CHIVA SOUTH AFRICA AYFS BASELINE ASSESSMENT

(adapted 2016 from LoveLife Toolkit, Step 6)

THE BENEFITS OF A BASELINE ASSESSMENT

CHIVA South Africa has committed to support your clinic in 2017 to work towards achieving 'Adolescent and Youth Friendly Services' status and recognition as a provider of high quality services to adolescents and youth in your community. To help us to plan how best we can support you during the year, we need to understand your current AYFS achievements and challenges. Together we can then plan the support you need; the areas of priority for the development of services and staff knowledge and skills.

This tool has been adapted from the '*LoveLife AYFS Toolkit'* to clarify and simplify the AYFS assessment process for all involved. It contains the same standards and scoring criteria, but allows for evidence/comments to be captured during each assessment, making each assessment an informative and practical stand-alone report for your clinic.

SCORING CRITERIA

Scoring is on a scale of 0 – 2 as shown below:-

- •   CRITERION NOT MET   0 POINTS

- •   CRITERION PARTIALLY MET   1 POINT

- •   CRITERION FULLY MET   2 POINTS

TO CALCULATE STANDARD SCORES

Each standard is broken down into a number of questions (criteria) which are scored using the system above.

Firstly the total number of each criteria is scored. The one with the highest number is the score for that criteria.

For example, Standard 1.1 has 7 questions. If we say that the facility scored 2 'fully met', 2 'partially met' and 3 'not met', the overall score for this section would be 'not met'. This score would then be entered into the Assessment Report Table in Standard 1: Criteria 1.1 as 0 – not met.

Each sub-standard is scored in this way, and then entered into the Assessment Report Table.

Once this is done, the total score for each section is added up and then divided by the total points available to give a percentage achievement for each standard. A minimum standard of 80% for each standard is required to be able to say that the standard has been achieved.

For example, Standard 1 has a total of 6 sections and can therefore achieve a maximum of 12 points. Using the same score system as in the example above, we would add these up to reach the total for the standard. To calculate the percentage, we would divide the total scored by the maximum score and times this by 100.

WE LOOK FORWARD TO WORKING TOGETHER IN 2016. IF YOU HAVE ANY QUESTIONS, YOU ARE WELCOME TO TALK TO ANY OF OUR TEAM.

FACILITY NAME:		**ASSESSMENT TEAM MEMBERS**	
DISTRICT:			
DATE:			
OM NAME:			

STANDARD 1

Management systems are in place to support the effective provision of AYFS

INTENT

The management systems that are in place ensure that health services effectively meet the needs of adolescents. The clinic's service plan is based on information obtained about young people in the community through the community profile, adolescent needs assessments and data from the clinic's health information system

CRITERION 1.1
Data are collected to determine adolescent's health needs

QUESTIONS	BASELINE	EVIDENCE/COMMENTS
Has an adolescent health profile been conducted within the last 2 years?		
Have young people's sexual and reproductive health challenges been clearly identified in the profile?		
Has an assessment of needs and preferences of young people for SRH services been conducted within the past year?		
Are the findings of the needs assessment and adolescent health profile communicated to staff?		
Is information on young people's uptake of AYFS package being collected by age and gender? (M/F; 10-14; 15-19; 20-24)		
Is the data on young people's service utilisation compiled and analysed on a monthly basis to detect trends in health needs?		

Are AYFS trends regularly discussed with staff, volunteers and members of the community health committee?		

CRITERION 1.2
The clinic has a service plan that addresses the need for adolescent health services and a process to implement the plan

QUESTIONS	BASELINE	EVIDENCE/COMMENTS
Has An AYFS plan been developed?		
Does the service plan reflect the health priorities identified in the adolescent health profile/needs identified by research with youth?		
Do all staff and volunteers know the contents of the AYFS plan?		
Is the AYFS plan posted (with times) in an area where young people are likely to see it? (reception, chill room etc)		
Are all of the services described in the AYFS plan currently being provided?		

CRITERION 1.3
Staff receive support and supervision on an on-going basis

QUESTIONS	BASELINE	EVIDENCE/COMMENTS
Do staff feel that they receive adequate support from on-site managers/supervisors to deliver AYFS?		
Do managers/supervisors regularly encourage improvements in the quality of young people's care?		
Do managers/supervisors regularly assess staff competency and performance in relation to AYFS?		
Do managers/supervisors provide constructive feedback on ways to improve the quality of services for young people?		
Do managers/supervisors ensure that staff are assigned responsibility and given sufficient time to carry out the following functions:- - Participate in AYFS improvement projects - Give health talks to adolescent and youth clients - Participate in other activities for young people (at clinic or in the community) - Conduct community relations activities, including joint activities with other youth-serving organisations - Maintain up-to-date AYFS monitoring records - Share information and lessons about AYFS		
Do managers/supervisors oversee the progress of the clinics AYFS improvement efforts and programme activities to ensure that staff		

	BASELINE	EVIDENCE/COMMENTS
are staying on track and to provide guidance?		
Is team spirit fostered in the clinic to support AYFS?		

