FOREWORD

These National standards for adolescents and youth friendly health services (AYHFS) have been developed by the Ministry of Health with the support of UNFPA through the Swiss Development Cooperation Agency. The development of these standards is in line with the SRH strategic plan 2014-2018, and it is the Ministry's demonstration to the ESA commitment to be responsive to young people's SRH. The development of these standards is also responsive to the numerous adolescent sexual and reproductive health issues that generally affect the Swazi youth such as high teenage pregnancy rates, GBV, alcohol and substance use, poverty, unemployment etc. (MOYSC, 2015). The purpose of these standards is to ensure quality ASRH services to escalate the access and utilization of the same.

The Kingdom's young population stands at 79% and with this staggering figure, the challenges that adolescent and youth face impose a struggle to their development and well-being. Young people have the impetus to develop the kingdom of Eswatini, thus, investment in ASRH is the most appropriate strategy that attends to the fundamental principle of handing the baton by capitalizing in worthy ends. The MOH recognizes this stage as an opportunity to train and empower the future leaders of our society as they are the cornerstone of the country's economic and social development. Collaborating with the Ministry of education and training and other Programmatic interventions, adolescents are exposed to comprehensive sexuality education and therefore this creates demand to seek, access and use ASRH services. Therefore, health facilities need to be ready to warmly attend to the youth by providing quality ASRH services that are not only effective but acceptable to the youth.

These standards will serve as a benchmark for measuring quality in the provision of Adolescent and Youth SRH services designed to be a vehicle for protecting, guiding, assisting and scaffolding young people in making serious choices that impact their livelihood now and in the future. These standards will ensure that young people freely and confidently access services knowing they are safe and encouraged to do so.

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Special thanks goes to the Technical Core Team for their time and brilliant input unto the development of these standard. To the stakeholders who participated in the validation process.

ACRONYMS AND ABBREVIATIONS

ANC	:	Antenatal care
ASRH	:	Adolescent Sexual and Reproductive Health
ASRHR	:	Adolescent Sexual and Reproductive Health and Rights
AYSRH	:	Adolescent and Youth Sexual and Reproductive Health
AYFHS	:	Adolescents and Youth Friendly Sexual Reproductive Health Services
EC	:	Emergency Contraception
FP	:	Family Planning
GBV	:	Gender based Violence
HCP	:	Health Care Provider
IPC	:	Infection Prevention and Control
IPPF	:	International Planned Parenthood Federation
MOET	:	Ministry of Education and Training
MOH	:	Ministry of Health
MOSCYA	:	Ministry of Sports, Culture and Youth Affairs
NERCHA	:	National Emergency Response Council on HIV and AIDS
PAC:		Post Abortion Care
PMTCT	:	Prevention of Mother to Child Transmission
PNC:		Post Natal Care
RHMT	:	Regional Health Management Team
RMNCAH	:	Reproductive, Maternal, Neonatal, Child and Adolescent Health
SGBV	:	Sexual Gender based Violence
SRHU	:	Sexual and Reproductive Health Unit
UNAIDS	:	United Nations Programme on HIV/AIDS
UNDP	:	United Nations Development Projects
UNESCO	:	United Nations, Educational Scientific and Cultural Organizations
UNFPA	:	United Nations Population Fund
UNICEF	:	United Nations International Children's Emergency Fund
WHO	:	World Health Organization

GLOSSARY

Abortion: Refers to the expulsion of products of conception before 28 weeks of gestation.
Access: freedom or ability to obtain or make use of something. It refers to the extent to which adolescents can obtain SRH services at the appropriate costs and effort within their means.
Adolescent: WHO defines an adolescent as someone aged 10-19 years. (However, in this document, the term adolescent is used interchangeable with Youth) see youth. Adolescent and Youth Friendly Services: these are sexual and reproductive health services that are designed for the adolescents to access and use to inform, guide and support their holistic development and maturity.
Attitude: a personal view about anything or anyone that influences behavior.
Competence: adequate knowledge, psychomotor, decision-making and communication skills, and attitudes to enable the performance of actions and specific tasks to a defined level of proficiency.
Competent: Having the essential knowledge, skills, attitudes and professional behaviour to successfully demonstrate performance of a specific task, action or function in the work setting (WHO, 2015).
Confidentiality: the right of individual to privacy of personal information, including health care records. This means that access to personal data is restricted and information is restricted to individuals who have a reason and permission for such access (WHO, 2015).
Criterion (of a standard)- A measurable element of a standard that defines a characteristic of the service that needs to be in place (input), or implemented (process) to achieve the defined standard (output), (WHO. 2015)
Gender Based Violence: refers to any harmful act that is perpetrated against a person's will, and that is based on socially-ascribed (i.e., gender) differences between males and females. (IASC, 2015)
Knowledge: refers to the understanding of a subject, including not only facts and information but also the ability to apply them for a specific purpose (WHO, 2015).
Parental Support: assistance provided by parent, guardian or family member to enable the adolescent access and use appropriate ASRHS.
Peer educator: an adolescent trained to educate peers on SRH matters
Privacy: refers to freedom from unauthorized intrusion. This includes auditory and visual privacy.
Standard: An accepted minimum level of practice. It defines performance expectations, structures processes required for safe, appropriate, equitable, acceptable, accessible and effective services.
Young Adolescent: these are adolescents aged 10-14 years.
Youth: all persons between 15-24 years (United Nations). In this document though, the term youth is used interchangeable with adolescent.

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SECTION 1: BACKGROUND

1.1 INTRODUCTION

The term adolescence is derived from the Latin verb *adolescere,* which means to grow up or "to grow into adulthood" (Gouws, 2015). Adolescence refers to the phase during which the individual goes through significant physical, cognitive, social, emotional, moral and spiritual development. This stage bridges childhood and adulthood, and is often regarded as a sensitive period of human development (Duchene & Ratelle, 2014), characterized by perilous behavioral experimentation yet necessary for physical development and psychological maturation. An adolescent is defined by WHO as any individual between the ages 10-19 years. The youth is defined by the United Nations as all persons between 15-24 years. The African Union, however, defines the youth as "every person between the ages of 15-35, a definition adopted by the Swaziland Youth Council. The age group that this document focuses on is between 10-24 years, with the terms adolescent and youth used interchangeable.

Adolescents become increasingly self-conscious, the effects of which hinge on the development of their self-concept as they experience the psychosocial conflict that Erikson describes as identity versus role confusion. This stage is divided into three levels: early adolescents are aged between 10-13, middle adolescents 14-16 and late adolescents 17-19. For this document, the last level will comprise of youth up to 24 years. The early adolescent stage (10-14) presents an opportune time for young adolescent to be guided in the development of his/her self-concept, because whilst puberty may be confusing and interesting at the same time, their attitudes and behaviors are not yet hardened (DSW, 2011). Nevertheless, this group is often invisible to discourse and data as most policies and programmes focus on either children or youth (UNICEF, 2016).

WHO, UNICEF and UNFPA (1995) agreed on a common agenda for action in adolescents' health and development internationally, with the goals to promote healthy development and to prevent and respond to their health problems. Age appropriate guidance and support, especially on sexual and reproductive health matters is imperative to ensure that young people successfully go through this stage as they learn to become more independent, mature and responsible citizens. To effectively address the health and developmental needs of adolescents, a collaborative multisectoral approach framed on a socioecological model is necessary to provide a firm but friendly support structure that positively and interactively attends to their special needs. WHO (2012) suggests a concentric framework, where individuals and groups with special interests for adolescents can collaboratively contribute in assisting adolescents to successfully handle the challenges of this stage, with the individual adolescent at the centre of the model. This framework identifies the link individuals or groups that adolescents' revere or even turn to for assistance when they have health or developmental concerns.

