



Republic of Zambia

Ministry of Community Development, Mother and Child Health

NATIONAL STANDARDS AND GUIDELINES FOR ADOLESCENT FRIENDLY HEALTH SERVICES



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ABBREVIATIONS AND ACRONYMS

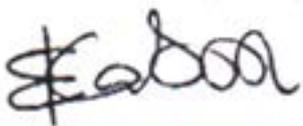
Abbreviations/Acronyms	Definition
ADH	Adolescent Health
ADFHS	Adolescent Friendly Health Services
ADHSP	Adolescent Health Service Provider
AIDS	Acquired Immuno-Deficiency Syndrome
BCC	Behavior Change Communication
IEC	Information, Education and Communication
BCG	Bacillus Chalmette Guerin
CAC	Comprehensive Abortion Care
CHAZ	Churches Association of Zambia
CP	Cooperating Partners
CSO	Civil Society Organisation
DBS	Dried Blood Spot
DHO	District Health Office
DMO	District Medical Officer
HMIS	Health Management Information System
HCAC	Health Center Advisory Committee
HIV	Human Immune-Deficiency Virus
IEC	Information, Education and Communication
M & E	Monitoring and Evaluation
MDG	Millennium Development Goals
MOH	Ministry of Health
NGO	Non-Governmental Organisation
NHC	Neighborhood Health Committee
NHSP	National Health Strategic Plan
NYP	National Youth Policy
PHO	Provincial Health Office
PMO	Provincial Medical Officer
PPAZ	Planned Parenthood Association of Zambia
PMTCT	Prevention of Mother To Child Transmission
RH	Reproductive Health
SDP	Service Delivery Point
SRHR	Sexual Reproductive Health & Rights
STI	Sexually Transmitted Infections
USAID	United States Agency for International
YFHS	Youth Friendly Health Services
ZISSP	Zambia Integrated System Strengthening Program

FOREWORD

The Government of the Republic of Zambia acknowledges the need for adolescent and youth health friendly services. Its key strategies including Information Education and communication tools, medicines and supplies, training of staff and infrastructure are in line with the increasing demand for adolescent and youth reproductive health services.

The Ministry of Health in its 2011 Plan of Action aims to increase availability of reproductive health services in communities including access to family planning services and delivery of adolescent and youth friendly reproductive health services. As one of the key results, the ministry planned to develop standards for Adolescent Youth Friendly Health Services and ensure that they are distributed to all health centers in the country. This key document was also planned to be complimented by a performance assessment, monitoring and evaluation and quality assurance guide.

It is in this regard that the Ministry of Community Development, Mother and Child health hereby officially calls on all health facilities and civil society organizations to utilize the **NATIONAL STANDARDS AND GUIDELINES FOR ADOLESCENT FRIENDLY HEALTH SERVICES** in the set-up, implementation, monitoring and evaluation and quality assurance of all adolescents and youth friendly health services in Zambia. I look forward to our successful and collective implementation and scale-up of this most important programme in Zambia.



Hon. Emerine Kabanshi

Minister of Community Development, Mother and Child Health

ACKNOWLEDGEMENTS

The development of standards and guidelines for Youth-friendly health services has been successfully concluded. On behalf of the Ministry of Community Development, Mother and Child Health and indeed on my own behalf, I wish to thank all the institutions and individuals who contributed to this process, including our members of staff and the various partners. In this regard, I wish to pay special tribute to the following, for their participation and contribution to the process of developing these standards and guidelines:

- Zambia Integrated Systems Strengthening Programme (ZISSP)/USAID for the financial and technical support rendered towards the development of these standards;
- The World Health Organisation (WHO) for the financial and technical support to the development of the standards;
- The United Nations Population Fund (UNFPA);
- Ministry of Youth and Sport;
- University of Zambia, Counselling Unit;
- Planned Parenthood Association of Zambia (PPAZ); and
- Africa Directions; Youth Vision Zambia (YVZ); Save the Children, Marie Stopes Zambia; Population Council,

I also wish to extend my thanks and appreciations to the following individuals who played the role of facilitators: Dr. Caroline Phiri – Director Mother and Child Health; Dr. Mary Nambao – Deputy Director, Mother and Child Health, Dr. Christopher Ng’andwe – Maternal Neonatal and Child Health (MNCH) Team Leader at ZISSP; Mrs. Ruth Bweupe - MOH; Dr. Mary Katepa-Bwalya – WHO National Programme Officer for Child & Adolescent Health; Edford Mutuma – Executive Director PPAZ; Mwansa Njelesani – National Coordinator Linkages Project UNFPA; Francis Kapapa - Adolescent Reproductive Health Specialist – ZISSP and Lester Phiri – Programme Officer, PPAZ.

Last but not the least, I wish to call upon the relevant departments within MCDMCH, and all our partners, including the government line ministries and departments, civil society and private sector organisations, involved in the implementation of the various aspects of ADH, to support the implementation of these standards and guidelines in our health facilities.

I thank you all.



Professor Elwyn Chomba

PERMANENT SECRETARY

MINISTRY COMMUNITY DEVELOPMENT, MOTHER AND CHILD HEALTH

SECTION 1: INTRODUCTION/BACKGROUND TO THE DOCUMENT

1.1 INTRODUCTION

In Zambia, adolescents and young people currently constitute more than half of the total population. They face many health and development problems (substance use, early marriages and alcohol consumption, Sexually Transmitted Infections (STI), Human Immune-Deficiency Virus (HIV) and Acquired Immuno-Deficiency Syndrome (AIDS), early pregnancies, unwanted pregnancies, nutritional deficiencies, etc) which today affect their lives and the socio-economic development of the country (Adolescent Health - ADH Situation Analysis, 2009). Zambia recognizes the importance and significant impact that adolescents and young people have on the overall health status of the country, including the attainment of the national health objectives and Millennium Development Goals (MDGs).

