



GLOBAL STANDARDS FOR QUALITY HEALTH-CARE SERVICES FOR ADOLESCENTS

*A GUIDE TO IMPLEMENT A STANDARDS-DRIVEN APPROACH TO IMPROVE
THE QUALITY OF HEALTH-CARE SERVICES FOR ADOLESCENTS*

Volume 3: Tools to conduct quality and coverage
measurement surveys to collect data about
compliance with the global standards





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A guide to implement a standards-driven approach to improve the quality of health-care services for adolescents

**Volume 3: Tools to conduct quality and coverage measurement surveys
to collect data about compliance with the global standards**



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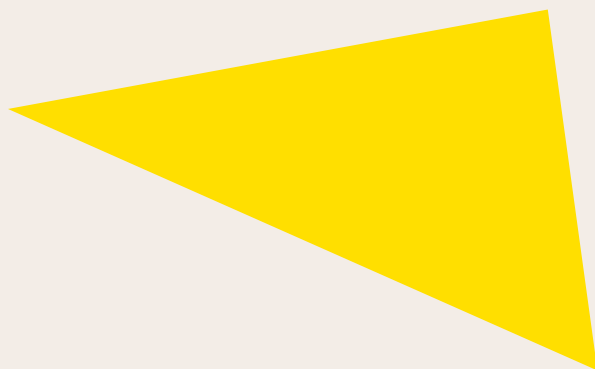
ABBREVIATIONS

HMIS health management information systems

NGO nongovernmental organizations

SOP standard operating procedure

WHO World Health Organization



INTRODUCTION

This document is part of the *Global standards for quality health-care services for adolescents: a guide to implement a standards-driven approach to improve the quality of health-care services for adolescents*. It is one of four volumes published separately, which include:

- Volume 1: Standards and criteria
- Volume 2: Implementation guide
- Volume 3: Tools to conduct quality and coverage measurement surveys to collect data about compliance with the global standards
- Volume 4: Scoring sheets for data analysis

This volume, *Tools to conduct quality and coverage measurement surveys to collect data about compliance with the global standards*, includes tools to determine whether the implementation of the standards has been achieved. These tools can be adapted for use in different contexts – be it self-assessments on a limited number of criteria, or external assessments (monitoring visits) by district managers, on a wider, or full range, of standards and criteria. The tools can be equally adapted to develop checklists for supportive supervision.

The toolkit included in this volume contains seven tools to collect data about quality of care (as measured by the criteria of the standards) and two tools to gather information about coverage.

The questions/items included in the tools are selected because they provide information about the criteria of the standards and whether or not facility-level actions in the implementation guide are taking place. Each of the criterion of the global standards can be measured in several ways. For example, one of the output criterion of Standard 4 states: *Adolescents receive services in a friendly, supportive, respectful, non-discriminatory and non-judgemental manner*. Whether or not this happens can be identified by directly asking the adolescent client, by asking the health-care provider, by directly observing a provider-client interaction with an adolescent, or by a combination of above. Although collecting data from adolescent clients is obviously a key source of information about the quality of care provided to them, it is important to

realize that adolescents will not always be aware of all that is required to provide them with quality health services. In addition, the views of adolescent clients represent one type of perspective of how the services are delivered. For these reasons, it is important to use more sources of data collection. The proposed data collection tools enable quality assessment based on various perspectives (client, provider, support staff, manager, adult client, and the assessor in the case of direct observation) (see Table A2.1).

Coverage measurement surveys

Measuring the quality of services provided by the facility through exit interviews will not provide information on which proportion of the target population have access to, and use, services. If only gathering data through quality measurement surveys in the facilities, there is a risk that efforts will be limited to improving the quality of care for only a limited number of users, while a big proportion of community members may not report about their access to or use of services. From the public health perspective, a population-level impact can only be achieved if a sufficient proportion of the target population is using services that have a sufficient level of quality. This information can only be gathered by surveys in the community. The proposed tools, therefore, include interview tools for adult and adolescent community members. In addition, community surveys provide essential information regarding the implementation of *Standard 1: The health facility implements systems to ensure that adolescents are knowledgeable about their own health, and they know where and when to obtain health services*, and *Standard 2: The health facility implements systems to ensure that parents, guardians and other community members and community organizations recognize the value of providing health services to adolescents and support such provision and the utilization of services by adolescents*. These two standards cannot be measured by facility-based surveys alone.

Table 1 provides an overview of the various questions in the data collection tools that relate to each of the standards and their criteria.

Table 1. Mapping of questions in data collection tools that relate to each of the standards and their criteria¹

| Criterion number | AE | FM | OT | CPI | HCP | SS | Adult E | Adult C | AC |
|-------------------|--|-----------|----------------|-------|--------|----|----------|--------------|---|
| Standard 1 | | | | | | | | | |
| 1 | 2 | - | 1a-c | - | - | - | - | - | 9 |
| 2 | 11a-b | - | 2b | - | - | - | - | - | 11a-b |
| 3 | - | 3a | 13a | - | 4a, 25 | 6a | - | - | - |
| 4 | - | - | 13h | - | 15a | - | - | - | - |
| 5 | - | 16b | - | - | 34 | - | - | - | - |
| 6 | 8, 17a-b | - | - | 16b-c | 20 | - | - | - | 26a-b |
| 7 | - | - | 9e | - | 35c-e | - | - | - | 30 |
| 8 | 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 |
| 9 | 9, 10, 27b, 28b, 28e, 29c, 30c, 31, 33c | - | - | - | - | - | - | - | 27, 33c, 34b, 34e, 35c, 36c, 37, 39c |
| 10 | - | 3b | 13b | - | 4b, 19 | - | - | - | - |
| 11 | - | 18a | 15a | - | - | - | - | - | - |
| 12 | - | 16a | - | - | - | - | - | - | - |
| 13 | - | - | 9h | - | 17a | - | - | - | - |
| 14 | - | - | - | - | 18 | - | 3a-c | 3a-b | - |
| 15 | - | - | 9g | - | 35a | - | 4a-c | 4a-c | - |
| 16 | - | - | 9f | - | 35b | - | - | - | - |
| 17 | 5 | - | - | - | - | - | 5a, 6a-h | 1b, 2a, 5a-h | 5b |
| 18 | - | 18d | 15d | - | 6 | - | - | - | - |
| 19 | - | 7b, 16c | 14a | - | 8a | - | - | - | - |
| 20 | - | 7c-d, 18b | 9d, 14b-c, 15b | - | 8b-c | - | - | - | - |

¹ Criteria 33, 54 and 58 are not measured by specific questions. See the explanations for these criteria in Volume 4: Scoring sheets for data analysis.

| Criterion number | AE | FM | OT | CPI | HCP | SS | Adult E | Adult C | AC |
|------------------|-----------------|------------|--------------------------|-----------------------------|-------------|---------|---------|---------|-------------------|
| 21 | 24, 29d | - | - | 16a | 3a-v, 17b | - | - | - | 29, 35d |
| 22 | 22b | - | - | 17a-b | - | - | - | - | 22b |
| 23 | 7 | - | - | - | - | - | - | - | 10, 22b, 29 |
| 24 | - | 5, 6a-f | 16a-f | - | 2 | - | - | - | - |
| 25 | - | 3d, 4a | 13d | - | 4d | - | - | - | - |
| 26 | - | 3c, 3e, 4a | 13c, 13e | - | 4c, 4e | 5, 6b-d | - | - | - |
| 27 | 14a, 15, 16 | 10a-d | 12a-d | - | 24 | - | - | - | 14b, 15 |
| 28 | - | 7a | 6l, 11a-v | - | - | - | - | - | - |
| 29 | - | 7p-q | 9j, 14o-p | - | - | 7, 8 | - | - | - |
| 30 | - | 17a-b | - | - | 5 | - | - | - | - |
| 31 | 17c-i | - | - | 13a-g | 7a-v, 22a-g | - | - | - | - |
| 32 | 17j-k, 18b | - | - | 5a-e, 6b-c, 8, 9, 10, 16l-m | 21a-c, 21e | - | - | - | 16, 17a, 21b |
| 34 | 14b, 17j-k, 18b | - | - | - | - | - | - | - | 14c, 16, 17a, 21b |
| 35 | 17o | - | - | - | - | - | - | - | 19 |
| 36 | - | 7g-i, 17e | 2a, 2c-e, 4, 5a-b, 14f-h | - | 11a-c, 27 | 10a-d | - | - | - |
| 37 | - | 15c, 17d | 3a-i | - | - | - | - | - | - |
| 38 | - | 7e, 11a-e | 8a-d, 10b-g, 14d | - | 8g, 9 | 17 | - | - | - |
| 39 | - | 15a, 18c | 9c, 15c | - | - | - | - | - | - |
| 40 | - | 15b, 18c | 15c | - | - | - | - | - | - |
| 41 | - | - | - | - | 13, 14 | 13 | - | - | - |
| 42 | 4, 12c, 17m | - | 10a-g | 2, 3, 4, 6a, 7, 9, 10, 15 | 21d, 21g-k | 16 | 7c, 8b | - | 6b, 12c, 17b, 18a |

| Criterion number | AE | FM | OT | CPI | HCP | SS | Adult E | Adult C | AC |
|------------------|---------------------|---------|------------------------|----------------------|---------|--------|---------|---------|-----------------|
| 43 | 19 | - | 6p-r, 7a-s | - | 28a | - | - | - | 24 |
| 44 | 20 | - | 6a-k, 6m-o, 6s-t | - | 28b | - | - | - | 25 |
| 45 | 12a-b | - | - | - | - | - | - | - | 12a-b |
| 46 | 12d-e, 13a-c | - | - | - | - | - | - | - | 12d-e, 13a-c |
| 47 | 4, 12c, 17l, 17n | - | - | - | - | - | - | - | 6b, 12c, 18b |
| 48 | 19, 20 | - | - | - | - | - | - | - | 24, 25 |
| 49 | - | 7k, 10b | 14j | - | 8e | - | - | - | - |
| 50 | - | 7j, 10d | 12d, 13f, 14i | - | 8f | - | - | - | - |
| 51 | - | 3f | - | - | 4f | - | - | - | - |
| 52 | 15 | - | 12b | - | - | - | - | - | 14a |
| 53 | - | - | - | - | 10 | - | - | - | - |
| 55 | - | - | - | - | 23a-e | - | - | - | - |
| 56 | - | - | - | - | 16c | - | - | - | - |
| 57 | 21a | - | - | 11, 12 | - | - | - | - | 23a |
| 59 | - | 12 | 9a-b | - | 29a | 14, 15 | - | - | - |
| 60 | - | 3g, 4b | 13g | - | 4g | - | - | - | - |
| 61 | - | 7l | 9i, 14k | - | 30a | - | - | - | - |
| 62 | - | 4c, 9e | - | - | - | - | - | - | - |
| 63 | - | 7o, 17f | 14n | - | - | - | - | - | - |
| 64 | - | 9c | 9k | - | 12, 30b | 11a | - | - | - |
| 65 | - | 9d, 16d | - | - | 31a | 9 | - | - | - |
| 66 | - | 8a-c | 9l | - | 26a-b | - | - | - | - |
| 67 | - | - | - | - | 32a | 12a | - | - | - |
| 68 | - | 13 | 9m | - | 29b | - | - | - | - |
| 69 | - | 14 | 9n | - | - | - | - | - | - |
| 70 | - | - | - | - | 31b-c | 11b-c | - | - | - |
| 71 | - | 19b | - | - | - | - | - | - | - |
| 72 | - | 7m-n | 14l-m | - | - | - | - | - | - |
| 73 | - | 7f | 14e | - | 8d | - | - | - | - |
| 74 | - | 9a-b | - | - | 16a | - | - | - | - |
| 75 | 17o-p | - | - | 14, 16d-k, 16m | 21f | - | - | - | 19, 20a |

| Criterion number | AE | FM | OT | CPI | HCP | SS | Adult E | Adult C | AC |
|------------------|-----|-----|-----|-----|-----|----|---------|---------|-----|
| 76 | - | 17c | 13i | - | 15b | - | - | - | - |
| 77 | 23b | - | - | - | - | - | - | - | 28b |
| 78 | 17q | - | - | - | - | - | - | - | 20b |
| 79 | 23a | - | - | - | 16b | - | - | - | 28a |

AE=adolescent client exit interview tool

FM=facility manager interview tool

OT= Observation tool and checklist for facility inventory

CPI=client-provider interaction observation

HCP=health-care provider interview tool

SS=support staff interview tool

Adult E= adult client exit interview tool

Adult C=adult in the community interview tool

AC= adolescent in the community interview tool

National adaptation of tools

The proposed tools are constructed to measure the global standards. If changes were made in the process of the national adaptation of the global standards, the tools will need to be adapted as

well to make sure they are actually measuring the national standards. Below are some considerations in the process of adaptation of the tools.

If only minor changes were made in the process of national adaptation of the global standards (e.g. in the title of the cadre/personnel)

- Use the included tools as a basis, and adjust/adapt as necessary.

If new standards, or new criteria within the standards, were added in the process of national adaptation of the global standards

- Decide which data collection methods are best suited to assess the new criteria (e.g. adolescent client exit interview? observation? provider interview?). Make sure you collect data from at least two sources for each new criterion.
- Translate each new criterion into questions for the respective tools, and add these new questions in the corresponding questionnaires.
- Review the questionnaires for internal consistency, good flow of the questions, and to eliminate redundancies.

If standard(s), or criteria within the standards, were eliminated in the process of national adaptation of the global standards

- Identify the questions in the tools that correspond to the eliminated standards or criteria.
- Review the changed questionnaires for internal consistency and good flow of the questions.

Summarizing data in aggregate scores

An efficient way to summarize all the data that has been collected is to calculate an overall score for each standard that was assessed. Scoring is based on a point system in which low points, “0”, are assigned to answers/items indicating lower quality performance and high points, “1”, are assigned to answers/items indicating stronger or higher quality performance. To moderate the relative value of the observation vis-a-vis other data sources, in three instances a “weighted” score was applied (see Box 1). A score per standard is presented as a percentage of the maximum possible score, and is calculated by quantifying the information collected on the standard from each data source then averaging all of the scores from each data source (see Volume 4: Scoring sheets for data analysis).