1.2 ADOLESCENTS AND YOUTH IN SWAZILAND

Young people below the age of 20 years constitutes more than half (52%) of the Kingdom's general population, with approximately 40% below the age of 15 years (CSO, 2014). The state of the youth report in Swaziland (2015) identified the contextual factors that generally affect the youth in the Kingdom as poverty, unemployment, orphanhood, inadequate information and limited accessibility to sexual reproductive health services that would empower them to make informed choices about their sexuality (MOSCYA, 2015), among others, which can be linked to their engagement in risky behaviors that increase their susceptibility to STI's, HIV/AIDS. Sadly, Swaziland remains with one of the highest HIV infection rates in the world, estimated at 26%, with more than half being adolescents below the age of 25 years (SDHS, 2007). The median age for sexual debut in Swaziland is 16 years and 18 years for girls and boys respectively (CSO, 2012).

Nevertheless, it is worth noting that about 60% of girls between 15-19 years are still virgins (MOSCYA, 2015). The remaining 40% who have already engaged in sexual relations, coupled with the 22% rate of teenage pregnancies (MICS, 2010) remain a cause for concern because such account for at least 7% of the maternal mortality ratio, as well as other behavioral and reproductive-health related challenges. Another area of concern affecting young people is gender based violence. The reported estimated GBV incidence do not accurately reflect what is on the ground simply because people are either ashamed or afraid to report such incidents. Approximately 33% of females have experienced sexual violence before age 18 (UNICEF, 2007). This matter equally affects both in and out of school adolescent girls.

Although cyberbullying and even addiction is an issue among young people globally, given their obsession with social media platforms, nothing empirical has been done in Swaziland to measure the extent and effect of this emerging problem among young people. Additionally, there is a collective understanding, though anecdotal, that alcohol and substance use among the adolescents and youth in Swaziland is escalating for both in and out of school youth (MOSCYA, 2015). Such developmental and behavioral challenges need to be investigated so that appropriate measures to address them are effectively implemented.

1.3 AYSRH SERVICES IN SWAZILAND

Studies from both high and low middle-income countries show that adolescents' health care services are fragmented and vary in quality (WHO, 2015). Reports show that adolescents consistently view mainstream primary health care services as unacceptable because of the perceived lack of respect, unwelcoming attitudes, lack of privacy and

confidentiality and providers foisting their moral values (WHO, 2015). Locally, the MOH in 2015 assessed if health facilities provided adolescents and youth friendly health services. The study found that youth friendliness varied across regions. Generally, the report showed that adolescents were satisfied with the privacy they were afforded, but were discontented with the waiting time. Only 14% of the facilities had IEC materials targeting young people and about 14% of HCP used visual aids during their education or counseling sessions. This assessment covered only a few facilities in all the four regions which was not representative of the country health facilities, although the report provides an idea of how facilities perform in terms of being friendly to the adolescent and the youth.

The MICS (2014) suggests that adolescents in Swaziland have inadequate information and limited accessibility to services including knowledge of their SRH Rights as defined by IPPF (1991) which puts them at an increased risk of making uniformed choices, exploitation and even acquiring HIV and having unintended pregnancies. Furthermore, most adolescents (25%) get SRH information from not so reliable sources such as peers (MOH, 2016). The training of youth as peer educators to be reliable informants is imperative given that these can be the most effective agents of ASRH to their peers. Other than the cost implications, young adolescents' preference of private facilities for maternal, STI and FP services (MOH, 2016) is of concern and creates questions in terms of how this group has been received and treated in the mainstream primary health care.

1.4 PROGRAMMATIC INTERVENTION ON ASRH IN SWAZILAND

Since the ICPD (1994), global initiatives are directed towards improving the quality of sexual and reproductive services, through a standard-driven approach for better and comprehensive health care services especially for adolescents. Therefore, attention to adolescents' sexual and reproductive health has been a subject for various stakeholders including the ministries of health (MOH), education and training (MOET), and sports, culture and youth affairs (MOSCYA). Several organizations, UN agencies (WHO, UNFPA, UNICEF, UNESCO, UNAIDS etc.), international organizations (PEPFAR, Path, IPPF, World Vision etc.), and other local non-governmental organizations e.g. FLAS, NERCHA, PSI, Lusweti, etc., have positively contributed to the development, protection of and response to the needs of the adolescents in numerous ways.

The overall goal of providing adolescent and youth friendly health services is to increase access and use of ASRH services to protect and promote adolescents' health and well-being, preparing them for their responsibilities as the next generation of leaders and as responsible and productive citizens. Furthermore, given the 4% prevalence of HIV among children aged 2-14 years (PEPFAR, 2016) and an estimated 24% for those between 10-19 (UNAIDS/UNICEF, 2015), one meaningful response is to avert the death rate amongst

adolescents living with HIV (ALHIV) through appropriate and effective HIV management system that involve the adolescents and youth in coming up with innovative strategies to promote behavior and social change (UNAIDS, 2015). Additionally, being a member of the Eastern and Southern Africa (ESA) region, the leadership of Swaziland, through the Ministries of Health and Education and training, have committed to give young people a voice at every level of decision making, to involve and fully support them in CSE and SRH discourse and actions (UNESCO, 2014).

Effective and meaningful responsive action to adolescents' concerns requires the provision of accurate and age appropriate SRH information and education. Adolescent participation in decisions concerning their sexual reproductive health is also encouraged, as stated in the SRH policy and ASRH guidelines (MOH, 2013). The MOET in collaboration with UNESCO, UNFPA, UNICEF and WHO have made efforts to ensure that youth in school attain accurate and comprehensive sexuality education by developing and delivering the Life Skills Education curriculum. This exercise has taken shape as more than 255 schools are implementing it. This syllabus consists of physiological changes at puberty, ASRHR, GBV, prevention of teenage pregnancy, STI and HIV as well as the services that can be accessed by young people to enable their development and well-being.

The establishment of health or teen clubs has also positively contributed to the advancement and refinement of peer education as well as the wide acceptability of ASRH. Moreover, organizations like Lusweti, FLAS and Pact among others, provide SRH information through theatrical or media-based formats to adolescents and the communities which models the involvement of parents and guardians. Furthermore, health care providers (HCP) are continually trained to provide youth friendly health services and to integrate these into the main stream health care services (MOH, 2016).

1.5 PURPOSE OF AYFHS STANDARDS

The purpose of these AYFHS standards is to ensure quality ASRH services thereby escalate their access and utilization by adolescents and youth in Swaziland.

1.6 RATIONALE FOR DEVELOPING AYFHS STANDARDS

The national standards for adolescents' and youth sexual reproductive health services are aimed at assisting HCP to improve the quality of health-care services to enable adolescents' access and use these to preserve, promote and improve their health and well-being. The development of national standards for AYFHS has been recommended in several documents by the MOH (2015) and the MOSCYA (2015). This exercise is responsive to WHO call of a standard-driven approach to ensure measurable quality

of ASRH services. Thus, these national standards will serve as a yardstick and quality assurance document that specifies the required quality for ASRH services and to facilitate continuous improvement. Additionally, these standards serve to demonstrate Swaziland Government's responsive action to the ESA commitment made in Cape Town in 2013, to provide and support CSE and SRH services to young people (UNESCO, 2014). This document therefore is necessary to achieve the National SRH goal of making sexual and reproductive health a reality for all adolescents and youth in Swaziland.

1.7 INTENDED AUDIENCE

These standards are developed for the benefit of **ALL adolescents and youth in Swaziland.** These are aged 10-24 years, whether in or out of school, working, in higher education, incarcerated, married or not, and with or without parents, could be anywhere in the Kingdom. This does not exclude other key adolescent populations which include gay, lesbian or transgender, living with HIV, with or without children, youth with disability, poor or in trying situations etc. the following can use the standards to improve their services and care to adolescents and the youth:

- Health Care providers- All Health Care professionals including support staff
- Parents and the community
- Policy Makers at all levels
- Programme Managers and Leaders: government and non-governmental organization, Faith Based & Private organizations
- Partners Supporting Adolescent Health and Development
- Teachers etc.