In view of the foregoing, the Ministry of Health (MOH) has identified the need to strengthen Adolescent Friendly Health Services (ADFHs), by developing and implementing national Standards of Care, aimed at providing comprehensive quality services and coordinated response to adolescents and young people's needs in the country. This document presents the six standards of care for adolescents and young people in Zambia. It seeks to provide a guide for strengthening the coordination and delivery of quality adolescent friendly health services, and ensuring appropriate monitoring and evaluation (M&E). The national standards of care have been developed and will be implemented within the framework of the ADH Strategic Plan 2011 to 2015 and the National Health Strategic Plan 2011 to 2015 (NHSP 2011-15), which presents the overall strategic framework for health sector governance and development in Zambia. The document has been developed through broad consultations and involvement of young people and the key stakeholders, including the other sectors, religious groups, civil society and Cooperating Partners (CPs).

With the high level of commitment from government and its partners to support the implementation of activities targeting adolescents and young people, the use of standards will improve quality of services.

1.2 RATIONALE

Adolescents (10- 19 years age group) constitute 27% of Zambia's population and young people 15 – 24 years of age account for 17% of the country's total population (Central Statistic Office (CSO), 2009). The youth 18 – 35 years (National Youth Policy (NYP), 2006) on the other hand, comprise 34% of the population (CSO, 2009). HIV prevalence rate among the age group 15-19 was at 5.7% females and 3.6% males. Adolescents knowledge about HIV is about are at 32% females and 35% males (CSO, 2009). The same report suggests marked differences in urban and rural areas with higher knowledge among urban youths than rural youths.

Recognizing the challenges adolescents and young people face, the MoH and partners introduced Youth Friendly Health Services (YFHS) in 1994 in some facilities of four provincial capitals (Eastern, Lusaka, Southern and Copperbelt) and expanded to some health facilities in the other five provincial capitals. The

scale-up was spearheaded by the MoH with support from UNICEF and other stakeholders.

The MoH conducted a mid-Term review of fourth NHSP in 2009 which revealed that there were no standards of care for adolescents. In view of this, service delivery was poorly coordinated hence conflicting and varying messages given to adolescents and young people. Adolescents and young people have limited access to Reproductive Health (RH) services that meet the standards of quality care and user friendly (ADH Situation Analysis, 2009). Most services target children and adults, thus fail to meet special needs of adolescents and young people especially in terms of confidentiality, privacy and accessibility/cost.

Further, there are only a handful of health care providers trained to cater for the special needs of the adolescents and young people. There are also missed opportunities for prevention of health problems because young people are unwilling to utilize available health services. Often, due to insufficient knowledge transfer, new or updated practice guides were not systematically introduced and promoted to improve health service delivery or to advocate for the application of models of best practices. In addition, since most programs were initiated by non-governmental organisations (NGO) and the private sector, they were limited in coverage and sustainability.

In line with the above concerns of the adolescents and young people, several initiatives have been undertaken. These include the development of the National Standards for Sexual Reproductive Health (SRH), HIV and AIDS Peer Education Programmes developed in 2010 and development of Adolescent Health Strategic Plan (ADHSP). These initiatives were developed by a multi-sectoral body headed by the then Ministry of Sport, Youth and Child Development (now called Ministry of Labour, Youth and Sport) in collaboration with the Ministry of Health and supported by the United Nations Population Fund (UNFPA). There have also been numerous efforts to strengthen coordination and leverage resources among partners by reviving the adolescent health technical working group (ADH TWG).

In view of this background, MoH has identified the need to develop and implement appropriate national standards of care, in order to provide an appropriate guide for a comprehensive and coordinated national response to adolescent and young people's health and development needs. The national standards of care will also address the adolescents under difficult or special circumstances.

1.3 DEFINITION OF ADOLESCENT FRIENDLY HEALTH SERVICES (ADFHS)

Adolescent Friendly Health Services are a combination of high quality services that are relevant, accessible, attractive, affordable, appropriate and acceptable to the adolescents and young people. The services are provided in line with the minimum health care package and aim to increase acceptability and utilisation of health services by young people.

1.4 INTENDED USERS

The primary intended users are district level planners and facility staff, who will be oriented and trained in the use of standards to be conducted by the RH unit of MoH and its partners. Secondary users are NGOs, Civil society Organisations and other facilities such as schools wanting to establish Adolescent friendly health facilities.

1.5 SERVICE PROVIDERS

Providers are varied in their expertise and roles and can be facility, school or community based. Indeed collaboration between providers in all these aspects make for the best ADFHS programmes. Providers can include:

- Trained professional health workers of all skill sets

- Teachers/Principals/Members of Parents Teachers Associations

- Community based leaders and volunteers, such as
 - Trained Parents/community members

 - Youth officers/Adolescent /peer educators/Volunteers

 - Traditional and faith healers, traditional midwives or birth attendants

It is the responsibility of the trained professional health workers to meet all standards for ADFHS. Other service providers described above will offer support and promote service provision.

1.6 INTENDED BENEFICIARIES

This document provides guide to the implementation of adolescent friendly health services. The intended beneficiaries of the ADFHS are primarily adolescent aged 10-19 and the secondary beneficiaries are young people aged 20-24. These include vulnerable groups such as adolescents and young people living with HIV and AIDS and physically challenged young people.

1.7 HOW TO USE THIS GUIDE

The standards will complement the current clinical standards by assessing the adolescent friendliness of

clinical services provided at health facilities. The guide, as a tool for assuring quality services will be used by the MoH and partners to assess adolescent friendly health services and identify gaps to improve the provision and utilization of adolescent friendly health services.

