



Step 6

Conduct a Baseline YFS Self-Appraisal

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Step 6

Conduct a Baseline YFS Self-Appraisal

Overview of the YFS Self Appraisal

Before the YFS Team can begin to orchestrate YFS' project work, a process is undertaken to assess the current level of 'youth friendliness' of your facility's service delivery. A **YFS Self-Appraisal Framework** has been developed to guide this process and provides a practical mechanism for determining the extent to which your existing services are youth friendly and for identifying potential areas for improvement. It has been field-tested and revised, so that it can be applied in a minimum amount of time to gather the most practical and relevant information. The characteristics of youth friendliness are clearly defined via question sets, so that a new user understands the relative importance and purpose of each criteria. These questions were derived from practical experience, research findings, and good practice in sexual and reproductive healthcare delivery for adolescents/youth.

The YFS Self-Appraisal Framework helps your facility to assess your current situation and figure out how to effectively adapt your policies, programmes, and services so that they will be more youth friendly.

For further clarity, common questions are answered below:

Q: What is the purpose of the YFS Self-Appraisal Framework?

A: Overall, the YFS Self-Appraisal Framework offers a user-friendly approach to assessing the quality of sexual and reproductive health services offered to adolescents/youth. Also, given the Department of Health's mandate to implement YFS in all PHC facilities, a standardized and easily implementable method for assessing significant numbers of facilities is required. Furthermore, because providing sexual and reproductive services that are specifically tailored to the needs and interests of young people is a new approach for most facilities, those involved with YFS need to



know how they can adapt their current services, or initiate new services, according to the needs and preferences of adolescent/youth.

Specifically, the YFS Self-Appraisal Framework can be used to:

- Assess the current state of youth friendliness of your facility, in order to develop action plans for making services more attractive and responsive to adolescents/youth;
- Create appropriate and practical training plans for upgrading staff skills and competencies with respect to providing YFS;
- Establish a baseline of youth-friendliness with which to compare future service improvements; and
- Determine the extent to which your facility has improved its youth friendliness, through periodic re-assessments.

There are a number of other advantages and benefits to using this framework, since it provides:

- A hands-on means to get management, staff and volunteers involved in understanding their operations and agreeing on a plan to improve services;
- A means to gather input from adolescent and youth clients, thereby increasing the efficacy of your facility's future services;
- An orderly process to look at diverse aspects of your facility's operations from several perspectives (e.g. client, youth volunteer, non-professional staff, provider, manager, supervisor, etc.);
- A logical process to develop action plans, stemming directly from the assessment, to upgrade service delivery;



- A practical means to create a comprehensive report on your facility's current status of youth friendliness (and/or change in status) for decision makers within your facility and other tiers within the Department of Health, and those who have a stake in young people's sexual and reproductive health; and
- A way to compare assessment results with others using this same standardized tool.

Q: Who conducts the appraisal?

A: Although the framework can be used by an individual Facility Manager, Clinic Supervisor or healthcare provider to determine the extent to which your services are youth friendly, a team-based approach to conducting the appraisal has shown to be much more beneficial as it allows for different stakeholders to be involved, thereby increasing the participatory nature and ownership of the assessment process.

It is best to limit the size of the appraisal team to four to six people since larger teams can become unwieldy and disrupt the flow of services. Possible team members may include the Facility Manager; Clinic Supervisor; YFS Coordinator; YFS Team Leader; other YFS Team members (e.g. nurses, counsellors, youth peer educators) and members of your Community Health Committee (CHC).

Q: How is the appraisal conducted?

A: The appraisal should be scheduled well ahead of time with the Facility Manager and Clinic Supervisor. The process should begin with the Clinic Supervisor, Facility Manager, YFS Team Leader and the YFS Coordinator calling a meeting to inform clinic staff and volunteers about the objectives of the appraisal and to discuss how the appraisal will be conducted. It should also be emphasized that the appraisal is designed not to find fault, but rather to acknowledge the good work that is being done and to identify areas where improvements can be made. Collectively, the group should then decide whether they want to conduct the full appraisal at one time or to divide the appraisal into sections; for example, per standard. The group will also set a time frame for



completing the appraisal. The appraisal team should then begin completing their assigned sections, being careful not to disrupt client flow.

Q: How is the YFS Self-Appraisal Framework used?

A: The appraisal will start by answering the questions concerning each of the criteria listed under the various standards. The answers to the questions will help to determine if an individual criterion has been met. If the question can be answered by a ‘yes’, place a ‘Y’ in the box; if it must be answered ‘no’, place an ‘N’ in the box. If only part of the question can be answered affirmatively, mark the criterion as ‘partially met’ or ‘PM’

Q: How do you know that the criteria have been met?

A: Determining the degree of youth friendliness can be quite subjective and, at times, difficult to quantify. To minimize some of this bias, certain ideal characteristics have been described at the end of **Chapter 1** and can be used as a reference guide for the appraisal team (see **Tool # 1 – Key Tenets of Youth Friendly Service Delivery** and **Tool # 2 - Going for Gold: Case Studies of Youth Friendly Service Delivery**). Scenarios for each of the YFS criteria are also further spelled out in **Step 7**. Collectively, these definitions and case scenarios can be used as preliminary benchmarks, so that the user of the YFS Self-Appraisal Framework has some basis of comparison for making a judgment on different aspects of youth friendly services. The appraisal team should review these descriptions and case scenarios and reach consensus on the relevance of each characteristic to their situation *prior* to conducting the actual appraisal.

Secondly, national policies that are supportive of YFS do exist, but it should not be assumed that providers or managers are well versed in them. All appraisal team members should familiarize themselves with the policies and guidelines that impact the provision of services to youth, most especially the **Adolescent Sexual and Reproductive Health Rights Document** *prior* to conducting the appraisal (see **YFS Step 8, Tool # 8, Criteria 2.1 – Adolescent Rights and Responsibilities**).

