-	-	35c-e	-	-	-	30
8	9, 10, 27b, 28b, 28e, 29c, 30c, 31 33c	-	-	-	-	-	-	-	27, 33c 34b, 34e, 35c-d 36c, 37 39c
9	25a-b, 26a-b 27a, 28a, 28c-d, 29a-b, 30a-b, 32, 33a-b	-	-	-	-	-	-	-	31a-b, 32, 33a-b, 34a, 34c-d, 35a-b, 36a-b, 38, 39a-b
10	-	5, 6a-f, 6a-g	16a-f 16a-g	-	2	-	-	-	-
11	-	17a-b	-	-	5	-	-	-	-
12	-	3d, 4a	13d	-	4d, 24	-	-	-	-
13	-	7a	6l, 11a-v	-	-	-	-	-	-
14	-	3c, 3e 4a	13c, 13e	-	4c, 4e	5, 6b-d	-	-	-
15	14a, 15 16	10a-d	12a-d	-	24	-	-	-	14b, 15
16	-	7p-q	9j, 14o-p	-	-	7, 8	-	-	-
17	17j-k, 18b	-	-	5a-e, 6b-c, 8 9, 10	21a-c, 21e	-	-	-	16, 17a 21b
18	17c-i	-	-	13a-g	7a-v, 22a-g	-	-	-	-
19		-	-	-	-	-	-	-	14c, 16, 17a 21b
20	-	-	-	-	-	-	-	-	-
21	17o	-	-	-	-	-	-	-	19
22	-	7g-i, 17e	2a, 2d-e, 2c 4, 5a-b, 14f-h	-	11a-c	10a-d	-	-	-

23	-	15a, 18c	9c, 15c	-	-	-	-	-	-
24	-	15c, 17d	3a-i	-	-	-	-	-	12d
25	-	15b, 18c	15c	-	-	-	-	-	-
26	-	7e, 11a-e	8a-d, 10b-g,	-	8g, 9	17	-	-	-
27	-	-	-	-	13, 14	13	-	-	-
28	19	-	6p-r 7a-t 7a-s	-	28a	-	-	-	24
29	20	-	6a-k 6m-o 6s-t 6a-o 6s-t	-	28b	-	-	-	25
30	4, 12c, 17m	-	10a-g	2, 3, 4 6a, 7, 9 10, 15	21d, 21g-k	16	7c, 8b	-	6b, 12c 17b, 18a
31	12a-b	-	-	-	-	-	-	-	12a-b
32	19, 20	-	-	-	-	-	-	-	24, 25
33	4, 12c, 17l, 17n	-	-	-	-	-	-	-	6b, 12c 18b
34	12d-e, 13a-c	-	-	-	-	-	-	-	12d-e 12d 13a-c
35	12d-e, 13a-c	18a 18b	15a	-	-	-	-	-	-
36	-	16a	-	-	-	-	-	-	-
37	-	3b	13b	-	4b, 19	-	-	-	-
38	-	-	9h	-	17a	-	-	-	-
39	-	-	-	-	18	-	3a-c	3a-b	-
40	-	-	9f	-	35b	-	-	-	-
41	-	-	9g	-	35a	-	4a-c	4a-c	-
42	5	-	-	-	-	-	5a, 6a-h 6a-i	1b, 2a, 5a-h 5a-i	5b
43	-	18d	15d	-	6	-	-	-	-
44	-	7b, 16c	14a	-	8a	-	-	-	-
45	-	7c-d 18b	9d, 14b-c, 15b	-	8b-c	-	-	-	-

46	24, 8 29d	-	-	16a	3a-v 3a-w	-	-	-	29, 35d
47	22b	-	-	17a-b	-	-	-	-	22b
48	7	-	-	-	-	-	-	-	10, 22b 29
49	-	19b	-	-	-	-	-	-	-
50	-	7f	14e	-	8d	-	-	-	-
51	-	7m-n	14l-m	-	-	-	-	-	-
52	-	9a-b	-	-	16a	-	-	-	-
53	-	17c	13i	-	15b	-	-	-	-
54	17o-p	-	-	14, 16d-k,	21f	-	-	-	19, 20a
55	23b	-	-	-	-	-	-	-	28b
56	23a	-	-	-	16b	-	-	-	28a
57	17q	-	-	-	-	-	-	-	20b
58	-	12	9a-b	-	29a	14, 15	-	-	-
59	-	3g, 4b	13g	-	4g	-	-	-	-
60	-	7l	9i, 14k	-	30a	-	-	-	-
61	-	4c, 9e	-	-	-	-	-	-	-
62	-	7o, 17f	14n	-	-	-	-	-	-
63	-	9c	9k	-	12, 30b	11a	-	-	-
64	-	9d, 16d	-	-	31a	9	-	-	-
65	-	8a-c	9l	-	26a-b	-	-	-	-
66	-	-	-	-	32a	12a	-	-	-
67	-	14	9n	-	-	-	-	-	-
68	-	13	9m	-	29b	-	-	-	-
69	-	-	-	-	31b-c	11b-c	-	-	-
70	-	7k, 10b	14j	-	8e	-	-	-	-
71	15	-	12b	-	-	-	-	-	14a
72	-	7j, 10d	12d, 13f, 14i	-	8f	-	-	-	-
73	-	3f	-	-	4f	-	-	-	-
74	-	-	-	-	10	-	-	-	-
75	-	-	-	-	23a-e 23a-f	-	-	-	-
76	-	-	-	-	-	-	-	-	-
77	-	-	-	-	16c	-	-	-	-
78	21a-c 21a	-	-	11, 12	-	-	-	-	23a
79	-	-	-	-	-	-	-	-	-
Criterion number	AYE	FM	OT	CPI	HCP	SS	Adult E	Adult C	AYC

1	2	-	1a-c	-	-	-	-	-	9
2	11a-b	-	2b	-	-	-	-	-	11a-b
3	-	3a	13a	-	4a, 25	6a	-	-	-
4	-	-	13h	-	15a	-	-	-	-
5	-	-	-	-	34	-	-	-	-
6	8, 17a-b	-	-	16b-c, -	20	-	-	-	26a-b
7	-	-	-	-	35c-e	-	-	-	30
8	9, 10, 27b, 28b, 28e, 29c, 30c, 31 33c	-	-	-	-	-	-	-	27, 33c 34b, 34e, 35c-d 36c, 37 39c
9	25a-b, 26a-b 27a, 28a, 28c-d, 29a-b, 30a-b, 32, 33a-b	-	-	-	-	-	-	-	31a-b, 32, 33a-b, 34a, 34c-d, 35a-b, 36a-b, 38, 39a-b
10	-	5, 6a-f, 6a-g	16a-f 16a-g	-	2	-	-	-	-
11	-	17a-b	-	-	5	-	-	-	-
12	-	3d, 4a	13d	-	4d, 24	-	-	-	-
13	-	7a	6l, 11a-v	-	-	-	-	-	-
14	-	3c, 3e 4a	13c, 13e	-	4c, 4e	5, 6b-d	-	-	-
15	14a, 15 16	10a-d	12a-d	-	24	-	-	-	14b, 15
16	-	7p-q	9j, 14o-p	-	-	7, 8	-	-	-
17	17j-k, 18b	-	-	5a-e, 6b-c, 8 9, 10	21a-c, 21e	-	-	-	16, 17a 21b
18	17c-i	-	-	13a-g	7a-v, 22a-g	-	-	-	-
19	-	-	-	-	-	-	-	-	14c, 16, 17a 21b

20	-	-	-	-	-	-	-	-	-
21	17o	-	-	-	-	-	-	-	19
22	-	7g-i, 17e	2a, 2d-e, 2c 4, 5a-b, 14f-h	-	11a-c	10a-d	-	-	-
23	-	15a, 18c	9c, 15c	-	-	-	-	-	-
24	-	15c, 17d	3a-i	-	-	-	-	-	12d
25	-	15b, 18c	15c	-	-	-	-	-	-
26	-	7e, 11a-e	8a-d, 10b-g,	-	8g, 9	17	-	-	-
27	-	-	-	-	13, 14	13	-	-	-
28	19	-	6p-r 7a-t 7a-s	-	28a	-	-	-	24
29	20	-	6a-k 6m-o 6s-t 6a-o 6s-t	-	28b	-	-	-	25
30	4, 12c, 17m	-	10a-g	2, 3, 4 6a, 7, 9 10, 15	21d, 21g-k	16	7c, 8b	-	6b, 12c 17b, 18a
31	12a-b	-	-	-	-	-	-	-	12a-b
32	19, 20	-	-	-	-	-	-	-	24, 25
33	4, 12c, 17l, 17n	-	-	-	-	-	-	-	6b, 12c 18b
34	12d-e, 13a-c	-	-	-	-	-	-	-	12d-e 12d 13a-c
35	12d-e, 13a-c	18a 18b	15a	-	-	-	-	-	-
36	-	16a	-	-	-	-	-	-	-
37	-	3b	13b	-	4b, 19	-	-	-	-
38	-	-	9h	-	17a	-	-	-	-
39	-	-	-	-	18	-	3a-c	3a-b	-
40	-	-	9f	-	35b	-	-	-	-
41	-	-	9g	-	35a	-	4a-c	4a-c	-