1.8 THE FACILITY ASSESSMENT TOOL

This tool is designed to provide guidance on facility self-appraisal based on the five standards, each with their own sub criteria. The tool will also be used by an established assessment team charged with the responsibility of monitoring and evaluating the ADFHS against the standards. The team may include adolescent friendly health service coordinators at national, provincial, district and SDP level.

1.9 THE IMPLEMENTATION GUIDE

The guide outlines the roles and responsibilities of each level of implementation from the national, provincial, district, facility and community. At facility and community level the health center advisory committee (HCAC) and the neighborhood health committee (NHC) will monitor implementation,

It also provides basic instructions on how to establish the facility committee and how they will be involved in meeting the standards and using the facility assessment tool.

SECTION 2: HEALTH CHALLENGES FOR YOUNG PEOPLE

Adolescents and young people are more vulnerable to health problems. This could be attributed to a number of factors, including: the behaviour change associated with adolescence; the fact that adolescents are not fully grown-up adults they may have difficulties in making responsible decisions; a large proportion of adolescents are not socially and economically independent, and are exposed to various forms of manipulation and abuse; and the existing health services do not adequately address the specific health needs of the adolescents.

According to the ADH situation analysis, the main problems facing adolescents and young people include:

- Common health problems that include malaria, HIV and AIDS and STI and Nutrition problems
- Early and unprotected sex;
- Sexual abuse;
- Early marriages and pregnancies;
- Drugs and alcohol abuse;
- Unsafe cultural practices; and
- Mental health problems.

In Zambia, the population of young people below the age of 25 years is currently estimated at 67 percent of the total population of the country, meaning that an overwhelming majority of the Zambian population are youth, desperately needing specialised youth friendly health services.

Risk Factors for Young People

Many factors contribute to young people's increased risk of reverse sexual and reproductive health-outcomes;

- **Physical Vulnerabilities:** As an adolescent, their reproductive and immune systems may not be fully developed. This makes adolescent girls more prone to contract STI's, HIV and AIDS, which also increases the risk of problems related to pregnancy and delivery.
- **Cross Generational Sex:** Age differences between partners make room for unequal bargaining power, particularly for condom use; for example a 'Sugar Daddy' Relationship where an older man is engaged in a sexual relationship with a much younger female, commonly in exchange for gifts, money or housing
- **Gender:** Gender differences and beliefs surrounding gender roles are greater amongst the youth.
- **Commercial sex:** The risk of engaging in commercial sex is also higher among the youths (ZSBS, 2009)

These factors make adolescents and young people, particularly young women, extremely vulnerable to unsafe sexual practices that place them at a dangerously high risk rate of poor sexual and reproductive health.

EXPECTED OUTCOMES

The expected health outcomes are part of the ADH National Strategy to which the implementation of standards will contribute. The achievement of the following outcomes depends on the services provided in the package.

1. Optimal Sexual and Reproductive Health for the adolescent

- a. Reduced early marriages – wanted or unwanted
- b. Reduced early or unwanted pregnancy
- c. Reduced STI/HIV
- d. Reduced health and social consequences of STI / HIV infection when they occur
- e. Reduced mortality and morbidity during pregnancy, child birth and immediately after child birth.

2. Optimal Nutrition and healthy lifestyle among adolescent

- a. Improved healthy eating habits among adolescents
- b. Improved nutritional status
- c. Reduce the health and social consequences of over/under nutrition.
- d. Promote healthy living/lifestyle among adolescents
- e. Reduce the health and social consequences when developmental problems occur.

3. Drug and alcohol use

- a. Reduce drug and alcohol use
- b. Reduce the health and social consequences of drug and alcohol use

4. Violence (All Forms)

- a. Reduce all forms of violence
- b. Reduce health consequences (mortality and morbidity) and psychosocial consequences when violence occurs.

5. Mental Health

- a. Improve mental health and well being
- b. Reduce mental health problems
- a. Reduce the health and social consequences when mental health problems occur.

SECTION 3: ESSENTIAL HEALTH PACKAGE

Definition of ‘Essential Service Package’: The essential health services to be provided to the adolescents and young people include basic and comprehensive essential health package, adolescent pregnancy package and STI/HIV package. Essential Service packages are often promoted as an effective and efficient way of improving health service delivery. Essential Service packages are intended to be a guaranteed minimum of services provided.

The essential packages will be made available from the community/outreach, health post, and urban/rural health centre. However, the General/district, provincial and tertiary level hospitals will provide services which will cater to clients and patients referred from other health facilities for comprehensive service package. A comprehensive service package is a more extensive set of services that higher level institutions are able to offer as they will have the necessary staff, equipment, competencies and other requirements.

The components of the packages may be modified in future based on the evidence for specific components updated periodically by the MoH.

Basic Essential Health Package

Services for	Information/BCC	Counselling	Clinical Services	Referral
Physical and Mental Development	+	+	–	+
HIV/AIDS/STI	+	+	–	+
Pregnancy Prevention and Care	+	+	–	+
Post Abortion Care	+	+	–	+
Family Planning	+	+	+	+
Antenatal	+	+	+	+
Postnatal	+	+	+	+
Substance Abuse	+	+	–	+
Nutritional Problems	+	+	+	+

Comprehensive Health Package

Services for	Information	Counseling & Psychosocial support	Clinical Services	Referral	Hospital
				Health Center	
All services in basic package	+	+	+	+	-
CD4 Count /ART	+	+	+	+/-	-
Cervical & Breast cancer screening	+	+	+	+	-
Male circumcision	+	+	+/-	+	
FP Long Term	+	+	+	-	-
Drug & Alcohol Abuse	+	+	-	+	-
Comprehensive Abortion Care (CAC)	+	+	+/-	-	-
Ultra Sound	+	+	+	+	-
General X-ray	+	+	+	+	-

Key

+ Service available

-Service not available

+/- Some centers/Hospital offer the services while others do not.