During the appraisal, various research methods should be used to determine if a criterion is being



met, such as:

- An inventory of the clinic and its immediate surroundings;
- An examination of the clinic layout and environment;
- An interview with Facility Manager or Supervisor-in-Charge;
- Interviews with healthcare providers;
- Interviews with support staff members;
- Observations of interaction between adolescent/youth clients and providers;
- Simulations of interactions between an adolescent/youth clients and providers;
- Exit interviews with adolescent/youth clients;
- Interviews with youth peer educators;
- Review of clinic documents, including the clinic register and client records; and
- Review of clinic policies and procedures.

It is important that the team members use a combination of these methods to complete the appraisal. Managers or teams who have attempted to answer the questions while sitting in a meeting have found that the results of the self-appraisal are not very accurate. The point of the self-appraisal is to accurately identify all of the areas that require improvement(s).

Q: Can we amend or omit any of the standards or criteria if we feel that they



do not reflect our situation?

A: While the YFS Standards/Criteria are designed to form the basis for quality services for adolescents/youth in primary healthcare settings in South Africa, actual situations will vary according to community and specific facility status. There may be some instances where external circumstances would make achievement of a certain standard or criteria impossible to attain. In such cases, the Standard/Criteria can be amended to reflect your facility's reality. Remember, however, that these standards and criteria have been developed as part of a lengthy process that includes significant input from professionals and youth. Thus, any decision to ignore or adjust a certain Standard/Criteria should be made only when it would be impossible to meet.

Q: How can we ensure that client's rights are respected throughout the appraisal process?

A: There are several measures that the appraisal team can take to ensure that the rights of clients are respected. For instance, when a client is undergoing a physical examination, it should be carried out in an environment in which her/his right to visual and auditory privacy is fully respected. When receiving counselling, undergoing a physical examination, or receiving contraceptive services, the client should be informed about the role of each individual inside the room (e.g. service provider, appraisal team member(s)). The client's permission should also be obtained before having a member of the appraisal team observe any services. The client should understand that s/he has the right to refuse being observed or interviewed. S/he also has the right to refuse to answer specific questions during the interview. A client's care should not be rescheduled or denied if s/he does not permit a member of the appraisal team to be present. Discussions among team members about specific client interviews or observations should always take place in a private area, out of listening range of other staff and clients, and should be conducted without reference to the client's name.

Q: Are there any other important things we should keep in mind during the appraisal process?

A: Here are a few important points for you to consider:



- Facility Management and District Supervisors should be sensitized and fully committed before the appraisal process begins;
- Facility staff should be notified in advance of the appraisal date, the process, and the anticipated role of the management and staff during the assessment;
- Try to involve the manager of your facility as much as possible in the assessment process, since s/he will be key in changing staff attitudes and practices;
- Consider whether a team or an individual would be most appropriate to appraise the criterion under investigation, and decide who will collect the data for different sections;
- Take into account the routines of the service providers and try to make data collection as unobtrusive as possible;
- Whenever possible, obtain information by observation;
- Consider timing - for instance, if a section requires observation or interviews with clients, schedule this during busier periods and leave other activities such as the review of policies and other documents for times that are less busy;
- Be flexible - it may be impossible to complete the whole appraisal at one time. Appraisal team members may have to wait to observe some procedures;
- Client data may not have been disaggregated by the age groupings relevant to YFS (10-14, 15-19, 20-24 year olds) therefore, it may be necessary to go through individual service registers in order to obtain the needed information. Assigning two people to work on data may be necessary, so that each person can work on different files to ensure that all the needed data is collected during the appraisal;



- Ask each appraisal team member to capture noteworthy comments and recommendations in a separate notebook - these more detailed observations often provide the most useful information, and can be later used by the YFS Team as they devise their action plans; and
- Encourage the appraisers to use their judgment and to ask other pertinent questions that may not be included in the YFS Self-Appraisal Framework.

Q: Which part of the appraisal should we begin with?

A: The sections of the appraisal do not need to be completed in a particular order. It is, however, recommended that the team start with an assessment of the environment. This activity has relevance to all categories of staff and helps the team better understand how to assess the standards. Start at the clinic gate and look for the sign, look at the grounds to determine if they are clean, enter the clinic and make observations in the waiting and consultation rooms. Check the toilets and other infection prevention measures such as waste management, availability of soap and water, sharps containers, etc. Then, ensure that each team member has consistently captured the facility's score on the YFS Self-Appraisal Framework.

Q: What happens after the appraisal is completed?

A: The appraisal team will convene a meeting with all staff to share the findings - looking at each Standard/Criteria and interpreting the results as a whole. They will discuss which areas show the greatest strengths and which show the greatest weaknesses and link this to the implications for improving the youth friendliness of your facility's services.

This debriefing process will also allow the staff and volunteers who were not part of the appraisal team to clarify and add information that may have been overlooked. It is very important that the team conveys the appraisal results in a constructive and diplomatic way so that clinic staff and volunteers feel included in the YFS programme and not alienated. This discussion should therefore begin with the areas that show the greatest strengths.



The appraisal team should also arrange to work with your YFS Team and other facility staff on developing action plans to address any gaps or weakness found during the appraisal. This consultative process will help to ensure that YFS' plans are both relevant and doable. Your YFS Team's action plans will identify a range of service improvements from those that staff can easily do themselves (e.g. minimize interruptions during client visits by moving supplies that are often needed out of a consultation room) to those that may require technical assistance (e.g. examining and changing commodity supply logistics to reduce stock-outs). Supervisors should also periodically review these action plans to monitor your progress toward achieving youth-friendliness (see **Step 5** for more information on developing evidence based YFS' action plans).