42	5	-	-	-	-	-	5a, 6a-h 6a-i	1b, 2a, 5a-h 5a-i	5b
43	-	18d	15d	-	6	-	-	-	-
44	-	7b, 16c	14a	-	8a	-	-	-	-
45	-	7c-d 18b	9d, 14b-c, 15b	-	8b-c	-	-	-	-
46	24, 8 29d	-	-	16a	3a-v 3a-w	-	-	-	29, 35d
47	22b	-	-	17a-b	-	-	-	-	22b
48	7	-	-	-	-	-	-	-	10, 22b 29
49	-	19b	-	-	-	-	-	-	-
50	-	7f	14e	-	8d	-	-	-	-
51	-	7m-n	14l-m	-	-	-	-	-	-
52	-	9a-b	-	-	16a	-	-	-	-
53	-	17c	13i	-	15b	-	-	-	-
54	17o-p	-	-	14, 16d-k,	21f	-	-	-	19, 20a
55	23b	-	-	-	-	-	-	-	28b
56	23a	-	-	-	16b	-	-	-	28a
57	17q	-	-	-	-	-	-	-	20b
58	-	12	9a-b	-	29a	14, 15	-	-	-
59	-	3g, 4b	13g	-	4g	-	-	-	-
60	-	7l	9i, 14k	-	30a	-	-	-	-
61	-	4c, 9e	-	-	-	-	-	-	-
62	-	7o, 17f	14n	-	-	-	-	-	-
63	-	9c	9k	-	12, 30b	11a	-	-	-
64	-	9d, 16d	-	-	31a	9	-	-	-
65	-	8a-c	9l	-	26a-b	-	-	-	-
66	-	-	-	-	32a	12a	-	-	-
67	-	14	9n	-	-	-	-	-	-
68	-	13	9m	-	29b	-	-	-	-
69	-	-	-	-	31b-c	11b-c	-	-	-
70	-	7k, 10b	14j	-	8e	-	-	-	-
71	15	-	12b	-	-	-	-	-	14a
72	-	7j, 10d	12d, 13f, 14i	-	8f	-	-	-	-
73	-	3f	-	-	4f	-	-	-	-
74	-	-	-	-	10	-	-	-	-

75	-	-	-	-	23a-e 23a-f	-	-	-	-
76	-	-	-	-	-	-	-	-	-
77	-	-	-	-	16c	-	-	-	-
78	21a-c 21a	-	-	11, 12	-	-	-	-	23a
79	-	-	-	-	-	-	-	-	-

QUALITY MEASUREMENT TOOLS

ADOLESCENT AND YOUTH CLIENT EXIT INTERVIEW TOOL

FACE SHEET

Participant code:			
Facility name:		Code	
Facility address:			
Community:			
District:			
Sub-district:			
Region:			
Date of interview:	/	/	
Result of interview:			
Time interview began:	/	/	

INTRODUCTION and CONSENT

CONSENT FORM FOR PARENT(S)/GUARDIAN(S) ACCOMPANYING ADOLESCENTS/YOUTHS LESS THAN 18 YEARS OF AGE

Hello,

This is the Ghana Health Service. We are conducting an assessment of the quality of health care provided to adolescents/youths in this facility. We are interested in your daughter's/son's/ward's opinions, and we would like her/him to answer a few questions about her/his experience using this health facility. This information will help to improve the quality of health services for youth. This interview will take about 25-30 minutes. S/he will not enter her/his name, and all the information s/he provides will be kept strictly confidential, and not shared with anyone else who is not part of the study.

His/her participation in this survey totally depends on you and her/him. If you wish you may refuse to give permission for your daughter/son/ward to participate in the survey. If you decide your daughter/son/ward should not participate, it will not affect her/his access to services at this or any other health facility in any way. However, we do hope you will allow her/his participation in order to assist in the efforts to improve the quality of health care services to youth.

The parent/guardian has given permission

Yes		No	
-----	--	----	--

Consent/Assent form for adolescent/youth client

Hello,

This is the Ghana Health Service. We are conducting an assessment of the quality of health care provided to adolescents/youths in this facility. We are interested in your opinions, and we would be happy to have you share your experience about using this health facility. For this, we would like you to answer a few questions. This information will help to improve the quality of health services for youth. This interview will take about 25-30 minutes. Please do not enter your name, and all the information you provide will be kept strictly confidential, and not shared with anyone else who is not part of the study.

Your participation in this survey totally depends on you (and your parent/guardian if assent is being sought). If you wish you may refuse to participate. If you decide not participate, it will not affect your access to services at this or any other health facility in any way. However, we do hope you will agree to participate in order to assist in the improvement of health care services to youth.

The adolescent/youth has given permission

Yes		No	
-----	--	----	--

ADOLESCENT/YOUTH CLIENT EXIT INTERVIEW TOOL

Question no.	Criterion number	Questions for the adolescent and youth client exit interview	Response and code	Comments
1	-	Is this your first visit to this facility?	First.....2 Repeat.....3	
2	1	Did you notice any signpost that shows the operating hours and days of the facility in a language that you understand?	Yes1 No0	
3	-	Today, if someone accompanied you, could you tell me who it was?	I came alone A Parent/guardian .. B SiblingC SpouseD Friend.....E Other (specify).....F	If 'A' skip to Q 5
4	30, 33	If came accompanied by another person, did you have some time alone with the health care provider?	YesA No.....B	
5	42	Does your guardian (parent/spouse/ in-laws/other) support your use of this health facility	Yes.....A NoB Don't knowC	
6	-	Today, for which services did you come to this facility?	_____	
7	48	Today, did you receive the services for which you came?	YesA No.....B	
8	6	Did anybody tell you, today or on other occasions, what other services you can obtain at this facility?	YesA NoB	If No, skip to Q 10
9	8	Could you tell me which other services are provided to adolescents/youths at this facility? (Probe to see whether s/he can mention some services by asking 'any other' after s/he mentions a service till s/he is unable to mention any other).	YesA NoB Physical and pubertal development A Menstrual hygiene/ Problems B Nutrition C Anaemia D	

				Immunisation E STIs F HIV G Oral contraceptive pills H Condoms I IUD J EC K Implants L Injectables M Antenatal care N Delivery services .. O Postpartum care ... P Safe abortion Q Post-abortion care.R DermatologicalS Mental healthT Substance use U ViolenceV Injuries W Fever X Diarrhoea Y Malaria Z Tuberculosis ZZ NCDs.....ZZZ Other (specify).ZZZZ	Code 'Yes' if at least 2 other services are named apart from the service for which s/he came
10		8	If one day, you needed services that are not provided at this facility, would you know where to go or from whom to ask?	Yes 1 No 0	
11	a.	2	Did you see informational materials for youth, including video or TV in the waiting area?	Yes..... 1 No 0	If 'No' skip to Q 12
	b.	2	Did the informational materials please you?	Yes 1 No 0 Don't know 8	
12			Today, when you visited this facility, did you find that it has:		
	a.	31	Working hours and days that are convenient for you?	Yes 1 No 0	
	b.	31	It took at most 30 minutes from the time you entered the facility, received the service and exited the facility?	Yes 1 No..... 0	Code 'yes' if waiting time was at most 30 minutes

	c.	30, 47	Curtains/blinds in doorways and on windows so that nobody can see you during the examination?	Yes 1 No 0	
	d.	34	Comfortable seating in the waiting area?	Yes 1 No 0	
	e.	34	Drinking water available?	Yes 1 No 0	
13			Were the following sufficiently clean:		
	a.	34	Surroundings?	Yes 1 No 0	
	b.	34	Consultation areas?	Yes 1 No 0	
	c.	34	Toilets, that were functional?	Yes 1 No 0	
14	a.	15	Have you seen a display with adolescent and youth rights?	Yes 1 No 0	
	b.	19	Can you tell me what your rights in health care are? (Probe for additional answers)	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 options provided
15		15, 71	Have you seen a display which mentions that services will be provided to all youth without discrimination?	Yes 1 No 0	
16		15	Have you seen a display of the confidentiality policy?	Yes 1 No 0	
17			Today, during your consultation or counselling session:		
	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 any service provider inform you about the services available?	Yes1 No0	
	c.	18	Did any service provider ask you questions about your home and your relationships with adults?	Yes1 No 0	
	d.	18	Did any service provider ask you questions about school?	Yes1 No0	
	e.	18	Did any service provider ask you questions about your eating habits?	Yes1 No0	
	f.	18	Did any service provider ask you questions about sports or other physical activity?	Yes1 No0	
	g.	18	Did any service provider ask you questions about sexual relationships?	Yes1 No0	
	h.	18	Did any service provider ask you questions about smoking, alcohol or other substances?	Yes1 No0	
	i.	18	Did any service provider ask you questions about how happy you feel, or other questions about your mood or mental health?	Yes1 No0	
	j.	17, 19	Did the service providers treat you in a friendly manner?	Yes1 No0	
	k.	17, 19	Was the service provider respectful to your needs?	Yes 1 No 0	
	l.	33	Did anyone else enter the room or space during your consultation?	Yes1 No0	
	m.	30	Did the service provider assure you at the beginning of the consultation that your information will not be shared with anyone without your permission?	Yes1 No0	
	n.	33	Do you feel confident that the information you shared with the service providers today will not be disclosed to anyone else without your consent?	Yes1 No0 Don't know 8	
	o.	21, 54	Do you feel that the health information provided during the consultation was clear and that you understood it well?	Yes1 No0 Don't know 8	
	p.	54	Did the provider ask you whether you are comfortable with the treatment/procedure/solution that was proposed?	Yes1 No0 Don't know 8	
	q.	57	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 heard and upheld?	Yes 1 No 0 Don't know..... 8	

18	a.		Today, did you have any contact with any support staff (receptionist, cleaner or security staff) ?	Yes1 No0	If 'No' skip to Q 19
	b.	17, 19	Did you feel that all support staff were friendly and treated you with respect?	Yes1 No0	
19		28, 32	Today, did you fail to get a service because of a lack or shortage of medicines and/or other materials ?	Yes1 No0 Don't know 8	
20		29, 32	Today, did you fail to get a service because of a lack or shortage of equipment, or because of malfunctioning equipment?	Yes1 No0 Don't know 8	
21	a.	78	Today, were you denied necessary services at this facility?	Yes1 No0 Don't know 8	If 'No' or 'Don't know' skip to Q 22
	b.	78	If yes, what do you think was the reason for the denial?	Age below 18 A Unmarried B Not in school C Not in employment D Not in training E Unavailable at this facility F Inability to pay G The condition requires referral ... H Disability..... I Other (specify) J Don't know 8	
	c.	78	Which services were you denied?	Physical and pubertal development A Menstrual hygiene/ Problems B Nutrition C Anaemia D Immunisation E STIs F HIVG Oral contraceptive pillsH Condoms I IUD J EC K Implants L Injectables M Antenatal care N Delivery services .. O Postpartum care ... P Safe abortion Q Post-abortion care..... R	