CRITERION 1.4
The clinic has a regular process for improving the quality of services for adolescents

QUESTIONS	BASELINE	EVIDENCE/COMMENTS
Have all categories of staff been orientated on the AYFS programme?		
Has a clear structure for AYFS been mapped out in an AYFS Programme Management Plan?		
Has the clinic's commitment to AYFS been formally declared in an AYFS Charter?		
Has an AYFS team been established?		
Does the AYFS team approach AYFS improvement systematically by:- - Meeting regularly (e.g. monthly) - Setting meeting agendas - Keeping an attendance register - Taking minutes - Establishing project teams to address service gaps - Documenting project action plans - Documenting project outcomes and outcomes of other AYFS improvement efforts		
Does the AYFS team regularly share their meeting minutes, project action plans and results with staff, volunteers and other stakeholders? (e.g. schools, clinic committee etc)		
Does the AYFS team ensure that staff and volunteers have the information required to actively participate in the activities set out in the AYFS plans?		
Are educational sessions for AYFS team members and other staff held regularly about AYFS service improvement methods and tools used?		
Do the AYFS Coordinator and AYFS Team Leader actively mentor the AYFS team and other staff on applying AYFS methods?		
Is there a mechanism in place to ensure that all staff/volunteers are involved with some aspects of AYFS decision-making, even when they are not members of the core AYFS team?		
Are the results from the analysis of AYFS utilisation trends being used to inform programme planning?		
Are the results from AYFS self-appraisals being used to inform programme planning?		

Are young people's suggestions/complaints about services being used to inform programme planning? (interviews, questionnaires etc)		
Are the results from the adolescent needs assessments and adolescent health profile being used to inform programme planning?		
Is there a mechanism in place to formally recognise team and individual efforts in the delivery of AYFS?		
Are AYFS successes and testimonials well showcased throughout the clinic?		

CRITERION 1.5
The clinic has a system to assure adolescent and community participation in the planning and provision of services

QUESTIONS	BASELINE	EVIDENCE/COMMENTS
Does the AYFS team include at least 2 youth representatives?		
Are young people involved in providing educational programmes, peer counselling or other youth activities at the clinic?		
Does the Community Health Committee play an active role in supporting AYFS?		
Are young people represented in the Community Health Committee? (at least 2 members)		
Are outside speakers invited to present on topics related to AYFS?		
Have links been established with other facilities implementing AYFS to share experiences and resources and/or jointly carry out selected activities (community elders/leaders, youth leaders, schools, youth organisations, parents/caregivers etc)		
Have links been established with local youth stakeholders to share experiences and resources and/or to jointly carry out selected activities?		

CRITERION 1.6
The clinic has an adequate client record system

QUESTIONS	BASELINE	EVIDENCE/COMMENTS
Are young people's records completed with the following information: - Age - Sex - ID number - Findings of physical examination - Sexual history - Social history		

- Behaviour risk assessment - Relevant tests or labs ordered with results - Diagnosis - Counselling - Treatment - Appropriate referral - Follow-up/return date		
Is there a record filing system in place where young people's records can be easily located?		
Is there a process in place for identifying and following up on high-risk adolescent/youth clients (e.g. log book)?		

STANDARD 2
The clinic has policies and processes that support the rights of adolescents
INTENT
There are known policies and processes to ensure that the rights of adolescents are known and respected by all clinic staff. Services are provided taking into account the rights of adolescents

CRITERION 2.1
The clinic has a copy of the National Youth and Adolescent Health Policy Guidelines

QUESTIONS	BASELINE	EVIDENCE/COMMENTS
Is a copy of the National Youth and Adolescent Health Policy kept in a place that is well known and easily accessible to all staff?		
Are staff members able to articulate the main points of the National Youth and Adolescent Health Policy?		
Is an overview of the National Youth and Adolescent Health Policy included as part of the orientation of new staff?		
Is the National Youth and Adolescent Health Policy reviewed at least once a year through staff meetings and/or during in-service training?		

CRITERION 2.2
Clinic staff know the adolescent sexual and reproductive health rights

QUESTIONS	BASELINE	EVIDENCE/COMMENTS
Are all staff members well informed of young people's sexual and reproductive health rights?		
Are young people's sexual and reproductive health rights reviewed during staff orientation?		
Do all staff know at least 5 of these rights?		
Is there a mechanism in place to review how each of these rights are being met by the clinic?		

CRITERION 2.3
The clinic proactively promotes SRHR and responsibilities of adolescents

QUESTIONS	BASELINE	EVIDENCE/COMMENTS
Does the clinic have posters on display offering young people's sexual and reproductive rights and responsibilities?		

Question	Baseline	Evidence/Comments
Are these posters displayed in the appropriate language(s) for the surrounding community?		
Are pamphlets describing SRHR and responsibilities readily available for young people to take home?		
Do healthcare providers regularly speak with young people about their SRH rights and responsibilities?		
Do healthcare providers/youth volunteers include an overview of young people's SRH rights and responsibilities when conducting clinic health talks?		
Do healthcare providers/youth volunteers include an overview of young people's SRH rights and responsibilities when conducting community outreach activities?		

CRITERION 2.4
Clinic staff provide services taking into account the rights of adolescents

QUESTIONS	BASELINE	EVIDENCE/COMMENTS
Are all staff members known to young people by their name (e.g. name badges) and introduce themselves by name?		
Do all staff members treat young people with a respectful and non-judgmental attitude?		
Are all services available to young people regardless of their age, sex, whether or not they have consent from a parent/guardian or their marital status?		
Do staff understand the needs and vulnerabilities associated with different groups of young people, for example:- - Males versus females - Young people infected or affected by HIV - Young people who are gay, lesbian or bisexual - Disabled young people - Youth experiencing sexual or domestic abuse - Perpetrators of sexual or domestic abuse - Different social and ethnic groups - Young people with mental health problems (e.g. depression, eating disorders, substance use, addictions) - Orphans - Homeless youth - Sex workers		
Does the clinic properly accommodate young people with special needs (e.g. wheelchair users, deaf, visually impaired)?		