Q: How often should self-appraisals be conducted?

A: Several columns have been provided for on the YFS Self-Appraisal Framework to track performance over time. Typically, a baseline assessment (1st appraisal) is conducted, followed by the YFS Team developing action plans and conducting service improvement projects to attain the standards. When your YFS Team feels ready to reassess, the 2nd appraisal column can be used to document the progress made towards meeting the YFS Standards. Additional columns are available for subsequent appraisals. It is recommended that your clinic conducts the baseline assessment at the beginning of the implementation of the YFS programme, and subsequent self-assessments every 3 months thereafter. It is further recommended that your clinic re-assess YFS Standards on an annual basis following formal YFS accreditation.

Q: Can the self-appraisal framework be used for any other purpose besides the YFS self-assessment?

A: Primarily, the YFS Self-Appraisal Framework and process has been designed to help your facility to collect information for planning, prioritizing, and decision-making about your YFS initiative. However, the framework may also be used in a number of other creative ways:

- For continuous monitoring of a particular area of interest;
- For conducting evaluations of a particular area of interest;



- For designing training opportunities;
- For developing staff and/or volunteer workplans; or
- For conducting a staff performance reviews.

Useful Definitions

- **The Standard** expresses the level of care that needs to be attained for recognition.
- **The Intent** explains further what is meant by the standard.
- **The Criteria** details the specific requirements needed to achieve the standard.
- **The Questions** are posed to assist staff to determine what needs to be done to reach the standard.
- **Clinic staff** refers to all categories of personnel including receptionist, security guard, healthcare providers, volunteers and cleaners.
- **Healthcare providers** refer to personnel that provide direct client care (e.g. nurses, nursing assistants and physicians).



The Tools

- **TOOL #1 YFS Self Appraisal Framework**



Tool # 1

YFS SELF-APPRAISAL FRAMEWORK

STANDARD 1

Management systems are in place to support the effective provision of youth-friendly health services.

INTENT

The management systems that are place ensure that health services effectively meet the needs of adolescent clients. 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	1st appraisal	2nd appraisal	3rd appraisal	4th appraisal
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 (e.g. needs assessment, focus group discussions, surveys, client exit interviews, interviews with adolescent/youth key informants)?				
Are the findings of the needs assessments and adolescent health profile communicated to staff?				





Is information on young people's uptake of the YFS service package being collected by age and by gender of the client (e.g. M/F; 10-14, 15-19, 20-24 year olds)?				
Is the data on young people's service utilization compiled and analyzed on a monthly basis to detect trends in young people's health needs?				
Are YFS' service 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	1st appraisal	2nd appraisal	3rd appraisal	4th appraisal
Has a YFS service plan been developed?				
Does the service plan reflect the health priorities outlined in the adolescent health profile and the needs identified by research with young people?				
Do all staff and volunteers know the contents of the YFS service plan?				
Is the YFS service plan posted (with times) in an area where young people are likely to see it (e.g. reception area, chillroom, etc.)?				
Are all of the services described in the YFS service plan currently being provided?				

CRITERION 1.3

Staff receive support and supervision on an on-going basis.

Questions	1st	2nd	3rd	4th





	appraisal	appraisal	appraisal	appraisal
Do staff feel that they receive adequate support from on-site managers / supervisors to deliver YFS?				
Do staff feel that they receive adequate support from off-site managers / supervisors to deliver YFS?				
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 YFS?				
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: <ul style="list-style-type: none"> ▪ Participate in YFS service improvement projects ▪ Give health talks to adolescent and youth clients ▪ Participate in other activities for young people (at the clinic or in the community) ▪ Conduct community relations activities, including joint activities with other youth serving organizations ▪ Maintain up-to-date YFS monitoring records ▪ Share information and lessons about YFS 				
Do managers / supervisors oversee the progress of the clinic's YFS' service improvement efforts and programme activities to ensure that staff are staying on track and to provide guidance?				
Is team spirit fostered in the clinic to support YFS?				

CRITERION 1.4

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

Questions	1st appraisal	2nd appraisal	3rd appraisal	4th appraisal
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Have all categories of staff been oriented in the YFS programme?				
Has a clear structure for YFS been mapped out in a YFS Programme Management Plan?				
Has the clinic's commitment to YFS been formally declared in a YFS Charter?				
Has a YFS Team been established?				
Does the YFS Team have a broad representation (e.g. all professional and non-professional backgrounds, youth and community representation)?				
Does the YFS Team approach YFS' service improvement process systematically by: <ul style="list-style-type: none"> ▪ Meeting regularly (e.g. once a month) ▪ 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 YFS' other service improvement efforts 				
Does the YFS Team regularly share their meeting minutes, project plans or project results with staff, volunteers and other YFS stakeholders (e.g. CHC, local schools, etc.)?				
Does the YFS Team ensure that staff and volunteers have the information necessary to actively participate in the projects and activities set forth in YFS' plans?				
Are educational sessions for YFS Team members and other members of staff about YFS' service improvement methods and tools taking place on a regular basis?				
Do the YFS Coordinator and YFS Team Leader actively coach/mentor the YFS Team and other members of staff in applying YFS' methods?				
Is there a mechanism in place to ensure that all staff/volunteers are involved with some aspects of YFS' decision making, even when they are not core members of the YFS Team (e.g. prioritization of future service				



improvement goals)?				
Are the results from the analysis' of YFS' service utilization trends being used to inform programme planning?				
Are the results from YFS self-appraisals being used to inform programme planning?				
Are young people's suggestions/ complaints about services being used to inform programme planning (e.g. results from client satisfaction surveys, client exit interviews, suggestion box, 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 recognize team and individual efforts in the delivery of YFS?				
Are YFS' 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	1st appraisal	2nd appraisal	3rd appraisal	4th appraisal
Does the YFS 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 YFS?				