				DermatologicalS Mental healthT Substance use U Violence V Injuries W Fever X Diarrhoea Y Malaria Z TuberculosisZZ NCDs.....ZZZ Other (specify).....ZZZZ	
22	a.	-	Today has any service provider referred you to another health facility for services not provided here?	Yes1 No0	If 'No' skip to Q 23
	b.	47	Did the provider give you a detailed referral note (stating the health condition, the address and working hours of the referral facility, and the cost of services)?	Yes1 No0 Don't know 8	
23	a.	56	Today, or on other occasions, have you and/or your friends ever been approached to help staff in working with youth at this health facility?	Yes1 No0 Don't know 8	
	b.	55	Today, or on other occasions, have you and/or your friends ever been invited to assist 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?	Yes1 No0 Don't know 8	
24		46	Have you ever received information, counselling or health services in the community setting (for example in schools, clubs, community durbars/meetings or any other)?	Yes1 No0 Don't know 8	
25	a.	9	What do you know about anaemia? (Probe for additional responses)	Nothing 0 Satisfactory answer (yes) 1 Less haemoglobin/ blood A It leads to weakness/ Tiredness B Loss of appetite C Repeated illness D Slow growth and stunting E Other (specify) F	Code 'yes' if at least 2 items from the options are named

	b.	9	Do you know how to prevent anaemia?	Yes1 No0 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 (specify) H	Code 'yes' if at least 2 items from the options are named
26	a.	9	Can you name any health or other consequences of getting married very young (under 18) ? Probe for additional responses Can you name any health consequences of having a baby at a young age? Probe for additional responses	Yes1 No0 Dropping out of school A Early childbirth B More prone to STIs ... C Other (specify) D Yes 1 No 0 Anaemia A Babies with low birth weight ... B Death of the mother C Difficult labour.D Preterm birth.. E Death of the baby F	Code 'yes' if at least 2 items from the options are named Yes 1 No 0 Anaemia A Babies with low birth weight ... B Death of the mother C Difficult labour.D Preterm birth.. E Death of the baby F
	b.	9		Difficult labour D Preterm birth E Death of the baby F Maternal depressionG Other (specify) H	Maternal depressionG Other (specify) H
27	a.	9	Do you know the minimum number of check-ups a pregnant woman should get in Ghana?	Correct answer 1 Doesn't know or incorrect answer 0	For Ghana it is 8 visits

	b.	8	<p>Do you know where an adolescent girl or young woman can go for such check-ups?</p> <p>(Probe additional responses)</p>	<p>Correct answer 1</p> <p>Doesn't know or incorrect answer ... 0</p> <p>Government hospital A</p> <p>Adolescent clinic ... B</p> <p>Health centre C</p> <p>CHPS compound ... D</p> <p>Maternity home E</p> <p>Private hospital F</p> <p>Private clinic G</p> <p>TBA.....H</p> <p>Other (specify) I</p>	Code 'correct answer' if at least 1 type of facility in line with national policy is mentioned
28	a.	9	<p>Can you name any family planning methods or methods one can use to avoid pregnancy?</p> <p>(Probe for additional responses)</p>	<p>Yes 1</p> <p>No 0</p> <p>Condoms A</p> <p>Oral contraceptive pills B</p> <p>EC pills C</p> <p>IUDs D</p> <p>Injectables E</p> <p>Implants F</p> <p>Abstinence G</p> <p>LAM H</p> <p>Standard Days Method I</p> <p>Withdrawal J</p> <p>Others (specify) K</p>	<p>If 'no' skip to Q 29</p> <p>Code 'yes' if at least 3 methods from the options, with at least 2 modern methods are named</p>
	b.	8	<p>Do you think you could get (name of one modern method) if you needed it?</p> <p>(Ask only if at least one modern method is mentioned)</p>	<p>Yes 1</p> <p>No 0</p> <p>Don't know 8</p>	
	c.	9	<p>Have you heard about emergency contraceptive pills?</p> <p>(Ask if EC pills were not mentioned in Q 28a)</p>	<p>Yes 1</p> <p>No 0</p>	<p>If 'No' skip to Q 29</p>

	d.	9	Do you know what they are used for?	Yes 1 No 0 Stopping a pregnancy from happening 1 Other (specify) 10	
	e.	8	Do you think you could get them if you needed them?	Yes 1 No 0	
29	a.	9	Have you heard about condoms?	Yes 1 No 0	If 'No' skip to Q 30
	b.	9	Can you tell why a condom is used? (If 'yes' probe for additional responses)	Yes 1 No 0 For contraception/ pregnancy prevention A Preventing HIV or other STIs B Other (specify) C	Code 'yes' if both pregnancy and STI prevention are mentioned
	c.	8	If you or your friends needed a condom, can you tell me where you could get one?	Yes 1 No 0 Shop A Pharmacy B Government hospital/ clinic/family planning centre/ CHPS C Adolescent clinic ... D Private hospital/ clinic /family planning centre E Community volunteer F Chemical shop G Midwife H Other (specify) I	Code 'yes' if at least one place is mentioned
	d.	8	Do you feel you could get a condom if you needed one?	Yes 1 No 0 Don't know 8	
30	a.	9	Have you heard about HIV/AIDS?	Yes 1 No 0	If 'No' skip to Q 31

	b.	9	Could you please answer the following questions on HIV/AIDS?	Yes 1 No 0 Can the risk of HIV/AIDS transmission be reduced by having sex with only one uninfected partner who has no other partners? A Can a person reduce the risk of HIV/AIDS by using a condom every time s/he has sex? B Can a healthy looking person have HIV/AIDS C Can a person get HIV/AIDS from mosquito bites D Can a person get HIV/AIDS by sharing food with someone who has HIV / AIDS? E	Code 'yes' if all five questions are answered correctly. If 'No' go to Q 30c
	c.	8	If you want to get tested for HIV/AIDS, would you be able to get tested?	Yes 1 No 0 Don't know 8	
31		8	If a young lady in your locality had an unintended pregnancy, would she know where to go for medical advice?	Yes 1 No 0 Don't know 8	
32		9	Do you know what care a woman of reproductive age should take each month during her menstrual cycle? (Probe for additional answers if response is 'yes')	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 pads .. F Safely dispose off the used sanitary pads . G	

33	a.	9	Have you ever heard of diseases that can be transmitted through sexual intercourse?	Yes 1 No 0	If 'No' skip to Q 34
	b.	9	Do you know any symptoms of sexually transmitted infections?	Yes 1 No 0 Abdominal pain (only in women) A Genital discharge... B Foul smelling discharge C Burning pain on urination D Genital ulcers/ sore .E Swelling in the groin area F Other (specify) G	
	c.	8	If a young person had these problems, would you know where s/he could go for check-up and treatment? (If 'yes,' probe for responses)	Yes 1 No 0 Self-treat A Traditional healer... B Adolescent clinic ... C Government health facility..... D Midwife E Private health facility F Faith-based healer.. H Other (specify) I	
34	a.	-	Do you have any ideas on how adolescents and youth could get more involved in planning, implementing, monitoring and evaluation of good quality health care and services in this community?	Yes 1 No 0	If 'No' end the interview with thanks.
	b.	-	Can you please share your ideas with us?		
END INTERVIEW WITH THANKS					

CONSENT FORM FOR THE HEALTH FACILITY MANAGER

Hello,

This is the Ghana Health Service. We are conducting an assessment of the quality of health care provided to adolescents/youths in this facility. We would like you to answer a few questions. This information will help to improve the quality of health services for youth. This interview will take about 25-30 minutes. Please do not enter your name, and all the information you provide will be kept strictly confidential, and not shared with anyone else who is not part of the study. This survey is anonymous and the data will not be seen by anyone not involved in the survey analysis.

Your participation in this review process is entirely voluntary. If you wish you may refuse to participate in the survey or decide not to answer some of the questions. However, we do hope you will agree to participate in order to assist in the improvement of health care services to youth.

The interviewee has agreed to participate

Yes 1		No. 2	
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HEALTH FACILITY MANAGER INTERVIEW TOOL

FACE SHEET

Interview code:			
Facility name:		Code:	
Facility address:			
Community:			
District:			
Sub-district:			
Region:			
Date of interview:			
Result of interview:			

Completed 1
 Partially completed 2
 Refused 3

Time interview began: ____: ____
 Hour Minute

Time ended: ____: ____
 Hour Minute

HEALTH FACILITY MANAGER INTERVIEW TOOL						
Question number	Criterion number	Questions for the adolescent and youth friendly health facility manager/in charge			Response and code	Comments
1		-	For how long 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 youth specifically?	a. Available Doctor Physician assistant Nurse Midwife Counsellor Outreach worker Support staff (specify)	b. Trained to provide health care services to adolescents and youths specifically Doctor Physician assistant Nurse Midwife Counsellor Outreach worker Support staff (specify)	
3		Could you tell me which of these components were covered by the training in adolescent and youth health?				
	a.	3	Communication skills to engage adolescents and the youth	Yes1 No0 Don't know 8		
	b.	37	Communication skills to engage adult visitors/ community members	YYes1 No0 Don't know 8		
	c.	14	The policy on privacy and confidentiality	Yes1 No0 Don't know 8		
	d.	12	Clinical case management	Yes1 No0 Don't know 8		
	e.	14	Orientation on the importance of respecting the rights of youth to information and health care that is provided in a respectful, non-judgemental and non-discriminatory manner	Yes1 No0 Don't know 8		
	f.	73	Policies and procedures to ensure free or affordable service provision	Yes1 No0 Don't know8	Yes1 No0 Don't know 8	
	g.	59	Data collection, analysis and use for quality improvement	Yes1 No0 Don't know 8		
4			Did you undergo any of the following trainings as facility manager?			