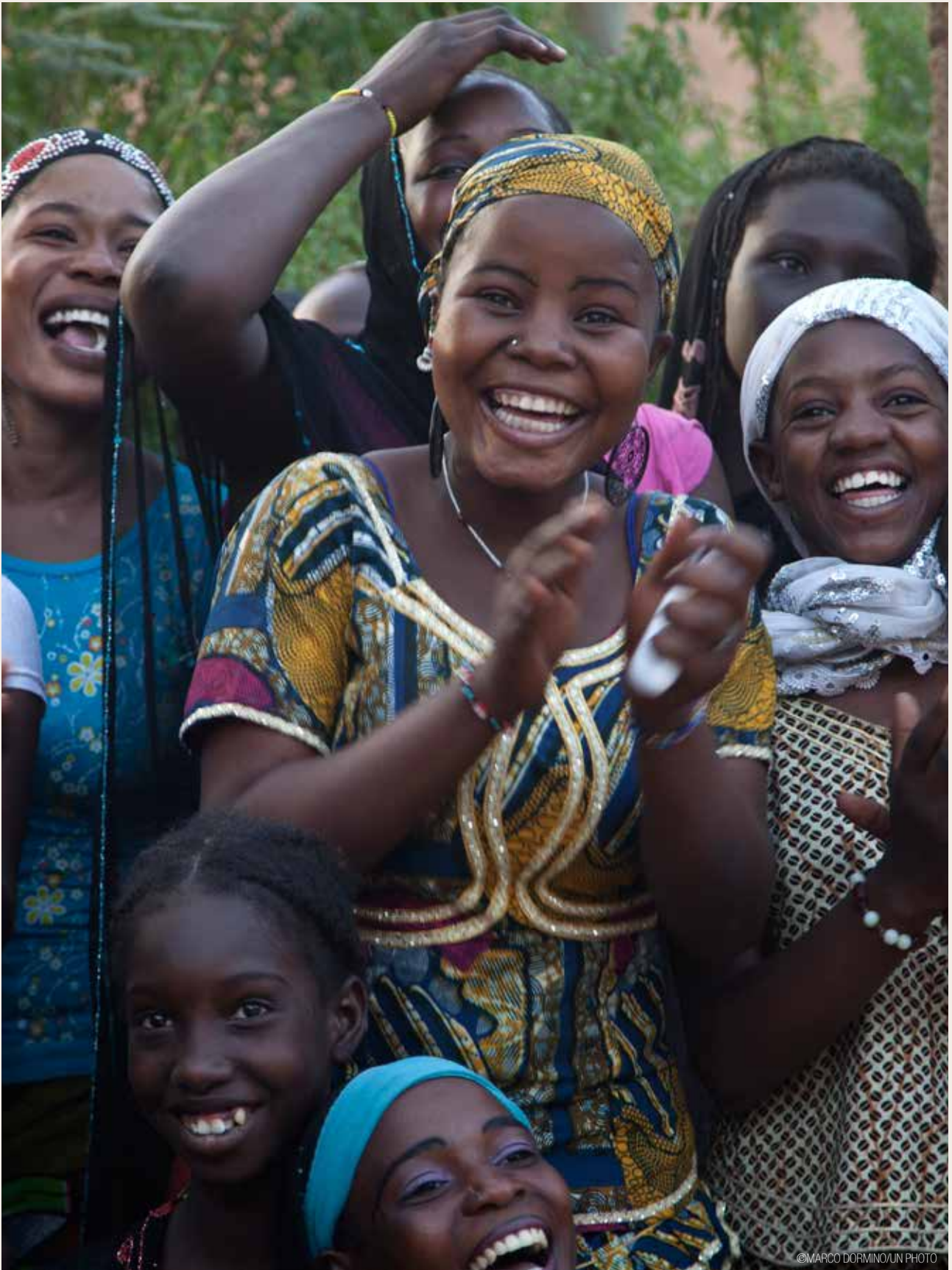
Countries may set thresholds to judge the level of implementation of standards, for example:

| | |
|-------------------|---------------------------|
| Score 10% or less | ■ Not meeting standards |
| Score 10%–40% | ■ Needs major improvement |
| Score 40%–80% | ■ Needs some improvement |
| Score 80% or more | ■ Meets standards |

Box 1. Weighting the relative importance of observation vis-a-vis other verification means

Depending on the criterion, the importance of direct observation vis-a-vis other verification means may vary. For example, the best way to measure Criterion 27, “Providers’ obligations and adolescents’ rights are clearly displayed in the health facility,” is to *observe* if the rights are clearly displayed. However, if the usual score of “1” is applied for an observed display of rights, then the results would be dominated by the other data sources used to measure this criterion. Therefore, a multiplier $\times 2$ is applied to give more weight to the observation as a measurement method. Conversely, Criterion 43, “Medicines and supplies are in adequate quantities without shortages (stock-outs), and are equitably used” and Criterion 44, “The equipment necessary to provide the required package of services to adolescents is available, functioning and equitably used” would usually be given a usual score of “1” if medicines or equipment are present. If measured this way, the results would be dominated by the observation (availability of the medicine or equipment) and would leave little space to detect inequitable use, which is measured by the other data sources. Therefore, a multiplier of $\times 0.75$ is applied to reflect in a more balanced manner both the “availability” and “equitable use” of medicines and equipment in the final score. In the majority of cases, the score from the direct observation constitutes approximately 50% of the total score. While in general this may be adequate, countries may decide during the process of adaptation if, and which, criterion should have weighted scores applied.

QUALITY MEASUREMENT TOOLS



ADOLESCENT CLIENT EXIT INTERVIEW TOOL FACE SHEET

Participant Code

NAME OF THE FACILITY: CODE:

ADDRESS¹ OF FACILITY:

Community

District/region

Province/zone

State

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

RESULTS OF INTERVIEW:

Completed 1

Partially completed 2

Refused 4

INTERVIEWED BY:

TIME INTERVIEW BEGAN: : TIME INTERVIEW ENDED :
HOUR MINUTE HOUR MINUTE

Name and signature of supervisor

DATE CHECKED: / /
D D M M Y Y Y Y

¹ The subnational political-administrative units in countries vary, and adaptations should be made as to the relevance of address items such as state/region/province/district/zone.

INTRODUCTION AND CONSENT

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

Hello,

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

I am interested in your son's/daughter's/ward's opinions, and I would like to talk to him/her about his/her experience using this health facility. For this I would like to ask him/her a few questions. This information will help to improve health services for adolescents. This interview will take about 20–25 minutes. I will not write down his/her name, and all the information he/she provides will be kept strictly confidential and not be shared with anyone else.

His/her participation in this survey totally depends on you and him/her. If you wish you may refuse to give us permission to interview your son/daughter/ward. If you decide your son/daughter/ward should not participate, it will not affect his/her access to services at this health facility in any way.

Do you have any questions?

May we begin?

The parent/guardian has given permission Yes..... 1

No.....2

“All my questions were answered. I have understood and agree to give consent to the interview.”

Signature/thumb impression/verbal consent of the parent/guardian:

DATE: / /
D D M M Y Y Y Y

Signature of Interviewer:

Consent form for the adolescent client

My name is _____ and I work for the _____. We are conducting an assessment of the quality of care provided to adolescents in this facility on behalf of _____. I am interested in your opinions, and I would like to talk to you about your experience of using this health facility. For this I would like to ask you a few questions. This information will help to improve health services for adolescents. This interview will take about 15 to 20 minutes. I will not write down your name and all the information you provide will be kept strictly confidential and not be shared with anyone else.

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

Do you have any questions?

May we begin?

The interviewee has agreed to answer Yes.....1

No.....2

“All my questions were answered. I have understood and agree to give consent to the interview.”

Signature/thumb impression/verbal consent of the adolescent client:

DATE: / /
D D M M Y Y Y Y

Signature of Interviewer:

ADOLESCENT CLIENT EXIT INTERVIEW TOOL

| Question number | Criterion number | Questions for the adolescent client exit interview | Response & Code | Remarks |
|-----------------|------------------|--|--|---|
| 1 | - | Is this your first visit to this facility? | First 2 Repeat 3 | |
| 2 | 1 | Did you notice any signboard in a language you understand that mentions the operating hours of the facility? | Yes 1 No 0 | |
| 3 | - | Today, if someone accompanied you, could you tell me who it was? | I came alone A Parent/guardian B Sibling C Spouse D Friend E Other (please specify)F _____ | ➔ Skip to Q 5 |
| 4 | 42, 47 | If you came accompanied by another person, did you have some time alone with the health-care provider? | Yes 1 No 0 | |
| 5 | 17 | Does your guardian (parent/spouse/ in-laws/other) support your using this health facility? | Yes 1 No 0 Don't know 8 | |
| 6 | - | Today, what services did you come to this facility for? | _____ | |
| 7 | 23 | Today, did you get the services that you came for? | Yes 1 No 0 | |
| 8 | 6 | Did anybody tell you, today or in other occasions, what other services you can obtain in this facility? | Yes 1 No 0 | ➔ Skip to Q 10 |
| 9 | 9 | Could you tell me what (other) services are provided to adolescents in this facility? (Probe to see if he/she can mention some services.) | Yes 1 No 0 Physical and pubertal development A Menstrual hygiene/ problems B Nutrition C Anaemia D Immunization E STIs F HIV G | Code "yes" if at least 2 other services are named apart from the service he/she came for. |

| Question number | Criterion number | Questions for the adolescent client exit interview | Response & Code | Remarks |
|-----------------|------------------|--|---|--|
| | | | Oral contraceptive pills..... H Condoms I IUD..... J Emergency contraceptive pills..... K Implants L Injectables M Antenatal care N Safe delivery O Postpartum care..... P Safe abortion Q Post-abortion care..... R Dermatological S Mental health..... T Substance use U Violence..... V Injuries..... W Fever X Diarrhoea..... Y Malaria Z Tuberculosis ZZ Other (please specify) ZZZ _____ | |
| 10 | 9 | If one day you will need services that are not provided in this facility, do you know where to go, or whom to ask? | Yes 1 No 0 | |
| 11 | a) | 2 | Did you see informational materials for adolescents, including video or TV, in the waiting area? Yes 1 No 0 | → Skip to Q 12 |
| | b) | 2 | Did you like the informational materials? Yes 1 No 0 Don't know..... 8 | |
| 12 | | Today, when you visited the facility, did you find that it has: | | |
| | a) | 45 | Working hours that are convenient for you? Yes 1 No 0 | |
| | b) | 45 | A reasonably short waiting time? (ask how long the client waited) Yes 1 No 0 | Code "yes" if the waiting time was 30 minutes or less. |
| | c) | 42, 47 | Curtains in doors and on windows so that nobody can see you during the examination? Yes 1 No 0 | |
| | d) | 46 | Comfortable seating in the waiting area? Yes 1 No 0 | |

| Question number | Criterion number | Questions for the adolescent client exit interview | Response & Code | Remarks |
|-----------------|------------------|--|---|--|
| | e) | 46 | Drinking water available? Yes 1 No 0 | |
| 13 | a) | Were the following sufficiently clean: | | |
| | b) | 46 | Surroundings? Yes 1 No 0 | |
| | c) | 46 | Consultation areas? Yes 1 No 0 | |
| | | 46 | Toilets, which were functional? Yes 1 No 0 | |
| 14 | a) | 27 | Have you seen a display with your rights? Yes 1 No 0 | |
| | b) | 34 | Can you tell me what your rights are? Yes 1 No 0 Considerate, respectful and non-judgemental 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 ParticipationF Adequate and clear informationG | Code "yes" if at least 3 mentioned from the list provided. |
| 15 | | 27, 52 | Have you seen a display which mentions that services will be provided to all adolescents without discrimination? Yes 1 No 0 | |
| 16 | | 27 | 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 the service provider inform you about the services available? Yes 1 No 0 | |
| | c) | 31 | Did the service provider ask you questions about your home and your relationships with adults? Yes 1 No 0 | |
| | d) | 31 | Did the service provider ask you questions about school? Yes 1 No 0 | |

| Question number | Criterion number | Questions for the adolescent client exit interview | Response & Code | Remarks |
|-----------------|------------------|--|---|----------------|
| e) | 31 | Did the service provider ask you questions about your eating habits? | Yes 1 No 0 | |
| f) | 31 | Did the service provider ask you questions about sports or other physical activity? | Yes 1 No 0 | |
| g) | 31 | Did the service provider ask you questions about sexual relationships? <i>(Ask this question only to adolescents of an appropriate age.¹)</i> | Yes 1 No 0 | |
| h) | 31 | Did the service provider ask you questions about smoking, alcohol or other substances? | Yes 1 No 0 | |
| i) | 31 | Did the service provider ask you questions about how happy you feel, or other questions about your mood or mental health? | Yes 1 No 0 | |
| j) | 32, 34 | Did the service provider treat you in a friendly manner? | Yes 1 No 0 | |
| k) | 32, 34 | Was the service provider respectful of your needs? | Yes 1 No 0 | |
| l) | 47 | Did anyone else enter the room during your consultation? | Yes 1 No 0 | |
| m) | 42 | Did the service provider assure you at the beginning of the consultation that your information will not be shared with anyone without your consent? | Yes 1 No 0 | |
| n) | 47 | Do you feel confident that the information you shared with service provider today will not be disclosed to anyone else without your consent? | Yes 1 No 0 | |
| o) | 35, 75 | Do you feel that the health information provided during the consultation was clear and that you understood it well? | Yes 1 No 0 | |
| p) | 75 | Did the provider ask you if you agree with the treatment/procedure/solution that was proposed? | Yes 1 No 0 | |
| q) | 78 | Overall, did you feel that you were involved in the decisions regarding your care? For example, you had a chance to express your opinion or preference for the care provided, and your opinion was listened to, and heard? | Yes 1 No 0 Don't know 8 | |
| 18 | a) | Today, did you have any contact with anyone from support staff (receptionist, cleaning staff, or security staff)? | Yes 1 No 0 | ➔ Skip to Q 19 |

| Question number | Criterion number | Questions for the adolescent client exit interview | Response & Code | Remarks |
|-----------------|------------------|--|---|----------------|
| | b) | 32, 34 | Did you feel that support staff were friendly and treated you with respect? Yes 1 No 0 | |
| 19 | | 43, 48 | Today, did you not get the services you wanted because of a lack of medicines or other materials? Yes 0 No 1 | |
| 20 | | 44, 48 | Today, did you not get the services you wanted because of a lack of equipment, or because the equipment was not functioning? Yes 0 No 1 | |
| 21 | a) | 57 | Today, were you denied necessary services at this health facility? Yes 0 No 1 | ➔ Skip to Q 22 |
| | b) | 57 | If yes, what do you think was the reason for the denial? Age below 18 A Unmarried B Not in school C Inability to pay D Unavailable in the facility E The condition needs referral F Other (please specify) ... G _____ | |
| | c) | 57 | Which services were denied? Nutritional B Anaemia C Immunization D Menstrual hygiene / problems E RTI and STI F HIV G Oral contraceptive pills . H Condom I IUD J Emergency contraceptive pills K Implants K Injectables K Medical abortion/ menstrual regulation/ surgical abortion L Post-abortion care M Antenatal care O Postnatal care Q Dermatological R Mental health S Substance use T Sexual violence U Other (please specify) ... V _____ | |

| Question number | Criterion number | Questions for the adolescent client exit interview | Response & Code | Remarks |
|-----------------|------------------|--|--|--|
| 22 | a) | - | Today, has any service provider referred you to another health facility for services not provided here? Yes 1 No 0 | → Skip to Q 23 |
| | b) | 22 | Did the provider give you a detailed referral note (stating the health condition, address of the referral, working hours and cost of services)? Yes 1 No 0 | |
| 23 | a) | 79 | Today, or in other occasions, were you or your friends approached to help staff in working with adolescents in this adolescent clinic/ health facility? Yes 1 No 0 | |
| | b) | 77 | Today, or in other occasions, were you or your friends approached to help facility staff in planning health services, or any activity to improve the quality of services such as surveys, participating in meetings to discuss the quality of care, or any other? Yes 1 No 0 | |
| 24 | | 21 | Have you ever received information, counselling or health services in the community setting (for example in school, clubs, community meetings, or any other?) Yes 1 No 0 | |
| 25 | a) | 8 | What do you know about anaemia? 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 (please specify)F _____ | Code “yes” if at least 2 items from the list were named. |
| | b) | 8 | Do you know how to prevent anaemia? Yes 1 No 0 Iron and folic acid tablets A Eat leafy greens B Eat vegetables..... C Eat meat and liver D Drink milk E Eat eggs.....F Have a balanced dietG Other (please specify) ...H _____ | Code “yes” if at least 2 items from the list were named. |

| Question number | Criterion number | Questions for the adolescent client exit interview | Response & Code | Remarks |
|-----------------|------------------|--|--|---|
| 26 | a) | 8 Can you name any health or other consequences of getting married very young? | Yes 1 No 0 Dropping out of school A Early childbirth B More prone to sexually transmitted diseases..... C Other (please specify) ... D _____ | Code “yes” if at least 2 items from the list were named. |
| | b) | 8 Can you name any health consequences of having a baby at a young age? | Yes 1 No 0 Anaemia A Babies with low birth weight B Death of the mother..... C Difficult labour D Preterm birth E Death of the baby F Other (please specify) ... G _____ | Code “yes” if at least 2 items from the list were named. |
| 27 | a) | 8 Do you know what is the minimum number of check-ups that a pregnant woman should get? <i>(Ask 15–19 year olds only.)</i> | Correct answer 1 Doesn't know or incorrect answer 0 | Check the country policy for the recommended minimum number of check-ups. ² |
| | b) | 9 Do you know where an adolescent girl can go for such check-ups? <i>(Ask 15–19 year olds only.)</i> | Correct answer 1 Doesn't know or incorrect answer 0 Possible answers: Government hospital A Adolescent clinic B Health centre/office C Auxiliary nurse midwife office D Private hospital E Other (please specify) F _____ | Code “correct answer” if at least 1 type of facility in line with national policy was named. ³ |