CRITERION 2.5		
All clinic staff maintain confidentiality of adolescent clients		
QUESTIONS	**BASELINE**	**EVIDENCE/COMMENTS**
Do all staff members avoid discussing young people's problems with parents/caregivers or others in the community?		
Is the importance of maintaining confidentiality regularly discussed at staff meetings?		
Is the importance of maintaining confidentiality discussed during staff orientation?		
Are measures taken to ensure that consultations, counselling and/or examinations are not interrupted?		
When staff need to discuss a client's case with other staff, do they respect the client's confidentiality by speaking in a private area where they are not overheard?		
Does the clinic ensure that young people do not have to verbally announce which services they have come for in a public area (e.g. corridor or waiting area)?		
When a third party is present during a consultation, examination or procedure, do staff explain the person's presence and seek the client's authorisation of this?		
In presentations with groups of young people, does the facilitator request that the information shared within the group be kept confidential?		
Are client records stored in such a way that the confidentiality of the client is maintained?		
Are staff careful not to leave client records unattended on desks or in other non-secure locations?		
Does the clinic have a system in place to ensure the confidentiality of HIV test results?		

STANDARD 3

Appropriate adolescent health services are available and accessible

INTENT

Adolescents are aware of the health services available to them. During the official hours of operation, every effort is made to accommodate the needs of adolescents. Where possible, specific times are allocated for the provision of adolescent services. Adolescents are welcomed in the clinic and provided with the full range of services. The essential service package for adolescent and youth-friendly clinics is provided. There is a mechanism in place to solicit community support for adolescent health services

CRITERION 3.1
The scheduling, location, and scope of adolescent services provided by the clinic are clearly visible and communicated to the community

QUESTIONS	BASELINE	EVIDENCE/COMMENTS
Does the clinic have a sign outside that shows:- - The name of the clinic - The days of the week the clinic is open - The hours the clinic is open - An indication that young people are welcome or that it is a 'youth-friendly' clinic		
Are clinic signs posted so that they assist clients to find the clinic from the main roads?		
Are signs used within the clinic to ensure that service points are easily identifiable?		

CRITERION 3.2
The clinic actively promotes adolescent health services within the community

QUESTIONS	BASELINE	EVIDENCE/COMMENTS
Have formal service partnerships been established with community youth organisations or other relevant sectors (e.g. schools, NGOs, FBOs, police, social development)		
Are activities regularly conducted to educate the wider community (including youth) about the clinic's AYFS initiative and other topics related to young people's sexual and reproductive health?		
Do the following places where young people gather display signs that indicate the availability of your clinic's 'adolescent and youth-friendly services':- - Schools - Community Centres - Recreation Centres		

	BASELINE	EVIDENCE/COMMENTS
- Local organisations serving youth - Local businesses		
Are activities conducted to encourage parents/caregivers to support their children's involvement with AYFS?		
Are notices of AYFS events and educational programmes appropriately advertised?		
Does the clinic work with local media to disseminate information about AYFS (e.g. newspapers, radio, local newsletters)?		

CRITERION 3.3
Services are provided within timeframes convenient for adolescents

QUESTIONS	BASELINE	EVIDENCE/COMMENTS
During clinic hours, are all services available to young people regardless of:- - The day of the week - The time of day - The availability of a clinic card		
Have staff made an effort to provide services based on the times that are most convenient to adolescents (e.g. after school, weekends)?		
Has the client flow analysis been conducted to assess waiting times?		
Are services provided within waiting times that are acceptable to young people?		
Are young people's waiting times unnecessarily lengthened by waiting for a doctor to do something that a nurse or other healthcare provider could do?		
Are there enough staff available to 'fast track' adolescents and youth when the clinic is most busy?		

CRITERION 3.4
All staff including reception, clerical, and housekeeping staff, are able to assist youth to access care in an informed, non-judgmental manner

QUESTIONS	BASELINE	EVIDENCE/COMMENTS
Are all staff members aware that the clinic provides AYFS?		
Do all staff members know when and where each of the services are provided?		
Are all staff members able to direct young people to the appropriate service areas?		

CRITERION 3.5 Syndromic management of sexually transmitted infections is provided		
QUESTIONS	**BASELINE**	**EVIDENCE/COMMENTS**
Is a formal review of the quality of STI care done at least once a year by a supervisor using the DISCA (District STI Quality of Care Assessment) instrument?		
Have all professional nursing staff been trained in the syndromic management of STIs?		
Are flow charts available on the wall or desk in consultation and examination rooms that show the current protocols?		
Is there a mechanism in place to ensure that staff are diagnosing and treating STIs according to current protocols and treatment guidelines?		
Are young people's dignity and fears respected during examinations (e.g. when they have their skin, mouth, genital or peri-anal area examined)?		
Do staff sensitively enquire about young people's sexual partner(s) – e.g. where the gender of the partner is not presumed, nor is the number of regular or casual sexual partners?		
Are contact cards (in the correct language) given to all young people presenting with an STI and reasons explained to them about the importance of all their sexual partners coming for diagnosis and treatment?		
Are youthful and easily understandable resource pamphlets available in all consultation and examination rooms on:- - Signs and symptoms of common STIs - HIV and STI coinfection risks - HTS (HIV Testing Services) - Common misconceptions around STIs - Rationale of STI management and treatment - Importance of condom use when being treated and to avoid future infections - Strategies to avoid unsafe sex		
Is the importance of abstaining from intercourse during the treatment period discussed with all young people presenting with an STI?		
Do clients receive written instructions about the following:- - Risks associated with the treatment they are receiving - Warning signs of complications - Where to go for emergency and follow-up care		
Is the importance of consistent condom use and the benefits of dual-method contraception to prevent pregnancy and HIV/STIs stressed		

