NATIONAL STANDARDS AND GUIDELINES FOR ADOLESCENT HEALTH FRIENDLY SERVICES

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FOREWORD

The Government of the Republic of Zambia acknowledges need for adolescent health friendly services. Its key strategies concerning drugs, training of staff and infrastructure are in line with the increasing demand for adolescent reproductive health services.

The Ministry of Health in its 2011 plan of action aims to improve availability of reproductive health services in communities, access to Family Planning services and delivery of adolescent reproductive health services. One of the key results the ministry has planned was to develop standards for Adolescent Friendly Health Services and ensure that they are distributed to all health centers in the country.

The MOH will also make an effort to build consensus with Health Centre managers on Adolescent Friendly Health Services standards, support implementation of standards and monitoring of implementation of Adolescent Friendly Health Services Standards.
Hon. Dr. Kasonde, MP
Minister of Health

SECTION: ACKNOWLEDGEMENTS
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<th>Abbreviations/Acronyms</th>
<th>Definition</th>
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<tbody>
<tr>
<td>ADH</td>
<td>Adolescent Health</td>
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<td>AFHS</td>
<td>Adolescent Friendly Health Services</td>
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<tr>
<td>AIDS</td>
<td>Acquired Immuno-Deficiency Syndrome</td>
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<tr>
<td>BCC/IEC</td>
<td>Behavior Change Communication/Information, Education and Communication</td>
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<td>BCG</td>
<td>Bacillus Chalmette Guerin</td>
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<td>CP</td>
<td>Cooperating Partners</td>
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<td>CSO</td>
<td>Civil Society Organisation</td>
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<td>DBS</td>
<td>Dried Blood Spot</td>
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<td>DHO</td>
<td>District Health Office</td>
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<td>HCAC</td>
<td>Health Center Advisory Committee</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>HIV</td>
<td>Human Immune-Deficiency Virus</td>
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<tr>
<td>M &amp; E</td>
<td>Monitoring and Evaluation</td>
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<td>MDG</td>
<td>Millennium Development Goals</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>NGO</td>
<td>Non-Governmental Organisation</td>
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<td>NHC</td>
<td>Neighborhood Health Committee</td>
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<td>NHSP</td>
<td>National Health Strategic Plan</td>
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<td>NYP</td>
<td>National Youth Policy</td>
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<td>PMTCT</td>
<td>Prevention of Mother To Child Transmission</td>
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<td>RH</td>
<td>Reproductive Health</td>
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<td>STI</td>
<td>Sexually Transmitted Infections</td>
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<td>YFHS</td>
<td>Youth Friendly Health Services</td>
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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, STI/HIV and AIDS, early pregnancies, unwanted pregnancies, nutritional deficiencies, etc) which today affect their lives and the socio-economic development of the country (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 (AFHS), 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 five 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 (CSO, 2009). The youth 18 – 35 years (NYP, 2006) on the other hand, comprise 34% of the population (CSO, 2009). HIV prevalence rate among young people was at 9% females and 4% males. Young people's knowledge about HIV is about 99% while adolescents 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 Ministry of Health 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 organizations 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 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

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 aims to increase acceptability and utilisation of health services by young people.

1.4 INTENDED USERS

The primary intended users are district level planners, facility staff and young people, 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 Organizations 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 makes for the best youth friendly health service 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
  o Trained Parents/community members
  o Youth officers/Adolescent /peer educators/Volunteers
  o Traditional and faith healers, traditional midwives or birth attendants

1.6 INTENDED BENEFICIARIES

This document provides guide to the implementation of adolescent friendly health services. The intended beneficiaries of the ADFHS are primarily young people aged 10-19 and the secondary beneficiaries are young people aged 20-24.

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

It is a tool designed for facility self-appraisal based on the five standards, each with their own sub criteria. The tool is to be used by an established facility team charged with the responsibility of monitoring and evaluating the adolescent friendly health service against the standards. The team may include youth friendly health service coordinators at national, provincial, district and facility 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.
EXPECTED OUTCOMES

1. Optimal Sexual and Reproductive Health for the adolescent
   a. Reduced early marriages - wanted or unwanted
   b. Reduced early or unwanted pregnancy
   c. Reduced Sexually Transmitted Infections/Human Immunodeficiency Virus (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 health 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
c. Reduce the health and social consequences when mental health problems occur.