1.8 METHODS

The development of AYFHS was conducted through a four-stage process to meet the following objectives:

1. To establish the basis for developing national AYFHS standards
2. To adapt AYFHS standards and criteria to benchmark quality in ASRH service delivery.
3. To validate the AYFHS standards with key stakeholders.

Design: A participatory approach was adopted for this document. This design involved the collaboration of stakeholders who adapted the ASRH standards from WHO (2015) to be appropriate and relevant to the young people of Swaziland. For the detailed process, see appendix… The four-stage process is illustrated in figure 1 below.

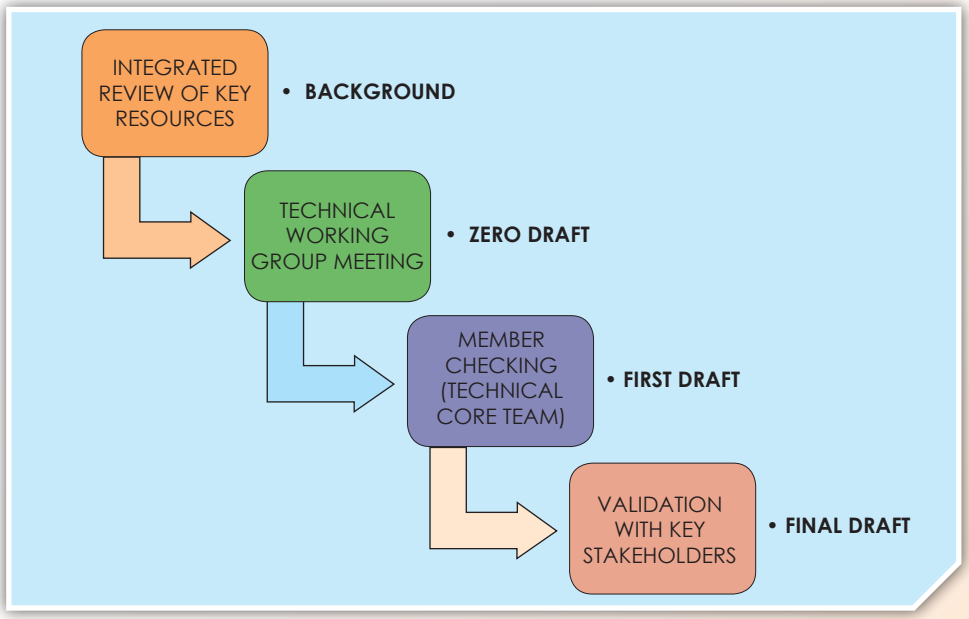


Figure 1: Process for developing the National AYFHS

1.9 GUIDING PRINCIPLES

This document has been developed based on the following principles:

1. The adolescent is a unique being with special developmental and health needs.
2. Sexual and reproductive health services are basic human rights for all persons including adolescents. This includes their right to SRH information and promotion of healthy sexual development, privacy, confidentiality and gender equality.
3. AYSRH services comprise preventive, promotive, curative and rehabilitative care, made universally accessible and attend to their physical, social and mental health.
4. Adolescents and Youth involvement in the planning, implementation, monitoring and evaluation of ASRH programmes is critical to effectively and appropriately meet their needs.
5. Community and parental involvement and support is necessary for the effective implementation, success and sustainability of ASRH programmes.
6. A Multidisciplinary approach in addressing adolescent health and wellbeing is crucial for a holistic view of issues to engender tight linkages of support structures.

7. To effectively sustain AYSRHS requires the competence of service providers, strategic planning and continuous quality improvement systems informed by empirical evidence, information management and capacity building.

1.10 QUALITY OF CARE FRAMEWORK

The WHO quality of care framework provides a guide on how to effectively provide and promote the acceptability and utilization of adolescent friendly sexual and reproductive health services (WHO, 2009, 2012). For adolescents, sexual reproductive health services to be recognized as youth friendly, they must be accessible, acceptable, equitable, appropriate, and effective (WHO, 2009). Observance of these five pillars will not only ensures quality but also creates opportunities to foster relevant and meaningful guidance and support to the youth, respecting their worth as individuals.

Equitable: this dimension holds that all adolescents can obtain available health care services. It involves equal and respectful treatment of all adolescents regardless of age, status, socio-economic background, sexual orientation, marital status etc.

Accessible: All adolescents and youth must be able to obtain available health services. Accessibility of health services involves HCP's positive attitudes and warm disposition towards all young people regardless of the service they seek. This dimension addresses the observance of operating hours, and provision of information about the available ASRH services.

Acceptable: Adolescents and youth must be willing to access and use the available health services. This involves the provision of privacy and confidentiality, unrestricted consultations and swift and appropriate referrals. For AYSRH to be acceptable, adolescents input and involvement in the assessment, development, design and evaluation of strategies and procedures must be ensured. Furthermore, adolescent and youth friendly services require the observance of adolescence sexual and reproductive health rights by all service providers.

Appropriate: adolescents receive the right health care service to meet their specific AYSRH needs. This involves the training of HCP and other service providers (teachers, youth pastors etc.) to understand the unique needs of the diverse groups of adolescents so to recognize, design and provide relevant and suitable AYSRH services that are specific to each young person.

Effective: The AYSRH services are provided proficiently so they positively contribute to adolescent health, development and well-being. This dimension also requires that the service provider be competent in their operations, including the use of technology for relevance and empirical evidence as the basis for their care activities. Furthermore, knowledge of guidelines, procedures and protocols is necessary to engender quality care. See figure 2 for the Quality Care Framework.

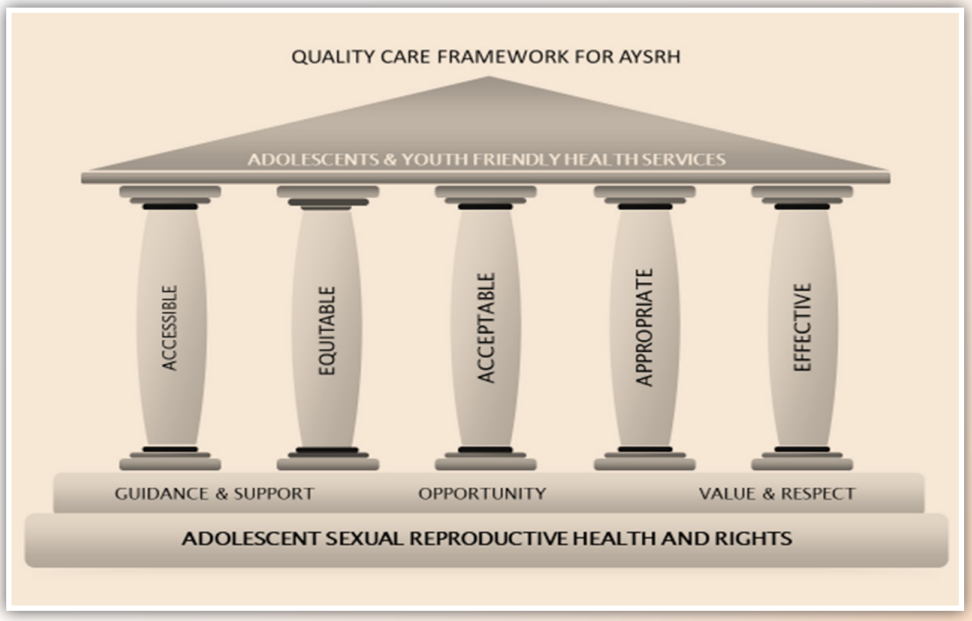


Figure 2: Quality of Care Framework for AYSRH (adapted from WHO, 2012).