with all sexually active young people?		
Are the supply of male and female condoms and dildos available in all consultation and examination rooms for demonstrations of proper use and role plays of partner negotiation		
Are condoms placed in strategy places throughout the clinic so they can be easily accessed without seeing a healthcare provider?		

CRITERION 3.6
A high quality HIV Testing and Counselling service is provided

QUESTIONS	BASELINE	EVIDENCE/COMMENTS
Are young people who present with suspected opportunistic infections routinely counselled to have an HIV test?		
Are young people who present with symptoms of an STI routinely counselled to have an HIV test?		
Are pregnant adolescents and young people routinely counselled to have an HIV test?		
Does pre and post-test counselling take into account the specific vulnerabilities of young people?		
Are HIV counsellors trained on how to attend to the needs of adolescents and youth who are infected with HIV and/or to refer for ongoing support?		
Are HIV test results recorded by age and gender of the client?		

CRITERION 3.7
An HIV programme of care is provided

QUESTIONS	BASELINE	EVIDENCE/COMMENTS
Are all staff aware of the factors that are driving the high rates of HIV infection in young people?		
Can all healthcare providers accurately assess the prognosis of HIV by recognising the common opportunistic infections?		
Do staff promote healthy lifestyles and safer sexual practices with young people who have HIV, including the importance of:- - A positive mental attitude - Good nutrition (including vitamin and mineral supplementation) - Maintaining healthy lifestyle choices - Limiting drug or alcohol use - Avoiding re-infection with HIV/STI by practicing safer sex -Early treatment of illnesses		

	BASELINE	EVIDENCE/COMMENTS
Is EMTCT counselling provided for all HIV+ pregnant adolescents/youth?		
Are all healthcare providers aware of the policy, guidelines and recommendations for feeding infants born to HIV+ mothers?		
Are all healthcare providers able to assess adolescent/youth mother's circumstances and counsel about most suitable infant feeding option?		
Do all adolescents/youth infected or affected by HIV receive counselling at the clinic?		
Does the clinic have a link to other community-based or government organisations who provide counselling and social support services to adolescents with HIV?		
Does the clinic have a link to other community-based organisations who provide home-based care for young people with AIDS?		

CRITERION 3.8
Contraceptive information, counselling and methods are provided

QUESTIONS	BASELINE	EVIDENCE/COMMENTS
Are healthcare providers aware of protocols for appropriate contraception for adolescents (e.g. condoms and pills or condoms and injectables as opposed to IUDs)?		
Do young people who are seeking contraceptive services receive the following information:- - How methods work and how they are used - Which methods do and do not provide protection against STIs and HIV - Health benefits of various contraceptive methods - Common side effects - Warning signs of complications - How and when to obtain a re-supply - Changing contraceptive method if it proves to be unsuitable - Where, when and why to return for follow-up care - How to communicate with partners about contraception choice - How to access emergency contraception		
Do contraceptive clients receive written information about:- - Risks associated with the contraceptive method they are receiving - Warning signs of complications - Where to go for emergency and routine follow-up care		
Are young people who are given oral or injectable contraceptives routinely encouraged to practice dual method contraception?		
Are condoms provided to all sexually active adolescents and youth (including information about proper use and counselling on partner		

	BASELINE	EVIDENCE/COMMENTS
notification)?		
Is emergency contraception available to young people?		
Are young people who receive emergency contraception encouraged to test for HIV?		

CRITERION 3.9		
Pregnancy services are provided for adolescent girls		
QUESTIONS	**BASELINE**	**EVIDENCE/COMMENTS**
Do healthcare providers receive training on the risks associated with adolescent pregnancy/birth?		
Are healthcare providers able to take a history and perform a physical examination and tests according to protocols and guidelines?		
Are pregnant adolescents under 18 years of age provided with written information on the warning signs of serious complications that are relevant to their young age?		
Are staff members able to provide education and counselling to each pregnant adolescent, her partner and/or family on:- - Monitoring signs of problems (e.g. toxaemia, premature labour, bleeding) - Nutrition (including the risks associated with anaemia) - STIs/HIV - Delivery - Risks and complications associated with adolescent pregnancy - The importance of regular antenatal care and institutional delivery - Processes on booking for the delivery		
Are pregnant adolescent girls offered dietary supplements as needed (e.g. iron, folic acid and iodine)?		
Are efforts made to educate the wider community about the risks associated with adolescent pregnancy/birth and the measures that should be taken to support pregnant adolescents (e.g. regular antenatal care attendance and institutional delivery)		
Are all adolescent/youth mothers provided with the following information about newborn and child care including :- - Newborn and infant care techniques - Newborn and infant feeding practices - Nutritional requirements - Immunisation schedule - Growth monitoring - Hygiene and mouth/dental care - Prevention and treatment of common illnesses (e.g. diarrhoea, respiratory infections)		
Are staff members able to offer appropriate pre and post-TOP		

	BASELINE	EVIDENCE/COMMENTS
counselling and referral for pregnant adolescents/youth requesting termination of their pregnancy?		
Is there a system in place for prompt referral and treatment of adolescents/youth presenting with TOP-related complications?		