SECTION TWO: HEALTH CHALLENGES OF YOUNG PEOPLE

Adolescents and young people are more vulnerable to health problems. This could be attributed to a number of factors, including: the behavior 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 Sexually Transmitted Infections 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 young people

- **Commercial sex:** and the risk of engaging in commercial sex is also higher (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.
SECTION THREE: ESSENTIAL HEALTH PACKAGES

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 therefore is a more extensive set of services that higher level institutions are able to offer as they will have the necessary staff, equipment, competencies etc. required.

The components of the packages may be modified in future based on the evidence for specific components updated periodically by the MoH.
<table>
<thead>
<tr>
<th>Package of services</th>
<th>Interventions at Primary Level (Community)</th>
<th>Key Supplies</th>
</tr>
</thead>
</table>
| 1. Basic Essential Health Packages | • BCC/IEC  
• General counselling and condom distribution  
• Provision of health & nutritional information.  
• Referral system for comprehensive package.  
• FP (Oral and Injectable) | • BCC/IEC Materials  
• Flipchart on reproductive health  
• Male and female condoms  
• Referral forms |

a. Basic Essential Health Packages  

Intervention at Primary level (Outreach)  

<table>
<thead>
<tr>
<th>Key supplies</th>
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</table>
| • BCC/IEC  
• General Health Assessment-History and physical examination including | • BCC/IEC materials  
• Individual record forms  
• Bp apparatus, adult |
- Blood pressure measurement, vision and hearing screening, weighing.
- Nutrition assessment and counselling.
- Micronutrient supplementation.
- Provision of health & nutritional information.
- Family planning services (Oral and Injectable).
- Counselling services (General).
- Basic Laboratory services (Gravidex tests, Rapid malaria tests).
- Pregnancy Testing.
- Weighing scale, height charts, dietary prescription forms, Referral forms.
- Vaccines-Tetanus Toxoid.
- Syringes, needles, cotton wool, alcohol.
- Iron and Folic acid tablets.
- Reproductive health flip charts.
- HIV Testing kits.
- Malaria RDTs Kits (Malaria Rapid diagnostic testing Kits).
- Gravidex Kits.
1. Adolescent Pregnancy Package

<table>
<thead>
<tr>
<th>OUTREACH (Adolescent pregnancy Interventions)</th>
<th>Key Supplies</th>
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<tbody>
<tr>
<td>a. Prenatal</td>
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<tr>
<td>Prenatal visits (Focused Antenatal Care)</td>
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<tr>
<td>• General Assessment</td>
<td>• BCC/IEC materials</td>
</tr>
<tr>
<td>(Focused Antenatal Care)</td>
<td>• Individual record forms</td>
</tr>
<tr>
<td>• General Assessment (History and Physical Examination including Bp checking).</td>
<td>• Bp apparatus, adult weighing scale, height charts, dietary prescription forms, Referral forms</td>
</tr>
<tr>
<td>• Immunization – Tetanus toxoid</td>
<td>• Vaccines-Tetanus Toxoid</td>
</tr>
<tr>
<td>• Micronutrient supplementation with iron, foliate.</td>
<td>• Syringes, needles, cotton wool, alcohol.</td>
</tr>
<tr>
<td>• PMTC</td>
<td>• Iron and Folic acid tablets</td>
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<tr>
<td>• Basic laboratory services – pregnancy testing, urinalysis,</td>
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</table>
|**Labour and Delivery** | - Birth plan including exclusive breastfeeding counselling.  
- Family Planning counselling  
- Referral /linkage for other services. | - Reproductive health flip charts.  
- Rapid HIV Testing kits  
- Malaria RDTs Kits (Malaria Rapid diagnostic testing Kits).  
- Gravidex Kits |
|**Postnatal Visits** | - IEC on importance of Health facility delivery.  
- Referring all Antenatal Adolescent and young people to delivery centres for clean and safe deliveries. | - IEC Materials on reproductive health  
- Referral forms  
- Vaccines BCG  
- DBS kits  
- Neverapine/Zidovudine Syrup  
- Septrin syrup  
- Cord Cramps |
Nutrition counselling, Essential newborn care, Counselling in infant and young child feeding and immunizations.