HEALTH SERVICE DELIVERY POINT (HSDP)

This is an operational site, a health facility or point of service where adolescents can be reached or they can freely access AYSRH services.
These include:

- The Primary Health Care Clinics (Public, Private, NGO, FBO)
- The Public Health Units (including Outreach Sites)
- Hospitals
- Schools.

1.11 ADOLESCENTS AND YOUTH SEXUAL AND REPRODUCTIVE HEALTH SERVICES

The range of AYSRHS to be provided by Youth Friendly Health service points should be in line with the MOH Essential Health Care Package (2010), and these consists of the following services:

The AYSRH ESSENTIAL PACKAGE
❖ Information and Counseling on SRH (Self-Concept, abstinence, safe sex, Developmental challenges, peer pressure, relationships, behavior change etc.).
❖ Testing and Screening Services (HTS, STI's, TB, Pregnancy, Cervical & Breast Cancer Screening)
❖ Family Planning (including Emergency Contraception and emphasis on Dual Protection)
❖ RMNCAH services (such as ANC, PMTCT, Care in Labour & Delivery, & PNC)
❖ Child Care (Parenting)
❖ GBV
❖ Management, Treatment and Care of HIV, STI'S & TB
❖ Psychosocial Support
❖ Mental Health Issues (Depression, Alcohol & Substance Use, Eating disorders etc.).
❖ PAC
❖ Condom Promotion
❖ Adolescent Leadership and Peer Mentoring
❖ Male Circumcision
❖ Nutrition
❖ Management of Non-Communicable Diseases (NCD)
❖ Adolescent Involvement
❖ Community Involvement and Parental Support
❖ Linkages.
❖ School Health Services

NATIONAL STANDARDS FOR ADOLESCENTS AND YOUTH FRIENDLY HEALTH SERVICES

STANDARD	STATEMENT
STANDARD 1: Adolescent Knowledge of Health	All adolescents can obtain adequate and comprehensible information about their health, as well as how, when and where they could access SRH services.
STANDARD 2: Health Care Provider Competence	Health Care Providers, including support staff, demonstrate competence and welcoming attitudes to provide effective ASRH services.
STANDARD 3: Health Facility Characteristics	The health facility or HSDP has the appropriate infrastructure, organized to provide privacy, a clean and welcoming environment equipped and adequately supplied for effective provision of AYSRH services.
STANDARD 4: Appropriate AYSRH Service Package	The HSDP provides a comprehensive AYSRH package in a manner and form that is acceptable to young people.
STANDARD 5: Protection and Observance of ASRHR	Health facilities provide equitable AYSRH, observes and informs adolescents of their ASRHR and inherent responsibilities.
STANDARD 6: Adolescent & Youth Involvement	Adolescents and youth participate in decisions pertaining to AYSRH services from planning, monitoring and the evaluation of health.
STANDARD 7: Community Involvement	Mechanisms to promote community and parental involvement and support to enhance adolescents' access and utilization of ASRH are implemented.
STANDARD 8: Quality Management Systems for Evidence-based Continuous Improvement	Health service delivery points comply to QMS, collects and analyses ASRH data per SRH indicators to enhance evidence-based continuous quality improvements.
STANDARD 9: Alignment to Policies, Procedures and Institutional Support	ASRH services be aligned to national policies, guidelines and mechanisms to support institutions (HSDP) be in place and implemented.

(Adapted from WHO, 2015)

STANDARD 1: ADOLESCENT KNOWLEDGE OF HEALTH

All adolescents can obtain adequate and comprehensible information about their health, as well as how, when and where they could obtain the health services.

RATIONALE FOR THE STANDARD

The Ministry of Health (2015) found that adolescents do not have adequate knowledge regarding their sexual and reproductive health and rights. Additionally, peers were found to be the major source of information for most adolescents, yet this is likely to be unreliable. Therefore, equipping adolescents with information on health, development, risky behaviors as well as ASRHR is necessary to enable them to make informed decisions regarding their developmental challenges, knowledge of their health status, and to increase their motivation to preserve and protect their chastity and well-being or modify risky behaviors that may negatively affect their health.

INPUT	PROCESS	OUTPUT	INDICATOR
The health service delivery point has adolescent and youth appropriate IEC material and technology. These are visibly displayed and are accessible to all young persons.	The availability and display of age appropriate IEC materials; these can be printed materials or in soft (digital) formats. Adolescents access to these is not restricted.	Adolescents are knowledgeable about SRH, their rights and responsibilities	-Variety of IEC materials are available, age appropriate and in both SiSwati and English. -Relevant Job aids, charts etc. - Digital forms of IEC materials
Health care providers provide age appropriate health education to adolescents, focusing on their health, self-concept, developmental challenges, ASRHR and the available services.	-Age appropriate health education sessions regularly provided and as per need or opportunity. Educational sessions be organized according to the levels of development for relevance; eg. young, middle and late adolescents. -Occasional Q & A facilitated by Peer educators or HCP.		- Presence of a suggestion/ Question Box. - Record of Health education sessions on SRH topics. -Adolescents are knowledgeable about health, their ASRHR and the available ASRH services and how to access them.

PEER EDUCATORS' training and Mentoring adolescents on SRH matters	Peer educators known in the facility and are trained to facilitate relevant and accurate health education to all adolescents. Guided use of available technology or social media platforms to communicate SRH information to a wide range of young people. Edutainment activities be facilitated to accommodate all young persons.	Trained Peer educators who provide accurate SRH information to adolescents and the youth Peer Educators providing accurate and adequate SRH information to peers	-The list of trained peer educators. -record of activities by peer educators. -Monitored Techno fora- a variety of media platforms where young people can freely engage in discussions pertaining to SRH matters with guidance.
The health facility collaborates with local schools to support adolescent education as well as giving information on ASRH services available.	Collaboration of HCP with peers and teachers in giving age-appropriate education to local youth. Teachers provide youth friendly reproductive health education.	Adolescents in school are knowledgeable and freely access and use ASRH services	-Number of adolescents referred by age and sex. -A workplan that includes School Health Activities
The health facility has a plan to provide ASRH education to youth out of school	Peer educators lead in the provision of ASRH education to Youth out of school Engagement of youth out of school in social media platforms	Adolescents and youth out of school are knowledgeable and freely access and use ASRH services	- involvement of Youth out of school in SRH education and Q & A sessions and SRH edutainment activities. -number of Youth out of school in teen/health clubs, participate in social media platforms and accessing ASRH services.

STANDARD 2: HEALTH CARE PROVIDER COMPETENCE

Health Care Provider, including support staff, demonstrates competence and welcoming attitudes to provide effective ASRH services.

RATIONALE FOR THE STANDARD

This standard ensures that adolescents are respected and that their experience of ASRH services is positive. Therefore, HCP must be trained to understand and appreciate adolescence and to value their worth. The MOH (2015) asserts that health providers and staff must be ready and willing to assist adolescents through education, guidance, support and provision of available health services. All facility staff should respect and observe adolescents' right to information, privacy, confidentiality, non-discrimination, care that is free from prejudice, valuing and protecting adolescents as individuals and embrace diversity. Health care providers are competent and confident in providing safe, relevant and effective ASRH services and to boldly communicate to all key stakeholders the ASRH issues and how these can be tackled. Health care provider provide comprehensive ASRH services and are aware of their own personal values, biases and attitudes that may constrain the provision of acceptable youth friendly health services.