Are young people represented on the Community Health Committee (e.g. at least 2 youth members)?				
Are outside speakers invited to present on topics related to YFS?				
Have links been established with other facilities implementing YFS to share experiences and resources and/or to jointly carry out selected activities?				
Have links been established with local youth stakeholders to share experiences and resources and/or to jointly carry out selected activities (e.g. community elders/leaders, youth leaders, schools, youth organizations, parents, etc.)?				

CRITERION 1.6

The clinic has an adequate client record system

Questions	1st appraisal	2nd appraisal	3rd appraisal	4th appraisal
<p>Are young people's records completed with the following information:</p> <ul style="list-style-type: none"> ▪ Age ▪ Sex ▪ Identification number ▪ Findings of physical examination ▪ Sexual history ▪ Social history ▪ Behaviour Risk Assessment ▪ Relevant tests or lab 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 easily be located?				



STEP SIX

CONDUCT A BASELINE
YFS SELF-APPRAISAL



Is there a process in place for identifying and following up on high-risk adolescent /youth clients (e.g. a log book)?

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STANDARD 2

The clinic has policies and processes that support the rights of adolescents.

INTENT

There are 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	1st appraisal	2nd appraisal	3rd appraisal	4th appraisal
Is a copy of the National Youth and Adolescent Health Policy kept in a place that is well known and easily accessible to 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 members?				
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 (SRH) rights

Questions	1st appraisal	2nd appraisal	3rd appraisal	4th appraisal
Are all staff members well informed of young people's sexual and reproductive health (SRH) rights?				



Are young people's sexual and reproductive health (SRH) rights reviewed during staff orientation?				
Do all staff know at least five 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 the SRH rights and responsibilities of adolescents

Questions	1st appraisal	2nd appraisal	3rd appraisal	4th appraisal
Does the clinic have posters on display outlining young people's sexual and reproductive health (SRH) rights and responsibilities?				
Are these posters displayed in the appropriate language(s) for the surrounding community?				
Are pamphlets describing SRH rights 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 and/or youth volunteers include an overview of young people's SRH rights and responsibilities when conducting clinic health talks?				
Do healthcare providers and/or 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	1st appraisal	2nd appraisal	3rd appraisal	4th appraisal
Are all staff members known to young people by their names (e.g. staff wear name tags and introduce themselves by name to their clients)?				
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 parental consent or their marital status?				
Do staff members understand the needs and vulnerabilities associated with different groups of young people. For example: <ul style="list-style-type: none"> ▪ Males versus females ▪ Young people infected or affected by HIV or AIDS ▪ Young people who are gay, lesbian or bisexual ▪ Disabled young people ▪ Victims of sexual or domestic violence ▪ Perpetrators of sexual or domestic violence ▪ Different social and ethnic groups ▪ Young people with mental health problems (e.g. depression, eating disorders, addictions, etc.) ▪ Orphans ▪ Young people who are homeless ▪ Sex workers 				
Does the clinic properly accommodate young people with special needs (e.g. wheelchair bound, deaf, blind)?				

CRITERION 2.5

Providers and staff maintain confidentiality of adolescent clients

Questions	1st appraisal	2nd appraisal	3rd appraisal	4th appraisal
Do staff members avoid discussing young people's problems with parents or other people in the community?				
Is the importance of maintaining patient confidentiality regularly discussed in staff meetings?				



Is the importance of maintaining patient confidentiality discussed during staff orientation?				
Are measures taken to ensure that consultations, counselling sessions 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 so that the conversation cannot be overheard?				
Does the clinic ensure that young people do not have to verbally announce which services they have come for in public areas (e.g. the waiting area or the corridor)?				
When a third party is present during a consultation, examination or procedure, do staff explain the person's presence and ask their client's authorization for it?				
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 desktops 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 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	1st appraisal	2nd appraisal	3rd appraisal	4th appraisal
Does the clinic have a sign outside that shows: <ul style="list-style-type: none"> ▪ 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 this 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	1st appraisal	2nd appraisal	3rd appraisal	4th appraisal





Have formal service partnerships been established with community youth organizations or other relevant sectors (e.g. schools, NGOs, faith based organizations, police, social services)?				
Are activities regularly conducted to educate the wider community (including young people) about the clinic's YFS 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 'youth friendly services': <ul style="list-style-type: none"> ▪ Schools ▪ Community centres ▪ Recreation centres ▪ Local youth serving organizations ▪ Local businesses 				
Are activities conducted to encourage parents to support their children's involvement with YFS?				
Are notices of YFS' events and educational programmes appropriately advertised?				
Does the clinic work with local media to disseminate information about YFS (e.g. newspapers, radio shows, local newsletters)?				

CRITERION 3.3

Services are provided within time frames convenient for adolescents.