- Referral /Linkage for other services.

2. Sexually Transmitted Infections/HIV Packages

- General health assessment (History and physical Exam).
- BCC/IEC
- Referral for comprehensive laboratory services

- Referral forms
- IEC materials

NOTE: - When a client comes for Adolescent and young people services during outreach activities, they will be able to receive the basic package first then the provider will decide upon assess if the client will need Pregnancy package and sexually Transmitted infection /HIV package and referral for further management at the health post or centre.

3.1 Health Service Delivery Points

The services will be given at the following health service delivery points: health post, urban/rural health center, first level hospital, central/general hospital and tertiary hospital. Innovative mechanism for utilization of other facilities, including but not limited to schools, “one-stop-center”, workplace, shopping malls, sports centers, youth hang-outs, youth resource center and church will be utilized by the government in coordination with non-government and other private institutions.
SECTION FOUR: ADHFS STANDARDS

**Standard 1:** Adolescents and young people are aware of the AD/YF services, able to access, use them, and referred appropriately as well as networking/linkages made available therein.

**Intent:** The availability of Adolescent’s friendly health services are key to providing an enabling environment that allows young people to be aware of; access, use and utilize the ADH services. Therefore, it is important that adolescents and young people are aware of their services and are able to access, use them and are appropriately linked and referred to other ADH service providers.

**Criterion 1:** The Facility should have systems that increase awareness of the adolescents’ friendly health services available

**Criterion 2:** ADFHS available within 5-10 km reach free or minimum charge and provided by trained service providers

**Criterion 3:** The Health Facility has a service plan that addresses Young people’s needs, and a process to implement the plan

**Criterion 4:** Facility staff knows, promote, uphold young people’s sexual and reproductive health (SRH) rights and provide services in a non-judgmental way

**Criterion 5:** All service providers and facility staff maintain confidentiality and privacy of adolescents and young people

**Standard 2:** Adolescent friendly Health service providers (peer educators including young people) should be well-trained and communities sensitized about adolescent friendly health services to create an enabling environment for AD/Young people to access and utilize adolescent friendly services.
**Intent:** Adolescent friendly health service providers remain central to the provision of quality services to adolescents. Therefore, it is cardinal that service providers including young people and Communities are trained and equipped with necessary skills that facilitate an enabling environment for adolescent health friendly services to be accessed and utilized.

**Criterion 1:** Services are provided in a place that is comfortable for adolescents and young People

**Criterion 2:** The Facility displays poster(s) that make the time and services available clear to the community

**Criterion 3:** Services are provided within official hours of operation at times that make it easy for young people to access services and that are time-efficient for the service providers as well. The facility may designate specific hours for services or decide to attend to adolescents and young people at any time.

**Criterion 4:** Services for adolescent/young people must be provided free of charge in public facilities according to the Zambian Health policy. In private/NGO and other facilities it must be affordable to the young person, based on individual client assessment

**Criterion 5:** All facility staff must provide services and information in a non-judgmental and non-discriminatory way.

**Criterion 6:** An essential Health package must be provided for adolescent/young people

**Standard 3:** The AD service providers recognize and respect the rights of adolescents/Young people in line with the existing policies and procedures.

**Intent:** Adolescents and young people’s rights remain central to any successful adolescent health service provision and therefore health providers should promote and respect the adolescent’s rights in order to bring real benefits without discrimination and in line with existing policies and procedures.
**Criterion 1:** ADH service providers should provide services recognizing and promote the rights of the young people in line with existing policies and procedures.