INPUT	PROCESS	OUTPUT	INDICATOR
Health care providers are trained and are competent to provide the Essential AYSRH services.	ALL staff at service delivery point are oriented on ASRH. All HCP are trained in providing AYFHS. All HCP have gone through clinical practice during their training on how to work with adolescents and youth. Certification of HCP on their competence in providing ASRH services.	Health Care providers are competent to provide ASRH Adolescents are respected, accurately diagnosed and treated Ethical and professional values are observed by staff caring for young people.	-Staff CPD records Indicating SRH training/ equivalent -Staff communicates well with adolescents, competently provide SRH services and can answer clients' questions. - Adolescents Satisfaction of ASRH services -Record of supervisory (RHMT)/SRHU visits to health facility at least once a year.
A system for Continuous Professional Development that includes ASRH component is in place	A systematic plan for staff training - CPD	HCP are aware of new developments on ASRH services	
Supportive supervision is in place to improve performance of health care providers.	The RHMT/SRHU support staff by contact and physical visitation	Staff motivation and satisfaction with support	

STANDARD 3: HEALTH FACILITY CHARACTERISTICS

The health facility has appropriate infrastructure, is organized to provide privacy, a clean and welcoming environment equipped with the necessary apparatus and medical supplies for effective provision of ASRH services. With outreach or equivalent sites, privacy, safe and organized services must be afforded to clients.

RATIONALE FOR THE STANDARD

Evidence shows that adolescents are not completely pleased with the mainstream health care services because of the operating hours that are not convenient to the adolescent in school. This standard addresses the design features of the health facility to ensure privacy, the availability of equipment and supplies, as well as the safety of adolescents in terms of IPC. To improve access and use, as well as to ensure the effectiveness of services, the facility and staff should create an environment that enable workflow, comfort, safety, and freedom of adolescents to explore and use the available ASRH services based on informed choice.

INPUT	PROCESS	OUTPUT	INDICATOR
Provision of Information on available ASRHS	Visible Signage of directions to the health facility and the ASRH services available, clearly stipulation that the facility provides Youth Friendly Services, including operating hours.	Adolescents Knowledge of available services Access of ASRH services	-Signpost with appropriate and adequate labeling
Linkages with other service providers are established and functional and well-coordinated	Important numbers or contact details must be displayed on the boards (such as child helpline, facility telephone number etc.). Appropriate referral procedures are in place and HCP ensures that the referral is successfully completed.	Appropriate referrals are facilitated	- Contact lists of important numbers visible displayed at the information area.

Ensuring Hygienic, safe and friendly environment	The environment is clean, organized with clear signage for the different departments (for health facilities)	Acceptable and efficient ASRHS	- Clean and organized facility. - Visible signage – directions and on door posts. Adolescents' satisfaction of ASRH services.
	All staff are responsible to ensure that adolescents are attended and are treated fairly, warmly and with respect.		
Facilitation of flow and efficient service provision	Protocol is in place to minimize waiting times and to increase flexibility to accommodate adolescents with special needs for consultations.	Adolescents' satisfaction of ASRHS	Convenient working hours to accommodate adolescents especially in the late afternoon (2-5pm) and weekends (9-12)
HCP observes and HSDP comply occupational Health and Safety Standards and Procedures	The health facility has basic amenities. (electricity, water, sanitation and waste disposal).	IPC and Efficiency of services	These are available and working properly including a well-ventilated facility.
	Measures to ensure patient safety, and the prevention and control of infection are in place.	Patient and Service provider safety.	IPC measures are visible. Waste bins for regular and biomedical waste are clearly labeled.
			Hand washing / sanitization equipment available.
All service providers understand and ensure that the privacy and confidentiality of adolescents are observed.	Visual and auditory privacy is ensured in consultation rooms. There are no unnecessary interruptions or intrusions.	Adolescents can seek help, confide in HCP. ASRHS are acceptable to users.	Adolescent satisfaction with ASRHS
Adequacy of medical stock and supplies, and functioning equipment	A system of procurement and stock management of medical supplies for effective delivery of ASRH is in place.	Availability and effectiveness of ASRHS.	Commodities and stock are adequate and are not expired
	A system of procurement, inventory and maintenance of equipment and gadgets is available and periodically reviewed.		Equipment is working and service records are up to date.

STANDARD 4: APPROPRIATE AYSRH SERVICE PACKAGE

The health facility provides a comprehensive ASRH package in a manner and form that is acceptable to the adolescents.

RATIONALE FOR THE STANDARD

Attention to all the ASRH focus areas as identified by the national policy (MOH, 2013) packaged to enable the adolescent to receive a wide range of services to preserve and promote their health and well-being, to screen, identify and treat abnormalities early to prevent transmission and the development of complications. The comprehensive package includes information on ASRH, counseling, diagnostic, treatment, care, rehabilitation and support including referral linkages, outreach programmes and health promotion campaigns. Areas previously neglected that also contribute to disease burden like mental health, substance use, nutrition (WHO, 2015) needs attention. The integration of these services and collaboration of key stakeholders is necessary to ensure that adolescents' needs are identified and met through an effective well-coordinated multi-sectoral effort.

INPUT	PROCESS	OUTPUT	INDICATOR
The Essential AYSRH package is stipulated and comprises health information, diagnosis, treatment, care, counseling and support.	Information on ASRH services available in the health facility or service delivery point is displayed and for those that are unavailable, details of where and how they can be accessed is communicated.	Available services are known to adolescents Adolescents can access all available ASRH services within the facility. Adolescents know where to access services	The number of adolescents attended in the health facility and Services received. Adolescents referred and satisfied with the process. The number of adolescents' referrals received
Integration of the ASRH services into mainstream health care services is ensured to prevent stigmatization.			

Procedures on the description of referral and linkages within and outside of the health sector are in place.	Adolescents are appropriately referred and efforts to ensure that they have received the necessary services are made. HCP make contacts and facilitate follow-up.	Appropriate referrals are facilitated No adolescent will be turned back unattended.	Adolescent satisfaction of ASRHS Reduced Teenage Pregnancies, HIV and STI incidence rate.
Effective provision of the Essential Package for AYSRH services	-Staff are competent to provide all available services, -Drugs, supplies and technology are adequate and in working order, respectively.		

Health Care Providers provide equitable, non-judgmental and non-discriminatory ASRHS, observes and informs adolescents of their ASRHR.

RATIONALE FOR THE STANDARD

ALL adolescents have a right to access ASRH services regardless of their age, marital status, education, sexual orientation, religious background, social status, ability to pay or other characteristics. Adolescents deserve to be respected as individuals despite their behavioral characteristics, and HCP and support staff need to ensure that issues of privacy and confidentiality are observed at all levels of care. Vulnerable groups must be identified and care be taken to ensure that they can equally access and use ASRH services and that their needs are met.

INPUT	PROCESS	OUTPUT	INDICATOR
Health education of ASRHR and the inherent responsibilities	- Adolescents are taught of their ASRHR, about gender equality as well as the responsibilities attached. - ASRHR are visibly displayed in the facility. - Display and observance of patients' rights is facilitated.	- adolescent' know and exercise their ASRHR and take responsibility of their health and wellbeing.	- ASRH chart visibly displayed - Adolescents knowledge of ASRHR - Adolescents access of ASRH services - Patients' charter is available and visibly displayed.
Policies are in place stating the responsibility of staff to provide services to ALL adolescents irrespective of their ability to pay, age, marital status, education, sexual orientation	Staff are oriented of ASRH policies, guidelines and standards	- staff observe ASRHR	- Adolescent satisfaction with ASRHS
ASRHS are inclusive. ALL adolescents are attended, key populations and individuals are identified and supported and extra effort to support these is put.	Vulnerable groups of young people (eg. Orphans, teenage parents, ALHIV, survivors of SGBV, from poor households etc.) are identified and known to the health care team.	Vulnerable adolescents are not afraid to approach health care providers for support and assistance.	- list of groups and individual' adolescents accessing and using ASRH services.