	a.	12, 14	Orientation in adolescent and youth-friendly health care	Yes1 No0 Don't know 8	
	b.	59	Training in quality improvement for adolescent and youth-friendly health care	Yes1 No0 Don't know 8	
	c.	61	Training in supportive supervision for adolescent and youth-friendly health care	Yes1 No0 Don't know 8	
5		10	Do you have job descriptions for each category of staff employed in your facility?	Yes1 No0 Don't know 8	If 'No' or 'Don't know' skip to Q 7
6			Do the job descriptions of your staff include a focus on adolescent and youth-friendly health care?		
	a.	10	Doctor	Yes1 No0 Don't know 8	
	b.	10	Physician assistant	Yes1 No0 Don't know 8	
	c.	10	Nurse	Yes1 No0 Don't know 8	
	d.	10	Midwife	Yes1 No0 Don't know 8	
	e.	10	Counsellor	Yes1 No0 Don't know 8	
	f.	10	Community health/Outreach worker	Yes1 No0 Don't know 8	
	g.	10	Other (specify)	Yes1 No0 Don't know 8	
7			Do you have any of the following guidelines/SOPs in your facility?		
	a.	13	Clinical case management guidelines or job aids/ algorithms for adolescent and youth-friendly health care	Yes1 No0	
	b.	44	SOPs for which services should be provided at the facility and which in the community	Yes1 No0	
	c.	45	Referral guidelines	Yes1 No0	
	d.	45	Policy/SOPs for a planned transition from paediatric to adult care	Yes1 No0	
	e.	26	Guidelines/SOP on protecting the privacy and confidentiality of adolescents and the youth	Yes1 No0	
	f.	50	Guidelines/SOPs on informed consent and assent	Yes1 No0	

	g.	22	Guidelines/SOPs with staff responsibilities on making the health facility welcoming, convenient and clean	Yes1 No0	
	h.	22	SOPs on how to minimise the waiting time for adolescents and the youth	Yes1 No0	
	i.	22	SOPs on how to provide services to adolescents and youths with, or without an appointment	Yes1 No0	
	j.	72	Guidelines/SOPs on how to provide free or affordable services to adolescents and the youth	Yes1 No0	
	k.	70	Guidelines/SOPs on how to provide equitable services to all youth irrespective of their ability to pay, age, sex, marital status and other characteristics	Yes1 No0	
	l.	60	Guidelines/SOPs on self-monitoring of the quality of care provided to adolescents and the youth	Yes1 No0	
	m.	51	SOPs on how to involve adolescents and the youth in the planning, implementation, monitoring and evaluation of health services and service provision	Yes1 No0	
	n.	51	SOPs on how to involve vulnerable youth in the planning, monitoring and evaluation of health services and service provision	Yes1 No0	
	o.	62	Guidelines/SOPs on how to reward and recognise highly performing staff	Yes1 No0	
	p.	19	Guidelines/SOPs on supportive supervision in adolescent and youth-friendly health care	Yes1 No0	
	q.	19	Tools for supportive supervision in adolescent and youth-friendly health care	Yes1 No0	
8			Do you regularly conduct supportive supervision visits with a focus on adolescent and youth-friendly health care: ?		
	a.	65	To facility health care providers?	Yes1 No0	
	b.	65	To support staff	Yes1 No0	
	c.	65	To outreach workers?	Yes1 No0	

9			Does your facility regularly conduct self-assessments ?		
	a.	52	To identify adolescent and youth expectations about the services in the facility?	Yes 1 No 0	
	b.	52	To document adolescent and youth experience with health care services and providers	Yes 1 No 0	
	c.	63	To assess the quality of health care services?	Yes 1 No 0	
	d.	64	To establish action plans for improvements?	Yes 1 No 0	
	e.	61	To inform priorities for supportive supervision?	Yes 1 No 0	
10			Do you have the following information items displayed in the facility ?		
	a.	15	The rights of adolescents and the youth to information, non-judgemental attitude and respectful care?	Yes 1 No 0	
	b.	15, 70	The policy commitment of the health facility to provide health services to all adolescents and the youth without discrimination, and to take remedial actions, if necessary	Yes 1 No 0	
	c.	15	The policy on confidentiality and privacy?	Yes 1 No 0	
	d.	15, 72	The policy on free or affordable service provision for adolescents and the youth?	Yes 1 No 0	
11			In your facility, are the following procedures established to ensure privacy, confidentiality and security of medical information ?		
	a.	26	Information on the identity of the adolescent/ youth, and the presenting issue are gathered confidentially during registration	Yes 1 No 0	
	b.	26	Staff do not disclose any information given to or received from an adolescent or youth to third parties, such as family members, school teachers or employers, without the adolescent's/youth's consent	Yes 1 No 0	
	c.	26	Case records are kept in a secure place, accessible only to authorised personnel	Yes 1 No 0	
	d.	26	Measures are implemented to prevent unauthorised access to electronically stored information	Yes 1 No 0	
	e.	26	To maintain privacy during the consultation, there are curtains/blinds on windows and in doorways, and a screen separating the consultation area from the examination area	Yes 1 No 0	
12		58	Is there a system in place at the facility to collect data on cause-specific service utilization by youth that are aggregated by age and sex?	Yes 1 No 0	
13		68	Do facility reports to the district/region include data on cause-specific service utilisation by youth that are aggregated by age and sex?	Yes 1 No 0	

14		67	Do facility reports to the district/region on quality of care have a focus on adolescents/youths?	Yes 1 No 0	
15			Do you ensure that there are systems in place for:		
	a.	23	Procurement and stock management of the medicines and supplies necessary to deliver the required package of services to adolescents/youths?	Yes 1 No 0	
	b.	25	Procurement, inventory, maintenance and safe use of the equipment necessary to deliver the required package of services to adolescents/youth?	Yes 1 No 0	
	c.	24	Basic amenities (electricity, water, sanitation and waste disposal)?	Yes 1 No 0	
16	a.	36	To inform adults, when they visit the health facility, during community meetings and through community organisations, about the value of providing services to adolescents/youths.	Yes 1 No 0	
	b.	5	To inform youth in the community (in schools, clubs, community meetings) about their health, and the services available?	Yes 1 No 0	
	c.	44	For provision of health services to adolescents/youth in community settings?	Yes 1 No 0	
	d.	63	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 a budget to ensure:		
	a.	11	Continuous professional education activities in adolescent/youth-friendly health care for facility staff?	Yes 1 No 0	
	b.	11	Training of outreach staff in adolescent/youth-friendly health care?	Yes 1 No 0	
	c.	53	Training of youth in the provision of certain services such as peer health education and counselling?	Yes 1 No 0	
	d.	24	Maintaining basic amenities of the facility in good condition?	Yes 1 No 0	
	e.	22	Keeping the facility welcoming and clean?	Yes 1 No 0	
	f.	62	Rewarding highly performing staff?	Yes 1 No 0	
18			Do you have at hand, updated lists of:		

	a.	35	Agencies and organisations the facility partners with to increase community support for adolescent/youth use of the services?	Yes 1 No 0	
	b.	35	Organisations from the health and other sectors, for example social, recreational, and legal sectors, that provide services to adolescents/youths in your catchment area?	Yes 1 No 0	
	c.	23, 25	Medicines, supplies and necessary equipment?	Yes 1 No 0	
	d.	43	Services included in the package of information, counselling, treatment and care services that are to be provided to adolescents/youths?	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	If 'No' end interview with thanks
	b.	49	Does this structure/board include youth?	Yes 1 No 0	
End interview with thanks					

HEALTH FACILITY MANAGER INTERVIEW TOOL

FACE SHEET

Facility code:			
Facility name:		Code:	
Facility address:			
Community:			
District:			
Sub-district:			
Region:			
Date of interview:			
Result of interview:			

Completed 1

Partially completed 2

Refused 3

Time interview began: ____: ____
Hour Minute

Time ended: ____: ____
Hour Minute

Have you obtained permission from the Facility Manager?

Question		Criterion	Quality assessment questions	Observation & Code	Comments
1	a.	1	Is there a signboard that mentions the facility operating hours and days?	Yes1 No0	If 'No' skip to Q 2
	b.	1	Is it clearly visible?	Yes1 No0	
	c.	1	Does it mention hours and days for adolescent and youth-friendly clinics?	Yes1 No0	
2		Does the waiting area:			
	a.	22	Have adequate and comfortable seating?	Yes1 No0	
	b.	2	Have social and behavioural change communication materials especially developed for adolescents/ youth?	Yes1 No0	
	c.	24	Have drinking water?	Yes1 No0	
	d.	22	Seem welcoming overall?	Yes1 No0	
	e.	22	Seem clean overall?	Yes1 No0	
3		Check for basic amenities.			
	a.	24	Is there a functional toilet?	Yes1 No0	
	b.	24	Does the toilet have functioning hand hygiene facilities?	Yes1 No0	
	c.	24	Is the toilet clean?	Yes1 No0	
	d.	24	Does the toilet have a disposal bin?	Yes1 No0	
	e.	24	Does the facility have permanent electricity or power supply during working hours?	Yes1 No0	
	f.	24	Does the facility have general waste disposal?	Yes1 No0	
	g.	24	Does the facility have safe storage and disposal of clinical waste and potentially infectious waste that requires special disposal – such as disposal of equipment that may have come in contact with body fluids?	Yes1 No0	
	h.	24	Does the facility have safe storage and disposal of sharps?	Yes1 No0	
	i.	24	Does the facility have adequate hand hygiene facilities that are located in or adjacent to the office/ examination room?	Yes1 No0	
4	j.	22	Are the surroundings of the facility clean?	Yes1 No0	