CRITERION 3.10 **Information, counselling and appropriate referral for violence/abuse and mental health problems are provided**		
QUESTIONS	**BASELINE**	**EVIDENCE/COMMENTS**
Can healthcare providers identify signs and symptoms of common mental health problems (e.g. depression, suicidal tendencies, and eating disorders) and make appropriate referrals?		
Can healthcare providers identify signs and symptoms of drug or alcohol abuse and make appropriate referrals?		
Can healthcare providers identify signs and symptoms of sexual abuse and make appropriate referrals?		
Can healthcare providers identify signs and symptoms of domestic abuse and make appropriate referrals?		
Are guidelines available on information that staff should cover during counselling sessions with young people who have been abused?		
Are staff actively involved in promoting mental health, through education on :- - Substance abuse - Stress management - Early signs and symptoms of mental health disorders - Coping with the psychological impact of physical or sexual abuse - Identifying suicidal tendencies		
Is there a system in place to ensure that a young person in crisis receives care from the same healthcare provider?		
Is there a 'survivor-friendly' service area available for a young person in crisis?		
Are there change of clothing packs available in adolescent sizes?		

STANDARD 4

The clinic has a physical environment conducive to the provision of adolescent and youth-friendly health services

INTENT

The clinic provides a safe, clean environment including infection prevention measures. The clinic ensures client privacy. An effort is made to make the clinic comfortable and attractive to adolescents

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CRITERION 4.1
Consultations with adolescent clients occur in a place that assures privacy

QUESTIONS	BASELINE	EVIDENCE/COMMENTS
Do consultations take place in an area and a manner that assures that the other people cannot see or overhear?		

CRITERION 4.2
The clinic is clean and comfortable for adolescents

QUESTIONS	BASELINE	EVIDENCE/COMMENTS
Are there seats in the waiting room for each client awaiting service?		
Is the furniture clean, sturdy and undamaged?		
Does the waiting room have sufficient lighting for clients to read?		
Is there adequate lighting in the examination and procedure rooms?		
Is the clinic well ventilated (e.g. fresh air, no smoking or bad odours)?		
Has an effort been made to make the clinic environment appealing for young people (e.g. brightly painted walls, youthful posters, décor that relates to young people's tastes and interests)?		
Are young people involved in providing a friendly, welcoming environment for other youth?		
Are all areas that clients use clean and well maintained?		
Are client's toilets available and in working condition?		
Are client's toilets clean?		

CRITERION 4.3
Appropriate infection control procedures are practiced

QUESTIONS	BASELINE	EVIDENCE/COMMENTS

Are paper towels, soap and water available for washing hands after use of the toilet?		
Are paper towels, disinfectant and water available for washing hands for pre/post client contact?		
Is safe drinking water available (e.g. chlorinated or boiled)?		
Is there adequate water available for cleaning and washing equipment?		
Is disinfectant available for sterilising equipment?		
Are infection control guidelines regularly practiced, e.g:- - Wearing gloves for drawing blood - Wearing gloves for pelvic examination - Proper sharps disposal - Proper decontamination/sterilisation of reusable instruments - Proper handling of contaminated materials and medical waste		
Do staff wash their hands appropriately:- - After arriving for and leaving work - Before and after clinical procedures - Before and after using gloves - After handling waste - After using the toilet - Before and after eating		
Are infection control guidelines reviewed at least once a year with all staff members?		
Are infection control guidelines reviewed with staff during orientation?		
Are all staff aware of universal precautions to prevent HIV infection?		
Is post-HIV exposure prophylaxis available for staff members and adolescent clients?		

STANDARD 5

The clinic has drugs, supplies and equipment necessary to provide the essential service package for AYFS

INTENT

AYFS essential services are provided with the appropriate drugs, supplies and equipment

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CRITERION 5.1
Necessary drugs and contraceptives are regularly available for essential service package case management

QUESTIONS	BASELINE	EVIDENCE/COMMENTS
Are the following contraceptives in stock:- - Oral contraceptives - Injectables - Implants - Male condoms - Female condoms - Emergency contraceptive pills		
Are the following drugs or equivalents in stock to provide STI treatment:- - Metronidazole - Ciprofloxacin - Azithromycin - Benzyl Penicillin - Clotrimazole/Gyno Peveryl		
Are the following drugs or equivalents in stock to prevent and treat opportunistic infections and other HIV-related diseases:- - Cotrimoxazole/Bactrim - Fluconazole/Mycostatin - Rifampicin/Rifafour		
Is there a system in place for maintaining an up-to-date drug inventory:- - Stocks are secure - Orders are placed regularly, on time and checked when received against the order - Stocks are kept orderly, with FEFO (First Expiry First Out) followed - No expired stock - Drugs ordered following EDL principles - Stock stored according to stipulated conditions to preserve potency (e.g. refrigeration, protection from light) - Stock is easily accessible - Stock is stored away from water, heat and other hazards		
Have all drugs (listed above) been consistently in stock in the past 6 months?		
Is there a mechanism in place for obtaining emergency supplies of drugs when needed?		