| Question number | Criterion number | Questions for the adolescent client exit interview | Response & Code | Remarks |
|-----------------|------------------|---|--|--|
| 28 | a) | 8 Can you name any methods of contraception? <i>(Ask 15–19 year olds only.)</i> | No 0 Yes 1 Condom A Oral contraceptive pills .. B Emergency contraceptive pills..... C IUD..... D Injectables E Implants E Abstinence F LAM G Standard Days Method .. H Withdrawal I Others (please specify)... J _____ | ➔ Skip to Q 29 Code “yes” if at least 3 methods from the list, with at least 2 modern contraceptives, were named. |
| | b) | 9 Do you think you could get one if you needed it? <i>(Ask 15–19 year olds only.)</i> | Yes 1 No 0 | |
| | c) | 8 Have you heard about emergency contraceptive pills? <i>(Ask 15–19 year olds only.)</i> | Yes 1 No 0 | ➔ Skip to Q 29 |
| | d) | 8 Do you know what they are used for? <i>(Ask 15–19 year olds only.)</i> <i>(Probe for how they are used.)</i> | Yes 1 No 0 Stopping a pregnancy from happening 1 Other (please specify) . 10 _____ | |
| | e) | 9 Do you think you could get them if you needed them? <i>(Ask 15–19 year olds only.)</i> | Yes 1 No 0 | |
| 29 | a) | 8 Have you heard about condoms? <i>(Ask 15–19 year olds only.)</i> | Yes 1 No 0 | ➔ Skip to Q 30 |
| | b) | 8 Could you tell me why a condom is used? <i>(Ask 15–19 year olds only.)</i> | Yes 1 No 0 For contraception/ preventing pregnancy ... A Preventing HIV or other sexually transmitted infections..... B Other (please specify) ... C _____ | Code “yes” if both pregnancy and STI prevention is mentioned. |

| Question number | Criterion number | Questions for the adolescent client exit interview | Response & Code | Remarks |
|-----------------|------------------|--|---|--|
| | c) | 9 If you or your friends would need a condom, can you tell me where to get one? <i>(Ask 15–19 year olds only.)</i> | Yes 1 No 0 Shop A Pharmacy B Government hospital/ clinic/family planning centre C Adolescent clinic D Private hospital/clinic/ family planning centre ... E Community volunteer F Auxiliary nurse midwife .G Other (please specify) ... H _____ | Code “yes” if at least one place is mentioned. |
| | d) | 21 Do you feel you could get a condom if you needed one? <i>(Ask 15–19 year olds only.)</i> | Yes 1 No 0 Don’t know 8 | |
| 30 | a) | 8 Have you heard of HIV? | Yes 1 No 0 | ➔ Skip to Q 31 |
| | b) | 8 Could you please answer the following questions on HIV? | Yes 1 No 0 Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners? A Can a person reduce the risk of getting HIV by using a condom every time they have sex? B Can a healthy-looking person have HIV? C Can a person get HIV from mosquito bites? D Can a person get HIV by sharing food with someone who is infected? E | Code “yes” if all five questions are answered correctly. |
| | c) | 9 If you would want to get tested for HIV would you be able to get tested? | Yes 1 No 0 | |
| 31 | | 9 If an adolescent in your locality had an unwanted pregnancy, would they know where to go for medical advice? | Yes 1 No 0 | |

| Question number | Criterion number | Questions for the adolescent client exit interview | Response & Code | Remarks |
|-----------------|------------------|--|---|----------------------------------|
| 32 | 8 | Do you know what care to take each month during the menstrual cycle? <i>(Ask girls only.)</i> | Yes 1 No 0 Daily shower A Use soft and clean cloth B Wash cloth with soap and water C Dry cloth in sunlight D Store cloth in clean place E Use sanitary napkins F How to dispose of sanitary napkins G Other (please specify) ... H _____ | |
| 33 | a) | 8 Have you ever heard of diseases that can be transmitted through sexual intercourse? <i>(Ask 15–19 year olds only.)</i> | Yes 1 No 0 Don't know 8 | } Skip to Q 34 |
| | b) | 8 Do you know any symptoms of sexually transmitted infections? <i>(Ask 15–19 year olds only.)</i> | Yes 1 No 0 Abdominal pain (only in women) A Genital discharge B Foul smelling discharge C Burning pain on urination D Genital ulcers/sores E Swelling in the groin area F Other (please specify) ... G _____ | |
| | c) | 9 If you or someone of your age had these problems, would you know where to go for check-up and treatment? | Yes 1 No 0 Self-treat A Traditional healer B Adolescent clinic C Government facility D Auxiliary nurse midwife .. E Private clinic F Other (please specify) ... G _____ | |
| 34 | a) | - Do you have any ideas for how adolescents could get more involved in planning, designing and implementing good quality health care in this community? | Yes 1 No 0 | ➔ End the interview with thanks. |

| Question number | Criterion number | Questions for the adolescent client exit interview | Response & Code | Remarks | |
|---------------------------------------|------------------|--|--|-------------------------|--|
| | b) | - | Can you please share your ideas with us? | <hr/> <hr/> <hr/> <hr/> | |
| <i>End the interview with thanks.</i> | | | | | |

Notes for adaptation:

- ¹ The appropriate age will be decided during the national adaptation, and it should be based on local statistics regarding the age of sexual initiation.
- ² Adapt according to the country policies; the WHO-recommended minimum number of antenatal visits is four.
- ³ Adapt list according to the country policies.

HEALTH FACILITY MANAGER INTERVIEW TOOL FACE SHEET

Interviewee Code

NAME OF THE PERSON:

SEX: Male.....1 Female.....2

NAME OF THE FACILITY: CODE:

ADDRESS OF FACILITY:

Community

District/region

Province/zone

State

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

RESULTS OF INTERVIEW:

Completed 1

Partially completed 2

Refused 3

INTERVIEWED BY:

TIME INTERVIEW BEGAN: : TIME INTERVIEW ENDED :
HOUR MINUTE HOUR MINUTE

Name and signature of supervisor

DATE CHECKED: / /
D D M M Y Y Y Y

INTRODUCTION AND CONSENT

Consent form for the health facility manager

Hello,

My name is _____ and I work for the _____. We are conducting an assessment of the quality of care provided to adolescents in this facility on behalf of _____. I would like to ask you and your staff some questions. Then, I would like to observe the environment for service provision at your health facility and access some of your records. In addition, I would like to inquire about the medicines and supplies available. At the end I would like to be present during at least one adolescent client-provider interaction. All this information will help to improve the quality of health care for adolescents in (the district, country) _____. Observing the environment for service provision at the health facility will require about 35–40 minutes. Conducting the interviews will require about 60 minutes.

All the information that you and your staff provide in the interview will be kept confidential and will not be shared with anyone else. This survey is anonymous and the questionnaire will not be seen by anyone not involved in the survey analysis. Your participation in this review process is voluntary. You may decide not to participate in this interview or not to answer some of the questions.

Do you have any questions?

May we begin?

| | |
|---|-----------|
| Interviewee has agreed to participate | Yes.....1 |
| | No.....2 |
| Permission for observation is available | Yes.....1 |
| | No.....2 |

Signature/thumb impression/verbal consent of the interviewee:

HEALTH FACILITY MANAGER INTERVIEW TOOL

| Question number | Criterion number | Questions for the health facility manager | Response & Code | Remarks | |
|-----------------|------------------|--|---|--|--|
| 1 | - | For how long have you been working in this position? | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Years Months | | |
| 2 | - | <p>Could you tell me how many staff you have:</p> <p>AND</p> <p>How many of them are trained in the provision of health-care services to adolescents specifically?</p> | <p>a) Available</p> <p>Doctor <input type="text"/> <input type="text"/></p> <p>Nurse <input type="text"/> <input type="text"/></p> <p>Midwife <input type="text"/> <input type="text"/></p> <p>Counsellor <input type="text"/> <input type="text"/></p> <p>Outreach worker <input type="text"/> <input type="text"/></p> <p>Support staff (specify) <input type="text"/> <input type="text"/></p> <hr/> | <p>b) Trained in the provision of health-care services to adolescents specifically</p> <p>Doctor <input type="text"/> <input type="text"/></p> <p>Nurse <input type="text"/> <input type="text"/></p> <p>Midwife <input type="text"/> <input type="text"/></p> <p>Counsellor <input type="text"/> <input type="text"/></p> <p>Outreach worker <input type="text"/> <input type="text"/></p> <p>Support staff (specify) <input type="text"/> <input type="text"/></p> <hr/> | |
| 3 | | Could you tell me which of these components were covered by the training in adolescent health? | | | |
| | a) | 3 | Communication skills to talk to adolescents | Yes 1 No 0 Don't know 8 | |
| | b) | 10 | Communication skills to talk to adult visitors/community members | Yes 1 No 0 Don't know 8 | |
| | c) | 26 | The policy on privacy and confidentiality | Yes 1 No 0 Don't know 8 | |
| | d) | 25 | Clinical case management | Yes 1 No 0 Don't know 8 | |
| | e) | 26 | Orientation on the importance of respecting the rights of adolescents to information and health care that is provided in a respectful, non-judgemental and non-discriminatory manner | Yes 1 No 0 Don't know 8 | |
| | f) | 51 | Policies and procedures to ensure free or affordable service provision | Yes 1 No 0 Don't know 8 | |
| | g) | 60 | Data collection, analysis and use for quality improvement | Yes 1 No 0 Don't know 8 | |

| Question number | Criterion number | Questions for the health facility manager | Response & Code | Remarks |
|-----------------|------------------|---|---|---------------|
| 4 | | Did you undergo any of the following trainings as facility manager? | | |
| | a) 25, 26 | Orientation in adolescent health care | Yes 1 No 0 | |
| | b) 60 | Training in quality improvement for adolescent health care | Yes 1 No 0 | |
| | c) 62 | Training in supportive supervision for adolescent health care | Yes 1 No 0 | |
| 5 | 24 | Do you have job descriptions for each category of staff employed in your facility? | Yes 1 No 0 Don't know 8 |] Skip to Q 7 |
| 6 | | Do the job descriptions of your staff include a focus on adolescent health care? | | |
| | a) 24 | Doctor | Yes 1 No 0 Don't know 8 | |
| | b) 24 | Nurse | Yes 1 No 0 Don't know 8 | |
| | c) 24 | Midwife | Yes 1 No 0 Don't know 8 | |
| | d) 24 | Outreach worker | Yes 1 No 0 Don't know 8 | |
| | e) 24 | Counsellor | Yes 1 No 0 Don't know 8 | |
| | f) 24 | Other (please specify) _____ | Yes 1 No 0 Don't know 8 | |
| 7 | | Do you have any of the following guidelines/SOPs in your facility? | | |
| | a) 28 | Clinical case management guidelines or job aids/algorithms for adolescent health care | Yes 1 No 0 | |
| | b) 19 | SOPs for which services should be provided in the facility and which in the community | Yes 1 No 0 | |
| | c) 20 | Referral guidelines | Yes 1 No 0 | |
| | d) 20 | Policy/SOPs for a planned transition from paediatric to adult care | Yes 1 No 0 | |

| Question number | Criterion number | Questions for the health facility manager | Response & Code | Remarks |
|-----------------|------------------|--|---------------------------|---------|
| e) | 38 | Guidelines/SOPs on protecting the privacy and confidentiality of adolescents | Yes 1 No 0 | |
| f) | 73 | Guidelines/SOPs on informed consent | Yes 1 No 0 | |
| g) | 36 | Guidelines/SOPs with staff responsibilities on making the health facility welcoming, convenient and clean | Yes 1 No 0 | |
| h) | 36 | SOPs on how to minimize the waiting time for adolescent clients | Yes 1 No 0 | |
| i) | 36 | SOPs on how to provide services to adolescents with, or without, an appointment | Yes 1 No 0 | |
| j) | 50 | Guidelines/SOPs on how to provide free, or affordable, services to adolescents | Yes 1 No 0 | |
| k) | 49 | Guidelines/SOPs on how to provide equitable services to all adolescents irrespective of their ability to pay, age, sex, marital status and other characteristics | Yes 1 No 0 | |
| l) | 61 | Guidelines/SOPs on self-monitoring of the quality of care provided to adolescents | Yes 1 No 0 | |
| m) | 72 | SOPs on how to involve adolescents in the planning, monitoring and evaluation of health services and service provision | Yes 1 No 0 | |
| n) | 72 | SOPs on how to involve vulnerable groups of adolescents in the planning, monitoring and evaluation of health services and service provision | Yes 1 No 0 | |
| o) | 63 | Guidelines/SOPs on how to reward and recognize highly performing staff | Yes 1 No 0 | |
| p) | 29 | Guidelines/SOPs on supportive supervision in adolescent health care | Yes 1 No 0 | |
| q) | 29 | Tools for supportive supervision in adolescent health care | Yes 1 No 0 | |
| 8 | | Do you regularly conduct supportive supervision visits with a focus on adolescent health care: | | |
| a) | 66 | To facility health-care providers? | Yes 1 No 0 | |
| b) | 66 | To support staff? | Yes 1 No 0 | |
| c) | 66 | To outreach workers? | Yes 1 No 0 | |
| 9 | | Does your facility regularly conduct self-assessments: | | |
| a) | 74 | To identify adolescents' expectations about the services in the facility? | Yes 1 No 0 | |

| Question number | Criterion number | Questions for the health facility manager | Response & Code | Remarks | |
|-----------------|------------------|---|---|---------------------------|--|
| | b) | 74 | To find out about adolescents' experience of care? | Yes 1 No 0 | |
| | c) | 64 | To assess the quality of health-care services? | Yes 1 No 0 | |
| | d) | 65 | To establish action plans for improvements? | Yes 1 No 0 | |
| | e) | 62 | To inform priorities for supportive supervision? | Yes 1 No 0 | |
| 10 | | Do you have the following information items displayed in the facility? | | | |
| | a) | 27 | The rights of adolescents to information, non-judgemental attitude and respectful care | Yes 1 No 0 | |
| | b) | 27, 49 | The policy commitment of the health facility to provide health services to all adolescents without discrimination and to take remedial actions, if necessary | Yes 1 No 0 | |
| | c) | 27 | The policy on confidentiality and privacy | Yes 1 No 0 | |
| | d) | 27, 50 | The policy on free or affordable service provision for adolescents | Yes 1 No 0 | |
| 11 | | In your facility, are the following procedures established to ensure privacy, confidentiality and the security of medical information? | | | |
| | a) | 38 | Information on the identity of the adolescent and the presenting issue are gathered in confidence during the registration. | Yes 1 No 0 | |
| | b) | 38 | Staff do not disclose any information given to or received from an adolescent to third parties, such as family members, school teachers or employers, without the adolescent's consent. | Yes 1 No 0 | |
| | c) | 38 | Case records are kept in a secure place, accessible only to authorized personnel. | Yes 1 No 0 | |
| | d) | 38 | Measures are implemented to prevent unauthorized access to electronically stored information. | Yes 1 No 0 | |
| | e) | 38 | To maintain privacy during the consultation, there are curtains in windows and doors and a screen separating the consultation area from the examination area. | Yes 1 No 0 | |
| 12 | | 59 | Is there a system in place in the facility to collect data on cause-specific service utilization by adolescents that is disaggregated by age and sex? | Yes 1 No 0 | |
| 13 | | 68 | Do facility reports to the district include data on cause-specific service utilization by adolescents that is disaggregated by age and sex? | Yes 1 No 0 | |

| Question number | Criterion number | Questions for the health facility manager | Response & Code | Remarks |
|-----------------|------------------|--|---------------------------|---------|
| 14 | 69 | Do facility reports to the district on quality of care have a focus on adolescents? | Yes 1 No 0 | |
| 15 | | Do you ensure that there are systems in place for: | | |
| | a) | 39 Procurement and stock management of the medicines and supplies necessary to deliver the required package of services to adolescents? | Yes 1 No 0 | |
| | b) | 40 Procurement, inventory, maintenance and safe use of the equipment necessary to deliver the required package of services to adolescents? | Yes 1 No 0 | |
| | c) | 37 Basic amenities (electricity, water, sanitation and waste disposal)? | Yes 1 No 0 | |
| 16 | | Does the facility have a documented plan: | | |
| | a) | 12 To inform adults, when they visit the health facility, during community meetings and through community organizations, about the value of providing services to adolescents? | Yes 1 No 0 | |
| | b) | 5 To inform adolescents in the community (in schools, clubs, community meetings) about their health and the services available? | Yes 1 No 0 | |
| | c) | 19 For provision of health services to adolescents in community settings? | Yes 1 No 0 | |
| | d) | 65 For actions to improve the quality of care in the facility based on the results of the last self-assessment? | Yes 1 No 0 | |
| 17 | | Do you have budget to ensure: | | |
| | a) | 30 Continuous professional education activities in adolescent health care for facility staff? | Yes 1 No 0 | |
| | b) | 30 Training of outreach workers in adolescent health care? | Yes 1 No 0 | |
| | c) | 76 Training of adolescents in providing certain services (e.g. health education for peers, counselling)? | Yes 1 No 0 | |
| | d) | 37 Maintaining basic amenities of the facility in good condition? | Yes 1 No 0 | |
| | e) | 36 Keeping the facility welcoming and clean? | Yes 1 No 0 | |
| | f) | 63 Rewarding highly performing staff? | Yes 1 No 0 | |

| Question number | Criterion number | Questions for the health facility manager | Response & Code | Remarks |
|---------------------------------------|------------------|--|---|---|
| 18 | | Do you have at hand updated lists of: | | |
| | a) | 11 Agencies and organizations the facility partners with to increase community support for adolescent use of services? | Yes 1 No 0 | |
| | b) | 20 Organizations from the health and other sectors, for example, social, recreational, legal sectors, that provide services to adolescents in the catchment area? | Yes 1 No 0 | |
| | c) | 39, 40 Medicine, supplies and necessary equipment? | Yes 1 No 0 | |
| | d) | 18 Services included in the package of information, counselling, treatment and care services that are to be provided to adolescents? | Yes 1 No 0 | |
| 19 | a) | - Does your facility have a governance structure/board that includes members of the community to advise you on how to plan services and make them better? | Yes 1 No 0 Don't know 8 |] <i>End the interview with thanks.</i> |
| | b) | 71 Does this structure/board include adolescents? | Yes 1 No 0 Don't know 8 | |
| <i>End the interview with thanks.</i> | | | | |

OBSERVATION TOOL AND CHECKLIST FOR FACILITY INVENTORY FACE SHEET

NAME OF THE FACILITY: CODE:

ADDRESS OF FACILITY:

Community

District/region

Province/zone

State

DATE OF OBSERVATION: / /
D D M M Y Y Y Y

RESULTS OF OBSERVATION:

Completed 1

Partially completed 2

Refused 4

OBSERVATION BY:

TIME OBSERVATION BEGAN: : TIME OBSERVATION ENDED: :
HOUR MINUTE HOUR MINUTE

Observer: Please check the Health facility manager consent form.
Have you gotten permission for the observation, and for filling in the checklist?