SECTION 4: ADOLESCENTS FRIENDLY HEALTH SERVICES STANDARDS

INTRODUCTION

The National Standards and guidelines for Adolescents Friendly Health Services has developed 6 main standard statements and identified a standard in each of these areas namely;

- 1. Planning Standard:** The facility has a services plan developed through a systematic planning process that includes; conducting a community adolescents and youth health and Sexual Reproductive Health and Rights (SRHR) information and services needs assessment, development of a needs assessment report and dissemination of needs assessment findings for communities and young people to be aware of the health and sexual reproductive health right needs of adolescents and youth in the catchment area.
- 2. Policies and Procedures Standard:** The facility has all relevant policies, guidelines and procedures required for the provision of comprehensive Adolescents and Youth Friendly Health Services
- 3. Training Standard:** All service providers including clinicians, counsellors, peer-educators and drama groups have been trained in provision of comprehensive AYFHS in line with the training needs assessment report and skills training plan.
- 4. Service provision standards:** The facility has adequate staff, counsellors, peer-educators, medicines, commodities, space, Information, Education Communication (IEC) and supplies and equipment required for the delivery of comprehensive adolescents and that adolescents and youth are aware of all available services at the facility.
- 5. Implementation and Management standard:** The facility has systems for engaging young people and community members in management and decision making process during the implementation of the AYFHS programme including regular collection, analysis and use of data to make management decisions
- 6. Quality Assurance and Monitoring and Evaluation Standard:** The facility has systems and tools for; collecting data/information, analysing data/information, using data for programme performance and quality assurance and performance improvement.

Planning Standard: The facility has a services plan developed through a systematic planning process that includes; conducting a community adolescents and youth health and SRHR information and services needs assessment, development of a needs assessment report and dissemination of needs assessment findings for communities and young people to be aware of the health and SRHR needs of adolescents and youth in the catchment area.

Table 1: Criteria that need to be in place for the standard to be achieved

Input Criteria	Process Criteria	Output Criteria
<p>Adolescents and Youth SRH Needs assessment needs to be conducted within communities in catchment area with full participation of young people during assessment, reporting and dissemination of findings</p>	<p>Service Delivery Point (SDP) staff and young people conduct an adolescents and youth SRH needs</p>	<p>Needs assessment report to support/guide the development of a service plan is in place.</p>
<p>Service implementation plan that includes increasing awareness of community members on adolescents needs is available</p>	<p>SDP staff conduct community sensitization programmes and distribute leaflets on the available adolescent health needs, SRHR and support services</p>	<p>Community members are aware and provide information on adolescents health needs, SRHR and support services available.</p>
<p>Guidelines/information packs that assist community members to recognize, respect and uphold adolescents SRHR and support service provision are in place</p>	<p>SDP conduct orientation of community groups on the guidelines of working with adolescents and support service provision</p>	
<p>Information packs with key messages for community to advocate for availability and promote accessibility of adolescents health services are in place</p>	<p>Community members inform and provide support for services, build linkages and referral systems of adolescent health services</p>	

Table 2: Indicators and means of verifying them to monitor the achievement of criteria

Input	Process	Output
<p>Service implementation plan that includes increasing awareness of community members on adolescents needs is available</p> <p>Indicator: Implementation plan available</p> <p>Means of verification: Copies of the plan</p>	<p>SDP staff conduct community sensitization programmes and distribute leaflets on available adolescent health needs, SRH rights and support services</p>	<p>Community members are aware and provide information of adolescents health needs, SRH rights and support services available</p> <p>Indicator: Reported awareness</p> <p>Means of verification: Interview with community members</p>
<p>Guidelines/information packs that assist community members to recognize, respect and uphold adolescents SRHR and support service provision are in place</p> <p>Indicator: Guidelines in place</p> <p>Means of verification: Copies of the guidelines</p>	<p>SDP staff conduct orientation of community groups on the guidelines of working with adolescents and support service provision</p>	<p>Community members advocate, inform and provide support for provision of services.</p> <p>The community members are aware of the linkages and referral services for adolescent health services</p>
<p>Information packs with key messages for community to advocate for availability and promote accessibility of adolescents health services are in place</p> <p>Indicator: Information packs for community available</p> <p>Means of verification: Copies of information packs</p>	<p>Community members advocate, inform and provide support for provision of services.</p> <p>The community members are aware of the linkages and referral services for adolescent health services</p>	<p>Community members are aware and provide information of adolescents health needs, SRH rights and support services available</p> <p>Indicator: Reported awareness</p> <p>Means of verification: Interview with community members</p>

Table 3: Complementary actions to be undertaken at different levels for the input criteria to be achieved

Criteria	National	Provincial	District	SDP
Service implementation plan that includes increasing awareness of community members on adolescents needs is available	National level develops guidelines on raising awareness of community members on adolescents needs.	The Provincial Medical Officer (PMO) orients and disseminates guidelines to the districts	The District Community Medical Office (DMO) orients and disseminates guidelines to SDPs	Manager orients SDP staff (including support staff) SDP develops an implementation plan that includes raising community awareness on adolescent needs
Guidelines/information packs that assist community members to recognize, respect and uphold adolescents SRHR and support service provision are in place	Guidelines on adolescent SRHR developed by the national level	Guide on adolescent SRHR rights is collected by the PMO from the national office and disseminated to districts	Guide on adolescent SRHR rights is collected by the DMO from the provincial office and disseminated to SDPs	SDP Manager gives copies of the guide to all staff members and NHCs and ensures they are oriented on how it should be used
Information packs with key messages for community to advocate for availability and promote accessibility of adolescents health services are in place	Information packs with key messages developed by national level	Key messages on IEC and BCC materials disseminated to districts by the PMO	Key messages on IEC and BCC materials disseminated to all SDPs by the DMO.	The SDP manager informs staff that they are required to inform all clients about the availability of health services to adolescents.