Questions	1st appraisal	2nd appraisal	3rd appraisal	4th appraisal
During clinic hours, are all services available to young people regardless of: <ul style="list-style-type: none"> ▪ 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 a 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' adolescent/youth clients when the clinic is the 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	1st appraisal	2nd appraisal	3rd appraisal	4th appraisal
Are all staff members aware that the clinic provides youth friendly services?				
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	1st appraisal	2nd appraisal	3rd appraisal	4th appraisal
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 appropriate flow charts available on the wall or desk in consultation and examination rooms (e.g. showing the up-to-date protocols for STI management)?				
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 areas examined)?				
Do staff sensitively inquire about young people's sexual partner(s) (e.g. where the gender of partners is not presumed, nor is the number of regular or casual partners)?				
Are contact cards (in the correct language) given to all young people presenting with STIs and reasons explained to them about the importance of all of their sexual partner(s) coming for diagnosis/treatment?				
Are youthful and easily understandable resource pamphlets available in all consultation and examination rooms on: <ul style="list-style-type: none"> ▪ Signs and symptoms of common STIs ▪ HIV and STI co-infection risks ▪ VCT (purpose and process) ▪ Common misconceptions about STIs ▪ Rationale of STI treatment / management ▪ Importance of treatment compliance and the return visit ▪ Importance of condom use while being treated, and to avoid future infections ▪ Strategies to avoid unsafe sex 				
Is the importance of abstaining from sexual intercourse during the treatment period discussed with all young people presenting with an STI?				
Do clients receive written instructions about the following: <ul style="list-style-type: none"> ▪ 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 using dual-method contraception to prevent pregnancy and STIs/HIV stressed with all sexually active young people?				
Are a supply of male 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 strategic places throughout the clinic so that they can be easily accessed without seeing a provider (and causing possible embarrassment for a young person)?				

CRITERION 3.6

A high quality voluntary counselling and testing service is provided.

Questions	1st appraisal	2nd appraisal	3rd appraisal	4th appraisal
Are young people presenting with suspected opportunistic infections routinely counselled to have an HIV test?				
Are young people presenting with STIs routinely counselled to have an HIV test?				
Are pregnant adolescents and youth 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	1st appraisal	2nd appraisal	3rd appraisal	4th appraisal
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 or AIDS by recognizing and diagnosing the common opportunistic infections?				
Do staff promote healthy lifestyles and safer sexual practices with young people who have HIV or AIDS, including the importance of: <ul style="list-style-type: none"> ▪ 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 and STI by practicing safe sex ▪ Early treatment of illnesses 				
Is PMTCT counselling provided for all HIV-positive adolescent / youth expectant mothers?				
Are all healthcare providers aware of the policy guidelines and recommendations for feeding infants of HIV positive mothers?				
Are all healthcare providers able to assess adolescent / youth mothers' circumstances and counsel her about which feeding practices are most suitable to her circumstances?				
Do all young people who are HIV positive or affected by HIV/AIDS receive counselling at the clinic?				
Does the clinic have a link to other community-based or government organizations that provide counselling and social support services for adolescents with HIV or AIDS?				
Does the clinic have a link to community-based organizations who provide home-based care for young people with AIDS?				

CRITERION 3.8





Contraceptive information, counselling and methods are provided.				
Questions	1st appraisal	2nd appraisal	3rd appraisal	4th appraisal
Are healthcare providers aware of protocols for appropriate contraception for adolescents (e.g. condoms and pills or condoms and injectable contraceptive as opposed to IUDs)?				
Do young people who are seeking contraceptive services receive the following information: <ul style="list-style-type: none"> ▪ 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 of contraceptive methods ▪ Warning signs of complications of contraceptive various methods ▪ How and when to obtain a re-supply of contraceptives ▪ Changing contraceptive methods if a method proves to be unsuitable ▪ Where, when and why to return for follow-up care ▪ How to communicate with their partners about contraception and their method of choice ▪ How to access emergency contraception 				
Do contraceptive clients receive written information about the following: <ul style="list-style-type: none"> ▪ Risks associated with the contraceptive method they are receiving ▪ Warning signs of complications ▪ Where to go for emergency and 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 negotiation)?				
Is emergency contraception available to young people?				



Are young people who receive emergency contraception encouraged to test for HIV?				
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CRITERION 3.9				
Services are provided to adolescent girls for pregnancy.				
Questions	1st appraisal	2nd appraisal	3rd appraisal	4th appraisal
Do healthcare providers receive training on the risks associated with adolescent pregnancy/births?				
Are healthcare providers able to take a history and perform a physical examination and tests according to protocols and guidelines for pregnant adolescents?				
Are pregnant adolescents under the age of 18 provided with written information on the warning signs of serious complications that are related to their young age?				
Are staff members able to provide education and counselling to each pregnant adolescent, her partner and/or family on: <ul style="list-style-type: none"> ▪ Monitoring signs of problems (e.g. bleeding, toxemia, premature labour) ▪ Nutrition (e.g. risks associated with anaemia) ▪ STIs / HIV ▪ Delivery ▪ Risks and complications associated with adolescent pregnancy ▪ The importance of regular antenatal care and institutional deliveries ▪ Processes on booking for the delivery 				
Are pregnant adolescents 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 teens (e.g. information on the importance of regular antenatal care and institutional deliveries for adolescents)?				
Are all adolescent/youth mothers provided with the following information about newborn and child care: <ul style="list-style-type: none"> ▪ Newborn and infant care techniques ▪ Newborn and infant feeding practices 				



<ul style="list-style-type: none"> ▪ Nutritional requirements ▪ Immunization schedule ▪ Growth monitoring ▪ Hygiene and dental care ▪ Prevention and treatment of illness (e.g. diarrhea, acute respiratory illness) 				
Are staff members able to offer appropriate pre and post-TOP 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 abortion-related complications?				

CRITERION 3.10

Information, counselling, and appropriate referral for violence/abuse and mental health problems are provided.

Questions	1st appraisal	2nd appraisal	3rd appraisal	4th appraisal
Can healthcare providers identify signs and symptoms of common mental health problems and make appropriate referrals (e.g. depression, suicidal tendencies, eating disorders, etc.)?				
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 violence 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: <ul style="list-style-type: none"> ▪ Substance abuse ▪ Stress management 				





<ul style="list-style-type: none"> ▪ Early signs and symptoms of mental disorders ▪ Coping with the psychological impact of physical or sexual abuse ▪ Identifying suicidal tendencies 				
<p>Is there a system in place to ensure that a young person in crisis receives care from the same practitioner?</p>				
<p>Is there a 'victim friendly' service area available for young people in crisis?</p>				
<p>Are there change of clothing packs available in adolescent sizes?</p>				



STANDARD 4

The clinic has a physical environment conducive to the provision of adolescent-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.