5	Does the facility furniture seem adequate:				
	a.	22	Regarding quantity?	Yes1 No0	
	b.	22	Regarding state of repair?	Yes1 No0	
6	Does the facility have the following equipment/materials/supplies ?				
	a.	29	Blood pressure measurement equipment machine	Yes1 No0	
	b.	29	Binaural adult stethoscope	Yes1 No0	
	c.	29	Monaural foetal stethoscope	Yes1 No0	
	d.	29	Pregnancy test strips/kit	Yes1 No0	
	e.	29	Clinical thermometer	Yes1 No0	
	f.	29	Adult weighing scales	Yes1 No0	
	g.	29	Measuring tape	Yes1 No0	
	h.	29	Light source, for example a flash light	Yes1 No0	
	i.	29	Refrigerator	Yes1 No0	
	j.	29	Haemoglobinometer	Yes1 No0	
	k.	29	Test strips for urine, 10 parameter	Yes1 No0	
	l.	29	BMI growth charts for youth	Yes1 No0	
	m.	29	Height meter	Yes1 No0	
	n.	29	Ophthalmoscope	Yes1 No0	
	o.	29	Otoscope set	Yes1 No0	
	p.	28	Latex gloves	Yes1 No0	
	q.	28	Single-use standard disposable or auto-disposable syringes	Yes1 No0	
	r.	28	Soap or alcohol-based hand rub for hand hygiene	Yes1 No0	

	s.	29	Communication equipment (phone or shortwave radio)	Yes1 No0	
	t.	29	Computer with email/internet access	Yes1 No0	
7	Check the minimum levels of stock for the following medicines and supplies in the facility:1				
	a.	28	Condoms	Yes1 No0	
	b.	28	Oral contraceptives	Yes1 No0	
	c.	28	Emergency contraceptive pills	Yes1 No0	
	d.	28	Injectable contraceptives	Yes1 No0	
	e.	28	Contraceptive implants	Yes1 No0	
	f.	28	Intravenous fluids	Yes1 No0	
	g.	28	Paracetamol	Yes1 No0	
	h.	28	Amoxicillin	Yes1 No0	
	i.	28	Atenolol	Yes1 No0	
	j.	28	Ceftriaxone	Yes1 No0	
	k.	28	Ciprofloxacin	Yes1 No0	
	l.	28	Cotrimoxazole suspension	Yes1 No0	
	m.	28	Diclofenac	Yes1 No0	
	n.	28	Glibenclamide	Yes1 No0	
	o.	28	Omeprazole	Yes1 No0	
	p.	28	Salbutamol	Yes1 No0	
	q.	28	Diazepam	Yes1 No0	
	r.	28	Magnesium sulphate	Yes1 No0	

	s.	28	Vaccines (IPV)	Yes1 No0	
	t.	28	IUDs	Yes1 No0	
8	Check for visual and auditory privacy features:				
	a.	26	There are curtains/blinds on the windows and in the doorways	Yes1 No0	
	b.	26	Communication between reception staff and clients is private and cannot be overheard, including from the waiting room/area	Yes1 No0	
	c.	26	In the offices/examining rooms, there is a screen to separate the examination area from the consultation area.	Yes1 No0	
	d.	26	No one can see or hear an adolescent/youth client from the outside during the consultation or counselling sessions	Yes1 No0	
9	Check to see the following registers, tools and records:				
	a.	58	The register on service utilisation has data disaggregated by age and sex so that cause-specific service utilisation by adolescent/youth males and females can be extracted	Yes1 No0	
	b.	58	The reporting forms have a format that allows the presentation of data disaggregated by age and sex	Yes1 No0	
	c.	23	Stock of medicines and supplies register	Yes1 No0	
	d.	45	Referral register	Yes1 No0	
	e.	7	Register/records of accomplished outreach activities to inform adolescents/youths in community settings	Yes1 No0	
	f.	40	Register/records of accomplished outreach activities to inform youth and other community organisations about the value of providing health services to adolescents/youth	Yes1 No0	
	g.	41	Register/records of accomplished outreach activities to inform parents/guardians and teachers during school meetings about the value of providing health services to youth	Yes1 No0	

	h.	38	Record(s) of formal agreements/partnerships with community organisations to develop behaviour change communication strategies and materials, and plan service provision	Yes1 No0	
	i.	60	Tools for facility self-assessment of the quality of adolescent/youth health care	Yes1 No0	
	j.	16	Tools for supportive supervision in adolescent/youth health care	Yes1 No0	
	k.	63	Records/reports on accomplished self-assessments of the quality of adolescent/youth health care	Yes1 No0	
	l.	65	Records of accomplished supportive supervision visits focused on adolescent/youth health care	Yes1 No0	
	m.	68	Reports across the various levels of health service delivery on cause-specific utilisation by adolescent/youth that include data disaggregated by age and sex	Yes1 No0	
	n.	67	Reports from the various levels of health service delivery on quality of care, have a focus on adolescents/youth	Yes1 No0	
10	Check for confidentiality procedures and their application in practice				
	a.	30	Information on the identity of the adolescent/youth, and the presenting issue are gathered in confidence during registration	Yes1 No0	
	b.	26, 30	Adolescent/youth clients are offered anonymous registration if they wish	Yes1 No0	
	c.	26, 30	The registration register has the name and code but the service register has only the code (if anonymous registration is requested)	Yes1 No0	
	d.	26, 30	The information in the laboratory registers (if applicable) is registered using codes	Yes1 No0	
	e.	26, 30	Case records are kept in a secure place, accessible only to authorised personnel	Yes1 No0	
	f.	26, 30	The registers are kept under lock and key outside operating hours and days	Yes1 No0	
	g.	26, 30	For electronically stored information, measures are applied to prevent unauthorised access		

11	Check for guidelines and other decision support tools (job aids, algorithms) for information, counselling and clinical management in the following areas:			information	counselling	Clinical management	
	a.	13	Normal growth and pubertal development	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	b.	13	Pubertal delay	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	c.	13	Precocious puberty	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	d.	13	Mental health and mental health problems	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	e.	13	Nutrition (including anaemia)	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	f.	13	Physical activity	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	g.	13	Adolescent/youth specific immunisation	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	h.	13	Menstrual hygiene and health	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	i.	13	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.	13	Safe abortion and post-abortion care	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	k.	13	Antenatal care and emergency preparedness, delivery and postnatal care	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	l.	13	Reproductive tract infections/sexually transmitted infections	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	m.	13	HIV	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	n.	13	Sexual violence	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	o.	13	Family violence	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	p.	13	Bullying and school violence	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	q.	13	Substance use and substance use disorders	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	r.	13	Injuries	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	s.	13	Skin problems	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	t.	13	Chronic conditions and disabilities	Y-1 N-0	Y-1 N-0	Y-1 N-0	

	u.	13	Endemic diseases	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	v.	13	Common conditions during adolescence (fatigue, abdominal pain, diarrhoea, headache)	Y-1 N-0	Y-1 N-0	Y-1 N-0	
12	Check whether the following information items are displayed in the facility:						
	a.	15	The rights of adolescents/the youth to information, non-judgemental attitude and respectful care	Yes.....1 No0			
	b.	15, 71	The policy commitment of the health facility to provide health services to all adolescents/youth without discrimination and to take remedial actions if necessary	Yes.....1 No0			
	c.	15	The policy on confidentiality and privacy	Yes.....1 No0			
	d.	15, 72	The policy on free or affordable service provision for adolescents/youth	Yes.....1 No0			
13	Check to see training records/reports for the following topics:						
	a.	3	Communication skills to talk to adolescents/youth	Yes.....1 No0			
	b.	37	Communication skills to talk to adult visitors and community members	Yes.....1 No0			
	c.	14	The policy on privacy and confidentiality	Yes.....1 No0			
	d.	12	Clinical case management of adolescent/youth health conditions	Yes.....1 No0			
	e.	14	Orientation on the importance of respecting the rights of adolescents/youth to information and health care that is provided in a respectful, non-judgemental and non-discriminatory manner	Yes1 No0			
	f.	72	Policies and procedures to ensure free or affordable service provision	Yes1 No0			
	g.	59	Data collection, analysis and use for quality improvement in adolescent/youth health care	Yes1 No0			
	h.	4	Training of outreach/community health workers in adolescent/youth health care	Yes1 No0			
	i.	53	Training of youth to provide certain services (for example, health education for peers, counselling, adolescent/youth mobilisation for health care)	Yes1 No0			

14	Check to see whether there are the following guidelines/SOPs:				
	a.	44	SOPs for which services should be provided in the facility and which in the community	Yes1 No0	
	b.	45	Referral guidelines	Yes1 No0	
	c.	45	Policy/SOPs for a planned transition from paediatric to adult care	Yes1 No0	
	e.	50	Guidelines/SOPs on informed consent and assent	Yes1 No0	
	f.	22	Guidelines/SOPs including staff responsibilities for making the health facility welcoming, convenient and clean	Yes1 No0	
	g.	22	SOPs on how to minimise waiting time	Yes1 No0	
	h.	22	SOPs on how to provide services to adolescents/ youth with or without an appointment	Yes1 No0	
	i.	72	Guidelines/SOPs on applying policies for free, or affordable, service provision to youth	Yes1 No0	
	j.	70	Guidelines/SOPs on equitable service provision to all adolescents/youth irrespective of their ability to pay, age, marital status or other characteristics	Yes1 No0	
	k.	60	Guidelines/SOPs for self-monitoring of the quality of care provided to adolescents/youth	Yes1 No0	
	l.	51	SOPs on how to involve adolescents/youth in the planning, implementation, monitoring and evaluation of health services	Yes1 No0	
	m.	51	SOPs on how to involve vulnerable groups of youth in the planning, provision, monitoring and evaluation of health services	Yes1 No0	
	n.	62	Guidelines/SOPs on reward for and recognition of highly performing staff	Yes1 No0	
	o.	16	Guidelines/SOPs on supportive supervision in adolescent/youth health care	Yes1 No0	
	p.	16	Tools for supportive supervision in adolescent/ youth health care	Yes1 No0	

15	Check the availability of the following lists:				
	a.	35	Updated list of agencies and organisations with which the facility partners to increase community support for adolescent/youth use of services	Yes1 No0	
	b.	45	Organisations from the health and other sectors (social, recreational, legal) providing services to adolescents/youth in the catchment area	Yes1 No0	
	c.	23, 25	Medicines, supplies and necessary equipment	Yes1 No0	
	d.	43	Services included in the package of information, counselling, treatment and care services to be provided to adolescents/youth	Yes1 No0	
16	Check whether the job description of the following personnel is available AND has a focus on adolescent/youth health care:				
	a.	10	Doctor	Yes1 No0	
	b.	10	Nurse	Yes1 No0	
	c.	10	Physician assistant	Yes1 No0	
	d.	10	Midwife	Yes1 No0	
	e.	10	Community health/Outreach worker	Yes1 No0	
	f.	10	Counsellor	Yes1 No0	
	g.	10	Other (please specify)	Yes1 No0	

¹ The facility manager and or the pharmacist should know the minimum levels for each item in their facility; otherwise, a proxy value of medicines necessary for at least 10 clients could be used.