STANDARD 6: ADOLESCENTS AND YOUTH INVOLVEMENT

Adolescents' participation in decisions pertaining to ASRH services from planning, monitoring to the evaluation of health care services is essential.

RATIONALE FOR THE STANDARD

Adolescents have the right to participate in decisions concerning their lives. They know their needs, personal circumstances and challenges and can identify ways to achieve those needs and solutions to manage their problems. They need support, guidance and training on how to be involved in the planning, provision, monitoring their sexual and reproductive health care. They play an active role in motivating and supporting their peers, being counselors, role models and advocates.

INPUT	PROCESS	OUTPUT	INDICATOR
Adolescents are represented in the facility governance committee.	Youth partake in meetings on the development and regular quality improvement projects occurring within the facility.	-Acceptable AYSRHS	Youth as members of facility heath committee
Health care providers support and engage adolescents, building their capacity and allowing them to drive adolescent health campaigns	Adolescent led projects on health promotion are encouraged and supported in the facility.	Participation of Youth in their own health and developmental matters	Adolescents' led health promotion and behavior change projects
Peer educators have a clear plan of their activities for the youth in the community that are shared with and endorsed by the HCP.	Young persons are trained on communication and how to counsel their peers on SRH and behavior change.	Adolescents' ownership of ASRH and their responsibility to their own developmental decisions	A list of trained peer educators Peer educators plan of activities
The health care provider encourages and supports the involvement of primary client partners and they are equally served.	Health Care providers are oriented on how to communicate and counsel adolescents, and how to encourage peer educators	Adolescents accountability and involvement in their SRH.	Behavior Change reduction in reckless and uninformed behaviors.

Mechanisms to promote community and parental involvement and support to enhance adolescents' access and utilization of ASRH are implemented.

RATIONALE FOR THE STANDARD

The adolescent is a social being from the community, hence his or her development and health depends on the counsel of parents, guardians, and the community at large. These play a crucial role in enabling the adolescent's access and use of ASRH services and therefore their understanding, involvement and support of ASRH is imperative to the success and attainment of ASRH goals. This standard ensures that appropriate and effective community linkages are made to support the adolescents from every aspect of their health and well-being.

INPUT	PROCESS	OUTPUT	INDICATOR
Health Service Point engages in partnerships with the community members and organizations in the provision of ASRH services	Clear linkages of services and collaboration opportunities are created with local agencies and partners to promote ASRH. Spiritual care services are involved in the support and guidance of adolescents. Community Resource Persons are identified for community mobilization and engagement. Strengthening of outreach programmes that work with the youth in the area	Collaboration Community Involvement in promotion of ASRHS Parental Support Acceptance of ASRH by the community Adolescents' support by community and parents Reaching out to every adolescent and to avoid duplication of services.	Record of community activity that the facility participated in support of ASRH A list of local agencies and organizations working with the facility on ASRH promotion. -FBO or churches that the facility works with to provide guidance and support to youth.

STANDARD 8: Quality Management Systems for Evidence-based Continuous Improvement

Compliance to QMS to ensure the provision of Quality ASRH and to enhance evidence-based continuous improvements.

RATIONALE FOR THE STANDARD

Quality management and continuous improvement mechanisms of AYSRH services are informed by evidence as the output of data collection and analysis at facility level, and feedback from periodic audits. QMS serves to ensure that priorities and areas for continuous improvement are organized and justified. Therefore, this standard guards that quality (accurate and complete) data are collected and analyzed, understood and results are used by HCP to inform continuous quality improvements. Staff need capacitation and technical support with regards to Quality Management Systems.

INPUT	PROCESS	OUTPUT	INDICATOR
Procedures on quality service provision are in place	ASRH guidelines are available in the facility and Heath Care providers are cognizant of their contents. -Alignment of ASRH services to National Health Standards.	AYSRH services are comprehensive and in tandem with guidelines, standards and SOP's	Standard documents available: - National SRH Policy -ASRH guidelines -AYFHS standards -FP Guideline -HIV management guidelines -NCD guidelines etc. Staff knowledge of ASRH policies and procedures.
Data collection and management system to capture adolescents' key demographics and AYSRH indicators	Heath Care providers are trained on how to collect and analyze data to inform continuous quality Improvement	Good and usable data to inform ASRH Programme developments	- Comprehensively filled documents and registers. Analysis of data with trends, and plans for improvement
	Tools for self-monitoring of AYSRH are developed and staff are trained to use it		Tools available for data collection: - Adolescent service satisfactory survey or Exit interviews - Checklist for YFS

Quality Performance measurement of Health Service Point	Regular Quality audits	Compliance to AYFHS	Quality Performance Score Card/ Matrix
ASRHS Quality Monitoring and Feedback	A confidential mechanism to allow Adolescents and the community to provide feedback, submit complaints and questions on ASRH services.	Continuous Quality Improvement of ASRH services Customer satisfaction.	- Suggestion Box/ Log -Adolescent service satisfactory survey

STANDARD 9: ALIGNMENT TO ASRH SERVICES TO NATIONAL POLICIES, GUIDELINES AND PROCEDURES AND INSTITUTIONAL SUPPORT.

The National policies, guidelines, strategies and procedures be in place and mechanisms to support health facilities to scale up adolescent access and sustained use of ASRH.

RATIONALE FOR THE STANDARD:

The quality of service provision is crucial in improving access, use, and ensuring satisfaction and effectiveness of ASRH. This standard guards the alignment of ASRH services to SRH national policy, ASRH guidelines and standards to protect and provide young people free and seamless guidance and control over their health and overall well-being. This standard recognizes the support of institutions or HSDP to ensure that quality ASRH are effectively and efficiently provided to escalate access and widen the coverage in the utilization of ASRH services.

INPUT	PROCESS	OUTPUT	INDICATOR
Standards, Policies and Procedures on ASRH be in place	The National SRH policy and ASRH guidelines, AYFHS standards are available in the facility and Heath Care providers are cognizant of their contents.	AYSRH services are aligned to the National SRH policy, guidelines, strategies and procedures	Standard documents available : - National SRH Policy - ASRH guidelines - ASRH/YFS standards - FP Guideline -HIV management guidelines -NCD guidelines etc.
Mechanisms to link Supportive supervision to Continuous quality improvement are implemented.	Technical support is afforded to staff. Setting of attainable ASRH improvement targets (effort to reach out to young population in outreach sites and situations. Involvement of Adolescents and youth on how to scale up access and effective use of ASRH services	Attainment of ASRH care targets in line with current youth SRH needs Expand coverage of services to reach out to young people in hard to reach sites and situations.	Supervisory visits Institutional plan for continuous improvement and set targets. The number of young people with demanding situations using ASRHS Rolling out of ASRH to inaccessible institutions and settings.
Mechanism to Recognize good practice is in place and is shared	SRHU& RHMT identify and acknowledge outstanding performance by Facilities	Motivated staff.	Adolescent satisfaction surveys and outstanding performance (quality checklist).

3.1 IMPLICATIONS FOR IMPLEMENTING AYFHS SERVICES

To ensure that the standards are effectively and satisfactorily implemented at all operational or health service delivery point, support from regional and national levels is imperative. The National Sexual and Reproductive and Rights Strategic Plan of 2014-2018, aim for ASRH is to increase the demand and use of comprehensive information and integrated SRH services among adolescents and young people, and to reduce teenage pregnancy. A concerted effort by the MOH and MOET to educate adolescents and to build the capacity of health service providers on the provision of YFS are the main strategic activities identified to attain these goals. To achieve adolescent and youth friendly health services, the activities necessary to implement these standards will involve the guidance and supportive actions of these two levels:

3.1.1 NATIONAL LEVEL

1: Providing Direction

Policies and procedures must be in place to enable the provision of ASRH rather than restrict them. Thus, clear communication and sharing of official documents, policies to regional officials to ensure a mutual understanding of the concept of ASRH among providers and beneficiaries.