Policies and Procedures Standard: The facility has all relevant policies, guidelines and procedures required for the provision of comprehensive Adolescents and Youth Friendly Health Services

Table 4: Criteria that need to be in place for the standard to be achieved

Input Criteria	Process Criteria	Output Criteria
Copies of the national policies, guidelines and procedures requiring health facilities to provide ADFHS to be available to all SDP staff.	consolidation of all relevant policies, guidelines and procedures	Adolescents in the community are aware of where they can obtain health services in their communities and that the services are tailored towards meeting their needs.
A plan is in place for SDP staff to visit schools, work places, youth centers and other places where adolescents congregate to inform them about what services they can obtain.	SDP staff carry out visits to community settings in line with the plan.	
All clients who visit the SDP, adults or adolescents, are informed by SDP staff that health services are available on request to adolescents.	SDP staff inform all clients who visit the SDP that health services are provided to adolescents and that they are available on request.	
Display board carrying information on what health services are provided and when they are provided is in place.	No process criterion.	

Table 5: Indicators and means of verifying them to monitor the achievement of criteria

Input	Process	Output
<p>Indicator: All staff have copies of the approved national standards which requires health facilities to provide health services to adolescents</p> <p>Means of verification: Interview with SDP manager and staff</p> <p>Copies of the national policy requiring health facilities to provide health services to adolescents are available to all SDP staff.</p>	<p>No process criterion.</p>	<p>Adolescents in the community are aware of where they can obtain health services in their communities and that the services are geared to meeting their needs.</p> <p>Indicator: Reported awareness</p> <p>Means of verification: Interview with adolescents in the community</p>
<p>A plan is in place for SDP staff to visit schools, work places, youth centers and other places where adolescents congregate to inform them about what services they can obtain.</p> <p>Indicator: A plan is available</p> <p>Means of verification: Interview/observation with the SDP manager to show the plan</p>	<p>SDP staffs carry out visits to community settings in line with the plan.</p> <p>Indicator: Health workers have carried out activities in line with the plan in the last 3 months</p> <p>Means of verification: Interview with SDP staff</p>	

<p>A</p> <p>All clients who visit the SDP, adults or adolescents, are informed by SDP staff that health services are available on request to adolescents.</p> <p>Indicator: SDP staff have been oriented on policy to inform clients</p> <p>Means of verification: Interview with SDP staff</p>	<p>SDP staff informs all clients who visit the SDP that health services are provided to adolescents and that they are available on request.</p>	
<p>Display board carrying information on what health services are provided and when they are provided is in place.</p> <p>Indicator: Notice board clearly visible</p> <p>Means of verification: Observation</p>	<p>No process criterion.</p>	

Table 6: Complementary actions to be undertaken at different levels for the input criteria to be achieved

Criteria	National	Provincial	District	SDP
Copies of the national policy requiring health facilities to provide health services to adolescents is available to all SDP staff.	A policy document requiring all health facilities to provide health services to adolescents has been developed.	The policy statement is collected from the national level and disseminated to all districts	The policy statement is collected from the provincial level and disseminated to all SDPs.	The SDP manager gives copies of the policy to each staff member and alerts him/her to the contents.
A plan is in place for SDP staff to visit schools, work places, youth centres and other places where adolescents congregate to inform them about what services they can obtain.	In guidance to health facilities, the need of developing a plan to reach adolescents with information on the availability of services is stated.	The guidance document is collected from national level and disseminated to districts.	The guidance document is collected from Provincial level and distributed to SDPs. The district medical officer discusses the guidance with the SDP manager.	The SDP manager works with staff to develop a plan.
All clients who visit the SDP, adults or adolescents, are informed by SDP staff that health services are available on request to adolescents.	In guidance to health facilities, the need to inform all clients about the availability of health services to adolescents is stated.	The guidance document is collected from national level and disseminated to districts.	The guidance document is collected from provincial level and distributed to SDPs. The DCMO discusses the guidance with the SDP manager.	The SDP manager informs staff that they are required to inform all clients about the availability of health services to adolescents.
A display board carrying information on what health services are provided and when they are provided is in place.	In guidance to health facilities, the need to put up a display board outside the facility and its contents are stated.	The guidance document is collected from national level and disseminated to districts.	The guidance document is collected from provincial level and disseminated to SDPs.	The district manager puts up a board in line with the specifications.

Training Standard: All service providers including clinicians, counsellors, peer-educators and drama groups have been trained in provision of comprehensive AYFHS in line with the training needs assessment report and skills training plan.

Input Criteria	Process Criteria	Output Criteria
Staff, counselors` and peer-educators have been identified and trained in the provision of AFYHS in line with needs assessment findings within the facility catchment	Training conducted	Trained and competent service providers in place
Competent service providers including counselors and peer-educators are in place	service providers manage young people who seek help effectively	service providers and support staff feel motivated to provide services to adolescents and feel valued by their colleagues and supervisors.
Systems are in place for service provider and support Staff to participate in discussions/actions aimed at improving the working environment of the SDP.	service Provider and Support Staff participate in problem identification and solving activities.	
Systems are in place to recognize and reward good performance.	Good performance of Service provider and support Staff is recognized and rewarded	
Supervisory staffs have the competencies to provide facilitative and supportive supervision in a respectful manner.		
Service provider and support staff have a clear understanding of their roles and responsibilities.		