Is there a suitable medicine room and medicine cupboards that are kept locked (e.g. with burglar bars)?		

CRITERION 5.2
Supplies are available for AYFS essential service package case management

QUESTIONS	BASELINE	EVIDENCE/COMMENTS
Are pregnancy test kits in stock?		
Are the following forms in stock:- - Risk assessment - Client record - History taking - Referral - Contraceptive record - Patient treatment card - Notification form - All necessary laboratory request form - Transfer form		
Is there a system in place for maintaining an inventory of supplies?		
Are the following supplies in stock:- - Needles - Syringes - Gloves - Hand washing soap - Disposable towels - Dildo in each consultation room - Disinfectant cleaning fluid		
Have all supplies been in stock consistently in the past 6 months?		

CRITERION 5.3
Working equipment is available for the provision of the essential service package case management

QUESTIONS	BASELINE	EVIDENCE/COMMENTS
Is the following equipment widely available:- - Scales - Sphygmomanometer - Exam lights - Vaginal specula - Stethoscopes - Fetoscope - Hb meter		
Has all equipment been functioning within the last 6 months?		
Is there a system in place for procuring, maintaining and repairing		

equipment?		
Are sterile instruments stored in such a way that they cannot be re-contaminated?		

STANDARD 6

Information, education and communication promotion behaviour change and consistent with the AYFS essential service package is provided

INTENT

The clinic is recognised as a resource centre and focal point for promoting healthy lifestyles for adolescents. The clinic has a role and responsibility to develop channels for sharing SRH information and materials within the community. The materials are accurate, simple, target to adolescents and consistent with the AYFS essential service package. The materials are available in appropriate languages

CRITERION 6.1
The clinic has accurate, easily understandable information and education materials appropriate for adolescents available

QUESTIONS	BASELINE	EVIDENCE/COMMENTS
Are educational materials or other media products related to the AYFS service package available in the waiting areas (e.g. videos with audiovisual equipment, pamphlets, posters etc)?		
Are educational materials available on at least 5 topics related to young people's development and healthy lifestyle choices, including:- - Body awareness - Gender - Interpersonal relationships - Self-esteem - Negotiation skills - Assertiveness - Communication skills - Decision-making - Peer pressure		
Are educational materials available on the following health topics:- - Anatomy and physiology of the reproductive system - Physical development during adolescence - Pregnancy prevention - Pregnancy care - Common STIs and STI prevention - STI treatment - HIV prevention - Living with HIV - Substance abuse - Sexual violence - Mental health - Nutrition		
Are the educational materials specifically targeted to young people?		
Are the educational materials available in local languages?		

Are sufficient educational materials available for young people to take home?		
Is there a system in place for maintaining an inventory of educational resources?		

CRITERION 6.2
Healthcare workers provide information and education to adolescents at the clinic and in the community

QUESTIONS	BASELINE	EVIDENCE/COMMENTS
Do young people receive health education while they await service (e.g. health talks, group discussions/debates)?		
Do healthcare providers use youthful educational materials and/or role play to inform young people about relevant health issues during consultations?		
Are healthcare providers involved in educational activities for young people within the community (e.g. health workshops, life skills sessions, health talks)?		
Do healthcare providers distribute youthful educational materials at these community events?		

CRITERION 6.3
Adolescents are involved in educational activities at the clinic and in the community

QUESTIONS	BASELINE	EVIDENCE/COMMENTS
Do youth provide peer education to other young people in the clinic (e.g. whilst they are waiting for service or in the chill room)?		
Do youth provide peer education to other young people in the community (e.g. schools of youth organisations)?		
Are peer educators being selected on the bases of merit? E.g.:- - Commitment to good reproductive health - Credibility as a role model, especially in regard to behaviours the AYFS advocates - Respect for peers - Ability to hold confidences - Excellent social skills (e.g. the ability to interact with both peers and adults, honesty, caring, trustworthy) - Excellent communication skills (e.g. the ability to speak in public and hold their interest, ability to be understood) - Age, language, geographic location and ethnicity that are similar to that of the target audience		
Is there a system in place to handle turnover of peer educators?		

Are peer educators given a clear job description or key performance areas? E.g.:- - Facilitating a minimum number of peer education sessions/month (both one to one and group sessions) - Facilitating a minimum number of community youth events/month (e.g. youth festivals, parent-youth dialogues, youth debates) - Maintaining the upkeep of the chill room - Attending AYFS Team meetings - Participation in AYFS service improvement initiatives - Keeping up-to-date records - Keeping up to date on topics covered in sessions (via self-study or participation in trainings/workshops etc) - Providing referrals - Mentoring other peer mentors - Distributing educational materials and condoms		
Has a member of staff been designated as the line manager of the peer education programme?		
Are peer educators well trained to carry out each of their roles (e.g. AYFS spokesperson, peer educator, event coordinator)?		
Is there a system in place to regularly monitor and evaluate peer educator's performance?		
Are any tangible incentives provided to peer educators (e.g. stipend, reimbursement for transportation, food, training, academic credit, performance bonuses)?		
Are any intangible incentives provided to peer educators (e.g. building a resume, involvement in formulating clinic policy, acquaintance with important community figures)?		