CRITERION 4.1

Consultations with adolescent clients occur in a place that assures privacy.

Questions	1st appraisal	2nd appraisal	3rd appraisal	4th appraisal
Do consultations take place in an area and a manner that assures that other people cannot see or overhear?				

CRITERION 4.2

The clinic is clean and comfortable for adolescents

Questions	1st appraisal	2nd appraisal	3rd appraisal	4th appraisal
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 odors)?				



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 taste and interests, etc.)?				
Are young people involved in providing a friendly, welcoming environment for other youth?				
Are all areas that clients use clean and well maintained?				
Are clients' toilets available and in working condition?				
Are clients' toilets clean?				

CRITERION 4.3

Appropriate infection control procedures are practiced.

Questions	1st appraisal	2nd appraisal	3rd appraisal	4th appraisal
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 sterilizing equipment?				



<p>Are infection control guidelines regularly practiced? For example:</p> <ul style="list-style-type: none"> ▪ Wearing gloves for drawing blood ▪ Wearing gloves for pelvic exams ▪ Proper sharps disposal ▪ Proper decontamination/sterilization of reusable instruments ▪ Proper handling of contaminated materials and medical waste 				
<p>Do staff wash their hands appropriately:</p> <ul style="list-style-type: none"> ▪ 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 				
<p>Are infection control guidelines reviewed with staff at least once a year with all staff members?</p>				
<p>Are infection control guidelines reviewed with staff during orientation?</p>				
<p>Are all staff aware of universal precautions to prevent HIV infection?</p>				
<p>Is post-HIV exposure prophylaxis available for adolescent clients and for staff members?</p>				



STANDARD 5

The clinic has drugs, supplies, and equipment necessary to provide the essential service package for youth-friendly healthcare.

INTENT

YFS essential services are provided with the appropriate drugs and supplies and equipment.

CRITERION 5.1

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

Questions	1st appraisal	2nd appraisal	3rd appraisal	4th appraisal
<p>Are the following contraceptives in stock:</p> <ul style="list-style-type: none"> ▪ Combined pills ▪ Mini-pills ▪ Injectables ▪ Male condoms ▪ Female condoms ▪ Emergency contraceptive pills 				
<p>Are the following drugs or equivalents in stock to provide STI treatment:</p> <ul style="list-style-type: none"> ▪ Metronidazole ▪ Doxycycline ▪ Erythromycin ▪ Ciprofloxacin ▪ Spectinomycin /Rocephine ▪ Benzathine benzylpenicillen ▪ Clotrimazole/Gyno pevaryl 				
<p>Are the following drugs or equivalents in stock to prevent and treat opportunistic infections and other HIV related diseases:</p> <ul style="list-style-type: none"> ▪ Trimethoprim/sulfamethoxazole/bactrim ▪ Fluconazole/mycostatin ▪ Rifampicin/rifafour 				
<p>Is there a system in place for maintaining an up-to-date drug inventory:</p> <ul style="list-style-type: none"> ▪ Stocks are secure 				



<ul style="list-style-type: none"> ▪ Stock cards used and up-to-date ▪ Orders are placed regularly and on time and checked when received against the order, ▪ Stocks are kept orderly, with FEFO (first expiry, first out) followed ▪ No expired stock, the drugs ordered follow EDL principles ▪ Stock stored according to stipulated conditions to preserve potency (e.g. refrigeration, protected 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 six 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)?				
Do healthcare providers know which medication substitutions may be used in the event of a stock-out (e.g. different types of pills, antibiotics for STI treatment, contraceptive methods)?				

CRITERION 5.2

Supplies are available for YFS essential service package case management.

Questions	1st appraisal	2nd appraisal	3rd appraisal	4th appraisal
Are pregnancy test kits in stock?				
Are the following forms in stock: <ul style="list-style-type: none"> ▪ Risk Assessment ▪ Client record ▪ History taking ▪ Referral ▪ Contraceptive record ▪ Patient treatment cards ▪ Notification forms ▪ All needed laboratory request and transfer forms 				



Is there a system in place for maintaining an inventory of supplies?				
<p>Are the following supplies in stock:</p> <ul style="list-style-type: none"> ▪ Needles ▪ Syringes ▪ Gloves ▪ Hand-washing soap ▪ Disposable towels ▪ Specula ▪ Dildo in each consultation room ▪ Disinfectant-cleaning fluid 				
Have all supplies been in consistently in stock in the past six months?				

CRITERION 5.3

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

Questions	1st appraisal	2nd appraisal	3rd appraisal	4th appraisal
<p>Is the following equipment widely available?</p> <ul style="list-style-type: none"> ▪ Scales ▪ Sphygmomanometer ▪ Exam lights ▪ Vaginal specula ▪ Stethoscopes ▪ Fetoscope with meter ▪ Hb meter 				
Has all equipment been functioning within the last six 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 promoting behaviour change and consistent with the YFS essential service package is provided.