Table 7: Indicators and means of verifying them to monitor the achievement of criteria

Input Criteria	Process Criteria	Output Criteria
<p>Competent service providers are in place Indicator: Adequate competent staff available to provide AVHS Means of Verification: Interview with SDP staff</p>	<p>Service providers manage young people who seek help effectively</p>	<p>Service providers and support staff feel motivated to provide services to adolescents and feel valued by their colleagues and supervisors.</p>
<p>Systems are in place for Service Providers and Support Staff to participate in discussions/actions aimed at improving the working environment of the Service Delivery Point Indicator: Schedule of meetings and action points shared with service providers and support staff Means of Verification: Interviews with service providers and support staff and copies of the schedule of meetings and action points</p>	<p>Service Provider and Support Staff participate in problem identification and solving activities.</p>	<p>Indicator: Adolescents are pleased with quality of services being provided Means of Verification: Interview with SDP staff Client exit interviews</p>
<p>Systems are in place to recognize and reward good performance. Indicator: All staff have records of performance appraisals Means of Verification: Interviews with Service Providers and Support Staff and copies of performance appraisals</p>		
<p>Supervisory staffs have the competencies to provide facilitative and supportive supervision in a respectful manner. Indicator: Supervisory staff providing supportive supervision to service providers and support staff Means of Verification: Observations of supervisory meetings and minutes.</p>		
<p>Service Provider and Support Staff have a clear understanding of their roles and responsibilities. Indicator: All staff have copies of their job description and guidelines Means of Verification: Interviews with Service Providers and Support Staff</p>		

Table 8: Complementary actions to be undertaken at different levels for the input criteria to be achieved

Criteria	National	Provincial	District	SDP
Competent service providers are in place	National level will train and deploy staff	The PMO will collaborate with national level to train staff on AYFHS and deploy to the district	The DMO will deploy trained staff to SDPs	SDPs manager ensure that the trained staff are available to provide services for the youth
Guidelines are in place for service provider and support staff to participate in discussions/actions aimed at improving the working environment of the Service Delivery Point	National level develops and disseminates guidelines on staff meetings	Guidelines on staff meetings collected from national office and orientation with districts conducted by the PMO	Guidelines on staff meetings collected from PMO and orientation with SDP managers are conducted by the district	SDP manager conducts monthly meetings with staff members and support staff
Guidelines are in place to recognize and reward good performance.	Guidelines on recognition and reward of good performance developed by national level	PMO orients and distributes guidelines to the DMO	Orientation on guidelines conducted with SDP managers by DMO	Performance appraisals are conducted for all staff
Supervisory staffs have the competencies to provide facilitative and supportive supervision in a respectful manner.	National level develops/ adapts manuals for facilitative and supportive supervision trainings	PMO disseminates manuals for training in facilitative and supportive supervision to the districts	DMO coordinates trainings for facilitative and supportive supervision	SDP Managers to facilitate trainings for supervisory staff in supportive supervision
Service provider and support Staff have a clear understanding of their roles and responsibilities relating to adolescents.	Job descriptions and terms of reference for service providers and support staff disseminated by national level	Disseminates Job descriptions and terms of reference for service providers and support staff to districts by PMO	Job descriptions and terms of reference for service providers and support staff to SDPs availed to staff by DMO	SDP Managers clarify roles and responsibilities of service providers and support Staff

Service provision standards: The facility has adequate staff, counsellors, peer-educators, medicines, commodities, space, IEC and supplies and equipment required for the delivery of comprehensive ADFHS are aware of all available services at the facility.

Input Criteria	Process Criteria	Output Criteria
<p>Service delivery points have a fully functional adolescent friendly health room in place: Clean well lit room with basic furniture for a session Equipment, supplies and basic services (clean safe water, toilet) Policies and procedures in place to protect privacy of the youth SDP providers and support staff have a non-judgmental, respectful and positive attitude towards the adolescents seeking services</p>	<p>SDP offers comprehensive reproductive health services in a clean and comfortable environment which assures privacy.</p>	<p>The service delivery points are conducive and provide quality services for the adolescents</p>
<p>IEC and BCC materials are developed, printed and available at SDP</p>	<p>SDP staff disseminate IEC and BCC material</p>	

Table 9: Indicators and means of verifying them to monitor the achievement of criteria

Input Criteria	Process Criteria	Output Criteria
<p>Service delivery points have a fully functional adolescent friendly health room in place: Clean well lit room with basic furniture for a session Equipment, supplies and basic services (clean safe water, toilet) Policies and procedures in place to protect privacy of the youth SDP providers and support staff have a non-judgmental, respectful and positive attitude towards the adolescents seeking services</p> <p>Indicators : Space, Focal point person equipment and supplies are available Means of verification: Exit interview, observation check list.</p>	<p>SDP offers comprehensive reproductive health services in a clean and comfortable environment which assures privacy.</p>	<p>The service delivery points are conducive and provide quality services for the adolescents</p> <p>Indicator: Reported quality of service. Means of verification: Observation checklist, assessment forms and client exit interviews.</p>
<p>IEC and BCC materials are developed, printed and available at SDP</p> <p>Indicators: Number of IEC material produced by type. Means of verification: Copies of IEC and BCC materials.</p>	<p>SDP staff disseminate IEC and BCC material</p> <p>Indicators: # of IEC and BCC materials disseminated by type Means of verification: Distribution plan, Distribution list</p>	