CONSENT FORM FOR THE PROVIDER AND CLIENT IN A CLIENT-PROVIDER INTERACTION

Hello,

This is the Ghana Health Service. We are conducting an assessment of the quality of health care provided to adolescents/youths in this facility. We would like to observe the consultation process with your adolescent/youth client. This information will help to improve the quality of health services for youth. This interview will take about 25-30 minutes. All the Information gathered during the observation will be kept strictly confidential, and not shared with anyone else who is not part of the study. I will not write your name on the questionnaire. This survey is totally anonymous and the data will not be seen by anyone not involved in the survey analysis.

Your participation in this review process is entirely voluntary. If you wish you may refuse to participate in the survey. However, we do hope you will agree to participate in order to assist in the improvement of health care services to youth. I would like to request your permission and the permission of your client to be present during the consultation.

The provider has agreed to participate:

Yes 1		No. 2	
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Client has agreed

Yes 1		No. 2	
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CLIENT-PROVIDER INTERACTION OBSERVATION

Question		Criterion	Quality assessment questions	Observation & Code	Comments
1		-	What was the reason for the consultation	Physical and pubertal development....A Menstrual hygiene/ ProblemsB NutritionC AnaemiaD ImmunisationE STIs F HIV G Family planning.....H Antenatal care I Delivery servicesJ Postpartum care K Safe abortion L Post-abortion care..... M DermatologicalN Mental healthO Substance useP ViolenceQ InjuriesR FeverS DiarrhoeaT MalariaU TuberculosisV NCDsW Other (specify)X	
2		30	Do you feel that during the consultation, the provider and the client could be seen from the outside?	Yes 1 No0	
3		30	Is it possible to overhear the conversation between service provider and the client from the outside?	Yes 1 No0	

4		30	Apart from the service providers that were concerned with consultation (doctor or/and nurse), was anyone also present in the room at the time of consultation?	Yes1 No0	
5			At the beginning of the consultation, did the health care provider:		
	a.	17	Seat the adolescent/youth in the prime position that easily facilitated communication?	Yes1 No0	
	b.	17	Introduce himself/herself first to the adolescent/youth?	Yes1 No0	
	c.	17	Ask the adolescent/youth how s/he would prefer to be called?	Yes1 No0	
	d.	17	Ask the respondent who s/he has brought with her/him to the consultation?	Yes1 No0	
	e.	17	Show interest in the adolescent/youth and spend some time getting to know her/him before focusing on the medical problems (problem-free talk)?	Yes1 No0	
6			Was the adolescent/youth accompanied by someone else (parent/guardian, relative, friend)?	Yes1 No0	If 'No' skip to Q 7
	a.	30	The provider explained to the young person that they routinely spend some time alone with the client towards the end of the consultation	Yes1 No0	
	b.	17	The provider asked questions first to the adolescent/youth, and then to the accompanying person(s).	Yes1 No0	
	c.	17	The provider asked adolescent's permission to ask the accompanying person(s) their opinions/ observation.	Yes1 No0	
7		30	Did anyone else enter the room during the consultation?	Yes1 No0	

8		17	Did the service provider listen with attention to what the client had to say?	Yes1 No0	
9		17, 30	Did the service provider assure the client that no information will be disclosed to anyone (parents/others) without their permission?	Yes1 No0	
10		17, 30	Did the service provider explain to the client the conditions when the provider might need to disclose information, such as in situations required by the law (criminal offense), and that if that is the case, the client will be informed of the intention to disclose unless doing so would place the client at further risk or harm?	Yes1 No0	
11		78	Did the service provider deny any services to this young client?	Yes1 No0	
12		78	Why did the service provider deny services?	Age below 18A UnmarriedB Not in educationC Not in employmentD Not in trainingE Unavailable at this facility ..F Inability to pay G	
				Disability.....H The condition requires referralThe reason is not clear.....J Other (specify)K	
13			During the consultation did the service provider take any psychosocial history, such as:	Yes1 No0	
	a.	18	Asked the adolescent/youth questions about home relationships with adults	Yes1 No0	
	b.	18	Asked the adolescent/youth questions about school?	Yes1 No0	
	c.	18	Asked the adolescent/youth questions about her/his eating habits?	Yes1 No0	

	d.	18	Asked the adolescent/youth about sports or other physical activity?	Yes1 No0	
	e.	18	Ask the adolescent/youth about sexual relationships?	Yes1 No0	
	f.	18	Asked the adolescent/youth questions about smoking, alcohol or other substances?	Yes1 No0	
	g.	18	Asked the adolescent/youth questions about how happy s/he feels, or other questions about her/his mood or mental health?	Yes1 No0	
14.		54	If an informed consent from a third party was required, was adolescent/youth consent/assent to the service/procedure also obtained?	Yes1 No0	
15		30	If the young person was accompanied by someone else (for example, parent/guardian, other relative/friend), did the provider spend some time alone with the client towards the end of the consultation?	Yes1 No0	
16	During the consultation did the service provider do the following:				
	a.	46	Provide sufficient time for counselling or consultation as required for the problem?	Yes1 No0	
	b.	6	Talk about how to prevent diseases, and what to do stay healthy?	Yes1 No0	
	c.	6	Inform the adolescent/youth about the services available to her/him?	Yes1 No0	
	d.	54	Provide accurate and clear information on the medical condition?	Yes1 No0	
	e.	54	Provide accurate and clear information on the management/treatment options?	Yes1 No0	

	f.	54	Ask the adolescent/youth about her/his preferences for the management/treatment options?	Yes1 No0	
	g.	54	Provide accurate and clear information on follow-up actions?	Yes1 No0	
	h.	54	Ask the adolescent/youth client about her/his preferences for the follow-up actions?	Yes1 No0	
	i.	54	Ask the adolescent/youth client whether s/he has any problem understanding the treatment that is being provided?	Yes1 No0	
	j.	54	Check the adolescent/youth client's understanding of the information provided by asking probing questions?	Yes1 No0	
	k.	54	Use audio-visual material to explain anatomy, disease or other, as relevant to the topic of consultation?	Yes1 No0	
	l.	17	Ask the adolescent/youth client's permission before performing the examination/procedure?	Yes1 No0	
	m.	17, 54	Explain the results of the physical examination to the client?	Yes1 No0	
17	a.	47	Did the service provider refer the adolescent/youth client to another health facility?	Yes1 No0	
	b.	47	When the service provider referred the adolescent/youth client to another health facility, did s/he give a referral note mentioning the condition referred for, where to go (address), timing?	Yes1 No0	
End the observation with thanks					

CONSENT FORM FOR THE HEALTH CARE PROVIDER

Hello,

This is the Ghana Health Service. We are conducting an assessment of the quality of health care provided to adolescents/youths in this facility. We would like you to answer a few questions. This information will help to improve the quality of health services for youth. This interview will take about 25-30 minutes. Please do not enter your name, and all the information you provide will be kept strictly confidential, and not shared with anyone else who is not part of the study.

This survey is absolutely anonymous and the data will not be seen by anyone not involved in the survey analysis.

Your participation in this review process is entirely voluntary. If you wish you may refuse to participate in the survey or decide not to answer some of the questions. However, we do hope you will agree to participate in order to assist in the improvement of health care services to youth.

The interviewee has agreed to participate

Yes 1		No. 2	
-------	--	-------	--

Client has agreed

Yes 1		No. 2	
-------	--	-------	--

HEALTH FACILITY MANAGER INTERVIEW TOOL

FACE SHEET

Facility name:		Code:	
Facility address:			
Community:			
District:			
Sub-district:			
Region:			
Date of interview:			

Result of interview:

Completed 1
 Partially completed 2
 Refused 3

Time interview began: ____: ____
 Hour Minute

Time ended: ____: ____
 Hour Minute

Have you obtained permission from the Facility Manager

Yes 1		No. 2	
-------	--	-------	--

Client has agreed

Yes 1		No. 2	
-------	--	-------	--

HEALTH CARE PROVIDER INTERVIEW TOOL

Question		Criterion	Questions for the health care provider	Response & Code				Comments
1		-	For how long have you been working at this facility?	_____/_____ years months				
2		10	Has the facility manager/in charge discussed your job description and your roles and responsibilities?	Yes1 No0				
3		46 When an adolescent/youth to your facility, do you provide services for any of the following conditions or needs?						
				Information	Counselling	Clinical management	Referral	
	a.	46	Normal growth and pubertal development	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	b.	46	Pubertal delay	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	c.	46	Precocious puberty	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	d.	46	Mental health and mental health problems	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	e.	46	Nutrition, including anaemia	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	f.	46	Physical activity	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	g.	46	Adolescent-specific immunisation	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	h.	46	Menstrual hygiene and personal hygiene	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	i.	46	Family planning and contraception – oral contraceptives pills, IUDs, condoms, emergency contraceptive pills, implants, injectables	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	j.	46	Comprehensive abortion care services	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	

	k.	46	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.	46	Reproductive tract infections/sexually transmitted infections	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	m.	46	HIV	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	n.	46	Sexual violence	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	o.	46	Family violence	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	p.	46	Bullying and school violence	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	q.	46	Substance use and substance disorders	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	r.	46	Injuries	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	s.	46	Skin problems	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	t.	46	Chronic conditions and disabilities	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	u.	46	Endemic diseases	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	v.	46	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	
	w.	46	For youth with disabilities, psycho-social support	Y-1 N-0	Y-1 N-0	Y-1 N-0	Y-1 N-0	
4	Have you received the following training in adolescent/youth health care:							
	a.	3	Communication skills to talk with adolescents/youth?	Yes1 No0				
	b.	37	Communication skills to talk with adult visitors/community members?	Yes1 No0				
	c.	14	The policy on privacy and confidentiality ?	Yes1 No0				
	d.	12	Clinical case management of adolescent/ youth patients ?	Yes1 No0				
	e.	14	Orientation on the importance of respecting the rights of adolescents/ youth to information and health care that is provided in a respectful, non-discriminatory manner?	Yes1 No0				
	f.	73	Policies and procedures to ensure free or affordable service provision?	Yes1 No0				