Name and signature of supervisor

DATE CHECKED: / /
D D M M Y Y Y Y

OBSERVATION TOOL AND CHECKLIST FOR FACILITY INVENTORY

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

| Question number | Criterion number | Quality assessment questions | Observation & Code | Skip |
|-----------------|------------------|-----------------------------------|---|---------------|
| 1 | a) | 1 | Is there a signboard that mentions the facility operating hours? Yes 1 No 0 | → Skip to Q 2 |
| | b) | 1 | Is it clearly visible? Yes 1 No 0 | |
| | c) | 1 | Does it mention hours for adolescent health clinics? Yes 1 No 0 | |
| 2 | | Does the waiting area: | | |
| | a) | 36 | Have adequate and comfortable seating? Yes 1 No 0 | |
| | b) | 2 | Have information, education and communication materials specifically developed for adolescents? Yes 1 No 0 | |
| | c) | 36 | Have drinking water? Yes 1 No 0 | |
| | d) | 36 | Seem welcoming overall? Yes 1 No 0 | |
| | e) | 36 | Seem clean overall? Yes 1 No 0 | |
| 3 | | Check for basic amenities. | | |
| | a) | 37 | Is there a functional toilet? Yes 1 No 0 | |
| | b) | 37 | Does the toilet have functioning hand hygiene facilities? Yes 1 No 0 | |
| | c) | 37 | Is the toilet clean? Yes 1 No 0 | |
| | d) | 37 | Does the toilet have a disposal bin? Yes 1 No 0 | |
| | e) | 37 | Does the facility have permanent electricity during working hours? Yes 1 No 0 | |
| | f) | 37 | Does the facility have general waste disposal? Yes 1 No 0 | |
| | g) | 37 | Does the facility have safe storage and disposal of clinical waste and potentially infectious waste that requires special disposal – such as disposable of equipment that may have come in contact with body fluids? Yes 1 No 0 | |

| Question number | Criterion number | Quality assessment questions | Observation & Code | Skip |
|-----------------|------------------|--|--|------|
| | h) | 37 | Does the facility have safe storage and disposal of sharps? Yes 1 No 0 | |
| | i) | 37 | Does the facility have adequate hand hygiene facilities that are located in or adjacent to the office/examination room? Yes 1 No 0 | |
| 4 | | 36 | Are the surroundings of the facility clean? Yes 1 No 0 | |
| 5 | | Does the facility furniture seem adequate: | | |
| | a) | 36 | Regarding quantity? Yes 1 No 0 | |
| | b) | 36 | Regarding the state of repair? Yes 1 No 0 | |
| 6 | | Does the facility have the following equipment/material/supplies:¹ | | |
| | a) | 44 | Blood pressure measurement machine Yes 1 No 0 | |
| | b) | 44 | Binaural adult stethoscope Yes 1 No 0 | |
| | c) | 44 | Monaural fetal stethoscope Yes 1 No 0 | |
| | d) | 44 | Pregnancy test strips Yes 1 No 0 | |
| | e) | 44 | Clinical thermometer Yes 1 No 0 | |
| | f) | 44 | Adult weighing scales Yes 1 No 0 | |
| | g) | 44 | Measuring tape Yes 1 No 0 | |
| | h) | 44 | Light source, for example a torch Yes 1 No 0 | |
| | i) | 44 | Refrigerator Yes 1 No 0 | |
| | j) | 44 | Haemoglobinometer Yes 1 No 0 | |
| | k) | 44 | Test strips for urine, 10 parameter Yes 1 No 0 | |
| | l) | 28 | BMI growth charts for adolescents Yes 1 No 0 | |
| | m) | 44 | Height meter Yes 1 No 0 | |
| | n) | 44 | Opthalmoscope set Yes 1 No 0 | |

| Question number | Criterion number | Quality assessment questions | Observation & Code | Skip | |
|-----------------|------------------|------------------------------|--|---------------------------|--|
| | o) | 44 | Otoscope set | Yes 1 No 0 | |
| | p) | 43 | Latex gloves | Yes 1 No 0 | |
| | q) | 43 | Single-use standard disposable or auto-disposable syringes | Yes 1 No 0 | |
| | r) | 43 | Soap or alcohol-based hand rub for hand hygiene | Yes 1 No 0 | |
| | s) | 44 | Communication equipment (phone or short-wave radio) | Yes 1 No 0 | |
| | t) | 44 | Computer with email/internet access | Yes 1 No 0 | |
| 7 | | | Check the minimum levels of stock for the following medicines and supplies in the facility.² | | |
| | a) | 43 | Condoms | Yes 1 No 0 | |
| | b) | 43 | Oral contraceptive pills | Yes 1 No 0 | |
| | c) | 43 | Emergency contraceptive pills | Yes 1 No 0 | |
| | d) | 43 | Injectable contraceptives | Yes 1 No 0 | |
| | e) | 43 | Contraceptive implants | Yes 1 No 0 | |
| | f) | 43 | Intravenous fluids | Yes 1 No 0 | |
| | g) | 43 | Paracetamol | Yes 1 No 0 | |
| | h) | 43 | Amoxicillin | Yes 1 No 0 | |
| | i) | 43 | Atenolol | Yes 1 No 0 | |
| | j) | 43 | Ceftriaxone | Yes 1 No 0 | |
| | k) | 43 | Ciprofloxacin | Yes 1 No 0 | |
| | l) | 43 | Cotrimoxazole suspension | Yes 1 No 0 | |
| | m) | 43 | Diclofenac | Yes 1 No 0 | |

| Question number | Criterion number | Quality assessment questions | Observation & Code | Skip | |
|-----------------|------------------|---|---|---------------------------|--|
| | n) | 43 | Glibenclamide | Yes 1 No 0 | |
| | o) | 43 | Omeprazole | Yes 1 No 0 | |
| | p) | 43 | Salbutamol | Yes 1 No 0 | |
| | q) | 43 | Diazepam | Yes 1 No 0 | |
| | r) | 43 | Magnesium sulfate | Yes 1 No 0 | |
| | s) | 43 | Vaccines ³ | Yes 1 No 0 | |
| 8 | | Check for visual and auditory privacy features. | | | |
| | a) | 38 | There are curtains on the doors and windows. | Yes 1 No 0 | |
| | b) | 38 | Communication between reception staff and visitors is private and cannot be overheard, including from the waiting room. | Yes 1 No 0 | |
| | c) | 38 | In the offices/examining rooms, there is a screen to separate the examination area from the consultation area. | Yes 1 No 0 | |
| | d) | 38 | No one can see or hear an adolescent client from the outside during the consultation or counselling. | Yes 1 No 0 | |
| 9 | | Check to see the following registers, tools and records. | | | |
| | a) | 59 | The register on service utilization has data disaggregated by age and sex so that cause-specific service utilization by adolescent boys and girls can be extracted. | Yes 1 No 0 | |
| | b) | 59 | The reporting forms have a format that allows the presentation of data disaggregated by age and sex. | Yes 1 No 0 | |
| | c) | 39 | Stock of medicines and supplies register | Yes 1 No 0 | |
| | d) | 20 | Referral register | Yes 1 No 0 | |
| | e) | 7 | Register/records of accomplished outreach activities to inform adolescents in community settings | Yes 1 No 0 | |
| | f) | 16 | Register/records of accomplished outreach activities to inform youth and other community organizations about the value of providing health services to adolescents | Yes 1 No 0 | |

| Question number | Criterion number | Quality assessment questions | Observation & Code | Skip | |
|-----------------|------------------|------------------------------|---|---------------------------|--|
| | g) | 15 | Register/records of accomplished outreach activities to inform parents/guardians and teachers during school meetings about the value of providing health services to adolescents | Yes 1 No 0 | |
| | h) | 13 | Record(s) of formal agreements/partnerships with community organizations to develop health education and behaviour-oriented communications strategies and materials, and plan service provision | Yes 1 No 0 | |
| | i) | 61 | Tools for facility self-assessment of the quality of adolescent health care | Yes 1 No 0 | |
| | j) | 29 | Tools for supportive supervision in adolescent health care | Yes 1 No 0 | |
| | k) | 64 | Records/reports on accomplished self-assessments of the quality of adolescent health care | Yes 1 No 0 | |
| | l) | 66 | Records of accomplished supportive supervision visits focused on adolescent health care | Yes 1 No 0 | |
| | m) | 68 | Reports to the district on cause-specific service utilization by adolescents that include data disaggregated by age and sex | Yes 1 No 0 | |
| | n) | 69 | Reports to the district on quality of care that have a focus on adolescents | Yes 1 No 0 | |
| 10 | | | Check for confidentiality procedures and their application in practice. | | |
| | a) | 42 | Information on the identity of the adolescent and the presenting issue are gathered in confidence during registration. | Yes 1 No 0 | |
| | b) | 38, 42 | Adolescent clients are offered anonymous registration if they wish. | Yes 1 No 0 | |
| | c) | 38, 42 | The registration register has the name and code, but the service register has only the code (if anonymous registration is asked for). | Yes 1 No 0 | |
| | d) | 38, 42 | The information in laboratory registers (if applicable) is registered using codes. | Yes 1 No 0 | |
| | e) | 38, 42 | Case records are kept in a secure place, accessible only to authorized personnel. | Yes 1 No 0 | |
| | f) | 38, 42 | The registers are kept under lock and key outside operating hours. | Yes 1 No 0 | |
| | g) | 38, 42 | For electronically stored information, measures are applied to prevent unauthorized access. | Yes 1 No 0 | |

| Question number | Criterion number | Quality assessment questions | Observation & Code | | | Skip | |
|-----------------|------------------|---|---|-------------|---------------------|------------|--|
| 11 | | Check for guidelines and other decision support tools (e.g. job aids, algorithms) for information, counselling and clinical management in the following areas: | Information | Counselling | Clinical management | | |
| | a) | 28 | Normal growth and pubertal development | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| | b) | 28 | Pubertal delay | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| | c) | 28 | Precocious puberty | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| | d) | 28 | Mental health and mental health problems | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| | e) | 28 | Nutrition (including anaemia) | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| | f) | 28 | Physical activity | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| | g) | 28 | Adolescent-specific immunization | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| | h) | 28 | Menstrual hygiene and health | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| | i) | 28 | Family planning and contraception – oral contraceptive pills, IUDs, condoms, emergency contraceptive pills, implants, injectable contraceptives | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| | j) | 28 | Safe abortion (where legal), and post-abortion care | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| | k) | 28 | Antenatal care and emergency preparedness, delivery and postnatal care | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| | l) | 28 | Reproductive tract infections/sexually transmitted infections | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| | m) | 28 | HIV | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| | n) | 28 | Sexual violence | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| | o) | 28 | Family violence | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| | p) | 28 | Bullying and school violence | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |

| Question number | Criterion number | Quality assessment questions | Observation & Code | Skip | | | |
|-----------------|------------------|------------------------------|--|---------------------------|------------|------------|--|
| | q) | 28 | Substance use and substance use disorders | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| | r) | 28 | Injuries | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| | s) | 28 | Skin problems | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| | t) | 28 | Chronic conditions and disabilities | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| | u) | 28 | Endemic diseases | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| | v) | 28 | Common conditions during adolescence (fatigue, abdominal pain, diarrhoea, headache) | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| 12 | | | Check if the following information items are displayed in the facility. | | | | |
| | a) | 27 | The rights of adolescents to information, non-judgemental attitude and respectful care | Yes 1 No 0 | | | |
| | b) | 27, 52 | The policy commitment of the health facility to provide health services to all adolescents without discrimination and to take remedial actions if necessary | Yes 1 No 0 | | | |
| | c) | 27 | The policy on confidentiality and privacy | Yes 1 No 0 | | | |
| | d) | 27, 50 | The policy on free or affordable service provision for adolescents | Yes 1 No 0 | | | |
| 13 | | | Check to see training records/reports for the following topics. | | | | |
| | a) | 3 | Communication skills to talk to adolescents | Yes 1 No 0 | | | |
| | b) | 10 | Communication skills to talk to adult visitors and community members | Yes 1 No 0 | | | |
| | c) | 26 | The policy on privacy and confidentiality | Yes 1 No 0 | | | |
| | d) | 25 | Clinical case management of adolescent health conditions | Yes 1 No 0 | | | |
| | e) | 26 | Orientation on the importance of respecting the rights of adolescents to information and health care that is provided in a respectful, non-judgemental and non-discriminatory manner | Yes 1 No 0 | | | |
| | f) | 50 | Policies and procedures to ensure free or affordable service provision | Yes 1 No 0 | | | |

| Question number | Criterion number | Quality assessment questions | Observation & Code | Skip | |
|-----------------|------------------|---|---|---------------------------|--|
| | g) | 60 | Data collection, analysis and use for quality improvement in adolescent health care | Yes 1 No 0 | |
| | h) | 4 | Training of outreach workers in adolescent health care | Yes 1 No 0 | |
| | i) | 76 | Training of adolescents in providing certain services (for example, health education for peers, counselling) | Yes 1 No 0 | |
| 14 | | Check to see if there are the following guidelines/SOPs: | | | |
| | a) | 19 | SOPs for which services should be provided in the facility and which in the community | Yes 1 No 0 | |
| | b) | 20 | Referral guidelines | Yes 1 No 0 | |
| | c) | 20 | Policy/SOPs for a planned transition from paediatric to adult care. | Yes 1 No 0 | |
| | d) | 38 | Guidelines/SOPs on protecting the privacy and confidentiality of adolescents | Yes 1 No 0 | |
| | e) | 73 | Guidelines/SOPs on informed consent | Yes 1 No 0 | |
| | f) | 36 | Guidelines/SOPs including staff responsibilities for making the health facility welcoming, convenient and clean | Yes 1 No 0 | |
| | g) | 36 | SOPs on how to minimize waiting time | Yes 1 No 0 | |
| | h) | 36 | SOPs on how to provide services to adolescents with or without an appointment | Yes 1 No 0 | |
| | i) | 50 | Guidelines/SOPs on applying policies for free, or affordable, service provision to adolescents | Yes 1 No 0 | |
| | j) | 49 | Guidelines/SOPs on equitable service provision to all adolescents irrespective of their ability to pay, age, sex, marital status or other characteristics | Yes 1 No 0 | |
| | k) | 61 | Guidelines/SOPs for self-monitoring of the quality of care provided to adolescents | Yes 1 No 0 | |
| | l) | 72 | SOPs on how to involve adolescents in the planning, monitoring and evaluation of health services and service provision | Yes 1 No 0 | |
| | m) | 72 | SOPs on how to involve vulnerable groups of adolescents in the planning, monitoring and evaluation of health services and service provision | Yes 1 No 0 | |
| | n) | 63 | Guidelines/SOPs on the reward for and recognition of highly performing staff | Yes 1 No 0 | |
| | o) | 29 | Guidelines/SOPs on supportive supervision in adolescent health care | Yes 1 No 0 | |

| Question number | Criterion number | Quality assessment questions | Observation & Code | Skip |
|-----------------|------------------|------------------------------|--|------|
| | p) | 29 | Tools for supportive supervision in adolescent health care Yes 1 No 0 | |
| 15 | | | Check the availability of the following lists. | |
| | a) | 11 | Updated list of agencies and organizations with which the facility partners to increase community support for adolescent use of services Yes 1 No 0 | |
| | b) | 20 | Organizations from the health and other sectors (social, recreational, legal, etc.) providing services to adolescents in the catchment area Yes 1 No 0 | |
| | c) | 39, 40 | Medicines, supplies and necessary equipment Yes 1 No 0 | |
| | d) | 18 | Services included in the package of information, counselling, treatment and care services to be provided to adolescents Yes 1 No 0 | |
| 16 | | | Check if the job description of the following personnel is available AND has a focus on adolescent health care. | |
| | a) | 24 | Doctor Yes 1 No 0 | |
| | b) | 24 | Nurse Yes 1 No 0 | |
| | c) | 24 | Midwife Yes 1 No 0 | |
| | d) | 24 | Outreach worker Yes 1 No 0 | |
| | e) | 24 | Counsellor Yes 1 No 0 | |
| | f) | 24 | Other (please specify) Yes 1 No 0 | |

Notes for adaptation:

- ¹ Adjust the list according to national lists.
- ² The minimum level of stock depends on several factors, such as average monthly consumption, procurement period and supplier lead time. The facility manager and the pharmacist should know what are the minimum levels for each item in their facility; otherwise, a proxy value of medicines necessary for at least 10 clients could be used.
- ³ The specific vaccines should be listed during the national adaptation of the tool, depending on the immunization schedule for adolescents, and the policies regarding the necessary stocks in primary care facilities.