**Criterion 2:** Basic and comprehensive health services should be provided to all adolescents in a non-judgmental and non-discriminatory environment

**Criterion 3:** All service providers should ensure that privacy and confidentiality is maintained at all times

**Criterion 4:** Young people are empowered and actively participate in development, implementation, and evaluation of ADH service programmes

**Standard 4:** The MoH, Stakeholders and other adolescent friendly health service providers should provide space (infrastructure), materials, commodities and equipment for adolescent friendly health services

**Intent:** The demand for ADH services is still high in our communities hence the basic and comprehensive package remains a vital component for an effective and efficient adolescent health services provision, therefore all stakeholders should ensure that space, materials, commodities and equipment for adolescent health service are readily available and accessible by adolescents at all times.

**Criterion 1:** All stakeholders should ensure that space is provided and create an environment conducive for adolescents to conduct health services

**Criterion 2:** All stakeholders should ensure that materials, commodities and equipment are regularly available for basic and comprehensive service package case management

**Criterion 3:** Effective supply chain management must be in place

**Standard 5:** Monitoring and evaluation of all AD friendly Health service provisions

**Intent:** Information systems in place to monitor and evaluate ADFHS

**Criterion 1:** HMIS disaggregation of data by age, sex, marital status, educational status, occupation and special needs.
Criterion 2: Availability of checklist for services, supplies and equipment.

Criterion 3: Checklist for self and external assessment available and utilized.

Criterion 4: Checklist for supervision available and utilized.

Criterion 5: Documentation of process and best practice.

SECTION FIVE: ADHFS IMPLEMENTATION GUIDE

MOH-National level Actions

Action 1: To Interpret polices and develop guidelines for health services staff at the provincial, district and facility levels to ensure effective implementation of ADH health services

- 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 sensitisation
- To monitor the implementation of ADH activities
- To provide guidelines on ADH service package to 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 utilisation 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 including youths

- 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
- Placement of ADH staff at provincial and district 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
**PROVINCIAL-level Actions**

**Action 1: PHO to ensure receipt of resources from the MoH for ADH activities and disburse them to the DHO**

- PMO identify gaps in the staffing levels and ensure that staffs (including youths) are deployed to ADFHS in the province in line with the MOH establishment.
- To provide technical Support in ADFHS.
- PMO to disburse resources (equipment, basic amenities and supplies) from the MoH to the DMO
- The PMO ensure it tracks the utilisation of all resources

**Action 2: PHO to interpret and disseminate MOH policies and guidelines regarding ADHS to the DHO**

- To ensure that MOH policies and guidelines are disseminated and utilised in the DHOs
- To distribute BCC/IEC materials to the DHOs
- To co-ordinate meetings between with DHOs ADFHS focal person and ADFHS managers
- To monitor and provide technical support to DHO to ensure implementation of all policies and guidelines of ADH activities

**Action 3: PHO to monitor ADH activities at DHOs**

- Conduct a performance assessment of all DHO facilities
- To conduct review meeting of the activities taken
- PHO to Collection and management of HMIS data regarding ADH activities and use it to inform future programming
- PHO to co-ordinate stakeholders meetings to promote networking/linkage and referral systems
DISTRICT-Level Actions

**Action 1: Lobby for adequate resources from MoH through PHO**

- DHO identify gaps in the staffing levels and ensure that staffs (including youths) are deployed to ADFHS in the district in line with the MOH establishment.
- The DHO provides technical Support to the districts ADFHS providers.
- DHO to distribute resources (equipment, basic amenities and supplies) from the PHO to the health facilities.
- The DHO ensure it tracks the utilisation of all resources.