	g.	59	Data collection, analysis and use for quality improvement?	Yes1 No0			
5		11	Is there a system so that you can regularly (at least once every 5 years), attend continuous professional development training adolescent/youth care?	Yes1 No0			
6		43	Are you aware of services included in the package of information, counselling, promotive, preventive, diagnostic, treatment and care services to be provided to adolescents/youth?	Yes1 No0			
7	Do you use guidelines or decision support tools, for example, job aids or algorithms, for information, counselling and clinical management in the following areas:						
	a.	18	Normal growth and pubertal development	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	b.	18	Pubertal delay	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	c.	18	Precocious development	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	d.	18	Mental health and mental health problems	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	e.	18	Nutrition (including anaemia)	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	f.	18	Physical activity	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	g.	18	Adolescent/youth-specific immunisation	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	h.	18	Menstrual hygiene and health	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	i.	18	Family planning and contraception - contraceptive pills, IUDs, condoms, emergency contraceptive pills, implants, injectables	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	j.	18	Safe abortion and comprehensive abortion care	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	k.	18	Antenatal care and emergency preparedness, delivery and postnatal care	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	l.	18	Reproductive tract infections/sexually transmitted infections	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	m.	18	HIV	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	n.	18	Sexual violence	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	o.	18	Family violence	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	p.	18	Bullying and school violence	Y-1 N-0	Y-1 N-0	Y-1 N-0	
	q.	18	Substance abuse and substance use disorders	Y-1 N-0	Y-1 N-0	Y-1 N-0	

	r.	18	Injuries	Y-1 N-0	Y-1 N-0	Y-1 N-0		
	s.	18	Skin problems	Y-1 N-0	Y-1 N-0	Y-1 N-0		
	t.	18	Chronic conditions and disabilities	Y-1 N-0	Y-1 N-0	Y-1 N-0		
	u.	18	Endemic diseases	Y-1 N-0	Y-1 N-0	Y-1 N-0		
	v.	18	Common conditions during adolescence (fatigue, abdominal pain, diarrhoea, headache)	Y-1 N-0	Y-1 N-0	Y-1 N-0		
	w.	18	Psycho-social support for youth with disabilities	Y-1 N-0	Y-1 N-0	Y-1 N-0		
8	Are you aware of the following SOPs/guidelines							
	a.	44	SOPs for which services should be provided in the facility and which in the community?	Yes1 No0				
	b.	45	Referral guidelines/SOPs?	Yes1 No0				
	c.	45	Policy/SOPs for a planned transition from paediatric to adult care?	Yes1 No0				
	d.	50	Guidelines/SOPs on informed consent and assent?	Yes1 No0				
	e.	70	Guidelines/SOPs on providing services to all adolescents/youths irrespective of their ability to pay, age sex, marital status or other characteristics	Yes1 No0				
	f.	72	Guidelines/SOPs on providing free or affordable services to adolescents/youths	Yes1 No0				
	g.	26	Guidelines/SOP on measures to protect the privacy and confidentiality of adolescents/youths	Yes1 No0				

9		26	Can you please name any measures to protect the privacy and confidentiality of adolescents/youths? (Probe for measures in the options)	Yes1 No0 1. Staff do not disclose any information given to or received from adolescents/youths to third parties such as: family members, school teachers or employers without the adolescent's/youth's consent/assent 2. Case records are kept in a secure place, accessible only to authorised personnel 3. There are curtains/blinds on windows and in doorways, a screen separating the consultation area from the examination area to maintain privacy during the consultation 4. Measures are implemented to prevent unauthorised access to electronically stored information 5. Information on the identity of the adolescent/youth and the presenting issue are gathered in confidence during client registration	
				Code 'yes' if at least the first 3 options are mentioned. If response is 'No' skip to Q 10	
10		74	Do you know any groups of youth in your community(ies) 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.	22	Make working hours convenient for youth?	Yes.....1 No 0 Don't know 8	
	b.	22	Minimise waiting hours?	Yes.....1 No 0 Don't know 8	
	c.	22	Provide services to youth with or without an appointment?	Yes.....1 No 0 Don't know 8	

12		63	Did you ever participate in a facility self-assessment of the quality of care provided to adolescents/youths?	Yes..... 1 No 0 Don't know 8	
13		27	Are you of the opinion that the working hours in this facility are convenient for adolescents/youths?	Yes..... 1 No 0 Don't know 8	
14		27	Can youth 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	Community health workers/Outreach workers in adolescent and youth-friendly health care?	Yes 1 No 0	
	b.	53	Adolescents/youths 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.	52	Adolescents/youths in the planning, implementation, monitoring and evaluation of health services?	Yes 1 No 0	
	b.	56	Adolescents/youths in any aspects of service provision?	Yes 1 No 0	
	c.	77	Vulnerable groups of youth in the planning, implementation, monitoring and evaluation of health services ?	Yes 1 No 0	
17	Have you ever worked with:				
	a.	38	Agencies and organisations in the community to develop health education and behaviour-oriented communication strategies and materials, and plan service provision?	Yes 1 No 0	
	b.	46	Organisations from the health and other sectors (for example social, recreational, legal) to establish referral networks for adolescent/youth clients?	Yes 1 No 0	
18		39	Do you inform adults who visit the health facility about the services available to adolescents/youths, and why it is important that youth use the services?	Yes 1 No 0	

19		37	Do you have support materials to communicate with organisations and, parents/guardians and other community members, about the value of providing health services to adolescents/youths?	Yes1 No0	
20		6	Do you inform adolescents/youths about the availability of health, social services and other services?	Yes1 No0	
21	When you receive an adolescent/youth client for services or counselling, do you:				
	a.	17	Introduce yourself first to the adolescent/youth?	Yes1 No0	
	b.	17	Ask the adolescent/youth how s/he would prefer to be called?	Yes1 No0	
	c.	17	Ask the adolescent/youth who accompanied him/her to the consultation?	Yes1 No0	
	d.	30	Explain to the adolescent/youth that are accompanied that you routinely spend some time alone with the client towards the end of the consultation?	Yes1 No0	
	e.	17	Ask the adolescent/youth permission to ask the accompanying person(s) their opinions/observations?	Yes1 No0	
	f.	54	Obtain, in cases when an informed consent from a third party is required, the adolescent's/youth's assent to the service/procedure?	Yes1 No0	
	g.	30	Ensure that no one can see or hear the adolescent/youth client from outside during the consultation or counselling?	Yes1 No0	
	h.	30	Ensure that there is a screen between the consultation and examination areas?	Yes1 No0	
	i.	30	Assure the adolescent/youth client that no information will be disclosed to any one (parents/other) without her/his permission?	Yes1 No0	

	j.	30	Explain to the adolescent/youth client the conditions when you might need to disclose information, such as in situations required by law, and if that is the case, you will inform her/him of the intention to disclose unless doing so would place the adolescent/youth at further risk of harm?	Yes1 No0	
	k.	30	Keep all records/laboratory test reports under lock and key or password-protected if in a computer?	Yes1 No0	
22	During a consultation with an adolescent/youth client, do you routinely take psychosocial history such as:				
	a.	18	Asking the adolescent/youth client questions about home and relationships with adults?	Yes1 No0	
	b.	18	Asking the adolescent/youth questions about school?	Yes1 No0	
	c.	18	Asking the adolescent/youth questions about her/his eating habits?	Yes1 No0	
	d.	18	Asking the adolescent/youth questions about sports or other physical activity?	Yes1 No0	
	e.	18	Asking the adolescent/youth questions about sexual relationships?	Yes1 No0	
	f.	18	Asking the adolescent/youth questions about smoking, alcohol or other substances?	Yes1 No0	
	g.	18	Asking the adolescent/youth questions about how happy s/he feels, or other questions about her/his mood or mental health?	Yes1 No0	
23	Would you provide the following services to all adolescents/youths regardless of sex, age, disability, marital status or ability pay?				
	a.	75	Hormonal contraceptives	Yes1 No0	
	b.	75	Condoms	Yes1 No0	
	c.	75	STI treatment	Yes1 No0	

	d.	75	HIV counselling and testing	Yes1 No0	
	e.	75	Medical termination of pregnancy/abortion	Yes1 No0	
	f.	75	Maternal health services (ANC, delivery and postpartum)	Yes1 No0	
24		12	How confident do you feel about your knowledge of how to provide care to adolescents/youths?	Confident.....1 Somewhat/not confident.....0	
25		3	How comfortable do you feel in your ability to relate to adolescents/youths and answer their questions?	Confident.....1 Somewhat/not confident.....0	
26	a.	65	Did your mentor/supervisor ever observe a consultation by you with an adolescent/youth to help you improve the quality of care	Yes1 No0	
	b.	65	Did your mentor/supervisor ever advise you on how to improve the quality of care for adolescents/youths?	Yes1 No0	
27		22	Do you have a clear designation of responsibilities within the facility to ensure a welcoming and clean environment?	Yes1 No0	
28	Has any adolescent/youth been denied services within the last 12 months because of:				
	a.	28	Recent stock-outs?	Yes1 No0	
	b.	29	Malfunctioning/unavailable equipment?	Yes1 No0	
29	a.	58	Is it possible to extract from your registers, data on cause-specific service utilisation by adolescents/youths along with their sex?	Yes1 No0	
	b.	68	Do you report data on service utilisation by adolescents/youths along with their sex?	Yes1 No0	
30	a.	60	Are you aware of any tools for self-monitoring of the quality of care in the facility?	Yes1 No0	
	b.	63	Do you use these tools for self-monitoring of quality for adolescent/youth-friendly health services	Yes1 No0	
31	a.	64	Did you ever participate in facility meetings to analyse the results of the self-assessments, and to plan actions for improvement of adolescent/youth health care?	Yes1 No0	
	b.	69	Do you feel you have enough support from your supervisor to improve the quality of care for adolescents/youths?	Yes1 No0	