STANDARD 7

Systems are in place to train staff to provide effective adolescent and youth-friendly health services

INTENT

A system is in place to identify staff learning needs and to develop plans to meet these needs. Training and development activities are conducted to prepare staff to effectively carry out AYFS. Staff have conducive attitudes toward working effectively with young people

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CRITERION 7.1
The clinic has a training plan that ensures that all staff effectively provide the AYFS essential service package

QUESTIONS	BASELINE	EVIDENCE/COMMENTS
Has a staff training needs assessment been conducted in relation to delivery of AYFS?		
Has an AYFS training plan been developed?		
Is the AYFS training plan updated periodically (e.g. annually)?		

CRITERION 7.2
Staff are well trained to provide the AYFS essential service package, using the standard case management guidelines and other related guidelines/protocols

QUESTIONS	BASELINE	EVIDENCE/COMMENTS
Have healthcare providers been trained in the following:- - Syndromic management of STIs - HCT for adolescent clients - HIV programme of care for adolescents - Contraceptive information, counselling and provision - Pregnancy testing and counselling - Antenatal and postnatal care for adolescent clients - Pre and post TOP counselling and referral for adolescent clients - Primary healthcare management of violence; sexual abuse, mental health problems (grief, depression, suicide; drugs and alcohol abuse)		
Is a record kept of all training attended by each staff member?		
Is there a system in place to assist staff to transfer their learning into regular practice?		
Has the clinic collaborated with other training organisations to further staff development related to AYFS?		

CRITERION 7.3
Staff are trained and developed to assist and serve youth in a non-judgmental and supportive manner

QUESTIONS	BASELINE	EVIDENCE/COMMENTS
Are activities conducted to prepare staff to perform their responsibilities as 'adolescent and youth-friendly' providers? For example, are they:- - Knowledgeable of young people's needs and vulnerabilities - Friendly and responsive to young people - Trustworthy - Good communicators with young people		
Do staff performance reviews include feedback regarding their interaction with adolescent and youth clients?		

STANDARD 8

Adolescents receive adequate psychosocial and physical assessments

INTENT

An adequate and appropriate assessment is conducted that takes into account the social, economic and cultural background of the adolescent, as well as their risk for HIV, STIs and unintended pregnancies

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CRITERION 8.1
Healthcare providers take an appropriate history

QUESTIONS	BASELINE	EVIDENCE/COMMENTS
Do healthcare providers document comprehensive patient histories: - Age - Sex - Presenting complaints - Past medical history - Family medical history - O&G history (LMP, pregnancies, TOPs, miscarriages, live births) - Sexual history - Social history (home and social circumstances) - Risk behaviours (smoking, drinking, drugs, sexual partners, condom use)		

CRITERION 8.2
Healthcare providers perform appropriate physical examinations and investigations according to standard case management guidelines/protocols

QUESTIONS	BASELINE	EVIDENCE/COMMENTS
Does the assessment/examination specifically address the presenting complaint?		
Does the assessment/examination take young people's psychosocial status into account?		
Does the assessment/examination take the young person's risk profile into account?		
Do the healthcare providers perform examinations according to standard guidelines/protocols?		
Are investigations carried out as indicated in the case management guidelines?		
Do healthcare providers give adequate explanation of the process if an examination or procedure is required to alleviate young people's fears (e.g. what to expect, how it is done, why it is needed)?		

CRITERION 8.3 **Assessments are undertaken with consideration to the comfort, dignity and modesty of the adolescent**		
QUESTIONS	**BASELINE**	**EVIDENCE/COMMENTS**
Do healthcare providers perform physical examinations and other procedures with the young person's dignity, modesty and comfort in mind (e.g. client is only exposed when necessary)?		

CRITERION 8.4 **Healthcare providers ensure that no opportunity is missed to comprehensively assess adolescent health needs and risks**		
QUESTIONS	**BASELINE**	**EVIDENCE/COMMENTS**
Is a behaviour risk assessment completed for each adolescent during their first visit and updated regularly (e.g. annually)?		
Is a social history completed for each adolescent during their first visit and updated regularly (e.g. annually)?		
Do clients receive counselling on issues related to their presenting complaint?		
Are opportunities for health promotion taken during all consultations (e.g. encouragement of dual protection for a young person seeking contraception)?		

STANDARD 9
Adolescents receive individualised care based on standard case management guidelines/protocols
INTENT
Adolescents are cared for using standard case management guidelines. Service delivery guidelines are available for the AYFS essential service package. Communication with adolescents is conducted in a way that encourages them to participate in decisions about their care

CRITERION 9.1
Service delivery guidelines for the essential service package are available and regularly referred to

QUESTIONS	BASELINE	EVIDENCE/COMMENTS
Are up-to-date treatment guidelines/protocols and drug lists available for the following:- - Emergency contraception - Injectables - Implants - Condoms - Pregnancy counselling and testing - Antenatal and postnatal care - Pre and post TOP counselling and referral - Syndromic management of STIs - HTC/HCT - Primary healthcare management of violence, sexual abuse, mental health problems (grief, depression, suicide; drugs and alcohol abuse)		
Is care and treatment provided according to standard disease management protocols, standard treatment guidelines and standard operational procedures?		
Is clinical practice routinely monitored to ensure that services are being delivered according to the protocols, STGs, SOPs?		

CRITERION 9.2
Adolescents are encouraged to express their concerns, ask questions and discuss their treatment options

QUESTIONS	BASELINE	EVIDENCE/COMMENTS
Do healthcare providers actively encourage young people to express their concerns and ask questions about their treatment?		
Are the risks, benefits and potential complications of treatments and procedures discussed with young people using simple terminology?		
Do healthcare providers avoid influencing young people's decisions about their treatment by telling them 'what is best for them'?		