**Action 2: DHO to disseminate and implement MOH policies and guidelines regarding ADSH to the DHO**

- To ensure that MHO policies and guidelines are disseminated and utilised in the ADFHS facilities.
- To distribute BCC/IEC materials to the ADFHS facilities.
- To conduct meetings with DHOs ADFHS focal person, ADFHS 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 in needs assessment to identify training gaps
• Conduct training for ADH service providers
• To assess the performance of ADH service providers after trainings

**HEALTH CENTRE -Level Actions**

Action plans to be made from the community levels (including youth centers and schools)

**Action 1: Ensure that health facility staff undergoes training**

• Conduct appropriate ADH orientation for service providers and support staff on regular basis to develop competencies and provide quality services for adolescents and young people
• To communicate with adult visitors and community members on the rights and value of providing A &YP
• To provide facilitative and supportive supervision to the staff and communities
• To ensure accessibility and acceptability of essential service package of health services
• To collect and manage data gathered at the health centre

**Action 2: Support SP and SUPPORT STAFF to perform effectively**

• Liaise with the DHO to ensure that staff are in place in line with the staff establishments
• Ensure that Service Providers are aware that they should communicate to all community members and adult clients/visitors about the value of providing Services to Young People
• Support Service Providers in using the guidelines to communicate to all community members and adult clients/visitors about the value of providing Services to Adolescents and Young People

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*Strengthening and expanding Adolescent Health Friendly Services  Page 27*
• Support service providers with BCC/IEC material that explain, the value of providing Adolescent Youth Friendly Health Services, to community members and adult clients/ visitors
• Support Service Providers and support staff in applying the guidelines for making health facilities and their surroundings conducive to Adolescents and young people
• Support service providers and support staff by ensuring that they respect all the rights of the clients
• Support service providers in following the policy on the rights of parents to information about the health of the sons and daughters
• Monitor the performance of service providers and support staff and take appropriate actions to either improve or maintain their performance
• Recognize and motivate good performance of service providers and support staff
• Ensure that service providers have the guidelines to deliver the essential health service package

**Action 3: Carry out activities to improve ADHS delivery at the HEALTH CENTRE**

• Ensure that sign posts and bill boards not clear are installed, clearly visible and readable
• Ensure that BCC /IEC materials are updated, available, visible and accessible at health facilities
• Ensure that posters and other IEC on the rights of adolescents to obtain health services are clearly displayed
• Liaise with the DHO to ensure that the required equipment, supplies and commodities are in place. Where necessary find local solutions to problems.

**Action 4: Carry out activities in the catchment area of the health facility**

• Plan and conduct community meetings with all stakeholders
• Distribute BCC/IEC materials to the community including schools and youth organizations in the catchment area of health facility
• Organise and attend local meetings with stakeholders including community leaders
• Attend meetings organized by DHO with religious, traditional and civic leaders or send service providers and support staff to attend them
• Work with the DHO to strengthen referral system and coordination with other Service Delivery Points

Mobilisation of resources should be a responsibility of all levels.

APPENDICES

PATIENT REFERRAL FORM

Can we reorganize the referral form?

Referring Facility: .................................................. Date: ..................................................

Name/Position of Service Provider referring: ..................................................

Referred to Hospital: .................................................. Department: ..................................................

Strengthening and expanding Adolescent Health Friendly Services Page 29
Client Name: ........................................ Age: ......... Sex: .............

Address: ..................................................

Date of Birth: .......................................... Clinic Number: ...........

REASONS FOR REFERRAL

..............................................................................................................
..............................................................................................................
..............................................................................................................
..............................................................................................................

REPORT FEEDBACK SUMMARY

Service Provider/Consultant Name:

..............................................................................................................

Hospital:

..............................................................................................................

Findings/Diagnosis:

..............................................................................................................

Date Seen:

..............................................................................................................

Management:

..............................................................................................................