	c.	69	Do you feel you have the motivation to improve the quality of care for adolescents/youth, and to comply with the quality standards ?	Yes1 No0	
32	a.	66	Have you or any of your colleagues, ever been rewarded for high performance?	Yes1 No0 If 'No' skip to Q 33	
	b.	-	If yes, what was the form of recognition?	Performance incentives (monetary)...A Certificate...B Award, such as best performer.....C Other (please specify).D	
33		-	Do you do outreach work?	Yes1 No0 If 'yes' continue with Q 34 If 'No' end interview with thanks	
Questionnaire for the service provider who does outreach work					
34		5	Do you have a plan for outreach activities?	Yes1 No0	
35	During the last 12 months, have you:				
	a.	41	Participated in school meetings to inform parents/guardians and teachers about the health services available for adolescents/youths, and why it is important that they use the services?	Yes1 No0	
	b.	40	Participated in meetings with adolescents/youths and other community organisations to inform them about the health services available to youth and why it is important that they use the services ?	Yes1 No0	
	c.	7	Conducted any outreach sessions with adolescents/youths ?	Yes1 No0	
	d.	7	Conducted any outreach sessions with adolescents/youths on social and behaviour change communication on various topics?	Yes1 No0	

e.	7	What were the topics you discussed during these outreach sessions?	STI/HIV.....A Pregnancy prevention.....B Contraception.....C Nutrition.....D Mental health.....E Physical activity.....F Immunisation.....G Menstrual hygiene.....H Antenatal care.....I Sexual violence.....J Bullying and school violence...K Substance use and substance use disorders.....L Injuries.....M Other (please specify).N
End the interview with thanks			

CONSENT FORM FOR SUPPORT STAFF

Hello,

This is the Ghana Health Service. We are conducting an assessment of the quality of health care provided to adolescents/youths in this facility. We would like you to answer a few questions. This information will help to improve the quality of health services for youth. This interview will take about 25-30 minutes. Please do not enter your name, and all the information you provide will be kept strictly confidential, and not shared with anyone else who is not part of the study.

This survey is absolutely anonymous and the data will not be seen by anyone not involved in the survey analysis. Your participation in this review process is entirely voluntary. If you wish you may refuse to participate in the survey or decide not to answer some of the questions. However, we do hope you will agree to participate in order to assist in the improvement of health care services to youth.

The interviewee has agreed to participate

Yes 1		No. 2	
-------	--	-------	--

Client has agreed

Interviewee code _____

Sex:

Male 1

Female .2

Designation:

HEALTH FACILITY MANAGER INTERVIEW TOOL

FACE SHEET

Facility name:		Code:	
Facility address:			
Community:			
District:			
Sub-district:			
Region:			
Date of interview:			

Result of interview:

Completed 1
 Partially completed 2
 Refused 3

Time interview began: ____: ____
 Hour Minute

Time ended: ____: ____
 Hour Minute

Have you obtained permission from the Facility Manager

Yes 1		No. 2	
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SUPPORT STAFF INTERVIEW TOOL

Question		Criterion	Questions for the health care provider	Response & Code	Comments
1		-	For how long have you been working at this facility?	_____/_____ 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?	_____/_____ years months	
4		-	Are health services for adolescents/youth being provided in this health facility?	Yes1 No0 Don't know.....8	
5		14	Have you received any training in the provision of adolescent/youth-friendly services?	Yes1 No0	
6		Have you received any training/orientation on the following topics:			
	a.	3	How to communicate effectively with adolescent/youth clients?	Yes1 No0	
	b.	14	What are the special needs of adolescent/youth clients?	Yes1 No0	
	c.	14	The importance of having the same friendly attitude towards all adolescents/youths irrespective of their ability to pay, age, sex, marital status, schooling, race/ethnicity, sexual orientation or other?	Yes1 No0	
	d.	14	The importance of respecting the rights of youth to information, education, privacy, confidentiality, and respectful care?	Yes1 No0	

7		16	Does your supervisor ever discuss your roles and responsibilities with you?	Yes1 No0	
8		16	Does your supervisor regularly provide supportive supervision to you for your work?	Yes1 No0	
9		64	Did you ever participate in facility meetings to discuss the quality of the services to youth, and plan actions for improvement?	Yes1 No0	
10		Have you ever participated in meetings where you discussed with your manager and colleagues:			
	a.	22	How to make operating hours and days convenient for adolescents/youths?	Yes1 No0	
	b.	22	How to minimise waiting time?	Yes1 No0	
	c.	22	How to keep the facility welcoming and clean?	Yes1 No0	
	d.	22	How to provide services to adolescents/youths with or without an appointment?	Yes1 No0	
11	a.	63	Did you ever participate in a facility self-assessment of care quality provided to adolescents/youths?	Yes1 No0	
	b.	69	Do you feel you have enough support from your supervisor to improve quality of care for adolescents/youths?	Yes1 No0	
	c.	69	Do you feel you have the motivation to improve the quality of care for adolescents/youths, and to comply with quality standards?	Yes.....1 No0	
12	a.	66	Have you, or any of your colleagues, ever been rewarded for high performance?	Yes.....1 No0	Skip to Q 13 if interviewee is a receptionist If not end the interview with thanks

	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
13		27	Can adolescents/youths have a consultation without an appointment	Yes.....1 No 0 Don't know 8	
14		58	Is there a separate register for the registration of adolescents/youths?	Yes.....1 No 0 Don't know 8	
15		58	Are there separate columns for registering youth in the common register	Yes.....1 No 0 Don't know 8	
16		30	During the registration of youth, can anyone else overhear your conversation?	Yes.....1 No 0 Don't know 8	
17		26	Are you of the opinion that it is OK to tell the parents or teachers of an adolescent/youth client about the problem s/ he came to the facility with, without her/ his consent?	Yes.....1 No 0 Don't know 8	
End interview with thanks					

COVERAGE MEASUREMENT TOOLS

CONSENT FORM FOR SUPPORT STAFF

Hello,

This is the Ghana Health Service. We are conducting an assessment of the quality of health care provided to adolescents/youths in this facility. We would like you to answer a few questions. This information will help to improve the quality of health services for youth. This interview will take about 10-15 minutes. Please do not enter your name, and all the information you provide will be kept strictly confidential, and not shared with anyone else who is not part of the study.

This survey is absolutely anonymous and the data will not be seen by anyone not involved in the survey analysis. Your participation in this review process is entirely voluntary. If you wish you may refuse to participate in the survey or decide not to answer some of the questions. However, we do hope you will agree to participate in order to assist in the improvement of health care services to youth.

The interviewee has agreed to participate

Yes 1		No. 2	
-------	--	-------	--

Client has agreed

Yes 1		No. 2	
-------	--	-------	--

ADULT COMMUNITY MEMBER INTERVIEW TOOL

Question number	Criterion number	Questions for the adult community member	Response & Code	Comments	
1	a.	42	Do you know why it is important to provide services to adolescents/ youths, and why it is important that they use the services?	Yes1 No0 Don't know.....8	Code 'yes' if at least 3 reasons listed in 1b are mentioned. If No or Don't know, skip to Q 2
	b.	42	Please can you tell me why?	Prevention of STIs and HIV...A Common conditions such as: skin problems, headaches, 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 adolescent pregnancies and births, and adolescents need access to ante-, intra- and postnatal care.....E Adolescents are at risk of unsafe abortion, and need access to comprehensive abortion care.....F Substance use prevention, treatment and care.....G Nutrition problems (obesity, malnutrition, micronutrient deficiencies).....H HP vaccine.....I Timely recognising depression signs and other mental health problems.....J Physical and pubertal development problems.....K Others (specify).....L	
2	a.	42	Do you know where adolescents/ youths in this community can get health services? (Probe for mention of services in the list)	Correct answer.....1 Don't know or incorrect answer.....0 Shop.....A Pharmacy.....B Government hospital/clinic /health centre/CHPS compound.....C	Code 'correct answer' if at least 1 type of facility is mentioned in line with national policy

				Adolescent corner.....D Private hospital/clinic/ maternity home.....E Community health worker...F Other (specify).....H	
3	a.	39	Has any health service provider ever discussed with you, the services available to adolescents/youths, and why it is important that they use these services?	Yes.....1 No.....0 Can't remember.....	If No or Can't remember, skip to Q 4
	b.	39	During this discussion, did the health service provider give you any leaflets or other educational materials?	Yes.....1 No.....0 Can't remember.....	
4	a.	41	Have you ever attended any community or school meetings where the value of providing health services to adolescents/youths was discussed?	Yes.....1 No.....0 Can't remember.....7	If No or can't remember, skip to Q 5
	b.	41	Were there any leaflets or other educational materials distributed at these meetings?	Yes.....1 No.....0 Can't remember.....7	If No or Can't remember, skip to Q 5
	c.	41	Did you find these materials useful or informative?	Yes.....1 No.....0 Can't remember.....7	
5			Do you agree that, the following health services should be provided to all adolescents/youth regardless of sex, age marital status, disability or any other characteristics?		
	a.	42	Hormonal contraceptives?	Yes1 No0 Don't know.....8	
	b.	42	Condoms?	Yes1 No0 Don't know.....8	
	c.	42	STI treatment?	Yes1 No0 Don't know.....8	
	d.	42	HIV counselling and testing?	Yes1 No0 Don't know.....8	
	e.	42	Medical termination of pregnancy	Yes1 No0 Don't know.....8	
	f.	42	Mental health services?	Yes1 No0 Don't know.....8	

	g.	42	Services in case of disclosure of violence?	Yes1 No0 Don't know.....8	
	h.	42	Nutrition services, for example anaemia treatment?	Yes1 No0 Don't know.....8	
	i.	42	Maternal health services (ANC, delivery and postpartum)	Yes1 No0 Don't know.....8	
<i>End interview with thanks</i>					



Send Your
Articles, Stories, Questions, News Items, Jokes Etc. To:
Programme Officer
The Adolescent Health & Development Programme
Ghana Health Service
Private Mail Bag
Ministries, Accra

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