INTRODUCTION AND CONSENT

Consent form for the provider and client in a client-provider interaction

My name is _____ and I work for the _____. We are conducting an assessment of the quality of care provided to adolescents in this facility on behalf of _____. I have already examined the environment of the facility, and now would like to observe the consultation process with your client. All the information that I will hear during the consultation will be kept strictly confidential, and I will not share it with anyone else. I will not write down your names, and my notes will not be seen by anyone not involved in the survey analysis. This observation will assist the process of improving the quality of health services for adolescents. Your participation in this review process is voluntary. I would like to both of your permission to be present during the consultation.

Do you have any questions?

May we begin?

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

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

Signature of interviewee(s)/thumb impression/verbal consent:

CLIENT-PROVIDER INTERACTION OBSERVATION

| Question number | Criterion number | Quality assessment questions | Observation & Code | Remarks |
|-----------------|------------------|---|--|---------|
| 1 | - | What was the reason for the consultation? | Physical and pubertal development A Menstrual hygiene/problems.. B Nutrition..... C Anaemia D Immunization E STIs.....F HIVG Oral contraceptive pills H CondomI IUDJ Emergency contraceptive pills K Contraceptive implant.....L Injectables M Antenatal care N Safe delivery O Postpartum care..... P Safe abortion Q Post-abortion care..... R Dermatological S Mental health..... T Substance use U Violence..... V Injuries..... W Fever X Diarrhoea..... Y Malaria Z Tuberculosis ZZ Other (please specify) ZZZ _____ | |
| 2 | 42 | Do you think that during the consultation the provider and the client could be seen from the outside? | Yes 0 No 1 | |
| 3 | 42 | Is it possible to overhear the conversation between service provider and the client from the outside? | Yes 0 No 1 | |

| Question number | Criterion number | Quality assessment questions | Observation & Code | Remarks |
|-----------------|------------------|---|--|---------------|
| 4 | 42 | <p>Apart from the service providers that were concerned with the consultation (doctor or/and nurse), was anyone else present in the room at the time of consultation?</p> <p>(This includes health-care providers that are not concerned directly with this particular consultation.)</p> | Yes 0 No 1 | |
| 5 | | At the beginning of the consultation did the health-care provider: | | |
| | a) | 32 | <p>Seat the adolescent in the prime position that facilitated communication most easily?</p> Yes 1 No 0 | |
| | b) | 32 | <p>Introduce himself/herself first to the adolescent?</p> Yes 1 No 0 | |
| | c) | 32 | <p>Ask the adolescent what he/she would like to be called?</p> Yes 1 No 0 | |
| | d) | 32 | <p>Ask the adolescent who he/she has brought with him/her to the consultation?</p> Yes 1 No 0 | |
| | e) | 32 | <p>Show interest in the adolescent and spend some time getting to know him/her before focusing on the medical problems (problem-free talk)?</p> Yes 1 No 0 | |
| 6 | | <p>Was the adolescent accompanied by someone else (for example, parent/guardian, sister)?</p> | Yes 1 No 0 | → Skip to Q 7 |
| | a) | 42 | <p>The provider explained to the adolescent that they routinely spend some time alone with the adolescent towards the end of the consultation.</p> Yes 1 No 0 | |
| | b) | 32 | <p>The provider asked questions first to the adolescent and then to the accompanying person(s).</p> Yes 1 No 0 | |
| | c) | 32 | <p>The provider asked the adolescent's permission to ask the accompanying person(s) their opinions/observations.</p> Yes 1 No 0 | |
| 7 | | 42 | <p>Did anyone else enter the room during the consultation?</p> Yes 0 No 1 | |
| 8 | | 32 | <p>Did the service provider listen with attention to what the client had to say?</p> Yes 1 No 0 | |

| Question number | Criterion number | Quality assessment questions | Observation & Code | Remarks |
|-----------------|------------------|--|---|---------------------------|
| 9 | 32, 42 | Did the service provider assure the client that no information will be disclosed to anyone (parents/other) without their permission? | Yes 1 No 0 | |
| 10 | 32, 42 | Did the service provider explain to the client the conditions when the provider might need to disclose information, such as in situations required by law, ¹ and if that is the case the client will be informed of the intention to disclose unless doing so would place them at further risk of harm? | Yes 1 No 0 | |
| 11 | 57 | Did the service provider deny any services to this adolescent/young client? | Yes 0 No 1 | → Skip to Q 13 |
| 12 | 57 | Why did the service provider deny services? | Age below 18 A Unmarried B Not in school C Inability to pay D Unavailable in the facility E The condition needs referral....F The reason is not clear G Other (please specify) H | |
| 13 | | During the consultation did the service provider take any psychosocial history, such as: | | |
| | a) | 31 | Asked the adolescent questions about home and relationships with adults? | Yes 1 No 0 |
| | b) | 31 | Asked the adolescent questions about school? | Yes 1 No 0 |
| | c) | 31 | Asked the adolescent questions about his/her eating habits? | Yes 1 No 0 |
| | d) | 31 | Asked the adolescent questions about sports or other physical activity? | Yes 1 No 0 |
| | e) | 31 | Asked the adolescent questions about sexual relationships? <i>(This question should only be asked to adolescents of an appropriate age.²)</i> | Yes 1 No 0 |
| | f) | 31 | Asked the adolescent questions about smoking, alcohol or other substances? | Yes 1 No 0 |

| Question number | Criterion number | Quality assessment questions | Observation & Code | Remarks | |
|-----------------|------------------|---|--|---|--|
| | g) | 31 | Asked the adolescent questions about how happy he/she feels, or other questions about his/her mood or mental health? | Yes 1 No 0 | |
| 14 | | 75 | If an informed consent from a third party was required, was adolescent assent to the service/procedure also obtained? | Yes 1 No 0 Not relevant 6 | |
| 15 | | 42 | If the adolescent was accompanied by someone else (for example, parent/guardian, sister) did the provider spend some time alone with the adolescent towards the end of the consultation? | Yes 1 No 0 Not relevant 6 | |
| 16 | | During the consultation did the service provider do the following: | | | |
| | a) | 21 | Provide sufficient time for counselling or consultation as required for the problem? | Yes 1 No 0 | |
| | b) | 6 | Talk about how to prevent diseases, and what to do to stay healthy? | Yes 1 No 0 | |
| | c) | 6 | Inform the adolescent client about the services available for him/her? | Yes 1 No 0 | |
| | d) | 75 | Provide accurate and clear information on the medical condition? | Yes 1 No 0 | |
| | e) | 75 | Provide accurate and clear information on the management/treatment options? | Yes 1 No 0 | |
| | f) | 75 | Ask the adolescent client what are his/her preferences for the management/treatment options? | Yes 1 No 0 | |
| | g) | 75 | Provide accurate and clear information on follow-up actions? | Yes 1 No 0 | |
| | h) | 75 | Ask the adolescent client what are his/her preferences for the follow-up actions? | Yes 1 No 0 | |
| | i) | 75 | Ask the adolescent client whether he/she has any problem understanding the treatment that is being provided? | Yes 1 No 0 | |

| Question number | Criterion number | Quality assessment questions | Observation & Code | Remarks |
|---|------------------|------------------------------|---|---|
| | j) | 75 | Check the adolescent client's understanding of the information provided by asking probing questions? Yes 1 No 0 | |
| | k) | 75 | Use audio-visual material to explain anatomy, disease, or other, as relevant to the topic of the consultation? Yes 1 No 0 | |
| | l) | 32 | Ask the adolescent client's permission before performing the examination/procedure? Yes 1 No 0 Not relevant 6 | |
| | m) | 32, 75 | Explain the results of the physical examination to the client? Yes 1 No 0 Not relevant 6 | |
| 17 | a) | 22 | Did the service provider refer the adolescent client to another health facility? Yes 1 No 0 Not relevant 6 | Code "No" if a referral was necessary but not proposed. If a referral was not necessary and not proposed code "Not relevant". <i>End the observation with thanks.</i> |
| | b) | 22 | When the service provider referred the adolescent client to another health facility, did he/she give a referral note mentioning the condition referred for, where to go (address), timing? Yes 1 No 0 | |
| <i>End the observation with thanks.</i> | | | | |

Notes for adaptation:

- ¹ During the adaptation, such situations – e.g. sexual assaults, gunshot wounds, suicidal or homicide risk – should be listed.
- ² The appropriate age will be decided during the national adaptation, and it should be based on local statistics regarding the age of sexual initiation.

HEALTH-CARE PROVIDER INTERVIEW TOOL FACE SHEET

Interviewee Code

NAME OF THE PERSON:

SEX: Male.....1 Female.....2

DESIGNATION:

NAME OF THE FACILITY: CODE:

ADDRESS OF FACILITY:

Community

District/region

Province/zone

State

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

RESULTS OF INTERVIEW:

Completed 1

Partially completed 2

Refused 3

INTERVIEWED BY:

TIME INTERVIEW BEGAN: : TIME INTERVIEW ENDED :
HOUR MINUTE HOUR MINUTE

Name and signature of supervisor

DATE CHECKED: / /
D D M M Y Y Y Y

INTRODUCTION AND CONSENT

Consent form for health-care provider

My name is _____ and I work for the _____. We are conducting an assessment of the quality of care provided to adolescents in this facility on behalf of _____. I would like to ask you some questions. This information will help to improve the quality of health care for adolescents in (the district, country) _____. The interview will require about 25–30 minutes. All the information that you will provide in the interview will be kept confidential and not shared with anyone else. This survey is anonymous and the questionnaire will not be seen by anyone not involved in the survey analysis. Your participation in this review process is voluntary. You may decide not to participate in this interview or not to answer some of the questions.

Do you have any questions?

May we begin?

Interviewee has agreed to participate Yes..... 1

No.....2

Permission for observation is available Yes..... 1

No.....2

Signature/thumb impression/verbal consent of the interviewee:

HEALTH-CARE PROVIDER INTERVIEW TOOL

| Question number | Criterion number | Questions for the health-care provider | Response & Code | | | | Remarks |
|-----------------|------------------|---|--|-------------|---------------------|------------|---------|
| 1 | - | For how long have you been working at this health facility? | <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100%; margin-top: 5px;"> Years Months </div> | | | | |
| 2 | 24 | Has the facility manager discussed your job description and your roles and responsibilities with you? | Yes 1 No 0 | | | | |
| 3 | 21 | When an adolescent client comes to your clinic, do you provide services for any of the following conditions or needs? | | | | | |
| | | | Information | Counselling | Clinical management | Referral | |
| a) | 21 | Normal growth and pubertal development | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| b) | 21 | Pubertal delay | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| c) | 21 | Precocious puberty | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| d) | 21 | Mental health and mental health problems | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| e) | 21 | Nutrition, including anaemia | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| f) | 21 | Physical activity | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| g) | 21 | Adolescent-specific immunization | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| h) | 21 | Menstrual hygiene and health | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| i) | 21 | Family planning and contraception – oral contraceptive pills, IUDs, condoms, emergency contraceptive pills, implants, injectable contraceptives | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| j) | 21 | Safe abortion (where legal), and post-abortion care | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| k) | 21 | Antenatal care and emergency preparedness, delivery and postnatal care | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| l) | 21 | Reproductive tract infections/ sexually transmitted infections | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |

| Question number | Criterion number | Questions for the health-care provider | Response & Code | | | | Remarks |
|-----------------|------------------|---|---------------------------|------------|------------|------------|---------|
| m) | 21 | HIV | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| n) | 21 | Sexual violence | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| o) | 21 | Family violence | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| p) | 21 | Bullying and school violence | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| q) | 21 | Substance use and substance use disorders | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| r) | 21 | Injuries | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| s) | 21 | Skin problems | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| t) | 21 | Chronic conditions and disabilities | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| u) | 21 | Endemic diseases | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| v) | 21 | Common conditions during adolescence (fatigue, abdominal pain, diarrhoea, headache) | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| 4 | | Have you received the following training in adolescent health care: | | | | | |
| a) | 3 | Communication skills to talk to adolescents? | Yes 1 No 0 | | | | |
| b) | 10 | Communication skills to talk to adult visitors/community members? | Yes 1 No 0 | | | | |
| c) | 26 | The policy on privacy and confidentiality? | Yes 1 No 0 | | | | |
| d) | 25 | Clinical case management of adolescent patients? | Yes 1 No 0 | | | | |
| e) | 26 | Orientation on the importance of respecting the rights of adolescents to information and health care that is provided in a respectful, non-judgemental and non-discriminatory manner? | Yes 1 No 0 | | | | |
| f) | 51 | Policies and procedures to ensure free or affordable service provision? | Yes 1 No 0 | | | | |
| g) | 60 | Data collection, analysis and use for quality improvement? | Yes 1 No 0 | | | | |

| Question number | Criterion number | Questions for the health-care provider | Response & Code | | | Remarks |
|-----------------|------------------|---|--------------------|--------------------|----------------------------|---------|
| 5 | 30 | Is there a system so that you can regularly (at least once every 5 years) attend continuous professional education training in adolescent health care? | Yes | 1 | | |
| | | | No | 0 | | |
| 6 | 18 | Are you aware of services included in the package of information, counselling, treatment and care services to be provided to adolescents? | Yes | 1 | | |
| | | | No | 0 | | |
| 7 | | Do you use guidelines or decision support tools, for example, job aids or algorithms, for information, counselling and clinical management in the following areas: | | | | |
| | | | Information | Counselling | Clinical management | |
| a) | 31 | Normal growth and pubertal development | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| b) | 31 | Pubertal delay | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| c) | 31 | Precocious puberty | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| d) | 31 | Mental health and mental health problems | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| e) | 31 | Nutrition (including anaemia) | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| f) | 31 | Physical activity | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| g) | 31 | Adolescent-specific immunization | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| h) | 31 | Menstrual hygiene and health | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| i) | 31 | Family planning and contraception – oral contraceptive pills, IUDs, condoms, emergency contraceptive pills, implants, injectable contraceptives | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| j) | 31 | Safe abortion (where legal), and post-abortion care | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| k) | 31 | Antenatal care and emergency preparedness, delivery and postnatal care | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |

| Question number | Criterion number | Questions for the health-care provider | Response & Code | | | Remarks |
|-----------------|------------------|---|---------------------------|------------|------------|---------|
| l) | 31 | Reproductive tract infections/ sexually transmitted infections | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| m) | 31 | HIV | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| n) | 31 | Sexual violence | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| o) | 31 | Family violence | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| p) | 31 | Bullying and school violence | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| q) | 31 | Substance use and substance use disorders | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| r) | 31 | Injuries | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| s) | 31 | Skin problems | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| t) | 31 | Chronic conditions and disabilities | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| u) | 31 | Endemic diseases | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| v) | 31 | Common conditions during adolescence (fatigue, abdominal pain, diarrhoea, headache) | Y-1 N-0 | Y-1 N-0 | Y-1 N-0 | |
| 8 | | Are you aware of the following SOPs/guidelines: | | | | |
| a) | 19 | SOPs for which services should be provided in the facility and which in the community? | Yes 1 No 0 | | | |
| b) | 20 | Referral guidelines/SOPs? | Yes 1 No 0 | | | |
| c) | 20 | Policy/SOPs for a planned transition from paediatric to adult care? | Yes 1 No 0 | | | |
| d) | 73 | Guidelines/SOPs on informed consent? | Yes 1 No 0 | | | |
| e) | 49 | Guidelines/SOPs on providing services to all adolescents irrespective of their ability to pay, age, sex, marital status or other characteristics? | Yes 1 No 0 | | | |
| f) | 50 | Guidelines/SOPs on providing free, or affordable, services to adolescents? | Yes 1 No 0 | | | |

| Question number | Criterion number | Questions for the health-care provider | Response & Code | Remarks | |
|-----------------|------------------|--|---|---|--|
| | g) | 38 | Guidelines/SOP on measures to protect the privacy and confidentiality of adolescents? | Yes 1 No 0 | |
| 9 | | 38 | Can you please name any measures to protect the privacy and confidentiality of adolescents? (Probe for measures in the list provided.) | Yes 1 No 0 1. Staff do not disclose any information given to or received from an adolescent to third parties, such as family members, school teachers or employers, without the adolescent's consent. 2. Case records are kept in a secure place, accessible only to authorized personnel. 3. There are curtains in windows and doors, a screen separating the consultation area from the examination area to maintain privacy during the consultation. 4. Measures are implemented to prevent unauthorized access to electronically stored information. 5. Information on the identity of the adolescent and the presenting issue are gathered in confidence during client registration. | Code "yes" if at least the first 3 items from the list were mentioned. |
| 10 | | 53 | Do you know any groups of adolescents 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) | 36 | Make working hours convenient for adolescents? | Yes 1 No 0 | |
| | b) | 36 | Minimize waiting time? | Yes 1 No 0 | |
| | c) | 36 | Provide services to adolescents with, or without an appointment? | Yes 1 No 0 | |
| 12 | | 64 | Did you ever participate in a facility self-assessment of the quality of care provided to adolescents? | Yes 1 No 0 | |
| 13 | | 41 | Do you think the working hours in this facility are convenient for adolescents? | Yes 1 No 0 Don't know..... 8 | |
| 14 | | 41 | Can adolescents have a consultation without an appointment? | Yes 1 No 0 Don't know..... 8 | |

| Question number | Criterion number | Questions for the health-care provider | Response & Code | Remarks |
|-----------------|------------------|--|--|---------|
| 15 | | Have you ever trained any of the following groups in these areas: | | |
| | a) | 4 | Outreach workers in adolescent health care? Yes 1 No 0 | |
| | b) | 76 | Adolescents in providing certain services, for example, health education for peers, counselling? Yes 1 No 0 | |
| 16 | | Have you ever involved any of the following groups in these activities: | | |
| | a) | 74 | Adolescents in the planning, monitoring and evaluation of health services? Yes 1 No 0 | |
| | b) | 79 | Adolescents in any aspects of service provision? Yes 1 No 0 | |
| | c) | 56 | Vulnerable groups of adolescents in the planning, monitoring and evaluation of health services and service provision? Yes 1 No 0 | |
| 17 | | Have you ever worked with: | | |
| | a) | 13 | Agencies and organizations in the community to develop health education and behaviour-oriented communication strategies and materials and plan service provision? Yes 1 No 0 | |
| | b) | 21 | Organizations from health and other sectors (for example social, recreational, legal) to establish referral networks for adolescent clients? Yes 1 No 0 | |
| 18 | | 14 | Do you inform adults visiting the health facility about services available for adolescents, and why it is important that adolescents use the services? Yes 1 No 0 | |
| 19 | | 10 | Do you have support materials to communicate with parents, guardians and other community members and organizations about the value of providing health services to adolescents? Yes 1 No 0 | |
| 20 | | 6 | Do you inform adolescents about the availability of health, social services and other services available? Yes 1 No 0 | |
| 21 | | When you see an adolescent client for services or counselling do you: | | |
| | a) | 32 | Introduce yourself first to the adolescent? Yes 1 No 0 | |
| | b) | 32 | Ask the adolescent what he/she likes to be called? Yes 1 No 0 | |

| Question number | Criterion number | Questions for the health-care provider | Response & Code | Remarks |
|-----------------|------------------|---|---------------------------|---------|
| c) | 32 | Ask the adolescent who he/she has brought with him/her to the consultation? | Yes 1 No 0 | |
| d) | 42 | Explain to adolescents that are accompanied that you routinely spend some time alone with the adolescent towards the end of the consultation? | Yes 1 No 0 | |
| e) | 32 | Ask the adolescent permission to ask the accompanying person(s) their opinions/observations? | Yes 1 No 0 | |
| f) | 75 | Obtain, in cases when an informed consent from a third party is required, the adolescent's assent to the service/procedure? | Yes 1 No 0 | |
| g) | 42 | Ensure that no one can see or hear the adolescent client from outside during the consultation or counselling? | Yes 1 No 0 | |
| h) | 42 | Ensure that there is a screen between the consultation and examination area? | Yes 1 No 0 | |
| i) | 42 | Assure the adolescent client that no information will be disclosed to any one (parents/other) without his/her permission? | Yes 1 No 0 | |
| j) | 42 | Explain to the adolescent client the conditions when you might need to disclose information, such as in situations required by law, ¹ and if that is the case you will inform him/her of the intention to disclose unless doing so would place them at further risk of harm? | Yes 1 No 0 | |
| k) | 42 | Keep all records/lab test reports under lock and key or password protected if in the computer? | Yes 1 No 0 | |
| 22 | | During a consultation with an adolescent client, do you routinely take a psychosocial history such as: | | |
| a) | 31 | Asking the adolescent questions about home and relationships with adults? | Yes 1 No 0 | |
| b) | 31 | Asking the adolescent questions about school? | Yes 1 No 0 | |
| c) | 31 | Asking the adolescent questions about his/her eating habits? | Yes 1 No 0 | |
| d) | 31 | Asking the adolescent questions about sports or other physical activity? | Yes 1 No 0 | |

| Question number | Criterion number | Questions for the health-care provider | Response & Code | Remarks |
|-----------------|------------------|--|---|---------------------------|
| e) | 31 | Asking the adolescent questions about sexual relationships? <i>(Only adolescents of an appropriate age.²)</i> | Yes 1 No 0 | |
| f) | 31 | Asking the adolescent questions about smoking, alcohol or other substances? | Yes 1 No 0 | |
| g) | 31 | Asking the adolescent questions about how happy he/she feels, or other questions about his/her mood or mental health? | Yes 1 No 0 | |
| 23 | | Would you provide the following services to all adolescents regardless of sex, age, marital status or ability to pay? | | |
| a) | 55 | 1. Hormonal contraceptives | Yes 1 No 0 | |
| b) | 55 | 2. Condoms | Yes 1 No 0 | |
| c) | 55 | 2. STI treatment | Yes 1 No 0 | |
| d) | 55 | 3. HIV testing and counselling | Yes 1 No 0 | |
| e) | 55 | 4. Medical termination of pregnancy/abortion (where legal) | Yes 1 No 0 | |
| 24 | 27 | How confident do you feel about your knowledge of how to provide care to adolescents? | Confident..... 1 Somewhat/not confident 0 | |
| 25 | 3 | How comfortable do you feel in your ability to relate to adolescents and answer their questions? | Confident..... 1 Somewhat/not confident 0 | |
| 26 | a) | 66 | Did your mentor/supervisor ever observe a consultation by you with an adolescent client to help you to improve the quality of care? | Yes 1 No 0 |
| | b) | 66 | Did your mentor/supervisor ever advise you how to improve the quality of care for adolescent clients? | Yes 1 No 0 |
| 27 | | 36 | Do you have a clear designation of responsibilities within the facility to ensure a welcoming and clean environment? | Yes 1 No 0 |
| 28 | | Has any adolescent been denied services within last 12 months because of: | | |
| | a) | 43 | Recent stock-outs? | Yes 1 No 0 |

| Question number | Criterion number | Questions for the health-care provider | Response & Code | Remarks |
|--|------------------|--|--|--|
| | b) | 44 | Malfunctioning/unavailable equipment? Yes 1 No 0 | |
| 29 | a) | 59 | Is it possible to extract from your registers data on cause-specific service utilization by adolescents, along with the sex of adolescents? Yes 1 No 0 | → Skip to Q 30 |
| | b) | 68 | Do you report data on service utilization by adolescents, along with the sex of adolescents? Yes 1 No 0 | |
| 30 | a) | 61 | Are you aware of any tools for self-monitoring of the quality of care in the facility? Yes 1 No 0 | → Skip to Q 31 |
| | b) | 64 | Do you use these tools for self-monitoring of quality for adolescent health services? Yes 1 No 0 | |
| 31 | a) | 65 | Did you ever participate in facility meetings to analyse the results of the self-assessments and to plan actions for improvement of adolescent health care? Yes 1 No 0 | |
| | b) | 70 | Do you feel you have enough support from your supervisor to improve the quality of care for adolescents? Yes 1 No 0 | |
| | c) | 70 | Do you feel you have the motivation to improve the quality of care for adolescents, and to comply with quality standards? Yes 1 No 0 | |
| 32 | a) | 67 | Have you, or any of your colleagues, ever been rewarded for high performance? Yes 1 No 0 | → Skip to Q 33 |
| | b) | - | If yes, what was the form of recognition? Performance incentives (monetary) ..A CertificateB Award, such as Best performer of the month.....C Other (please specify)D _____ | |
| 33 | | - | Do you do outreach work? Yes 1 No 0 | → Continue with the Q 34 → End the interview with thanks. |
| Questionnaire for the service provider who does outreach work | | | | |

| Question number | Criterion number | Questions for the health-care provider | Response & Code | Remarks |
|---------------------------------------|------------------|---|--|-------------------------------------|
| 34 | 5 | Do you have a plan for outreach activities? | Yes 1 No 0 | |
| 35 | | During the last 12 months, have you: | | |
| | a) | 15 Participated in school meetings to inform parents/guardians and teachers about the health services available for adolescents, and why it is important that they use the services? | Yes 1 No 0 | |
| | b) | 16 Participated in meetings with youth and other community organizations to inform them about the health services available for adolescents and why it is important that adolescents use the services? | Yes 1 No 0 | |
| | c) | 7 Conducted any outreach sessions with adolescents to inform them about the services available? | Yes 1 No 0 | |
| | d) | 7 Conducted any outreach sessions with adolescents on health education about various topics? | Yes 1 No 0 | → End the interview with thanks. |
| | e) | 7 What were the topics you discussed during these outreach sessions: | STI/HIV prevention.....A Pregnancy prevention.....B Use of contraceptives.....C Healthy nutrition.....D Mental health promotionE Physical activity F ImmunizationG Menstrual hygieneH Antenatal care I Sexual violence..... J Bullying and school violenceK Substance use and substance use disorders L Injuries..... M Other (please specify)N | |
| <i>End the interview with thanks.</i> | | | | |

Notes for adaptation:

- ¹ During the adaptation, such situations – e.g. sexual assaults, gunshot wounds, suicidal or homicide risk – should be listed.
- ² The appropriate age will be decided during the national adaptation, and it should be based on local statistics regarding the age of sexual initiation.

SUPPORT STAFF INTERVIEW TOOL FACE SHEET

Interviewee Code

NAME OF THE PERSON:

SEX: Male.....1 Female.....2

DESIGNATION:

NAME OF THE FACILITY: CODE:

ADDRESS OF FACILITY:

Community

District/region

Province/zone

State

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

RESULTS OF INTERVIEW:

Completed..... 1

Partially completed..... 2

Refused 3

INTERVIEWED BY:

TIME INTERVIEW BEGAN: : TIME INTERVIEW ENDED :
HOUR MINUTE HOUR MINUTE

Name and signature of supervisor

DATE CHECKED: / /
D D M M Y Y Y Y

INTRODUCTION AND CONSENT

Consent form for support staff

Hello,

My name is _____ and I work for the _____. We are conducting an assessment of the quality of care provided to adolescents in this facility on behalf of _____. I would like to ask you some questions. This information will help to improve the quality of health care for adolescents in (the district, country) _____. The interview will require about 10–15 minutes. All the information that you will provide in the interview will be kept confidential and not shared with anyone else. This survey is anonymous and the questionnaire will not be seen by anyone not involved in the survey analysis. Your participation in this review process is voluntary. You may decide not to participate in this interview or not to answer some of the questions.

Do you have any questions?

May we begin?

Interviewee has agreed to participate Yes..... 1

No.....2

Permission for observation is available Yes..... 1

No.....2

Signature/thumb impression/verbal consent of the interviewee:

SUPPORT STAFF INTERVIEW TOOL

| Question number | Criterion number | Questions for support staff | Response & Code | Remarks | |
|-----------------|------------------|---|---|---------------------------|--|
| 1 | - | For how long have you been working in this health facility? | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> 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? | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Years Months | | |
| 4 | - | Are health services for adolescents/youth being provided in this health facility? | Yes 1 No 0 Don't know 8 | | |
| 5 | 26 | Have you received any training in providing services to adolescents? | Yes 1 No 0 | | |
| 6 | | Have you received any training/orientation on the following topics: | | | |
| | a) | 3 | How to communicate effectively with adolescent clients? | Yes 1 No 0 | |
| | b) | 26 | What are the special needs of adolescent clients? | Yes 1 No 0 | |
| | c) | 26 | The importance of having the same friendly attitude towards all adolescents irrespective of their ability to pay, age, sex, marital status, schooling, race/ethnicity, sexual orientation or other? | Yes 1 No 0 | |
| | d) | 26 | The importance of respecting the rights of adolescents to information, privacy, confidentiality, and respectful care? | Yes 1 No 0 | |
| 7 | 29 | Does your supervisor ever discuss your roles and responsibilities with you? | Yes 1 No 0 | | |
| 8 | 29 | Does your supervisor regularly provide supportive supervision to you for your work? | Yes 1 No 0 | | |

| Question number | Criterion number | Questions for support staff | Response & Code | Remarks |
|-----------------|------------------|---|---|--|
| 9 | 65 | Did you ever participate in facility meetings to discuss the quality of the services to adolescents and plan actions for improvement? | Yes 1 No 0 | |
| 10 | | Have you ever participated in meetings where you discussed with your manager and colleagues: | | |
| | a) | 36 How to make operating hours convenient for adolescents? | Yes 1 No 0 | |
| | b) | 36 How to minimize waiting time? | Yes 1 No 0 | |
| | c) | 36 How to keep the facility welcoming and clean? | Yes 1 No 0 | |
| | d) | 36 How to provide services to adolescents with or without an appointment? | Yes 1 No 0 | |
| 11 | a) | 64 Did you ever participate in a facility self-assessment of the quality of care provided to adolescents? | Yes 1 No 0 | |
| | b) | 70 Do you feel you have enough support from your supervisor to improve the quality of care for adolescents? | Yes 1 No 0 | |
| | c) | 70 Do you feel you have the motivation to improve the quality of care for adolescents, and to comply with quality standards? | Yes 1 No 0 | |
| 12 | a) | 67 Have you, or any of your colleagues, ever been rewarded for high performance? | Yes 1 No 0 | → Skip to Q 13 if the interviewee is a receptionist. <i>If not, end the interview with thanks.</i> |
| | b) | - If yes, what was the form of recognition? | Performance incentives (monetary) A Certificate B Award, such as Best performer of the month C Other (please specify) D _____ | End interview if the person is not a receptionist. Continue with Q 13 if the interviewee is a receptionist. |

| Question number | Criterion number | Questions for support staff | Response & Code | Remarks |
|---------------------------------------|------------------|---|---|---------|
| Questions for the receptionist | | | | |
| 13 | 41 | Can adolescents have a consultation without an appointment? | Yes0 No1 Don't know.....8 | |
| 14 | 59 | Is there a separate register for the registration of adolescents/youth? | Yes1 No0 Don't know.....8 | |
| 15 | 59 | Are there separate columns for registering adolescents/youth in the common register? | Yes0 No1 Don't know.....8 | |
| 16 | 42 | During the registration of adolescents/youth, can anyone else overhear your conversation? | Yes0 No1 Don't know.....8 | |
| 17 | 38 | Do you think it is OK to tell the parents or teachers of an adolescent client about the problem he/she came to the facility with, without the adolescent knowing? | Yes0 No1 Don't know.....8 | |
| <i>End the interview with thanks.</i> | | | | |

ADULT CLIENT EXIT INTERVIEW TOOL FACE SHEET

Interviewee Code

NAME OF THE PERSON:

SEX: Male.....1 Female.....2

DESIGNATION:

NAME OF THE FACILITY: CODE:

ADDRESS OF FACILITY:

Community

District/region

Province/zone

State

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

RESULTS OF INTERVIEW:

Completed..... 1

Partially completed..... 2

Refused 3

INTERVIEWED BY:

TIME INTERVIEW BEGAN: : TIME INTERVIEW ENDED :
HOUR MINUTE HOUR MINUTE

Name and signature of supervisor

DATE CHECKED: / /
D D M M Y Y Y Y

INTRODUCTION AND CONSENT

Consent form for adult client exit interview

Hello,

My name is _____ and I work for the _____. We are conducting an assessment of the quality of care provided to adolescents in this facility on behalf of _____. I would like to ask you some questions. This information will help to improve the quality of health care for adolescents in (the district, country) _____. The interview will require about 10–15 minutes. All the information that you provide in the interview will be kept confidential and not shared with anyone else. This survey is anonymous and the questionnaire will not be seen by anyone not involved in the survey analysis. Your participation in this review process is voluntary. You may decide not to participate in this interview or not to answer some of the questions.