INTENT

The clinic is recognized 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, targeted to adolescents and consistent with the YFS 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	1st appraisal	2nd appraisal	3rd appraisal	4th appraisal
Are educational materials or other media products related to the YFS 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? For example: <ul style="list-style-type: none"> ▪ 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? <ul style="list-style-type: none"> ▪ Anatomy and physiology of the reproductive system ▪ Physical development during adolescence ▪ Pregnancy prevention ▪ Pregnancy care ▪ Common STIs and STI prevention ▪ STI treatment 				





<ul style="list-style-type: none"> ▪ HIV prevention ▪ Living with HIV or AIDS ▪ Substance Abuse ▪ Sexual violence ▪ Mental health ▪ Nutrition 				
Are the educational materials specifically targeted to young people?				
Are the educational materials available in local language(s)?				
Are sufficient educational materials available for young people to take home?				
Is there a system 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	1st appraisal	2nd appraisal	3rd appraisal	4th appraisal
Do young people receive health education while they await service (e.g. health talks, group discussions/debates)?				
Do healthcare providers use youthful educational material and/or role plays 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, etc.)?				
Do healthcare providers distribute youthful educational material at these community events?				

CRITERION 6.3





Adolescents are involved in educational activities at the clinic and in the community.				
Questions	1st appraisal	2nd appraisal	3rd appraisal	4th appraisal
Do youth provide peer-education to other young people in the clinic (e.g. while they await service or in the chillroom)?				
Do youth provide peer-education to other young people in the community (e.g. at local schools or youth serving organizations)?				
<p>Are peer educators being selected on the basis of merit? For example:</p> <ul style="list-style-type: none"> ▪ Commitment to good reproductive health ▪ Credibility as a role model, especially in regard to behaviours the YFS advocates ▪ Respect for peers ▪ Ability to hold confidences ▪ Excellent social skills (e.g. ability to interact with both peers and adults, honesty, caring, trustworthiness) ▪ Excellent communication skills (e.g. ability to speak in public and hold public's interest, ability to be understood) ▪ Age, language, geographic location and ethnicity that are similar to the target audience 				
Is there a system in place to handle turnover of peer educators?				



<p>Are peer educators given a clear job description or key performance areas (KPA)s? For example:</p> <ul style="list-style-type: none"> ▪ Facilitating a minimum number of peer education sessions/month (both one-on-one and group sessions) ▪ Facilitating a minimum number of community youth events/month (e.g. youth festivals, parent-youth dialogues, youth debates, etc.) ▪ Maintaining the upkeep of the chillroom ▪ Attending YFS Team meetings ▪ Participation in YFS service improvement initiatives ▪ Keeping up-to-date records ▪ Keeping up-to-date on topics covered in sessions (via self study or participation in trainings/conferences) ▪ Providing referrals ▪ Mentoring other peer educators ▪ Distributing educational materials and condoms 				
<p>Has a member of staff been designated as the line manager of the peer education programme?</p>				
<p>Are peer educators well trained to carry out each of their roles (e.g. YFS spokesperson, peer educator, peer counsellor, event coordinator, etc.)?</p>				
<p>Is there a system in place to regularly monitor and evaluate peer educators' performance?</p>				
<p>Are peer educators given regular constructive feedback on how they can improve their performance?</p>				
<p>Are any tangible incentives provided to peer educators (e.g. stipend, reimbursement for transportation, food, training, academic credit, performance bonuses, etc.)?</p>				
<p>Are any intangible incentives provided to peer educators? (e.g. building a resume, involvement in formulating clinic policy, acquaintance with important community figures, etc.)</p>				



STANDARD 7

Systems are in place to train staff to provide effective adolescent-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 youth friendly services. Staff have conducive attitudes toward working effectively with young people.

CRITERION 7.1

The clinic has a training plan that ensures that all staff effectively provide the YFS essential service package.

Questions	1st appraisal	2nd appraisal	3rd appraisal	4th appraisal
Has a staff training needs assessment been conducted in relation to delivery of YFS?				
Has a YFS training plan been developed?				
Is the YFS training plan updated periodically (e.g. annually)?				

CRITERION 7.2

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

Questions	1st appraisal	2nd appraisal	3rd appraisal	4th appraisal
Have healthcare providers been trained in the following: <ul style="list-style-type: none"> ▪ Syndromic management of STIs ▪ Voluntary counselling and testing for adolescent clients ▪ HIV programme of care for adolescent clients ▪ Contraceptive information, counselling and provision of contraceptive methods ▪ Pregnancy testing and counselling ▪ Ante-natal and postnatal care for adolescent 				



<p>clients</p> <ul style="list-style-type: none"> Pre and post-TOP counselling and referral for adolescent clients Primary healthcare management of violence; sexual abuse; mental health problems (grief/depression/suicide; drugs; alcohol abuse) 				
Is a record kept of all training activities 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 organizations for further staff development related to YFS?				

CRITERION 7.3

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

Questions	1st appraisal	2nd appraisal	3rd appraisal	4th appraisal
<p>Are activities conducted to prepare staff to perform their responsibilities as 'youth friendly' providers? For example, are staff:</p> <ul style="list-style-type: none"> 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 an adequate psycho-social 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.

CRITERION 8.1

Healthcare providers take an appropriate history

Questions	1st appraisal	2nd appraisal	3rd appraisal	4th appraisal
<p>Do providers document comprehensive patient histories:</p> <ul style="list-style-type: none"> ▪ Age ▪ Sex ▪ Presenting complaints ▪ Past medical problems ▪ Family medical history ▪ O&G history (LMP, pregnancies, TOPs, births) ▪ Sexual history ▪ Social history (home and social circumstances) ▪ Risk behaviours (smoking, drinking, drugs, sexual partners, use of condoms) 				

CRITERION 8.2

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

Questions	1st appraisal	2nd appraisal	3rd appraisal	4th appraisal
Does the assessment/examination specifically address the presenting complaint?				
Does the assessment/examination take young people's psycho-social 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 will be done, what to expect, why it is needed)?				

CRITERION 8.3

Assessments are undertaken with consideration to the comfort, dignity, and modesty of the adolescent

Questions	1st appraisal	2nd appraisal	3rd appraisal	4th appraisal
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	1st appraisal	2nd appraisal	3rd appraisal	4th appraisal
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?				