Table 10: Complementary actions to be undertaken at different levels for the input criteria to be achieved

Criteria	National	Provincial	District	SDP
<p>Service delivery points have a fully functional adolescent friendly health room in place: Clean well lit room with basic furniture for a session Equipment, supplies and basic services (clean safe water, toilet) Policies and procedures in place to protect privacy of the youth SDP providers and support staff have a non-judgmental, respectful and positive attitude towards the adolescents seeking services</p>	<p>National level develops guidelines on creating functional adolescent friendly health room.</p>	<p>PMO orients and disseminates the guidelines to the district.</p>	<p>DMO orients and disseminates to service delivery points</p>	<p>SDP manager orients staff and implement.</p>
<p>IEC and BCC materials are developed, printed and available at the service delivery point.</p>	<p>Standard IEC and BCC materials have been developed and printed by the national level.</p>	<p>PMO collects orients and distributes IEC and BCC materials from national level, orient and distribute.</p>	<p>DMO orients and distributes to service delivery points.</p>	<p>SDP sensitize and avail IEC and BCC materials to clients.</p>

Implementation and Management standard: The facility has systems for engaging young people and community members in management and decision making process during the implementation of the AYPHS programme including regular collection, analysis and use of data to make management decisions

Table 11: Criteria that need to be in place for the standard to be achieved

Input Criteria	Process Criteria	Output Criteria
Guidelines, protocols and job aids for common adolescent problems are available at the service delivery point.	Adaption and distribution of the standards of care and job aids.	Management procedures are in place to facilitate the provision and supervision of care to adolescents.
Supervisory tool /checklist are available at the service delivery point	Orient and distribute the supervisory /checklist tools.	

Table 12: Indicators and means of verifying them to monitor the achievement of criteria

Input Criteria	Process Criteria	Output Criteria
Guidelines, protocols and job aids for common adolescent problems are available at the service delivery point. Indicators: Standards of care and job aids are available. Means of verification: Copies of standards of care and job aids`	Adaption and distribution of the standards of care and job aids.	Management procedures are in place to facilitate the provision and supervision of care to adolescents.
Supervisory tool /checklist are available at the service delivery point Indicators: Checklist/supervisory tools are available. Means of verification: Copies of checklist/supervisory tools.	Orient and distribute the supervisory /checklist tools.	

Table 13: Complementary actions to be undertaken at different levels for the input criteria to be achieved

Criteria	National	Provincial	District	SDP
Guidelines, protocols and job aids for common adolescent problems are available at the service delivery point.	Standards of care/job aids developed/adapted and distributed	Orient and distribute the standards of care/job aids to the districts	Orient and distribute the standards of care/job aids to the manager of the SDP	The manager at the SDP to sensitize all staff on the standards of care/job aids
Supervisory tool /checklist are available at the service delivery point	Supervisory tool / checklist developed/ adapted and distributed	Orient and distribute the supervisory tool /checklist to the districts	Orient and distribute the supervisory tool / checklist to the manager of the SDP	The manager at the SDP to sensitize all staff on the supervisory/checklist

Quality Assurance and Monitoring and Evaluation Standard: The facility has systems and tools for; collecting data/information, analysing data/information, using data for programme performance and quality assurance and performance improvement

Table 14: Criteria that need to be in place for the standard to be achieved

Input Criteria	Process Criteria	Output Criteria
Upgraded Health Management Information System (HMIS) in place with information disaggregated by age and sex in place	Adaptation of HMIS by age	SDP collect, analyze and use data on adolescents to improve AYFHS
Plan for monitoring quality of care being provided for the adolescent in place	SDP implementation plan includes monitoring quality of care being provided to the adolescent	
System in place for analyzing data and using the data		

Table 15: Indicators and means of verifying them to monitor the achievement of criteria

Input Criteria	Process Criteria	Output Criteria
<p>Upgraded HMIS in place with information disaggregated by age and sex in place</p> <p>Indicator: HMIS disaggregated by age and sex</p> <p>Means of Verification: Observation of the HMIS</p>	<p>Adaptation of HMIS by age and sex</p>	<p>SDP collect, analyze and use data on adolescents/young people to improve AYFHS</p> <p>Indicator: Annual action plans address gaps identified by analysis of data</p> <p>Means of Verification: Check AAP</p>
<p>Plan for monitoring quality of care being provided for the adolescent in place</p> <p>Indicator: SDP AAP with monitoring for quality of care in place</p> <p>Means of Verification: Copy of the AAP</p>	<p>SDP implementation plan includes monitoring quality of care being provided to the adolescent</p>	
<p>System in place for analyzing data and using the data</p> <p>Indicator: AAP includes a monitoring plan in place</p> <p>Means of Verification: Copy of the AAP</p>		

Table 16: Complementary actions to be undertaken at different levels for the input criteria to be achieved

Criteria	National	Provincial	District	SDP
HMIS in place with information disaggregated by age and sex in place	National level to adapt the HMIS to disaggregate information by age and sex	PMO to orient and disseminate the adapted HMIS to the DMO	DMO to orient and disseminate the adapted HMIS to the SDP	SDP managers to orient staff on the adapted HMIS
Plan for monitoring quality of care being provided for the adolescent in place	National level guides on planning to include monitoring	PMO to orient and disseminate the planning guides that include monitoring	DMO to orient and disseminate the planning guidelines to the SDP	SDP to orient staff on guidelines and develop a plan that includes monitoring
System in place for analyzing data and using the data	Develop/adapt system for analyzing and using data at the SDP	PMO to orient and disseminate the system for analyzing and using data at the SDP	DMO to orient and disseminate the system for analyzing and using data at the SDP	SDP to orient staff and analyze and use data for planning for AYFHS