Do you have any questions?

May we begin?

Interviewee has agreed to participate Yes..... 1

No.....2

Permission for observation is available Yes..... 1

No.....2

Signature/thumb impression/verbal consent of the interviewee:

ADULT CLIENT EXIT INTERVIEW TOOL

| Question number | Criterion number | Questions for the adult client | Response & Code | Remarks |
|-----------------|------------------|--|---|-------------|
| 1 | - | Why have you come to this health facility today? | To obtain services for my own health problem 1 I am accompanying another adult who is obtaining services 2 I am accompanying an adolescent who is obtaining services 3 | |
| 2 | a) | Do you know if this facility provides services to adolescents and youth? | Yes 1 No 0 Don't know 8 | Skip to Q 3 |
| | b) | Can you name some health services that are provided in this facility to adolescents and youth? (More than one answer is acceptable.) | Services related to : Physical and pubertal development A Menstrual hygiene /problems B Nutrition C Anaemia D Immunization E STIs F HIV G Family planning/contraception H Antenatal care I Safe delivery J Postpartum care K Safe abortion L Post-abortion care M Dermatological N Mental health O Substance use P Violence Q Injuries R Fever S Diarrhoea T Malaria U Tuberculosis V Other (please specify) W | |
| 3 | a) | 14 Has any service provider ever discussed with you the services available for adolescents and why it is important that adolescents use the services? | Yes 1 No 0 Can't remember 7 | Skip to Q 4 |

| Question number | Criterion number | Questions for the adult client | Response & Code | Remarks |
|-----------------|------------------|--------------------------------|--|--|
| | b) | 14 | During this discussion did the service provider give you any leaflets or other educational materials? Yes1 No0 Can't remember7 | |
| | c) | 14 | Did you find these materials informative or useful? Yes1 No0 Can't remember7 | |
| 4 | a) | 15 | Have you ever attended any community or school meetings where the value of providing health services to adolescents or youth was discussed? Yes1 No0 Don't know.....8 | Skip to Q 5 |
| | b) | 15 | Were any leaflets or other educational materials distributed in this meeting? Yes1 No0 Don't know.....8 | Skip to Q 5 |
| | c) | 15 | Did you find these materials informative or useful? Yes1 No0 Can't remember7 | |
| 5 | a) | 17 | Do you know why it is important to provide services to adolescents, and that they use the services? Yes1 No0 Can't remember7 | Code "yes" if at least 3 reasons ¹ listed in 5b are mentioned. Skip to Q 6 |
| | b) | - | Can you tell me why? Prevention of STIs and HIV A Common conditions such as skin problems, headache, menstrual concerns, fatigue, scrotal pain or other...B Chronic conditions (HIV, mental health, diabetes, asthma) that need care and support..... C Contraceptive services D High rate of adolescent pregnancies and births, and adolescents need access to ante-, intra- and postnatal careE Adolescents are at risk of unsafe abortion, and need access to safe abortion services ² and post-abortion careF Substance use prevention, treatment and care G Nutrition problems (obesity, malnutrition, micronutrient deficiencies H Cervical cancer prevention (HPV vaccine) . I Timely recognizing signs of depression and other mental health problems.....J Other (please specify) _____ | |

| Question number | Criterion number | Questions for the adult client | Response & Code | Remarks |
|-----------------|------------------|---|--|----------------------------------|
| 6 | | Do you agree that following services should be provided to all adolescents regardless of sex, age or marital status? | | |
| | a) | 17 | 1. Hormonal contraceptives? Yes 1 No 0 Don't know..... 8 | |
| | b) | 17 | 2. Condoms? Yes 1 No 0 Don't know..... 8 | |
| | c) | 17 | 2. STI treatment? Yes 1 No 0 Don't know..... 8 | |
| | d) | 17 | 3. HIV testing and counselling? ³ Yes 1 No 0 Don't know..... 8 | |
| | e) | 17 | 4. Medical termination of pregnancy/abortion (where legal)? Yes 1 No 0 Don't know..... 8 | |
| | f) | 17 | 5. Mental health services Yes 1 No 0 Don't know..... 8 | |
| | g) | 17 | 6. Services in case of disclosure of violence? Yes 1 No 0 Don't know..... 8 | |
| | h) | 17 | 7. Nutrition services, for example anaemia treatment? Yes 1 No 0 Don't know..... 8 | |
| 7 | a) | - | Has any adolescent or young person from your family ever used health services from this health facility (including today)? Yes 1 No 0 Don't know..... 8 Not relevant (no adolescent in the family) 6 |] End the interview with thanks. |
| | b) | | Did any service provider in this health facility ever share any health information about that adolescent with you? Yes 1 No 0 Don't know..... 8 | |
| | c) | 42 | Did the health service provider get permission from that adolescent before disclosing this information to you? Yes 1 No 0 Don't know..... 8 | |

| Question number | Criterion number | Questions for the adult client | Response & Code | Remarks |
|---------------------------------------|------------------|--------------------------------|---|--------------------------------|
| 8 | a) | - | Have you been present during the consultation with the adolescent today, or the last time the adolescent or young person from your family came here? Yes 1 No 0 Don't know..... 8 Not relevant..... 6 | End the interview with thanks. |
| | b) | 42 | Did the provider spent time alone with the adolescent towards the end of the consultation? Yes 1 No 0 Don't know..... 8 | |
| <i>End the interview with thanks.</i> | | | | |

Notes for adaptation:

- ¹ Other reasons might be added based on the local epidemiology during the national adaptation.
- ² In countries where abortion is legal.
- ³ Countries should consider include also HIV treatment in this check list, as appropriate.

COVERAGE MEASUREMENT TOOLS



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ADULT COMMUNITY MEMBER INTERVIEW TOOL FACE SHEET

NAME:

SEX: Male.....1 Female.....2

AGE:
YEARS

OCCUPATION:

ADDRESS:

Community

District/region

Province/zone

State

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

RESULTS OF INTERVIEW:

Completed 1

Partially completed 2

Refused 3

INTERVIEWED BY:

TIME INTERVIEW BEGAN: : TIME INTERVIEW ENDED :
HOUR MINUTE HOUR MINUTE

Name and signature of supervisor

DATE CHECKED: / /
D D M M Y Y Y Y

INTRODUCTION AND CONSENT

Consent form for adult community member

Hello,

My name is [redacted] and I work for the [redacted]. We are conducting an assessment of the quality of care provided to adolescents in this facility on behalf of [redacted]. I would like to ask you some questions. This information will help to improve the quality of health care for adolescents in (the district, country) [redacted]. The interview will require about 10–15 minutes. All the information that you provide in the interview will be kept confidential and not shared with anyone else. This survey is anonymous and the questionnaire will not be seen by anyone not involved in the survey analysis. Your participation in this review process is voluntary. You may decide not to participate in this interview or not to answer some of the questions.

Do you have any questions?

May we begin?

Interviewee has agreed to answer Yes..... 1

No.....2

Signature/thumb impression/verbal consent of the interviewee:

[redacted]
[redacted]

Name and signature of supervisor [redacted]

[redacted]

DATE CHECKED:

[] [] / [] [] / [] [] [] []
D D M M Y Y Y Y

ADULT COMMUNITY MEMBER INTERVIEW TOOL

| Question number | Criterion number | Questions for the adult community member | Response & Code | Remarks | |
|-----------------|------------------|--|--|--|---|
| 1 | a) | 17 | Do you know why it is important to provide services to adolescents, and why it is important that adolescents use the services? | Yes 1 No 0 Can't remember 7 | → Code "yes" if at least 3 reasons listed in 1b are mentioned. ¹ Skip to Q 2 |
| | b) | 17 | Can you tell me why? | Prevention of STIs and HIV A Common conditions such as skin problems, headache, menstrual concerns, fatigue, scrotal pain or other B Chronic conditions (HIV, mental health, diabetes, asthma) that need care and support C Contraceptive services D High rate of 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 safe abortion services ² and post-abortion care F Substance use prevention, treatment and care G Nutrition problems (obesity, malnutrition, micronutrient deficiencies H Cervical cancer prevention (HPV vaccine) I Timely recognizing signs of depression and other mental health problems.... J Other (please specify) _____ | |
| 2 | a) | 17 | Do you know where adolescents in this community can get health services? (Probe for mention of services in the list.) | Correct answer 1 Doesn't know or incorrect answer ... 0 Shop A Pharmacy B Government hospital/clinic/family planning centre C Adolescent clinic D Private hospital/clinic/family planning centre E Community volunteer F Auxiliary nurse midwife G Other (please specify) H _____ | Code "correct answer" if at least 1 type of facility was named that is in line with national policy. ³ |
| 3 | a) | 14 | Has any service provider ever discussed with you the services available for adolescents and why it is important that adolescents use the services? | Yes 1 No 0 Can't remember 7 | Skip to Q 4 |

| Question number | Criterion number | Questions for the adult community member | Response & Code | Remarks |
|---------------------------------------|------------------|--|--|---------------|
| | b) | 14 | During this discussion did the service provider give you any leaflets or other educational materials? Yes 1 No 0 Can't remember 7 | |
| 4 | a) | 15 | Have you ever attended any community or school meetings where the value of providing health service to adolescents was discussed? Yes 1 No 0 Can't remember 7 |] Skip to Q 5 |
| | b) | 15 | Were any leaflets or other educational materials distributed in this meeting? Yes 1 No 0 Don't know..... 8 | |
| | c) | 15 | Did you find these materials informative or useful? Yes 1 No 0 Can't remember 7 |] Skip to Q 5 |
| 5 | | Do you agree that the following services should be provided to adolescents irrespective of age or marital status? | | |
| | a) | 17 | 1. Hormonal contraceptives? Yes 1 No 0 Don't know..... 8 | |
| | b) | 17 | 2. Condoms? Yes 1 No 0 Don't know..... 8 | |
| | c) | 17 | 2. Treatment for sexually transmitted diseases? Yes 1 No 0 Don't know..... 8 | |
| | d) | 17 | 3. HIV testing and counselling? Yes 1 No 0 Don't know..... 8 | |
| | e) | 17 | 4. Medical termination of pregnancy/abortion (where legal)? Yes 1 No 0 Don't know..... 8 | |
| | f) | 17 | 5. Mental health services? Yes 1 No 0 Don't know..... 8 | |
| | g) | 17 | 6. Services in case of disclosure of violence? Yes 1 No 0 Don't know..... 8 | |
| | h) | 17 | 7. Nutrition services, for example, anaemia treatment? Yes 1 No 0 Don't know..... 8 | |
| <i>End the interview with thanks.</i> | | | | |

Notes for adaptation:

- ¹ Other reasons might be added based on the local epidemiology during the national adaptation.
- ² In countries where abortion is legal.
- ³ Adapt list according to the country policies.

ADOLESCENT IN THE COMMUNITY INTERVIEW TOOL

Participant Code

NAME OF THE FACILITY: CODE:

ADDRESS OF FACILITY:

Community

District/region

Province/zone

State

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

RESULTS OF INTERVIEW:

Completed 1

Partially completed 2

Refused 3

INTERVIEWED BY:

TIME INTERVIEW BEGAN: : TIME INTERVIEW ENDED :
HOUR MINUTE HOUR MINUTE

Name and signature of supervisor

DATE CHECKED: / /
D D M M Y Y Y Y

INTRODUCTION AND CONSENT

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

Hello,

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

I am interested in your son's/daughter's/ward's opinions, and I would like to talk to him/her about his/her experience of using health-care services. For this I would like to ask him/her a few questions. This information will help to improve health services for adolescents. This interview will take about 25–30 minutes. I will not write down his/her name and all the information he/she provides will be kept strictly confidential and not be shared with anyone else.

His/her participation in this survey depends totally on you and him/her. If you wish you may refuse to give us permission to interview your son/daughter or ward. If you decide your son/daughter/ward should not participate, it will not affect his/her access to services in any way.

Do you have any questions?

May we begin?

The parent/guardian has given permission Yes.....1

No.....2

“All my questions were answered. I have understood and agree to give consent to the interview.”

Signature/thumb impression/verbal consent of the interviewee:

[]
[]

DATE: [] [] / [] [] / [] [] [] []
D D M M Y Y Y Y

Signature of interviewer:

[]

ADOLESCENT IN THE COMMUNITY INTERVIEW TOOL

Section 1: Demographic Information

| | Demographic Questions | Response & Code | Remarks |
|---|---|--|---------|
| 1 | How old are you? | <input type="text"/> <input type="text"/> Age in completed years | |
| 2 | Sex | Male 1 Female 2 | |
| 3 | What is your religion? | Christian 1 Buddhist..... 2 Hindu 3 Islam 4 Jew 5 Sikh 6 Other (please specify) 10 _____ | |
| 4 | What is your present marital status? | Unmarried 1 Married..... 2 Cohabiting..... 3 Widow/widower..... 4 Divorced..... 5 Separated 6 Other (please specify) 10 _____ | |
| 5 | What is the highest level of education that you have attained so far? | No education..... 0 Primary completed 1 Primary (some 2 Secondary completed 3 Secondary (some)..... 4 College 5 University..... 6 Master 7 Vocational..... 8 Other (please specify) 10 _____ | |
| 6 | What do you currently do? | Student 1 Housewife 2 Service 3 Business..... 4 Farming 5 Other (please specify) 10 _____ | |
| 7 | At present, whom do you live with? | Alone..... 1 With family/parents..... 2 With husband 3 With friends 4 Other (please specify) 10 _____ | |