Remarks:

..............................................................................................................
Monitoring Tool 1: For Health Post Facility

Name of Facility:
Type of Facility:
Date of Assessment (dd/mm/yyyy)

<table>
<thead>
<tr>
<th>Type of staff</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical-Total</strong></td>
<td></td>
</tr>
<tr>
<td>o Medical doctors/Clinical Officers</td>
<td></td>
</tr>
<tr>
<td>o Nurses</td>
<td></td>
</tr>
<tr>
<td>o Midwives</td>
<td></td>
</tr>
<tr>
<td><strong>Non-clinical-Total</strong></td>
<td></td>
</tr>
<tr>
<td>o Psychosocial Counselors etc.</td>
<td></td>
</tr>
<tr>
<td>o Support staff (receptionist, cleaners, administrative clerks)</td>
<td></td>
</tr>
<tr>
<td>o</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Yes</th>
<th>No</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the facility have the following signages:-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Schedule of clinic hours for adolescents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Services available</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Adolescents are Welcome</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>o “Services are Free of Charge”</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Service Provision**

Services provided
<table>
<thead>
<tr>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Counseling</td>
</tr>
<tr>
<td>Nutritional Assessment and counseling</td>
</tr>
<tr>
<td>Maternal Care Services</td>
</tr>
<tr>
<td>- Pre natal</td>
</tr>
<tr>
<td>- Labour and Delivery</td>
</tr>
<tr>
<td>- Post natal</td>
</tr>
<tr>
<td>Services for STIs including HIV/AIDS</td>
</tr>
<tr>
<td>FP Services</td>
</tr>
<tr>
<td>Dental Assessment</td>
</tr>
<tr>
<td>Micronutrient Supplementation</td>
</tr>
<tr>
<td>Immunization – TT, Penta vaccine, BCG</td>
</tr>
<tr>
<td>Reproductive Health Assessment and Counseling</td>
</tr>
<tr>
<td>- Fertility awareness, menstrual health issues and counseling</td>
</tr>
<tr>
<td>- Pap smear and pelvic exams, if sexually active</td>
</tr>
<tr>
<td>- Adolescent male reproductive health issues</td>
</tr>
<tr>
<td>- Gender issues</td>
</tr>
<tr>
<td>Health prevention and promotion</td>
</tr>
<tr>
<td>Psychosocial Counseling</td>
</tr>
<tr>
<td>Social and legal support</td>
</tr>
<tr>
<td>o Substance abuse</td>
</tr>
<tr>
<td>-------------------</td>
</tr>
<tr>
<td>o <strong>Basic Laboratory Services</strong></td>
</tr>
<tr>
<td>• Rapid Malaria Kits</td>
</tr>
<tr>
<td>• HIV testing kit</td>
</tr>
<tr>
<td>• Haematocrit Machine</td>
</tr>
<tr>
<td>• RPR Kits</td>
</tr>
<tr>
<td>• Urinalysis Kit</td>
</tr>
<tr>
<td>• Gravidex Kits</td>
</tr>
<tr>
<td>o <strong>Commodities and Supplies</strong></td>
</tr>
<tr>
<td>• BP Apparatus</td>
</tr>
<tr>
<td>• Weighing Scale</td>
</tr>
<tr>
<td>• Tape measure</td>
</tr>
<tr>
<td>• Height chart</td>
</tr>
<tr>
<td>• Dietary prescription form</td>
</tr>
<tr>
<td>• Exchange list</td>
</tr>
<tr>
<td>• Vaccines – TT, Penta vaccine, BCG</td>
</tr>
<tr>
<td>• Disposable syringes</td>
</tr>
<tr>
<td>• Cotton</td>
</tr>
</tbody>
</table>
- Alcohol
- Slides
- FP Commodities
- ART / PMTC
- Decontamination Accessories
- Surgical Equipment
- Autoclaving Machine
- Writing materials
- Individual Treatment Records
- Dental Record Forms
- Referral Forms
- Feedback Form

**Planning**

- Written Plan for:
  - IEC Campaigns
  - Promotion of adolescent health services and facility
  - Outreach including schedule

**Procedures and Policies**
### Standard Operating Procedures

- Maintaining good clinic ambience conducive to adolescents
- Provision of Free Services to Adolescents
- Procedures for Dealing with Adolescents
- Clinical Protocols for the different health and health related programs and conditions
- Two way referral
- Ensuring privacy and confidentiality

#### Documentation

- Registers for:
  - Clients seen at the clinic
  - Clients seen during outreach
  - IEC activities done, topic and list of participants
  - Results for feedback
  - Results of supervisory visits