STEP SIX

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Are opportunities for health promotion taken during all consultations (e.g. encouragement of dual protection for a young person seeking oral contraception)?				
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STANDARD 9

Adolescents receive individualized 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 YFS 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	1st appraisal	2nd appraisal	3rd appraisal	4th appraisal
<p>Are up-to-date treatment guidelines/protocols and drug lists available for the following?</p> <ul style="list-style-type: none"> ▪ Oral contraceptive pills ▪ Emergency contraception ▪ Injectables ▪ Condoms ▪ Pregnancy counselling and testing ▪ Antenatal and postnatal care ▪ Pre and post-TOP counselling and referral ▪ Syndromic management of STIs ▪ HIV pre and post testing counselling ▪ Primary healthcare management of: violence; sexual abuse; mental health problems (grief/depression/suicide; drugs; alcohol abuse) 				
<p>Is care and treatment provided according to standard disease management protocols and standard treatment guidelines (STGs)?</p>				
<p>Is clinical practice routinely monitored to ensure that services are being delivered according to the protocols / STGs?</p>				

CRITERION 9.2

Adolescents are encouraged to express their concerns, ask questions, and discuss



their treatment options.				
Questions	1st appraisal	2nd appraisal	3rd appraisal	4th appraisal
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 treatment by telling them 'what is best for them'?				

CRITERION 9.3				
Healthcare providers use effective counselling skills during consultations.				
Questions	1st appraisal	2nd appraisal	3rd appraisal	4th appraisal
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, paraphrasing, sensitive approaches for answering difficult questions, etc.)?				



STANDARD 10

The clinic provides continuity of care for adolescents.

INTENT

Systems, procedures, and records 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

Adolescents are given clear and understandable follow-up information

Questions	1st appraisal	2nd appraisal	3rd appraisal	4th appraisal
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: <ul style="list-style-type: none"> ▪ 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 him/her to repeat the instructions in their own words?				

CRITERION 10.2

An adequate referral system for adolescent healthcare exists.

Questions	1st appraisal	2nd appraisal	3rd appraisal	4th appraisal



<p>Are referral arrangements in place for the following services :</p> <ul style="list-style-type: none"> ▪ Voluntary counselling and testing for HIV (if not available on-site) ▪ TOP ▪ Recurrent STIs ▪ Maternity ▪ Drug/alcohol abuse ▪ Mental health problems ▪ Rape/sexual assault ▪ Physical abuse ▪ Social problems ▪ Other problems that require specialized care 				
<p>Is there a referral resource list for each type of service mentioned above?</p>				
<p>Do all staff members know which services are available by referral to another facility, where the facility is located and how clients can get there?</p>				
<p>Have referral procedures been put in place to ensure proper back-referrals (e.g. letter sent with patient to referral facility, back-referral to the clinic with clear instructions about follow-up care and medication needed for continued care)?</p>				
<p>Does the referral letter specify the following information:</p> <ul style="list-style-type: none"> ▪ Age and sex of client ▪ Reason(s) for referral ▪ Specific findings ▪ Diagnosis and treatment given ▪ Expectations for client care / support 				
<p>Do staff 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?</p>				
<p>Are referral facilities well informed about the clinic's YFS programme?</p>				



Tool # 2

YFS APPRAISAL REPORT		
Facility Name:	Assessment Team Members:	
Date:		
YFS Coordinator:		
<p>SCORING KEY Criterion Fully Met = 2 Points Criterion Partially Met = 1 Point Criterion Not Met = 0 Points</p>		
STANDARD/ CRITERIA	SCORE	NOTEWORTHY FINDINGS
STANDARD 1		
1.1		
1.2		
1.3		
1.4		
1.5		
1.6		
Points	/12	
% STD1	%	
STANDARD 2		
2.1		
2.2		
2.3		
2.4		
2.5		
Points	/10	



% STD2		%
STANDARD 3		
3.1		
3.2		
3.3		
3.4		
3.5		
3.6		
3.7		
3.8		
3.9		
3.10		
Points		/20
% STD3		%
STANDARD 4		
4.1		
4.2		
4.3		
Points		/6
% STD4		%
STANDARD 5		
5.1		
5.2		
5.3		
Points		/6
% STD5		%
STANDARD 6		
6.1		
6.2		
6.3		



Points	/6	
% STD6	%	
STANDARD 7		
7.1		
7.2		
7.3		
Points	/6	
% STD7	%	
STANDARD 8		
8.1		
8.2		
8.3		
8.4		
Points	/8	
%STD8	%	
STANDARD 9		
9.1		
9.2		
9.3		
Points	/6	
%STD9	%	
STANDARD 10		
10.1		
10.2		
Points	/4	
%STD10	%	



STEP SIX

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<p>OVERALL SCORE</p> <p>____ / 84 points</p> <p>= ____ %</p>	<p>KEY ISSUES TO CONSIDER FOR THE WAY FORWARD:</p>
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Selected content for this chapter was adapted from:

1. Going for Gold – A Clinic Guide to the National Adolescent Friendly Clinic Initiative. 2004. Reproductive Health Research Unit (as part of loveLife).
2. Judith Senderowitz, Gwyn Hainsworth and Cathy Solter. A Rapid Assessment of Youth Friendly Reproductive Health Services. 2003. Pathfinder International.
3. Judith Senderowitz, Gwyn Hainsworth and Cathy Solter. Clinic Assessment of Youth Friendly Services: A Tool for Assessing and Improving Reproductive Health Services for Youth. 2002. Pathfinder International.
4. The Clinic Supervisors Manual (Version 1.1). 2004. The South African Department of Health; Gauteng Province.
5. The Primary Healthcare Package for South Africa – a set of norms and standards. 2000. The South African Department of Health.