ADOLESCENT IN THE COMMUNITY INTERVIEW TOOL

Section 2: Knowledge and Perceptions about Adolescent Health-Care Services

| Question number | Criterion number | Questions for the adolescent in the community | Response & code | Remarks |
|-----------------|------------------|---|--|--------------|
| 1 | - | In the past 6 months, have you visited any health facility or provider for health problems? | Yes 1 No 0 Don't know..... 8 | Skip to Q 23 |
| 2 | - | Which type of health-care facility did you visit? | Government facility A Private facility B Charity facility C Other D (please specify) _____ | |
| 3 | - | Which type of provider did you visit? | General practitioner/family doctor A Paediatrician B Gynaecologist C Nurse D Midwife E Community health worker F Pharmacist G Other H (please specify) _____ | |
| 4 | - | Which type of service did you go for? | Physical and pubertal development A Menstrual hygiene / problems B Nutrition C Anaemia D Immunization E STIs F HIV G Oral contraceptive pills H Condom I IUD J Emergency contraceptive pills K Contraceptive implant L | |

| Question number | Criterion number | Questions for the adolescent in the community | Response & code | Remarks |
|-----------------|------------------|---|---|---------------------------------|
| | | | Injectable contraception ... M Antenatal careN Safe deliveryO Postpartum care..... P Safe abortionQ Post-abortion care..... R Dermatological S Mental health..... T Substance use U Violence..... V Injuries..... W Fever X Diarrhoea..... Y Malaria Z Tuberculosis ZZ Others ZZZ (please specify) _____ | |
| 5 | a) | - | Did you tell your guardian (parent/spouse/in-laws/other) about your visit? Yes 1 No 0 Can't remember 7 | → Skip to Q 5c → Skip to Q 6 |
| | b) | 17 | Did your guardian (parent/spouse/in-laws/other) agree that you should attend? Yes 1 No 0 Can't remember 7 | Skip to Q 6 |
| | c) | - | Why didn't you tell? For no particular reason.... A Fear of not being allowed to attend..... B Wanted to keep it confidential C Didn't want to tell..... D Other E (please specify) _____ | |
| 6 | a) | - | If somebody accompanied you to the health facility, please state who it was. Parents/guardian 1 Friend 2 Spouse..... 3 Mother-in-law 4 Went alone 5 Other 10 (please specify) _____ | |

| Question number | Criterion number | Questions for the adolescent in the community | Response & code | Remarks |
|-----------------|------------------|--|--|--|
| | b) | 42, 47 | If you were accompanied by another person, did you have some time alone with the health-care provider? Yes 1 No 0 | |
| 7 | | Was your visit to the nearby facility? (The nearby facility is the facility where the quality assessment is being conducted.) Yes 1 No 0 Don't know 8 | | Skip to Q 23 |
| 8 | | From whom did you hear about that health facility? (More than one answer is acceptable.) Peer/friend..... A Parents/relatives B School..... C Community volunteer..... D Community health worker ... E Auxiliary nurse midwife F Doctor/medical officer G Other H (please specify) _____ | | |
| 9 | | 1 | Did you notice any signboard in a language you understand that mentions the facility operating hours? Yes 1 No 0 Can't remember 7 | |
| 10 | | 23 | Did you receive the health-care services that you went for? Yes 1 No 0 Can't remember 7 | |
| 11 | a) | 2 | Did you see informational materials for adolescents, including video or TV, in the waiting area? Yes 1 No 0 Can't remember 7 | Skip to Q 12 |
| | b) | 2 | Did you like the informational materials? Yes 1 No 0 Don't know 8 | |
| 12 | | | The last time you visited the nearby facility, did you find it had: | |
| | a) | 45 | Working hours that were convenient for you? Yes 1 No 0 Can't remember 7 | |
| | b) | 45 | A reasonably short waiting time? (Ask how long the client waited.) Yes 1 No 0 Can't remember 7 | Code "yes" if the waiting time was 30 minutes or less. |
| | c) | 42, 47 | Curtains in doors and on windows so that nobody could see you during the examinations? Yes 1 No 0 Can't remember 7 | |

| Question number | Criterion number | Questions for the adolescent in the community | Response & code | Remarks |
|-----------------|------------------|---|---|---|
| | d) | 46 | Comfortable seating in the waiting area? Yes 1 No 0 Can't remember 7 | |
| | e) | 46 | Drinking water available? Yes 1 No 0 Can't remember 7 | |
| 13 | | | Were the following sufficiently clean: | |
| | a) | 46 | The surroundings? Yes 1 No 0 Can't remember 7 | |
| | b) | 46 | The consultation areas? Yes 1 No 0 Can't remember 7 | |
| | c) | 46 | Toilets, which were functional? Yes 1 No 0 Can't remember 7 | |
| 14 | a) | 52 | Did you see a display which mentions that services will be provided to all adolescents without discrimination? Yes 1 No 0 Can't remember 7 | |
| | b) | 27 | Did you see a display with your rights? Yes 1 No 0 Can't remember 7 | |
| | c) | 34 | Can you tell me what your rights are? Yes 1 No 0 Can't remember 7 Considerate, respectful and non-judgemental attitude A Respect for privacy during consultations, examinations and treatments B Protection from physical and verbal assault C Confidentiality of information D Non-discrimination E Participation F Adequate and clear information G | Code "yes" if at least 3 mentioned from the list provided |
| 15 | | 27 | Did you see a display of the confidentiality policy? Yes 1 No 0 Can't remember 7 | |
| 16 | | 32, 34 | Was the service provider friendly to you? Yes 1 No 0 Can't remember 7 | |

| Question number | Criterion number | Questions for the adolescent in the community | Response & code | Remarks |
|-----------------|------------------|---|--|----------------|
| 17 | a) | 32, 34 | Was the service provider respectful of what you needed? Yes 1 No 0 Can't remember 7 | |
| | b) | 42 | Did anyone else enter the room during your consultation? Yes 1 No 0 Can't remember 7 | |
| 18 | a) | 42 | At the beginning of the consultation, did the service provider assure you that your information would not be shared with anyone without your consent? Yes 1 No 0 Can't remember 7 | |
| | b) | 47 | Did you feel confident that the information you shared with the service provider would not be shared with anyone else without your consent? Yes 1 No 0 Can't remember 7 | |
| 19 | | 35, 75 | Did you feel the information provided during the consultation was clear and that you understood it well? Yes 1 No 0 Can't remember 7 | |
| 20 | a) | 75 | Did the provider ask you if you agreed with the treatment, procedure or solution that was proposed? Yes 1 No 0 Can't remember 7 | |
| | b) | 78 | Overall, did you feel that you were involved in the decision regarding your care – for example, did you have a chance to express your opinions or preferences for the care provided, and did you feel that your opinion was listened to, and heard? Yes 1 No 0 Don't know 8 | |
| 21 | a) | - | While you were at the facility, did you have any contact with anyone from support staff, such as the receptionist, cleaning staff or security staff? Yes 1 No 0 Can't remember 7 |] Skip to Q 22 |
| | b) | 32, 34 | Did you feel that the support staff was friendly and treated you with respect? Yes 1 No 0 Can't remember 7 | |
| 22 | a) | - | Did the service provider refer you to another health facility for services they did not provide there? Yes 1 No 0 Can't remember 7 |] Skip to Q 23 |
| | b) | 22, 23 | Did he/she give you a detailed referral note, stating the condition, address for referral, operating hours and cost of services? Yes 1 No 0 Can't remember 7 | |
| 23 | a) | 57 | Were you ever denied necessary services at the nearby facility? Yes 0 No 1 Not relevant 6 |] Skip to Q 24 |

| Question number | Criterion number | Questions for the adolescent in the community | Response & code | Remarks | |
|-----------------|------------------|---|--|--|--|
| | b) | 57 | If yes, what do you think was the reason for being denied the services? | Age below 18 A Unmarried B Not in school C Unable to pay D Unavailable in the facility .. E The condition needs referral F Other G (please specify) _____ | |
| | c) | 57 | Which services were denied? | Physical and pubertal development A Nutritional B Anaemia C Immunization D Menstrual hygiene/problems E RTI and STI F HIV G Oral contraceptive pills H Condom I IUD J Emergency contraceptive pills K Implants L Injectable contraception M Medical abortion/menstrual regulation/surgical abortion... N Post-abortion care O Antenatal care P Postnatal care Q Dermatological R Mental health S Substance use T Sexual violence U Other V (please specify) _____ | |
| 24 | | 43, 48 | Were you ever refused health-care services in the nearby facility because of lack of medicines or other materials? | Yes 0 No 1 Don't know 8 | |
| 25 | | 44, 48 | Were you ever refused health-care services in the nearby facility because lack of equipment, or because the equipment was not functioning? | Yes 0 No 1 Don't know 8 | |

| Question number | Criterion number | Questions to adolescent in the community | Response & code | Skip | |
|-----------------|------------------|--|--|--|---|
| 26 | a) | 6 | Did anybody tell you, that time or on other occasions, what other services you can obtain in the nearby facility? | Yes 1 No 0 Can't remember 7 | Skip to Q 27 |
| | b) | 6 | Could you tell me what (other) services are provided to adolescents in the nearby facility? (Probe for mention of services in the list.) | Yes 1 No 0 Puberty and growth A Nutritional problems B Anaemia C Immunization D Menstrual hygiene / problems E RTI and STI F HIV G Oral contraceptive pills H Condom I IUD J Contraceptive implants K Injectable contraceptives L Emergency contraceptive pills M Safe abortion N Post-abortion care O Antenatal care P Postnatal care Q Skin diseases R Mental health S Substance use T Sexual violence U Other V (please specify) _____ | Code "yes" if at least 2 (other) services are named apart from the service he/she came for. |
| 27 | | 9 | If one day you need services that are not provided in the nearby facility, do you know where to go, or whom to ask? | Yes 1 No 0 | |
| 28 | a) | 79 | Have you or your friends ever been approached to help staff in working with adolescents in the nearby facility? | Yes 1 No 0 | |
| | b) | 77 | Have you or your friends ever been approached to help facility staff in planning health services, or any activity to improve the quality of services such as surveys, or participating in meetings to discuss the quality of care? | Yes 1 No 0 | |

| Question number | Criterion number | Questions to adolescent in the community | Response & code | Skip |
|-----------------|------------------|---|--|--|
| 29 | 21, 23 | Have you ever received information, counselling or health services in the community setting, for example in schools, clubs, community meetings? | Yes 1 No 0 Can't remember 7 | |
| 30 | 7 | Did you ever participate in any community sessions on health education organized by a community health worker or volunteer? | Yes 1 No 0 Can't remember 7 | |
| 31 | a) | 8 What do you know about anaemia? | Nothing 0 Satisfactory answer (yes) 1 Less haemoglobin/ blood.....A It leads to: Weakness/tirednessB Loss of appetite.....C Repeated illnessD Slow growth and stunting .E Other F (please specify) _____ | → Skip to Q 32 Code "yes" if at least 2 items from the list were named. |
| | b) | 8 Do you know how to prevent anaemia? | Yes 1 No 0 Iron and folic acid tabletsA Eat leafy greensB Eat vegetables.....C Eat meat and liverD Drink milk E Eat eggs..... F Have a balanced diet G OtherH (please specify) _____ | Code "yes" if at least 2 methods from the list were named. |
| 32 | 8 | Can you name any health or other consequences of getting married very young? | Yes 1 No 0 Dropping out of schoolA Early childbirthB More prone to sexually transmitted diseases.....C OtherD | Code "yes" if at least 2 consequences from the list were named. |

| Question number | Criterion number | Questions to adolescent in the community | Response & code | Skip |
|-----------------|------------------|--|--|---|
| 33 | a) | 8 Can you name any health consequences of having a baby at a young age? | Yes 1 No 0 Anaemia A Babies with low birth weight B Maternal death C Difficult labour D Pre-term birth E Newborn death F Other G (please specify) _____ | Code “yes” if named at least 2 consequences from the list provided. |
| | b) | 8 Do you know what is the minimum number of check-ups a pregnant women should have? <i>(Ask 15–19 year olds only.)</i> | Correct answer 1 Doesn't know or incorrect answer 0 | Check the country policy for the recommended number of minimum check-ups. ¹ |
| | c) | 9 Do you know where an adolescent girl can go for such check-ups? <i>(Ask 15–19 year olds only.)</i> | Correct answer 1 Doesn't know or incorrect answer 0 Possible answers Government hospital A Adolescent clinic B Health centre/offices C Auxiliary nurse midwife .D Private hospital E Other F (please specify) _____ | Code “correct answer” if at least 1 type of facility was named that is in line with national policy. ² |

| Question number | Criterion number | Questions to adolescent in the community | Response & code | Skip |
|-----------------|------------------|--|--|--|
| 34 | a) | 8 Can you name any methods of contraception or family planning? <i>(Ask 15–19 year olds only.)</i> | Yes 1 No 0 Condom A Oral contraceptive pills .. B Emergency contraceptive pills C IUD D Injectables E Implants E Abstinence F LAM G Standard Days Method .. H Withdrawal I Others (please specify)... J _____ | → Skip to Q 35 Code “yes” if at least 3 methods from the list below were named, with at least 2 modern methods. |
| | b) | 9 Do you think you could obtain a method if you needed one? <i>(Ask 15–19 year olds only.)</i> | Yes 1 No 0 | |
| | c) | 8 Have you heard about emergency contraceptive pills? <i>(Ask 15–19 year olds only.)</i> | Yes 1 No 0 | → Skip to Q 35 |
| | d) | 8 Do you know what they are used for? <i>(Ask 15–19 year olds only.)</i> <i>(Probe for what they are used for.)</i> | Stopping a pregnancy from happening 1 No 0 Other 10 <i>(please specify)</i> _____ | |
| | e) | 9 Do you think you could obtain them if you needed them? <i>(Ask 15–19 year olds only.)</i> | Yes 1 No 0 | |

| Question number | Criterion number | Questions to adolescent in the community | Response & code | Skip |
|-----------------|------------------|---|--|--|
| 35 | a) | 8 Have you heard about condoms? <i>(Ask 15–19 year olds only.)</i> | Yes 1 No 0 | → Skip to Q 36 |
| | b) | 8 Could you tell me why a condom is used? <i>(Ask 15–19 year olds only.)</i> <i>(Probe for what they are used for.)</i> | Yes 1 No 0 Don't know 8 For contraception/ preventing pregnancy ... A Preventing HIV B Other C <i>(please specify)</i> _____ | Code “yes” if both pregnancy and STIs prevention is mentioned. |
| | c) | 9 If you or your friends needed a condom, do you know where to get them? <i>(Ask 15–19 year olds only.)</i> <i>(Probe for where to get condoms.)</i> | Yes 1 No 0 Shop A Pharmacy B Government hospital / clinic/family planning centre C Adolescent clinic D Private hospital/clinic/ family planning centre ... E Community volunteer F Auxiliary nurse midwife .G Other H <i>(please specify)</i> _____ | Code “yes” if at least one place is mentioned. |
| | d) | 21 Do you feel you could get a condom if you needed one? <i>(Ask 15–19 year olds only.)</i> | Yes 1 No 0 Don't know 8 | |

| Question number | Criterion number | Questions to adolescent in the community | Response & code | Skip |
|-----------------|------------------|---|---|--|
| 36 | a) | 8 | Have you heard of HIV? Yes 1 No 0 | Skip to Q 37 |
| | b) | 8 | Could you please answer the following questions on HIV? Yes 1 No 0 Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners? A Can a person reduce the risk of getting HIV by using a condom every time they have sex? B Can a healthy-looking person have HIV? C Can a person get HIV from mosquito bites? D Can a person get HIV by sharing food with someone who is infected?..... E | Code "yes" if all five questions are answered correctly. |
| | c) | 9 | If you would want to get tested for HIV, do you know where you can readily get an HIV test? Yes 1 No 0 | |
| 37 | 9 | If an adolescent in your locality had an unwanted pregnancy, would they know where to go for medical advice? | Yes 1 No 0 Don't know 8 | |
| 38 | 8 | Do you know what care to take each month during the menstrual cycle? <i>(Ask this question to girls only.)</i> | Yes 1 No 0 Daily shower A Use soft and clean cloth B Wash cloth with soap and water C Dry cloth in sunlight D Store cloth in clean place E Use sanitary napkins.....F How to dispose of sanitary napkins.....G Other H (please specify) | Code "yes" if at least two items from the list were named. |

| Question number | Criterion number | Questions to adolescent in the community | Response & code | Skip |
|---------------------------------------|------------------|---|---|---|
| 39 | a) | 8 Have you ever heard of diseases that can be transmitted through sexual intercourse? <i>(Ask 15–19 year olds only.)</i> | Yes 1 No 0 Don't know 8 | Skip to Q 40 |
| | b) | 8 Do you know any symptoms of sexually transmitted infections? <i>(Ask 15–19 year olds only.)</i> | Yes 1 No 0 Abdominal pain (only in women) A Genital discharge B Foul-smelling discharge C Burning pain on urination D Genital ulcers/sores E Swellings in groin area F Other G (please specify) _____ | Code “yes” if at least one correct symptom is named. |
| | c) | 9 If you or someone of your age had these problems, would you know where to go for a check-up and treatment? <i>(Probe for where to go for check-up and treatment.)</i> | Yes 1 No 0 Self-treat A Traditional healer B Adolescent clinic C Government facility D Auxiliary nurse midwife E Private clinic F Other G (please specify) _____ | Code “yes” if at least one health-care facility is named. |
| 40 | a) | - Do you have some ideas for how adolescents can get more involved in planning designing and implementing good quality health care in this community? | Yes 1 No 0 | ➔ End the interview with thanks. |
| | b) | - Can you please share your ideas with us? | _____ _____ _____ _____ | |
| <i>End the interview with thanks.</i> | | | | |

Notes for adaptation:

- ¹ Adapt according to the country policies; WHO-recommended minimum number of antenatal visits is four.
- ² Adapt list according to the country policies.



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