CRITERION 9.3 **Healthcare providers use effective counselling skills during consultations**		
QUESTIONS	**BASELINE**	**EVIDENCE/COMMENTS**
Do staff respect young people's opinions and choices, even when they are not the same as their own?		
Have staff been trained on how to effectively counsel adolescent/youth clients (e.g. using positive body language, verbal encouragement, para-phrasing, sensitive approaches for answering difficult questions)?		

STANDARD 10

The clinic provides continuity of care for adolescents

INTENT

Systems, procedures and records for adolescents are maintained in a way to promote effective follow up care. Effective referrals and counter-referrals are made. Adequate and clear information is given to facilitate the adolescent's return and ongoing use of services

CRITERION 10.1
Healthcare providers use effective counselling skills during consultations

QUESTIONS	BASELINE	EVIDENCE/COMMENTS
Are young people told when and why they need to return for follow up?		
Are young people told to return if they experience specific side effects or complications?		
Do young people receive written instructions about the following:- - Risks associated with the medication they are receiving - Warning signs of complications - Where to go for follow-up care - Where to go for emergency care		
Do healthcare providers check to see whether the young person has fully understood the information given by asking them to repeat the instructions in their own words?		

CRITERION 10.2
An adequate referral system for adolescent healthcare exists

QUESTIONS	BASELINE	EVIDENCE/COMMENTS
Are referral arrangements in place for the following services:- - HCT/HTC (if not on site) - TOP - Recurrent STIs - Maternity (if not on site) - Drug/alcohol abuse - Mental health problems - Rape/sexual assault - Physical abuse - Social problems - Other problems that require specialist care		
Is there a referral resource list for each type of service mentioned above?		

Do all healthcare providers know which services are available by referral to another facility, where the facility is located, and how the client can get there?		
Have referral procedures been put in place to ensure proper back referrals (e.g. a letter sent with client to referral facility and a back referral letter sent to the clinic with clear instructions about follow up care and medication needed for continued care)?		
Does the referral letter specify the following information:- - Age and sex of the client - Reason(s) for referral - Specific findings - Diagnosis and treatment given - Expectations for client care/support		
Do healthcare providers take measures to ensure that the clients they have referred to another department or facility for services actually receive the care for which they were referred?		
Are referral facilities well informed about the clinic's AYFS programme?		

AYFS BASELINE ASSESSMENT REPORT

(*adapted 2016 from LoveLife Toolkit, Step 6*)

FACILITY NAME:		ASSESSMENT TEAM MEMBERS
DISTRICT:		
DATE:		
OM NAME:		

STANDARD/CRITERIA	SCORE	FINDINGS/EVIDENCE REQUIRED
STANDARD 1		
1.1		
1.2		
1.3		
1.4		
1.5		
1.6		
TOTAL POINTS	/12	
% STANDARD 1	%	

STANDARD/CRITERIA	SCORE	FINDINGS/EVIDENCE REQUIRED
STANDARD 2		
2.1		
2.2		
2.3		
2.4		
2.5		
TOTAL POINTS	/10	
% STANDARD 2	%	

STANDARD/CRITERIA	SCORE	FINDINGS/EVIDENCE REQUIRED
STANDARD 3		
3.1		
3.2		
3.3		
3.4		
3.5		
3.6		
3.7		
3.8		
3.9		
3.10		
TOTAL POINTS	**/20**	
% STANDARD 3	**%**	

STANDARD/CRITERIA	SCORE	FINDINGS/EVIDENCE REQUIRED
STANDARD 4		
4.1		
4.2		
4.3		
TOTAL POINTS	**/6**	
% STANDARD 4	**%**	

STANDARD/CRITERIA	SCORE	FINDINGS/EVIDENCE REQUIRED
STANDARD 5		
5.1		
5.2		
5.3		
TOTAL POINTS	**/6**	
% STANDARD 5	**%**	

STANDARD/CRITERIA	SCORE	FINDINGS/EVIDENCE REQUIRED
STANDARD 6		
6.1		
6.2		
6.3		
TOTAL POINTS	/6	
% STANDARD 6	%	

STANDARD/CRITERIA	SCORE	FINDINGS/EVIDENCE REQUIRED
STANDARD 7		
7.1		
7.2		
7.3		
TOTAL POINTS	/6	
% STANDARD 7	%	

STANDARD/CRITERIA	SCORE	FINDINGS/EVIDENCE REQUIRED
STANDARD 8		
8.1		
8.2		
8.3		
8.4		
TOTAL POINTS	/8	
% STANDARD 8	%	

STANDARD/CRITERIA	SCORE	FINDINGS/EVIDENCE REQUIRED
STANDARD 9		
9.1		
9.2		
9.3		
TOTAL POINTS	/6	
% STANDARD 9	%	

STANDARD/CRITERIA	SCORE	FINDINGS/EVIDENCE REQUIRED
STANDARD 10		
10.1		
10.2		
TOTAL POINTS	**/4**	
% STANDARD 10	**%**	

OVERALL SCORE **_____ /84 POINTS** **= _____ %**	**KEY AREAS/ACTIONS TO CONSIDER FOR THE WAY FORWARD:**

DATE ASSESSMENT REPORT FED BACK TO CLINIC:	
KEY OBSERVATIONS:	
FEEDBACK GIVEN BY:	