5.1 *MOH-National level Actions*

Action 1: To interpret policies and develop guidelines for health services staff at the provincial, district and facility levels to ensure effective implementation of ADFHS

- To interpret and develop guidelines of ADH services implementation
- To ensure communication of policies and guidelines at all provincial, district and facility levels
- To develop BCC/IEC materials and disburse to provincial offices for sensitization
- To monitor the implementation of ADH activities
- To give guidelines on ADH service package to Provincial Health Office (PHO)

Action 2: To mobilize and disburse resources for ADH activities to the provincial, district and facility levels to ensure effective implementation of ADH health services

- To make available the resources (human, equipment and financial) at provincial office for smooth implementation of activities
- To track utilization of resources to ensure accountability
- To ensure allocation of funds for space/infrastructure development of ADH services
- To lobby cooperating partners for financial and technical support

Action 3: To ensure appropriate recruitment and training of ADH service providers

- To ensure appropriate training of staff and adequate staff levels are maintained in provision of ADH services
- To ensure appropriate deployment of staff to provincial levels according to establishment
- To develop, review and adapt training materials and training of trainers programmes in order to build capacity therein
- To make available the ADH focal point person at provincial, district and SDP level

Action 4: To ensure effective monitoring and evaluation for ADH activities

- To conduct assessment of ADH activities performance and take appropriate action to help improve/maintain performance levels
- To coordinate stakeholders review meeting of ADH activities

5.2 *PROVINCIAL-level Actions*

Action 1: PMO to ensure receipt of financial resources from the Ministry of Finance for ADFHS activities and disburse them to the DMO

- To identify gaps in the staffing levels and ensure that staff are deployed to ADFHS in the province in line with the MOH establishment.
- To provide technical Support in ADFHS.
- To ensure the financial resources are disbursed from the Ministry of Finance
- To track/monitor the utilization of all resources

Action 2: PMO to interpret and disseminate MOH policies and guidelines regarding ADHFS to the DMO

- For SP to communicate with adult visitors about the value of providing health services to young people
- To ensure that MOH policies and guidelines are disseminated and utilized in the DMOs
- To distribute BCC/IEC materials to the DMOs
- To ensure Provincial meetings with DMOs involve ADH Focal point persons at District level
- To monitor and provide technical support to DMOs to ensure implementation of all policies and guidelines of ADH activities

Action 3: PMO to monitor ADH activities at DMOs

- To conduct a performance assessment selected facilities
- To conduct review meeting of the activities undertaken
- To review HMIS data regarding ADH activities and use it to input future programming
- To co-ordinate stakeholders meetings to promote networking/linkage and referral systems

5.3 *DISTRICT-Level Action*

Action 1: Lobby for adequate resources from Central government through PMO

- To ensure district plans include budgeted ADH activities
- To identify gaps in the staffing levels and ensure that staffs are deployed to ADFHS in the district in line with the MOH establishment
- To provide technical Support to the ADFHS facilities
- To distribute resources (equipment, basic amenities and supplies) to the health facilities
- To ensure tracks/monitors the utilization of all resources

Action 2: DMO to disseminate and implement MOH policies and guidelines regarding ADFHS to facilities

- To monitor utilization of all resources
- To distribute BCC/IEC materials to the ADFHS facilities
- To conduct meetings with ADFHS focal point persons and managers and other stakeholders
- To monitor and provide technical support to health facilities to ensure implementation of all policies and guidelines of ADH activities

Action 3: Conduct appropriate trainings for all ADFHS staff to enhance performance

- Conduct training needs assessment to identify training gaps
- Conduct training for ADH service providers
- To assess the performance of ADH service providers after trainings
- To conduct a performance assessment selected facilities
- To conduct review meeting of the activities undertaken
- To review HMIS data regarding ADH activities and use it to input future programming
- To co-ordinate stakeholders meetings to promote networking/linkage and referral systems

Action 4: DMOs to monitor ADH activities at facility level

5.4 SERVICE DELIVERY POINT -Level Actions

Action 1: Support staff to perform effectively and improve service delivery

- To conduct orientation/training for staff and teachers on ADH including building positive and non-judgmental attitudes towards adolescents.
- To orient support staff on adolescent health
- To orient staff on ADH data collection and analysis
- To ensure IEC/BCC materials are available at SDP
- To orient staff on use of ADH service guidelines
- To ensure that sign boards on ADH are displayed at facility
- To ensure availability of equipment and supplies for ADH
- To ensure availability of space that offers privacy

Action 2: Mobilize the community in catchment area

- To plan and conduct community meetings with stakeholders
- Identify potential adolescents for peer education training in the community
- To conduct peer education training
- To provide IEC/BCC materials to peer educators for health promotionTo carry out supervisory outreach

Action 3: SDP to monitor ADH activities

1. Orient staff on HMIS for ADH and ensure utilization for future programming
2. To ensure that SDP perform quarterly self-assessment
3. To conduct monthly review meetings
4. To coordinate quarterly meetings with community based SDP staff
5. Monitor utilization of supplies by community based workers

REFERRAL FORM

Referring SDP: Date:
Location.....
Name/of Service Provider referring:
Position of Service Provider referring.....
Referred to:
Hospital: Health Centre..... Social Welfare Police.....
Church
Others (please specify)..... Client Name:
Date of Birth..... Age: Sex:
Residential Address:
File Number:

REASONS FOR REFERRAL

.....
.....
.....
Signature of referring officer.....

REFERRAL FEEDBACK SUMMARY

Service Provider Name:Referral
SDP:.....
Findings/Diagnosis:
Date Seen:
Management:
.....
Remarks:
.....
Signature

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