2. Financing

The negotiation for and allocation of funds from the national budget to ensure the provision of the essential AYSRH package at all Health service delivery points and to all adolescents, and building capacity of HCP and peer educators. Additionally, SRHU needs to ensure that the availability of technology, drugs, and supplies including IEC materials for the education of adolescents and the community is seamless.

3. Capacity Building

Strengthening HCP capacity to gain the necessary competencies to provide adolescent and youth friendly services and to implement these standards. This involves the support of pre-service education and Continuous Professional Development. Capacity building also includes the development and sharing of tools and materials to regional and health service delivery points to facilitate the efficient and effective implementation.

4. Multidisciplinary Collaboration and Coordination

To ensure the effective implementation of these standards, the SRHU shall forge collaboration with other Ministries, disciplines and agencies and to collegially coordinate ASRH activities and efforts for meaningful, effective, wholistic and efficient means to address adolescent and youth needs. Coordination of ASRH services also helps in the appropriate and effective use of resources and to avoid duplication of services within

communities or settings.

3.1.2 REGIONAL LEVEL

1. Liaison between National and Health Facilities

At this level, the RHMT oversees the availability of Resources for operations. These include adequate staffing and availability of materials and equipment for service provision. The RHMT Coordinates AYSRHS in the Region, provides feedback on implementation to national level and the health facility levels. The RHMT also assists health facilities to identify and coordinate local agencies and groups that work with adolescents and youth affairs.

2. Support of Health Facilities

Managers need to be aware of the support required at operational levels. The RHMT shall provide regular supportive supervision to health facilities; provide technical support for AYSRH activities and to motivate staff. Furthermore, this level assists Health service providers in facilitating, coordinating and maintaining community linkages for AYSRH.

REFERENCES:

Central Statistics Office (CSO). (2014). Multiple Indicator Cluster Survey. 2010-2014. Comparative Report. Mbabane: Swaziland Government.

Deutshe Stiftung Weltbevolkerung (2011). How to reach young adolescents. A toolkit for educating 10-14 year olds on sexual and reproductive health. Hannover, Germany: DSW

Duchesne, S. & Ratelle, C.F. (2014). Attachment security to mothers and fathers and the development of trajectories of depressive symptoms in adolescence: which parents for which trajectory? *Journal of Youth and Adolescence*, 43, 641-654. doi:10.1007/s10964-013-0029-z

Gouws, E. (2015). *The adolescent.* (4th ed.). Cape Town: Pearson.

IASC (Inter-Agency Standing Committee) (2015). Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action. Author.

MOH (2015). *Assessment of adolescent and youth friendly sexual and reproductive health services in Swaziland.* Mbabane: Swaziland Government.

MOH. (2013). *National Policy on sexual and reproductive health.* Mbabane: Swaziland Government.

MOSCYA. (2015). *Swaziland state of the youth report.* Mbabane: Swaziland Government.

MOH. (2016). *Socio-cultural factors influencing utilization of sexual and reproductive health services among youth in Swaziland.* Mbabane: Swaziland Government

MOH. (2013). Adolescent Sexual and Reproductive Health. Health Sector National Guidelines. Mbabane: Swaziland Government

MOH. (2005). Standards for adolescent friendly reproductive health services. Dar es Salaam: Tanzania

MOH. (2016). *National Adolescent Sexual & Reproductive Health. Training Manual for Health workers.* Mbabane. Swaziland Government

PEPFAR (2016). *Swaziland Country Operating Plan (COP) 2016. Strategic Direction Summary.* PEPFAR

UNAIDS (2015). All in to # EndAdolescentsAIDS. UNAIDS.

UNESCO (2014). Young People Today, time to act now. Eastern and southern Africa Commitment. One year in review-2013-2014. UNESCO. Available from: www.youndpeopletoday.net

UNICEF (2016). The adolescent brain: a second window of opportunity. Available at http://www.unicef.org.adolescence

Swaziland Demographic Health Survey (2010).

WHO/UNAIDS (2015). *Global standards for quality health-care services for adolescents: a guide to implement a standards-driven approach to improve the quality of health-care services for adolescents.* Geneva: World Health Organization.

WHO, UNFPA, & UNICEF (1997). *Common agenda for action in adolescent health and development.* Geneva: World Health Organization

WHO (2015). A standards-driven approach to improve the quality of health-care services for adolescents. Geneva: World Health Organization.

WHO (2015). *Core competencies in adolescent health and development for primary care providers.* Geneva: World Health Organization.

WHO (2012). *Making health services adolescent friendly: Developing national quality standards for adolescent-friendly health services.* Geneva: World Health Organization.

APPENDIX 1

CHECKLIST FOR QUALITY AYFHS SERVICES IN SWAZILAND

	ITEM	CONDITION			Comment/ Recommendation for Improvement
		Satisf 3	Inade 2	Unsatis 1	
	Standard 1: Adequate and Comprehensible Information				
1.	IEC materials (recent and age appropriate) displayed for youth. Books, posters, magazine				
2.	Are there Job Aids for HCP				
3.	Do Health Education sessions cover AYSRH Topics?				
4.	Is there a Suggestion / Questions Box				
5.	Are there Trained Peer educators?				
6.	Do HCP have adequate knowledge of CSE components?				
7.	Involvement of Youth out of school in educative sessions				
8.	Is there a Q&A session for the youth and adolescents?				
9.	Are there electronic platforms for young people to engage in discussions (eg. Social media)				
	Standard 2: Provider Competence				
10.	Are All staff trained on ASRH and AYFHS?				
11.	HCP Knowledge of ASRH Essential package				
12.	All staff have been oriented to providing privacy, both auditory and visual				

13.	Have staff been oriented to provide confidentiality of adolescents' information.				
14.	Do staff demonstrate respect when interacting with adolescents?				
15.	Do providers give clients enough time during consultation?				
16.	Do staff accurately diagnose, treat and refer adolescents? (Use of standard guidelines and following Protocol?)				
	Standard 3: Health Facility Characteristics				
17.	Is there a clear signpost giving directions to the facility?				
18.	Is the facility located next to where adolescents are found (school, shopping centre etc?)				
19.	Does the signpost declare the provision of YFS as well as the services provided, and opening times etc.?				
20.	Is the facility opening at times convenient to the youth? Eg.. evening and weekends?				
21.	Is the facility clean, tidy, well ventilated and organized with clear signage of service areas?				
22.	Does the facility have the basic amenities (water, toilet, electricity etc.?)				
23.	Are there appropriate IPC equipment and materials (handwashing, refuse bins, boiler/sterilizer etc.).?				
24.	Is the waiting area conducive and comfortable for the youth? Are there youth friendly materials to read while waiting?				
25.	Is waiting time less than an hour?				
26.	Are essential contact numbers for other important services visible displayed eg. child-line, SWAGGA etc. eg. 955				

	Standard 4: Essential AYSRHS Package				
27.	Are all the AYSRH services available?				
28.	Are AYSRHS affordable to the youth (or FREE)				
29.	Are there guidelines for the provision of specific services eg. Cervical cancer screening, HTS, TB, STI etc.				
30.	Does the facility have enough drugs, medical supplies for the operations of AYFHS.				
31.	Is there adequate, proper functioning equipment?				
32.	Are there enough commodities (condoms, Contraceptives)?				
33.	Is the system of procurement and inventory up to date?				
34.	Are clients managed appropriately, are the services integrated (do the clients receive the care they sought and information on other services?)				
35.	Are clients appropriately referred, is the facilitation of the referral efficiently managed?				
	Standard 5: Protection & Observance of ASRHR				
36.	Are all adolescents respected and treated equally in the facility?				
37.	Is the ASRHR poster visibly displayed?				
38.	Are vulnerable groups/individuals known by the HC providers.				