### Adolescent Participation

- Feedback mechanism on the services provided
- Participation in the design, implementation and assessment of the following services:

### Monitoring and Evaluation

- Inventory of supplies and equipment
Please List the Staff Members and check the Training specific for Adolescents they have received:

<table>
<thead>
<tr>
<th>Name of Training</th>
<th>Physician/Clinical Officer</th>
<th>Nurse</th>
<th>Midwife</th>
<th>Psychosocial counselor</th>
<th>Social Worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation Program on Adolescent Health</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Adolescent Job Aid</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others: Specify</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Monitoring Tool 2: For Health Center/First Level Facility**

Name of Facility:

Type of Facility:

Date of Assessment (dd/mm/yyyy)
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Yes</th>
<th>No</th>
<th>Remarks</th>
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</tr>
</tbody>
</table>

### Service Provision

<table>
<thead>
<tr>
<th>Services provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>o General and Specific Counseling</td>
</tr>
<tr>
<td>o Nutritional Assessment and counseling</td>
</tr>
<tr>
<td>o Maternal Care Services</td>
</tr>
<tr>
<td>• Ante Prenatal</td>
</tr>
<tr>
<td>• Labor and Delivery</td>
</tr>
<tr>
<td>• Postnatal</td>
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<tr>
<td>Services for STIs including HIV/AIDS</td>
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<tr>
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<td>FP Services</td>
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<tr>
<td>Dental Assessment</td>
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<td>Micronutrient Supplementation</td>
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<tr>
<td>Social and legal support</td>
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<tr>
<td>Substance abuse</td>
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<tr>
<th>Basic Laboratory services</th>
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<td>• Rapid Malaria Kits</td>
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</tr>
<tr>
<td>• Haematocrit Machine</td>
</tr>
<tr>
<td>• RPR Kits</td>
</tr>
</tbody>
</table>
- Gravidex Test Kits
- Urinalysis Kits

- **Comprehensive Laboratory Services**
  - CD4 Machine
  - Microscopic Machine
  - Parasitological
  - Haematological

- X-Ray
- Ultra sound
- Operating theatre

- **Commodities and Supplies**
  - BP Apparatus
  - Weighing Scale
  - Tape measure
  - Height chart
  - Dietary prescription form
  - Exchange list
  - Vaccines – TT, Penta vaccine, BCG
  - Disposable syringes/
  - Needles
  - Cotton wool
- Alcohol
  - Reagents for Gram stain
  - Slides
  - Cotton pledgets
  - Gloves
  - Cord clamps
  - Vit K injection do we use it?
  - Iron with folic acid tablets
  - FP Commodities Contraceptives
  - ART /PMTCT
  - Decontamination Accessories
  - Autoclaving Machine
  - Writing materials
  - Individual Treatment Records
  - Dental Record Forms
  - Referral Forms
  - Feedback Form
  - Planning
  - Written Plan for:
- BCC/IEC Campaigns
- Promotion of adolescent health services
- Outreach including schedule

  - **Procedures and Policies**
    - Standard Operating Procedures
    - Maintaining good clinic ambience conducive to adolescents
    - Provision of Free Services to Adolescents
    - Procedures for Dealing with Adolescents
    - Clinical Protocols for the different health and health related programs and conditions
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  - **Documentation**
    - Registers for:
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      - Results for feedback
      - Results of supervisory visits

**Adolescent Participation**
- Feedback mechanism on the services provided
- Participation in the design, implementation and assessment of the following services:
  - Monitoring and Evaluation
    - Inventory of supplies and equipment
    - Client satisfaction
    - Clinical Case management
    - Provider performance

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REFERENCES


Central Statistical Office (CSO), Ministry of Health (MOH), Tropical Disease Research Center (TDRC), University of Zambia and Macro International Inc. 2009. Zambia Demographic and Health Survey 2007. Caverton, Maryland, USA: CSO and Macro International Inc.


World Health Organization (2004): Protecting young people from HIV and AIDS – the role of health services. WHO Press, Geneva, Switzerland