39.	Are adolescents attended without the consent of their parents / spouses/ partners?				
40.	Are communication fora guarded against abuse, bullying or misguided messages?				
	Standard 6: Adolescents' Involvement				
41.	Are adolescents part of the Facility Governing Committee?				
42.	Do adolescents partake in monitoring the quality of AYSRH service provision?				
43.	Are adolescents encouraged to bring their partners, and friends for information and treatment				
44.	Are there adolescent led health and behavior change projects?				
45.	Do Peer educators play an active role in the mentoring of adolescents?				
46.	Is there a health club linked to the HSDP				
	Standard 7: Community Involvement				
47.	Is there a record of local and partner agencies that work with the youth on AYSRH matters?				
48.	Are community members and parents involved in the promotion of AYSRH services				
49.	The community Rep works closely with the HSDP.				
50.	Links with local school, groups, agencies that work with local youth are coordinated				

	Standard 8: Quality Assurance & Continuous Improvement				
51.	Are adolescents-specific indicators regularly monitored?				
52.	Are institutional audits for AYFHS Standards conducted regularly?				
53.	Staff supported by RHMT (supervisory and technical)				
54.	Is there a confidential mechanism to allow adolescents to submit questions, complaints and feedback about ASRH services?				
55.	Any implementation plan for continuous improvement?				
	STANDARD 9: Alignment to Policies, Procedures and Institutional Support				
56.	Any adolescents attended on outreach sites?				
57.	Any adolescents in wanting situations identified?				
58.	Are SRH policies, ASRH guidelines, and other standard documents available.				
59.	Are HCP aware of local adolescent and youth issues and health concerns?				
60.	Any ASRH targets set to improve access?				

CQ-AYFS

Standard	No of items	Min score	Max score	Acceptable Score
Standard 1	9	9	27	
Standard 2	7	7	21	
Standard 3	10	10	30	
Standard 4	9	9	27	
Standard 5	5	5	15	
Standard 6	6	6	24	
Standard 7	4	4	12	
Standard 8	5	5	15	
Standard 9	5	5	16	
TOTAL	**60**	**60**	**180 (100%)**	

AYSS-AYFS

Characteristic	No of Items	Max score	Acceptable Score
Information	7	21	
Facility	8	24	
Service Provider	5	15	
Service	10	30	
TOTAL	**50**	**150 (100%)**	

The Checklist for Quality adolescent and Youth Friendly Services (CQ-AYFHS) contains 60 items measuring the different standards. The highest score per item is 2 which signifies a satisfaction rate and 0 for an unsatisfactory or unavailable item. This checklist can be used periodically by the facility HCP to evaluate their performance of the standards, and can also be used by an independent body who can objectively assess the adherence to the AYFHS standards.

The Adolescent and Youth Satisfaction Survey of Youth Friendly Services (AYSS-AYFS) is developed to measure the acceptability of ASRH services by young people. This instrument contains 30 items measuring service, facility, and provider characteristics. The items are positively stated with each rating 2 points for agree, 1 point for partly agree and

0 for disagree. This tool can be used by the HCP as exit surveys for ASRH consumers.
Both tools can be used together to measure the quality of ASRH services if they are youth friendly. This matrix for interpretation is suggested when these two are used.

NB: THESE TOOLS REQUIRE PRE-TESTING FOR VALIDITY AND RELIABILITY

Matrix for Analysis and interpretation

Acceptability (SS-AYFS)				
	High			
	Moderate			
	Low			
		Low 0-50%	Moderate 51-79%	High 80-100%
	Compliance/Perfomance (CQ-AYFS)			

Legend	Recommendation
Exceptional	Staff motivation to keep up the excellent work
Satisfactory	Staff to identify areas of improvement
Reasonable	Staff with the help of RHMT identify areas of improving
Poor	Technical support from RHMT, after issues have been identified, must be afforded to staff
Deplorable	RHMT & SRHU (national) need to Intervene

ADOLESCENT SATISFACTION OF ASRH SERVICES

Kindly fill in this survey
Circle where necessary:

1. AGE IN YEARS _____
2. SEX M / F / OTHER
3. IN SCHOOL _____ / OUT OF SCHOOL_____
4. AREA OF RESIDENCE_____
5. FIRST TIME HERE YES _____ NO _____

Tick in the spaces provided

	ITEM	Agree 3	Partly Agree 2	Disagree 1
	INFORMATION			
1	I find the reading materials in the health facility easy to understand			
2	I find the reading materials interesting and informative			
3	There is so much I have learned from these resources			
4	Staff answer our questions clearly			
5	The nurses teach about the different issues that affect young people			
6	I know of my sexual and reproductive health rights			
7	I know of all the services that i can get in this facility			
	FACILITY Characteristics			
8	The facility is friendly is welcoming to us.			
9	It is easy to find my way to the health facility			
10	The facility has all the necessary amenities (toilet, water etc.).			

11	The times for opening are convenient for me			
12	I feel safe in this health facility			
13	The facility is clean and tidy			
14	I can find my way through the different departments			
15	The consultation rooms are private			
	SERVICE PROVIDERS' Characteristics			
16	The staff was welcoming and friendly			
17	The staff treated me with respect			
18	The staff respected my privacy			
19	The staff had time for me			
20	The peer educators were helpful			
	SERVICE Characteristics			
21	I can afford the costs of the services			
22	I am pleased with the service i received			
23	The waiting time was not too long for me			
24	I know which service to access in this facility			
25	I have received all the help i came for and more			
26	I know where to go for the services that are not available			
27	The medication/commodity is available to treat my ailment or meet my needs			
28	I have been given detailed instructions on how to use the medication/commodity			
29	My questions have been answered.			
30	I don't mind coming back or referring my friends to this facility.			

APPENDIX 2

PROCESS OF DEVELOPING THE AYFHS.

STAGE	DESCRIPTION	OUTPUT
Stage 1: Integrated Literature Review	This stage with involved the review and analysis of relevant documents. These comprised local and international programmatic documents focused on ASRH. The review of the WHO global standards for ASRH as well as regional standards was done. The purpose of this stage is to establish the basis for developing the quality AYFHS standards	Background and rationale for developing the National Standards
Stage 2: Adapting the Standards	The national standards for AYFHS were mainly adapted from WHO (2015) and from literature, as guided by the quality of care framework (WHO, 2012) and ASRHR in line with the ASRH guidelines, and National SRH policy and Strategy (MOH, 2015) and local empirical reports on ASRH. This stage involved: • identifying the areas of focus, • adapting the standards, • the rationale for each standard • developing the criteria to be achieved • identifying the indicators of achievement of each standard These were achieved through continuous consultation with key stakeholders. After the zero Draft, the core team met to review the zero draft, if their input were correctly captured, and if the agree with the draft. The implications for Action at National and Regional Level was discussed. Tools for evaluating youth Friendly services were drafted.	Zero Draft of the National ASRH standards First Draft

Stage 3: Validation of the National AYFHS Standards	The purpose of the stage was to share the quality standards first draft with key stakeholders. A day workshop was conducted to solicit stakeholders input and feedback. Following the workshop, the feedback was be incorporated to refine and finalize the standards	The national standards for AYFHS including the rationale and criteria

The Core Team members comprised representatives from the following organization:

MOH
UNFPA
UNAIDS
NERCHA
ICAP
SNYC
EGPAF
SNAP
UNICEF
MOH - CDC
MOH - QMP
SWASA
WHO
CANGO
UNISWA